THESIS

HELPFUL OR HURTFUL?

SOCIAL SUPPORT FROM FRIENDS DURING RECOVERY FROM ALCOHOL USE DISORDER

Submitted by

Josephine Marie Stummer

Department of Communication Studies

In partial fulfillment of the requirements

For the Degree of Master of Arts

Colorado State University

Fort Collins, Colorado

Fall 2025

Master's Committee:

Advisor: Ziyu Long

Natalie Pennington
Noah Emery

ABSTRACT

HELPFUL OR HURTFUL?

SOCIAL SUPPORT FROM FRIENDS DURING RECOVERY FROM ALCOHOL USE DISORDER

This exploratory research examines what features of social support from friends that individuals in recovery from Alcohol Use Disorder (AUD) identify as being helpful or unhelpful. Eight semi-structured interviews were conducted to capture in-depth qualitative data that centers participants' lived experiences. Four themes emerged to be features of helpful support from friends: *encouraging vulnerability*, *supporting sober identity*, and *companionship and assistance.* Helpful support facilitates positive outcomes such as increased psychological well-being, progress for recovery, and increased friendship closeness. Four themes were identified for features of unhelpful support: *discouraging vulnerability, encouraging substance use, mismatches between desired and received support*, and *exclusion*. Unhelpful support often leads to negative outcomes including relational distress, negative emotions, and decreased confidence in maintaining sobriety. Taken together, the findings from this study demonstrate the differential effects that social support communication from friends has on people during recovery from AUD. It builds on support communication theories such as the optimal matching model, verbal person-centeredness, and support provider identity. It also offers practical implications to individuals recovering from AUD, their friends providing support, and support organizations such as Alcoholics Anonymous.

ACKNOWLEDGEMENTS

First, I would like to thank my thesis advisor, Dr. Ziyu Long, one of the most intelligent and kind-hearted people I know. Thank you for sticking by my side throughout the process, for all of your invaluable insights, and for helping me make tough decisions (perhaps my greatest challenge). I could not have done it without you, and I feel so lucky to have had the opportunity to work with you. I cannot thank you enough.

Next, I would like to thank my committee members, Dr. Natalie Pennington from the Department of Communication Studies, and Dr. Noah Emery from the Department of Psychology. Thank you for being my experts in friendship and interpersonal communication, and in addiction studies. You both were so accommodating and understanding throughout the entire process. It was a pleasure to work with you and receive mentorship from you.

To my family: Thank you for your endless support and for always believing in me. Thank you for all of your support, which spanned from always picking up the phone when I needed to talk to lending me money when I couldn't make rent. From birth until now, you have been the most important people in my life, and I feel so very grateful to have been blessed with you as my family. Without your love and support I would not have made it to where I am today.

To my friends: Thank you for sticking by me during my best times and my toughest times. I would also like to thank you for enabling my procrastination by accompanying me to go skiing, backpacking, camping, and just partaking in general shenanigans with me. These may have been some of the only things to keep me sane during graduate school and I am thankful that I was able to make so many memories with friends while simultaneously earning a master's degree.

To my cat Kenny: Thank you for always being cute and cuddly when I needed it. Even though you constantly wanted to sit on my lap while I was trying to type, sit on my computer while I was trying to

type, get into food you aren't supposed to when I was trying to type, running away from home when I was trying to prepare my prospectus, and barging into the room when I was trying to conduct interviews, I forgive you because you're cute and I love you.

Thank you to everyone else who helped make this project possible by helping me with recruitment, editing, and advice.

Finally, I would like to give a big thank you to my participants. This project truly would not have been possible without you. Thank you for your vulnerability and for trusting me with your stories. I learned about a lot more than how you perceive social support from friends- I learned about how to show up for myself and for others during difficult times, I learned different philosophies about life, and I was inspired by the compassion and empathy you hold for others. I hope that participating in this study was meaningful to you as well.

PREFACE

I would also like to take a moment to share some of my participants' perspectives on sobriety. Sobriety can be an exceedingly difficult time, and although they are anonymous, all of the participants in this study deserve to be recognized for their incredible achievements, their willingness to share, and perhaps one of these quotes will resonate with you, reader. They certainly did with me.

Most people like a very tie-it-with-a-bow story about recovery. And mine isn't like that, and mine will never be that. I don't have, like, a New York Times bestseller- kind of like beginning, middle, end, and then I was sober forever. And I think I realized early on, I was never going to be that kind of girl in recovery. I hated myself for it. Because I really wanted to be, like, a success story that's like "Oh she's perfect". Like in recovery. I knw a lot of women in recovery, specifically, like battle with that kind of perfectionism in doing it, because the truth is that, like, recovery is messy, just like addiction was messy, like life is messy. -Isabella

Yeah, I basically believed the lie of, like, you know, society's gospel is almost like 'avoid all pain and suffering', right? […] You just gotta go through the pain. That's the easiest way. […] If your goal in life is to avoid suffering to be happy, you're going to be miserable. […] it's just, like, part of being human… and, like, when you accept your reality and where you are in life,and the deficiencies that you have, because we all have them, and you try to become the best version of your self. I feel like that really helps. -Anna

Like I said, I'm just grateful to be sober. You know, I got thousands of stories, but they're all the same… And you know, I just know it started with week and ended up with heroin and started with beer and ended up with pure grain alcohol, and, you know, all the other stuff in between. I abused them all and, you know, just a tragedy. But I'm still here in one piece. So that's what counts. -Ralph

I'm working really hard to fill my cup, and I can't be pouring into mugs with holes in them. *-Olive*

We all have forests within us, and in some of our- in all of our forests- we have sick trees. Some of us have more sick trees than others, but sick trees are like, having, you know, like lost your parents when you were young, for example. Or addiction. Or chronic pain. And so we all have those sick trees within us, and it's our journey and our job in life to help heal those trees within us. But that doesn't mean we're an inherently sick person…it doesn't make it, like, a moral failing on your part. -Isabella

TABLE OF CONTENTS

LIST OF TABLES

CHAPTER 1 – INTRODUCTION

Every year, millions of people lose friends to preventable alcohol-related fatalities. However, the word ‘preventable’ should not be conflated with ‘intentional.’ Alcohol Use Disorder(AUD) is a medical condition that results in compulsive alcohol use which a person is unable to stop despite the negative effects using alcohol incurs (Mosel et al., 2024). The 2024 National Survey on Drug Use and Health, revealed that almost 28 million people over the age of 11 and living in the United States experienced AUD that year. In the United States alone, over 178,000 deaths annually can be attributed to alcohol misuse (Esser et al., 2024), and more than one-fourth of all driving fatalities are caused by drivers under the influence of alcohol (Stewart, 2023). Additionally, individuals with alcohol use disorder (AUD) are ten times more likely to die by suicide than those without AUD (Wilcox et al., 2004).

Although AUDs are not ‘curable,’ they are ‘treatable,’ and individuals are typically considered to be in recovery when they are no longer partaking in heavy or risky drinking and no longer experiencing symptoms of AUD (National Institute on Alcohol Abuse and Alcoholism, n.d.). Everyone’s recovery journey looks different. For example, remission may be achieved without any professional help (also referred to as natural recovery), through the aid of peer recovery or support groups, or with formal treatment from a professional (Tucker et al., 2020). Regardless of the pathway one takes to recovery, social support is a critical contributor to successfully retaining recovery (Bischof et al., 2002). Close social networks that offer social support correlate with better outlooks for AUD recovery (Booth et al., 2009; Westwell et al., 2023). In contrast, receiving insufficient or ineffective social support during recovery may lead to relapses (Rampure et al., 2019).

Recovery is a lifelong journey requiring continuous social support. As the length of time in recovery increases, social support from one’s social network has been shown to have a greater effect on the likelihood of remission than initial post-treatment outcomes (Beattie & Longabaugh, 1999; Laudet et

al., 2002). Additionally, social support from close contacts continues to be one of the biggest predictors of remission in natural recovery (Granfield & Cloud, 2001). Friends are an important source of social support, and the availability of social support is often an expectation in friendships. In general, friendships are strongest when helpful social support is provided and each friend perceives the provision of support as reciprocal, whereas insufficient or unhelpful social support typically results in less close friendships and hurt feelings (Wiseman, 1986). In recovery, having less supportive friendships has been shown to have a positive correlation with continued alcohol use in recovery (Humphreys et al., 1995), while meaningful social support from friends improves likelihood of remission and increases well-being in recovery (Lifrak et al., 1997). Even in recovery, individuals with a history of AUD are significantly more likely to die by suicide than those without AUD (Rizk et al., 2021). However, increased social support is linked with decreased risk of suicide, even in high-risk populations (Kleiman & Liu, 2013). Effective social support is also correlated with increased motivation to decrease alcohol use among people with a history of arrest for driving under the influence (Moon et al., 2021). Combined, these findings indicate that the provision of effective social support can decrease the rate of relapse in recovery and actually save lives.

While the provision of social support plays a prominent role in recovery outcomes, less is known about *how* to effectively provide social support to achieve optimal outcomes for individuals in recovery from AUD. Although social support is enacted by providers with the intention to be helpful, the recipient's perception of the offered social support can be dependent upon how the support is communicated (Evans & Fisher, 2022), and not all social support is helpful to the recipient (Bolger et al., 2000). Various factors, including who the social support is from (Jetten et al., 2014), the type of social support given (Cutrona & Russell, 1990), the type of social support desired (McLaren & High, 2019), the context the support is given in (Burleson et al., 1994), and the content of supportive messages (High & Dillard, 2012) influence the outcomes of the supportive interaction.

It has been found that the support recipient's perceptions about the social support received are stronger predictors of support outcomes than the actual support provided (Dillard et al., 2007; Stephenson & Palmgreen, 2001), indicating that social support behaviors cannot be studied in isolation, but must remain placed in their interactional context. Therefore, I pose the following research questions:

RQ 1: What features of social support messages from friends do individuals in recovery from AUD perceive as helpful?

RQ 2: What features of social support message from friends do individuals in recovery from AUD perceive as unhelpful?

In the remainder of my thesis, I first discuss relevant interdisciplinary literature—support communication, AUD recovery, and friendship—to situate the research questions. I then detail my qualitative research methodology for data collection and analysis that draws from the voices and lived experiences of individuals recovering from AUD in the United States. Next, I share my findings about helpful and unhelpful support features as perceived by participants. I end the thesis with a discussion of theoretical and practical implications of the exploratory study and suggestions for future research at the intersection of support communication, addiction recovery, and friendship.

CHAPTER 2 – LITERATURE REVIEW

In this chapter, I review literature that is relevant to the current exploration of how people perceive social support from friends during recovery from AUD. Social support is a topic of interest for fields such as psychology, sociology, and communication sciences (MacGeorge et al., 2011). Burleson and colleagues (1994) argue for studying social support as communication because it is expressed through messages that occur in relationships maintained through communicative processes. Communication scholars also emphasize that its effects are situated and may differ based upon the recipient's goals (MacGeorge et al., 2011). Additionally, studying social support from a communicative perspective allows for a shift from solely studying the quantity of social support to a focus on the quality of support, as different types of support are more effective depending on the context of the supportive interaction (Burleson et al., 1994).

Using the perspective that social support is interactional, Cutrona and Russell (1990) define social support as "a broad range of interpersonal behaviors by members of a person's social network, [that] may help him or her successfully cope with adverse life events" (p.319). This study defines social support as 'interpersonal behaviors enacted by one's social network with the intent to aid in coping during adversity, encourage growth and well-being, and/ or communicate care and value for the recipient.' This definition acknowledges that friends may have different purposes for enacting social support behaviors and that social support can be useful even in the absence of a stressor (Feeney & Collins, 2015).

Below, I summarize existing theorization and empirical studies on support communication. Specifically, I discuss (a) social support types, (b) social support evaluation, (c) social support outcomes, (d) friends as support providers, and (e) social support in the unique context of AUD

Social Support Types

Much of the foundational social support literature assumes the function of social support is to aid an individual in coping with a stressor or adverse event (Cohen & Willis, 1985; Cutrona & Russell, 1990). It is from this assumption that Cutrona and Russell (1990) developed a framework including five types of support: *informational, tangible, esteem, emotional,* and *network*. Each type of support serves different supportive functions and includes a multitude of supportive behaviors.

Using these five support types, Chuang & Yang (2012) further grouped informational support and tangible support together as *'action-facilitating support'*, because they both focus on resolving the adverse event or eliminating stress (Chuang & Yang, 2012). On the other hand*,* esteem, emotional, and network support are grouped together as *'nurturant support*', which is a more intimate form of support than action-facilitative support. Nurturant support expresses care and concern and is meant to increase the recipient's coping skills and resilience (Chuang & Yang, 2012).

Informational support aids individuals in solving problems or making beneficial decisions through the provision of advice, guidance, or knowledge (McLaren & High, 2019). *Tangible support* provides the recipient with tangible resources or enacts services to reduce burdens placed upon the recipient (Xu & Burleson, 2001). *Esteem support* involves communication that emphasizes the recipients' positive qualities, capabilities, and achievements to enhance their perception of self (Holmstrom & Lim, 2023). *Emotional support* seeks to alleviate emotional distress by providing comforting messages to the recipient (Burleson, 2003). *Network support* aids the recipient in forming new social connections or interpersonal relationships or communicates a desire to spend time with the recipient (Xu & Burleson, 2001).

Recently, the importance of providing supportive messages in response to a close other's achievements or positive events in their life has been emphasized (Gable et al., 2004; Gable et al., 2006; Feeney & Collins, 2014; McCullough, 2010). This contrasts with previous conceptualizations of social support that

only focus on its ability to buffer stress and improve coping strategies (Cohen & Willis, 1985; Cutrona & Russell, 1990). Celebratory support may be defined as "the verbal and nonverbal signals a support provider uses to acknowledge, extol, and appreciate the significance of an event that has been interpreted as a good thing by the support recipient" (McCullough, 2010, p. 229). Newer research suggests that when things are going well, support should be provided that promotes the recipient's autonomy, encourages them to recognize and pursue life opportunities, and validates their goals and accomplishments (Feeney & Collins, 2014). Additionally, it has been found that communication promoting someone's ideal self helps promote advancements toward that ideal (Drigotas, 2002; Drigotas et al.,1999).

A more controversial type of support is termed 'tough love' that "prizes honesty and its perceived long-term benefits over more short-term outcomes" (Faw et al., 2019, p. 2). Tough love messages may be helpful in facilitating positive outcomes for the recipient in the long run but can be perceived by the recipient as hurtful or cause relational damage in the interim (Faw et al., 2019). However, studies suggest that tough love may be received differently depending on how the recipient perceives the intentionality of the provider and its provision (Young, 2010).

Social Support Evaluation

Support can be measured through received support, or through perceived support. Received support does not always lead to positive outcomes, which aligns with the idea that support must be provided when desired, and in ways that are desired, to have benefits for the recipient (McLaren & High, 2019).

Support Responsiveness

Social support literature frequently uses the term *responsiveness* to measure the degree to which social support matches the recipients' needs (Cutrona, 1996) and has been identified as central to social support provision (Cutrona, 1996). It requires the support provider to be attentive, making sure

that the amount and type of support correspond with both their partner's desired support and the context (Cohen & Wills, 1985; Cutrona, 1990). It aligns with the communicative perspective of social support because it is based upon the assumption that the context of the supportive interaction will determine which type(s) of support will be most effective (MacGeorge et al., 2011). More recently, Refoua and Rafaeli (2023) argued that responsive social support must also be perceived as acknowledging the meaning and identities that the recipient holds most important to their understanding of self. To provide support that is responsive in this way, the key is for the support provider to enact good listening and be able to identify the psychological needs of the recipient. Scholarship on support responsiveness has expanded over the years as more is learned about what features of support interactions are most important to support recipients' perceptions of the support. The following section will present two theories that have been developed to measure support responsiveness: (a) the optimal matching model and (b) support gaps.

Optimal Matching Model.

One way that has been used to assess the responsiveness of social support interactions is by the degree to which the type of support provided matches the stressor that the support recipient is coping with. A framework that may aid support providers in deciding what type of support to provide is the Optimal Matching Model (OMM) (Cutrona & Russell, 1990), which delineates three domains that shape the optimal support type for individuals: a) desirability, which refers to the assessment of whether a stressor presents growth opportunities or if it involves the threat or actual presence of harm or loss (Lazarus, 1966; Lazarus, 1981); b) controllability, or the degree to which an individual is capable of managing or eliminating adversity or their ability to reach a goal or desirable outcome; c) duration of the event or its outcomes and; d) the life domain in which the stressor occurs. Life domains include assets, relationships, achievement, and changes in social roles (Cutrona & Russell, 1990). Cutrona and Russell (1990) hypothesize that controllable events will require more informational and esteem support,

whereas uncontrollable events require more emotional support that is validating, comforting, and reassures the support recipient that they are loved and cared for. As for desirability's impact on the type of support preferred, desirable events are more predictive of anxiety about whether they can reach a goal (Beck & Emery, 1985), rather than depression, which is more commonly experienced by those who are coping with an undesirable stressor (Thoits, 1983). Thus, the nature of the stressor, including its desirability, controllability, duration, and life domain. However, future social support communications scholars have extended this theory, arguing that there are other features to be considered besides the support type and the stressor.

Support Gaps.

Expanding upon Cutrona and Russell's (1990) theory of optimal matching and the belief that support gaps also vary by type of support (Cutrona, 1996). A support gap refers to "discrepancies between the support a person desires and receives" (Crowley & High, 2020, p. 29). McLaren and High (2019) investigated the correlation between support gaps and hurt feelings, esteem improvement, and negative relational outcomes. Their findings indicated that support gaps' correlation with hurt feelings, negative relational outcomes, and esteem improvement varied depending on what type of support was over- or under-provided. However, they noted the need for future research relating to the quality of the message rather than just the quantity of support. This is where measuring the sensitivity of supportive messages becomes valuable**.** The verbal person-centeredness framework has been influential in studying the sensitivity of social support communication.

Support Sensitivity

Support that is sensitive validates and acknowledges the recipient's feelings and appraisals while allowing them the opportunity to explore and elaborate upon their own feelings and understanding of the situation (Burleson et al., 1994). Support sensitivity is usually most relevant to the evaluation of explicit social support communication, often occurring verbally or through mediated messages. The

ability to provide responsive *and* sensitive support may be just as if not more important than simply providing social support in general. In fact, insensitive social support messages have been shown to have relational effects that are just as deleterious as nonexistent ones (Ray & Veluscek, 2018). Social support researchers have developed various frameworks and theories to evaluate the sensitivity of messages, but one of the most prominent is Burleson's (1982) hierarchy of verbal person-centeredness.

Verbal Person-Centeredness.

In response to the need for the examination of support message quality, verbal-person centeredness provides a useful framework for evaluating social support messages. Verbal person-centeredness (VPC) refers to the degree to which support messages acknowledge and validate the support recipient's feelings while encouraging the recipient to elaborate upon and develop further understanding of their emotions (Burleson, 1982). Burleson's model contains nine hierarchical levels of VPC, with three main levels. In a meta-analysis of studies evaluating VPC, High and Dillard (2012) found that when messages overlapped various levels of VPC, they overlapped with other levels within the same major levels, demonstrating that the three major levels of VPC are evident in support messages, but more work could be done to confirm that there are nine distinct levels.

The hierarchy of verbal person-centeredness (VPC) includes three levels that social support messages can fall under. At the highest level of VPC, social support explicitly acknowledges, elaborates upon, and explores the recipient's feelings. Messages high in VPC help recipients understand the context of their emotions, gain perspective, and validate their experiences and emotions (Burleson, 1982). Messages that do not deny the recipient's feelings but also do not offer guidance for coping and do not encourage them to elaborate or explain their feelings would fall into the second, or mid, level of VPC (Burleson, 1982). They may attempt to distract the recipient from the stressor or reframe it (High & Dillard, 2012). At the lowest level of VPC, the recipient's feelings are ignored, denied, or challenged by the support provider (Burleson, 1982). The support provider may also question or challenge the support

recipient's behaviors (High & Dillard, 2012). Messages that are lowest in verbal person-centeredness are typically seen as being the least sensitive of the three levels and have the poorest outcomes.

Messages that are high in VPC have been shown to have positive effects on both perceived effects of supportive messages and actual effects of supportive messages (High & Dillard, 2015). On the other hand, low VPC messages have been shown to have not only an absence of positive effects on perceived and actual effects (High & Dillard, 2015), but have negative relational outcomes in any supportive context (Ray & Veluscek, 2018), and during recovery from AUD, low VPC messages can invalidate a person's sober identity (Westwell et al., 2023).

However, Holmstrom and colleagues (2013) found that the outcomes for individuals who perceive more available support were influenced to a much greater degree by person-centeredness than individuals who perceive less support to be available. In the case of the former, more severe problems led to significantly lower evaluations of low or moderately person-centered messages, while the latter did not have significant differences in message evaluation when manipulating the problem severity and the person-centeredness (Holmstrom et al., 2013).

Social Support Outcomes

Social support fulfills various functions, such as assisting in coping with a stressor (Cutrona & Russell,1990), facilitating positive health outcomes (Ray & Veluscek, 2018), fostering a positive self-image (Holmstrom & Lim, 2023), and building and maintaining close relationships (McLaren & High, 2019). Thus, evaluating the efficacy of social support messages requires a multidimensional approach: emotional and psychological outcomes, relational outcomes, and health outcomes. In addition to evaluating the immediate impact that supportive messages have on reducing emotional discomfort, support outcomes should also consider the long-term impacts on the recipient's ability to cope, as well as the immediate and long-term impacts that the support has on the way the recipient views themself and the relationship between recipient and provider.

