

Healing Through Helping Services: Insights from Peer Recovery Workers in Malaysia's Community-Based Drug Treatment Program

Pemulihan Melalui Servis Perkhidmatan: Menyingkap Pengalaman Pekerja Pemulihan dalam Program Rawatan Dadah Berasaskan Komuniti di Malaysia

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ABSTRACT

Recovering individuals employed as peer workers in community-based drug treatment organizations offer unique experiential insights. This qualitative study explored the lived experiences of these individuals—specifically their motivations, challenges, coping strategies, and social support mechanisms—associated with their dual roles. It aimed to better understand how helping others contributes to their own healing journey. A qualitative phenomenological approach was employed, with 30 recovery workers in Malaysia recruited through purposive and snowball sampling across several community-based treatment settings. Data were collected through in-depth, semi-structured interviews, transcribed verbatim, and analyzed using thematic analysis. Three main themes emerged: (1) Spiritual Anchoring, (2) Lifelong Recovery, and (3) Transformative Service. Findings reveal that religious practices, peer connections, and narrative meaning-making play central roles in sustaining both recovery and professional engagement. This study offers valuable insights into the therapeutic potential of peer work in Malaysia and the broader Southeast Asian context, where cultural norms, religious values, and communal ties significantly shape recovery experiences. It underscores the importance of culturally responsive and structured support systems—particularly through targeted training programs and supervisory frameworks—to safeguard peer workers' well-being. Moreover, the study highlights the policy relevance of formally integrating peer recovery roles within national health and social care strategies, ensuring sustainable recognition and support for this emerging workforce.

Keywords: Community-based treatment; coping; engagement; Malaysia; resilience; narrative identity; peer support

ABSTRAK

Individu dalam pemulihan yang bekerja di organisasi rawatan dan pemulihan dadah komuniti mempunyai pengalaman yang berharga. Kajian kualitatif ini meneroka pengalaman mereka—dari segi motivasi, cabaran, strategi daya tindak, dan bentuk sokongan sosial. Pendekatan fenomenologi kualitatif telah digunakan, melibatkan seramai 30 pekerja pemulihan di Malaysia yang direkrut melalui persampelan bertujuan dan rantaian di pusat rawatan komuniti di Kelantan, Terengganu dan Selangor. Data dikumpul melalui temu bual separa berstruktur secara mendalam dan dianalisis menggunakan analisis tematik. Tiga tema utama dikenal pasti iaitu: Landasan Spiritual, Pemulihan Sepanjang Hayat dan Perkhidmatan yang Mengubah Diri. Dapatan kajian menunjukkan amalan keagamaan, hubungan rakan sebaya, dan pembinaan makna melalui naratif memainkan peranan penting dalam mengekalkan proses pemulihan serta penglibatan profesional mereka. Kajian ini menyumbang kepada pengetahuan tentang potensi terapeutik komuniti dalam konteks Malaysia dan Asia Tenggara, di mana norma budaya, nilai keagamaan, dan ikatan komuniti mempengaruhi pengalaman pemulihan. Kajian ini menekankan kepentingan sistem sokongan dan penyeliaan bagi melindungi kesejahteraan individu yang bekerja di organisasi rawatan dan pemulihan dadah. Selain itu, kajian ini turut menfokuskan kepentingan dasar awam untuk mengintegrasikan peranan individu yang telah pulih secara rasmi bagi memastikan pengiktirafan dan sokongan berterusan terhadap peranan mereka di organisasi rawatan dan pemulihan dadah komuniti.

INTRODUCTION

Community-based drug treatment centers are increasingly recognized as vital components in addressing substance use disorders, particularly in low- and middle-income countries where institutional resources may be limited. These organizations offer a range of essential services such as counseling, group therapy, rehabilitation programs, and medication-assisted treatment to individuals seeking recovery from substance abuse (Chang et al., 2021; Eddie et al., 2020). In Malaysia, Community rehabilitation organizations form the backbone of community-level recovery initiatives, particularly in states such as Kelantan, Kedah, Terengganu, Johor, and Selangor, which recorded the highest cumulative drug cases in 2022 (Department of Statistics Malaysia, 2022). These regional disparities underscore the urgent need for localized, community-responsive strategies that not only address addiction but also support long-term reintegration and empowerment of individuals in recovery. One innovative and increasingly adopted strategy in Community rehabilitation programs is the employment of individuals who are themselves in recovery. This practice reflects a shift in recovery paradigms toward strengths-based, person-centered approaches, in line with the values of empowerment, lived experience, and community inclusion. Peer workers—individuals in recovery who now support others through their healing journey—offer more than just clinical insight. Their personal experience with addiction and recovery enables them to build deeper rapport with clients, serve as role models, and provide culturally grounded, empathetic care that is often lacking in traditional treatment settings (Eddie et al., 2019; Medley et al., 2009).

