

ADDICTION RECOVERY WITHIN RELATIONAL AND COMMUNICATIVE SYSTEMS OF MEANING AND POSSIBILITY

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Abstract

Addiction recovery is often understood as something an individual achieves through willpower and/or treatment. Whilst it is important to recognise the personal effort and agency involved, attention shifts here toward how recovery also emerges within relational and communicative systems of meaning and possibility. From this framing, recovery is understood as realised, supported, and enacted within such systems and where experiences such as stigma, compassion, belief, and hope are held between us shaping conditions for human living. This topic is relevant to systems science as it explores how systems theory may be applied in practice to understand ways of relating with people that can enhance wellbeing and flourishing in everyday life.

What might be meant by relational and communicative systems of meaning and possibility? How might such systems be noticed within the context of addiction recovery? These questions are explored through first-person action research grounded in the author's experience of working in communities, alongside second-person action research within a co-operative inquiry with mothers in recovery over a two to three year period. Finally, the enactment of the researcher within the research process itself is reflexively considered. If meaning and possibility emerge within relational and communicative systems, then what might this invite within the practice of research itself? What if researchers understand themselves not as standing outside what they study, but as relationally situated participants whose ways of attending, interpreting and responding also participate in shaping what becomes meaningful, imaginable, and possible? The author reflects on how such understandings were sensed and enacted within her own research practice of this topic.

This research contributes to systems science by extending understandings of human flourishing and *ecologies of humanness*, inviting attention to the relational and communicative systems of meaning and possibility we co-create together and from which our being and becomings emerge.

Keywords

Relational, Communicative Systems, Addiction Recovery, Human Flourishing, Action Research

1 | Introduction

Many addiction models focus on explaining the development and maintenance of addiction (West, 2013). Whilst these approaches have generated important insights, they have largely been orientated towards understanding addiction as a problem to be explained, treated, or managed. Systems theory has been engaged in these efforts to treat, explain and understand addiction (Ahn et al., 2006; Chambers et al., 2007; Emshoff et al., 1975; Koob, 2008). Within this framing, recovery is usually understood as the absence or reduction of addiction-related symptoms or harms, reflecting a broader medical model of health in which addiction is conceptualised as a chronic disorder and recovery as abstinence of drugs or symptom control (American Psychiatric Association, 2022). This medicalisation of addiction has been largely recognised as an important shift away from earlier moral models of addiction where people using

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drugs were viewed as lacking the willpower and control to “*lead moral lives*”. Within the medical model addiction came to be seen as a brain disease and health concern which in turn led to reductions in blame and stigma as well as enabling access to treatment rather than criminalisation (Leshner, 1997: pg 45). However, this shift also defined recovery in more clinical terms such as abstinence or symptom reduction, and as such broader dimensions of recovery such as wellbeing, identity, connection, and belonging were less visible (White, 2007).

In recent decades, the addiction field has been undergoing a shift from “*long standing pathology and intervention paradigms to a solution focused recovery paradigm*” (White, 2007: pg 229). A key definition developed by White (2007) recognized that recovery is “*a process and a sustained status*” as well as something that communities, families and individuals experience. Furthermore, it is more than abstinence from a substance and about developing “*a healthy, productive, and meaningful life*” (White, 2007: pg 236). Moreover White (2005) argues, the solutions to severe alcohol and other drug problems are potentially already evident in the lived experiences of individuals and families. From this perspective, exploration of recovery experiences is seen as a way of identifying stories, principles and practices that may further support recovery initiation, maintenance, and flourishing. In this sense, recovery-oriented inquiry could be viewed from the premise that recovery is already occurring, and by research noticing the conditions, processes, and relationships it may in turn further support recovery to be nurtured and grown.

Whilst pathology oriented approaches remain essential for understanding addiction, reducing harm, and informing treatment responses, they do not necessarily illuminate the conditions through which people develop healthy, meaningful, and flourishing lives. Rather the primary focus is oftentimes the removal of addiction. Varey (2004) outlines a paradigm of inquiry called *apithology* defined as “*an inquiry into the dynamics of generative or beneficial alterations in a naturally existing state*” as a complement to a pathology inquiry. He views these as different horizons of inquiry but which are complementary bringing different questions and forms of understanding. Of particular relevance is the intention within *apithology* for understanding and enhancing the dynamics that support the healthy development of emergent systems. A key issue in the addiction field is that understandings of recovery remains primarily shaped by pathology concerns and questions. This can obscure the complexity of recovery as it is lived and experienced by people in recovery themselves and may limit opportunities for more relationally grounded understandings to emerge. This paper therefore seeks to explore recovery through a different horizon of inquiry drawing on what mothers in this research project wished to explore about recovery beyond the substance.