Emotional and Psychological Outcomes

Previous studies have identified several psychological outcomes of support interactions that may be useful in evaluating the efficacy and impact of support messages. Nurturant support messages are often meant to bolster the recipient's self-esteem (Holmstrom, 2015) and provide them with a sense of comfort (McLaren & High, 2019), so the extent to which social support fulfills these goals is an important outcome to study. "Affect improvement" can be used as a measurement for assessing how the recipient's feelings and emotions change in response to the social support (Jones & Wirtz, 2006; Bodie, 2013). Similarly, another function of support is to increase the recipient's ability to reappraise stressors (High & Crowley, 2018), a process sometimes referred to as cognitive reappraisal which researchers linked with improvements in emotional regulation and decreases in negative affect (Ray et al., 2010). Esteem support has been shown to increase a person's self-efficacy, instilling more confidence in their ability to manage a stressor (Holmstrom, 2015).

In line with my definition of support, support that encourages individuals to explore their goals and celebrates accomplishments with the other should also have a positive impact on self-efficacy and self-worth (Feeney & Collins, 2015). To successfully achieve these results, providing enough quality esteem support becomes especially important (Holmstrom & Lim, 2023). Unsuccessful support efforts may leave a support recipient feeling like they are a burden, that their problems are minimized or not taken seriously, or threaten their self-confidence and self-determination (Feeny & Collins, 2015). Additionally, unhelpful support interactions and interpersonal conflict can be detrimental to support recipients' emotional states in general, leading to negative affect and hurt feelings

Relational Outcomes

Additionally, relational changes may occur after support interactions (Brock & Lawrence, 2009; McLaren & High, 2019). Friendship quality can also influence how support is evaluated (Macdonald et al., 2023), adding more nuances to social support interactions. The recipient's perception of the degree

to which their relationship with the provider is referred to as 'negative relational consequences' (Leary et al., 1998). Decreases in one's social network during recovery have been linked to poor outcomes for recovery (Best et al., 2016), meaning that maintaining positive and close relationships is especially important during this time.

Recovery Outcomes

Health outcomes are another common way of measuring the efficacy of support messages (Ramkisson et al., 2017; Ruiz-Rodríguez et al., 2022), and has been applied specifically to AUD recovery, indicating that ineffective or insufficient support may lead to relapse (Rampure et al., 2019). In the case of AUD recovery, health outcomes may refer to whether or not an individual maintains recovery or experiences relapse. The emotional and psychological outcomes are closely linked to recovery outcomes. For example, improving self-efficacy has been shown to increase the likelihood of long-term remission in substance use disorder treatment (Kadden & Litt, 2011), whereas perceptions that they are powerless in their addiction makes relapse more likely (Marlatt & Gordon, 1985) The benefits to social support also extend to the support provider, including positive health outcomes and an increased likelihood that they will be offered support reciprocally when they seek it (Sias & Bartoo, 2007).

Friends as Support Providers

Friendship has been defined as "a voluntary interdependence between two persons over time, that is intended to facilitate socio-emotional goals of the participants, and may involve varying types and degrees of companionship, intimacy, affection, and mutual assistance (Hays, 1988, p.395). Amati and colleagues (2018) note that friendship can be measured by quantitative elements, such as the frequency with which friends see each other, friendship also has qualitative elements, such as the quality of friendships- both of which are positively associated with life satisfaction. They also suggest that seeing a friend more frequently will result in stronger relationships, which may increase a friend's understanding

of the other's needs and become a stronger option for social support provision (Amati et al., 2018), which is why they note that companionship may be one of the most defining elements of a friendship.

The provision of social support tends to be expected by both parties in friendships (Macdonald et al., 2023), and reciprocity in support provided and received in friendships and the presence of sensitive emotional support have been identified as correlates of support quality (Hall, 2012). Quality friendships correlate with more life satisfaction (Amati et al., 2018), influence an individual's ability to cope with and cognitively reappraise stressors (Laffaye et al., 2008), and differ significantly from familial or romantic relationships (Chopik, 2017; Laffaye et al., 2008; Woodward et al., 2015).

Scholars have found that the voluntary nature of friendships means they may be more susceptible to dissolution than other relationships, and lack of expected support is a key factor in the decision to end a friendship (Wiseman, 1986). Additionally, some literature suggests that the voluntary nature of friendships causes individuals to place greater importance on the reciprocity of social support in friendships than in relationships with kin. Even though support from friends has stronger correlations with psychological well-being (Allen, 2000) and cognitive reappraisals (Lafaye et al., 2008), less is known about how social support is evaluated by the recipients in friendships, especially in the context of AUD. This is especially true regarding friendships that pre-date the individual's recovery but were not based solely around substance use.

In addition to being more susceptible to dissolution, the voluntary nature of friendships also means that people can choose to be closer to people with similar identities to them. Studies show that when individuals are in recovery, they tend to amend their social networks, typically decreasing the number of drinkers and increasing the number of friendships they have with fellow alcohol abstainers (Mohr et al., 2001).

Support and Alcohol Use Disorder Recovery

Although there is little research about AUD recovery and social support provided by friends, literature regarding support in the context of AUD, even if not investigating the role of friends as support providers, can prove valuable in developing sensitizing constructs. Given that stress is one of the strongest environmental predictors of risk for developing an AUD, and greater numbers of environmental stressors or a history of trauma increase risk of relapse (Enoch, 2013; Sinha, 2012), the finding that general social support predicts a greater probability of remission (Beattie & Longabaugh, 1999) is unsurprising. However, it has been found that alcohol-specific social support may amplify those effects and be more impactful in long-term recovery outcomes (Beattie & Longabaugh, 1999), which supports the optimal matching theory (Cutrona & Russell, 1990).

Moon et al. (2018) tested the Main-Effects model, which makes the claim that generally, social support will benefit individuals either physically or psychologically, and encourage positive health-related behaviors regardless of how stressful they perceive the event to be (Stroebe & Stroebe, 1996), and found that this held up in the context of social support and motivating a reduction of alcohol-usage for individuals who have received a driving while intoxicated offense (DWI). Although participation in their study was not limited to individuals in recovery from AUD, 96.6% of participants in their study reported a lifetime AUD. Furthermore, approximately nine in ten people with DWI offenses are diagnosed with lifetime AUD (Lapham et al., 2001). Their participants reported positive effects from social support and direct benefits to their motivation to change their behaviors. According to the buffering model, when the amount of stress an individual is experiencing is larger, social support will be more beneficial than in low stress situations, where there may not be an association between social support and health outcomes (Cohen & Willis, 1985). Thus, social support in this context should primarily act to facilitate positive, active coping strategies, and to replace alcohol usage (Moon et al., 2018) and should be more beneficial to individuals with more alcohol-related problems. However, they

found that the degree to which individuals with DWI offenses experienced alcohol-related problems did not have a significant relationship with the impact of social support on motivation to change. Finally, recovery-specific support, which was measured by items such as "you have people close to you who motivate and encourage your recovery", whereas general social support included items such as "you have people close to you who can always be trusted" (Moon et al., 2018, p. 6). Thus, their study supported the optimal matching theory, but it only considered drinking as a strategy to cope with stress.

However, individuals may have motivations for drinking besides coping with stress, therefore it is necessary to consider drinking motives such as socialization (Halim et al., 2012) or emotional enhancement (Doyle et al., 2011) to make broader claims about how social support, stress, and motivations for drinking relate to one another. Moon and colleagues (2018) also noted that while their findings showed that recovery-specific support, especially emotional support, is more effective than general social support, further research should examine how other types of recovery-specific social support, such as informational support or tangible support relates to individuals' motivation to change drinking habits.

In a qualitative study that examined who provided support to individuals during their transition from inpatient to outpatient treatment during recovery and the types of support they provided, it was found that these individuals perceived instrumental support and emotional support as being most available in inpatient and outpatient settings (Brooks et al., 2017). However, returning to life outside of the inpatient treatment center provoked anxiety regarding handling their former social networks who were not entirely sober. Thus, this current research project contributes to understanding the social support received outside of treatment settings, even for individuals who have never received treatment.

Although extensive literature on social support communication and the experience of recovering from AUD exists, less is known about the nuances of social support from friends during recovery from AUD. As previously discussed, studying social support in this context is paramount, and narrowing the

scope to support that occurs in friendships allows for a deeper understanding of the unique role that voluntary friendships play during recovery from AUD and how supportive experiences impact friendships. Building on the existing literature, the current study is guided by the following research questions (RQs).

RQ 1: What features of social support messages from friends do individuals in recovery from AUD perceive as helpful?

RQ 2: What features of social support message from friends do individuals in recovery from AUD perceive as unhelpful?

CHAPTER 3 – METHODS

Participants

Participants were included in the study if they were at least 21 years of age at the time of study, have a lifetime moderate- severe AUD, and have been in recovery for at least 12 months at the time of the interview. Eligibility was not impacted by a history of relapses. To reduce risks of miscommunication or inaccurate interpretations of data, participation was limited to individuals who are fluent in English, which is my primary language. Additionally, to reduce risks of profound impacts on mental health, participants were excluded if they had had suicidal intent within the past 12 months. Finally, participants had to have received support during recover from at least one friend who does not have a familial or romantic relationship with them, and who is not providing professional support to them.

Eight individuals participated in the study (see Table 1 for a summary of their demographic information). Participants provided brief demographic information through a short survey before participating in the interview. All participants (*n*=8) identified as being White non-Hispanic. 50% (*n*=4) of the eight participants identified as women/ female, and the other 50% (*n*=4) identified as men. Over half of the participants (*n*=5) were married at the time of interview.

In their interviews and member reflections, participants provided more information about the nature of their recovery process. Despite the more lenient research definition of recovery used to determine participant eligibility, all the participants (100%) abstained from alcohol completely. Of the eight participants, three (37.5%) recovered naturally, meaning they never received formal treatment and did not participate in Alcoholics Anonymous or other recovery-based groups. Over half of the participants (*n*=5) participated in AA or other recovery-based peer groups at some point during their recovery.

Table 1: Demographic Summary

Participant Pseudonym	Ethnicity	Gender	Marital Status	Length of Recovery	Path to Recovery	Past Relapses?	Length of Interview
Olive	White, non-Hispanic	Woman	Single	1.5 years	Natural	No	54:08
Gerald	White, non-Hispanic	Man	Single	4 years	Natural	Yes	58:33
Ralph	White, non-Hispanic	Man	Married	11 years	Formal treatment, AA	Yes	42:10
Isabella	White, non-Hispanic	Woman	Married	1 year	Formal treatment, Peer support groups	Yes	56:30
FDB	White, non-Hispanic	Man	Married	9 years	AA	No	1:02:13
Nick	White, non-Hispanic	Man	Single	4.5 years	Formal treatment, AA	Yes	48:42
Anna	White, non-Hispanic	Woman	Married	2 years	Natural	No	58:00
Natalie	White, non-Hispanic	Woman	Married	5.5 years	Formal treatment, AA	Yes	59:19

The average length of participants' *current* period of recovery is approximately a little under 5 years, and the median length of time is approximately 4 years. To simplify the data, I rounded these numbers to the nearest half-year of the number of days or years given by participants. Over half (n=5) of the participants reported relapsing, with the overall number of relapses per participant ranging from one to eleven.

Procedures

Obtaining IRB Approval

First, I submitted the study's protocol and all materials that would be disseminated to participants to the Institutional Review Board at Colorado State University and was granted approval to perform the study (IRB #6150). I took several measures to protect the confidentiality and well-being of participants, especially given the sensitive nature of the interview topic. For one, all data, including emails with participants, results from Qualtrics surveys, informed consents forms, and transcripts were kept in password-protected drives. Additionally, participants chose pseudonyms and all potentially identifiable data (participants' names, town names, names of friends and family members) were removed from transcripts and changed for the report. As soon as interviews were transcribed, video/ audio footage from the interviews, which were also stored in password-protected drives, were deleted. In response to concerns from the Institutional Review Board that I was not equipped with the skills to handle a potentially distressed participant, in January of 2025, I attended a Mental Health First Aid class sponsored by Summit Stone in Fort Collins and earned a certification. Finally, all participants were provided with mental health resources with their informed consent forms and were permitted to skip any distressing questions or stop the interview at any time. Participants were informed that I would call for emergency help if a mental health crisis arose during the interviews. All of this was relayed on the informed consent forms and again verbally at the beginning of the interviews.

Participant Recruitment

I used convenience and snowball sampling to recruit participants. Upon receiving approval, recruitment flyers (see Appendix A) were posted on social media pages. Initially, recruitment flyers were posted on Facebook pages that were primarily used for researchers to recruit participants for diverse studies. However, upon immediately receiving hundreds of emails from "interested" automated accounts and fake participants, I turned to my personal network to ensure recruited participants were eligible and who were not lying about their AUD recovery status to receive compensation. By posting on my own social media pages and having my social network reach out to their networks, I was able to recruit eight reliable participants. Recruitment began in January 2025 and continued until May 2025, but interviews occurred throughout the recruitment period.

Interested participants were instructed to contact me via email, and upon doing so received an email with more information about the study and a link to a Qualtrics screening survey (see Appendix B) to ensure they met participation requirements. To determine the presence of AUD symptoms in the past and the present, an AUD symptom checklist (Hallgren et al., 2022) that has been validated and widely used by healthcare professionals was used (see Appendix C). Experiencing four or more symptoms indicates the presence of a moderate-severe AUD (DSM-5), so participants must have experienced at least four symptoms of AUD for at least 12 consecutive months at some point in their life (but at least 12 months ago) to meet requirements for having a history of lifetime moderate-severe AUD.

To determine the potential participant's recovery status, the screening survey used the National Institute on Alcohol Abuse and Alcoholism's (Hagman et al., 2022) empirically validated research definition of recovery. Respondents must have experienced no symptoms of AUD, excluding alcohol cravings (see item 10 on Alcohol Symptom Checklist), and not engaged in heavy drinking for at least 12 months at the time of the study. For men, heavy drinking is defined as having more than four drinks per day or more than fourteen drinks per week. For women, heavy drinking is defined as having more than

three drinks per day or more than seven drinks per week (NIAAA, 2025). Because individuals are most vulnerable to relapses during the first year of recovery (Anton et al., 2006), a current recovery period of 12 months was chosen as a requirement. Additionally, this allowed for a longer period of recovery for participants to reflect upon for the study.

If potential participants met screening requirements and indicated their continued interest in the study, I sent a link to a brief demographic survey (see Appendix D) and an informed consent form (see Appendix E). Upon providing informed consent, participants were then able to schedule a time to complete a one-on-one interview via Zoom or in-person. Three interviews were conducted in-person and five interviews were conducted via Zoom.

Interview Data Collection

The interviews were semi-structured as I created an interview guide to structure the interview (see Appendix F), and at the same time, I asked follow-up questions to probe deeper into participants' answers and to explore new topics that came up naturally during the conversation (Lindlof & Taylor, 2019). The interviews were narrative-based, which gives participants more freedom when sharing their stories and emotions (Lindlof & Taylor, 2019). Using a narrative-based approach suited the exploratory nature of the study and was appropriate given the evolving nature of friendships and the ongoing process of receiving social support in friendships. They also lent themselves better to a phronetic iterative approach, because new themes could arise and I could then go back and forth between emergent themes and existing literature about social support, friendship, and AUD recovery. Furthermore, I felt that this approach allowed the participants' voices to come through and for a less biased analysis.

Interviews opened with questions about the general context of their recovery. Participants frequently provided details about their life before recovery as well as their motivations for sobriety. Participants were then asked to speak about helpful social support they have received from friends.

During the interview, I probed for more relevant information about the nature of the friendships that these supportive interactions occurred in, such as how they met, how long they had been friends, or whether the friend also used substances, to name some examples. The same procedure occurred when discussing unhelpful social support attempts. When talking about helpful social support, participants were encouraged to think about their current period of recovery, as the study aimed to identify social support attempts helpful to maintaining sobriety. However, when asked about support that was unhelpful to recovery, results also include participants' accounts of unhelpful support that they received during prior periods of recovery, for those who have had relapses or multiple recovery attempts. This is appropriate for the purposes of the study, because it allows for a greater understanding of what types of unhelpful support can lead to relapses. Questions were also asked about the outcomes of supportive interaction and if there was time, participants were asked to give a broad definition of what social support means to them, or what their ideal support interaction would look like.

Throughout the interview, I would periodically rephrase what the participants were saying to check for understanding and ask for further clarification, if needed. At the end of the interview, participants were encouraged to share any more stories or thoughts that they had, whether they were examples of helpful support, unhelpful support, or just gave more context to their friendships or recovery. Upon completing their interviews, each participant was able to choose either a Target or Amazon e-gift card in the amount of $20 to thank them for their participation. One participant declined to receive compensation.

Analysis

Ultimately, nine interviews were conducted. However, the second interviewee could not confirm during the interview that their period of recovery was at least 12 months, and they had difficulty confirming other details from their screening survey. The participant was also no longer in contact after receiving compensation for participation. For these reasons, the participant's data from

their approximately 26-minute-long interview was not included in the results. Thus, data from the eight remaining interviews are reflected here. Recruiting participants through my own social network also meant that each participant's status as an individual in recovery from AUD was confirmed by at least one other person. Interview lengths ranged from 42 to 62 minutes, with an average interview length of 55 minutes. Unfortunately, the original recordings, and therefore transcripts, for two of the participants, Gerald and FDB, were lost or unintelligible due to technical difficulties. However, I used extensive notes taken during the interviews to represent their experiences in the results section and the participants were contacted for follow-up questions and verification of the accuracy of information taken from their interview notes for the study. I used what is referred to as intelligent transcription when cleaning data and using participant quotes in the report, meaning they were edited for clarity, but retain the original meaning of participants' responses and emphasis (Lapadat, 2000). I made careful decisions about when to emit verbal fillers such as "like" or "um", but by removing some, the readability is improved, and the meanings of quotes are more apparent. In some instances, I felt that they should be included to reflect some of the inflections used by participants.

Data that included social support interactions with people who did not fit the criteria for friends was excluded from formal data analysis. The exclusion of kin relationships and those who are professionally providing support to them from being considered as friends was created based upon the definitions of friendship discussed in the literature review, which highlighted that friendships are voluntary (Hays, 1988)- whereas family members are not usually voluntarily chosen, and professional support providers are receiving compensation for performing a hired service. Romantic partners are excluded from the data included as well because of research that suggests expectations for social support and evaluations of social support differ between friends and romantic partners as providers (Woodward et al., 2015). That said, the holistic understanding of participants' social support interactions

was considered when interpretating how the participants perceive helpful and unhelpful support from friends.

I began data analysis after the first two interviews, to begin creating codes and comparing them with existing literature. After going through transcripts to find excerpts that specifically pertain to support from friends, to be sure that data used can effectively answer research questions, I adopted a phronetic iterative approach to data analysis (Tracy, 2018). First, I performed a round of open coding using this narrowed-down data to create very specific codes of support behaviors/ features. For example, I developed codes such as “unsolicited advice” or “going climbing together”. Simultaneously, I coded the outcome of the support interaction. Support outcomes could be positive or negative and would include things such as “friendship damaged” or “self-esteem increased”. These could then be further grouped together into positive/ negative friendship, emotional/ psychological, or recovery outcomes. Some support interactions resulted in multiple outcomes, so some features were coded as helpful or unhelpful in regard to different outcomes.

Subsequent rounds of coding were done to identify recurring themes, repeated words, and similar examples in participants’ narratives. I continued to refine themes and subthemes accordingly to be sure that the themes and codes properly reflected the most important findings from participants’ interviews and helped answer the research questions. During this process, I conducted multiple data talks with my advisor to sort through the analysis. To create themes, I primarily looked at the supportive functions and/ or dysfunctions that occurred in support attempts. I grouped individual codes together to create subthemes. As I coded, I moved back and forth between themes and subthemes to ensure that they best reflected the data and the most salient themes. One of the themes was encouraging vulnerability. This theme emerged from subthemes like validating experiences, listening with empathy, and asking questions. The specific features of support, such as asking questions, were all found to have encouraging vulnerability as the general function that these specific features of support serve. Checking

and re-checking how well codes, subthemes, and themes fit together resulted in the eventual combination of validation and empathetic listening, because support features coded as providing validation or listening with empathy almost always occurred together.

As I approach to finalize my analysis, I conducted member reflections to ensure validity (Tracy, 2013) All eight participants were sent a follow-up email with the primary themes for each research question, and some examples of how their interview responses were being used to check if they felt their data was being used accurately. Additionally, I sought to check for accuracy on some of the demographic information that most participants gave during the interviews, which I then felt was relevant to include in the report. Of the eight participants, I received feedback from seven, which resulted in no changes as all respondents felt the themes accurately reflected the data. Participants were invited to share further thoughts on the data, analysis, or correct the ways in which their data was used/ interpreted, but ultimately no participants chose to engage in another in-depth dialogue. Moving toward a more collaborative approach with member reflections could be useful, but due to time constraints for both the participants and researchers, and the lack of funding to compensate participants for additional time, the current study was not able to engage as deeply in ongoing dialogue with research participants.

Researcher Role and Positionality

I have experience discussing sensitive topics such as AUD and recovery and feel that I have empathy and a strong desire to be helpful. However, due to my experiences as a support provider and recipient for AUD recovery, I also remained attentive to my own biases about perceptions of helpful and unhelpful support and reflected on the impact of my own experiences during my data analysis. Given that I am a graduate student studying social support and AUD, I have done past research about social support and also previously analyzed the types of social support that is sought and provided on Reddit communities for AUD recovery. To honor participants' lived experiences and their interpretations of

them, I remained consistent in how I coded support as helpful or unhelpful, and I asked clarifying questions throughout the interview.

