Learning experience and relationships among learners in online Recovery College courses: An exploratory qualitative study

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Abstract

Introduction: Recovery Colleges (RC) are community-based learning centres. They offer courses in mental health, well-being, and recovery. RC courses are co-constructed and co-facilitated by two trainers with complementary knowledge. Learners come from diverse backgrounds to ensure a variety of expertise and experience. Studies have demonstrated the benefits of RC courses for learners. The mechanisms of action specific to RC explain its benefits. Studies about the mechanisms of action of RC show how its social environment is important. The *Centre d'apprentissage Santé et Rétablissement* (CASR) is a Canadian French-language RC offering free online courses to the public. **Objectives**: The study aims to answer two research questions: 1- How do learners of CASR's online courses describe their learning experience? 2- How do learners of CASR's online courses describe the relationships they experienced? **Methods**: An exploratory qualitative study consisting of ten individual interviews followed by a thematic analysis was conducted. **Results**: Participants described their learning experiences in terms of the characteristics of the CASR course space: inclusive and benevolent learning space; connected, supportive, and egalitarian space for interaction; collaborative and co-constructed knowledge space. Participants described the relationships according to equality; respect and non-judgment; recognition and belonging; collaboration and mutual support. **Conclusion**: The results confirm the existence of mechanisms of action in CASR courses similar to those identified in previous studies. The learning context of the CASR prompts some participants to prioritize their personal roles over their professional roles during courses. By exposing their vulnerability, they show humility and encounter equal relationships.

Introduction

Recovery Colleges (RC) are community-based learning centres. They offer courses on mental health, well-being, and recovery.[1, 2] Originating in England, the success of RC is now well-established.[3] In 2022, a global survey reported 221 RCs in 28 countries across five continents.[3] In recent years, more than 16 RCs have been established in Canada, including one in the province of Quebec, the *Centre d'apprentissage Santé et Rétablissement* (CASR).[4, 5] CASR is Canada's first French-speaking RC, offering its online course curriculum.

The distinctive feature of RC is that the courses are co-constructed and co-facilitated by two trainers with complementary knowledge.[2, 6] At every stage of course conception and delivery, the emphasis is on the complementarity of knowledge.[1] In addition, learners come from diverse backgrounds, ensuring a wide range of expertise and experience, including individuals with lived mental health experiences, relatives, community practitioners, public health and education system practitioners, managers, and other citizens.[7] RC courses place experiential knowledge derived from lived experience on an equal footing with theoretical knowledge derived from academic or empirical expertise and clinical knowledge derived from practical or field experience.[8] Active discussion and participation in learning activities help build integrated knowledge and foster connections among learners.[9, 10]

Numerous studies worldwide have demonstrated the impact of RC courses on learners.[11, 12, 13] Participation in RC courses enables learners to enhance their understanding of mental health, well-being, and quality of life, ultimately helping people in recovery process to achieve their goals.[14] RC courses improve self-care capacity and self-determination.[15, 16, 17] Participating in RC courses reduces social isolation, increases interactions and connections, and expands contact networks.[18, 19, 20] The RC environment, where inclusion, kindness, and non-judgment are valued, contributes to a reduction in feelings of shame and self-stigmatization.[15] RC courses also improve and modify attitudes, behaviours, and practices regarding mental health namely by reducing stigma.[18, 21, 22] Learners change their perspective of themselves and others by recognizing the value of experiential knowledge, changing their approach to stigma, and refining their understanding of others.[18, 23, 24] Ultimately, increased participation in Recovery College courses may be associated with enhanced outcomes.[25, 26]

The documented outcomes are explained by specific mechanisms of action inherent to RCs.[27] A mechanism of action refers to the dynamic process or series of processes that operate within a program to generate impacts.[28] Several authors have focused on RCs' mechanisms of action to understand its impacts, and how they interrelate, and to ensure the reproducibility of the model's effectiveness.[8, 11, 29, 30] The identified mechanisms of action are: 1) a non-judgmental, recovery-focused learning context; 2) the experience of different, more egalitarian relationships leading to a reversal of power dynamics; 3) the possibility of learning and personal development promoting recovery and health; 4) the strengthening of

support and collaboration networks; 5) the deconstruction of self-stigmatization; 6) the reappropriation of the power to act (empowerment).[8, 11, 29, 30]

Studies focusing on the mechanisms of action of RC courses reveal the importance of the distinctive social context of RCs.[8, 11, 29, 30] They emphasize that interpersonal relationships during courses have an impact. Although the experience of different and egalitarian relationships has been noted, the notion of "different relationships" remains unclear. Some mechanisms of action provide clues about the nature of "different relationships," such as the absence of judgment or the presence of supportive, collaborative, and egalitarian relations. However, no study has specifically questioned participants about the relationships they experienced. Furthermore, no study has been conducted to identify the relationships among learners in online RC courses, as proposed by CASR.