In the Malaysian and broader Southeast Asian context, the role of spiritual beliefs, family obligations, and collectivist values further shape the recovery journey, making the perspectives of peer workers particularly relevant. Community rehabilitation organizations not only offer these individuals meaningful employment opportunities, but also help them cultivate new skills, develop confidence, and reintegrate into society with dignity (Sadiron et al., 2023; Shaver et al., 2023). At the same time, working in these roles can expose individuals to emotional strain, professional stressors, and the risk of relapse—particularly when organizational structures lack adequate supervision or when stigma and role ambiguity persist (Dugdale et al., 2016; Krawczyk et al., 2018).

While much research has examined treatment models (Castedo de Martell et al., 2025; Krakouer et al., 2022) and the challenges faced by clients and providers (Larson et al., 2025; Vilsaint et al., 2025), relatively little is known about the lived experiences of individuals in recovery who work within these systems. In particular, there is limited understanding of what motivates them to take up peer support roles, the challenges they encounter as they navigate dual identities of helper and survivor, and the coping strategies they rely on to sustain recovery alongside professional responsibilities. This gap highlights the need for studies that foreground the voices of peer recovery workers, especially in cultural contexts such as Malaysia where religion, community ties, and family values strongly influence recovery pathways.

This study is guided by four central research questions: (1) What motivates individuals in recovery from substance abuse to work in community-based drug treatment organizations? (2) What challenges do individuals recovering from substance abuse face while employed in these settings? (3) What coping strategies do they use to manage work-related difficulties? and (4) How do they access and use social support while navigating their recovery and professional roles? By addressing these questions, the study aims to build an evidence base that can inform the design of supportive, culturally responsive systems for peer recovery work in Malaysia. Studies from Foye

et al. (2025) and Gillard et al (2022) suggested that peer service holds transformative potential—where helping others can become a source of healing—yet systemic gaps affecting the well-being of peer workers remain underexplored.

In doing so, the research situates peer recovery work within broader debates on sustainable recovery support, highlighting its contribution to social work scholarship in Malaysia and Southeast Asia. In particular, it affirms the importance of creating inclusive employment pathways and psychologically safe work environments for individuals in recovery, reinforcing the role of social work in building compassionate, recovery-oriented communities across Malaysia and the Southeast Asian region.

LITERATURE REVIEW

Individuals in recovery are increasingly employed as outreach workers, peer counselors, and support group facilitators in community drug treatment organizations. These roles provide meaningful opportunities to give back to the community and support others facing similar challenges (Austin & Boyd, 2021; Nixon, 2020). Research has shown that such employment can foster supportive environments (Doukas & Cullen, 2010; Larson et al., 2025), reduce isolation, and strengthen recovery capital (Bassuk et al., 2016). It can also cultivate a sense of belonging through shared experience (Best et al., 2016). These benefits can be understood as the kinds of “rewards” that motivate individuals in recovery to remain engaged in peer work, such as meaning-making, social connection, and personal growth.

At the same time, these opportunities come with “costs.” Working in recovery settings may bring significant strains, including relapse risk when exposed to triggering environments (Cosden et al., 2016; Dugdale et al., 2016; Krawczyk et al., 2018), emotional fatigue from client trauma (Jones et al., 2009), and stress linked to role ambiguity or stigma (Doukas & Cullen, 2010). When these burdens begin to outweigh the perceived benefits, individuals may struggle to sustain their work and recovery.

Working in an environment focused on addiction and recovery can be triggering for individuals in recovery, especially if they have not yet developed strong coping skills or are in the early stages of recovery (Cosden et al., 2016; Doukas & Cullen, 2010). Additionally, the presence of drugs or drug paraphernalia in the workplace can be a temptation for individuals in recovery and can put their sobriety at risk (Doukas & Cullen, 2010). The emotional toll of working with individuals who are struggling with addiction, including compassion fatigue and secondary trauma, can take a toll on mental health and pose a significant challenge for individuals in recovery working in community drug treatment organizations (Jones et al., 2009).

There is mixed evidence on the use of different types of coping mechanisms by individuals in recovery working at community-based drug treatment organizations. The development of a strong support system (Naslund et al., 2016), the practice of self-care (Raynor et al., 2017; Rhodes et al., 2015), and the seeking of professional support (Von Haenisch, 2011) are positive coping mechanisms associated with people in recovery from substance abuse. Furthermore, literature emphasizes that individuals in recovery who work in community-based drug treatment organizations require a range of social supports to help them succeed in their roles (Novatna et al., 2015; Abu Hassan Shaari & Waller, 2023). This support can come in many forms, including emotional, practical, professional, peer, and spiritual support. Moreover, community-based drug treatment agencies help individuals in recovery succeed in their roles by providing a supportive

and nurturing environment that meets their unique social support needs (Scuka Rousseau Shaver e tal., 2023). These supports and coping strategies play a crucial role in maintaining a balance between the rewards and costs of peer work, helping individuals manage stress and prevent burnout.