2 | Methodology

This inquiry was part of an action research project which began in 2020 and continues into the present. The project was guided by the following research question: How can we advance *the system* with mothers in addiction recovery? This reflected a wish to centre the voices, wisdom, lived and living experiences of mothers in recovery so we can listen and hear what matters and is valued by them. This grounding was partly shaped via conversations with my *critical friend* as this research began. A *critical friend* (Stenhouse, 1975) is someone who supports inquiry through reflective dialogue, offering both encouragement and space for critical reflection. My main *critical friend* was a mother in recovery who had been a service user of addiction, family support and child protection services. In one conversation at the planning stages for the research she told me “*it is just about mothers in recovery having a voice*” as we spoke about how many women and in particular mothers feel they are not heard. This became an important orienting principle for the research and prompted heightened ongoing reflection on how mothers' experiences, perspectives, and understandings of recovery could be expressed, listened to, and meaningfully shape the direction of the research.

2.1 | Overview of Action Research

Action research is often associated with social justice and participatory research, where inquiry is understood as connected to action and to addressing issues of pressing concern in collaboration with those involved (Brydon-Miller et al., 2003).

Action research has been described as

“a democratic and participative orientation to knowledge creation. It brings together action and reflection, theory and practice, in the pursuit of practical solutions to issues of pressing concern. Action research is a pragmatic co creation of knowing with, not on about, people” (Bradbury, 2015: pg 1).

One of the defining features of action research are its cycles and in the simplest Lewinian form these comprise of planning, action and fact finding (Lewin, 1946). Action research cycles are key features in facilitating action research to be research in action rather than about action (Coughlan & Brannick, 2014) as well as facilitating reflection in action and not just reflection about action (Schon, 1983). Action research also speaks to three audiences *“for me, for us and for them”* (Reason & Marshall, 1987: pg 112). *First person action research (for me)* is about the researchers own inquiries. Marshall suggests that this often happens in two ways 1) where the inquiring is centred in the researchers practice but informed and informing broader theory and 2) centred in theory and ideas which are then deepened by inquiry with experience (Marshall, 1999).

Second person action research (for us) is research with others in topics of mutual concern. It often involves communities of inquiry (Torbert, 1976) or co-operative inquiry (Heron, 1996).

Third person action research (for them) is about how first and second person action research is made available for broader audiences to learn. It is about dissemination and broader collaboration and inquiry.

2.2 | My Positionality and Context in the Research

As I began this research, I recognised that I brought both personal and professional experiences that could inform and deepen the inquiry. As a mother, I was familiar with some of the joys and challenges of parenting although I also recognised I was not a mother in recovery. Professionally, I had worked for over twenty five years within addiction services, community development, and family support settings. This included working as a Rehabilitation Coordinator for ten years, where I supported the development of integrated pathways of care and service user participation processes within addiction recovery *systems* in two geographical regions.

Through this work, I became increasingly aware of the challenges experienced by mothers and of the different understandings of recovery that often existed. Whilst efforts were frequently made to improve collaboration between services, I became aware that the voices and experiences of mothers themselves were often less visible within these conversations and I wondered how these discussions might be shaped differently if led by mothers in recovery rather than what often felt like institutional system concerns for efficiency. These experiences provided some of the context from which my motivation for this inquiry emerged and also became a source of practical knowledge and understanding that informed the research process.

2.3 | The Action Research Cycles

The research comprised three action research cycles which as Coughlan and Brannick (2014) note are often occurring concurrently.

Cycle One Meeting the Mothers and Listening to their Stories. This cycle focused on setting up the research, including scoping and ethical approval. Following this, ten mothers took part in in-depth interviews. These were grounded in Critical Appreciative Inquiry which I hoped facilitated exploration of the mothers' experiences in a way that remained attentive not only to challenges and adversity, but also to the conditions, relationships, and processes that sustain life, recovery, and possibility. Appreciative Inquiry is connected to generative theory, seeking to inquire into what gives life to living systems and to create openings for new understandings and possibilities to emerge (Bushe, 2007; Cooperrider, 2017). A bridging phase was also provided for mothers who wished to participate in Cycle Two.

