**Practising Recovery: new approaches and directions**

**Introduction: the problem of recovery**

The special section *Practising Recovery: new approaches and directions* aims to shed light on the variety of epistemological, methodological and interdisciplinary practices that emerge in empirical studies of recovery from the use of alcohol and other drugs (AOD). ‘Recovery’, as a concept and policy orientation, has received significant attention in sociological research and other disciplines (see Best et al., 2016; Fomiatti et al., 2021; Martinelli et al., 2020; Snoek et al., 2016). However, recovery understood as a practice that is crafted daily by service-users and workers reveals infinite manifestations that sociological research has yet to explore. Shifting from the study of recovery from AOD as a specific drug policy, to a practice-oriented study of recovery as a complex process of healing that unfolds in diverse social contexts (see Duff, 2016; Tew et al., 2012; Topor et al., 2011), has the potential to advance the contribution of sociology to matters of illness and wellbeing. The articles collected for this special section begin to examine the complexity of recovery with a focus on the framing of recovery as a social, temporal, spatial and affective practice.

Baumohl and Room’s (1987) critical reflection on the origins of alcohol treatment in the Western world, beginning in the early 19 th century, reveals the impossibility of understanding recovery from addictions as either ‘good’ or ‘bad’. Concerns about the moral aspect of self-help-oriented therapy, the role of the state in the medicalisation of treatment, and the question of who is ‘worthy’ of treatment, complicated the concept of recovery even before its formal ‘scientific’ inception. While retaining many of these concerns, more recent applications of recovery orientations in various drug policy contexts tend to juxtapose recovery in critical opposition to harm reduction. In particular, critics point to the ways recovery themes often seem to involve a return to older, more prohibitionist approaches to drug policy that ‘punish’ those that fail or refuse to ‘recover’ (Fomiatti et al., 2021). Salient here is the way recovery has come to resonate with abstinence and the adoption of more or less ‘neo-liberal’ modes of social, financial, family and productive life (Neale et al., 2015; Nettleton et al., 2013). Indeed, the nexus between recovery and prohibition is increasingly strong, as the UK’s new 10-year drugs strategy clearly shows (HM Government 2021).

Nevertheless, drug policy statements and the academic debates they generate, typically overlook the social, affective and material realities of learning to live with recovery as a complex daily practice. There are, as a result, only limited scholarly insights into how recovery is embodied, lived, contested and reframed as a distinctive, everyday practice of health and wellbeing (see also Duff, 2016; Sultan, 2022; Theodoropoulou, 2022). In Practising Recovery, our aim is to focus on these routine aspects that accompany recovery as both a practice and policy object, emphasising the ambivalences, rather than the polemics of empirical engagements with recovery. While the ambivalences that may be associated with recovery practices remain largely unexplored, the question of how to describe ambivalence has preoccupied anthropologists for some time (Room, 1984; Kierans & Bell, 2017). The social and affective dimensions of ambivalence are key methodological features of recent discussions of care as both ontologically and politically ambivalent (Puig de la Bellacasa, 2011, 2012, 2017; Garcia, 2015, 2017; Garcia et al., 2016). The notion of ambivalence is also a feature of work in the sociology of health and illness, following Deleuzo-Guattarian perspectives that understand illness and wellbeing as an amalgam of forces and connections that typically generate ambivalence about both the apparent causes of, and ideal responses to, events of ill health (Biehl & Locke, 2010; Duff, 2014; McLeod, 2017). In what follows, we describe our thinking about, in, and with the notion of ambivalence as an attempt to expand the meanings of recovery into unchartered terrain, before exploring some of the ways the articles in this special section serve to render visible the ambivalences that accompany the practice, as well as the methods, of researching recovery. To begin, we turn to the problem of ambivalence as it has been examined in the social sciences and drug and alcohol studies and consider how these debates might present new ways of investigating, describing and understanding recovery.