Based on the evidence above, this study sets out to examine the experiences of individuals in recovery who work for community-based drug treatment organizations in Malaysia. Through a comprehensive investigation of their experiences, this study can shed light on the obstacles, coping strategies, and types of social support that are most beneficial to sustain recovery and enhance work performance. Eventually, we can gain a better understanding of how to support and promote sustained recovery, leading to better outcomes for both individuals in recovery and the community as a whole, particularly in Malaysia and other South East Asian countries.

METHODOLOGY

RESEARCH DESIGN

This study used narrative inquiry, a type of qualitative research design that viewed social phenomena in a broader context by focusing on the subjective meanings of participants' realities and contexts in their naturalistic settings (Thacker e tal., 2021). This qualitative inquiry shed light on the lived experiences of recovering individuals working in community-based drug treatment and contributed to the limited literature on the topic. Narrative inquiry was particularly suitable because it privileges storytelling, allowing participants to share their recovery as a process shaped by personal meaning, turning points, and relational contexts (Weiss & Johnson-Koenke, 2023). Unlike other qualitative approaches, it emphasizes temporality and the sequencing of life events, which are central to understanding recovery journeys.

LOCATION

The research focused on individuals in recovery from substance abuse who were working at community-based drug treatment organisations. A letter of collaboration was secured from one of the community rehabilitation organisations in three states; Kelantan, Terengganu, and Selangor.

To qualify for participation in the study, participants had to meet the following inclusion criteria:

1. Employed full-time in a community-based substance treatment programme.
2. In recovery for a minimum of two years.
3. Had worked in community rehabilitation center for at least one year.
4. Had a history of substance use, including but not limited to alcohol, sedatives, amphetamines, cannabis, cocaine, hallucinogens, inhalants, opioids, prescription, and over-the-counter medications, prior to employment.
5. Had weekly contact with substance abuse clients.
6. Aged 18 years or older.

The following individuals were excluded:

1. Those who had relapsed within one month of the interview.
2. Those whose primary substance was nicotine and/or caffeine.

As is customary in qualitative research, the sample size was determined by data saturation—the point at which additional interviews no longer produced new data, themes, or subthemes (Hennink & Kaiser, 2022). In this study, interviews with 30 participants were deemed sufficient to achieve saturation.

RECRUITMENT PROCEDURES

Participants were recruited using purposive and snowball sampling. Purposive sampling targeted individuals in recovery who were employed in community-based drug treatment settings. Snowball sampling was then used, where initial participants referred others who met the study criteria. Additional participants were identified through the researcher's academic network, which included colleagues with connections to individuals in recovery.

DATA COLLECTION

Data for this study were collected primarily through in-depth, semi-structured, open-ended, face-to-face interviews. Before interview, participants were asked to complete a short socio-demographic and background questionnaire. Each interview lasted approximately 60–90 minutes. An interview protocol was used to guide the process. The interview guide was piloted with two individuals in recovery and revised based on their feedback, which included suggestions to simplify certain questions, use more relatable language, and ensure that sensitive topics were introduced more gradually to build trust. The author used a journal to record non-verbal cues, emotional reactions, and reflections after each session. All interviews were audio-recorded with the consent of participants.

DATA ANALYSIS

All interviews were transcribed verbatim by the author. Interview data were analysed following Fraser's (2004) framework for analysing personal stories in narrative research. In the first phase, the researcher listened to each audio recording to gain a general understanding, as Fraser recommends listening "as if to a radio show" to avoid over-intellectualising participants' narratives. In the second phase, the researcher transcribed the interviews and cleaned the data by removing interviewer comments and redundant phrases to ensure clarity and focus on meaning. Pauses and silences were also examined for their potential interpretive value. The third phase involved coding, where individual transcripts were interpreted to identify emerging themes, subthemes, and patterns related to motivation, challenges, coping mechanisms, and social support. Coding was conducted manually, supported by careful rereading and cross-checking of transcripts to ensure accuracy. To enhance consistency and methodological rigor, a second coder reviewed a subset of transcripts, and discrepancies were resolved through peer discussion. The fourth and final step involved grouping these themes into broader categories, creating rich, in-depth narratives of shared and unique experiences among participants in recovery.

TRUSTWORTHINESS / RIGOR: CREDIBILITY, TRANSFERABILITY, AND CONFIRMABILITY

To maintain the trustworthiness of this study, the principles of credibility, transferability, and confirmability were upheld (Nowell & Albrecht, 2018). Credibility was enhanced using two key strategies. First, member checking was conducted to minimise researcher bias. The researcher provided participants with a rough draft of interview notes or a summary of their responses to allow them to verify accuracy, clarify misunderstandings, and suggest revisions. Second, peer debriefing was employed with colleagues experienced in substance abuse research. These peers served as external reviewers who posed critical questions related to methods, meaning, and interpretations, while also offering the researcher a space for emotional reflection and professional support. Transferability and confirmability were ensured through triangulation of data collection methods, including the use of audio recordings to capture vocal nuances such as laughter, sighs, or sarcasm—elements often missed in transcript-only data. The author also maintained a reflective journal to record observational notes and participants' concerns.