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Cycle Two Co-operative Inquiry and Writing Stories/Letters Together. This cycle focused on establishing and engaging in a Co-Operative Inquiry (Heron, 1996) involving six women from Cycle One although one participant later disengaged. Together we developed and launched a report (McCulloch et al., 2025), which I curated using stories from Cycle One. Through ongoing dialogue and collective sensemaking, we explored what the report should communicate and why these messages mattered. In this cycle the group also considered what a compassionate community might look like; wrote and shared letters about motherhood and recovery; and explored practical actions with local stakeholders.

Cycle Three Tending Spaces Where Empathy and Understanding Could Grow. As the inquiry developed, the women identified developing empathy and understanding as the primary action and concern. The focus naturally broadened beyond the core inquiry group as we considered the question: *How might we tend spaces where empathy and understanding could grow?* We reflected on a significant moment that occurred at the launch of the report in Cycle Two. The women chose to read the letters they wrote to those attending. We also invited four professionals from national policy, local services, and child protection organisations to write responses based on what resonated after reading the report and reflecting on the women's experiences. This became an important moment of felt presence and witnessing. Building on this, the women decided to share their letters through a publication (Griffin et al., 2025). The inquiry continues through ongoing conversations with local and national stakeholders.

3 | Findings and Noticings

The findings and noticings presented in this section came about as women shared in Cycle Two that recovery is often framed narrowly as the point at which drug use stops, or as abstinence is achieved. However, the women consistently described this time as only the beginning of recovery rather than its completion with often the coming off drugs being the easy part as you could be left “*clean and crazy*” having done little inner work. This discussion drew attention to aspects of recovery that are less visible when recovery is primarily understood through substance cessation, symptom reduction, or other pathology oriented concerns and brought focus instead to relational and developmental aspects. To articulate this we developed the framing “*Tending the fire within and among*” to hold the understanding that recovery involves both internal processes of becoming and sense of self, and relational processes that unfold within families, communities, and everyday life. These were also interconnected and mutually shaping. (Note that all names used in this section are pseudonyms).

3.1 | Participatory Sensemaking Together

The findings presented in this section were shaped through an ongoing process of collective sensemaking as we developed the report in Cycle Two together. As we decided what to focus on and discussed this together, I would return to the stories and interviews from Cycle One and ensure women not present in the Cooperative Inquiry in Cycle Two were represented as well as further develop the inquiry. We would then discuss the stories and quotes that emerged from Cycle One, sensing what felt important, what might be missing, where there was potential for deeper understanding and repeating this process until it felt complete. This process drew on the idea of participatory sense-making (De Jaegher & Di Paolo, 2007; De Jaegher & Preiser, 2022), which understands meaning as emerging through interaction and relationship as well as reflective thematic analysis (Braun & Clarke, 2022).

3.2 | Tending the Fire Within and Among

From this process four interconnected areas emerged that helped articulate what the women described as the work of recovery beyond substance use through which a sense of self could be nurtured. These are described below.

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Learning to Care for My Self. The first area related to learning how to care for oneself. The mothers described how a sense of self can be difficult to develop when there has been little opportunity to learn how to recognise, value, or respond to one's own needs. Several women spoke of having learned to ignore themselves and their needs with many sharing stories of violent or abusive childhoods, with substance use sometimes filling this void. As Eva explained:

“I didn't know how to mind myself...I was never shown. So, I believe we have to be shown how to do things as children if we want to know how to do them then when we grow up. But I was never shown how to, how to love myself or how to take care of myself.”

Alongside these experiences were stories of learning how to care for oneself in recovery. This learning was often relational, emerging through experiences of being cared for by others or through spaces where women could observe and learn how others practised self-care and self-compassion.

Awakening, Feeling and Reflecting. Many of the mothers shared how emotions and feelings were a new thing you had to learn to deal with in recovery. Having spent many years numbed on drugs, in recovery you often felt like you were experiencing feelings for the first time. Jane shares how in addiction *“everything is dimmed, you have no emotion...you are not feeling anything”* while in recovery you get *“like a butterfly effect”*.