This article aims to present the results of a study that focuses specifically on the learning experience and relationships among learners in the online courses offered by CASR. Two research questions guided this study: How do learners of CASR's online courses describe their learning experience? How do learners of CASR's online courses describe the relationships they experienced? These questions are situated within a broader aim to explore the learning experience through the lens of RCs' mechanisms of action, with particular emphasis on the relationships experienced in CASR's online courses. As some RCs shift toward digital platforms, it becomes essential to examine these mechanisms of action within the context of online course.

Research Design and Methods
An exploratory qualitative study was conducted to document the learning experience and relationships among learners within CASR courses. A qualitative design was chosen to describe and understand individuals' lived experiences.[31] This study is the first in a series of three qualitative studies on the nature of the relationships experienced in RCs. This exploratory study aims to develop a foundational knowledge base that supports reflection and justifies the methodological choices made in the subsequent two studies.

Description of the *Centre d'apprentissage Santé et Rétablissement* (CASR)
The mission of the CASR is to develop and deliver courses on mental health, well-being, and recovery.[5] Its courses are offered online in three sessions, each lasting two hours. Each course is co-developed and co-facilitated following the RC's distinctive features.[5, 32, 33] The courses are free to the general French-speaking population in Quebec, Canada. Since its inception in 2019, the CASR has offered over 189 courses to more than 3,400 learners, primarily women (84%). Learners reported 75% experiential knowledge, 50% clinical knowledge, and 40% reported receiving mental health services in the last six months.[34]

Recruitment Procedure

A CASR staff member emailed all learners who attended a course in spring 2021 (n = 135), inviting them to participate in the research. Of these, 73 learners responded favourably. To capture various participant experiences and accommodate availability, a purposive sample of 15 potential participants was selected based on the following criteria: gender, age group, declared type of knowledge (theoretical, clinical, or experiential), learner profile, and course attended. The research team invited these 15 potential participants to an interview. Of the 15 solicited, 10 agreed to participate. Given the study's exploratory nature, no additional learners were solicited, allowing for a more in-depth focus on the learning experience of these ten participants.

Data Collection
The first and the second authors (Authors) conducted ten semi-structured interviews lasting between 50 and 80 minutes. A semi-structured interview guide was adapted from another study to address the research questions of the present study.[18] The open-ended questions related to learning experiences included the climate, the CASR values, and the characteristics of the people who participated in the course. The questions also aimed to describe the relationships among learners during the course and how they interacted and connected. Table 1 shows relevant examples of questions from the interview guide. All interviews were conducted and recorded via the Zoom platform and were then de-identified and transcribed.

Table 1: Examples of questions

Topic	Questions
Climate	Could you describe the climate, atmosphere, and mood during the course? What contributed to this climate, atmosphere, or mood?
Values	Based on your experience, what values does the RC model convey compared to other training models?
Characteristic of people	What was the composition of the group of people who participated in the course with you? What role did different types of expertise and knowledge play within the group? What was your opinion of this approach?
Relationships	How were the interactions and relationships between the learners? How did these interactions and relationships among the people develop throughout the course?

Data Analysis

Guided by the research questions, the team conducted a thematic content analysis as outlined by Miles & Huberman.[31] Given the study's exploratory nature, the team adopted an inductive analysis approach.[31] This method entails a subjective interpretation of textual data through systematic classification, coding, and identification of themes and sub-themes. The process is captured in a codebook, following three concurrent flows of activity: (1) data condensation through two coding cycles to capture emergent ideas (open and axial coding); (2) data display by organizing information into a concise format; and (3) verification and conclusion drawing through identification of patterns and explanations. Two coders performed the coding and analysis using NVivo software to ensure the validity of the identified themes.