ETHICAL CONSIDERATIONS

The study was reviewed and approved by the Institutional Review Board (IRB) at the National University of Malaysia (JEP-2024-757). Confidentiality was maintained throughout the research process. Real names did not appear in any written or verbal reports.

TRAUMA AND ROLE CONFLICT

Given the sensitive nature of discussing personal histories of addiction, the researcher anticipated the possibility that participants might experience emotional distress during the interviews. Throughout the data collection process, the researcher remained vigilant for any signs of discomfort. In line with ethical guidelines and to maintain professional boundaries and avoid role conflict, no clinical interventions were provided. Instead, participants were asked whether they wished to continue or discontinue the interview. For those who chose to continue, care was taken to steer the conversation away from topics likely to cause further distress. For those who opted to discontinue, the researcher provided a list of professional support services, including contact information for social workers, counsellors, therapists, and psychologists. This protocol was implemented consistently throughout the study.

PROFESSIONAL AFFILIATIONS AND CONFLICTS OF INTEREST

The researcher had no professional affiliations with any substance abuse treatment agencies in Malaysia at the time of the study. To ensure voluntary participation, the researcher clearly informed all participants that their involvement in the study would not affect their past, current, or future status at their respective organisations. Participants were reminded of their right to withdraw from the study at any point without risk to their role in community-based drug treatment settings.

REFLEXIVITY

The researcher recognised that her cultural background and social norms might differ from those of the participants. To minimise bias, two key strategies were implemented. First, the researcher, who had over ten years of experience working with individuals in recovery in both Malaysia and

the United States, drew on this professional background to engage meaningfully with participants. Second, peer reviewers with extensive knowledge of Malaysian culture were involved in the data review process. These differences in background occasionally served as catalysts for deeper conversation and mutual curiosity, enriching the quality of the interviews and allowing for more comprehensive exploration of participants' narratives.

LOGISTICS AND COMPENSATION

Interview locations were selected by participants based on convenience, provided the settings were quiet and free of distractions to allow for uninterrupted audio recording. All participants who completed the interview received RM100 as a token of appreciation for their time and contributions.

RESULTS

The socio-demographic profile (TABLE 1) shows that the predominance of male participants (93%) suggests gendered patterns in recovery employment within community-based drug treatment settings. The mature mean age (43.4 years) and wide age range (24–72) indicate that recovery employment attracts individuals at varied life stages, many of whom balance family responsibilities (40% reported having children). Educational attainment was generally limited to secondary or diploma-level qualifications, reflecting barriers to higher education among this group. The majority had prior work experience (97%), suggesting a strong pre-existing work ethic that may support role sustainability. In terms of recovery and employment, many participants had maintained long-term recovery (37% over a decade) and job stability (34% over 10 years), pointing to resilience and sustained commitment to peer recovery work.

TABLE 1. Socio-Demographic Characteristics of Participants

Item	Category	n	%
Age	Mean (Range)		
Gender	Male	28	93%
	Female	2	7%
Place of Residence (state)	Terengganu	13	43
	Kelantan	9	30
	Selangor	8	27
Ethnicity	Malay	30	100
	Chinese		
	Indian		
	Others		
Religion	Islam	30	100
	Buddhism		
	Hinduism		
	Christianity		
	Others		
Marital Status	Single	9	30
	Married	13	43
	Divorced / Widowed	8	27
Has Children	Yes	12	40
	No	18	60
Highest Education Level	Master's Degree	1	3
	Bachelor's Degree	0	0
		11	37

	Matriculation/Diploma/Pre-		
	University	13	43
	High school	5	17
	Primary school		
Employment before Joining Current Organization	Unemployed	1	3
	Employed	29	97
Years in Recovery	2 – 5 years	14	47
	5 – 10 years	5	17
	More than 10 years	11	37
Years Working in Current Organization	2 – 5 years	16	53
	5 – 10 years	4	13
	More than 10 years	10	34

Three major themes emerged from the analysis, highlighting key elements of recovery workers' experiences in community-based drug treatment programs. First, Spiritual Anchoring underscores the role of spiritual beliefs and practices as foundations for resilience and sustained motivation. Second, Lifelong Recovery captures how ongoing personal recovery journeys deeply shape workers' professional and personal identities, emphasizing continual growth. Lastly, Transformative Service reflects the meaningful impact of serving others, illustrating reciprocal benefits that enhance both workers' recovery and community well-being.

THEME 1: SPIRITUAL ANCHORING

The desire to seek *taubat* (redemption), sustain personal recovery through religious discipline (routine), and remain committed to a shared spiritual path (brotherhood) all contribute to a strong internal drive to help others. Ultimately, participants described that spiritual anchoring or spiritual commitment inspired them to continue working as peers in the recovery field.

