



# Substance Abuse: Avenues for Identity Articulation, Coalition Building, and Support During COVID-19

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## ABSTRACT

Online and digital platforms offer specific communities and groups of intersectional identities various opportunities to share in experiences, knowledge, and establish community relationships across borders of time and space. As a self-identified member of the addiction disorder community, my primary focus concerns how the addiction disorder community is able to create and share knowledge and personal experiences that foster identity invention, while enacting community and coalition-building activities. Understanding how users engage with one another through the invention of social identities is required to better understand the efficacy of recovery in online community spaces. Given the advent of COVID-19, online platforms have been adapted and implemented in new ways to account for the increased need of virtual addiction disorder treatment and support. This research study seeks to define and understand the intersections between the concept of digital enclaves and online alcoholism support communities. Using primarily a feminist digital research methodology [1] to analyze the rhetorical performances of identity enacted through digital social network platforms, I posit that users in these specific online community spaces demonstrate a unique audience awareness and write towards a “community of strangers imaginary” [2] that acts as a form of potential coalition building that is engaging in debate or conversation with wider, outside publics. By highlighting lived, embodied experiences of addiction disorders and amplifying the voices within the community, we can attempt to challenge the norms of the wider public that perceive substance abuse as “choice,” rather than as a disease.

## CCS CONCEPTS

• **Human-centered computing** → Collaborative and social computing; Collaborative and social computing theory, concepts and paradigms; Social media.

## KEYWORDS

addiction disorder, addiction disorder community, coalition building, public sphere, feminist digital research methodology, community building, digital social network platform

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## 1 INTRODUCTION

Digital platforms and technologies, like social networking sites, blogs, forums, and chatrooms, afford users with the ability to narrate their own experiences, while receiving support from a variety of other users, unrestricted by geographical boundaries and spaces. Primarily using Linh Dich’s [2] concept of digital enclaves and Karma Chávez’s [3] counter-public enclaves and rhetorical understanding of coalition building, this study seeks to define and understand the intersections between the concept of digital enclaves and online addiction disorder communities. I chose to analyze rhetorical performances of identity enacted through digital social network platforms, such as narrated embodied experiences and experiential knowledge. Users in these digital spaces demonstrate a unique audience awareness and write towards a “community of strangers imaginary” that acts as a form of potential coalition building that is engaging in debate or conversation with wider, outside publics [2]. The community of strangers’ imaginary affords users the ability to engage with the addiction disorder community, as well as outside publics who may be either ignorant to the realities of living with an addiction disorder or have close relationships with those who suffer from an addiction disorder themselves. This form of rhetorical writing imaginary enables users to enact potential coalitional building, especially since they might be writing towards a wider public who could be potential community members one day.

Additionally, counterpublic sphere theory and the concept of digital enclaves offers the potential for users to “draw on their own cultural realities to make meaning” [2] and thus appears to suggest that users have more freedom and permission to invent social identities and narrate their embodied experiences to a community that already has the same understandings of such experiences. Each addiction disorder is completely different and unique to the individual, but there is a shared understanding of how the wider public perceives and interacts with us and how we must navigate the public realm. A shared understanding helps users establish the foundation of the reality of living with an addiction disorder, thus digital spaces are formed specifically for communities that are not necessarily part of the wider public sphere yet are not quite marginalized. For the addiction disorder community, specialized digital spaces affords a unique opportunity for members to articulate and narrate complex and highly personal embodied experiences while actively working to address and challenge negative stereotypes and assumptions that the wider public have formed through social, cultural,

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and environmental factors. Especially relevant during the height of the 2020–2021 pandemic, local government restrictions and public health policies made it difficult for individuals to attend in-person meetings and support group sessions. However, online platforms from national organization such as Alcoholics Anonymous (AA) and Women for Sobriety were already well established and provided multiple methods of treatment for those seeking support in their recovery during a highly isolating moment in time. The arrival of COVID-19 certainly brought an increased awareness of the need for more accessible and immediate methods of online health and support, yet in-person care for treatment appears more commonly recognized. Online spaces offer more multifaceted and unique avenues for support rather than the one-size-fits all method of group support or in-patient rehabilitation while providing accessible, and often free, means of seeking the same level of support and expertise online.

