Understanding peer support in varying contexts of marginalisation:

Implications for and linkages between formal and informal provision

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Abstract:

Perceived social support from peers and friends sits at the nexus between individual adaptation and social context. As a mechanism of resilience promotion, peer support is often crucial to supporting individuals to navigate various forms of community-level risks to health and well-being. Evidence suggests that perceived social support is not an equitably accessible resource, with marginalised groups likely to experience social exclusion and loneliness.

This chapter explores implications for resilience promotion of both peer support (PS) and social support from friends (SSF). I discuss challenges for accessing perceived support from friends and non-expert peers when community-level risks reflexively shape peer groups. I examine how formal peer support provision may address inequalities in accessing social support from friends, while highlighting the ways in which friendship support is, quite possibly, irreplaceable. Research is reviewed focusing on two groups that have been marginalised in different ways: LGBTQIA+ persons and people experiencing substance use disorders or substance misuse. Conceptual and practical distinctions between formal and informal support provision are discussed. Opportunities for supportive interactions are identified, such as safe community spaces, informal mentorship and creative groups, and implications for practice are discussed. Emphasising the dynamic natures of resilience and relationship, a conceptual distinction is drawn between '*being-with'* and '*push-pull'* processes of support. I suggest that a unique blend of these within peer relationships is part of what lends SSF and PS their meaning for resilience promotion in marginalised groups. Specific recommendations for fostering peer support initiatives and friendship support in communities are discussed.

Key words :

Peer support, peer relationships, friendship, recovery, social ecological model

Introduction

Perceived social support meaningfully contributes to psychological resilience across a range of risks to health and wellbeing, such as substance misuse, chronic illness, socioeconomic marginalisation, mental distress, and gender and sexuality discrimination (Dennis, 2203; Graber, Turner & Madill, 2016; Liebenberg & Scherman, 2021; Ungar, 2008). Effective perceived social support can be derived from sources including families of origin, romantic partnerships, friends, teachers, community groups and workplaces (Zimet et al., 1988).

Perceived social support from peers – encompassing both friends and non-expert community members – sits at the nexus between individual adaptation and social context. Friends meets basic needs for belonging, empathy and mutual engagement within an ongoing series of interpersonal exchanges through which growth and development can occur (Graber, Turner & Madill, 2016; LaGuardia, 2008). Friends also provide companionship, help, intimacy, alliance, self-validation and emotional security (Mendelson & Aboud, 1999). Friendship occurs through varied social contexts including, but certainly not limited to, tight friendship groups, intergenerational events, social media, and interactions in community spaces. Friends may be geographically linked (such as school friends) and/or linked through culture, identity, extended kinship, activity or other mode (Hartup & Stevens, 1999). Yet appropriate friendship support from embedded social relationships (social support from friends: SSF) is not always available. In such cases, formal peer support (PS) initiatives may be appropriate. However, comparatively little is known about the role of PS on the development of psychological resilience compared informal social support.

A social ecological approach to psychological resilience defines this as a dynamic process through which individuals facing adversity experience positive adaptation over time through interactions between protective mechanisms operating at multiple ecological levels such as

individual, family, community, and structural (Ungar, 2011). This sensitises attention to (1) social inequalities in the *distribution of* and *access to* tangible and intangible resources for resilience and (2) qualitative differences and similarities of mechanisms and change processes across communities and cultures (Liebenberg & Scherman, 2021; Ungar, 2011). Public health initiatives increasingly acknowledge inequalities shaping prevalence and predictors of health challenges in a population, linking this to disparities of 'social, economic and political inclusion' (Liebenberg & Scherman, 2021; UNSDG 10). Social ecological approaches are useful for understanding resilience in marginalised groups, where structural disadvantages, intergenerational transfer of adversity, and individual-level risks have interacted to grant group members comparatively less access to the social power, resources and capacity to engage productively with society (Graber & Kara, 2021; Kagan et al., 2019).