**Reclaiming ambivalence**

In his historicisation of social scientific knowledge of alcohol use in the 19th and 20th centuries, Robin Room (1984) calls into question the professional expertise of ethnographers and epidemiologists in the construction of alcohol problems. What concerns Room is the tendency towards ‘problem inflation’ in the work of epidemiologists, and ‘problem deflation’ in ethnographic literature on alcohol use (1984, p. 171). Focusing his analysis on the anthropology of alcohol use in the 20th century, Room (1984) questions the sympathetic bias of North American and Northern European ethnographers in the production of knowledge of alcohol problems. Interrogating the ethnographers’ cultural background and professional standpoint, Room (1984) draws attention to the deflation of the prevalence of alcohol related problems by middle class anthropologists in their observations of alcohol use. According to Room, what compromises ethnographic research on alcohol use is that it is ‘done by researchers often with no previous history in alcohol studies’ (1984, p. 173). For Room, the ethnographers’ situated experience of alcohol issues ‘included a tendency to view drinking as the “natural” state of man and abstinence an unnatural goal…[which] results in a problematic “ambivalence” about drinking’ (1984, p. 173, our emphasis). In describing the causes and effects of anthropology’s ambivalence about alcohol related problems, Room (1984) foregrounds the discipline’s dialectical reaction against the moralising abstinent perspective of Protestant missionaries and colonial administrators in the 19th century, attitudes which were largely maintained by epidemiologists and policy makers into the 20th century. These deflationary impulses amongst anthropologists and social scientists are justified ‘as a proper corrective to official problem amplification’ (1984, p. 175). According to Room, whilst the positive aspects of drinking ‘may be argued to serve as a useful corrective’ (1984, p. 177) to the tendency of problem amplification by missionaries, colonial administrators and epidemiologists, problem deflation by anthropologists and social scientists ‘may be unbalanced from a scientific perspective’ (1984, p. 177). Problem deflation, Room asserts, ‘reflects the concurrence of a number of aspects of the assumptions, methods, and theoretical emphases of ethnographic work’ (1984, p.171) and is built into the research process itself – ‘where the researcher chooses to look, what questions he or she chooses to address, what methods are used, and how the data are interpreted’ (1984, p. 170). Room goes further in arguing that ethnographic methods ‘are better attuned to measuring the pleasures than the problems of drinking’ (1984, p. 172). We should add that Room’s problematisation of the apparent bias of the ethnographic researcher, and the deflationary impulse of their methodological and interpretative artifacts, does not in Room’s view extend to all ethnographic methods: ‘Immersion in concrete data and “thick description” may have been its saving grace: while the atheoretical cast of much of the literature has often been decried, this quality may have helped to limit the extent of distortion’ (Room, 1984, p. 177). The ‘saving grace’ of thick description in Room’s critique of ethnography’s tendency towards problem deflation draws attention to the uses of descriptive methods as important methodological and interpretive devices for avoiding under-measuring, missing or ignoring problems. As many of the articles in this volume highlight, the methodological problem of how to engage recovery through research methods of description remains a challenging task.

In calling attention to the strengths of descriptive research methods for producing knowledge of the consequences of alcohol use, that does not at the same time play down problems, Room’s (1984) historicisation of alcohol ethnographies helps us to identify some of the methodological problems and interpretive challenges that persist for researching recovery. We would argue in particular that much of the ‘dialectical basis’ to problem deflation identified by Room (1984, p. 175) almost 40 years ago in the study of alcohol related problems, may be observed just as strongly today in the study of recovery, where there is a similar tendency either to valorise recovery as a novel, more ‘person-centred’ approach to the treatment of AOD problems (see Best et al., 2016; Groshkova et al., 2013), or to dismiss it as some atavistic return of prohibition in the wider triumph of neoliberalism (see Fomiatti, et al., 2017, 2021). In these respects, recovery is also prone to the effects of problem inflation or deflation, and Room’s contention of the form and practice of ambivalence in AOD research resonates still. Room’s methodological injunction that alcohol and drug researchers should avoid the practise of problem deflation, we suggest, raises important questions about the situated status of experts in contemporary research on recovery. Room’s criticisms of problem deflation in the ethnographic research paradigm, calls for a renewed engagement with descriptive practices to avoid a corrective of researchers’ ambivalence about recovery. Room’s concerns with the standpoint of professional knowledge makers unconsciously impacting the questions, methods, and interpretive practices of knowledge production, encourage us to take seriously the method of thick description as central to renewing empirical conceptualisations of addiction and recovery (see Vitellone, 2021; Theodoropoulou, 2021; Vitellone, Mair & Kierans, 2021).