In this study, I analyze how users of two addiction social networking applications, Loosid (a smartphone app and digital community space) and Women For Sobriety Online (a women-focused non-profit online community), enact and engage in coalition-building activities to strengthen systems of support in recovery contexts. Digital platforms provide opportunities for the addiction disorder community to articulate shared identities through narrative methods, while promoting a counternarrative that works to challenge negative stereotypes of addiction that often impact decisions for seeking treatment. Loosid and Women For Sobriety Online's design and implementation demonstrates how various participants use specialized chatrooms, forums, and blog posts for instantaneous engagement with other members of the digital community and provides community- and location-specific services and resources that reinforce themes and principles of sobriety and recovery.

## 2 PUBLIC SPHERE THEORY, DIGITAL ENCLAVES, AND RHM DISCOURSE

Addiction disorder organizations, such as Alcoholics Anonymous, have employed digital tools for recovery, including online meetings and phone counseling, for years prior to the advent of COVID-19. However, discussions engaging with specialized technology or digital platforms related to addiction disorder treatment and support has not been adequately researched or acknowledged – especially during a time where accessible means of health support and care are desperately needed. Within the field of Rhetoric of Health and Medicine (RHM), discussions concerning addiction and substance abuse have largely intertwined with themes of mental health and societal stigmatization. The professional and medical community defines addiction as “‘a chronic, relapsing [brain] disorder’ involving ‘compulsive. . . use despite adverse consequences’ due to ‘functional changes to brain circuits’” [4]. The understanding that addiction is closely tied to mental disorders and chronic compulsion are often largely ignored by outside communities and individuals in favor of assumptions that those with addiction disorders are “undependable, preoccupied, irritable, delicate, and a liar” [4]. The assumption that addiction disorders are a consciousness choice on behalf of the individual tends to exacerbate conditions of unease and distress and often leads to increased high-risk situations and environments for those dealing with addiction disorders,

such as navigating negative assumptions or judgements of character, discriminatory acts from friends, family, or work associates, and resulting feelings of isolation and loneliness. In favor of RHM scholar Carol Reeves' [4] terminology, I use the term “addiction disorder” to refer to individuals who suffer from substance abuse, addiction, and alcoholism as these disorders are closely intertwined within the addiction disorder community and correspond to similar compulsive behaviors and mental health factors.

Stigmatizations from labels such as “addict,” “alcoholic” and “substance abuser” have permeated much of the medical discourse concerning addiction disorders. Lauren Broyles et al. [5] explained that the label “addict” imposes a totalizing identity that prevents the individual from identifying themselves differently and can impede their recovery. Scholars John Kelly, Richard Saitz, and Sarah Wake-man [6] determined that labeling terms such as “substance abuse” or “abuser” used in clinical settings reinforce negative implications and encourage the tendency of the medical community to place blame on the patient, rather than acknowledge the disorder as a disease impacted by a multitude of mental health, environmental, and cognitive factors. In response to societal stigmatizations and negative stereotypes, there is a heightened need for specialized spaces and community platforms through which individuals with addiction disorders can share their unique experiences, knowledge, spread awareness, and articulate identities that challenge societal stigmas and negative stereotypes.

As articulated in Linh Dich's [2] study, “Community Enclaves and Public Imaginaries,” online recovery spaces provide opportunities for specialized communities within the larger public to participate in various forms of coalition building through a variety of communication and community building methods. Such methods include articulations of personal and social identities, embodied experiences, and experiential knowledge that supports an alternative narrative contrary to larger public perceptions. Users are able to imagine audiences that could potentially join the online community and thus frame their narratives in ways that highlight their specific cultural values and beliefs, while challenging damaging outside perceptions and (often) larger public opinions. Coalition-building is extremely important for the addiction disorder community, as many users are impacted by negative societal pressures that inhibit them from seeking external help or finding treatment and recovery resources. Such inhibiting pressures include a fear of “outing” themselves as an “addict”/“alcoholic” or outwardly admitting to an addiction disorder and assumptions that seeking help will require in-person rehabilitation or other financially taxing methods of treatment.

