CO-PRODUCTION, LIMINALITY AND THE ACCOMPLISHMENT OF RECOVERY COMMUNITAS

Some ongoing and developing thoughts for a forthcoming paper from a cultural anthropologist and healthcare researcher

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Gathering points

- Co-production: problematizing dyads

- Researching recovery

- Identity-making as shadow boxing

- Planning research: bureaucracy & subjectivation

- Doing research: methodology & identity position

- Community vs institutional processes

- Research rituals and identity

- Liminality

- Communitas

- Departure points

Seven 'problematizing dyads' for recovery/co-production

Individual ↔ Social

Confession to others ↔ Confessing selves/communities

Subjects hidden/ghettoised/infantilised ↔ Subjects 'out there'/public/adult

Liminality = abject, powerless ↔ Liminality = power, productive

Permanent communities ↔ Temporary communities

State provided ↔ Community governed

Sovereign and professional power ↔ Substantive and theoretical power

Researching recovery

— Recovery theory/practice infused with language that invites approximation, staging and modelling

— This is prevalent when recovery becomes promised to legal, medical or bureaucratic disciplines

— Recovery in the context of alcohol/substance use arguably necessitates the building/reassembly of (individual, group) identities

— Particular kinds of social and medico-legal rituals (e.g. diagnosis/professional classification) are associated with such identity-work

Question:

— As researchers, if we uncritically 'take up' these identity positions, do we risk stripping people of their agency and compounding the challenges people face in everyday life?

— Critically: does co-productive research delete these concerns entirely and introduce new considerations (for researchers) about ethics, identity, community, etc.?

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Identity-making as shadow boxing

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- **We 'take up' identities** that are made available to us – science, medicine and legal professions provide some of these identity positions[1]

- **We can be 'vulnerable', 'survivors', 'at risk', 'in recovery'** etc. - identities such as these 'make sense' to those people who do the naming and those who are named

- **We work to sustain these identities**: we interact with them – we shadowbox with our identities, our identity is always a 'work In progress'

1. see Hacking 2007, Mills 2003, Foucault 1990

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Planning research creates identity positions

3. PURPOSE AND DESIGN OF THE RESEARCH

A7. Select the appropriate methodology description for this research.

- ☐ Case series/ case note review
- ☐ Case control
- ☐ Cohort observation
- ☐ Controlled trial without randomisation
- ☐ Cross-sectional study
- ☐ Database analysis
- ☐ Epidemiology
- ☐ Feasibility/ pilot study
- ☐ Laboratory study
- ☐ Metanalysis
- ☐ Qualitative research
- ☐ Questionnaire, interview or observation study

- Researchable ('research usable') identities produced and sustained by language and practice at juncture of:

- **Empirical practice**

- e.g. completing an ethical checklist, governance structures, meetings etc. – 'creates' permissible identities

- **Biomedical knowledge**

- e.g. using ICD or DSM classifications, medical or research classifications – 'creates' legitimate identities

- **Social and cultural discourse**

- e.g. consumerism, healthism, digitalism, bureaucratization

- **Communities - different kinds**

- e.g. online, professional, academic, administrative, hidden or visible … fellowships, recovery communities … ?

Image: mock IRAS form (Health Research Authority)

'Doing research' also creates identity positions
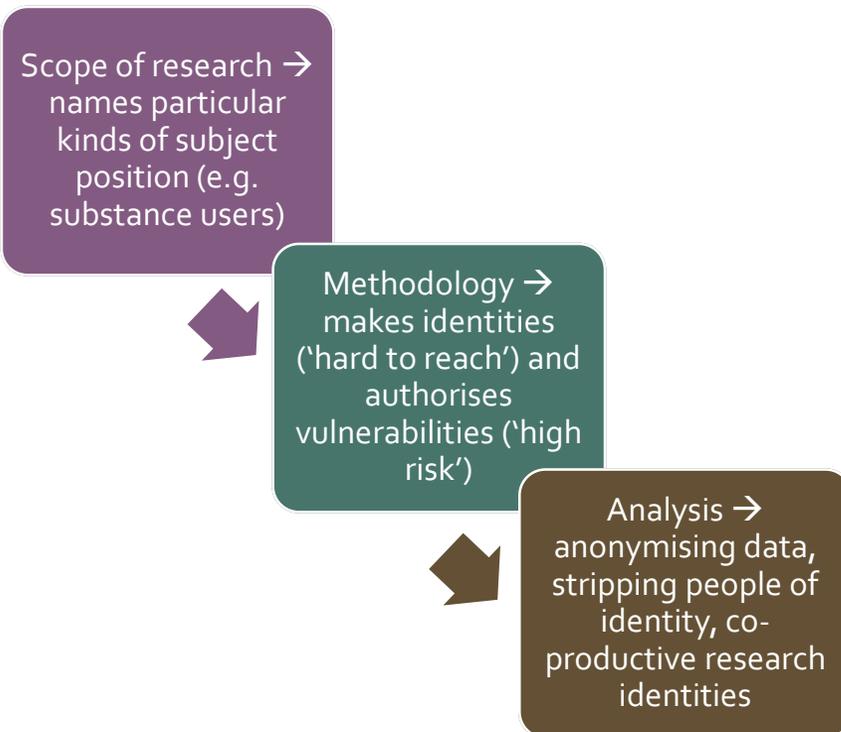
- Institutional ethnography[1] shows how institutional processes and texts aid the formation of identities

- Each step in this process creates particular identities for both participant and researcher, e.g. people defined as 'hard to reach' (a research perspective)

- Each step makes certain people 'visible' and 'knowable', defining them, activating them, or denying them of agency, or committing epistemic injury[2,3]

- Considering this allows us to start problematizing what all of this might mean in the context of 'new' communities, e.g. digital and creative communities, recovery communities, etc. – what does research 'do' to them?