An authoritative review of PS defines it as 'provision of emotional, appraisal and informational assistance by a [peer] who possesses experiential knowledge of a specific behaviour or stressor and similar characteristics of the target population' in relation to an identified issue, such as medical or mental health diagnosis (Dennis, 2003, p. 329). A rich practice of heterogenous PS initiatives has been developed to address problems such as mental distress and living with long-term health conditions (Basset, Faulkner, Repper, & Stamou, 2010; Watson, 2017). PS is often strengths-based and leans towards the emotional and practical, including developing behavioural skills useful for coping with a specific issue (Dennis, 2003; Le et al., 2021). PS is an effective complement to clinical care and community-based support services with demonstrable impact on an array of psychosocial and clinical outcomes including reduced admissions (Le et al., 2022; Mackay et al., 2022; Rebeiro Gruhl, LaCarte & Calixte, 2016; Repper & Carter, 2011). Unlike other community roles, peer supporters primarily aim to provide opportunity for adaptive social integration and connection, for example by strengthening and creating ties to informal community supports

(such as self-help groups and leisure activities) and improving positive contributions within the family (Le et al., 2022). Reviewing evidence for mental health PS programs, Repper and Carter (2011) conclude that subjective mechanisms of change (e.g., increased feelings of hope, empowerment, empathy, belief in recovery, self-esteem, self-efficacy, self-management of difficulties, engagement and social inclusion) are more sensitive to intervention through peer support than are objectively measurable outcomes.

Support from peers and friends concerns a person's experience of how these relationships enable navigation through adversity (Ungar, 2011). This narrative review explores the role of formal and informal social support from friends in resilience development in the face of community-level risks. Community-level risk factors such as socioeconomic status, prevalence of substance use or community exposure to violence are situated between person-centred characteristics (such as employment status) and place-based characteristics (such as population housing stability) (Fettig et al., 2024). I suggest that community-level risk factors impact natural (embedded) peer groups within a community, shaping how the peer context interacts with individual vulnerabilities and structural factors over time. Because peer groups are sensitive to wider processes of marginalisation, formal support provision may address social needs to facilitate resilience in the face of community-level risks.

I explore evidence with two groups who have been marginalised in different ways: LGBTQIA+ persons, and persons experiencing substance use disorders (SUD) and substance misuse. For LGBTQIA+ persons as a marginalised group, community-level risks to wellbeing include experiences of prejudice, discrimination or violence (e.g., European Union Agency for Fundamental Rights, 2020). For people experiencing SUD or substance misuse, community-level risks to wellbeing include the prevalence of substances themselves, as well as experiences of stigma and social exclusion (Madill et al., 2022). Both groups are

extraordinarily heterogenous and diverse, and in taking a simplified view I necessarily mask key variations in experience, identity, culture and context. For example, transgender youth and adults consistently face greater incidence of mental health problems, violence, substance use and sexual health issues than cisgender peers (Stone et al., 2020). This review and conceptualisation is therefore a starting point, and readers are encouraged to explore these ideas with further granularity and diversity of scope.

Conceptual and practical distinctions between peer support and social support from friends

While formal peer support (PS) and informal social support from friends (SSF) share many features, there are several conceptual distinctions to raise.

Shared lived experience or '*peerness*' is an essential characteristic of formal peer support. Peerness is usually denoted through a common risk factor but potentially through common identities such as gender, ethnic identity or disability status (Watson, 2017). Friendship groups may have varying degrees of demographic homogeneity or diversity (Hartup & Stevens, 1999). Similarities in experiences, life stages, interests and shared activities may be common to peer supporters and friends (Graber, Turner & Madill, 2016; Watson, 2017).

A peer supporter's *lived experience expertise* is seen to enable them to act as a *role model* (Basset, Faulkner, Repper, & Stamou, 2010; Rebeiro Gruhl, LaCarte & Calixte, 2016). Drawing on this lived experience enables peer supporters to convey a sense of *authenticity*, a key value of PS initiatives, through mutually beneficial discussions helping to help foster compassion, empathy, listening, validation and hope (Rebeiro Gruhl, LaCarte & Calixte, 2016). Further values underpinning PS include safety, choice and control, trust, empowerment, mutuality and hope (Faulkner, 2020; Mackay et al., 2022). Friendship and effective peer support are similarly characterised by a sense of mutuality, belonging and

authenticity (Ussher et al., 2006; Fisher et al., 2009; Huntingdon et al., 2016; Mendelson & Aboud, 1999).

Some definitions specify peer support as being with a *created* social network member (e.g., Dennis, 2003) although peer supporters may be in either voluntary or paid roles (Watson, 2017). Even with a formal role, PS entails a sense of *reciprocity* similar to friendship (Mead & MacNeil, 2005). There are significant psychosocial benefits of being a provider of support, as well as a receiver (Le et al., 2021). PS workers report skill development, employment where applicable, self-esteem, confidence, and contribution to their own journeys through adversity (Repper & Carter, 2011; Graber et al., *under review*). A thematic synthesis of mechanisms involved in peer support relationships in the UK suggest five underpinning components: explicit sharing of lived experience of 'what works' and 'what doesn't; 'love labour' or emotional work; a liminal position within mental health services; strengths-focused social and practical support; and personal benefits for the peer supporter of adopting a helper role (Watson, 2017).