According to Robert Asen [7], counterpublic sphere theory emerged as a possible solution to address and challenge the Habermasian public sphere binaries that restricted and limited oppressed and disadvantaged groups. Asen [7] refers to Nancy Fraser's [8] definition of counterpublics to illustrate the “parallel discursive arenas where members of subordinated social groups invent and circulate counterdiscourses to formulate oppositional interpretations of their identities, interests, and needs.” Counterpublics thus respond to the exclusions of dominant publics and, in the process, help to expand discursive space, which may help offset, but not overcome entirely, discursive privilege [7]. Linh Dich [2] extends the concept of counterpublics and calls for increased awareness of

the ways that raced groups imagine writing spaces and audiences, while inquiring into the relationship between identity and public conceptions. She attempts to extend on current theories of digital publics and argues for a “broader framework that includes the co-constructing relationship writers have, not only with their digital environments, but also through their ethnic and raced experiences” [2] and communities. She furthers Habermas’s public sphere theory by incorporating identity as a point of interrogation within digital publics and emphasizes the conception of the digital space as enclaves where users are able to draw on their own cultural realities to build and understand meaning in their realities [2]. Digital technologies, such as social networking sites, provide opportunities for marginalized communities to construct and articulate identities.

Additionally, in Carmen Kynard’s [9] article, “Wanted: Some Black Long Distance [Writers]”: Blackboard Flava-Flavin and other AfroDigital experiences in the classroom,” she considers the concepts of identity and publics in online spaces and discussed ways new(er) technology helped to facilitate rhetorical, symbolic resources and a cultural space for her African American students. Kynard focuses on the digital realm’s potential to create enclaves where marginal students are able to draw on their own cultural realities to make meaning through engaging in various types of trickster motif to enact agreements, disagreements, challenges, and questions. Using Jonathan Sterne’s [10] argument that “the politics of access are not simply a matter of getting more people online. It is also a matter of how, when, and on what terms people are coming online, and what they discover upon arrival,” Kynard posits that it is imperative that we not only acknowledge who is accessing digital spaces, but how and why. Through digital enclaves, users are able to create and share knowledge and engage in co-construction of understandings of specific cultural or societal meanings and realities. According to Roderick Graham [11] digital enclaves are largely understood as a result of the confluence of digital and physical environments in which content is produced by and focused on a particular group or community, and thus emerges as a distinct and isolated space within a network of other sites. Digital enclaves are often created within counterpublic digital spaces and platforms and function as the primary vehicle for community engagement and as a viable option for challenging and addressing stereotypes and systems of oppression within the assemblage.

When working to understand coalition-building, centering enclaves as a site of rhetorical investigation proves crucial, as much of the work of coalition-building occurs tacitly. Karma Chávez [3] specifically analyzes how rhetoric functions within digital enclaves in two primary ways: 1) activists interpret external rhetorical messages that are created about them, the constituencies they represent, or both; 2) and activists use enclaves as the sites to invent rhetorical strategies to publicly challenge oppressive rhetoric or to create new imaginaries for the groups and issues they represent and desire to bring into coalition. In this context, Chávez understands rhetoric to refer to the messages embedded in (seemingly) non-rhetorical actions, such as policy biases and brutality instances in law enforcement. Within digital enclaves, users move away from singular understandings of identity in favor of a “coalitional subjectivity,” through which intersectional and community understandings of identity form a shared conception.