So an important part of recovery involved developing ways of reconnecting with emotions and feelings, including learning to talk oneself through what was arising and receiving reassurance from others that these experiences and feelings were normal. In some cases, others were needed to bring awareness to emotions and feelings. Christine, for example, described being asked *“what are you running from?”*, a question that stayed with her and led her to reflect on her use of drugs to numb the impact of finding her partner after his death by suicide. For many of the women, trauma and grief were central to their experiences, and numbing with drugs often functioned as a way of surviving overwhelming emotional pain. As feelings began to return in recovery, this could therefore be experienced as intense and at times overwhelming and having space to potentially heal from these trauma experiences was an important part of recovery and connecting to your self.

Belief and Understanding. Many of the mothers described how it was difficult to believe in oneself when experiences of judgement and stigma had been internalised over time. As Debbie shared *“I felt like a piece of dirt on the ground. That's how you feel when you're an addict because that's how you think people treat you and people think of you. So then you think of yourself like that.”*

In this way, negative experiences could become internalised, shaping what women believed they were capable of. This could limit access to self-worth which in turn affected belief in the possibility of recovery for yourself. However, belief in oneself and in recovery could also be sparked through others, when someone else recognised potential in you that you couldn't see for yourself. Belief could also begin to shift when others expressed pride or noticed change that women themselves were not yet fully aware of. Sarah described a moment with her daughter after she [Sarah] received money from her grandmother: *“nanny's after giving me fifty euro in a card... I was kind of like, she actually trusts me with money now... And my daughter goes, 'what's wrong?' And I said, 'nanny's after giving me money'. And she goes, 'yeah, well, maybe you deserve it?' That little thing, I remember that. I don't know what it done to me that day. I was kind of like, even the kids are seeing a little change in me...it was just the smile of my daughter face, 'well, maybe you deserve it'. For my daughter to even say that. It was kind of like, 'wow, maybe I do'”*

These moments of being seen differently by children or family members in particular were described as meaningful, particularly where they offered a different reflection of self than the one carried through stigma or past experience. These moments seemed to offer an opening for the belief in recovery.

Knowing Your Self and Being Known. Being listened to by others and trusting that you would be received was an important aspect of recovery, alongside learning to listen inwardly and recognise one's own voice. Many of the women described how patterns of people-pleasing could lead to disconnection

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from self, where their own needs and perspectives were consistently set aside. In recovery, they often had to learn about their self such as what was their likes, dislikes, values. Part of this process involved discerning between internalised voices shaped by others and those that reflected one's own values and sense of self. As Eva shared:

"I think that it is so important especially for women in recovery that we need to look at our core beliefs. Is it my core belief, or is it somebody else's core belief? And we need to unravel whose belief is this? Whose voice is this?"

Another aspect of recovery involved letting go of masks and learning to show up as oneself, with trust that authenticity would be received. Claire described this shift:

"I was told to come show up...be present. The mask was stripped off me...when I laugh today, I laugh the belly laugh. It's not just 'ha ha'. My jaws hurt, you know. When I smile today, I mean it. And what I speak about today, I mean it. I don't need to say what you need me to say. I don't need to be who you need me to be. I don't need to wear a mask. I can come into a room and be accepted for who I am today."

Spaces where authenticity was welcomed and met were described as particularly significant in recovery, supporting a gradual rebuilding of trust in your sense of your self. This in turn could also heal past judgements.

4 | Bringing Forth a System

Part of developing practice as a systems practitioner is developing your own awareness and understanding of the systems you are engaging with and may be bringing forth or enacting. Ison (2007) discusses the practice of formulated a *system of interest* which he defines as:

"the product of distinguishing a system in a situation, in relation to an articulated purpose, in which an individual or group has an interest (a stake); a constructed or formulated system of interest to one or more people, used in a process of inquiry; a term suggested to avoid confusion with the everyday use of the world 'system'" (Ison, 2007: pg 22).

From this perspective, a *system* is brought into view through distinctions made by a systems practitioner, shaped by their purposes, histories, and ways of seeing. This opens space to critically reflect on the mental models and assumptions through which we constitute them.