The exchange of meaningful support in relation to a shared risk factor is typically not the overriding goal of friendship, aside from specific periods of time, where PS is intentionally oriented towards facilitation of adaptive outcomes. Arguably, a key delineation between formal and informal support is a sense of semi-structured *provision*: support is conceptualised as resource delivered through a program of common values and frameworks to guide those doing the providing. This is not necessarily instrumental. There is typically *emotional engagement* or *emotional commitment* directed towards the wellbeing of both the peer and the client, with the aim being to improve their welfare (Watson, 2017).

There are several approaches to operationalising the role of PS and SSF. One is by examining it across phases of a trajectory of encounter with a risk factor: is it preventative or

rehabilitative. Another is through specifying its function as a protective mechanism in relation to other resources, assets and mechanisms. Support may attenuate the relationship between risks and maladaptive outcomes; enhance the relationship between other protective factors and adaptive outcomes; modulate exposure to a manageable level of risk which supports resilience through successful resolution of challenge; or compensate for other forms of risk and deficits (Zimmerman, 2013).

Accessibility of perceived social support.

Crucially, perceived social support is not an equitably *accessible* resource. This has several implications for understanding the potential roles of SSF and PS for resilience development. First, marginalised groups and individuals may be more at risk than others of loneliness and social isolation (Kagan et al., 2019; Proctor, Barth & Holt-Lunstad, 2023). In the language of resilience theory this makes them more *vulnerable* as lack of nourishing social contact directly predicts poorer outcomes. Both objective exclusion – fewer and weaker social relationships – and subjective experience – poor quality relationships and feelings of loneliness – is associated with poorer functioning (Proctor, Barth & Holt-Lunstad, 2023). Loneliness, isolation and social exclusion are directly associated with an array of mental health problems, morbidity and mortality, while social connectedness is associated with better health outcomes (Adams, Sanders & Auth, 2004; Holt-Lunstad, Smith & Layton, 2010). A synthesis of evidence suggests that social connectedness, broadly speaking, may have a multidimensional effect on outcomes through behavioural, psychological and biological mechanisms as varied as stress appraisal and response, engagement in health behaviours, and feelings of esteem, connection and control (Proctor, Barth and Holt-Lunstad, 2023).

Some loneliness is, of course, independent of structural factors (Adams, Sanders & Auth, 2004). However, evidence suggests loneliness is often a result of functional isolation due to

stigma, disability access, geographic isolation, less social contact and smaller social networks, and is therefore an aspect of the experience of marginalisation (Coyle & Dugan, 2012). Women in SUD recovery who were not connected to a peer recovery group or church and who lived alone experienced loneliness (Gorvine et al., 2021). Many LGBTQIA+ youth are disconnected from supportive relationships with peers of the same age because of isolation or discrimination (Sulimani-Aidan, Shilo & Paul, 2024). Friendships with other LGBTQIA+ persons are not always easy to find, especially for less prevalent identities. For example, trans or nonbinary (TNB) people of colour may struggle to access affirmative non-racist communities (Stone et al., 2020). Similarly, poor quality relationships may be attributable to attachment style and closeness preferences, but may also be affected by peer victimisation or gender norms (Hartup & Stevens, 1997; Way, 2013).

Second, community-level risks shape the functioning and experiences of 'natural' (embedded) or created peer groups within that community. For example, in the case of substance misuse, exposure to substance-using peers, risky peer behaviour, perceived norms of peer use and, interestingly, both popularity and a lack of friendships present associations with substance misuse (Cole et al., 2023; Fergus & Zimmerman, 2005; Henneberger, Mushonga & Preston, 2021; Meisel et al, 2024; Pisarska et al., 2016). Entire peer groups navigate risk in some way or another. Pisarska et al. (2016) contextualised trends of adolescent substance use within a historical moment including opening borders, new democratic rule and free market expansion. Traditional out-of-school supports were rolled back and, with few leisure alternatives, engagement with substances became more commonplace. There arise peer groups which do or do not use substances; friends lost to addiction or sobriety; exchange of information and role models for resistance; shaping one each other's attitudes towards substances; engagement in different leisure activities around the spectre of substance use. People with SUD or who misuse substances are marginalised