1. e.g. Cox 2017, 2. e.g. Cox, Clayson & Webb 2016, 3. see also, Cox & Webb 2015

Scope of research → names particular kinds of subject position (e.g. substance users)

Methodology → makes identities ('hard to reach') and authorises vulnerabilities ('high risk')

Analysis → anonymising data, stripping people of identity, co-productive research identities

Community vs. institutional processes

Community identity normally fostered in a context of:

— Sameness, collegiality, *communitas*[1] (we come back to this later)

— Rules of membership, some kind of entry/exit ritual, ritual as a mediator of danger[2]

But in many institutional review processes:

— Assumptions about pre-familiarity/previous encounters, i.e. presumes the group stays the same

— Focus on individualistic and researcher's notions of ethics, not community ethics, values, beliefs

— Community researchers/co-producers can help bridge these misunderstandings

— But are gatekeepers in recovery community research? Who speaks for the group? Is this even a relevant question?

[1] Turner 1969 [2] Douglas 1966

Ritual and identity (re)making

- **'All potential participants will be given written information and will be invited to sign a consent form'** … Similar rituals - different consequences for identities

- For the researcher:

- Rituals of ethical research 'does' something to their identity – it establishes the researcher as an accountable subject, an expert subject, an observing subject - and perhaps a vulnerable subject?

- For the participant(s), likewise

- Establishes the identity of participants: the consenting adult, the vulnerable cancer survivor, the person in recovery – whether recognised by them or not

- Establishes the relationality, visibility and power of different kinds of community – who has power?

Accounting for an 'ongoing quest'

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- Recovery reconceived as a process and ongoing quest[1] rather than a linear, sequential (individual) path

- If recovery has no 'end point', then how might this ongoing quest be adequately researched?

- From a research standpoint we (also) need to consider recovery as a collective (group) practice

- But this invites multiple issues in research design (e.g. ethical considerations, accounting/describing agency, etc.)

- Candidate theorisations:

- Explore recovery communities in terms of *liminality* and *communitas* not pathology, aberrance or clinical risk

1. Best and Laudet 2010:2

Image © Nigel Cox

Liminality

- The concept of liminality arises from the anthropological works of van Gannep, later developed by Victor Turner[1]

- Liminality - 'betwixt and between'[1] where a prior identity or status has been 'left behind', and yet a new (or adapted) identity or social status has not yet been fully established

- This period of liminality may be accompanied by community rites (practices, rituals) that serve to mark and sustain the transition from one identity or status to another

- Related is the concept of *communitas*, the formation of a 'generalized social bond'[1] – which I return to later in the context of mutual-aid recovery communities

1. Turner 1969, *The Ritual Process: Structure and Anti-Structure*

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Liminality/2
(re)making identities

- Liminality involves the suspension of existing identity/identities and the **inauguration of a constellation of social actors** who support recovery

- A liminality perspective on individual recovery views recovery as **a set of social rites or rituals** that inaugurate and sustain the recovery identity and 'journey'

Research points

- These actors are created 'by' the recovery process itself, and do not prefigure it – it is recovery that makes these identities visible, liveable, knowable (and researchable?)

- So, in co-productive research, the identities of the actors (peers, friends, facilitators, professionals) are **made and re-made** through the rites and rituals of the research itself

Communitas

- Communitas - 'generalized social bond' established between community members during a liminal or transitional 'phase' or journey[1]

- A **temporary assemblage** of perhaps dissimilar individuals who form and come together in order to work productively together towards a common shared interest – communitas and liminality are entwined

- It is in both these senses - liminality as a transitional state, and communitas as a way to describe collective social practices - that we can begin to explain how community-based recovery 'works'

- Moreover, by understanding recovery in terms of practices that announce and sustain liminality, we can also start to explain (and refine theoretically and methodologically) their role in the 'process' of recovery

1. Turner 1969, *The Ritual Process: Structure and Anti-Structure*

Image © Nigel Cox

Communitas/2
ecologies of practice

- Communitas helps us to understand the celebratory and public nature of 'abjection-rejection' as exemplified by *Recovery Walk* and 'performance' art/recovery

- Does the public affirmation and display of recoverist identities stand in opposition to the private/closed identities of 12-step fellowships and the 'self work' of SMART recovery practice?

Research points

- Instead of (or in addition to) identifying or assessing an individual's recovery capital, we might also ask:

- how does this communitas emerge, under what conditions?

- what are its rites/rituals, its schemes of classification, its dangers?

- So a critical step in researching recovery communities is to understand (and deconstruct) the relationship between public-private recovery practices and interrogate the obligation to psychological 'self-work' in a public space

Communitas/3

- Communitas relies on its distinctiveness from but relation to official/professional social structures and systems

  – e.g. state-sanctioned health and social care services and the professionally-ascribed classification of what constitutes recovery, and who is 'in recovery'

Research points

- How does recovery communitas renew itself?

- Will recovery allow itself to become bureaucratised?

- If certain parts of it become subsumed into the 'system', then will new points of resistance/communitas emerge?

  – is it useful to know the 'limits' of synchronicity between structure (NHS, etc.) and recovery communities? Should we be trying to understand this?

Departure points

- In considering research **co-production** (for recovery research) we need to consider the problematizing dyads which describe/inscribe different kinds of power relations

- Research practice, biomedical knowledge, social and cultural discourse produce the taken-for-granted identity positions through their rituals, e.g. 'vulnerable people'

- The making (and unmaking) of identity is imminent in every step of the (co-productive) research process, we need to focus on process *and* identity (and its accomplishment)

- Theoretical ideas – liminality, communitas – can aid in recovery research by framing the complex and dynamic 'lived' **cultural system and experiences of recovery**

Thank you

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