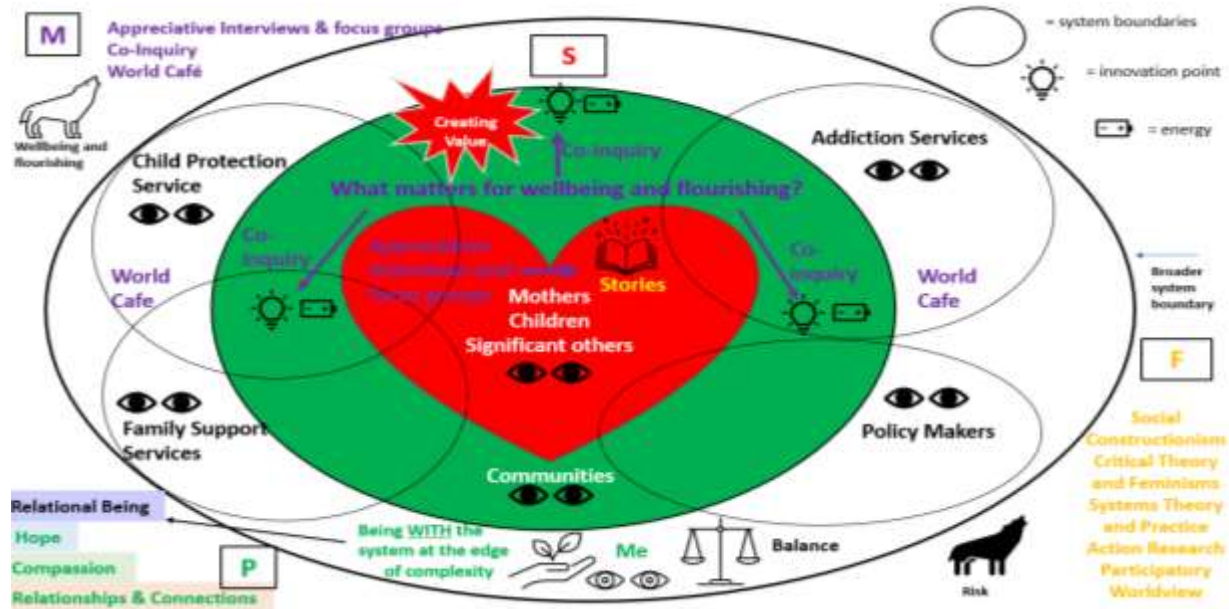
4.1 | What is *The System*?

Throughout this research, the question of what constitutes *the system* has remained central, particularly in relation to the guiding research question: *How can we advance the system with mothers in addiction recovery?* While I initially brought forward a system of interest at the outset of the inquiry, what emerged through co-inquiry with the women was a more relationally grounded understanding.

My Initial System of Interest. At the beginning of this research I created a visual representation of what I sensed my system of interest to be (see Figure 1 below). The picture had a lot of different boundaries particularly institutional/organizational boundaries which sometimes overlapped but were often siloed and I sensed that each of these was its own institutional system with the wider context acting as the environment. The image also acknowledged that different actors brought different perspectives, mental models, and ways of interpreting the situations they encountered represented by lots of different eyes. The image also included what I described as a wolf of risk and a wolf of wellbeing and flourishing. These represented a tension I sensed throughout the system between orientations focused primarily on risk management and those concerned with supporting wellbeing, recovery, and flourishing. My image also represented my desire to understand what created value for mothers in recovery and their families by holding questions about wellbeing and flourishing.

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Figure 1. My System of Interest at the Beginning of this Research.



The Healing Forest. The sensemaking with the women seemed to bring forward a different system of interest. As we developed the report together, we found ourselves increasingly drawn to a metaphor of a Healing Forest, a story shared within Native American wisdom and the Wellbriety Movement in the US (Coyhis & Simonelli, 2005). The metaphor suggests that healing and recovery cannot be understood solely in terms of the individual tree, but must also attend to the condition of the forest in which the tree is growing. You can remove a tree from the forest and nurse it back to health but if the forest remains sick then the tree will get sick again if you return it back to the forest. In a similar way, the women consistently drew attention to recovery as something shaped not only by individual effort, but also by relationships, families, communities, services, and the wider conditions of everyday life. The Healing Forest offered a way of bringing these different elements into view as an interconnected ecology of recovery. Rather than locating recovery solely within the individual, it invited attention to the relational and systemic conditions that make healing, growth, and flourishing more or less possible. In this sense, the metaphor became an important organising image for understanding recovery as something that happens both within people and among them. We chose the image in Figure 2 below to represent this metaphor and it became the cover of the report we launched in Cycle 2. We were drawn to the contrasts between darkness and light, and to the way the path only becomes visible through someone walking it before you.