Whilst for Room ethnographers’ ambivalence about alcohol use raises doubts about social scientific practices of knowledge production, Kierans and Bell (2017) have more recently argued that ambivalence may be more productive for anthropology than Room’s analysis of the ethnographic studies of alcohol suggests. In contrast to Room’s claim that ethnographies of alcohol use are undermined by their recurrent presentation of alcohol use as unproblematic, and a concomitant commitment to the experience of their marginalised research subjects, Kierans and Bell (2017) stress how the field of anthropology should not disavow its problematic ambivalence but reclaim and cultivate its methodological value. Methodological ambivalence, they argue, requires an ‘uncommitted’ or ‘agnostic’ stance on the subjects studied, that does not take bipolar positions of good and bad for granted. Otherwise, Kierans and Bell suggest, ‘these subjects will remain enigmas: interrogated but impenetrable; observed but not understood’ (2017, p. 37). Focusing attention outwards towards an ‘engagement with everyday informal practices’, rather than inwards towards a reflexive position of the researcher, according to Kierans and Bell (2017, p. 36), prevents anthropologists from operating from fixed polar positions which can distort their descriptions of the ‘particular problems at hand’ (2017, p. 35). By reclaiming and cultivating ambivalence as a valuable methodological heuristic to destabilise and transform categories, Kierans and Bell (2017) propose a useful strategy, we believe, for investigating what is going on between bipolar accounts of alcohol and drug problems in research – such as those that arguably obtain in recent discussions of recovery – in order to more fully describe everyday informal practices, and to avoid static interpretations of recovery as a passive restatement of, or solution to, the ongoing problematisation of addiction.

**Reconceptualising recovery**

The potential for methodological ambivalence to destabilise and undo polarised oppositions of good and bad in addiction and recovery research, is further highlighted in Garcia (2015, 2017) and Garcia, Anderson and Humphrey’s (2016) ethnographic fieldwork. In their observation and interviews on the anexos in Mexico and Grupos de Cuarto y Quinto Paso (CQ) in California, informal, alternative self-help organisations for Latinos in recovery from alcohol and drug use, they find the use of coercion, violence and physical discipline as forms of therapy. Whilst Garcia (2015, 2017) and Garcia et. al.’s (2016, p. 241) concern is to produce a ‘more robust understanding of this organisation and its members who make up a hidden demographic of people who use substances’, the method of thick description contributes not only to the methodological practice of making marginalised populations and practices of recovery visible but is central to troubling conceptual and ontological understandings of recovery, and transforming knowledge practices. The way Garcia handles matters of violence and coercion is especially salient in these respects, and it is worth quoting Garcia at some length as a way of further clarifying the methodological points we should like to make about the value of description for the reconceptualisation of recovery:

How could violence be absent from recovery [in Mexico] if it is present everywhere else? Why treat the violence of the anexo as if it existed independently of the world in which it is situated? The question is not how to rid violence from this particular domain, as if the restoration of a nonviolent and untraumatized Mexico was even possible, but to better understand what violence here is intended to produce. In my view, such a query is not nihilistic, complicit, or despairing, but a necessary reckoning with a difficult reality. The question of whether anexos work, or whether Padrino Francisco recovered, is understandable, especially given biomedicine’s ‘moral imperative’ to define health and treatment outcomes (Lupton 1995). But I have tried to restate this question in terms of what is sought in the anexos’ disparate valence of recovery. I offer a tentative answer: Neither invulnerability nor cure is sought; instead, what is at stake is a different way of expressing and managing the pain of the self and community. In this sense, the anexo’s work of recovery reveals its own indeterminate status, and the precariousness of life itself (Garcia, 2015, p. 14).