from peers by virtue of their substance misuse, experiencing changes to friendship networks through rejection by non-using peers, community stigma, externalising behaviours, clustering with substance-using peers, and, for youth, school disengagement (Graber et al., *under* review; Sloboda, Glantz & Tarter, 2012). This can have wide-ranging implications for health and wellbeing especially in interaction with challenges at different ecological levels, such as sexual identity, medical status and income. For example, low-income individuals using substances reported that exposure to substance use in their social network challenged their ability to manage chronic health conditions and engage with basic self-care (Boucher et al., 2022). Among trans youth, higher rates of substance use have been suggested to be attempts to cope, if maladaptively, with marginalisation (Messman & Leslie, 2019).

Community-level risks therefore pose significant challenges in forming and sustaining quality friendships, especially those with like peers. However, peer relationships are also potential mechanisms for support and positive adaptation such that some friendships will thrive despite or even because of those circumstances. The navigation of peer groups through community-level risks creates lived experience expertise peers learning from each other how to negotiate shared risks such as socioeconomic vulnerability or high prevalence of substance use (Graber, Turner & Madill, 2016; Hugh-Jones et al., 2024). For example, best friends were found to enhance resilience in socioeconomically marginalised UK youth by facilitating constructive coping, reducing disengaged and externalising coping, contributing to the development of a supportive friendship network, and bolstering individual effort (Graber, Turner & Madill, 2016). Peer relationships interact with individual vulnerabilities (such as familial substance misuse or pre-existing mental health diagnosis) and with structural factors (such as alcohol pricing, school drug policy, criminalisation, and accessibility of alternative leisure facilities) (Sloboda, Glantz & Tarter, 2012). The peer context is therefore reflexively shaped by, and

itself influences, community-level risks, to interact with individual vulnerabilities and structural factors over time.

Third, evidence suggests that in varying circumstances of barriers to access in social support, supportive friendships with peers may have a protective or compensatory effect, promoting resilience and wellbeing. For example, social support from peers was found to moderate the negative affect of the COVID pandemic on children and adolescents' mental health (Shoshani & Kor, 2021). Amongst young people in China orphaned by AIDS and lacking familial support, support from peers was associated with greater subjective wellbeing directly and indirectly via enhanced psychological resilience. Social support from peers in care facilities has been found to predict lower psychological distress among young adult care leavers (Sulimani-Adal et al., 2021). Among US adolescents, emotional support and information from friends met key psychological needs as part of an ecology of support that included school connectedness and ability to engage with physical activity (Lai et al., 2022). Evidence suggests that in cultures such as Chile characterised by an ethos of familism, prioritising family relationships, PS may be perceived as especially valuable for people lacking close family support (Le at al., 2021). SSF can facilitate recovery in some circumstances, such cannabis misuse in adolescents (Meisel et al., 2021). However, it cannot be relied upon as an accessible resource, partly due to the substantial stigma upon people who misuse substances (Dekkers, De Ruysscher & Vanderplasschen, 2019; Graber et al., *under review*).

While marginalisation impacts social relationships, members of marginalised groups do not necessarily experience global deficits in social support. Many marginalised or minoritised communities sustain cultures of communal care that deliberately provides specialised and intentional support (e.g., queer communities, Wilcox & Graber, 2022; indigenous/Native American communities, Johnson, Jr. et al., 2023). Therefore in varying contexts of

marginalisation, there is a possibility that resilience may be enhanced through fostering of support from peers through informal SSF, PS programmes or some combination. By explicitly considering what forms of support are accessible, researchers may be better able to hone in on 'hidden' resilience amongst marginalised groups such as people recovering from SUD and substance misuse (Rudzinski et al., 2017).

Theory and evidence for impact of peer support on resilience processes.

I now discuss emerging evidence regarding the relationship between PS and SSF, and resilience processes amongst two examples of marginalised groups facing community-level risks: LGBTQIA+ persons and people experiencing SUD or substance misuse. While an exhaustive review is not within the scope of this chapter, I focus on studies linking PS and SSF with resilience frameworks and established protective mechanisms.

Friendship support among LGBTQIA+ peers: creating communities of care.

Friendship is a partly characterised by its ability to bring a sense of joy and fun to life, yet the contribution of positive relationships to identity-specific joys are under-explored in many marginalised groups including LGBTQIA+ persons (Flynn et al., 2024). This joy can be experienced as radical in the face of pathologisation, dehumanising contact with formal services, and constraining norms of mainstream life (Wilcox & Graber, 2022).