Lastly, Gwendolyn Pough [12] re-examines the concepts of spectacle and representativeness within a counterpublic to demonstrate how “spectacle” is a primary method enacted by Black individuals and communities to enter into often violent and exclusionary public spheres. Drawing from another re-imagining of Habermas’s public sphere, Pough references the feminist public sphere to call attention to how, historically, Black women embodied public spectacles to enhance visibility to women’s rights and values, while rejecting stereotypical misrepresentations of the female body and the dominant norms in a largely white, patriarchal society. Such spectacles bring to light issues that are largely hidden away or out of sight from the public sphere and affords marginalized communities to highlight the many voices and embodied experiences and values in order to elicit social action or change. Thus, Pough’s articulation of representation and spectacle allows us to understand the various methods and rhetorical performances enacted by communities pushed to the margins of society in order to engage in a wider public dialogue.

Thus, as I conceptualize, identity articulation, personal narratives, and storytelling act as rhetorical performances that accounts for the ways users are given permission to express who they are in relation to the addiction disorder community and demonstrates how digital communities are not simply cognitive, abstract constructs, but “vehicles for collective behavior” [13] infused with emotions and value-laden meanings that allow both the addiction disorder community and wider publics the opportunity to engage in specialized thematic discourse, share information, narrate unique and complex experiences, and provide accessible support and recovery relief across various time and space borders.

### 3 UNDERSTANDINGS OF DIGITAL NETWORKS IN ADDICTION DISORDER COMMUNITIES

While still undocumented, the effects of COVID-19 are expected to have lasting adverse effects on those who suffer from an addiction disorder(s). Linas et al. [14] conducted a physical distancing simulation on substance abusers and found that the increased feelings of isolation resulting from COVID-19 safety measures may make it difficult for individuals to remain engaged with care, and thus face increased relapse risk with higher levels of reported depression and mental illness. Even as an emerging digital culture gives rise to more adaptations and implementations of online spaces and platforms positioned precisely for alcoholism and substance abuse recovery and support, there remains a slight “preference in some substance misuse treatment services for the use of more traditional approaches to recovery resources” [15]. However, due to current complexities and challenges COVID-19 has presented, health care professionals and the health and medicine industry have seized upon the “opportunity to capitalize on the momentum of virtual care to pursue treatments that not only can be delivered remotely but are especially well-suited to this modality” [16]. With some users reluctant to engage in online and digital platforms and communities, our complex situation with COVID has necessitated a shift to digital and virtual care and support.

Within these digital enclaves and spaces, one body or narrative does not account for the multitude of experiences within the addiction disorder community. The tendency for a “one-size-fits-all” model of treatment must be reassessed to consider socioeconomic and environmental factors as well as the litany of complexities each individual presents. Digital networks heavily rely upon forums, chatrooms, and blogs to communicate and share experiences, conceptions of identity, and co-construct shared understandings of addiction disorders. Dugdale et al. [15] conducted qualitative online interviews and found that “forums were the most widely accessed online resource” and that online support was useful in “providing an additional service to extend the support provided by offline resources.” Participants noted that the early morning hours were the hardest during recovery, and online forums and chatrooms provided an outlet for real-time connection with other users or experts. Thus, digital platforms provide a sustainable approach to deconstructing inaccurate dominant narratives regarding substance abuse, while also affording the addiction disorder community the opportunity to amplify their individual experiences through online community-building and identification practices that foster unrestricted connections among users.

Digital enclaves are often a consistent component of community movement activity and, specifically addiction disorder digital enclaves, function as sites of meaning production and provide a networked public sphere that fosters information and knowledge sharing as well as promoting awareness to the wider public of what it means to live with an addiction disorder. In such spaces, users carve out their own space in the world and articulate who they are as both a unique and complex individual and as a member of a larger coalition-formed identity. Examining movements of users enacting a self- and other-oriented positionality at the same time also “challenges the ‘either/or’ dichotomy that necessarily emerges” [3] within public spheres. This rhetorical demonstration of a “coalitional subjectivity” describes the “sense of self that emerges when one chooses to be in alliance with others” [3], and provides the foundation of addiction disorder digital spaces. As long individuals with addiction disorders continue to enter digital spaces and engage in coalition-building rhetorical practices, awareness, and a greater understanding of the embodied experiences of users may help deconstruct the harmful stereotyped narratives that our current society and popular media depictions have established.