This note captures the significance of methodological ambivalence to test our responses or lack of them and go beyond traditional ways of seeing and knowing recovery: it makes one aware of observing, rethinking and describing recovery as never free from ‘good’ or ‘bad’ moral assessments. More generally, it points to an ambivalence towards violence, an aversion to theorising recovery within a biomedical framework, and a fatigue with research paradigms that are unable to grasp practices of care in the preciousness of life. In crafting thick description, Garcia (2017) gains a connection to others through references to shared experiences.

As important as the use of description is in Garcia’s (2015, 2016, 2017) work, it is the shift from an active to a passive voice that we suggest is the ultimate challenge Garcia’s ethnography on the anexos work of recovery poses to studying recovery: how are we able to recoup recovery and undo conceptual oppositions of good and bad without celebrating or negating recovery so as to test our responses to the world? The point for us is the urgency of capturing the lived realities of recovery within practices, via the descriptions availed in diverse qualitative and ethnographic methods, without first insisting on whether one should be ‘for’ or ‘against’ recovery. Interestingly for Garcia (2017), the methodological problem of how to comprehend and describe a difficult reality that does not condemn anexos residential treatment as criminal, harmful, or unethical, and gets away from the concept of recovery as an individualised process of personal transformation, is best addressed by following techniques espoused in contemporary film studies. Engaging in the interdisciplinary practice of cinematic ethnography, Garcia explores the ambivalence of recovery in terms of the embodied work of endurance, the diffusion of violence into ‘practices of care’ (2017, p. 112), and disorientating scenes that make the viewer critically reflect, question and undo binary oppositions. Ambivalence is deepened with the addition of words and images. The move to embody a sense of the experience of ambivalence, troubles relations between seeing and knowing. This special section reflects Garcia’s turn to new methodological practices of interdisciplinarity in recovery research, and in so doing seeks to further expand understandings of the impact of new methodologies, in particular the influence of film studies, filmmaking and the device of the camera, as suitable for engaging and explaining rather than critiquing or celebrating recovery. A minor perspective Garcia’s studies on recovery fall within anthropological research on health and illness that does not look for easy answers but embraces and describes ambivalence. Following a similar methodological commitment to exploring how social scientists can contribute to transformations of concepts and practices, Biehl and Locke (2010) reflect on how ethnographic research in dialogue with Deleuze can ‘expand the limits of understanding and imagination’ (p. 317). The question for Biehl and Locke lies in how can a Deleuze-inspired anthropology inform and contribute to transformations, ‘in what kinds of evidence we assemble and use – the voices to which we listen and the experiences we account for – and in how we craft our explanations: whether our analytics remain attuned to the intricacy, openness, and unpredictability of individual and collective lives’ (2010, p. 318). Shedding further light on the relevance of Deleuze’s particular embrace of ambivalence for anthropological inquiry, Biehl and Locke (2010) call for alternative research methodologies that attend to minor histories, minor voices and minor people on the margins. Developing ways of writing, collaborating, communicating and disseminating evidence that dominant epistemologies and interventions do not routinely conceptualise, Biehl and Locke embrace unfinishedness and incompleteness. Taking up this challenge, articles in this special section address the influence of Deleuze’s diverse corpus for developing other methods of describing recovery that contribute to a minor field of research. Practising Recovery: new approaches and directions addresses the minor lines of recovery by focusing on the small gestures and practices that craft recovery as a daily doing or becoming, as it advances, haphazardly, erratically, in different contexts. The rationale for focusing on a minor perspective is fourfold. Firstly, a minor perspective offers opportunities to investigate how recovery is felt, applied and contested in social, affective and material forms in everyday life, rather than focusing on recovery as an object of drug policy debates. Secondly, a minor perspective that attends to specific people, situations and events provides a useful standpoint to reveal the limits of dominant conceptualisations of recovery and expand understandings of what counts as recovery. Thirdly, by attending to minor histories, a minor perspective enables us to hear the voices of minor people and expand the limits of understanding recovery as a mode of becoming for a people yet to come. Fourthly, a minor perspective, such as the one availed in filmmaking, can become a central area of research innovation and policy development that challenges dominant modes of policy intervention and care. Although the authors of the articles presented in this special section come from different disciplinary backgrounds, all are guided by a methodological approach which is committed to advancing the study of recovery and drug policy from an empirical and theoretical perspective. The special section reflects on the challenges of engaging recovery and the potential for conceptual and methodological innovation in broad fields of inquiry including critical drug studies, sociology and anthropology, film studies and interdisciplinary research. What many of these contributions demonstrate is that people in recovery do not passively occupy the category of recovery as a distinctive embodied subject position but speak back to drug policy and our research methodologies in ways that generate new ideas, as they develop creative methods and challenge practices and assumptions of researchers and policymakers. Practising Recovery in this minor sense (see Vitellone, Theodoropoulou & Manchot, 2022) describes a line or crack in subjectivity (see Miranda, 2013), a force of becoming, or a social, affective and material compound (Duff, 2014).