REDEMPTION

As participants reflected on their past mistakes, many expressed a deep and ongoing need to make amends for the harm they had caused—to themselves, their families, and their communities. This process of self-examination was not superficial; it was described as a spiritual journey that reshaped their understanding of purpose, morality, and healing. One participant shared:

I've hurt people, lied, stolen—things I deeply regret. Each time I guide someone now, I feel it's part of my *taubat* (redemption). I can't change the past, but I can make sure my present is useful. That's how I feel close to God again. It's not about just staying clean; it's about giving back in a way that heals others and myself.

This illustrates how participants view peer work not only as employment but as a spiritual duty that allows them to transform regret into purposeful action. It reinforces the subtheme of redemption by showing how service to others becomes a pathway to reconnect with God and repair moral identity.

Participants later described how helping others becomes a form of spiritual healing and reframes their history of substance use not as a permanent failure. Instead, it served as a foundation for building a better life rooted in service. Another participant echoed this sentiment:

Every time I help someone, I feel like it's part of my *taubat* (redemption). Like I'm being given a chance to do something right. Back then, everything was about destroying myself. This work keeps me accountable, not just to people, but to Allah.

Here, redemption is linked directly to accountability, suggesting that participants anchor their recovery by reframing past harms into ongoing acts of service and faith. This supports the subtheme by emphasizing that helping others restores dignity while simultaneously strengthening their spiritual discipline.

ROUTINE

Structured spiritual practices such as *solat* (prayer), *zikir* (remembrance of God), and recitation of the Quran consistently emerged as powerful motivational anchors in participants' recovery journeys. These daily rituals were not seen as mere religious obligations but as deliberate tools for emotional regulation, discipline, and sustained focus. One participant explained:

Without my daily prayers and Quran, I think my mind would fall back into the old ways. My day begins with prayer, then I read a few verses from the Quran. It gives me a sense of control. It reminds me that I have a responsibility—not just to myself, but to others I am helping.

This underscores how routine spiritual practice provides both structure and accountability, reinforcing discipline as a core element of sustained recovery. It demonstrates that religious rituals are intentionally used to replace destructive habits with practices that strengthen both recovery and peer work.

Participants also described that the spiritual routines from each prayer and verse becomes a marker of time and intention and these have served as a replacement for their past destructive habits—providing mental clarity, a sense of purpose, and a reaffirmation of one's place within a moral framework. One participant elaborated:

When I pray five times a day, it's not just about the ritual. It forces me to pause and reflect, to clean myself physically and mentally. In between prayers, I'm busy with work and programs, but when the azan calls, it's like a reset button.

This demonstrates how prayer functions as a stabilizing mechanism, replacing destructive habits with a rhythm that restores both focus and emotional balance. It supports the subtheme of routine by showing that prayer rituals act as consistent checkpoints for recovery, strengthening self-regulation.

BROTHERHOOD

The participants shared that the motivation to work in recovery settings is also strengthened by the deep bonds of brotherhood that form among peer workers. These relationships go beyond casual friendship; they are anchored in shared spiritual values, mutual lived experiences, and a collective commitment to recovery. One participant shared:

We are like brothers in this journey. When one of us is struggling, we don't just ignore it. We sit down, talk, remind each other to go back to our prayers, to remember why we started this work. Sometimes, that reminder is all we need to stop ourselves from slipping.

This highlights how brotherhood provides a safety net, where peer workers rely on each other's reminders and shared faith as protective factors against relapse. It supports the subtheme by

showing that these bonds transform recovery into a collective effort rather than an individual struggle.

Another participant reflected on how this bond of brotherhood emerged naturally through shared routines and a common sense of mission:

In the past, I was alone—even in a crowd. Now, when I walk into the center, I feel like I belong. We don't have to explain everything to each other because we've been through the same fire. That feeling gives me strength to continue doing this work, even when it gets hard.

This emphasizes how belonging and mutual understanding foster resilience, making brotherhood a key source of motivation for sustaining recovery and peer work. It supports the subtheme by showing that shared experiences and collective purpose create a sense of belonging essential for long-term commitment.

THEME 2: LIFELONG RECOVERY

RELAPSE CYCLES

Many participants shared that before attaining a more grounded sense of self, they had experienced multiple cycles of relapse and return to treatment, making it clear that recovery is not a linear process. One participant reflected:

Recovery is not something you achieve once and then you're done. It's full of ups and downs—some days you're strong, other days you feel like giving up. But when you fall, you learn. I think this job is the same—full of challenges, but as long as you're self-aware and sincere, you can rise again.

This highlights the subtheme of relapse cycles, showing that participants normalize recovery as an ongoing journey rather than a fixed outcome. It reinforces the broader theme of lifelong recovery by framing challenges as opportunities for growth rather than setbacks.

Participants described relapse not as failure, but as part of the learning process. This helped them maintain resilience in the face of emotional and occupational challenges. One participant shared:

I've been in and out of programs three times. But each time, I learn how to manage myself better. The work teaches me too—I see myself in the clients. It reminds me how far I've come and how far I still have to go.

This demonstrates how relapse is reframed as a tool for self-improvement and professional empathy. It supports the subtheme by illustrating that repeated experiences of relapse cultivate humility, resilience, and deeper identification with clients.