AUD is often perceived as a stigmatized condition, participants may be more willing to disclose so I maintained a nonjudgmental, peer-like approach and was mindful of the language I used to avoid perpetuating stigmas. Overall, I believe this was an effective approach, as participants were incredibly vulnerable and candid when speaking to me about their experiences and perceptions of receiving support during recovery. I was also mindful of the privileges that come with being a white graduate student who comes from a middle-class family, which has provided me and many people in my social network with opportunities and resources not as readily available to others. There are also certain power dynamics that exist between researchers and participants, which I reduced by inviting participants to co-create knowledge with me and by creating an emotionally safe environment for them. I took extra precautions to ensure that participants would be safe physically and emotionally by taking a Mental Health First Aid course, where I learned about recognizing and providing care during mental health crises, and when and how to contact professional help. I have also learned about how to interact with participants in ways that are sensitive and culturally competent through the undergraduate courses I took at Michigan State University and the graduate courses I took at Colorado State University. I reflected on how to apply that knowledge in my own study and checked in on how I was doing between and throughout every interview.

CHAPTER 4 – RESULTS

Findings revealed that the friends' social support received by participants is incredibly nuanced and can differ from how recipients perceive the support. Overall, data from participants' interviews supports the notion that supportive friendships are important for maintaining recovery from AUD. As expected, helpful support bolstered closer friendships, improved participants' self-esteem and resolve to maintain sobriety, and helped participants cope with various stressors. Additionally, participants also reported that support they perceived as being unhelpful frequently resulted in negative outcomes such as relational distress, negative affect, hurt feelings, and less confidence in maintaining sobriety. Although participants were not asked to rank how important they found different sources of support, only one participant, Ralph, noted that friendships were less important in his recovery than tough love from his parents and support from his wife, and that ultimately his personal recovery capital (White & Cloud, 2008), which includes resources such as his own sense of meaning and self-efficacy, was the most helpful. Additionally, other participants reported receiving insufficient support from family members and romantic partners, which led to an even greater importance of friendship in their recovery. For several participants, who kept their addiction more hidden from family members, they did not seek much support from family members but were more open about it with friends. For example, FDB reported that he did not discuss his recovery much with his mother, because he felt it had negative emotional effects on her. Especially for people who recover naturally, it may be easier for their history of alcohol use disorder and recovery to go unnoticed than for people who attended formal treatment.

Participants identified recurring themes in features of social support attempts from friends that perceive as being helpful–*encouraging vulnerability*, *supporting sober identity*, and *companionship and assistance* (see Table-2), as well as features of social support attempts from friends that they perceive as being unhelpful, or even harmful–*discouraging vulnerability, encouraging substance use, mismatches*

between desired and received support, and *exclusion* (see Table-3). Together, findings provide a better understanding of the conditions and nuances that impact how individuals in recovery from AUD form perceptions of supportive communication and the specific outcomes that result from helpful and unhelpful support. It should be noted that there is often overlap between the different features of supportive communication. Also, in a single supportive communication interaction, friends may provide more than one form of helpful support, or more than one form of unhelpful support. Sometimes a friend may provide support that is both helpful and unhelpful. Themes of helpful and unhelpful support are explained below.

Themes of Helpful Social Support

The first research question sought to identify features of social support messages from friends that individuals in recovery from AUD perceive as helpful. Helpful supportive behaviors frequently resulted in improved friendship quality, positive recovery outcomes, higher self-esteem, reduction of negative emotions, and an improved ability to cope with stressors during recovery. From the interview data, four main themes of what participantsperceived as helpful social support from friends emerged: *encouraging vulnerability, supporting sober identity*, *companionship and assistance*, and *perceived availability of support* (see Table-2).

Encouraging Vulnerability

Across participants' accounts of support they perceived as helpful, one theme that emerged was receiving support that encouraged the participant to be emotionally vulnerable. When friends encouraged vulnerability in supportive interactions, participants were open about sharing their emotions, whether positive or negative, as well as their insecurities or doubts. Support that encouraged vulnerability resulted in positive outcomes for the participants' psychological well-being and recovery, as well as closer friendships. Additionally, when participants felt they could be more vulnerable during

Theme	***Subthemes***	***Definition***	***Exemplars***
Encouraging Vulnerability	Validation and Empathetic Listening	Participants were able to talk through their emotions and thoughts with friends who listened without judgement while expressing compassion and understanding.	"I think the biggest thing for me, is just to be […] available to listen. Like, 'Hey, can we just talk through whatever's on my mind? Or just text? -Natalie
	Asking Genuine Questions	Participants were asked questions by friends about their time in addiction, in recovery, or about how they can best support them.	Gerald reported liking when people were able to ask questions because it felt more casual and he enjoys being able to tell stories
	Reciprocal Self-Disclosure and Mutual Support	During conversations with the participants, friends also made disclosures and simultaneously received support from the participant.	"I think Diana and I at the beginning, we would talk like five days a week through text, just like about how we're feeling, about wanting a drink, and like what's stressing us out and, like, just trying to allow the negative feelings to come." -Anna
Supporting Sober Identity	*Words of Affirmation*	Participants' friends provided explicitly encouraging messages and reminded participants of their value.	"Someone pulls me aside and says […] "I respect you for trying to get sober"[…] for someone to just be like, I see you. It's hard, and I try to be open about it." -Isabella
	Active Engagement in Recovery	Friends perform concrete actions that directly support the participants' recovery.	Friends from AA provided FDB with their phone numbers so that he could call whenever he needed recovery-related support

Companionship & Assistance	*Spending Time Together*	Friends spent quality time with participants doing activities they enjoy.	"I think, like, quality time is something that's really important when it comes to social support… We're all super busy and we live in an incredibly individualist society so to take time, to spend time with people, to be present… all those things". -Nick
	Facilitating Social Connections	Friends helped participants find and/ or expand their social circles and support networks.	"But he [Evan] was like my first friend um… that was huge. Connecting with him was kind of like the crux of, like, connecting to a bunch of other people because I connected with a home group… he had met this group of guys… that were all kind of around our age… just a group of friends that I hadn't had in years."
	Facilitating Inclusive Friendship Activities	Participants' friends made efforts to be inclusive and mindful of their sober identity in group social events.	Although he feels okay with people drinking around him, Gerald values it when people ask if it is okay to drink in front of him. It shows their respect for him, without him having to ask for it.
	Tangible Aid	Participants had friends provide them with material resources and/ or performed acts of service that matched their desired support.	FDB appreciates celebrating his sober anniversary with friends and was receiving cards and cakes for his first year of sobriety.

conversations with their friends, their friends were able to better match their desired support in subsequent support attempts. Three subthemes of features of supportive communication that encouraged vulnerability emerged from participants' interviews: *validation and empathetic listening*, *asking questions*, and *reciprocity in self-disclosure and mutual support*.

Validation and Empathetic Listening. Participants reported support messages that validated ,their feelings and friends who listened to them with empathy as deeply important to their recovery. Additionally, when friends were able to effectively validate their feelings and listen with empathy, participants experienced improved self-esteem and affect, and their friendships became closer. Validation during support interactions refers to communication that respects participants' feelings and makes the participants feel heard and understood. Alongside the provision of validation, participants' friends engaged in empathetic listening, which meant they were attentive and listened without judgement or criticism. Overall, when participants experienced validation and empathetic listening from friends, they perceived it as helpful, and the support resulted in positive outcomes in their self-esteem, emotional well-being, and friendships, and it helped facilitate positive recovery outcomes.

In fact, encouraging vulnerability through validation and empathetic listening is such a helpful form of support to receive from friends that, when asked what social support means to her, Anna responds:

> Social support, for me, is when I'm able to be vulnerable with someone that I trust. Them listening to where I'm at and what I'm going through. It's really just having that person to lean on and that's going to listen to you and validate your feelings and emotions.

Anna further emphasizes the importance of being a good listener and not telling the recipient how they should feel or what they should do when she says that:

> Sometimes I internalize it [being sober at social events] so much and I just feel like they would like me more if I was drinking, or I'd say something funnier if I was drinking, or I would be this person that others would accept more. So, I guess you know, it's like accepting me for who I am and just listening to what I have to say and validating my feelings.

Prior to sobriety, Anna said that "[her] friend groups have always been big drinkers", so the shift in her identity has caused some insecurities in her friendships as she feels her behaviors and the way she presents herself in social settings may have changed. However, she notes that friends she was close with before sobriety and who she drank with in the past have been helpful sources of support to her because they provide validation and listen empathetically. One friend who she was friends with before she started using alcohol, but then began to party with, is still a helpful source of support for her who she notes is "just really easy to talk to. We haven't talked to each other in six months, but I can always pick up the phone, and we can just connect again." She expressed similar sentiments about a second friend, demonstrating how they make her feel connected and are a helpful source of emotional support. Additionally, one friendship that Anna says she was not originally as interested in became close because of the helpful emotional support that she provided for her, saying:

> Once some of my other friends were kind of shitty friends to me, I realized, like "Oh my God, she's a good person. She's there for me when I need her, when I'm down, when I'm living at my grandparents', you know. She's not just using me as someone to go have a few drinks with." We can talk to each other about similar things [because] she just understands. She's not like "Oh your problems are stupid."

This example highlights how Anna distanced herself from friendships that did not provide effective emotional support, but how a friend being "there for [her]" and having similar lifestyles led to a close friendship and validation that encouraged vulnerability in their friendship and supported Anna's self-esteem. As for the friends who were unhelpful, invalidating sources of support in recovery, Anna says, "They don't like me for who I am sober, then I don't know what to tell them."

Nick described how friends who provided validation and listened with empathy were helpful sources of support when experiencing changes in his life such as leaving AA, quitting his job, going through a breakup, and having a limited network to provide social support. He says he was "really in this very emotionally difficult place and didn't feel like [he] had many people to talk to about it." It was

during this low point that he first became friends with people in the yoga community, but who he immediately felt supported by:

> People who I immediately met and just knew, I was like "Oh, there's like a depth to this connection that I don't have with people who I've known for months or years." People who I felt very seen by and who I could just talk to about whatever it was that was on my mind, and they would hold space for it. And not only validate my experience but also call me out on my own shit. You know, people who are very real with me and honest- who support me, and then also are willing to tell me when I fuck it up, you know?

This is Nick's first mention of how his friendships in the yoga community have played a crucial role in his recovery, showing how it started with the provision of helpful validation and listening. The vulnerability that this encouraged then led to the formation of closer friendships, which became the source of numerous other forms of helpful support, some of which will be discussed later.

This quote also highlights an important nuance in social support. By providing consistent emotional validation and holding space throughout a friendship, one can build a foundation of trust and vulnerability that creates a relationship where providing accountability feels helpful, empathetic, and validating, rather than when attempts to provide accountability come off as unhelpful, judgmental, and invalidating. Thus, validation and empathetic listening also have the positive outcome of empowering friends to be vulnerable enough to ask for support in the form of accountability, which in turn has positive recovery outcomes.

In summary, validation and empathetic listening play an important role in encouraging vulnerability in friendships. Opening friendships to increased vulnerability results in closer relationships and leads to further opportunities to provide validation and listen to the individual in recovery's feelings and problems during recovery. Additionally, this form of support leads to positive emotional outcomes, such as improved self-esteem and a feeling of being cared for and valued by their friend(s). Overall, validation and empathetic listening are found to have positive outcomes for participants' psychological well-being, friendship closeness, and sobriety maintenance.

Asking Genuine Questions. In addition to validating their feelings, participants expressed finding it helpful when friends asked them questions- whether that be about their time in addiction, in recovery, or about how they can best support them. This form of supportive communication also afforded participants the opportunity to explore their feelings and better understand their experiences. When speaking about her desired support, Isabella says "It's when people ask genuine questions […] questions are one of the best ways to like, kind of show that you care."

When friends ask questions, Isabella perceives this as emotional support that makes her feel cared for and valued. Isabella then continues to explain how a friend might go about asking questions in a way that feels genuine and communicates care and concern:

> I know it's awkward to be like, "Hey, how's that alcoholism going?" But I don't know-if people checked in a way that wasn't serious. Like, "Oh, how's everything going in recovery?" I don't know, maybe there isn't a really not-awkward way to ask. But even, like my best friend since I was eight, she still doesn't really know how to ask, but so I feel bad then asking for something that isn't exactly tangible in terms of showing that you care in the form of these questions. Because it really is, like, I don't want to put any of my friends in, like, that position where they don't know how to care, yeah, but I feel like if there was an open discussion, we could figure out what it was.

This quote also demonstrates how Isabella sees that asking questions as a form of support is one that could lead to even more helpful supportive interactions in the future, perhaps encouraging friends to provide desired support in other ways. However, Isabella also highlights a challenge to receiving helpful support here, citing her discomfort with directly seeking this type of support from friends since it is more abstract than tangible support.

Nick says that since becoming sober his friendships have reached "another level of depth and vulnerability" and that, especially in his friendships with his guy friends, they have expressed "some curiosity, which was really cool. Just about what it's been like, and [there's been] a lot of openness from my friends. They've been super supportive." By asking questions and showing curiosity, friends have encouraged vulnerability from Nick, and he has been able to receive better support from them and now experiences closer friendships with them. He also notes that these friends were in his life before his

recovery, but that his relationships with most of them have improved or healed, because he felt that they thought he was a bit of a "wild card" and that it was difficult to be around him because he did not like the person he was when he was drinking and using drugs.

Gerald also said that he liked it when friends were able to ask casual questions about his history with addiction and his recovery. He likes being able to tell stories and finds this gives him an opportunity to reflect on and understand his feelings. Additionally, these interactions with friends allowed them to develop a deeper understanding of him and how his past experiences have made him the person he is today. When friends asked questions, it also made their friendships closer, and he identified having "deep, intimate relationships" and "feeling understood" as ideal features of social support.

Another way that asking questions can manifest as helpful social support in friendships is by seeking to better understand the recipients' experiences with and perceptions of social support.

Nick puts this well when he says:

> I also think [social support is] expressing love in different ways, learning about your friends, the way that they like to be shown that they're cared about. People talk about the different love languages that show up in romantic relationships, but it's in friendships too, you know?

This differs slightly from expressing interest in the recipients' stories about addiction and recovery, because they are seeking more general information that they can then practically apply in their friendships. Asking questions of this nature and learning more about their friends can lead to other improvements in their support provision for their friends in recovery and is a good way for friends to avoid mismatches in support.

Overall, asking participants questions that expressed genuine interest in their experiences and were perceived by participants as being asked with positive intentions resulted in closer friendships, better supportive interactions in the future, and gave them the opportunity to reflect upon their experiences and better understand their emotions.

Reciprocal self-disclosure & mutual support. In addition to *validation and empathetic listening* and *asking genuine questions*, participants found it helpful when friends were also vulnerable, and they were able to mutually support each other through similar stressors. While participants described these moments as validating, this subtheme differs from *validation and empathetic listening,* where the support provider is primarily addressing the recipient's feelings, they are also being vulnerable and seeking emotional support, which helped them bond and participants felt less alone in their problems. For example, when discussing her life prior to recovery, Anna shares what she believes was a turning point in her relationship with alcohol:

> I started using it [alcohol] to, like, numb my kids' screams. Because I lived a life of doing whatever I wanted before kids. And so then to have that huge change, and we didn't have any family support around…and I just think that I turned to alcohol. I was like, I'm a stay-at-home mom. After this playdate at 10 a.m., I'm going to have a drink.

This provides important insights that shape Anna's preferences for social support. Anna clearly identifies the stress of being a stay-at-home mom with multiple children and a lack of support around the house as triggers for drinking. She then describes how the time she spends with other stay-at-home moms helps her cope with the stresses of parenting:

> I reached out to moms to have play dates with them and stuff during the day, so I could have something to look forward to, [and] get to talk to another adult, and I don't have to be with toddlers that are super little all day by myself. We can talk about common interest or what we're going through, kind of just to get those feelings out in a safe space where it's like, they're going through something too and they can understand.

As seen in this quote, during the time Anna spends with the other moms, she does not just share her own feelings. Other moms also disclose things that may be negatively impacting them as well. Although the topics of discussion may not pertain directly to sobriety for all of them, it provides Anna with a way to cope with a stressor that she identifies as a trigger for drinking. Therefore, receiving social support that addresses one of the underlying causes for her drinking behaviors is helpful to maintaining her sobriety. Furthermore, the reciprocity in terms of being vulnerable and supporting each other help build a "safe space" and supportive community that everyone engages in.

Natalie expresses similar sentiments when she says, “Sometimes I just need to hear what’s going on in somebody else’s life. Like, I just need to hear that you have kid drama too and it makes me feel more included and more normal.” In this way, hearing about stressful things her friends are dealing with that mirror some of her stressors helps Natalie feel that she is not alone in dealing with her problems and is a helpful form of emotional support. This form of mutual self-disclosure also creates closer bonds and makes the time that Natalie spends with this friend valuable.

Nick describes how his friendship with a friend from college has shifted since the beginning of their friendship:

> The friend [Clay] that I was just visiting in Louisville was a buddy of mine from college who, man, we...we had some fun together. And after I got sober, there was a couple of years where I knew that he needed to get sober and he finally did a couple years ago. And he actually just had two years this past week. And so it was kind of nice to go see him… That’s a really interesting one because it’s like we’ve been able to show up for each other in sobriety. And kind of had a shared experience of, like, having… a rough time in our early twenties and then getting to figure it out. So that one has been really in a way that, you know, it’s been awesome to see also in, like, a couple of years after I got sober to kind of show up for someone in that way too.

While they shared a history rife with alcohol consumption together, they were still able to maintain a friendship with each other. While he describes their shared time together in college as “fun,” he also describes it as “rough”, noting that some of their similarities come from figuring things out after their early twenties and figuring out life sober. Being able to show up for someone else, especially someone who he felt needed to also become sober, was helpful for Nick in recovery and being able to bond over their shared past and shared experiences with becoming sober has made their friendship close, as indicated by the fact that Nick went to a different city to visit with him.

Supporting Sober Identity

Another key theme in helpful support is when friends supported the sober identities of the participants. Adjusting to life without alcohol was difficult for many reasons, one of which was that participants found that drinking or partying was central to their identity at the time. Additionally, participants sometimes questioned their decision to be sober, had trouble embracing their sober

identities, or just had trouble maintaining sobriety in general. Friends were able to help bolster participants' confidence in their sober identities through *words of affirmation* and participants also found it helpful when friends took more active roles in helping them maintain sobriety and make that a permanent part of their life, which can be referred to as *active engagement in recovery*.

Words of Affirmation. To begin, participants find it helpful when their sober identity is being affirmed and celebrated. Participants reported words of affirmation as being one of the most helpful forms of social support that they receive, as they provided encouragement, emotional support, and helped participants assuage their doubts and insecurities in sobriety. One doubt or obstacle that participants noted facing in recovery was the worry that sobriety was not the right decision for them, or that it was not actually important. When participants experienced doubts about sobriety, it not only led to emotional distress for them, but they also reported worrying about a physical relapse. However, words of affirmation were able to help buffer these troubling thoughts and strengthen their resolve to remain in recovery.

There are ample examples from the data to support the importance of affirmation. In Anna's case, helpful verbal affirmations from friends could be as simple as being able to *"Tell you that you're, like, doing the right thing"* when those doubts about sobriety emerge.

Gerald talked about a friend, JimBob, who was a good source of affirmation for him. He and JimBob became friends in fifth grade and hung out pretty much every day until Gerald entered his drinking phase in high school, at which point JimBob distanced himself from Gerald. Later on, they also became separated by physical distance but reconnected in college when Gerald got sober. Now, JimBob is a consistent and helpful form of support for Gerald. They text daily and JimBob has affirmed Gerald's decisions, expresses excitement for Gerald's sobriety by telling him to "keep it up", and is proud of his achievement in maintaining sobriety. He was also an important source of emotional support for Gerald after his breakup in college, which occurred when he was about a year sober and resulted in a serious

relapse and a suicide attempt. After this, Gerald was able to restart his recovery, but the relapse had serious implications for his mental health, and he lost one of his main sources of support when his girlfriend was no longer in his life.

For some participants, they noted verbal affirmations from friends hold an especially high importance because of the lack of this type of support from family members. As shared by Olive,

> Verbal affirmations from my friends has been really helpful… because sometimes when you're in the thick of doing all the work through therapy and growth, you feel like you haven't changed at all…. I've gotten closer with people who have valued my sobriety, encouraged it. I sound so narcissistic, or I have a better term of like, praise me, but like, recognize that it's not my identity… I have a lot of different identities, and the people who can hold space for my sobriety, but then also [support my other identities]… is important.

For Olive, verbal affirmations with friends showcases the admiration and respect that they hold for her sobriety, and that they see her as a holistic person and celebrate other aspects of her identity. Additionally, Olive received affirmations from her friend Emily through a letter that she wrote to Olive:

> I went through my first sober breakup […] I definitely had [alcohol] cravings […] she showed up with a care package and a letter, like a really thoughtful letter. Because, again, like, I think my use stemmed from feeling worthless or wanting to escape that feeling, like feeling not good enough, and so she makes me feel like I'm more than enough... like I'm worthy of being here and can make mistakes and go through breakups. I'm gonna cry talking about her. I just love her so much.