**Practising recovery: this special section’s approach**

Highlighting the value of a Deleuze inspired study of becoming as it may be understood in particular everyday contexts of recovery, the contributors to the special section expose the connections that emerge and the desires that flow when bodies interrupt, or shift their relationship to substances, to allow for the formation of other material, affective and social assemblages. For some people, drug use becomes ‘problematic’ when it comes to absorb time and space, becoming an obstacle to their engagement with assemblages other than the drug assemblage. In these contexts, the process of recovery from AOD emerges from the desire to open up new life possibilities, hitherto blocked by the drug assemblage (Theodoropoulou, 2022). The desire for recovery is not an end point but the beginning of a slow transformation of one’s life on a new line, a novel trajectory, towards an infinitely becoming wellbeing (see also Dilkes-Fayne and Duff, 2017). Thinking with recovery as a connection-building process draws on Deleuzo-Guattarian thinking that invites us to follow flows of desire towards the production of assemblages that expand life possibilities (see also Miranda, 2013). The DeleuzoGuattarian assemblage refers to the human and non-human connections that traverse all aspects of life and the possibilities that these connections open or block (Deleuze & Guattari, 2004; DeLanda, 2016). Thinking life as an amalgam of forces challenges the existence of an individual that thinks and acts in isolation of these forces (Duff, 2014). Desire is not oriented towards the compensation of an individual’s lack and there is no subject that lies behind its production. Desire is an active force that produces real connections, investments and intensive states within and between disparate forces, human and nonhuman (Patton, 2000, p. 70). Deploying assemblages and following flows of desire is a methodological choice that opposes a quest for fixed subjects and stable states of being. It entails a commitment to attending to the ways that assemblages are constantly constructed, undone and redone by the desires and becomings of actual people – caught up in the messiness, the desperation and aspiration, of life in idiosyncratic milieus (Biehl & Locke, 2010, p. 337).