The mindset of accepting non-linearity helped participants stay committed to both recovery and peer support roles, even during setbacks.

EMOTIONAL BURDEN

Participants also emphasized the emotional toll of peer work. Supporting others in recovery often meant reliving personal traumas and suppressing their own emotional distress to appear strong for clients. One participant shared:

Some days, I go home and cry. Not because of what I'm going through now—but because I see my past in them. It's like I'm carrying double burdens—mine and theirs.

This illustrates how peer work intensifies emotional labor by forcing participants to hold both their own and their clients' pain. It supports the subtheme of emotional burden by showing how peer work requires constant emotional negotiation and personal sacrifice.

These dual demands—managing personal vulnerabilities while supporting others—created constant emotional strain. Participants expressed the need to stay emotionally alert to avoid being overwhelmed or triggered by clients' stories.

SELF-AWARENESS

To cope with emotional fatigue, participants described the use of regular introspective practices. These included checking in with their emotions, recognizing early signs of stress, and pausing to reflect before reacting. One participant explained:

Sometimes I feel so exhausted—not physically, but emotionally. Some clients come with heavy problems, and I've been through all of that myself. But I always remind myself why I'm doing this work. I pause, take a breath, do my zikir. I reflect deeply. That's what keeps me going.

This shows how self-awareness functions as a protective strategy that allows participants to regulate emotions while continuing to support clients. It reinforces the subtheme by linking self-reflection to resilience and sustained engagement in peer work.

Reflection and internal dialogue were used to avoid emotional burnout and maintain purpose in their work. For many, this became a daily necessity to preserve their mental health.

SPIRITUAL PRACTICES

Participants frequently turned to spiritual tools such as zikir, prayer, *sabar* (patience), and muhasabah (self-reflection) to remain grounded and emotionally stable. These practices were central to their identity and recovery journey. One participant stated:

When I feel overwhelmed, I do muhasabah. I ask myself, 'Where am I now? Am I slipping?' Then I pray, talk to a senior, or even write in my journal. It helps me clear my head.

This highlights how spiritual practices are used as coping mechanisms that restore balance during emotional strain. It supports the subtheme of spiritual practices by showing that faith-based tools help participants sustain sobriety and resilience in daily recovery work.

Spirituality acted as both a moral compass and a resilience-building strategy, helping them stay committed to sobriety and avoid returning to harmful coping mechanisms.

REFRAMING RELAPSE

Many participants discussed how they reframed relapse as a learning opportunity rather than a failure. This reframing helped reduce internalized shame and allowed them to bounce back stronger. One participant shared:

I relapsed twice before. But each time, I learned something new. I became aware of what triggered me. Now when I feel it coming, I immediately find a safe space—sometimes I go to the mosque, sometimes I call a friend.

This demonstrates that relapse is seen as a stepping stone toward greater self-knowledge and preparedness. It supports the subtheme by showing that reframing relapse fosters proactive strategies for relapse prevention.

Recognizing warning signs and having a pre-planned response helped them manage the risk of relapse. This approach empowered participants to take ownership of their recovery while maintaining functionality in their work.

WORK PRESSURES

Participants noted external challenges such as high expectations from clients and the public, pressure to model “perfect recovery,” and lack of institutional emotional support. Despite being seen as role models, they often felt isolated or burdened by the weight of needing to always appear strong. One participant said:

People think just because we’re working here, we’re ‘recovered.’ But we’re still human. We still struggle. Sometimes I wish there was more space to just be honest without being judged.

This illustrates the external pressures that exacerbate participants’ emotional labor and create unrealistic expectations. It supports the subtheme of work pressures by showing how institutional and societal perceptions can undermine peer workers’ ability to be vulnerable.

THEME 3: TRANSFORMATIVE SERVICE

HEALING DISCLOSURE

Participants described storytelling not only as a personal coping mechanism, but as a relational and communal form of support—a healing tool that allowed them to connect meaningfully with others while simultaneously resisting societal stigma. According to one participant:

When I share my story, it’s like I’m releasing the pain—not just for myself, but for others who are still carrying it in silence. It becomes a bridge. We see each other, not just as addicts, but as people who survived.

This highlights how storytelling transforms private suffering into a shared experience of healing. It supports the subtheme of healing disclosure by showing that personal testimony fosters recognition, dignity, and solidarity.

Many participants also noted that sharing their stories created supportive social environments where empathy, validation, and solidarity were fostered. One participant explained:

I used to be ashamed to tell my story. I thought people would look down on me. But when I shared in support groups and community programs, I saw it in their eyes—as if they understood, as if we shared the same wounds. That made me feel like my life has meaning, and that I’m not alone.

This illustrates how disclosure reshapes stigma into connection, offering participants both validation and a renewed sense of purpose. It supports the subtheme by showing that healing disclosure works in two directions—encouraging both the speaker and the listener.