## 4 METHODS

In this study, my artifacts of analysis are two different online communities – Loosid and Women For Sobriety Online. I conducted a rhetorical analysis based upon De Hertogh’s [1] feminist digital research methodology in order to understand how users are inhabiting and using these digital spaces and the available applications and technologies. Health communities often center on the user’s “desire to use digital technologies to collectively produce knowledge about their health experiences” [1], thus examination of the content requires careful handling. In the context of this study, users formed “knowledge communities” [1] where information is cocreated amongst professionals and non-experts through shared embodied experiences and circulation of medical information. For example, Women for Sobriety Online offers text chat meetings that

occur 1-2 times daily led by WFS New Life Program chat leaders who have a minimum of one year of continuous sobriety. Although these leaders are not experts in the medical field, their unique positionality and individual experiences with addiction disorder constitutes them as “think leaders” and allows them the agency of inhabiting a primary-support role.

My positionality as a member of these platforms, and as someone with an addiction disorder, I am able to engage with users and take on a role of offering and receiving support. Referencing back to De Hertogh [1], it is important as a researcher for me to make my presence known in the community before engaging in any form of data collection of information sharing. I established my presence and engaged in the community through liking and commenting on blog posts, sharing my own experiences and individual perspectives of living with an addiction disorder, and expressed my research interest within digital enclaves, addiction disorder communities, and coalition building activities. Since I have not been through the IRB process, I will refrain from providing any data or quoted content from users in this study. Instead, I rely upon the technological aspects of these spaces that afford coalition and community building rhetorical practices among members and the outside public. It is crucial that I also acknowledge the vulnerability of the addiction disorder community, as the narratives and experiential knowledge being shared online is not only highly sensitive but pertains to private medical interactions and diagnoses. The “digital data” [1] produced and shared online represents real individuals dealing with the chronic compulsion of addiction and, more often than not, the mental health implications that follow. By simply analyzing the space as tool and not enacting private data collection, I avoided causing harm to the individuals who use the space as a recovery method.

Within these spaces, users employed narrative tactics of storytelling in order to create shared understandings among other users as well as highlighting awareness for outside publics. I chose to incorporate content analysis methods as well to understand how language and discourse practices help users enact coalition-building and articulate identities. My reasoning behind selecting these platforms include the intersectional opportunities that *Women for Sobriety Online* offers as a space regulated to female-identifying members, thus providing unique and carefully selected methods of treatment and avenues for support that cater to a different demographic and different needs. *Women For Sobriety Online* (WFS) is funded by an organization and a self-help program (New Life Program) developed and designed to meet the unique needs of women dealing with substance abuse and alcoholism. The platform affords multiple usage options as the recovery program can stand alone or be used along with other recovery support apps or groups simultaneously. WFS is a specialized platform that conducts outreach and provides education about addiction disorders and subsequent recovery, supports mutual aid groups that represent shared values and principles to WFS, offers a peer-support forum and instantaneous messaging chatroom, develops concentrated literature and research related to the organization, and holds an annual weekend conference.

*Loosid*, unlike other digital support spaces, is a specialized phone and computer application and offers a social side of sobriety with opportunities to meet and connect with like-minded individuals

and locals based on the user's location. It is all-encompassing digital network of communities that presents multiple methods of engagement and community contribution options to support and guide each other through the difficulties of navigating sobriety. *Loosid* is an open platform incorporates spaces for collaboration through a curation of various chat groups that offer a community-wide goal of maintaining accountability while focusing on personal growth and relationship building among peers and other community members. Of note, was a specialized forum, "Sobriety Help," which provides a recovery-related space that focuses on helping individuals who have just relapsed, who are struggling to maintain their sobriety, or who are just merely curious about how to get sober. Both these platforms offer me an opportunity for rich analysis among various forum spaces, engagement opportunities, and unique platform design-features.