Our understanding of recovery from AOD use as a desire to expand life possibilities echoes critical analyses of health and illness. In the sociology of health and illness, scholars have mobilised Deleuzo-Guattarian thinking to explore and describe the interconnectedness between the social and natural body (Fox, 2002, 2012). Thinking with Deleuze and Guattari in these ways has contributed to 8 the understanding of health as a collective matter of becoming (see also Duff, 2014). For example, by challenging the conceptualisation of mental health as an individual matter, scholars have been able to reveal how wellbeing emerges as an amalgam of forces, an assemblage of human and nonhuman components, that expands a body’s capacity to act (Duff, 2014; McLeod, 2017). These studies open the field to the urgent question of ‘[h]ow might matters of health and illness be assessed in terms of flows and becomings rather than stable bodies and subjects?’ (Andrews & Duff, 2019, p. 128). Whilst a number of recent posthumanist inspired studies have begun to stress the importance of these ways of thinking (see Oksanen, 2013), the articles assembled for this special section all seek to emphasise and embrace the ambivalences noted in earlier sections in order to present descriptions of recovery that refuse simple binary oppositions between good and bad, ill and healthy, safe and harmful. Each article seeks to attend to the minor perspectives by which recovery is practised in everyday life in myriad flows and becomings.

*Practising Recovery* aims to critically expand, reorientate and reinvigorate this field of research by positioning recovery from AOD within wider debates on wellbeing. Focusing on the practises of recovery calls into question analyses of health and illness as a solely medical matter, and unfolds wellbeing as a collective issue, constantly becoming and in need of care (McLeod, 2017). Engaging recovery from AOD as a collective, ongoing endeavour to live otherwise, to form assemblages that enable desires to flow, works to convert recovery from an individual into a collective matter of concern. The contributions to this special section each follow these lines in their own ways, challenging dominant ways of thinking about recovery by presenting and developing new methodological approaches to practising recovery. Far from a univocal assessment of recovery, our intention is to explore its various ambivalences as they manifest in theory, policy and practice (Garcia, 2010; Weinberg, 2005; Zigon, 2011). A key goal is to overturn simple, linear and unitary models of recovery, such as the one presented in contemporary drug policy documents in the UK, which describe recovery as a linear path that leads to the disassociation of bodies from substances. In contrast, empirical studies deriving from the researchers’ presence in drug services describe recovery as a far more complex process that involves an ongoing shift or movement (Dennis, Rhodes & Harris, 2020), characterised by diverse non-linear temporalities (Theodoropoulou, 2020).

It follows that the aim of the articles presented here is not to propose the ‘best way’ to do recovery, but rather to embrace its complexity and ambivalence, and in so doing explore how practices of recovery can enhance (or impede) wellbeing. In so doing, the articles collected for this special section share an interest in further exploring how to produce new knowledges, new methods and new research practices in and with recovery conceived of as a wellbeing machine (McLeod, 2017), as an assemblage of health (Duff, 2014). The analyses presented here mobilise ethnographies of drug use and recovery, science and technology studies, the sociology of health and illness, film studies, and creative interdisciplinary practices to discuss the theory, practice and methods of engaging recovery in new and transformative ways. In so doing, they expand the methodological and epistemological applications of these disciplines, and position recovery in wider critical debates on health and wellbeing in the social sciences and medical humanities. In developing new ways of thinking, engaging and describing recovery that move beyond dominant research paradigms, it is our hope that Practising Recovery will serve to disrupt and open up understandings of recovery as practised in structured rehabilitation services in various national contexts, as emerging through creative practices, as a desire for collective wellbeing, as a concept to describe vulnerability, and as central to the political development of social movements and activism.

**The assembled articles**

The articles in this special section contribute to the debate on Practising Recovery in novel and innovative ways, taking on distinctive methodological approaches for the description of the enactment of recovery in policy and practice.