Friendships from both within and outside may be valuable (Flynn et al., 2024; Sulimani-Aidan, Shilo & Paul, 2024; Wilcox & Graber, 2022). In a study of daily joys, LGBTQIA+ adolescents credited friendships with heterosexual, cisgender and LGBTQIA+ peers (Flynn et al., 2024). However, research in schools and community settings suggest that finding friendship with others who share a LGBTQIA+ identity, and perhaps another identity, can be crucial (Sulimani-Aidan, Shilo & Paul, 2024; Wilcox & Graber, 2020). Support included

listening and engaging in conversations about identities, experiences and relationships; encouraging identity expression; and, specific to LGBTQIA+ peers, feeling a sense of belonging and connection with the discovery of such peers, experiencing vicarious affirmation, and simply spending time in community with similar others (Flynn et al., 2024). Evidence suggests that amongst LGBTQIA+ people, and trans people specifically, connecting to a community of shared identity enhances resilience (Singh, Meng & Hansen, 2014; Wilcox & Graber, 2022). Resilient TNB youth valued connecting with TNB people who shared other identities, such as religion, socioeconomic status or mental health status (Stone et al., 2020).

Connecting with other LGBTQIA+ people may take deliberation. PS initiatives centred around LGBTQIA+ in schools or communities suggest that over time these may lead to friendship formation, blending formal and informal sources of support (Flynn et al., 2024; Stone et al., 2020). Evidence with resilient TNB youth suggests that friendships reducing feelings of isolation and providing emotional support, as well as creating opportunities to exchange information about medical care (Stone et al., 2020). Where there are barriers to gathering, online networks may be especially valuable for creating a real and imagined tribe of others who experience similar struggles within their geographic communities, validating one's own experience and making one feel less alone (Stone et al., 2020). In LGBTQIA+-operated community spaces, people may experience feeling known and celebrated in their complexity, instead of merely tolerated, and feel an embodied sense of safety not always present in other social spaces (Wilcox & Graber, 2022).

SSF from more experienced peers may be experienced as buffering or compensating for other relationships. A feeling of 'queer family' can characterise some peer networks, emphasising intergenerational relationships and reflecting challenges some people face in accessing family support (Wilcox & Graber, 2022). Natural mentors, located in embedded social networks,

may be more accessible to LGBTQIA+ youth than formal mentors where there is little provision. Amongst Israeli LGBTQ youth, the support of self-chosen natural mentors in the social environment mediated the relationship between risk factors (e.g., harassment and internalised homophobia) and higher levels of hope, particularly by promoting a sense of autonomy (Sulimani-Aidan, Shilo & Paul, 2024).

Peer support for prevention and recovery from substance misuse: Creating contexts for protection and healing

Applying resilience approaches to prevention and recovery from substance misuse and SUD is a relatively recent development, with prior attention paid more to formulating risk and articulating internal resources (Gorvine et al., 2021; Graber et al., *under review*; Rudzinski et al., 2017). Most research on community influences on SUD recovery focuses on therapeutic communities, sober living organisations and single community contexts, with limited evidence for the efficacy of peer recovery groups despite their popularity (Bahl et al., 2019; Madill et al., 2022). However, PS initiatives have the potential to create or modify adaptive pathways affecting a wide range of aspects of functioning.

SSF can confer protection from substance misuse, particularly in adolescence (Meisel et al., 2024). For example, at-risk Indian adolescents who successfully avoided substance misuse identified several peer-related protective mechanisms including ‘finding and keeping good company’; feeling a sense of belonging; gaining self-esteem and confidence through friendships; having peers who also valued focus and hard work; and differentiating from ‘bad’ company offering substances. When faced with opportunities to engage with substances, young people instead coped with problems by having fun with friends and seeking feelings of authentic connection with peers (Hugh-Jones et al., 2024).

Peer recovery groups may be experienced as providing an alternative to SSF which may be inaccessible because of fractured or interrupted relationships with non-using peers and a need to turn away from substance-using friends who may prompt relapse and jeopardise recovery (Bahl et al., 2022; Dekkers, De Ruysscher & Vanderplasschen, 2020; Graber et al., *under review*). Among women in recovery, effective social support, specifically emotional and informational support, came from family and friends, NA/AA programs, or faith/religious communities (Gorvine et al., 2021). While people in recovery may sometimes view non-using friends as sympathetic and may credit them with catalysing change, they may feel friends cannot understand their struggles or should not be burdened with them (Dekkers, De Ruysscher & Vanderplasschen, 2019; Graber et al., *under review*).