Participants emphasized that the act of verbalizing their journeys helped not only to clarify their own growth but also to inspire others. In this way, storytelling served as a conduit for reciprocal support: listeners found hope, and speakers found affirmation.

PUBLIC ADVOCACY

Participants also used their narratives to publicly counteract social stigma, rejecting dominant stereotypes that associate drug use with moral failure, deviance, or hopelessness. They consciously crafted alternative scripts that emphasized transformation, resilience, and human dignity. One participant shared:

Before, no one wanted to listen. Even my family stayed silent when my name came up. But now I'm invited by schools and mosques to share my experience. I use that opportunity to change how people see us.

This highlights how narrative disclosure becomes a tool of advocacy, shifting participants from marginalization to visibility. It supports the subtheme by showing how personal transformation is leveraged to reframe drug use in terms of recovery, resilience, and service.

This transformation from silence to platform demonstrates how participants accessed informal social support networks, institutional platforms, and communal spaces to engage in narrative advocacy. They not only received support through audience engagement but also built a wider network of allies, clients, and colleagues who came to respect and value their lived experience.

PEER CONNECTION

Participants also described how telling their story in group settings led others to open up, creating emotionally safe spaces rooted in mutual honesty. One informant remarked:

When I share my story, sometimes the quiet clients start to speak. They think, 'if this brother can change, maybe I can too.' From there we start building an honest relationship, and they begin to trust the recovery process.

This demonstrates how disclosure operates as a catalyst for trust and peer connection. It supports the subtheme by showing that storytelling not only inspires but also facilitates the development of mutual accountability and collective healing.

Participants emphasized that such connections not only helped others open up but also gave them strength and reminded them of their own growth. These peer interactions cultivated trust, reduced feelings of isolation, and strengthened the collective support network among those in recovery.

Participants acknowledged, however, that storytelling required careful judgment. While many found empowerment through disclosure, they also spoke of selective sharing—choosing when, where, and to whom they opened up. This selective disclosure highlights participants' ability to balance empowerment with protection, navigating stigma while still engaging in advocacy and peer support. It links across the theme of transformative service by showing that disclosure is both liberating and risky, requiring careful discernment. This strategic use of narrative was shaped by the risk of re-stigmatization, particularly in formal employment or among unsupportive family members. One participant lamented:

Not everyone can accept my past. I've had people smile to my face, then later say I'm not 'clean enough' to work with them. So now I choose my audience. Some people deserve my truth, some don't.

This illustrates the tension between openness and vulnerability, where disclosure can bring both empowerment and exclusion. It supports the subtheme of selective disclosure by showing that participants carefully weigh risks to protect themselves while continuing their service.

DISCUSSION

This study explored four main questions concerning motivation, challenges, coping strategies, and social support use among recovery workers. Thematic analysis produced three major themes—Spiritual Anchoring, Lifelong Recovery, and Transformative Service—that illustrate the deeply intertwined personal, social, and spiritual dimensions of recovery-oriented work. These findings offer valuable insights into how peer workers sustain engagement and resilience in the Malaysian context and extend the current literature on addiction recovery and peer-based interventions.

The first research question investigated what motivates individuals in recovery to pursue peer work roles. The theme Spiritual Anchoring emerged as a central motivator, with participants describing how religious discipline and a desire for redemption shaped their commitment to helping others. Their motivation stemmed not only from a wish to give back, as seen in prior studies (Austin & Boyd, 2021; Nixon, 2020), but also from a spiritual sense of duty and personal accountability to God. This differs slightly from Western studies that emphasize secular forms of self-efficacy and purpose (Best et al., 2017), offering a culturally grounded insight into how *solat*, *zikir*, and *taubat* function as both emotional regulators and moral reinforcers. Participants also described the power of *ukhwah* (brotherhood) among peer workers, aligning with Bassuk et al. (2016), who argue that community belonging enhances recovery outcomes. However, the Malaysian participants' emphasis on shared religious practices and collective spiritual reflection introduces a novel motivational mechanism—distinct from findings in secular contexts where motivation is often tied to employment or social identity alone.

The second research question explored the challenges faced by individuals in recovery working in peer roles. The theme Lifelong Recovery reflected the presence of both internal (e.g., emotional exhaustion, shame, fear of relapse) and external (e.g., public expectations, client trauma) stressors. These findings echo previous literature, which outlines the emotional toll of recovery work, particularly when individuals have not yet solidified coping mechanisms (Cosden et al., 2016). In contrast to narratives of recovery work as inherently destabilizing (Doukas & Cullen, 2010), this study found that workers viewed challenges as expected components of a non-linear recovery journey. Through strategies such as self-monitoring, spiritual reflection, and peer consultation, participants actively managed the emotional risks of their roles. Although some literature frames recovery work as a potential relapse trigger due to exposure to client struggles and environments that may resemble past harm (Jones et al., 2009), this study suggests that the very act of confronting such challenges—with adequate support—can reinforce commitment and recovery literacy. Nevertheless, the contrast in findings highlights the importance of timing: individuals in early recovery stages may still face vulnerabilities, consistent with warnings in earlier research (Doukas & Cullen, 2010).