The support from Emily bolstered Olive's self-esteem and helped her through a difficult time emotionally when she was dealing with a breakup and the feelings of not being good enough for people to invest in that came with it. These feelings had also been a factor in her alcohol use, and she was struggling with alcohol cravings at the time. So, Emily's support was able to affirm Olive's worth as a person and helped her grieve the breakup by encouraging Olive to feel her feelings and work through them without using alcohol to cope.

Active Engagement in Recovery. Active engagement in recovery refers to concrete actions that directly support participants' sobriety outcomes. As opposed to types of emotional support, even if it is

helpful to recovery outcomes, or helps them cope with recovery-specific stressors, the primary goal of these actions is to keep the participants from relapsing or to remain motivated in their sobriety.

Ralph found helpful support from friends when he shared some of the warning signs that he was having an emotional or mental relapse, which are often the precursors of a physical relapse, and asked them to tell him if they noticed any of them.

> And what I find out is if I don't talk about that stuff or share it, it becomes like my secret, you know. And by telling people, I'll ask them, "Hey, if I seem to be getting weird to you or if I'm off base of if I'm withdrawing or becoming more angry, or, you know, I'm always tired or get quiet. Or if you see a personality change in me." I have a network of people in my life that would tell me, you know, I wouldn't get pissed off at them… it's finding the right people in your life that are willing to call you out on your shit if they see it happening rather than, if you're just having a bad day, you know, because to me, I may not see it happening because it happens so slowly and it's so subtle how the addiction can creep up on you.

Ralph explains how a behavior which may be considered rude or unhelpful in other contexts is actually essential to his recovery, because people close to him may be more perceptive of shifts in his mood than he is. While he does receive a lot of this support from his wife, he also notes the need for having a larger network to provide this type of support. This also shows his need for close relationships where he can be vulnerable and trusts them to be available to provide that support when it is needed.

Another example of a friend actively engaging a participant's recovery is when Anna's friend Felicity gave her a book that "put alcohol in a different perspective for [her]." She credits this supportive act by Felicity as one of the main reasons why she was motivated to abstain from alcohol. Additionally, reading this book provided Anna and Felicity with a shared resource about alcohol addiction and recovery that they could discuss when they were talking about life in recovery. This is also an interesting example of a friend providing informational support where the information is not delivered in the form of advice from a friend, but the information comes from an expert, that Anna can choose to engage with or not engage with.

Overall, supportive acts that are considered to be *active engagement in recovery* supported participants' sober identities with the intention of directly improving their ability and resolve to

maintain abstinence from alcohol. They also occurred in friendships that they felt vulnerable and affirmed in.

Companionship and Assistance

The third theme of helpful support is companionship and assistance. The four subthemes found: *spending time together, tangible aid, facilitating social connections*, and *facilitating inclusive friendship activities*, all include helpful support behaviors.

Spending Time Together. In addition to supporting participants by helping them expand their social support networks, participants found companionship through quality time with friends as helpful during recovery. One of the biggest features of quality time with friends was that the activities were not centered around drinking.

Participants shared a wide variety of different activities that they liked to do with their friends, beyond just being able to talk about things. For example, Olive talks about enjoying activities such as rock climbing and doing crafts with friends. FDB describes how he goes to baseball games and to the shooting range with friends. He also gets together with other sober friends, some who he met through AA, to have "sober fun" by going bowling or to see a friend's band play at their shows. Isabella also mentions it being helpful when friends ask to do something like bowling or hanging out without alcohol. Olive describes how spending quality time together is one of the most important things for maintaining close friendships:

> And like, intimacy, to me, isn't like physical sex, necessarily. It's like quality time. It's like crafting time spent together, all that. And so… the relationships I do have are very intense and intimate and loving, and I think I've just shifted maybe some expectations for other relationships in my life, and know that maybe they can't meet, meet me where I'm at right now.

She also notes how when friends go hiking with her, go climbing with her, and do arts and crafts with her, it is helpful in affirming her sober identity as well and signifies that her friends have respect for her sobriety and see their friendship as more meaningful than just partying together.

Gerald became deeply involved in trail running early on in his sobriety to let out the extra energy that came after he stopped drinking and using drugs. After his breakup, he quickly became close friends with some of the people in the trail running community, and running together became a shared activity that helped him stay sober and build a new identity outside of drinking. By spending time with him engaging in a healthy, fun activity, Gerald said that his friends in the trail running community were providing him with a lot of indirect social support, which is a feature that he cites as being part of his ideal social support interaction.

By spending time engaging in other activities, participants reported being able to find other things they liked to do and sometimes became involved in communities related to these activities, which were then incorporated into their new, sober identities. Many of the activities that participants reported spending time engaging in with their friends were activities that also facilitate positive health outcomes, including physical activities like rock climbing, running, and going for walks, or activities like arts and crafts, that have been shown to benefit mental health.

Facilitating Social Connections. Participants described social connection in general as being helpful to their recovery and frequently cited a lack of connection as a reason for beginning alcohol use, relapses, and difficulties coping with the difficulties they faced during recovery. Participants then reported social support from friends that helped them find community, connection, and expand their social circles and support networks to combat these negative outcomes.

Nick described how periods of time he felt a lack of social connection, which was especially prevalent during COVID, or when he did not have deep friendships that regularly provided support led to difficulties coping with emotions, remaining sober, and had even led to relapse. It is unsurprising that support behaviors from friends that helped him find social connection and community were some of the most helpful for Nick. One of the first friendships he made post-recovery was a great example of a time when he benefited from support that facilitated social connections:

> Once I got sober the second time [and] I was still in treatment, I was having a conversation with my therapist and she was like, "Well, is there anyone that you can make friends with?" And I remember there was [a] guy who would see around and he was always just a kind person, and he had a couple of years, and we're about the same age. I literally messaged this guy on Facebook, basically like, "Hey, man, you want to be friends?" because I didn't have any friends, and I was just like, "Hey, man, I ended up back in treatment, you know, had relapsed. I'm really trying to create community and I don't know anyone. I've seen you around, you want to hang out sometime?" So I met up with him, met some people in treatment…But he [Evan] was like my first friend, um… that was huge. There was a home group [in AA} that my buddy Evan was in, and connecting with him was kind of like the crux of, connecting to a bunch of other people. He had met this group of guys that were all kind of around our age, just a group of friends that I hadn't had in years.

Nick describes how he took the initiative to seek out a friend to be a source of support and ended up reaching out to someone who had similar identities to him and was someone who treated others with kindness. Through Evan, he got involved with a home group, which refers to an AA group that has meetings regularly and can be a good source of continuos support and relationships. Joining this home and getting involved meant he could get involved in service within the group. Becoming connected with this AA community, which Evan helped Nick do, became another enormous source of helpful support:

> Just meeting so many people, getting involved within that community and having… I don't know, probably 50 phone numbers at any given time that I could just pick up the phone and call at any given time if I was having a rough moment, and if I wanted a drink, or if I was just emotionally – you know, emotions are the most difficult thing to deal with when you're sober.

Ultimately, these social connections that Evan helped Nick build were then able to provide Nick with further emotional support. The large size of the network made it likely that support was available at all times, and the providers were all also focused on recovery in AA, so they shared common goals and stressors. Participation in AA also gave him ways to fill his time with activities that felt meaningful and allowed him to spend time with supportive others.

Although Olive had friendships that were, to varying degrees, supportive while using alcohol, there were some major changes in how Olive approached friendships and socialization after becoming sober. She explained one way in which her social network changed:

> I definitely have seen relationships, whether I knew they were party relationships or I thought they were deeper than that- and they apparently weren't- shift because they still want to prioritize partying as their number one thing. Absolutely some, like, maybe ending of friendships.

Olive also noted that re-entering social spaces sober sparked a bit of social anxiety for her. However, Olive's friend Emily was a consistent source of helpful support and one of Olive's primary support providers. Olive felt close with her because she was a supportive, forgiving, and patient friend with Olive before she stopped drinking and their friendship was built upon common interests and mutual support, rather than drinking.

During recovery, Olive's friend Emily accompanied her to events that she would not otherwise have gone to, to not only communicate support for Olive, but to empower Olive to step out of her comfort zone without using alcohol to reduce anxiety. As a result, Olive was able to prove to herself that she can enter new spaces and meet new people while sober. Having a close friend with her as she began to build that confidence in herself was essential. She describes two times when Emily provided this type of support:

> We've never actually gone, but I've been like, "Hey, would you go to this AA meeting with me?", and she's like, "Yeah." So she's not in recovery or wants to do it [abstain from alcohol], but she's been supportive of going to events like that, just kind of tagging along with me, in terms of, like, I feel like I used [alcohol] a lot to lessen social anxiety.

and

> There was this poetry reading, a space that, like she's [Emily] not necessarily like in that space and like, she went with me and was, like, clearly anxious, but like, there to support me, so, like, just helping me branch out to other social networks so I would feel supported and be able to do things sober.

Although Emily did not actually attend any AA meetings with Olive, as Olive herself never attended any AA meetings as part of her recovery process, her openness to going with Olive and to be someone who would help facilitate social connections was helpful to Olive because it conveyed to her that Emily cares about her and is a true friend. It is noteworthy that AA meetings and the poetry reading are both spaces where Emily does not necessarily feel the most comfortable in herself, so her showing up for Olive in

this way really demonstrates how much relational investment she is willing to put in, and is why she is Olive's closest friend.

Olive and Nick both provide good examples of how showing support by facilitating social connections is helpful to individuals in recovery from AUD. In Nick's case, the main benefit was growing his social network and forming connections with other people in recovery. For Olive, this form of support was helpful when actually received, or when it was just perceived as being available. The more prevalent outcomes for Olive were a closer friendship with Emily, and improved psychological outcomes, as seen by a reduction in social anxiety. Therefore, facilitating social connections proves to have helpful outcomes.

Facilitating Inclusive Friendship Activities. This goes beyond including participants in social activities, because the support they provide includes behaviors that mitigate the feelings of alienation and exclusion that some participants reported facing in social settings with alcohol. Thus, these supportive behaviors from friends are a crucial variable influencing whether a friendship activity results in positive or negative outcomes for the participant.

Participants frequently reported being able to spend time with friends who were drinking. For some participants, like Anna, it took her about nine months before she attended social events with drinking present. However, simply spending time together did not mean that it was helpful. Whether or not group social activities were helpful or not hinged largely on the quality of supportive behaviors that friends enacted throughout. Helpful supportive behaviors in group settings were ones that made the recipient feel included and normal.

One way in which friends provided helpful support in group interactions was bringing alcohol alternatives to gatherings where others were drinking alcoholic beverages. As it is with the general populations, the participants in this study also had mixed opinions about NA options that are meant to serve as "imitations" of alcoholic beverages (e.g., NA beers, mocktails, sparkling juice, etc.). Accounting

for these personal preferences is important for the provision of helpful social support, as some people may find some of these alcohol alternatives to be triggering and unhelpful for maintaining sobriety. Isabella shares that when friends also drink these alcohol alternatives, it is even more helpful because it contributes to a feeling of inclusion and that sobriety is not an abnormality:

> Or even showing up to events and someone has the foresight to, like, buy me something, or get a bottle of [something non-alcoholic. And] especially when they drink non-alcoholic stuff with me, like, that's really cool. Instead of [them] thinking "Oh that's Isabella's drink, yeah." [It's like] Oh, we can all enjoy that.

This highlights how while bringing an NA option for her is helpful and supports her being able to attend events with drinking but still maintain her sobriety, the feeling of inclusivity is even enhanced when people who are not in recovery drink NA alternatives with her and this normalizes the idea that having fun with friends does not always have to include alcohol. Gerald also appreciated it when friends brought non-alcoholic alternatives to drink and found it considerate when friends asked him if it was okay to drink around him at events. Although he does not mind if they drink, he noted that by asking this, friends indirectly communicate that they care about his well-being and would be willing to change their behavior if it would benefit him.

Tangible Aid. Finally, companionship and assistance can also take on a material form. There were instances in which participants had friends provide resources for them and/ or performed acts of service that facilitated their recovery and that matched the support they desired.

FDB, who began using alcohol to cope with physical pain from a health condition, benefited in his recovery from going to doctor's appointments and physical therapy that directly helped him mitigate his physical pain. He says that his close friends, David and Drew, who he lives near, provided him with rides to these appointments. Being able to get to these appointments was essential to his recovery from AUD outcomes and to his overall health. These car rides also provided his friends with the opportunity to enact other supportive behaviors, such as allowing him to talk about his issues and experiences, listening nonjudgmentally, and being able to laugh about things.

Ralph also found tangible support from a friend at work to be helpful:

> […] and my license was suspended. So, I had one guy that I worked with that picked me up every morning for a year and a half, dropped me off every day for a year and a half. So, he helped me big-time with my recovery, you know, which helped me get to work, which was important.

In this example, Ralph's friend provided him with support that helped him cope with an alcohol-related problem (i.e., suspended license), and enabled him to remain employed. Ralph notes later in the interview that, at the time of the interview, he had been feeling really frustrated with being laid off and his anger had been a warning sign to his wife that he might be close to a relapse. Thus, Ralph stating that this support behavior is important to his recovery is unsurprising.

Nick received tangible support in the form of housing:

> I moved in initially with, when I moved out of rehab, I moved in with a coworker of mine. And she had… I think she had about five years…four or five years of sobriety at the time. And she just bought a home and actually, I moved into a shed. She had one of those Tough Sheds, like insulated… all the roommates were sober, and that was like kind of a culture of sobriety… everywhere I went, it was like, the social supports were sober.

This not only helped solve his problem of needing a place to live and meeting his basic needs, but it also put him into a housing situation that helped facilitate successful recovery by putting him in a place with not only an absence of triggers to drink, but also the presence of built-in support for recovery.

In summary, tangible aid was most helpful for participants when it helped them attain their more basic needs, such as medical assistance, housing, and employment. Additionally, for Nick and FDB, these forms of tangible support came with the added benefits of emotional support and companionship. Ultimately, tangible support can provide practical support for barriers to meeting basic needs, which in turn facilitates positive outcomes for recovery, health, and often provides an element of emotional support as well.

Themes of Unhelpful Social Support

Unhelpful support from friends resulted in negative psychological and recovery outcomes for the recipients, as well as decreased closeness in friendships. In short, features of social support

communication that individuals in recovery from AUD perceive as being unhelpful include *discouraging vulnerability, encouraging substance use, mismatches between desired and received support, and exclusion* (see Table-3). Similar to discussion of helpful support, these themes are not working in silos but often come together in support communication. Moreover, unhelpful support communication features identified by participants often mirror support communication. For example, supportive behaviors described in the *discouraging vulnerability* theme are in direct opposition with behaviors that fall under the *encouraging vulnerability* theme.

Discouraging Vulnerability

When social support discourages vulnerability, it discourages the participants from sharing their feelings with their friend and it does not provide space for them to explore their feelings without judgement. When friends engage in supportive behaviors that discourage vulnerability, friendships are unlikely to become closer, recipients experience less improvement in emotional well-being and self-esteem, and recipients are less likely to seek or receive more helpful support from those providers in the future. Features of social support that discourage vulnerability include *invalidating feelings* and *avoiding deep conversations.*

Invalidating Feelings. Participants experienced their friends invalidating their feelings in different ways. Olive speaks about unhelpful support from her friends that she sees when she visits her hometown, who have been her friends since before recovery, and says:

> [They] can be a little judgmental and have that like, that sarcastic bite.... Sometimes it's okay for like things to be to serious and to talk about your feelings and cry and be emotional, and not everything needs to be a joke.

When her friends are being sarcastic or responding to Olive's disclosures with judgement, the opportunity for her to be vulnerable, be emotional, or have serious, deep conversations is taken away. When her friends make jokes about her sobriety or stressors, it can feel dismissive. Olive also describes

.

Theme	***Subthemes***	***Definition***	***Exemplars***
Discouraging Vulnerability	*Invalidating Feelings*	Participants reported friends providing invalidating messages about their feelings and experiences.	Anna had friends tell her that she did not need to stop drinking because she did not have a drinking problem, which invalidated her experiences with AUD.
	Avoiding Deep Conversations	Participants' friends do not encourage disclosure or are dismissive of participants' needs for support	Anna had friends who she tried to discuss AUD and sobriety with, but they were not receptive to hearing about the risks associated with drinking.
Encouraging Substance Use	*N/A*	Friends directly or indirectly encouraged substance use by spending time with the participants in high-risk environments, offering/ providing substances, or by explicitly trying to persuade the participants to use substances	Gerald had a friend who would ask him why he could not just have a drink with him and try to persuade him to drink.
Mismatches Between Desired and Received Support	*Not Providing Desired Support*	Participants expected or desired certain types or amounts of support from friends that was not provided.	"Well, obviously I have good friends, but friends who were kind of, like, good about finding activities and stuff or, no, I'm gonna be honest. No." -Isabella
	Providing Undesired Support	Participants received undesirable support from friends, despite friends' attempts to be helpful	"When I needed my sponsor a lot, she came to [my son's] baseball games…but she is so far in her sobriety that she will gladly just tell everybody, and then it became more of a hindrance." -Natalie

Exclusion	*Being Excluded From Events*	Participants reported not being invited to friendship activities.	"I really, really enjoyed hanging out with [the friend group], because I felt like it was way less drinking-centric […] and I don't know if we're just not invited to anything anymore." -Isabella
	Being Excluded At Events	Participants were invited to friendship activities, but felt alienated or singled-out because of their sobriety.	"[My son] made the high school soccer team and the first varsity game we go to, we find out that the moms are doing shots behind the stands at halftime. And so now I'm the odd one out all of a sudden at my son's soccer game." -Natalie

how she isn't looking for "praise" from friends, but that it is unhelpful when support messages are more dismissive than encouraging and they invalidate her achievements:

> Sobriety is very important to me, so the people who diminish it or don't give me praise. Praise is not the right word, I'm not looking for praise from others, but people who are maybe dismissive of it can feel hurtful

Anna also received invalidating messages when friends tried to dismiss her history of AUD. Comparing her friend Felicity, who gave her the book and is someone she spends time with and engages in mutual self-disclosure and support with frequently, of friends who are invalidating, she says:

> It was definitely good to have someone [Felicity] to talk to because not everybody gets it. They're like, "Well, you don't have a problem with alcohol." Like I get that a lot. They're like, "You can have a drink."

When friends said these types of things to Anna, they invalidated her experiences with AUD and did not give her any chance to elaborate or discuss her feelings, even if she would have liked to. Additionally, they are encouraging her to drink and discouraging her sober identity. It is also unlikely that they would provide Anna with support for recovery in the future, because they did not see her as having a problem that she would need support to cope with.

Avoiding Deep Conversations. Isabella said that she finds it unhelpful when friends will not engage with her or have deep conversations about her AUD and recovery, saying that some friends who have tried to be supportive:

> Literally never talked to me about it but in passing…They'll be like "You're sober, and that's awesome, and I love you, and I support you." And then they'll change the subject. It's like, wait but what? You've never asked me a single question… They'll say it in passing, but they don't want to actually engage me on any deeper level about what it means to be sober, or why I am [sober]…It's sad that some of my closer friends don't know, like, that I was drugged… a couple years ago and stuff like that. And those are stories [that] I wish some people who are close to me knew and [they] don't, because they kind of don't care to hear about it.

However, Isabella tries to understand why she might not be receiving the support she desires in this area and postulates:

> So I feel like people don't want to bring it up because it's complicated. It's complicated, but to me, I want to get to a place with a lot of people in my social circles where I can be like, "Hey, I

> slipped up this week" and even, like, "Oh man, that sucks, onwards and upwards." Like, I wish I could do that [and] it's like, I slipped, you know, and it's not the end of the world. And it doesn't discount the years of work that I put in. Sometimes, I will slip. And I have a drink, and then I regret it, and I don't want to do it again. And that happens maybe once a year.

Thus, when deep conversations are avoided, participants feel that friends either do not care to provide support, or do not have the competence to effectively provide helpful support. In turn, this keeps friendships from becoming closer and makes it less likely that the friend will gain a deeper understanding of how to provide support for the individual in recovery.

Encouraging Substance Use

Friends can encourage substance use in direct or indirect ways. Direct ways of encouraging substance use would include things like explicitly offering alcohol or challenging one's decision not to drink. Indirect ways of encouraging substance use would include things like drinking heavily around them or putting their friend in environments with alcohol-related cues. Alcohol-related cues differ between individuals and can include a range of things, including bottles of alcohol, bars, or other things that may remind someone of drinking. The direct or indirect encouragement of substance use was one of the most common features of support that participants attributed to relapses.

FDB shared experiences where he had friends offer him beers when they would be spending time together. He questions whether they were testing his sobriety or if they forgot that he does not drink anymore. Although he cannot know their reasons for certain, he finds it to be inconsiderate regardless. He notes that this felt like a "big deal" when it was happening, however he now questions whether he was being "too sensitive" to it or if his assumptions behind their behavior reflect him having a negative mindset.

Overall, friends offering FDB beers is unhelpful in several ways. For one, it causes him to question the motives of his friends, which leads to less trust and closeness in the friendships. But another negative outcome is that it results in negative psychological processes. He begins to question if he has negative qualities that are leading him to feel this way about the support attempts,

For other participants, being in settings with a lot of people drinking or using drugs heavily, or in settings that reminded them of drinking, triggered their desire to drink. In this case, friends were not directly pushing alcohol or substances onto their friends. However, the environments which they invited individuals in recovery to be in were triggering. And in other instances, participants were encouraged to replace alcohol with other addictive or mind-altering substances in social settings, which they found to be detrimental to their recovery efforts. These forms of unhelpful support seemed to be especially prevalent for participants such as Olive, Ralph, and Isabella, who reported struggling with other drugs and substances at the same time as their addiction to alcohol. Even if they did not feel that the other substances were problematic or addictive for them, they usually led to alcohol cravings, which made their recovery efforts more challenging, and sometimes even led to relapses.