Reflecting observed benefits of the mutuality of PS, peer supporters in recovery may experience adaptive change through taking on a provider role, finding a sense of purpose, feeling part of a community, and putting their expertise to use in assisting others (Graber et al., *under review*; Madill et al., 2022). Low-income individuals who use substances highlighted the benefits they gained from providing peer support, both through formal peer worker roles and informal social support to others. This enhanced their sense of community connectedness, increased capacity to engage in self-care, and reduced feelings of isolation (Boucher et al., 2022). Connecting with peers further along the SUD recovery journey may ignite an authentic sense of hope and alternative possibilities of the future, which no one outside the community can provide (Graber et al., *under review;* Rudzinski et al., 2017).

Multilevel interventions benefit from the use of PS. Low-income individuals who use substances valued receiving PS through community organisations aimed at providing other forms of support (Boucher et al., 2022). The Whole Health resilience model of SUD and community mental health recovery targets internal and external constructs including coping,

strengths, environment and community (Gorvine et al., 2021). Meaningful activities with recovery peers, such as music, yoga and sharing meals, have been seen to be vital in supporting recovery from SUD among emerging adults (Bahl et al., 2022; Graber et al, *under review*). Such encounters were felt to facilitate self-knowledge, a sense of purpose, distraction from substance use and new connections with recovery-promoting groups (such as NA) and others who were experiencing similar journeys (Bahl et al., 2022). This is important in itself, but also because PS may enhance the feasibility, acceptability and range of available interventions to address the medical challenges faced by people living with substance misuse. For example, women receiving treatment for opioid use disorders endorsed a brief SUD peer-led intervention to navigate family planning services, helping them to access desired healthcare while negotiating mistrust of healthcare providers, medical traumas and stigmatisation based on their substance use (Stowell et al., 2022).

Culturally-sensitive resilience approaches drawing on participatory and collaborative approaches to theorising to SUD recovery appear to emphasise subjective states of connection and non-linear adaptation. For example, in the Aanji'bide (Changing our Paths) model of opioid recovery co-developed with American Indian/Alaskan Native tribal members, adaptive pathways are circular, cyclical and multi-directional with movement through care supported through multiple sources of social nourishment in the community including group treatments, ceremony and events centred on creative practices (Johnson, Jr. et al., 2023). The multidirectional Pathways to Recovery model, developed using participatory methods in India, articulates a dynamic process of navigation through phases and stages of behaviour, attitudes and meaning-making. Recovery is seen as a continual work-in-progress achievable with the support of others (Madill et al., 2022). With a similar emphasis on process, the Aanji'bide model of recovery conceptualises resilience as achieved through connection: to culture, to other people and to spirit (Johnson, Jr. et al., 2023).

Relating support to resilience processes: a role for 'being-with' and a role for 'push-pull'.

Emerging evidence demonstrates ways PS and SSF may facilitate resilience in two marginalised groups facing community-level risks to health and wellbeing. The dynamic nature of resilience processes, and relationships themselves, underscores the potential significance of SSF and PS for facilitating adaptive change across nonlinear pathways characterised by numerous setbacks and turning points (Bahl et al., 2019; Madill et al., 2022; Rudzinski et al., 2017). PS appears to be a promising resource for supporting recovery from substance misuse in the face of barriers to accessing SSF, according to a developing body of research applying a resilience approach to what has, historically, been a deficits-focused field (Rudzinski et al., 2017). SSF may be particularly meaningful for prevention, while culturally-sensitive research hints at a potentially wider role in recovery than previously appreciated if subjective indicators such as community connectedness are used. Emerging evidence also suggests SSF is an important mechanism for helping LGBTQIA+ persons access joy and an array of resilience-enhancing assets and resources, with informal mentorship a particularly valuable and accessible way of providing support.

A resilience approach encourages consideration of what social resources *are* available in the face of the social exclusion and loneliness that can accompany marginalisation. This may often be found within members of a marginalised group (for example, LGBTQIA+ elders, people further along their SUD recovery journey). Because entire peer groups are nested within communities, they interact with individual-level vulnerabilities and structural factors over time. This review suggests that multidimensional support offered from friends and peers can potentially impact social resources and individual assets in the immediate term *and* over time. Building on existing ways of characterising protective mechanisms, I propose a conceptual model in which specific forms of SSF and PS may have the subjectively-felt

effect of ameliorating proximal challenges (for example, by making one feel less alone, compensating for family ruptures) or dynamically moving individuals along a, potentially altered, trajectory (for example, by promoting hope, learning to cope with emotions without substances). I suggest that one aspect of the power of SSF and PS is that they root together '*being-with'* support with a '*push-pull'* dynamic to create promise for the future while strengthening the present (see Figure 1). The mutuality and *peerness* inherent to the relationship make possibilities of viable change feel viable in a way that other forms of intervention may fail to achieve, while meeting key emotional needs of a 'now' in which exclusion and loneliness are likely.