## 5 PRELIMINARY FINDINGS

### 5.1 Loosid

Through a content and social media analysis, *Loosid* presented spaces for engagement and collaboration through a curation of various chat groups that offer a community-wide goal of maintaining accountability while focusing on personal growth and relationship building. Two features within the digital app includes "Boozeless Guides," which offers recommendations of events, restaurants, and travel destinations specifically for sober and alcohol-free lifestyles, and "Sobriety Help," which offers a recovery related space that focuses on helping individuals who have just relapsed, who are struggling to maintain their sobriety or who are just simply curious about how to get sober. *Boozeless Guides* offers community-outreach services by providing three categories of community engagement options: restaurants serving alcohol-free drinks, sober events, and sober travel. These options are suggested based on geographical location, so as users move about or travel, specifically curated services and locations are readily available to mitigate the risk of encountering high-pressure or uncomfortable situations.

Sobriety Help offers six hotline support groups that are accessible 24/7: I feel like using, I'm having a bad day, Early recovery advice, Just relapsed, Weekend & holiday support and Help with something else. These specified chatrooms feature the strongest sense of community and collaboration and are specifically moderated and run by existing community members who have, or still are, struggling and dealing with substance abuse and can offer usable and applicable advice to others who need help staying or becoming sober. These chat rooms are accessible and readily available whenever need necessitates, so concerns over unresponsive posts or chats are few and far between.

Especially during COVID, these real-time chat rooms help alleviate feelings of isolation, loneliness, and depression by offering support and community building through user participation and connection. Along with these services, dating guides and blogs, recovery tools/blogs, and an in-app dating service users are able to connect to other sober users in their location/community. *Loosid* also enacts higher levels of accessibility through its free social networking platform application that is compatible on any smartphone device. It encourages intrinsic values of communication through

self-reflection, progress-tracking features, and immediate help and support via chat rooms and blog posts.

### 5.2 Women for Sobriety

*Women For Sobriety* (WFS) was developed and designed to meet the unique needs female-identifying users dealing with addiction disorder(s). It affords multiple usage options as the recovery program can stand alone or be used along with other recovery support apps or groups simultaneously. Unlike *Loosid*, which is all encompassing, WFS is a platform that conducts outreach and education about addiction and recovery, supports mutual aid groups that represent shared values and principles to WFS, offers a peer-support forum and chat room (*Women for Sobriety Online*), develops, and publishes literature and research related to the organization, and holds an annual weekend conference. What is unique to WFS is its belief that women require a different method and approach to recovery than men due to higher recovery rates for men than women. WFS understands and acknowledges the difference in psychological needs of women in recovery and welcomes all expressions of female identity as peer-supported resources are carefully curated to aid all self-identifying females from the LGBTQIA community.

Similar to *Loosid*, WFS Online is an open forum and digital communication space for women overcoming addictions and substance abuse. It offers a 24/7 message board where women can share and seek support for their recovery, as well as online text chat meetings that occur one to two times daily. Like *Loosid*, use of this space is completely free and open to women aged 18 and up who are seeking support and treatment options for substance abuse. WFS online is also moderated and run by designated volunteers on the Forum Management Team with support from office staff and the WFS Board of Directors. There is a rigorous process for joining the Forum Management Team that screens for applicants who are women seeking support for their personal recovery. This affords support from like-minded women who understand and have experienced the challenges of becoming and staying sober. All WFS Online chat meetings are also led by approved members/women who are certified as designated chat leaders. Certified chat leaders must be well-versed in the New Life Program guiding principles and values as well as reporting a minimum one year of continuous sobriety. These requirements ensure that users are supported by knowledgeable members of the community that understand the nuances in language and discourse practices in alcoholism and substance abuse themes and issues.