Date condensation: During this first coding cycle (open coding), the first two authors (Authors) immersed themselves in the content through repeated readings of the transcripts and exploratory coding of the first five interviews. This process enabled them to learn the basics of qualitative analysis and create an initial exploratory codebook. The first author (Author) then finalized the coding of all the material in close collaboration with the third author (Author). This back-and-forth process validated the initial codebook as it progressed, ensuring the emergence of new codes and the consistency of codes and extracts. This open coding process provided an initial codebook that served as the basis for subsequent steps. During the second cycle of coding (axial coding), the first author (Author) grouped the codes into themes and sub-themes, allowing themes to emerge while remaining faithful to the material, maintaining data fidelity and adhering to the principles of the inductive approach. Throughout the process, the first and third authors (Authors) discussed themes, sub-themes, and definitions on which they disagreed to reach a consensus on a collaborative codebook. At this stage, the codebook was enriched with the corresponding definitions for each theme and sub-theme. Finally, the first author (Author) checked the uncoded residual material to avoid material loss.

Data display: The first author (Author) created a conceptual grouping matrix to show the main emerging trends of the phenomenon.[31] The codes, themes, and sub-themes were ordered from essential ideas shared by the participants to ideas with less consensus. The first author (Author) presented the matrix to the third author (Author) to ensure the validity of the analysis and adjusted accordingly through an iterative process of discussion, analysis, and writing to reach a consensus. Thus, they renamed, redefined, or grouped some themes differently.

Verification and conclusion drawing: To contextualize the analysis within existing literature and enhance explanatory insights, the first and third authors (Authors) reviewed the results through the lens of the Recovery Colleges' scientific literature.[31]

Ethical Considerations

This study was approved by the Research Ethics Committee of the (anonymized institution) (MP-12-2021-2421) and the Ethics Committee of the (anonymized University) (CER-20-270-07.01). Participants were fully informed about the study's objectives and provided written consent. At the start of each interview, the interviewer set aside time to address any questions or concerns regarding the consent form. Confidentiality was maintained by anonymizing participant identities during the transcription of the interview data.

Results

Participant Description

Six women and four men participated in the study. As desired, the participants were diverse in terms of gender, age, type of knowledge, and profile. Nine out of ten participants reported having theoretical knowledge, seven reported having clinical knowledge, and seven had experiential knowledge. Nine out of ten reported having more than one type of knowledge. Participants included two practitioners from non-profit organizations, two health professionals, two health managers, one university student, one administrative staff member in education, and one education manager. Table 2 presents the participants' characteristics.

Table 2: Participants' characteristics.

ID	Gender	Age group	Experiential knowledge	Clinical knowledge	Theoretical knowledge	Learner profile
1	F	50-60	x	x	x	Health manager
2	M	30-40	x	x	x	Non-profit organization practitionner
3	M	40-50		x	x	Health professional
4	M	20-30		x	x	University student
5	F	60 +	x		x	Education administrative staff
6	F	20-30		x	x	Health professional
7	F	50-60	x			Education manager
8	F	50-60	x	x	x	Non-profit organization partitionner
9	M	30-40	x	x	x	Health manager
10	F	50-60	x		x	Non-profit organisation

	administrative staff

Learning experience according to RCs' mechanisms of action
The first research question aims to understand how learners in the CASR's online courses described their learning experience. Participants described their learning experience according to three themes, all of which pertain to RCs' mechanism of action:

1- Inclusive and benevolent learning space;
2- Connected, supportive, and egalitarian space for interaction;
3- Collaborative and co-constructed knowledge space.

The themes are presented in order of frequency and importance as stated by the participants, with definitions and verbatim excerpts to illustrate them.

1. Inclusive and benevolent learning space
Participants characterized their learning space experience based on three aspects: a) climate, b) group composition, and c) dyadic facilitation.
Participants described the climate of the learning space as positive, inclusive, open, and non-judgmental. They also mentioned the respect for the diversity of opinions among the participants.

> "*It was very open. The atmosphere was Zen. We spoke openly […] It flowed, and it was enjoyable. Since everyone participated, everyone was willing to receive the information, it was great…*" Participant #7

Participants noted the mixed composition of the groups. They discussed how the learning space values the sharing of complementary knowledge and the richness of the knowledge of participants with experiential backgrounds.

> [Regarding the diversity of learners] "*Oh, I love it because we are all different and unique. We all possess knowledge and a background, and regardless of where we come from or who we are, we can all benefit from each other's experiences. No one is better than the other. I find it incredibly interesting and enriching to learn from everyone.*" Participant #3

Participants identified the pair of trainers as a contributing factor to the learning experience. The trainers' benevolent facilitation skills helped establish the climate and encourage active participation from learners. Some participants mentioned that the trainer with experiential knowledge embodied a positive recovery model.