Figure 1.

	'*Being-with'* (Proximal resource)	**'*Push-pull*' (Dynamic resource)**
Form of perceived social support	Feeling identity-specific joys	Generating sense of hope for the future
	Feeling sense of belonging/community connectedness	Learning protective patterns of behaviour
	Validating experiences	Enabling access to healthcare
	Feeling sense of autonomy	Engaging with self-care
	Engaging with creative activities	Providing a sense of purpose

Note. A conceptual model differentiating 'being-with' and 'push-pull' dynamics of resources based on support examples of SSF and PS from SUD/substance misuse and LGBTQIA+ literatures. No causal linkages between resources are inferred.

Future research might explore the applicability of a theorised '*being-with*' and '*push-pull*' categorisation of perceived social support across specific contexts, examine interrelationships between forms of support, and map these to resilient trajectories.

Creating opportunities for SSF to flourish. A key question is how to nurture, protect and promote SSF in varying contexts of marginalisation, given its importance for facilitating resilience? Marginalisation by definition poses challenges for informally connection with peers. For example, LGBTQIA+ community and social spaces are relatively scarce and frequently economically fragile, even when they are seen as socially acceptable (Wilcox & Graber, 2022). Culturally-diverse conceptions of resilience emphasise multidimensionality, connection and a preoccupation with process. Because peer groups are reflexively nested within communities, a multi- or community-level intervention to enhance resilience through SSF might look less like psychology and more like community-building. Opportunities for both formal PS and informal SSF can be leveraged through policy and activism by, for example, enabling access to safe community spaces and fostering opportunities for sustained, repeated and nourishing social interactions through play, sport, education or the arts.

While the alchemy of friendship cannot be guaranteed, evidence suggests some contexts are conducive to meaningful connection, validation, emotional support, inclusion, and intimacy. Ceremonial practices, festivals, and creative undertakings can provide opportunities for meaningful connection with others in an environment focused on healing and nourishment (Bahl, et al., 2019; Johnson, Jr. et al., 2023). Access to acceptable community spaces may enable warm, supportive intergenerational friendships and safely house social activity (Wilcox & Graber, 2022). Informal mentorship is a promising blend of SSF and PS that may

build on community initiatives and appears acceptable in many contexts. For example, low-income individuals using substances expressed a desire for a mentorship program to connect with others with lived experience expertise of recovery from their form of SUD (Boucher et al., 2022). Dekkers et al (2019) advise connecting individuals in SUD recovery with supportive social networks or peer recovery groups especially when these individuals have little personal strength or capacity to cope with maintaining a recovery trajectory. A study of LGBTQ youth recommended assisting these young people to connect with supportive figures in their lives, and simultaneously cultivating awareness and motivation amongst those who work with young people about the resilience promotion potential of these relationships (Sulimani-Aidan, Shilo & Paul, 2024).

Implications for developing PS interventions. As well as looking at empirical evidence to draw inspiration, intervention development may pragmatically depend on the fit between what is desired, what is acceptable, and what is feasible. Across both high- and low-income countries, PS initiatives frequently take place within a strained financial landscape for health and social care that arguably shapes programme values, desired outcomes and modes of working in ways that supporters sometimes find in tension with, or antithetical to, their desired approach (Mackay et al., 2022; Rebeiro Gruhl, LaCarte & Calixte, 2016). Some theorists argue that predominant economic models accentuate social arrangements 'that emphasise market relations…and individual responsibility' (Springer et al., 2016, p. 2). Ideologically, PS tends to counter individualistic and neoliberalist frameworks of the prevention and treatment of problems (Rebeiro Gruhl, LaCarte & Calixte, 2016). Sociocultural dynamics accentuating attention to hierarchies may also shape the perceived acceptability or effectiveness of PS (Le et al., 2021). Co-producing peer support interventions, peer development of support roles and peer supervision can be a useful approach to enhancing intervention efficacy by bolstering the unique strengths of peer

relationships alongside other forms of care (Mackay et al., 2022; Rebeiro Gruhl, LaCarte & Calixte, 2016). Using values-based frameworks, rather than benchmarking against pre-specified outcomes, may make implementation more successful while maintaining the unique characteristics of PS (Mackay et al., 2022; Mutschler et al., 2022).