Figure 2. Healing Forest Image.



Reflections on the Difference. I sense that the initial system of interest foregrounded institutions, services, and professional framings of addiction and recovery, whilst the healing forest that emerged through the inquiry with the mothers was more relational and centred on experience and the conditions through which recovery could be nurtured and grown.

5 | Discussion

Bringing forth a system is not intended as an attempt to define what a system *is* in any fixed or final sense. Rather, it is offered as a heuristic for inquiry and as an orienting frame that supports ongoing exploration and systemic practice. However, putting the name of a *relational and communicative system of meaning and possibility* on the system of interest that emerged with the women was an attempt to make visible particular interactions that we sensed would benefit from further inquiry. I hope that naming it can be helpful by allowing it to be held in shared language long enough to be noticed, discussed, and worked with collectively. However, we want to be clear that this is a heuristic and avoid *reification* where a system becomes a thing as this can shift attention away from “*patterns of interrelationships among the individuals making up such systems*” (Bogdan, 1984: pg 4). We recognise that human systems exist within the agreements, practices, and relationships through which they are continually enacted.

5.1 | Noticing a Relational and Communicative System of Meaning and Possibility

Systems are made up of parts and wholes and the words relational, communicative, meaning and possibility all signalled parts of this system that seemed important to bring forth. Rather than fixed categories, they are offered as sensitising concepts to support ongoing noticing and further inquiry.

Relational. As shared above we sense that recovery unfolds in interaction through how people meet, speak, respond to, and recognise one another. This aligns with feminist understandings of healing which

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emphasises that change emerges through connection particularly for women (Baker Miller, 1976; Walker & Rosen, 2004).

Communicative. The women's accounts drew attention to how recovery is shaped through everyday communicative moments and how what is said or reflected back can influence how a person comes to experience themselves. This part also draws attention to how all these parts communicate with and influence each other.

Meaning. As per our participatory sensemaking in this research, meaning emerged through our inquiries together rather than something static we discovered. This resonates with Coordinated Management of Meaning (Pearce, 2007) which suggests that meaning does not merely exist but is something that emerges through the ongoing coordination of communication between people. I also wondered how this might connect to work on voice and recognition (Hadfield & Haw, 2001) and it does not discount the value of situated knowledges (Haraway, 1988).

Possibility. Relational and communicative interactions appeared to influence what becomes possible, including how people come to understand themselves and their capacity for change. In this way, recovery could be understood as unfolding within what Bateson (1972) describes as an "ecology of ideas," where attention and response continually open or close different beings and becomings.

5.2 | Opening Different Lines of Inquiry

Bringing forth a relational and communicative system of meaning and possibility opens different avenues of inquiry by directing attention towards relationships, communication, meaning-making, and the creation of possibility rather than merely substance use at an individual level. So, what kind of questions does it make available? Two inquiries, which I sense may be particularly relevant are explored below.

Who Can You Be When You Are With Me?. The question "*Who can you be when you are with me?*" (Bateson, 2023: pg 60) offers a way of attending to the relational conditions through which recovery is lived. Across the findings, recovery was described as not only about stopping substance use but as rebuilding a sense of self. Yet this process did not occur in isolation. Women repeatedly described how relationships shaped what they believed about themselves, what they felt capable of becoming, and whether recovery seemed possible. Moments of judgement and stigma could reinforce identities rooted in shame and limit possibility, whilst experiences of recognition, encouragement, and acceptance opened possibilities for different understandings of self.

This observation resonates with wider recovery literature which increasingly highlights the importance of identity transformation in recovery processes (Best et al., 2016). Research with mothers who use drugs has similarly documented how stigma can constrain identity change by reducing women to the singular category of *addict*, making it difficult to inhabit alternative identities such as mother, caregiver, or person in recovery (Gazso, 2023; Gunn et al., 2018; Radcliffe, 2011). From this perspective, Bateson's question invites attention to how families, communities and practitioners participate in creating the conditions through which particular identities become more or less available. Recovery then becomes not only a matter of individual change, but also of creating relational contexts in which women can experience possibility of being and becoming.