The article by Darin Weinberg seeks to open up new methodological ways of researching and theorising addiction and recovery. Centring his analysis on dominant theoretical interpretations of addiction science in contemporary drugs research, Weinberg asks whether the dominant theoretical models for thinking about addiction as pathologisation or medicalisation are satisfactory for producing robust understandings that help people in recovery overcome problems they associate with drug use. What limits our understandings of addiction in critical drugs research and recovery programmes, according to Weinberg, are entrenched ways of thinking about free choice that take for granted the existence of ideal standards of rationality. The challenge for producing more robust understandings of addiction and recovery, Weinberg argues, is for critical drugs researchers to recognise the ways theoretical models limit the potential of research to grasp the practical contingencies of freedom and unfreedom beyond good and bad. Cultivating ambivalence as a useful methodological strategy to challenge polarised models of thinking about addiction and recovery, Weinberg turns to ethnographic data drawn from a recovery community which he analyses ethnomethodologically. By studying freedom and ethics in the settings they take empirical form in, Weinberg refuses to endorse any universal ideals, and shows how an ethnomethodological appreciation of how people collectively enact practices of freedom and recovery, plays a central role in posing challenges to our theoretical models. In so doing the article illustrates the benefits of thinking sociologically and the use of descriptive methods for understanding practices of recovery.

Aysel Sultan and Cameron Duff’s article ‘The line of vulnerability in a recovery assemblage’, epistemologically and empirically explores how the concept of vulnerability can advance drug use and recovery studies. The article investigates how people in recovery ‘practice’ vulnerability and the implications of ‘being vulnerable’. Questioning the definition of recovery as the antonym to vulnerability, the article deploys and expands the descriptive turn for drugs and recovery research. The first part introduces vulnerability as an ethical practice and integral part of recovery; a force that does not have to lead to ‘destruction’ but is part of a body’s becoming well. Thinking with Deleuze, the authors describe vulnerability, not as a weakness of the individual, but as a transformative force emerging while bodies navigate different assemblages and expand their life possibilities. The empirical analysis that follows in the second part of the article focuses on a case study of a young man in recovery from drugs and alcohol navigating the ambivalence of vulnerability, as both a state imposed on him and a force that keeps him safe. The enhanced recognition of vulnerability becomes a highly affective aspect of the choices made in the recovery process. The authors conclude that shifting between and creating new assemblages opens the subject up to vulnerabilities and expands ways of thinking that challenge the association of vulnerability with weakness.

Matters of methodology and research praxis are further examined in Nicole Vitellone, Lena Theodoropoulou and Melanie Manchot’s contribution ‘Recovery as a minor practice’. This work explores how particular techniques and methods of knowledge production come to inform the ways recovery emerges as an object of policy interest, and as a particular configuration of treatment practices and approaches. Drawing on ethnographic field work conducted in Liverpool, and reflections on the place of creative research methods including filmmaking in this field work, the authors emphasise the role of social science research methods in the production of ‘expert knowledge’ about recovery. Taking issue with much of how recovery has been framed in this knowledge production, particularly the tendency to privilege formal academic practices of ‘reading, reflection and writing’, the authors argue for a ‘minor practice’ of knowing recovery grounded in the experience of those subject to recovery practices. Following Deleuze and Guattari’s (1986) account of the attitudes and techniques of a minor science, the authors catalogue their own interdisciplinary experiences of practising such a science in the context of their cinema-based pilot workshops, working with people in recovery in Liverpool. The article closes with a methodological injunction to foreground the ‘minor’ voices emerging through this collaboration, for the generation of new insights into the experience of becoming in recovery.

Taking up films on the new temperance movement in Canadian cinema as an object of analysis, the article by Adam Szymanski likewise demonstrates the political, affective and social impact of filmmaking and film production as a therapeutic form of activism that embodies marginalised communities in more sustainable ways of life. By drawing attention to diverse voices and experiences in English-Canadian, Acadian-Québécois and Indigenous directors’ filmmaking practices, as involving artistic creation and collective participation for therapeutic experimentation and activism, Szymanski shows how these films constitute a critical methodological intervention to contest biopolitical, moral and stigmatising representations of people who use drugs, addiction and recovery. His observation of ‘the ethico-aesthetics’ of imagining addiction, recovery and sobriety from an experimentally affective filmmaking perspective, shifts our understandings of the role of cinema in social life from representing, explaining or narrating addiction and recovery, to cultivating health and practising recovery. In describing the co-production of new temperance films as a shared contribution to collective practices of cultivating health, Szymanski assembles an alternative ethico-aesthetic methodological paradigm for researching recovery. Focusing on the new temperance movements as social and political phenomena, Szymanski connects cinema studies to contemporary drug policy and recovery research in new ways. In so doing, the article makes an original and important contribution to this special section by entering into a dialogue with established conceptions of cinema, and proposing an alternative interdisciplinary approach to practising recovery.

