A safe place to reflect on the meaning of recovery: a recovery community co-productive approach using multimedia interviewing technology

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Abstract

Purpose – *The purpose of this paper is to develop further the understanding of co-productive methodological practice for substance use research by demonstrating the use of a mobile, multimedia interviewing aid by members of a UK recovery community.*

Design/methodology/approach – *A co-productive approach to data collection was piloted using a bespoke, audio-visual booth located in a range of recovery and community-focused social events. Audio-visual data were collaboratively selected, curated and analysed by recovery community partners and researchers.*

Findings – *Findings illustrate how a mobile audio-visual booth can be used successfully within co-productive research. This approach facilitated a better understanding of the experiences and practices of self-reflection within the recovery community as they worked together to create a meaningful recovery largely independent of conventional recovery services.*

Research limitations/implications – *This research was performed with one cohort of co-production members. However, the co-productive nature of the enquiry and the rich data this provided invites the making of cautious but firmer claims with regard to the transferability of this approach to similar recovery contexts.*

Social implications – *Co-productive approaches confer a meaningful impact upon members of the recovery community, and wider understanding of this approach will promote an impact upon others engaging in recovery, supporting growth of a practice-based and theoretically underpinned evidence base.*

Originality/value – *This study highlights use of digital technologies within co-productive community-based methodologies, reducing reliance upon academic expertise, and facilitating participant leadership in research. The analysis also signposts new areas for scholarly discussion in the area of co-productive, community-driven research.*

Keywords *Multimedia, Methodology, Recovery, Co-production, Substance use, Community-based*

Paper type *Case study*

Received 7 August 2015
Revised 29 October 2015
Accepted 30 November 2015

The authors would like to thank all the participants (volunteer members of the recovery community and their associates) who took part in the research and who agreed to their contributions being included in this paper. The research design and methodology was developed by the authors, who also analysed and interpreted the data, fully contributing to the writing of the paper.

Introduction

Recovery principles have become an overarching theme in UK policy for mental health and problem substance use, with calls to include "lived experience" in service planning and delivery (National Treatment Agency, 2007; HM Government, 2011). However, there is concern that, as within mental health recovery, recovery-based approaches for substance use may become affiliated to medicalised approaches, with people in recovery having no meaningful input into service provision (Perkins, 2015). In this paper, we make a contribution to the development of

methodologies in the field of substance use recovery. We describe the use of a mobile, bespoke, audio-visual booth (the VoiceBox) and explore its use as a co-productive research tool by members of a UK recovery community. To conclude, we discuss impacts made to date, and outline implications for future practice.

Background

Recovery, recovery capital and recovery communities

Recovery, in the context of substance use, has experienced a "paradigmatic shift" (White and Cloud, 2008, p. 22) from medical or curative approaches (defined in terms of the damaging effects of dependency upon the individual) towards an understanding of recovery as an individual experience, albeit one that is intimately folded into the social environment in which the individual is located (Best and Laudet, 2010). In this way, recovery is not understood as something that has an "end state" (White *et al.*, 2005), but rather as the "ongoing quest for a better life" (Best and Laudet, 2010, p. 2).

In order to combine a recognition of recovery as being an individual journey, yet one practised within the social context, the concept of "recovery capital" has been developed. Defined as "the sum total of one's resources that can be brought to bear on the initiation and maintenance of substance use cessation" (Cloud and Granfield, 2008, p. 1972), recovery capital encompasses four interrelated components: social capital (concerned with relationships, for instance families, friends and groups), physical capital (property, housing, savings), human capital (educational and personal, affective resources) and cultural capital (values and beliefs adapted to the membership of cultural groups).

The recognition and sustained development of an individual's recovery capital is associated with "asset-based" approaches to recovery, wherein reservoirs of recovery capital are located within the individual (their personal recovery capital) and, externally, through the support networks from family or community. In the UK, where austerity economics raises political questions about the role of the state vs individual and community responsibility, recovery approaches shift attention from individual needs to service-user and community assets.

Successful recovery from substance use is premised upon individuals pursuing a more fulfilling life "in" recovery, and their relationship to/with the social context(s) in which their recovery will be sustained. Therefore, recovery approaches need to be both individualised, based upon collaborative relationships between client and service provider (Daddow and Broome, 2010), yet also embracing of the community context of their recovery and the assets therein. Communities may be instrumental in providing essential assets such as direction and support for the forging and maintaining of new social identities for individuals. Such assets have been identified as inherent to mutual-aid recovery communities internationally, and increasingly within the UK (Humphreys and Lembke, 2014; FAVOR, 2015), and community-based, mutual-aid recovery communities are increasingly a feature of person/community-centred provision.

Facilitating research and co-production with technology

Co-production is described as occurring when service users are equal partners in consultation, where power and influence is shared (Think Local Act Personal, 2015). Slay and Stephens (2013) suggest it is achieved where decision making is shared, valued and then acted upon, when professionals are "doing with" rather than "doing to" or "doing for". Therefore, co-productive research is a form of joint work in which professionals and citizens become partners in the investigation, sharing equality of role and contributing different "assets" to a project (Needham and Carr, 2009). Our project adopted a co-production approach by working with a UK-based recovery community to evaluate, curate and use transformative research and artistic/creative practice to both obtain "authentic" evidence and incite positive effects on participants through its processes.