> "*They [the trainers] immediately established a climate […] that made us want to engage, to be confident in what we were going to experience.*" Participant #5

2. Connected, supportive, and egalitarian space for interaction
Participants described the learning experience, the interaction space, and exchange opportunities provided by the course. They articulated this space in terms of a) the sense of connectedness experienced, b) equality and support, and c) the factors that facilitate interaction and relationship development.

Participants described the sense of connectedness they experienced differently, highlighting that a bond and connection were created among the learners. Some mentioned developing a sense of belonging or recognition towards others. They described the connectedness as simple, respectful, easy, or tenuous.

>*"Respectful. Everyone listened. It was quite amusing because we didn't know each other; it was brief sequences, but we sensed each other's desire to support one another. It was quite amazing because even if we didn't know each other and we saw each other only for 6 hours, there was something, there was a bond."* Participant #3

Participants described the perceived absence of hierarchy in this egalitarian learning space. They emphasized that the sense of equality felt during the course lead to an attitude of humility, allowing labels to erode. It fosters opening up to the richness of the other, encourages active participation without self-censorship, and contributes to the feeling of being recognized.

>*"Regarding our discussions, I never felt any discrimination […]. You know you are just a family peer supporter, or you are not clinician, you are not this or just that. No, we were all human beings with something to contribute to the discussion."* Participant #10

Participants identified elements that support the interaction space and the development of interactions among participants. They mentioned frequent exchanges and more extended subgroup discussions, for example.

>*"Well, it's certainly true that the regularity, in the sense that we saw each three other times, the fact of seeing these people again, hearing them again, and seeing several points of view helped [implied to develop relationships] […]. I learned that this person had such a life story, works in such a field and had such issues, […] it helps with familiarity."* Participant #2

3. Collaborative and co-constructed knowledge space

Participants described their experience in terms of the collaborative and co-constructed knowledge space. They characterized this space according to a) the level of participation and the learner's posture during the course, and b) the crossing of knowledge made possible through collaboration.

Participants emphasized that the collaborative and co-constructed knowledge space requires active participation from learners, whose professional roles do not define the posture and level of involvement.

>*"I moved into the three spheres, assuming the position of an ordinary person. I never said my professional title. In discussions and tool sharing, I drew on what I knew and what I had learned, but in sharing, I spoke more about my personal experiences."* Participant #3

Participants highlighted that collaboration enables the exchange of knowledge. They emphasized that experiential, theoretical, and clinical knowledge complement each other, enabling more effective learning.

'I would describe it as a type of collaborative learning. Making sense of multiple points of view, putting them together, and advancing the process of reflection and reasoning. I really think there is a co-construction happening." Participant #6

Relationships among learners

The second research question aimed to understand how learners in the CASR's online course describe the relationships they experienced during the course. Participants described the relationships following four themes:
1. Relationships of equality;
2. Relationships of respect and non-judgment;
3. Relationships of recognition and belonging;
4. Relationships of collaboration and mutual support.

The four themes are arranged by their frequency and significance as mentioned by the participants, supported by verbatim excerpts for illustration.

1. Relationships of equality

Participants interviewed described the egalitarian relationships they experienced during the course in various ways. They highlighted the absence of status, hierarchy, or labels. They felt humble towards other learners during the course, using terms like "human universality."

"It's very enriching because these people come from different backgrounds with different experiences, and that's where we realize everyone is on the same level. No one can claim to be superior to another because we are all equal." Participant #8

"It confronted me more and brought me to a position of humility, stepping down from the pedestal, you know, I am your health professional…so do as I say." Participant #6

2. Relationships of respect and non-judgment

Participants noted respect among learners despite differing opinions. They emphasized the tolerance, acceptance, non-judgment, and openness that make disclosure easier.

"You know, there is something about inclusion,[…] it manifests as respect for differences, respect for other human beings. […] a form of love, affection and respect." Participant #2

"It's compassion. I find it to be a model that integrates respect for the diversity and plurality of human beings, for who they are, with their strengths and limitations. There was no judgment. It was more about exploring possibilities for each person." Participant #5

3. Relationships of recognition and belonging

Participants described the relationships they experienced in terms of the level of recognition and the sense of belonging developed among learners, as well as the trust, complicity, and recognition of others.

"I felt that at the last meeting, I was settling in with a group that was starting to consider my own." Participant #1

4. Relationships of collaboration and mutual support
Participants described the relationships they experienced in terms of collaboration between learners, knowledge sharing, and mutual support in workshops and discussions.