How Can We Listen Together?. The question "*How can we listen together?*" invites attention to whose voices are heard, whose experiences are recognised, and how meaning is created collectively. If meaning is not simply transmitted but co-created through interaction, then listening is not a passive act of receiving information, but a central process through which meaning and possibility are continually formed. Within this framing, what is heard, how it is responded to, and whether it is taken up or dismissed all become part of the communicative system. This can also in turn influence how people come to understand themselves and their capacity for change. This contrasts with more dominant assumptions that listening is a passive

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interpretative act where it is possible for meaning to be extracted from what is said and made sense of by the listener. Within the context of recovery, this matters because experiences of voice and recognition are not neutral as they actively shape identity, belonging, and whether women's accounts of themselves as mothers and in recovery are taken seriously or diminished. In contrast, relational and dialogical approaches to listening understand it as an active, co-creative process of attending to, responding, inquiring with and jointly producing meaning (Anderson, 2016; Levin, 1992).

5.3 | My Reflections as a Researcher

If meaning and possibility are understood as emerging within relational and communicative systems of meaning and possibility, I find myself wondering about the implications this has for my own *relational responsibility* in the practice of research (McNamee & Gergen, 1998). Often we think of our responsibilities as researchers as being met when we pass the ethics committee stage however I have sensed my responsibility in this research as an ongoing practice. This resonates with Varela's (1999) distinction between *ethical know-what* and *ethical know-how* noticing the difference between ethics as morality and ethics as situatedness (Varela, 1999). In this way, I began to wonder about how my own participation in meaning-making in this research was ethical and if I was nurturing my awareness and reflexivity of the presence and absence of power, voice, possibility, meaning.

I noticed that whilst we were exploring recovery within relational and communicative systems of meaning and possibility, that perhaps it was also important for me to consider how I was engaging in such *systems* as a researcher, rather than standing outside them and describing them from a distance. This meant that I found myself trying to remain within the unfolding relational process of inquiry, asking not only what I was coming to understand, but how I was coming to understand it, and perhaps how I remain implicated in my practice and experience. I found Shotter's distinction between *aboutness* and *witness* helpful here as I recognised the difference between engaging in research that facilitated a *representational referential understanding* versus a *relational responsive understanding* (Shotter, 2005, 2006). Staying with a witness orientation required attention to how meanings were being jointly formed in interaction as I tried to be responsive, reflective, curious and tentative to the research practices as they unfolded. My first person action research inquiries supporting me to do this.

For me this relationally responsive practice becomes even more important when we meet social injustice, abuse and trauma which I sensed I did in this research. I have wondered at times about the idea of the *vulnerable observer* (Behar, 1996) which highlights that witnessing is not a detached act of looking in from outside, but a relational and embodied positioning within what is being encountered. I found this idea extended further by questions of epistemic witnessing (Pillow, 2019), which challenge whether it is ever possible to simply "hold" another's experience without also shaping it through how it is recognized or not, interpreted, and represented. I wondered how I met and continue to meet the women's experiences and sense that continuing to write and consider this will be an important ongoing first person research practice.

6 | Conclusion

Recovery is not merely an individual pursuit but a deeply relational and systemic process shaped within relational and communicative systems of meaning and possibility. When we ask, "Who can you be when you are with me?" (Bateson, 2023: pg 60) we open ourselves to the idea that our actions, our interactions, and our relationships can have an impact on others in opening or closing experiences of becoming. This means that as women navigate their recovery journey, the environment they are in must be conducive to their growth, offering both space and support for transformation. The recovery process becomes a shared responsibility, not only of the person seeking recovery but also for us as the collective around them. The idea of relational and communicative systems of meaning and possibility moves recovery beyond an individual trait and reframes it as relational and collective. It also calls for continued attention to how

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everyday interactions, institutional practices, and forms of listening participate in shaping whether women in recovery can experience themselves as mothers, as people in recovery, and as whole persons. To deepen our understanding of how we might foster recovery, we are invited to attend more closely to how we each enact these systems in lived and living relations. These are practical shifts that may call on us to listen differently, act relationally, and grow trust through tending our shared humanity and nurturing the conditions of our relational spaces noticing that from this meaning and possibility emerge.

7 | Acknowledgements

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