Côme Ledésert further expands on filmmaking as an approach that has the potential to understand, study and transform recovery, through an investigation of the ambivalence of mind wandering. Perceived as a risk factor through the disciplines of psychiatry and medicine, but as an essential aspect of creative activities, Ledésert asks ‘What can we learn about addiction and recovery if we follow the lines of flight that mind wandering creates?’. Reflecting on his filmmaking collaboration with a person recovering from drug use as a starting point, Ledésert explores and challenges the relationship between therapeutic approaches and other ways of researching recovery from drugs and alcohol, like artistic practices, and reflects on the ethics of artistic practice and research. Ledésert then specifically explores if and how mind wandering allows for recovery practices to challenge recurrent, preconceived and limited representations of addiction and recovery, and how mind wandering contributes to the understanding of recovery as a practice that goes beyond drug misuse; a process that can become a mode of existence in its own right. In so doing, Ledésert invites us to think about the different qualities of living, living well and living better, and how artistic practices conceived as integral parts of the recovery process, can enhance wellbeing and expand life possibilities.

We close this special section with Nicole Vitellone, Cameron Duff and Lena Theodoropoulou’s conversation with Jarrett Zigon (William and Linda Porterfield Chair in Bioethics and Professor of Anthropology at the University of Virginia), which picks up many of the themes investigated across the collection with a particular focus on technologies of governance and their expression in recovery practices. Featuring lengthy discussion of the issues raised in Zigon’s (2019) recent book, A war on people, the conversation illustrates much of the human, social and infrastructural costs of the international war on drugs, understood as a ‘violent and exclusionary form of governance on drug users’ lives’. The conversation also pivots on the central value of a detailed ethnographic study of the cultures and contexts of this governance as a way of understanding how recovery is lived as a spatial and temporal rupture in the cultures that shape drug using communities. Recovery, in this respect, is always continuous with drug consumption, insofar as recovery is constitutively lived in response to drug use, both one’s own, in the past, present and future, and in the wider communities one participates in. Detailed ethnographic inquiry helps to dispense with the notion of recovery as a clean, linear break – an imagined ‘before and after’ of drug use – in favour of the more messy, complex and nonlinear realities of learning to live with drugs differently.

**Conclusion: towards a practice-oriented study of recovery**

The articles assembled for this special section offer, in their own distinctive ways, insights into the experience of recovery lived as an experimental ethos, as a means of practising recovery with the 12 problem of living well, of living better. Here recovery is encountered as a problem in and for life, and not as a simple measure of one’s relationship to drugs. This practice-oriented study of recovery highlights the ways drug policy and research might yet evolve to support the needs of those engaging with recovery services. Acknowledging ambivalence as an integral, rather than problematic aspect of the study of recovery, does not only advance methodological interventions in the social sciences, but most importantly has practical and policy implications for the ways recovery is described, understood and practiced. Moving beyond the conceptualisation of recovery as ‘good’ or ‘bad’, opens the way for descriptions of lived experiences of recovery that do not fit such categorisation, but are complex and multidimensional. The articles of this special section demonstrate in distinctive and experimental ways how ambivalence matters for understanding the lives of people engaging with recovery. At stake here is our capacity to go beyond the polarisation of recovery and generate a field engaged with the multiple practices of recovery and how these practices are lived and experienced in complex ways.

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