"I found it very interesting that it wasn't an expert-learner role, but rather a role of collaboration and co-construction among different peers, with diverse visions to build something that makes sense to more people." Participant #6
"We support each other and give each other tips. We share our experiences, we share what we know, we don't impose, we discuss, and everyone takes what they need." Participant #3

Table 3. Results

	Themes	Sub-Themes
Learning experience according to the RCs' mechanisms of action	1- Inclusive and benevolent learning space	a) Climate b) Group composition c) Dyadic facilitation
	2- Connected, supportive, and egalitarian space for interaction	a) Sense of connectedness experienced b) Equality and support c) Elements that support interaction and relationship development
	3- Collaborative and co-constructed knowledge space	a) Level of participation and learner's posture during the course b) Crossing of knowledge made possible through collaboration
Relationships among learners	1. Equality 2. Respect and non-judgment 3. Recognition and belonging 4. Collaboration and mutual support	

Conclusions

This exploratory study aimed to understand how learners in the CASR's online courses describe their relationships and the learning experience. Its interest was in describing the relationships among learners in the CASR online courses, thereby clarifying the RCs' mechanisms of action of concerning these relationships.

By examining the learning experience through RCs' mechanisms of action and relationships experienced, this study identified a connection between the subjective experiences conveyed by participants, the relationships experienced, and RCs' principles underlying values of recovery.[35] Participants described their learning experience in terms of specific mechanisms of action identified by the

previous studies. These results suggest that the mechanisms of action for the online RC course may resemble those identified for the face-to-face course. Indeed, the results highlight three key themes: 1. An inclusive and benevolent learning space; 2. A connected, supportive, and egalitarian space for interaction; 3. A collaborative and co-constructed knowledge space.

The results show that the caring, respectful, and non-judgmental environment, the diverse and inclusive groups, and the benevolent facilitation of the two trainers are all important parts of the learning space in the CASR's online course. Participants emphasize that these elements of the learning context are distinct and contribute to a unique experience, one that differs from those previously encountered in other learning contexts. The description of the learning space provided by the participants in this study is consistent with that proposed in previous studies related to face-to-face courses.[1, 10] Thompson, Simonds [8] and Toney, Elton [30] describe this space in terms of the ethos of recovery and equality, where power relations are minimized. Moreover, this learning context specific to CASR leads some health professionals to emphasize their personal role beyond their professional role during the course. This phenomenon has been noted in previous studies and has been identified as a reassessment of expert roles.[11, 20, 23] Participants in the present study indicate that reassessing roles is linked to the relationships among learners within the course. By sharing their life experiences and vulnerabilities, they show humility and experience egalitarian relationships marked by respect. This posture encourages non-judgment, openness, humanism, and inclusion, which reduce barriers related to differences. In doing so, participants in this study specified which elements of the RCs learning context help create different relationships, as suggested by previous studies.

The analysis of the results suggests that the recovery values and principles underlying RCs influence its learning contexts. When embodied in the mechanisms of action and the learning context, these principles shape the attitudes and behaviours of trainers and learners and affect the nature of the interpersonal relationships they experience. For example, the value of equality, linked to recovery and conveyed in the learning context, prompted trainers to act so that all learners felt equal and experienced egalitarian relationships. The same applies to the other types of relationships participants experienced, including respect and non-judgment, recognition and belonging, as well as collaboration and mutual support.

The specific learning context described in this article reveals the components that contribute to creating such environments. These components can inspire the development of innovations in mental health in a society where discourses are polarized, where fear of differences fuels stigma, and where mental health services struggle to adopt recovery-oriented practices. Moreover, understanding the mechanisms of action can inspire the creation of new practices in mental health education that emphasize recovery-oriented approaches and the development of supportive, stigma-free environments.

Limitations and Future Directions

This exploratory study offered preliminary insights into learner relationships within online RC courses, revealing mechanisms of action aligned with prior research and delineating relationship-specific mechanisms. However, limitations include a small, non-saturating sample and a single-site context during early course implementation, potentially limiting generalizability. Conversely, the study clarified the online learning context of CASR, highlighting role reassessment, and established a foundation for future research into the nuanced interplay between learner relationships, mechanisms of action, and course impact. These initial results provide a basis for future studies to explore the relationships between learners and their influence on the mechanisms of action and impact of RC courses in greater detail.

Acknowledgments

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