For example, Olive has two friends, Carol and Sydney, who she spent a lot of time with when she was drinking heavily and the three of them all lived in an unnamed mountain town. Moving a couple of hours away provided Olive with some physical distance from them, but after moving and entering recovery, she would still go to visit them periodically. When visiting, she described how Carol and Sydney would try to make her feel included when they went out together by providing her with other substances, such as hallucinogenic mushrooms. Olive had mixed feelings about this, saying that:

> [...] they [Carol and Sydney]... love doing mushrooms. And so something, like, in a way was helpful, but I did find myself doing a lot of mushrooms. So like every time I visited, in their minds, I think they were trying to help me feel included by not drinking, by like, "Hey, look, we've got you mushrooms." And I'm not anti-mushrooms. Again, harm reduction approach. Definitely think I'm still a very nice person on mushrooms. However, now that I haven't been going up to Unnamed Mountain Town as much, I'm not doing mushrooms. Went to a party last night, was dancing my little tush off, like, I don't need anything, frankly, to, like, have fun.

After reflecting on this further, Olive notes later in the interview that

> [...] so something that maybe I would consider unhelpful is they tried to substitute substances instead of just letting me drink water… So I think, yeah, good intent, like that idea of like, they had good intentions, but it [using hallucinogenic mushrooms] would lead to me having cravings or wanting to do other substances when I'm completely sober.

Thus, providing Olive with other substances did not result in a physical relapse, it was unhelpful to her recovery as alcohol cravings can cause distress for the person experiencing them and increased alcohol cravings are sometimes a precursor to a physical relapse. Of her relationship with Sydney and Carol she says, “Yeah, like I feel like they’re still just labeled as my party friends to an extent,” because they are still more focused on partying than engaging in non-alcohol related activities or meaningful conversations with Olive.

For Ralph, it was back-and-forth on whether or not he could be in a bar environment and maintain sobriety. Thus, he found it unhelpful when friends invited him to spend time in these environments:

> I mean, there was times when I was sober for a while, and I’d meet up with a friend and he’d be using, and he’s like, “Yeah, I got that problem too, but I find, like, I can use this drug and it doesn’t get out of control as much as the other stuff does”, and then I would dabble in that. And next thing you know, I have a problem with that substance or I’d switch back to my drug of choice. That happened to me a lot. I kept hanging out with people that were, you know, that lived life like me in a bar or doing drugs. It’s kind of like they say, you know: if you hang out a barbershop long enough, you’re gonna get a haircut. You know, so I’m hanging out with who I used to, just I tried to quit using, but I hung out with the same crowd. That didn’t work for me ever.

Ralph revealed in his interview that he had about 10 or 11 relapses during recovery, pointing to a very on-and-off relationship with alcohol addiction, but the periods of addiction led to very severe outcomes, even resulting in his parents cutting him off and a period of homelessness.

Overall, participants reported receiving a lot of encouragement for using substances from friends throughout their recovery. Participants identified a variety of reasons they believe their friends provided this unhelpful support: they did not know the participant stopped drinking, they did not believe the participant had issues with drinking, they faced their own challenges with limiting substance use. In some instances, it was perceived that the friend was invalidating their experiences with AUD and criticizing their sobriety decisions. While receiving encouragement from friends to use substances did not always lead to relapses, participants consistently reported it as being unhelpful.

Mismatches Between Desired and Received Support

Participants perceived mismatches between the support that they desired from friends and the support that they actually received from friends as unhelpful. Mismatches occurred when the type and amount of support that friends provided the participants with did not match their desired support. Sometimes participants received support they did not want or an overprovision of desired support. On the other hand, some participants did not receive enough desired support from friends. In some instances, participants had different support expectations for different friends, which led to differences in how they perceived support as matching or not matching their desired support from each friend.

Not Providing Desired Support. As previously noted, FDB found celebrating milestones in his recovery and receiving encouragement from friends to be helpful. However, he noted that as the length of his sobriety increased, he received less celebratory support than he desires. Similarly, Natalie shared that friends often underestimated the length of time that feeling comfortable in one's sobriety can take, saying that "You're like 'Hey, I've got two weeks [of sobriety]' and they're like, 'Oh my God, you're healed!' And it's like… not even close." These two examples underscore how the amount of support from friends may decrease over time, which increases the mismatch in amount of desired and received support and feel dismissive.

Natalie also provided valuable insight into how friends may be helpful sources of support, but only in certain contexts. She realized early on in her sobriety that "when you drank heavily for so long, you suppress so much of the emotions, and the emotional growth, that then it kind of comes crashing down on you and the anxieties and the emotional instability is pretty intense." In turn, this and stressors related to having a charge for driving under the influence and some problems within her marriage, helped Natalie realize she needed a friend who she could talk to about her feelings so that it "wasn't just renting out space in [her] head." However, she noted that she had to "look for overlaps" in shared stressors and experiences between her and the friend providing support because, in her own words:

> I learned really quick, like, I didn't go to someone who had a recent divorce and talk about my husband. Or go to someone without children and talk about how to parent through recovery... [But,] it's not the easiest thing.

Thus, the support provider's identity is a factor in their ability to provide the emotional support that Natalie desires. This shows how even if providers possess helpful features of support provision such as being validating and listening empathetically, they may be unable to engage in mutual self-disclosure or provide the level of validation that Natalie is looking for if they do not have experience with the same stressor she is seeking support for. She also says that although having someone available to talk through things with her was probably the most helpful form of support, "that was hit or miss."

Providing Undesired Support. Natalie reported receiving undesired support in the form of unsolicited advice and unwanted tangible aid. Of advice from friends in her recovery group, she says "When I want advice, I'll ask for it. And if I'm not asking for it, I'm not looking for it," and says that she receives a lot of unsolicited advice but acknowledges that "I think it's in people's nature to want to be helpful. They think they're being helpful."

Similarly, she describes an overprovision of unwanted tangible aid, saying that sometimes when friends overstep, it feels like:

> Since you can't do this, I did this for you […] and so like, again, you know. People thinking that they're being helpful, like "I'll step in for you"[…] and again, it's just, it's very isolating […] there are other people who are just, you know, again, it's like, it's almost embarrassing because they're so over the top with wanting to take care of me. And I'm like, honestly […] it's almost like a pity thing and I just, I don't like feeling that way.

Nick also reported receiving support that he did not want, mainly because he felt shame at the beginning of recovery. Although the letters he received from friends while he was in treatment were written with good intent and were likely attempts at emotional support.

> So even support in the beginning was kind of, like, I was so ashamed that it was, like, I would get letters in treatment and it's like, I'd be like, 'thank you'... it's a weird thing because it was like it felt supportive, but it was also like, I don't want people to fucking know about this, like, leave me alone.

Similarly, unsolicited advice, especially at the beginning of his recovery, was perceived as unhelpful to Nick and resulted in increased feelings of shame and threatened his sense of self-efficacy, or his desire to have others perceive him as competent and not needing assistance.

> So I think like, yeah, unsolicited advice was always difficult in the beginning, um, I think like… there's so much shame wrapped up in it that like you kind of just want to be alone… I still don't like unsolicited advice. Never have. I don't think I ever will. And… so sometimes, and especially from people who it's like, they'd never really […] had any personal experience with addiction. People would just kind of give you, like, "Oh, we got to do this. You should this, you should this…" I don't know. I'm not a fan of the word 'should', but… it's like coming from what experience, you know? And I know people are trying to help, but it's like, unless you've kind of been there, done that [it is unhelpful] … I think the only pieces of advice that I was initially, early on, able to swallow- that were like, pieces of advice that I [still] didn't fucking want to hear- were from the people in AA who have been there, done that, put together at least a few years of sobriety.

Nick notes that the only time when he was somewhat receptive to advice was when it came from other AA members, but it is unclear whether or not he considered them to be friends, and he still did not appreciate the advice from an esteem standpoint. However, this does highlight how supportive interactions can have both helpful and unhelpful outcomes, and how provider identity and experience can influence the perception of support.

Exclusion

Exclusion refers to support attempts that result in a participant not being invited to social activities, or to certain elements of social activities (e.g., a conversation, or taking shots of liquor together). Being excluded from events (i.e., not being invited) and experiencing exclusion at events they were invited to resulted in hurt feelings, less close friendships, and sometimes caused participants to question their sobriety.

Being Excluded From Events. Participants reported friends not inviting them to certain social settings, which they attributed to their friends not wanting them to feel uncomfortable at events with a lot of drinking.

> I also have these days where I'm like, well, if I was still drinking, I'd be friends with this group that I really like. There's a cool group of moms that drink and stuff, and they go to this fancy

> restaurant and sit at the bar on the weekends. Sometimes I'm invited to their groups as like a sub. It's just the dumbest thing ever. It's like, I shouldn't even go because if I can't come every time, why am I coming? It's just stupid, right? Like "We're so cool, but you're not quite cool enough.", I was on a date with [my husband] at this really nice restaurant. And then these girls, it's like a Friday night… It's like, four of them. They walk into the bar, you know, and they sit at the bar and they're going to have their drinks… and I'm sitting over there like, wishing I could be their friend. I'm like, well, if I could just drink and then have them as my friends, you know…and it's like, well no, I don't have to.

Anna's story shows how being excluded by friends leads to her having doubts about sobriety and thinking about how life might be better if she started drinking again. The inconsistency in inclusion versus exclusion causes her to question her worth as a friend, but she also evaluates her own feelings about the situation negatively in addition to their behavior and treatment of her.

Being Excluded At Events. While most participants were able to attend social events that included drinking while sober, friends were able to either provide support that fostered inclusion, as described above, but friends could also be unhelpful sources of support at these events. Being excluded at events causes participants to feel that they do not belong and that they are singled out in a negative manner.

Isabella, who reported helpful support from friends who did help facilitate friendship activities that were more inclusive, also reported unhelpful support from friends when she was invited to participate in social events, but did not feel that her sober identity was respected and valued spending time with these friends less than with friends who made group activities more inclusive of her sobriety. An instance in which she experiences this is at weekly happy hours with her friends who work with her husband:

> Happy hour feels like alcohol is the thing we're doing, yeah?[…] and with my friendships through [my husband's workplace] and all of that, I feel like no one really cares to even think about when we do happy hour every week at a bar, and no one has even ever asked me how I feel about it, yeah"

Although Isabella considers the people at her husband's work to be friendly and caring people, their failure to think of her comfort when choosing where to socialize is perceived as unhelpful and inconsiderate.

Natalie also shares a time when she was excluded at an event that particularly stuck out to her:

> I guess a highlight is, you know, [my son] made the high school soccer team, and the first varsity game that we go to we find out that the moms are doing shots behind the stands at halftime. So now I'm the odd one out all of a sudden at my son's soccer game… It's meant to be a bonding thing but I'm not part of it.

Although Natalie says she is still friendly with them, she notes that the "ringleader" of this activity will not be at soccer games in the upcoming fall because her son graduated, and she is hoping that this behavior will end. She says that it is unnecessary and causes her to feel excluded.

Thus, participants find it unhelpful when they are excluded from activities at events that they are already at, because it makes them feel singled out because of their sobriety and they feel like they are less valued as a friend or have less opportunity to participate in the friendship activities that bring people closer together as a result of their sobriety. These can lead to friendships becoming less close, to participants feeling uncomfortable in social situations, and to them feeling alienated and a lack of social connection with their friends.

Results Summary

This study explored dimensions of social support interactions with friends that individuals in recovery from alcohol use disorder (AUD) found to be helpful or unhelpful from a communication perspective. Participants in the study partook in semi-structured interviews and identified helpful and unhelpful features of support from friends they have received based upon memories of their own experiences. Regarding *helpful* social support from friends, three main themes arose: (a) encouraging vulnerability, (b) supporting sober identities, and (c) companionship and assistance. Four main themes

arose from participants' accounts of *unhelpful* social support from friends: (a) discouraging vulnerability, (b) challenging sober identity, (c) mismatches between desired and received support, and (d) exclusion.

CHAPTER 5 – DISCUSSION

Findings confirmed that social support from friends plays ~~in~~an important role in AUD recovery and that the perception of support as helpful or unhelpful is dependent upon different features of support attempts. Overall, participants found social support attempts from friends helpful when the support *encourages vulnerability*, *supports their sober identities, and offers companionship and assistance*. (see Table-2). Helpful support strengthened friendships, boosted participants' self-efficacy and commitment to sobriety, and helped them manage various stressors. Participants found social support attempts unhelpful when it *discourages vulnerability, encourages substance use, does not match desired support,* and *creates exclusion* (see Table-3). Unhelpful support frequently led to weaker friendships, hurt feelings, and lower self-esteem, and challenged their recovery. Sometimes, unhelpful social support resulted in lapses or relapses. In summary, findings provide a better understanding of the conditions and nuances that impact how individuals in recovery from AUD form perceptions of supportive communication and the specific outcomes that result from helpful and unhelpful support. In this chapter, theoretical and practical implications of the findings are discussed, followed by a limitations and future directions section.

Contributions to Support Communication Literature

Optimal Matching Model

The current project provides a better understanding of how participants emotionally and cognitively processed stressors and supportive interactions, along with their appraisals of the support behaviors. Gaining a better insight of the underlying emotions and motivations of a friend may be the most helpful thing for providing support that matches their desired support. McLaren and High (2019) expanded upon Cutrona and Russell's (1990) optimal matching model (OMM) on the premise that it is more important to match the amount of each type of support provided to the support recipient's

desires for support, rather than matching the type and amount of support to the stressor itself. However, the results of this study are more relevant to OMM and VPC because while participants mentioned over-provision of informational support regardless of the message content as unhelpful, participants did not give much insight into the *amount* of each type of support that they desired but focused more on support types and the quality of the supportive interactions.

Although OMM is not completely supported by this study, the study does suggest that a support feature impacting recipients' perception during AUD recovery is how well the support matches the stressors that trigger(ed) alcohol use. In their interviews, participants all cited at least one reason for continuing alcohol use despite the negative impact it was having on them. Oftentimes, participants' desired support aligned with types of support that mitigated or aided in coping with these stressors that pre-date recovery. For example, Olive said that she originally used alcohol to lessen her social anxiety and because she did not feel like people would think she was "enough". She then discussed how helpful it was when Emily accompanied her to new social settings because it alleviated some of her social anxiety, and that after a breakup, Emily supported her by writing her a kind note that made her feel like she was enough, and worthy of feeling her breakup-related emotions. Whereas Olive benefitted more from having a friend around in unfamiliar social settings to reduce social anxiety, Nick benefitted more from friends who supported him by helping him meet similar others to form a sense of community. This aligns with his accounts of how his drinking escalated when he lacked community and a broad social network. These two examples support the idea that support should match the stressors and emotions that led to drinking, not just those that arise post-recovery. Furthermore, this extension and application of OMM could lead to enhanced knowledge about how to provide support in the earlier stages of AUD, or when it is less severe, to reduce drinking behaviors before the alcohol-related problems become more severe or difficult to treat.

Using the OMM, research about social support and AUD recovery has extended theory to assess whether there are differences between the impacts of recovery-specific support and general social support during AUD recovery. Beattie and Longabaugh's (1999) study about general and alcohol-specific social support in recovery found that alcohol-specific support is more conducive to positive recovery outcomes when general social support is also high, but that alcohol-specific support is less helpful for reducing drinking behavior when general social support is low. Similarly, Moon et al. (2021) found that alcohol-specific support is more effective in motivating individuals with DWI offenses to reduce alcohol usage. While the current study does not explicitly compare the amount of alcohol-specific support and general social support that participants receive or perceive as available, or the strength of the correlation between each type of support and positive outcomes, it does provide evidence suggesting that general social support is a strong predictor of positive recovery outcomes. For example, when friends communicated their availability to talk through things with participants or to spend time with them, they were communicating their ability to provide general social support if needed, or recovery-specific support if that was desired. Ultimately, matching support to the support recipient's desired support was more important than whether the support was recovery-specific.

Furthermore, this study finds that **recovery-specific support** is not always helpful, whether it is provided in the presence of high levels of general social support or not. An example of how the provision of a certain type of recovery-specific support does not mean it will be helpful is how participants frequently perceived informational support as unhelpful when it was offered in the form of advice that the participants did not directly seek. Referring back to existing literature, Goldsmith and Fitch (1997) found that support recipients of advice often perceive it as either helpful, caring, or butting in. They found three features that impact support recipients' evaluations of the helpfulness of advice as support: "Expertise of the advice giver, the closeness of the relationship between giver and recipient, and whether or not advice was solicited were all salient contextual features in our respondents' judgments

as to whether or not advice in a particular instance constituted butting in." (p. 464). Advice was perceived as helpful when providers of support were considered to be official or informal experts on the topic of advice, caring when the relationships were close, and more helpful when advice was directly asked for. Additionally, Goldsmith and Fitch (1997) identify being supportive versus being honest as a dilemma for support providers, as honesty is often valued in advice, but may also be perceived as unsupportive when support providers do not agree with the recipient's viewpoint. Support recipients often face the dilemma of choosing between following the provider's advice to show gratitude and respect and making one's own decisions, which reaffirms the support recipient's autonomy. The current study strongly supports Goldsmith and Fitch's (1997) findings that the support provider's identity, particularly their perceived expertise and the nature of their friendship with the recipient, and whether the recipient communicated a desire for advice has a meaningful impact on the recipients' perceptions of advice as support. Additionally, the factors that led to the participants in Goldsmith and Fitch's (1997) study perceiving advice as "butting in" are similar to the features of support that participants found to be unhelpful. However, some features carried greater weight in their support evaluations than others for different participants.

Overall, the current study's findings suggest that matching types of support to the stressor is not as important as matching the recipient's desired support and that the OMM cannot successfully be used to predict support outcomes on its own. Additionally, it is crucial to consider support quality when attempting to provide helpful social support. Supportive behaviors that have the same goals can result in vastly different outcomes depending on the way they are enacted. One way in which support quality has previously been messaged is through the evaluation of the degree to which is person-centered.

Verbal Person-Centeredness

Participants' narratives about verbal support that they have received from friends in the current study validate the existence of the three levels of verbal person-centeredness (VPC), defined as the degree to which support messages validate the recipient's feelings and allow them to explore and elaborate upon them without judgement. They provided specific examples of how messages high in VPC and messages low in VPC look manifest during support for AUD recovery. Additionally, the results provide information about the impact of VPC on tangible recovery outcomes, psychological well-being, and friendship closeness. Several themes and subthemes were particularly relevant when applying VPC to the current study's findings because the supportive behaviors included within them were primarily enacted verbally.

For example, the features of support that were included in the *encouraging vulnerability* theme frequently referred to messages that were high in VPC. One feature of helpful social support, *asking questions*, encouraged participants to engage in reflection about their time spent experiencing AUD and their emotions surrounding recovery. Furthermore, helpful support in the form of *asking questions* was usually perceived as helpful if it was accompanied with *validation and empathetic listening* when participants responded to the questions. These interactions resulted in positive outcomes, mainly increased psychological well-being and closer friendships. However, some high VPC messages that were recovery-specific also had positive outcomes for recovery, as they sometimes enhanced the participants' feelings of self-efficacy in regard to recovery and increased participants' ability to cope with drinking triggers such as negative emotions, both of which are tied to a reduction in the likelihood of a relapse (Marlatt & Gordon, 1985).

Participants also reported receiving messages that they perceived as neither validating nor directly invalidating, which would fall under the mid-level of VPC. Isabella described instances when friends praised her for maintaining recovery but failed to respond to cues that she would like them to

make efforts to learn more about her experiences or emotions. These friends moved on quickly after providing relatively vague encouragement and did not ask any follow-up questions or encourage vulnerability by initiating deeper conversations. In this example, Isabella's friendships did not become closer or deeper after these support attempts and Isabella did not experience significant emotional or esteem improvements because the support felt more surface-level and did not match the amount or features of support that she desired. However, mid- level VPC support was more likely to have relatively neutral impacts on the friendship, emotional state of the recipient, and recovery, whereas low VPC messages typically resulted in negative outcomes, especially in the closeness of the friendships.

Participants perceived some support attempts as unhelpful because they explicitly invalidated or dismissed their feelings or challenged their sobriety attempts. These support attempts would be categorized as being low in VPC. When Olive's friends made jokes about her past behaviors and experiences while experiencing AUD, Olive felt that her emotions and sobriety were being minimized and disrespected. This resulted in reduced self-esteem and brought back past traumas related to her substance use. In this example, Olive did address the harm these jokes were causing with her friends, and her friends were receptive to this and modified their behaviors to provide more helpful support by replacing their low VPC messages with higher VPC ones. However, Olive had other friendships where she had to set boundaries or end friendships because of unhelpful support messages, so it is reasonable to assume that if her friends were not receptive to her advocating for her support desires, the friendships would have eventually dissolved or been severely damaged.

VPC can also be used to explain the difference between support attempts that have similar features but result in vastly different outcomes. As previously discussed, supportive interactions can occur in contexts where both helpful and unhelpful support are being provided. Sometimes, helpful support is enacted, such as asking questions, but the friend responds with unhelpful support that is low in VPC, such as criticizing the participants' efforts to cope with the stressor and offering unsolicited

advice about what they should do instead. In summary, the results of this study largely support Burleson's (1982) findings that verbal supportive messages differ in the degree to which they are sensitive to the recipients' emotions and that the level of VPC that support attempts fall under influence the perceived helpfulness of the messages, the relationship between support provider and recipient, and the recipient's emotions and ability to cope with stressors (High & Dillard, 2015). It also applies the theory to the context of AUD recovery and revealed important insights into how VPC can be applied to recovery-specific support.