In addressing the third research question regarding coping strategies, this study revealed the use of integrated coping approaches that combined spiritual, psychological, and relational practices. These included *muhasabah* (self-reflection), spiritual routines, peer check-ins, and

reframing setbacks. This multidimensional approach aligns with existing evidence that self-care, mindfulness, and professional support are vital coping tools for individuals in recovery (Raynor et al., 2017; Rhodes et al., 2015). Participants' spiritual discipline helped to replace previous chaotic behavioral patterns, offering structure and stability—a finding consistent with Naslund et al. (2016), who emphasize that routine and predictability support long-term recovery. Notably, this study diverges from Von Haenisch (2011), who focuses primarily on professional therapeutic interventions, by showing that spiritual coping mechanisms—particularly those rooted in Islamic traditions—may offer equally effective emotional resilience in certain cultural contexts. Moreover, the findings affirm that effective coping is not merely individual but deeply embedded in communal and spiritual systems of meaning, which have often been overlooked in recovery literature rooted in Western individualism.

The fourth research question investigated how participants accessed and utilized social support while balancing their recovery and professional roles. The theme "Transformative Service" captured the role of storytelling as a method for healing, advocacy, and relationship-building. In alignment with Abu Hassan Shaari and Waller (2023), participants described how disclosure in recovery settings fostered emotional safety, solidarity, and reciprocal trust. These narratives also served as public-facing acts of resistance—challenging societal stigma and redefining the addict identity into one of strength and contribution. Peer-led storytelling created safe spaces for emotional connection and modelled recovery for newcomers, similar to findings in Novatna et al. (2015). However, participants also exercised discretion, engaging in selective disclosure to avoid re-stigmatization in unsupportive contexts. This strategic approach contrasts with earlier work by Jones et al. (2009), who assume openness is uniformly beneficial. Instead, this study suggests that disclosure must be context-sensitive and guided by social awareness. Social support, in this regard, is not a passive experience but an active, negotiated process embedded in interpersonal dynamics and cultural norms.

These findings provide strong empirical support for social exchange theory as a framework to understand recovery work. This theory posits that individuals engage in relationships, including work roles, when the perceived benefits outweigh the costs (Yan et al., 2016). Participants in this study described evaluating the emotional and spiritual toll of their work against rewards such as purpose, recognition, and spiritual growth. Despite facing stigma and job-related stress, they remained committed when their actions were perceived to yield meaningful returns—whether through religious fulfillment, peer connection, or societal impact. This is consistent with the social exchange principle, which posits that reciprocity and mutual benefit are key to relationship sustainability (Brown et al., 2014). Additionally, access to emotional, spiritual, and professional supports (Thacker et al., 2021) helped restore equilibrium when perceived costs increased. Thus, this study affirms that recovery work is sustained through a continuous evaluation of exchanges, buffered by supportive environments, and reinforced by intrinsic motivations shaped by cultural and spiritual values.

This study expands an understanding of recovery-oriented employment by contextualizing peer work within Malaysia's religious, social, and communal frameworks. It affirms findings from global research on the benefits of peer support, while offering new insights into how spirituality, shared identity, and strategic narrative use sustain long-term recovery and professional engagement. Treatment organizations should take note of these dynamics by developing culturally relevant support systems, including religiously informed reflective spaces, peer mentoring, and initiatives aimed at reducing stigma. In practice, policies should avoid universal assumptions about recovery support and instead recognize the layered meanings of recovery work across different

cultures. Future research should explore longitudinal outcomes for recovery workers, particularly in relation to identity evolution, burnout, and retention. It may also be valuable to conduct comparative studies across secular and faith-based treatment settings to better understand how spiritual versus psychological supports shape recovery trajectories. By recognizing recovery workers as both service providers and individuals in the healing process, we lay the foundation for more inclusive, resilient, and culturally attuned addiction recovery systems.

CONCLUSION

This study offers a comprehensive understanding of the lived experiences of recovery workers in Malaysia's community-based drug treatment programs, highlighting the intricate balance between personal healing and professional service. The findings reveal that individuals in recovery are not only motivated by a desire to give back but are also sustained by deeply rooted spiritual practices, a commitment to personal growth, and the reciprocal support embedded in peer relationships. The themes of Spiritual Anchoring, Lifelong Recovery, and Transformative Service illustrate how recovery work becomes a meaningful exchange—where emotional labor and social stigma are offset by spiritual fulfillment, identity reconstruction, and community impact. These insights contribute to the global literature on peer support by foregrounding culturally specific motivators and coping strategies, particularly within Islamic and collectivist frameworks. Ultimately, this study aligns with key Sustainable Development Goals (SDG 3: Good Health and Well-Being, and SDG 16: Peace, Justice, and Strong Institutions). The study emphasizes the need for community-based organizations to institutionalize culturally attuned support systems—spiritual, emotional, and structural—to safeguard the well-being of peer workers.

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