WFS Online offers specialized forums and blogs related to themes of early stages of recovery and sobriety, dealing with holiday stressors while sober, book studies/groups related to sobriety and acceptance, and a Twitter-esque format of posting personal updates to a generalized timeline. This timeline allows for users to share and spread knowledge and experience through journal entry posts or linking external sources, offers supporting comments and responding posts, and creating virtual events of real-time discussion-based forums. WFS also offers traditional group session-style virtual meetings through chatrooms, which encourages a low-stakes, low-pressure environment to "hang out" and talk with other members of the community about their triumphs or struggles during the week. As these meetings are held one to two times every day, it

acts as a vehicle for more traditional in-person meetings that were possibly unavailable due to previous COVID restrictions and safety measures.

WFS chatrooms and daily meetings offer Zoom capabilities, with each meeting including an option to connect through Zoom for more personalized, interactive, and immersive discussions. This function is unique to WFS, as *Loosid* is a text-based network of connection and correspondence among users. WFS enacts coalition engagement principles by providing outreach resources, opportunities for collective engagement that helps mitigate feelings of isolation, depression, or loneliness, and specialized groups designed for book groups and discussions over a wide range of themes from living sober, finding happiness and self-acceptance, and dealing with familial or workplace issues and stressors. This platform acts as a vehicle that can either replace traditional AA-style meetings or consolidate other resources and support networks, physical or virtual.

## 6 CONCLUSION & IMPLICATIONS

Coalition engagement methods of community-building and participation, collaboration, and outreach are crucial within the addiction disorder community and were demonstrated through two specialized digital platforms, *Loosid* and *Women for Sobriety*. These two platforms displayed effective implementation of community engagement through various networked spaces such as categorized chatrooms, forums, and blog posts, which allows users to respond and engage in real-time with other members of the digital community while also offering community and location specific services and resources that reinforce themes and principles of sobriety and recovery.

Language and discourse practices observed through these platforms illustrate a cultural value of support, encouragement, affirmation and validation, and common embodied experience interaction, such as feelings of intense isolation and negative assumptions of being dubbed an “addict.” Moments of self-actualization and reflexivity practices are commonly employed during chatroom discussions, individual posted journal entries, and virtual meetings. Opportunities of volunteerism are also offered through online moderator positions, chat leaders, and forum management team memberships. Not only do these platforms offer opportunities of receiving encouragement, support, relationship building, and engagement within a specific community, they also encourage and foster user-to-user support systems through the various volunteer leadership and moderator positions. These volunteers are usually hold expert knowledge in the challenges and nuances of sober living and maintaining sobriety. This includes familiarity with the community, representations of diverse members from various socio-economic backgrounds, and understanding of common terminology and discourse practices within more traditional addiction disorder group meeting and recovery methods. By applying Dich’s [2] digital enclaves and counterpublics framework and Chavez’s [3] conception of rhetorical practices of coalition building, there emerges an opportunity for the addiction disorder community to share their embodied experiences and experiential knowledge, enhance awareness of addiction disorders as a disease, and actively challenge the dominant narrative and generating an identity separate to that of “the addict.”

There certainly needs to be more awareness on understanding addiction as a disease that is not a conscious choice, but a daily battle against a “chronic, relapsing [brain] disorder” [4] that requires nuanced approaches to recovery models. Addiction disorder recovery is a daily endeavor that requires hefty emotional labor as well as safe spaces and relationships. In understanding how digital community spaces function as tools, and the networked relationships afforded across boundaries of time and space, scholars in the Rhetoric of Health and Medicine may develop more sustainable, accessible, and successful hybrid models of recovery for various addiction disorder communities. With a heightened understanding of embodied and experiential knowledge circulation in digital community spaces, there is more flexibility in designing fluid models of recovery that, rather than following a more static “one-size-fits-all,” individuals are able to devise their own method of recovery based on other member’s shared narratives and knowledge.

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