Non-Verbal Person-Centeredness

Findings revealed that participants frequently received non-verbal support, which also included features that led to different perceptions of its helpfulness. The degree to which non-verbal support that participants received from friends depended upon the quantity *and* the quality of the support, and how well these matched participants' desired support. VPC measures the quality of support that is enacted verbally, but non-verbal support differs in functions and the possible features it can include. Thus, it is possible that a similar hierarchy of person-centeredness can be used to evaluate the quality of the non-verbal support communication that emerged in this study's themes, such as *spending time together* and *facilitating social connections*, but with the consideration of different supportive features.

In a model of non-verbal person-centeredness, support would be evaluated to the degree to which it accurately aids in coping with the stressor and the recipient's emotions surrounding the stressor. Non-verbal support is not always in the form of tangible aid, but it can be enacted by simply spending time with the recipient. Non-verbal support can also be considered to be recovery-specific or general, even though friends may not be aware the support they are providing is directly tied to positive outcomes for recovery.

Spending time together emerged in this study as a prominent subtheme of *assistance and companionship* in helpful support features, while *exclusion at events* emerged as a subtheme of

exclusion in unhelpful support features. These findings highlight how providing support by inviting them to friendship activities is not universally helpful if the supportive behavior is not enacted in a way that is person-centered. hen providing friends in recovery with companionship, the support would be high in person-centeredness and more recovery-specific when it supports the friend's identities and facilitates positive recovery outcomes. Support would be low in person-centeredness when it denies the friend's identities or challenges their sobriety. Support in the form of companionship would be mid-level in person-centeredness if it does not challenge their friend's sobriety or identity, but it does not promote the friend's growth into their identities either.

Using Natalie as an example of how person-centeredness impacted her perceptions of non-verbal support as helpful or unhelpful, this concept can be explained in further detail. A form of helpful non-verbal support that Natalie talked about was when a friend spent time with her going for walks in new places. Natalie further explained how she has learned in recovery the importance of building new habits and paying attention to the places she spends time in. She also spoke about how being bored at home was a trigger for her to use alcohol. In this instance, Natalie stated that her friend is helping her build new habits by walking in new places, which then makes it a form of recovery-support. It also reduces the amount of time she could be spending at home bored and engages her in physical activity, which again makes it recovery-specific, and specific to Natalie's triggers, which differ amongst people in recovery. Mid-level nonverbal person-centeredness companionship for Natalie might include spending time with her in a setting that does not involve alcohol, but that does not engage with her identities or interests. An example of low-level person-centered non-verbal support that particularly stood out to Natalie includes the times she was at her son's soccer games and the other moms of soccer players at were taking shots behind the bleachers. This is an example of exclusion at events, because Natalie was unwillingly placed in a situation that challenged her sober identity as she felt that she was less important to the friend group because she could not take part in what she saw to be bonding activities for them.

Another example would be person-centeredness for network support. For Nick, the helpful non-verbal network support that he received was high in person-centeredness because it helped support his identities and interests. He identified spirituality and yoga as important to central to his identity in sobriety, so the network support he received from his friend Katy helping him connect with other people in the yoga community directly aiding him in strengthening his identity outside of drinking. Additionally, the support he received from his friend Evan that connected him with AA friends catered to his need for social connection and facilitated positive recovery outcomes by connecting him with others who were equipped to provide recovery-specific support and provided support that was high in perceived availability. Network support at the mid-level of person-centeredness might involve connecting a friend with others who do not use substances, but do not share any other similarities with the support recipient and do not engage with the recipient on a deep level. Finally, low person-centered network support would include instances where participants' friends connected them with other individuals who were using substances, spent a lot of time in environments that challenged their sobriety, or were critical of the individual in recovery.

This new conceptualization of person-centeredness provides a promising direction for studying the quality of more tangible, non-verbal forms of support messages. The current study provides strong evidence that the helpfulness of non-verbal supportive behaviors is largely determined by the quality of the support provided, not just the amount of it or how well the amount received aligns with the recipient's desired support. The exploratory nature of the current study allowed these themes to come up naturally, but further research needs to be done to establish validity and to see if the concept applies in other contexts.

Matching Support Provider to Support

The current study provides significant evidence that support provider identity is an important feature in the types and quality of support they provide, participants' evaluations of helpfulness of

support, and support interaction outcomes. The ability or willingness of different support providers to enact support in ways that may not apply to other support providers suggests that people will benefit from diverse support networks to receive support for the diverse stressors and emotions each person experiences. Natalie explicitly acknowledges this, stating she found different friends helpful for dealing with different stressors. For example, while a friend who was also a parent in recovery provided helpful, sensitive emotional support, they were not effective in providing helpful emotional support for coping with her marital issues if they were unmarried or going through a divorce. This support provider would also inherently be unable to engage in mutual disclosure about the specific stressor Natalie is experiencing. This also occurred for other participants when seeking recovery-specific emotional support, because friends without AUD experience often lacked the understanding of AUD and recovery required to provide helpful support. Again, even if they provided the appropriate amount of sensitive emotional support, their lack of identification with sobriety prohibits them from providing helpful support to the same degree that another friend in recovery can.

Support identity can also prevent friends from matching desired support in nonverbal supportive interactions. For example, something like having a physical disability could prevent a friend from providing the highest level of person-centered companionship if the recipient's identity is heavily tied to engaging in physical activities that their friend cannot participate in due to their physical limitations. However, this friend might be experiencing a breakup at the same time as the support recipient or also be facing challenges during recovery, which would make them well-equipped to provide helpful emotional support in the form of self-disclosure and mutual aid. Similarly, a friend who lives far away may not be the best person to provide network support or tangible aid, but they may be an incredibly helpful source of encouragement. Participants frequently reported that long-distance friends checked in on them via text or phone calls, and that their availability to provide support enabled them to maintain

friendships despite the physical distance. On the other hand, some participants noted that friendships dissolved because friends failed to provide support when physical distance became a barrier.

The shared identity of sobriety is what made friends from AA or other sobriety-oriented groups helpful sources of support for many participants. On the other hand, some participants formed less friendships in AA or treatment because they found they did not have similarities other than their shared identity as being in recovery. Isabella and Ralph found that forming friendships in treatment could be risky because spending time with others with substance use disorders because they then sometimes placed them in high-risk situations that encouraged substance use, as friends made during treatment sometimes relapse. Whereas friends in treatment may have originally been able to provide helpful support; after relapsing they no longer have the shared identity of being in recovery and their lifestyles may change in ways that make them a less reliable and helpful support provider. For Olive, who did not go to formal treatment or attend peer-recovery groups, it was especially important that friends shared similar interests with her, such as arts and crafts or climbing. These shared identities meant that they could provide helpful support in the form of companionship and support her sober identities. Support from other mothers at her children's school who did not work during the day was helpful for Anna because they had the availability to provide companionship during the day, which was often when Anna felt triggered to drink because she was alone with toddlers all day, and because they could vent together about shared stressors and provide mutual support.

Implications for Friendship Literature

This study showed that friendships can remain close during recovery regardless of the friend's status as a drinker or non-drinker, but the amount and quality of the support they provide is more important. The main exception to maintaining friendships with drinkers or substance users is when they are experiencing AUD or SUD and as a result, they typically provide unhelpful support by encouraging substance use, whether explicitly or implicitly, or putting substance use before their friendships. The

most salient theme that emerged about the provider's identity in unhelpful support that resulted in the dissolution of friendships was when the provider was someone with AUD or SUD experience who was not currently in recovery.

A unique and defining feature of friendships is that it is voluntary in nature, and friendships are often more easily ended than relationships with spouses or with family members because of its lack of formal bonds (Wiseman, 1986). Indeed, this study showed how insufficient or unhelpful support led to the end or distancing of friendships. Participants sometimes talked about their role as a support-seeker in supportive interactions and friendships. Many participants reported using indirect support-seeking behaviors, which has been shown to result in the receipt of less helpful support (Williams & Mickelson, 2008). Although people may feel less comfortable directly discussing their expectations for friendships than they might with romantic partners or family members, unmet expectations for support and a lack of reciprocity still result in hurt feelings and damaged friendships (Wiseman, 1986; McLaren & High, 2019). Wiseman (1986) found that hurt feelings and lower-self-esteem can also result when someone who one considers to be a close friend does not ask them for support, when a friend achieves a form of self-improvement and subsequently stops spending time with them, or when their friend does not reciprocate when they need support. Future research should examine how the support-seeking behaviors of individuals in recovery from AUD differ between different support provider relationships.

For the purposes of this study, the parameters set around the nature of the friendships used to answer the research questions were relatively loose, only excluding romantic relationships, relatives, and professional support providers, such as addiction counselors or psychiatrists. Though the broad definition of "friend" used in this study may appear limiting in the sense that it makes it more difficult to establish validity, the purpose of this study was exploratory in nature. Because participants were encouraged to speak about supportive interactions with a variety of friends, it became possible to identify differences in how the nature of the friendships and support provider features impacted each

participant's evaluations of support. Some of the features of support providers and the nature of their friendships with the participants included their status as a drinker or non-drinker, whether they were friends with the participants before recovery, the participants' perceptions of closeness in the friendship, and the amount of time they spent interacting with their friends. For the purposes of this study, the parameters set around the nature of the friendships used to answer the research questions were relatively loose, only excluding romantic relationships, relatives, and professional support providers, such as addiction counselors or psychiatrists. Though the broad definition of "friend" used in this study may appear limiting in the sense that it makes it more difficult to establish validity, the purpose of this study was exploratory in nature. Because participants were encouraged to speak about supportive interactions with a variety of friends, it became possible to identify differences in how the nature of the friendships and support provider features impacted each participant's evaluations of support. Some of the features of support providers and the nature of their friendships with the participants included their status as a drinker or non-drinker, whether they were friends with the participants before recovery, the participants' perceptions of closeness in the friendship, and the amount of time they spent interacting with their friends.

The current study showed that participants had higher expectations for receiving support from friends they felt closer to, and that they felt more comfortable being vulnerable with closer friends. This contradicts research suggesting that people may be more likely to seek support from people in their social network who they have weak ties with, rather than those who they have more intimate, close relationships with (Moreton et al., 2022; Wright & Miller, 2010;). However, the goal of the current study was not to compare support from other social network members, but to examine the support they receive from friends.

Although questions centered around friends as support ~~provider~~providers, the narrative-based structure of the interview led to participants talking about how other close ties in their lives provided

support. Some participants reported seeking less support from family members during recovery than they did from friends, for several reasons. FDB, despite having lived away from his parents for decades and having children of his own, still feels that discussing his substance use with his mother would worry her, so receives limited recovery-specific support from her, and depends more upon other network members for that type of support. Olive stated that her family, including her parents and her brothers, provides less helpful support than her friends do, especially in the form of words of affirmation. In another example, she talked about a time when she directly asked her mother to bring NA beers to a boating day, but her mother showed up with Powerade instead, which all of the younger children were also drinking, which made her feel dismissed and unseen in her recovery, but she does note that her mother did not mean it in any sort of malicious way, but it felt belittling (although her mother's intention was not mean to belittle Olive, Olive feels that she was more removed from Olive's recovery and feelings). Natalie cited conflict with her husband as a stressor during parts of her recovery and experienced mismatches in the support that she desired from him, which was something she then sought support from friends for. It would be interesting to see how friendships that fill these gaps, such as a lack of celebratory support, might lead to positive or negative outcomes for Natalie. The study's results clearly show that the relationship that a support provider has to the participant (e.g., family member, spouse, partner, coworker, etc.) does appear to influence support evaluations and preferences. Additionally, the amount and quality of support that participants received from other network members influenced their support evaluations and preferences as well. It is worth exploring in more depth how the support that participants receive in their social networks from important others who are not friends influences their perceptions of and expectations for support in their friendships.

Implications for Addiction Recovery Literature

The results of this study also connect with important conversations in the broader area of recovery from addiction, which can benefit from looking at recovery from a communication lens. This

study provides insight into how friendships and social support can be used to help prevent relapse. Many of the outcomes of social support that participants perceived as helpful have been identified as protective factors against relapse in recovery. For example, helpful social support can increase feelings of self-efficacy, provide opportunities to engage in non-drinking activities, and cope with negative emotional states, all of which have been identified as protective factors against relapse (Marlatt & Gordon, 1985).

The current study revealed features of support from friends that helped participants reduce and cope with negative emotional states, such as providing words of affirmation and reciprocating in self-disclosure. Participants also identified features of unhelpful support that challenged their ability to maintain recovery, such as encouraging substance use. Marlatt (1996) identified negative emotional states, interpersonal conflicts, direct or indirect pressure from social networks to drink, alcohol-related cues or the desire to celebrate as some high-risk situations that may lead to relapse. The presence or lack of coping skills are also an immediate determinant of relapse (Marlatt & Gordon, 1985). Participants in the current study frequently reported these high-risk situations as motivations for drinking and threatening to recovery, and the study's results suggest that helpful social support from friends can either reduce the occurrence of high-risk situations or assist in coping with them, whereas unhelpful support can increase the occurrence of high-risk situations and lead to negative recovery outcomes, including lapses or relapses. For individuals who have a lapse in recovery, there is a greater likelihood of relapsing if the individual experiences guilt or lacks self-efficacy (Marlatt & Gordon, 1985). The cognitive-behavioral model of relapse prevention has received support both theoretically and practically, which includes cognitive behavioral strategies such as analyzing an individual's high-risk situations and developing strategies to cope with or avoid these situations, enhancing self-efficacy, and reframing how they view any potential lapses (Marlatt & Gordon, 1985).

The current study supports these recommendations for relapse prevention, as helpful supportive behaviors frequently facilitated these strategies for preventing relapse, even though it was done so unknowingly. Isabella's desire for vulnerability in her friendships that could lead to conversations where friends can help her reduce negative emotions about a lapse reflects the RP model's recommendation to reappraise lapses as mistakes and learning situations, not failures. Ralph asks friends to help him identify early signs of relapse, such as anger or irritability, as he sometimes finds it difficult to objectively evaluate his own behavior as indicators of a potential relapse. Whereas Larimer and colleagues (1999) discuss how the RP model can be used by professionals to help their clients prevent relapse, the current study provides significant insight into specific features of support communication that support individuals in recovery with anticipating and preventing relapse, bringing a communicative perspective to RP and reflecting theories that view recovery as relational (White & Cloud, 2008).

The current study's identification of *supporting sober identity* as a theme of helpful support supports literature on addiction recovery that emphasizes the importance of constructing and maintaining new identities during sobriety ~~(Best et al, 2016; XXXX)~~. Best and colleagues (2016) argue, similar to other scholars (Cloud and Granfield, 1999), that recovery is not an individualistic process, but one that is socially embedded. They suggest that when individuals enter recovery, social networks should be expanded to include groups of people who make sober identities look attractive and encourage them and that the efficacy of AA can be explained by its ability to help facilitate the development and strengthening of social identities through social norms that support recovery (Best et al., 2016). Participants in the current study revealed that when friends encouraged substance use indirectly, they found it to be unhelpful support, which aligns with research showing that when heavy substance use is normalized in social networks, it is predictive of risks of relapse (Hser et al., 1999). The existing literature mainly studies more holistic features of social networks, such as their size and the general identities of support providers, or the overall level of support that individuals in recovery

perceive as being available within their social networks. The current study extends knowledge about how social networks can support sober identities during recovery by looking at how the communicative features of supportive interactions play a role in supporting sober identities from a lens that views support as an interpersonal process. Further studies should examine possible correlations between the overall makeup of support networks and desired support from friends to determine if the two are related and how.

In summary, addiction recovery literature could be extended by examining how friend-based interventions, in the form of helpful social support, can facilitate positive outcomes and decrease the likelihood of relapses. Extending this knowledge could provide support providers with more practical information about how to aid friends in preventing relapses during recovery. Addiction support professionals could assist by working with clients to develop strategies to elicit helpful support from friends and avoid unhelpful support.

Practical Implications

This study has practical contributions for the support recipients, who are individuals in recovery from AUD, their friends providing support, and for support organizations such as Alcoholics Anonymous or other peer support groups. People may have different sober identities but there are themes in ways to learn about them/ support them, which have been identified in this study. Despite the small sample size, many of the themes proved to be relevant for different stressors, types of support, and personal support preferences. Thus, the study's results provide value that can be applied in more practical ways.

For the friends who are providing support, this study can guide them in providing more helpful support and avoiding unhelpful support behaviors. Given participants' strong distaste for unsolicited advice, it can be recommended that friends avoid providing advice unless the support recipient asks for it. Encouraging vulnerability by providing validation, being available to listen with empathy, and expressing interest in their friend by asking questions may be the most important support behaviors to

engage in, because this sets the foundation for close, meaningful friendships. Additionally, friends should be mindful of how they provide support in social situations, especially ones where their friend may be feeling left out because of their sober identity or are around people who are encouraging them to use substances, as these can be especially challenging for individuals in recovery. Some supportive behaviors, such as shifting the focus away from drinking, providing non-alcoholic beverages, and engaging in more inclusive activities can mitigate the uncomfortable feelings that may arise for recipients when at events with drinking.

For the individuals in recovery who are being supported by friends, the findings of this study can help them deepen their understanding of their own friendships, their experiences receiving support, and their preferences for social support. Given that direct support-seeking has been shown to result in support that is perceived as being more helpful than that which is elicited through indirect support-seeking behaviors (cite), individuals in recovery can benefit from identifying what stressors they need support for, the types of support they desire, and how their sober identities can best be supported, so that they can more effectively communicate their support needs to friends.

One participant, FDB, mentioned at the end of his interview that he may bring some of the questions asked during the interview to one of his AA meetings that did not yet have a set topic. He thought the members of his AA group might benefit from reflecting on the ways in which they have received support and the ways in which they like or do not like to receive support. It is also likely that being able to discuss these topics with other individuals in recovery may be helpful. Being able to identify the support that they find helpful and the support they find unhelpful may empower individuals in recovery from AUD to seek better support or set better boundaries with friends.

In addition to using the interview questions and themes as starting points for conversations, AA groups and sponsors sometimes work with close others in a person in recovery's support network, especially for people who have less time in sobriety, or are newcomers. Support organizations like AA

could use these findings to make recommendations to friends providing support and work with them to improve the support they are providing. Additionally, the importance of network support was highlighted in this study, which has implications for peer support in recovery groups, as they are often a reliable source of support and connection.

Limitations and Future Research

A limitation of the study is that participants are answering questions about interactions that took place indefinitely before the interview. Research shows that recall of events is often subject to inaccuracies (cite). It may be valuable to perform a study where participants keep diaries to record their perceptions of social support interactions as they happen or to perform a more longitudinal study.

Additionally, there is a lack of racial and cultural diversity in the sample. All participants are speaking from an American perspective, although evidence suggests that how support recipients perceive the responsiveness of different support behaviors varies by culture. For example, in a study done by Wu and colleagues (2021), participants from collectivist cultures were found to value instrumental support more, self-disclose less, and be more conscious of the social context when displaying emotions. On the other hand, participants from individualist cultures placed higher value on emotional support, were more likely to self-disclose, and were more liberal in expressing emotions. Research that examines the perceptions of social support in this context with participants from different cultural backgrounds may allow for more generalizable findings or add nuance to the topic. Among individuals in the United States, norms surrounding alcohol consumption, the prevalence of AUD and DUIs, and the likelihood of receiving formal treatment vary by ethnicity, which may influence experiences with and evaluations of social support as well (Chartier & Caetano, 2010).

Another future direction is to learn more about social support for individuals in recovery from AUD from the perspective of the friend providing support. Identifying the challenges that support providers face in the unique context of supporting individuals in recovery from AUD may help support

providers and recipients engage in more reciprocal and productive conversations about supportive interactions, especially given that social support is a dyadic process. Research shows that when support providers are able to collaboratively create support boundaries with their friends, it is significantly less like that the new boundaries will result in negative relational outcomes than if they were created individually or communicated indirectly (Johnson, 2024).

Finally, another limitation is that the study did not ask questions specifically about how participants engaged in support-seeking behaviors, despite evidence that how an individual seeks support can significantly influence the quality of support that they receive (Bishop & High, 2023). In a study investigating young adults' support-seeking behaviors and strategies for managing non-support when trying to lose weight, Faw (2014) found that individuals employed a wide variety of strategies, which led to different outcomes in health behaviors, emotions, and relationship closeness. Despite the current study's lack of questions about support-seeking behaviors and management of receiving helpful and unhelpful support, the narrative-based approach to the interviews already revealed some themes in these areas that could provide valuable contributions to these topics. Thus, another direction for research is to seek more information about the support recipient's role in the support interactions with friends: support seeking and managing support.

Conclusion

Despite ample evidence that social support from friends plays a role in facilitating both positive and negative outcomes during recovery from alcohol use disorder, less studies have been done that consider social support as interpersonal communication. Drawing from in-depth interviews, this study revealed that friends' social support can play both helpful and unhelpful roles in AUD recovery. These supportive interactions result in outcomes to the recipient's psychological well-being, their ability to maintain recovery, and to the quality of the friendship. It found that features of helpful social support included *encouraging vulnerability, supporting sober identity*, and *companionship and assistance*. Helpful

support strengthened friendships and were conducive to support participants' sobriety and coping with various stressors. On the other hand, unhelpful social support included features such as *discouraging vulnerability, encouraging substance use, mismatches between desired and received support*, and *exclusion*. It led to relational distress, negative emotions, hurt feelings, and less confidence in maintaining sobriety.