New digital media technologies offer new opportunities for the exchange of knowledge. These technologies challenge traditional "producer-expert" relationships (Ritzer and Jurgenson, 2010) by using methods with which individuals can interactively produce and disseminate knowledge

that represents their own "truths", "lives" and "experiences". Unlike conventional, expert-produced media, new digital media technologies offer radically individualised opportunities (Tsekeris and Katerelos, 2012) for interaction between those who produce the media, and those who consume it. Digital media offers the opportunity for continuous dialogue with resource holders with effects that may include empowerment, de-marginalisation of seldom-heard communities, and productive relationships with the wider creative community (Bitton *et al.*, 2013).

The study

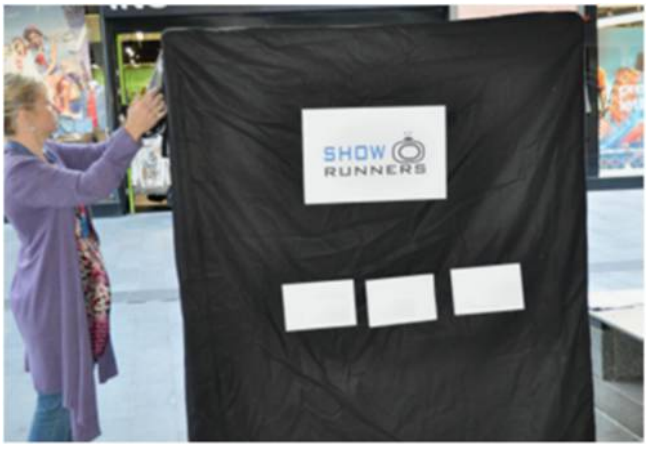
Our approach builds upon the practice of using participant-controlled photography ("Photovoice") to include a combination of both audio and video. Photovoice is a qualitative methodology which has been shown to work effectively in co-productive research contexts (Newman and S.C.I. Photovoice Participants, 2010), and is considered a way of helping people think critically about personal experiences. However, self-expression through Photovoice is largely restricted to a static, non-interactive visual image. Using interactive video/audio techniques, our approach captures data that are "beyond text" (Beebeejaun *et al.*, 2013), words, body language and moving images, documenting "lived" experiences over time.

The VoiceBox

The VoiceBox (informally, "the box", an epithet used by the community) is a laptop installed within a walk-in, hand-decorated booth (Plates 1-3). Using standard software (PowerPoint), participants interact with a "voiced" program, and their responses to open-ended questions (for instance, "Tell me, what brings you here today?") are recorded using a webcam. The VoiceBox provides a structured approach to interviewing, albeit one where the participant remains in control of the pace of questions, thereby minimising intimidation, distraction or influence from an interviewer. The software prompts the user to reflect upon and share ideas about their life, their recovery, and the process of co-production.

The VoiceBox provides a personal and private platform empowering people to explore and express their thoughts around a range of issues. Post-production by community members is central: participants work closely with the facilitator to review the footage, maintaining editorial control and ownership of the process. A key feature of the use of the VoiceBox is also the ability for participants to review interviews conducted at earlier stages of their recovery, enabling their later reflection upon impacts and life-changes.

Plate 1 One of the authors setting up the VoiceBox at a public event



Source: All photographs by the authors

Plate 2 VoiceBox with creative, themed exterior

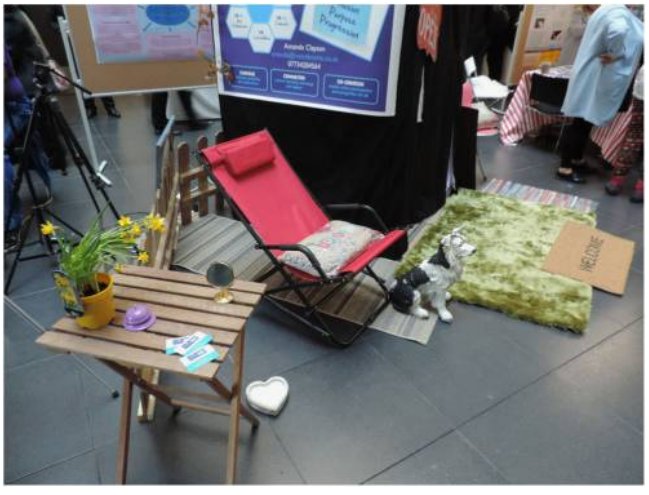
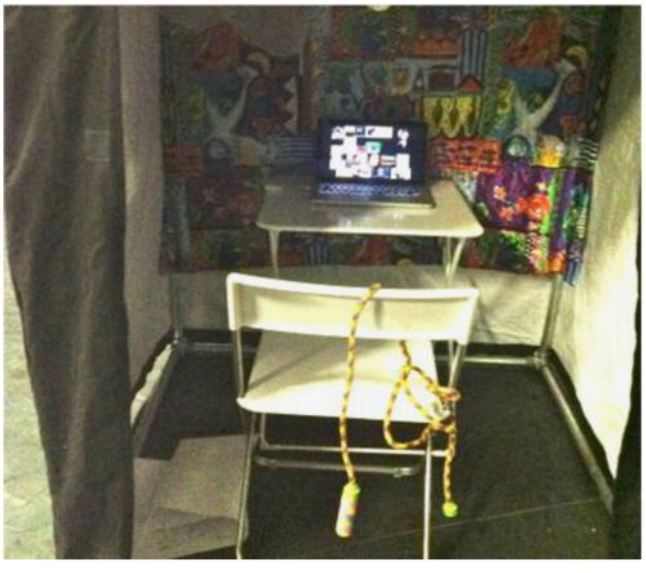