The 'liminal position' of a formal peer supporter being an insider to a given experience can be difficult to navigate (Le et al., 2021; Repper & Carter, 2011; Watson, 2017). Where PSWs feel more empowered by teams to contribute to discussions and provide recommendations, this contributes to their success (Mutschler, et al., 2022). There is a delicate balance between supporting peers to develop skills and developing a programme that can be successfully applied to other contexts, and a level of standardisation and professionalisation antithetical to the mutuality and authenticity inherent to PS (Mackay et al., 2022). Burnout, role blurring and unclear personal boundaries can be common experiences, with indications that some groups, such as those in rural areas, may be more susceptible (Mackay et al., 2022; Rebeiro Gruhl, LaCarte & Calixte, 2016; Watson, 2017). This is not unexpected given that peer supporters, by nature of their qualification, often face adversity themselves (Boucher et al., 2022; Watson, 2017). It is important to provide sufficient compensation where possible to peer supporters from marginalised groups (Boucher et al., 2022). The challenges of burnout and liminality are present for informal peer supporters as well: a study of informal support within an LGBTQIA+ community pub in the UK found that providing support without a good foundation of support for oneself, and indeed without feeling recognition of their role, was associated with burnout, disaffection and isolation (Wilcox & Graber, 2022). Offerings of supervision with clinical services and a commitment to mutual safety can provide valuable emotional safeguards (Mackay et al., 2022; Mead & MacNeil, 2005).

Areas for research development. Operationalisation of risk factors would benefit from consideration of external barriers to social connection and of subjective experiences of isolation, loneliness, or dissatisfaction in availability of SSF. The effects of structural inequalities upon support provision and then upon individual functioning are notoriously hard to tease out (Ungar, 2021). PS may already be a part of effective intervention designs such as whole-school resilience programs aimed at health promotion and health education, but the specific contribution of formal or informal support may be unclear (Lai et al., 2022). Likely due to complexity, comparatively few studies investigate mechanisms of change underpinning SSF and PS. Qualitative research designs, multiple-method studies or hierarchical modelling may be especially appropriate (Ungar, 2021). Longitudinal and prospective research examining the unfolding of adaptive processes would be useful, especially exploring relationships between PS, SSF, and other relational resources (Le et al., 2022). This may help refine resource distribution for prevention, intervention and treatment, while leaving critical space for the multi-dimensional, circuitous and non-linear progression of resilience processes in contexts of marginalisation (Madill et al., 2022; Ungar, 2011).

Most research exploring mechanisms underpinning peer support, even where not linked to a resilience framework, derives from models and programmes in English-speaking, high-income countries (Le et al., 2021; Madill et al., 2022). Additional learning from low- and middle-income countries and from marginalised groups within all economies may advance global practice. A more culturally diverse understanding of PS may also be possible with flexibility over the criterion of provision by a ‘created’ social network member and exploration of cultures of community care, especially as practiced by marginalised groups.

Conclusions

Developing evidence suggests that as a mechanism of resilience promotion, PS and SSF may support individuals from marginalised groups through community-level risks to health and well-being. I propose that the dynamic longitudinal nature of resilience development lends itself to engagement with both '*being-with*' and '*push-pull*' aspects of peer and friendship support. There is significant value in standing alongside someone – validating experiences, providing intimacy, fostering joy, offering a sense of belonging – which friendship and meaningful PS can deliver. Similarly, evidence suggests that friends and peers can facilitate movement *towards* adaptive change and *away* from maladaptive trajectories – providing motivation, supporting learning and problem-solving, inspiring visions of healthy (alternative) futures, becoming a provider of support. SSF and PS therefore offer significant opportunities to address key psychosocial needs in the short term, while prompting feasible change over time. This adaptation may extend beyond the individual as PS and SSF has the potential to transform both 'giver' and 'recipient'. Further, peer groups reflexively engage with the social structures within which they are embedded through factors such as social attitudes, prevalence of substances, and access to leisure activities. It may be that nourishing peer initiatives and friendships can catalyse change at other ecological levels or across domains such as the family and school environment. Peer support and supportive friendships may be a means to give shape to the vision of what outcomes are worth striving for.

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