The theoretical and practical contributions of this study demonstrate that it brings value to literature about supportive communication, friendships, and social support during recovery from AUD. This discussion presented directions in which the results of this study can extend the Optimal Matching Model and Verbal Person-Centeredness. It also highlighted the importance of matching support provider identity to the type of support and the stressor, as this can impact the quality of support provision. Practically, it provides information that can benefit individuals in AUD recovery who are seeking support from friends, friends providing support for individuals in AUD recovery, and support organizations such as Alcoholics Anonymous.

REFERENCES

Allen S. M., Ciambrone D., Welch L. C. (2000). Stage of life course and social support as a mediator of mood state among persons with disability. *Journal of Aging and Health, 12*(3), 318–341. 10.1177/089826430001200303

Anton, R. F., O'Malley, S. S., Ciraulo, D. A., Cisler, R. A., Couper, D., Donovan, D. M., Gastfriend, D. R., Hosking, J. D., Johnson, B. A., LoCastro, J. S., Longabaugh, R., Mason, B. J., Mattson, M. E., Miller, W. R., Pettinati, H. M., Randall, C. L., Swift, R., Weiss, R. D., Williams, L. D., Zweben, A., … COMBINE Study Research Group (2006). Combined pharmacotherapies and behavioral interventions for alcohol dependence: the COMBINE study: a randomized controlled trial. *JAMA*, *295*(17), 2003–2017. https://doi.org/10.1001/jama.295.17.2003

Amati, V., Meggiolaro, S., Rivellini, G., & Zaccarin, S. (2018). Social relations and life satisfaction: The role of friends. *Genus, 78*(7). https://doi.org/10.1186/s41118-018-0032-z

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). https://doi.org/10.1176/appi.books.9780890425596

Beattie, M. C., & Longabaugh, R. (1999). General and alcohol-specific social support following treatment. *Addictive Behaviors*, *24*(5), 593–606. https://doi.org/10.1016/s0306-4603(98)00120-8

Beck, A. T., & Emery, G. (1985). *Anxiety disorders and phobias: A cognitive perspective*. Basic Books/Harper Collins Publishers.

Best, D., Beckwith, M., Haslam, C., Alexander, S., Jetten, J., Mawson, E., & Lubman, D. I. (2016). Overcoming alcohol and other drug addiction as a process of social identity transition: The social identity model of

recovery (SIMOR). *Addiction Research & Theory, 24*(2), 111-123. https://doi.org/10.3109/16066359.2015.1075980

Bischof, G., Rumpf, H.-J., Hapke, U., Meyer, C., & John, U. (2002). Remission from alcohol dependence without help: How restrictive should our definition of treatment be? *Journal of Studies on Alcohol, 63*(2). https://doi.org/10.15288/jsa.2002.63.229

Bishop, R. E., & High, A. C. (2023). Stigma and supportive communication in the context of mental or emotional distress. An extension of the paradox of support-seeking in close relationships. *Communication Research*, 1-28. https://doi.org/10.1177/00936502231189811

Bodie, G. D. (2013). The role of thinking in the comforting process: An empirical test of a dual-process framework. *Communication Research, 40*(4), 533-558. https://doi.org/10.1177/0093650211427030

Booth, B. M., Russell, D. W., Soucek, S., & Laughlin, P. R. (1992). Social support and outcome of alcoholism treatment: An Exploratory Analysis. *The American Journal of Drug and Alcohol Abuse*, *18*(1), 87–101. https://doi-org.ezproxy2.library.colostate.edu/10.3109/00952999209001614

Bolger, N., Zuckerman, A., & Kessler, R. C. (2000). Invisible support and adjustment to stress. *Journal of Personality and Social Psychology, 79*, 953-981. https://doi.org/10.1037/00223514.79.6.953

Brock, R. L., & Lawrence, E. (2009). Too much of a good thing: Underprovision versus overprovision of partner support. *Journal of Family Psychology, 23*, 181-192. https://doi.org/10.1037/a0015402

Burleson, B. R. (1982). The development of comforting communication skills in childhood and adolescence. *Child Development*, 1578-1588.

Burleson, B. R. (2003). The experience and effects of emotional support: What the study of cultural and gender differences can tell us about close relationships, emotion and interpersonal communication. *Personal Relationships, 10*(1), 1–23. https://doi.org/10.1111/1475-6811.00033

Burleson, B. R., Albrecht, T. L., & Sarason, I. G. (1994). Preface. Burleson, T. L. Albrecht, & I. G. Sarason (Eds.), *Communication of social support: Messages, interactions, relationships, and community*. (pp. ix-x). Sage Publications, Inc.

Burleson B. R., MacGeorge E. L. (2002). Supportive communication. In Knapp M. L., Daly J. A. (Eds.), *Handbook of interpersonal communication* (3rd ed., pp. 374–424). Thousand Oaks, CA: SAGE.

Chartier, K., & Caetano, R. (2010). Ethnicity and health disparities in alcohol research. *Alcohol Research & Health : The Journal of the National Institute on Alcohol Abuse and Alcoholism*, *33*(1-2), 152–160.

Chopik, W. J. (2017). Associations among relational values, support, health, and well-being across the adult lifespan. *Personal Relationships, 24*(2). https://psycnet.apa.org/doi/10.1111/pere.12187

Chuang, K. Y., & Yang, C. C. (2012). Interaction patterns of nurturant support exchanged in online health social networking. *Journal of Medical Internet Research, 14(*3), e54. https://doi.org/10.2196/jmir.1824

Cohen, S., & Wills, T. A. (1985). Stress, social support, and the buffering hypothesis. *Psychological Bulletin, 98*(2), 310–357. https://doi.org/10.1037/0033-2909.98.2.310

Cranford, J. A. (2014). DSM-IV alcohol dependence and marital dissolution: Evidence from the national epidemiologic survey on alcohol and related conditions.*Studies on Alcohol and Drugs, 75*(3), 520-529. https://doi.org/10.15288/jsad.2014.75.52

Crowley, J. L., & High, A. C. (2019). Effects of provider identity and locus of supportive conversation on coping with an identity-threatening stressor. *Communication Research*, *47*(4), 487-511. https://doi.org/10.1177/0093650219855906 (Original work published 2020)

Crowley, J. L., High, A. C., Kotowski, M. R., & McCarty, D. N. (2023). Conflicting goals when seeking support for mental health concerns: Testing a stigma support activation model. *Communication Research*. https://doi.org/10/1177/00936502231213129

Cutrona, C. E., & Russell, D. W. (1990). Type of social support and specific stress: Toward a theory of optimal matching. In Saraoson, I. G. Sarason, & G. R. Pierce (Eds.,) *Social support: An interactional view* (pp.319-366). New York: Wiley.

Cutrona, C. E. (1990). Stress and social support: In search of optimal matching. *Journal of Social and Clinical Psychology, 9*(1), 3–14. https://doi.org/10.1521/jscp.1990.9.1.3

Cutrona, C. E. (1996). *Social support in couples: Marriage as a resource in times of stress.* Sage Publications, Inc. https://doi.org/10.4135/9781483327563

Cutrona, C. E., & Russell, D. W. (2017). Autonomy promotion, responsiveness, and emotion regulation promote effective social support in times of stress. *Current Opinion in Psychology, 13*, 126-130. http://dx/doi.org/10.1016.07.002

Dillard, J. P., Shen, L., & Vail, R. G. (2007). Does perceived message effectiveness cause persuasion or vice versa?: 17 consistent answers. *Human Communication Research, 33*, 467–488.

Drigotas, S. M. (2002). The Michelangelo phenomenon and personal well-being. *Journal of Personality, 70*(1), 59–77. https://doi.org/10.1111/1467-6494.00178

Drigotas, S. M., Rusbult, C. E., Wieselquist, J., & Whitton, S. W. (1999). Close partner as sculptor of the ideal self: behavioral affirmation and the Michelangelo phenomenon. *Journal of Personality and Social Psychology*, *77*(2), 293–323. https://doi.org/10.1037//0022-3514.77.2.293

Doyle, S. R., Donovan, D. M., & Simpson, T. L. (2011). Validation of a nine-dimensional measure of drinking motives for use in clinical applications: The desired effects of drinking scale. *Addictive Behaviors, 36*(11), 1052-1060. https://doi.org/10.1016/j.addbeh/2011.06.012

Enoch, M. A. (2013). Genetic influences on the development of alcoholism. *Current Psychiatry Reports, 15*(11), 412. https://doi.org/10.1007/s11920-013-0412-1

Esser, M. B., Sherk, A., Liu, Y., & Naimi, T. S. (2024, February 29). Deaths from excessive alcohol use- United States, 2016-2021. *Morbidity and Mortality Weekly Report, 73*(8), 154-161. http://dx.doi.org/10.15585/mmwr.mm7308a1

Evans, M., & Fisher, E. B. (2022). Social Isolation and Mental Health: The Role of Nondirective and Directive Social Support. *Community Mental Health Journal*, *58*(1), 20–40. https://doi.org/10.1007/s10597-021-00787-9

Faw, M. H. (2014). Young adults' strategies for managing social support during weight-loss attempts. *Qualitative health research*, *24*(2), 267-278.

Faw, M. H., Sonne, J., & Leustek, J. (2019). Exploring tough love communication in parents' relationships with their young adult children. *Communication Studies*. https://doi.org/10.1080/10510974.2019.1642220

Feeney, B. C., & Collins, N. L. (2015). A new look at social support: A theoretical perspective on thriving through relationships. *Personality and Social Psychology Review, 19*(2), 113-147. https://doi.org/10.1177/1088868314544222

Goldsmith, D. J., & Fitch, K. (1997). The normative context of advice as social support. *Human Communication Research, 23*(4), 454-476. https://doi.org/10.1111/j.1468-2958.1997.tb00406.x

Granfield, R., & Cloud, W. (2001). Social context and "natural recovery": The role of social capital in the resolution of drug-associated problems. *Substance Use & Misuse, 36*(11), 1543-1570. https://doi.org/10/1081/JA-100106963

Hagman, B. T., Falk D., Litten, R., & Koob, G. F. (2022). Defining recovery from alcohol use disorder: Development of an NIAA research definition. *American Journal of Psychiatry, 179*, 11. https://doi.org/10.1176/appi.ajp.21090963

Halim, A., Hasking, P., Allen, F. (2012). The role of social drinking motives in the relationship between social norms and alcohol consumption. *Addictive Behaviors, 37*(12), 1335-1341. https://doi.org/10.1016/j.addbeh.2012.07.004

Hall, J. A. (2012). Friendship standards: The dimensions of ideal expectations. *Journal of Social and Personal Relationships*, 1-24. https://doi.org/10.1177/0265407512448274

Hallgren, K. A., Matson, T. E., Oliver, M., Caldeiro, R. M., Kivlahan, D. R., Bradley, K. A. (2022). Practical assessment of DSM-5 alcohol use disorder criteria in routine care: High test-retest reliability of an alcohol symptom checklist. *Alcohol, Clinical and Experimental Research, 46*(3),458-467. https://doi.org/10.1111/acer.14778

Hays, R. B. (1988). Friendship. In S. Duck [Ed.] *Handbook of personal relationships: Theory, research and interventions*. London: John Wiley & Sons.

High, A. C., & Dillard, J. P. (2012). A review and meta-analysis of person-centered messages and social support outcomes. *Communication Studies*, *63*(1), 99–118. https://doi-org.ezproxy2.library.colostate.edu/10.1080/10510974.2011.598208

Holmstrom, A. J. (2015). Interpersonal esteem enhancement: The relationship between attachment and perceptions of esteem support messages. *Communication Research, 42*, 281-313. https://doi.org/10.1177/0093650212463730

Holmstrom, A. J., & Lim, J. I. (2023). Responsiveness and esteem support. *Current Opinion in Psychology, 52*, 1-6. https://doi.org/10.1016/j.copsyc.2023.101591

Hser, Y.-I., Grella, C. E., Hsieh, S.-C., Anglin, M. D., & Brown, B. S. (1999). Prior treatment experience related to process and outcomes in DATOS. Drug and Alcohol Dependence, 57(2), 137-150. https://doi.org/10.1016/S0376-8716(99)00081-2

Humphreys, K., Moos, R. H., & Finney, J. W. (1995). Two pathways out of drinking problems without professional treatment. *Addictive Behaviors*, *20*(4), 427–441. https://doi.org/10.1016/0306-4603(95)00005-w

Jetten, J., Branscombe, N. R., Haslam, S. A., Haslam, C., Cruwys, T., Jones, J. M., Cui, L., Dingle, G., Liu, J., Murphy, S. C., Thai, A., Walter, Z., & Zhang, A. (2015). Having a lot of a good thing: multiple important group memberships as a source of self-esteem. *PloS one*, *10*(5). https://doi.org/10.1371/journal.pone.0124609

Johnson, K. J. (2024). Good friends have boundaries: Provider strategies for creating support boundaries in friendships. *Communication Studies*, *76*(4), 350–370. https://doi.org/10.1080/10510974.2024.2408047

Jones, S. M., & Wirtz, J. G. (2006). How *Does* the Comforting Process Work? An Empirical Test of an Appraisal-Based Model of Comforting. *Human Communication Research, 32*(3), 217–243. https://doi.org/10.1111/j.1468-2958.2006.00274.x

Kadden, R. M., & Litt, M. D. (2011). The role of self-efficacy in the treatment of substance use disorders. *Addictive Behaviors*, *36*(12), 1120–1126. https://doi-org.ezproxy2.library.colostate.edu/10.1016/j.addbeh.2011.07.032

Kleiman, E. M., & Liu, R. T. (2013). Social support as a protective factor in suicide: findings from two nationally representative samples. *Journal of Affective Disorders*, *150*(2), 540–545. https://doi-org.ezproxy2.library.colostate.edu/10.1016/j.jad.2013.01.033

Laffaye, C., Cavella, S., Drescher, K., & Rosen, C. (2008). Relationships among PTSD symptoms, social support, and support source in veterans with chronic PTSD. *Journal of Traumatic Stress*, *21*(4), 394–401. https://doi-org.ezproxy2.library.colostate.edu/10.1002/jts.

Larimer, M. E., Palmer, R. S., & Marlatt, G. A. (1999). Relapse prevention. An overview of Marlatt's cognitive-behavioral model. *Alcohol Research & Health : The Journal of the National Institute on Alcohol Abuse and Alcoholism*, *23*(2), 151–160.

Lapadat, J. C. (2000). Problematizing transcription: Purpose, paradigm and quality. *International Journal of Social Research Methodology*, *3*(3), 203-219. https://doi.org/10.1080/13645570050083698

Lapham, S. C., Smith, E., C'de Baca, J., Chang, I., Skipper, B. J., Baum, G., & Hunt, W. C. (2001). Prevalence of psychiatric disorders among persons convicted of driving while impaired. *Archives of General Psychiatry*, *58*(10), 943–949. https://doi.org/10.1001/archpsyc.58.10.943

Laudet, A. B., Savage, R., & Mahmood, D. (2002). Pathways to long-term recovery: A preliminary investigation. *Journal of Psychoactive Drugs*, *34*(3), 305–311. https://doi-org.ezproxy2.library.colostate.edu/10.1080/02791072.2002.10399968

Lazarus, R. S. (1996). The role of coping in the emotions and how coping changes over the life course. In C. Magai & S. H. McFadden (Eds.), *Handbook of emotion, adult development, and aging* (pp. 289–306). Academic Press. https://doi.org/10.1016/B978-012464995-8/50017-0

Lazarus, R. S. (1998). The stress and coping paradigm. *Fifty years of the research and theory of RS Lazarus: An analysis of historical and perennial issues*, 182-220.

Leary, M. R., Springer, C., Negel, L., Ansell, E., & Evans, K. (1998). The causes, phenomenology, and consequences of hurt feelings. *Journal of Personality and Social Psychology, 74*, 1225-1237. https://doi.org/10.1037/0022-3514.74.5.1225

Lifrak, P.D., McKay, J. R., Rostain, A. L., Alterman, A. I., & O'Brien, C. P. (1997). Relationship of perceived competencies, perceived social support, and gender to substance use in young adolescents. *Journal of the American Academy of Child and Adolescent Psychiatry, 36*(7), 933-940. https://doi.org/1097/00004583-1997070000-00015

Lindlof, T. R., & Taylor, B. C. (2019). *Qualitative communication research methods*. Sage

Macdonald, E. P., Khullar, T. H., Vezina, E. L., Santucci, K., Lydon, J. E., Rose, A. J., & Dirks, M. A. (2023). Say you'll be there: Associations between observed verbal responses, friendship quality, and perceptions of support in young adult friendships. *Journal of Social and Personal Relationships*, *40*(12), 4001–4022. https://doi.org/10.1177/02654075231195115

MacGeorge, E. L., Feng, B., & Burleson, B. R. (2011). Supportive communication. In: M. L. Knapp & J. A. Daly (Eds.) *The SAGE handbook of interpersonal communication (4th ed)*. Pp. 317- X).

McCullough, J. D. (2010). “Celebrate good times, come on!”: Defining effective message features on celebratory support. (Publication no. 3453263) [Doctoral dissertation, Purdue University]. Proquest Dissertations & Theses.

McLaren, R. M., & High, A. C. (2019). The effect of under- and over-benefited support gaps on hurt feelings, esteem, and relationships. *Communication Research, 46*(6), 785-810. https://doi.org/10.1177/0093650215605155

Mohr, C. D., Averna, S., Kenny, D. A., Del Boca, F. K. (2001). Getting by (or getting high) with a little help from my friends: An examination of adult alcoholics’ friendships. *Journal of Studies on Alcohol*, *62*(5), 637-645. https://doi.org/10.15288/jsa.2001.62.637

Moon, T. J., Mathias, C. W., Mullen, J., Karns-Wright, T. E., Hill-Kapturczak, N., Roache, J. D., & Dougherty, D. M. (2021). Social support and the rehabilitation of alcohol-impaired drivers: Drinking motives as moderators. *Health Communication*, *36*(5), 540–550. https://doi-org.ezproxy2.library.colostate.edu/10.1080/10410236.2020.1731914

Moreton, J., Kelly, C. S., & Sandstrom, G. M. (2023). Social support from weak ties: Insight from the literature on minimal social interactions. *Social and Personality Psychology Compass*, *17*(3). https://doi.org/10.1111/spc3.12729

Mosel, S., Sharp, A., & Fuller, K. (2024). *What is a substance use disorder?* American Addiction Centers. https://americanaddictioncenters.org/rehab-guide/substance-use-disorder

National Survey on Drug Use and Health (2024). 2024 National Survey on Drug Use and Health (NSDUH). Substance Abuse and Mental Health Services Administration (SAMHSA). https://www.samhsa.gov/data/report/2024-nsduh-detailed-tables

Ramkisson, S., Pillay, B. J., & Sibanda, W. (2017). Social support and coping in adults with type 2 diabetes. *African Journal of Primary Health Care & Family Medicine, 9*(1). https://doi.org/10.4102/phcfm.v9i1.1405

Rampure, R., Inbaraj, L. R., Elizabeth, C. G., & Norman, G. (2019). Factors contributing to alcohol relapse in a rural population: Lessons from a camp-based de-addiction model from rural Karnataka. *Indian Journal of Community Medicine: Official Publication of Indian Association of Preventive & Social Medicine*, *44*(4), 307–312. https://doi-org.ezproxy2.library.colostate.edu/10.4103/ijcm.IJCM_321_18

Ray, R. D., McRae, K., Ochsner, K.N., & Gross, J. J. (2010). Cognitive reappraisal of negative affect: Converging evidence from EMG and self-report. *Emotion, 10*(4), 587-592. https://doi.org/10.1037/a0019015

Ray, C. D., & Veluscek, A. M. (2018). Nonsupport versus varying levels of person-centered emotional support: A study of women with breast cancer. *Journal of Cancer Education, 33*(3), 649-652. https://doi.org/10.1007/s13187-0160-1125-z

Refoua, E., & Rafaeli, E. (2023). Responsive support: A matter of psychological need fulfillment. *Current Opinion in Psychology, 54*. https://doi.org/10.1016/j.copsyc.2023.101691

Rizk, M. M., Galfalvy, H., Miller, J. M., Milak, M., Parsey, R., Grunebaum, M., Burke, A., Sublette, M. E., Oquendo, M. A., Stanley, B., & Mann, J. J. (2021). Characteristics of depressed suicide attempters with remitted substance use disorders. *Journal of Psychiatric Research*, *137*, 572–578. https://doi.org/10.1016/j.jpsychires.2020.10.041

Ruiz-Rodríguez, I., Hombrados-Mendieta, I., Melguizo-Garín, A., & Martos-Méndez, M. J. (2022). The importance of social support, optimism and resilience on the quality of life of cancer patients. *Frontiers In Psychology*, *13*, 833176. https://doi.org/10.3389/fpsyg.2022.833176

Sias, P. M., & Bartoo, H. (2007). Friendship, social support, and health. In L. L'Abate (Ed.) *Low-Cost Approaches to Promote Physical and Mental Health.* pp. 455-472. Springer, New York, NY. https://doi.org/10.1007/0-387-36899-X_23

Sinha, R. (2012). How does stress lead to risk of alcohol relapse*? Alcohol Research: Current Reviews, 34*(4), 432-440.

Stephenson, M. T., & Palmgreen, P. (2001). Sensation seeking, perceived message sensation value, personal involvement, and processing of anti-marijuana PSAs. *Communication Monographs, 68*, 49–71.

Stewart, T. (2023, April). *Overview of motor vehicle traffic crashes in 2021* (Report No. DOT HS 813 435). National Highway Traffic Safety Administration.

Stroebe, W., & Stroebe, M. (1996). The social psychology of social support. In: A. W. Kruglanski & E. T. Higgins (Eds.) *Social psychology: Handbook of Basic Principles*. (2013). Guilford Publications.

Thoits, P. (1983) Multiple identities and psychological well-being: A reformulation and test of the social isolation hypothesis. *American Sociological Review, 48*, 174-187. https://doi.org/10.2307/2095103

Tracy S. J. (2010). Qualitative quality: Eight "big-tent" criteria for excellent qualitative research. *Qualitative Inquiry*, *16*, 837-851.

Tracy, S. J. (2013). *Qualitative Research Methods: Collecting Evidence, Crafting Analysis, Communicating Impact*. Wiley: Hoboken, NJ.

Tracy, S. J. (2018). A phronetic iterative approach to data analysis in qualitative research. *Journal of Qualitative Research, 19*(2), 61-76. https://doi.org/10.22284/qr.2018.19.2.61

Tucker, J. A., Chandler, S. D., & Witkiewitz, (2020). Epidemiology of recovery from alcohol use disorder. *Alcohol Research, 40*(3). https://doi.org/10.135946/arcr.v40.3.02

Westwell, G., Burr, V., & Bartys, S. (2023). An exploration of validation as a form of social support in maintaining sobriety. *Addiction Research & Theory*, *32*(1), 74–82. https://doi-org.ezproxy2.library.colostate.edu/10.1080/16066359.2023.2221030

White, W. & Cloud, W. (2008). Recovery capital: A primer for addictions professionals. *Counselor, 9*(5), 22-27. Posted at www.williamwhitepapers.com

Wilcox, H. C., Conner, K. R., & Caine, E. D. (2004). Association of alcohol and drug use disorders and completed suicide: an empirical review of cohort studies. *Drug and Alcohol Dependence*, *76 Suppl*, S11–S19. https://doi.org/10.1016/j.drugalcdep.2004.08.003

Williams, S. L., & Mickelson, K. D. (2008). A paradox of support seeking and rejection among the stigmatized. *Personal Relationships, 15*(4), 493–509. https://doi.org/10.1111/j.1475-6811.2008.00212.x

Wiseman, J. P. (1986). Friendship: Bonds and binds in a voluntary relationship. *Journal of Social and Personal Relationships, 3*, 191-211.

Wright, K. B., & Miller, C. H. (2010). A measure of weak-tie/strong-tie support network preference. *Communication Monographs, 77*(4), 500-517. https://doi.org/10.1080/03637751.2010.502538

Woodward, M. J., Eddinger, J., Henschel, A. V., Dodson, T. S., Tran, H. N., & J.Gayle, B. (2015). Social support, posttraumatic cognitions, and PTSD: The influence of family, friends, and a close other in an interpersonal and non-interpersonal trauma group. *Journal of Anxiety Disorders*, *35*, 60–67. https://doi-org.ezproxy2.library.colostate.edu/10.1016/j.janxdis.2015.09.002

Wu, D. C., Kim, H. S., & Collins, N. L. (2021). Perceived responsiveness across cultures: The role of cultural fit in social support use. *Social and Personality Psychology Compass, 15*(9). https://doi.org/10.1111/spc3.12634

Xu, Y., & Burleson, B. R. (2001). Effects of sex, culture, and support type on perceptions of spousal support: An assessment of the "support gap" hypothesis in early marriage. *Human Communication Research, 27*, 536-566. https://doi.org/10.1111/j.14682985.2001.tb00792

Young, S. L. (2010). Positive perceptions of hurtful communication: The packaging matters. *Communication Research Reports, 27*, 49-57. https://doi.org/10.1080/08824090903526562

IRB Protocol #6150 Approved: 01/07/2025

PARTICIPANTS NEEDED!

If you are 21 or older and currently in recovery or have recovered from an alcohol use disorder, you may eligible to participate in a research study exploring how friends can be helpful in the recovery process, as well as how they can be unhelpful, or even harmful

Are you eligible?

- In recovery or recovered for at least 12 months
- History of moderate- severe alcohol use disorder
- English-speaking

*More restrictions may apply. Eligibility will be confirmed through your participation in a Qualtrics screening survey.

Study Requirements:

One 60 min. interview or two 30 min. sessions via Zoom

Participant Compensation:

$20 for participation

If interested, please email jstummer.colostate@gmail.com. Dr. Ziyu Long, associate professor in the Department of Communication Studies at Colorado State University is responsible for this study.

Default Question Block

Do you speak English?

- ○ No
- ○ Yes

Are you at least 21 years of age?

- ○ No
- ○ Yes

In the past (more than one year ago) did you experience any of the following symptoms for at least 12 months? The 12 months do not need to be consecutive. Please check all that apply.

	No	Yes
1. Did you find that drinking the same amount of alcohol has less effect than it used to or did you have to drink more alcohol to get you intoxicated?	○	○
2. When you cut down or stop drinking did you get sweaty or nervous, or have an upset stomach or shaky hands? Did you drink alcohol or take other substances to avoid these symptoms?	○	○
3. When you drank, did you drink more or for longer than you planned to?	○	○
4. Have you wanted to or tried to cut back or stop drinking alcohol, but been unable to do so?	○	○
5. Did you spend a lot of time obtaining alcohol, drinking alcohol, or recovering from drinking?	○	○
6. Have you continued to drink even though you knew or suspected it creates or worsens mental or physical problems?	○	○

	No	Yes
7. Has drinking interfered with your responsibilities at work, school, or home?	○	○
8. Have you been intoxicated more than once in situations where it was dangerous, such as driving a car or operating machinery?	○	○
9. Did you drink alcohol even though you knew or suspected it causes problems with your family or other people?	○	○
10. Did you experience strong desires or cravings to drink alcohol?	○	○
11. Did you spend less time working, enjoying hobbies, or being with others because of your drinking?	○	○

Other than #10 (desire to drink/ cravings, have you experienced *any* of the symptoms in the past 12 months?

(yes/ no)

- ○ Yes
- ○ No

The National Institute for Alcoholism and Alcohol Abuse defines heavy drinking as more than 14 standard drinks per week or more than 4 drinks per day for males (assigned at birth), or more than 7 drinks per week or 3 weeks per drink for females (assigned at birth).

In the past 12 months, have you engaged in heavy drinking?

- ○ Yes
- ○ No

Do you have at least one friend who has been a source of support while maintaining remission/ recovery?
For this survey, a friend refers to someone who is not a family member, romantic partner, or someone who provides support to you professionally (i.e., physician, therapist, substance use counselor, etc.)

- ○ Yes
- ○ No

In the past 12 months have you attempted to commit suicide or had thoughts of committing suicide?

- ○ Yes
- ○ No

Block 1

Thank you for completing the screening survey. You have met requirements for participation in this study. Please contact the researcher at jstummer.colostate@gmail.com if you wish to participate.

You will be asked to sign an informed consent form and to complete a brief demographics questionnaire. Afterwards, the researcher will work with you to set up an interview to fit your schedule.

Block 2

Unfortunately, you do not meet study requirements at this time. Thank you for your time. If you have any further questions, please contact the research at jstummer.colostate@gmail.com

Alcohol Symptom Checklist

To help you and your provider understand how your alcohol use might be affecting your health, please answer the following questions.

Please CIRCLE the best response to each question.

In the past 12 months...

1. Did you find that drinking the same amount of alcohol has less effect than it used to or did you have to drink more alcohol to get intoxicated?	No	Yes
2. When you cut down or stop drinking did you get sweaty or nervous, or have an upset stomach or shaky hands? Did you drink alcohol or take other substances to avoid these symptoms?	No	Yes
3. When you drank, did you drink more or for longer than you planned to?	No	Yes
4. Have you wanted to or tried to cut back or stop drinking alcohol, but been unable to do so?	No	Yes
5. Did you spend a lot of time obtaining alcohol, drinking alcohol, or recovering from drinking?	No	Yes
6. Have you continued to drink even though you knew or suspected it creates or worsens mental or physical problems?	No	Yes
7. Has drinking interfered with your responsibilities at work, school, or home?	No	Yes
8. Have you been intoxicated more than once in situations where it was dangerous, such as driving a car or operating machinery?	No	Yes
9. Did you drink alcohol even though you knew or suspected it causes problems with your family or other people?	No	Yes
10. Did you experience strong desires or craving to drink alcohol?	No	Yes
11. Did you spend less time working, enjoying hobbies, or being with others because of your drinking?	No	Yes

Source: Hallgren KA et al. Alcohol Clin Exp Res. 2022 Mar;46(3):458–467.

APPENDIX D: DEMOGRAPHIC SURVEY

Default Question Block

Gender

- ☐ Woman
- ☐ Man
- ☐ Transgender Woman
- ☐ Transgender Man
- ☐ Gender-nonbinary
- ☐ [ ] I prefer to be identified this way (please specify)
- ☐ Prefer not to answer

(Optional): What pronouns do you prefer to use?

[ ]

Race (all that apply)

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American

☐ Native Hawaiian-Pacific Islander

☐ White

☐ [ ] I prefer to be identified this way (please specify)

☐ Prefer not to answer

Ethnicity

○ Hispanic/ Latino

○ Not Hispanic/ Latino

○ Prefer not to answer

Are you currently experiencing houselessness?

○ Yes

○ No

○ Currently residing with someone else

Are you currently employed?

○ No

○ Yes

○ Prefer not to answer

What is your total household income? (Do not include roommates who do not contribute to your financial assets)

- ○ Less than $10k
- ○ 10-19k
- ○ 20-29k
- ○ 30-39k
- ○ 40-49k
- ○ 50-59k
- ○ 60-69k
- ○ 70-79k
- ○ 80-89k
- ○ 90-99k
- ○ 100-149k
- ○ 150k+
- ○ [ ] Unsure (provide estimate or range)
- ○ Prefer not to answer

Relational status

- ☐ Single
- ☐ Dating
- ☐ Engaged

☐ Married

☐ Widowed

☐ Separated

☐ Divorced

☐ [ ] Other (please specify)

☐ Prefer not to answer

Education level

○ Less than highschool

○ High school or equivalent

○ Associate's degree (in progress)

○ Associate's degree (completed)

○ Bachelor's degree (in progress)

○ Bachelor's degree (completed)

○ [ ] Advanced degree (in progress, please specify)

○ [ ] Advanced degree (completed, please specify)

○ Prefer not to answer

Powered by Qualtrics

APPENDIX E: INFORMED CONSENT FORM AND MENTAL HEALTH RESOURCES

Consent to Participate in Research

Project Title:	Social Support from Friends During Alcohol Use Disorder Recovery
Principal Investigator:	Ziyu Long, PhD
Co-Investigator:	Josephine Stummer, BA
Protocol #:	6150

Purpose, Procedure, and Duration:

I am a master's student and researcher from Colorado State University (CSU), Department of Communication Studies inviting you to participate in an interview. When people attempt to provide social support to friends, the intent is to be helpful, but it can sometimes be unhelpful. I want to learn more about how individuals in recovery or who have recovered from alcohol use disorder (AUD) experience social support from friends.

If you agree to participate in our study, you will be asked to participate in an interview that will take place over Zoom or in-person in an accessible public location. In-person interviews will also have the audio recorded on Zoom, but there will be no visual data collected. We expect 8-12 people to respond. The interview will take around 60 minutes to complete. The interview will include questions such as:

1. How has informal social support from friends played a role in your recovery?
2. Can you tell me about a time when a social support interaction with a friend was helpful?
3. Can you tell me about a time when a social support interaction with a friend was unhelpful?

Eligibility:

You must meet the following requirements to participate in this research study:

- 21 or older
- Have not had AUD symptoms or engaged in heavy drinking in the past 12 months.
- Previously had symptoms of AUD for at least 12 months.
- Have received social support from at least one friend (not a romantic partner, family member, or professional support provider) throughout your recovery process.
- English-speaking
- Have access to the Zoom platform (do not need a paid subscription)

Risks:

Some of our questions may make you feel uncomfortable or upset, but you can skip any question you don't want to answer. You can also stop the interview at any time. The interviewer is certified in Mental Health First Aid and if any signs of mental health crisis arise or you indicate a desire to harm yourself or others, your participation in the study will be ended immediately and either 911 or 988, the Suicide & Crisis Hotline will be called. At the bottom of this consent form, additional mental health resources are provided for you to refer to before, during, or after the study.

We will use Qualtrics to screen for eligibility and collect demographic data prior to scheduling an interview. Interview data will also be collected over Zoom. Qualtrics and Zoom may have Terms of Service and Privacy policies outside of the control of CSU that allow them to use your data for other purposes.

We will make every effort to safeguard your data, including the use of password-protected drives for data storage, password-protected accounts for any accounts used to contact you or collect data from you, the use of pseudonyms, and deleting Zoom recordings as soon as data transcription is complete. However, we cannot guarantee the security of data obtained via the Internet.

Benefits:
Your participation in this study will contribute to understanding of social support and friendships during recovery from alcohol use disorder and help identify what makes support helpful and/ or unhelpful.

Consent to video and audio recording solely for purposes of this research
This study involves video/audio recording. Video recordings will be separated from audio data and deleted immediately after the interview. Audio data will be deleted as soon as transcripts have been produced and checked for accuracy.

_____ YES, I agree to be video/audio recorded/photographed.

_____ NO, I do not agree to be video/audio recorded/photographed.

Alternative Opportunities:
We know of no alternative except not to participate in our study.

Confidentiality and Future Use:
We will keep your interview and Qualtrics survey responses confidential to the extent allowed by law. You will not be identified when we write about the study.

Please note that Qualtrics and Zoom have specific privacy policies of their own. You should be aware that these web services may be able to link your responses to your ID in ways that are not bound by this consent form and the data confidentiality procedures used in this study, and if you have concerns you should consult these services directly.

Your identifiable information such as name, clinical record number, or date of birth will be removed so that we can use your responses for future research or share with other researchers.

Limits to Confidentiality:

All of the information you provide will be confidential. However, if we learn that you intend to harm yourself or others, including, but not limited to child or elder abuse/neglect, suicide ideation, or threats against others, we must report that to the authorities as required by law.

Complaints or Concerns:
If you have questions about the study, please contact the researcher using the contact information provided above.

If you have any questions about your rights as a volunteer in this research, contact the CSU IRB at CSU_IRB@colostate.edu

Thank you for taking the time to consider our study. You do not have to participate in our study, but we hope you will. To ensure your responses will be included in our study, please complete the attached survey by **May 15th, 2025.**

Signing the consent form

I have read (or someone has read to me) this form, and I am aware that I am being asked to participate in a research study. I have had the opportunity to ask questions and have had them answered to my satisfaction. I voluntarily agree to participate in this study.
I am not giving up any legal rights by signing this form. I will be given a copy of this form**.**

Printed name of participant	**Signature of participant**	**Date**

Mental Health Resources

988 Suicide & Crisis Lifeline

- Call or text 988, or chat 988lifeline.org
- TTY users, use your preferred relay service or dial 711 then 988
- This is a crisis hotline that can help with many issues, not just suicide. For example, anyone who feels sad, hopeless, or suicidal; family and friends who are concerned about a loved one; or anyone interested in mental health treatment referrals can call the Lifeline. Callers are connected with a professional nearby who will talk with them about what they are feeling or their concerns for other family and friends.
- Call the toll-free lifeline, 24 hours/ day, seven days/ week.

Safe Call Now

- 1-206-459-3020
- https://www.safecallnowusa.org/

Redline Rescue

- https://redlinerescue.org/

Axon First Aid Family Initiative

- https://www.axon.com/aid/family-first

National Domestic Violence Hotline

- 800.799.7233
- TTY: 1800.787.3224

Positive Intelligence

- www.positiveintelligence.com

Stress Management

- https://ucfrestores.com/resources/stress-management/

Lifeline Crisis Chat

- www.crisischat.org
- Visit www.crisischat.org to chat online with crisis centers around the United States

The Trevor Project

- Call 866-488-7386 or text “START” to 678678
- https://www.thetrevorproject.org
- Trained counselors available 24/7 to support people under 25 who are in crisis, feeling suicidal, or in need of a safe and judgement free place to talk. Specializing in supporting the LGBTQI+ community.

Substance Abuse and Mental Health Services Administration

- https://www.samhsa.gov/find-help
- SAMHSA provides information on mental health services and treatment centers through an online service locator. You can search by your location, whether or not they provide services for youth, payment options (private insurance, cash, or something else), languages spoken, etc.

This list has been adapted from Mental Health First Aid USA (2023)[1]. Additional resources are available at https://www.MentalHealthFirstAid.org/mental-health-resources/

1. *Mental Health First Aid USA, 2023. Mental Health USA for Adults Assisting Adults. Washington, DC: National Council for Mental Wellbeing.*

APPENDIX F: INTERVIEW PROTOCOL

Opening: *Remind participant of their rights and obtain verbal consent again.*

Hi [name]! Thank you so much again for your participation. I'd like to remind you again that you have the right to stop the interview at any time or skip over any questions that may feel uncomfortable for you to answer or that you cannot think of an answer for. I'd also like to remind you that this interview will be recorded, but the video recording will be deleted immediately after the interview and the audio recording will be deleted as soon as I have transcribed the data. I will also delete any information that could compromise your anonymity or anyone you discuss in the interview and replace any real names used in the interview. Do you have a pseudonym that you would like to use in my data report?

I'd like to ask you for verbal consent again:

Thanks for confirming for me! I look forward to hearing your stories. Do you have any questions for me?

Awesome, if you don't have any more questions, how about we get started with my first question?

1. Tell me about your current recovery journey.
    a. How long have you been in recovery?
    b. Have you had any other periods of recovery?
        i. How long did they last?
    c. Congratulations! What would you consider to be some of the most important things in your life to your recovery?
2. How do you define social support? What actions do you think count as social support?
    - For this study, we consider social support to be anything your friend does to try to help you cope with problems or help you reach your goals. Social support includes behaviors such as making comments that boost your self-esteem, offering advice, providing encouragement, giving you a ride, or helping you in a job search, amongst many other things. Attempts to provide social support may occur after you explicitly ask for support, or friends may provide

support spontaneously or as part of your everyday interactions. However, social support behaviors from friends you expect support from do not always meet expectations or feel helpful. The definitions and examples I just gave are meant to help you get ideas or jog your memory, if you are unsure whether an interaction that felt important to you counts as social support or not, don't worry too much- talk about what felt like a support attempt to you! Definitions of support vary, and you may provide insight or information that hasn't previously been considered.

3. Think about friends who have played a role in your recovery journey...
4. Although you may consider them a friend, for the purposes of this interview, friends should not be family members, romantic partners, or professional support providers (e.g., therapist, counselor, psychiatrist etc.).
    a. Can you give me a specific example of a friend who you consider to be a source of social support?
    b. *Nature of friendship:*
        i. How did you become friends?
        ii. How long have you been friends?
        iii. How close would you say that you are to this person? How often do you interact with them?
        iv. Has your relationship changed at all because of or throughout your recovery period?
5. I'd like you to think about times when friend [name] has offered social support during your current period of recovery that felt helpful…
    a. Can you please tell me more about this interaction? What types of things did they do that made you feel supported?

Prompt about different types of support/ features:

i. Have they ever offered or provided support that you felt validated your feelings and made you feel better emotionally?

ii. Have they offered any support that helped with more tangible outcomes or provided advice that was helpful? For example, offered or gave you a ride somewhere or helped you with some tasks that you needed to complete?

b. In what ways did the interaction meet your expectations for helpful support?

c. Can you tell me why you saw this as helpful? What positive effects did this support interaction have?

d. Despite this support message being helpful overall, were there any aspects of this interaction that you did feel were negative, or were there any negative effects from the support interaction?

e. (Repeat questions under 5 with different friends, if applicable)

1. Thank you for sharing that with me. Now I'd like you to think about a time during recovery when a friend intended to provide social support, but the interaction was unhelpful or even harmful? [*If they have had previous periods of being in recovery:* This interaction does not need to be from your current period recovery, but could be during another recovery period]

    a. Who was this support interaction with? Can you tell me more about them and your relationship with them?

    b. Can you please tell me more about this interaction?

    c. In what ways did the interaction not meet your expectations for helpful support?

    d. Can you tell me how it was unhelpful? Were there negative effects of this support interaction have?

e. Despite this support message being unhelpful overall, were there any aspects of this interaction that you did feel were positive, or were there any positive effects from the support interaction?

2. So what I am getting from this conversation is that your interaction with X was positive because…. And it resulted in X? And your interaction with X was negative because….. And it resulted in X? [Also include follow-up interpretation if they provided useful information in question 4e or 5e].
3. What would an ideal social support interaction with a friend look like for you?
    a. If you were able to ask someone for the ideal type of support, what would you ask for?
    b. What do you imagine the outcomes of this interaction would be?
4. Is there anything else that you would like to share with me? I would like to give you some time to reflect, I'd like to leave space to give you the opportunity to further discussion without any prompting from me (Wait and give space).
5. Are there any questions that you have for me? (Wait and give space)

Closing:

Thank you for your participation! If at any point in time you would like to ask questions of me or ask to have the data you have provided excluded from my report, please reach out to me via text, phone call, or email. I am also available to meet with you again, if you would prefer.