Plate 3 Inside a typical VoiceBox setup



Design

We used a qualitative, case-study design (Yin, 2014). The VoiceBox, and its use by people in recovery in a range of contexts, provides the "case in question" of our study. Case studies may use multiple methods of data collection (Bryman, 2008); as such, several methods to gather qualitative data were used, as described below.

Data collection

The VoiceBox was located in a range of recovery-focused events, and its use was facilitated by volunteer members of the recovery community. Interviews were digitally recorded using the VoiceBox computer/webcam, then securely stored. The researchers also gathered field notes, video reportage and photographic stills in order to document the context in which the VoiceBox was being used. Principal fieldwork was organised and undertaken by a community partner-researcher (A.C.), supported by community members. Further photographic data/reportage were collected by academic-practitioner researchers (N.C., L.W.).

Participants and non-academic researchers

Members from a UK recovery community volunteered to participate, and the existing relationships garnered by the community-partner researcher (A.C.) were vital to the recruitment process. In recognition of the diverse or heterogeneous nature of recovery communities, efforts were made to represent a range of recovery community members, both those who identified themselves as "in recovery", and also those people directly associated with people in recovery (e.g. friends, family and healthcare professionals). As such, this community is a loose coalition or *communitas* with a shared interest in recovery, and this collective identity is epitomised by the name they ascribe to themselves: the "Crew".

The heterogeneity of this community is illustrated by the identification strategies individuals used to define themselves within the research. The desire to identify oneself as someone "in recovery" (or close to someone "in recovery") is arguably a facet of the recovery experience. In this study, academic and community researchers agreed not to measure "time in recovery" systematically; however, during fieldwork some participants did choose to describe themselves as being "in recovery" for specific time periods, others described their recovery as "long term", whilst some identified as community members without elaborating.

Ethical considerations

A University Research Ethics Committee granted ethical approval. A community member-researcher (A.C.) facilitated access to the recovery group, and managed the initial and ongoing consent process. Particular regard was made of the nature of confidentiality and anonymity: although participants who are individually represented within this paper indicated readiness to use their true names in our report, following the principles of ongoing and reflective consent (Lahman *et al.*, 2015), and to protect other members of the recovery community from identification by inference, for this paper we ultimately decided to use a simple initial to represent participants, and locality-specific recovery events are not named.

Analytical process

VoiceBox data were collaboratively selected, curated and analysed by a sub-group of volunteer community members and the authors. Data were then re-viewed and selective verbatim transcription made. These data also included evidence of physical objects (such as the VoiceBox), field-notes and photographic records of the environment in which it was located. The community member-researcher and academic researchers then read and discussed the data, agreeing key themes/exemplars which were considered to typify the different uses and contexts for the VoiceBox: its installation ("Setting up and creating a space"), an individual's first use of the VoiceBox ("Just me and the VoiceBox"), an individual's later reflection on use of the VoiceBox ("Watching myself back, then and now"), using the VoiceBox in a mixed recovery community-professional context ("Reflecting on my day at the conference"), and co-production and interpretation of VoiceBox data ("Watching and curating as a community"). Authenticity and credibility of analysis were aided by triangulation (field notes, video, photography), respondent validation (community members authenticating/refining data co-productively) and persistent observation.

Findings

Nine participants (four females, five males) made a significant contribution to the research and their narratives are included in this paper. Other individuals did choose to participate intermittently

in aspects of the co-production (data collection, curation and analysis) but did not wish to be included in this report.

Setting up and creating a space

Reflection, observation and discussion between academic and community member-researchers suggested that "setting up" and "creation of a space" for the use of the VoiceBox had evolved into an important ritual for recovery community members.

The creation of the external and internal appearance of the VoiceBox evolved over time, changing from an improvised booth into a transportable, multimedia installation. The co-creation of the "look and feel" of "the box" became a major part of the process. Data collected from a range of locations and participants provided insights into the importance of "space", both in terms of the sense of "attachment and belonging" to the VoiceBox itself, and the opportunities it afforded as a physical and social location for the building of recovery capital. Data collected about this aspect supported exploration and focus upon specific elements of the installation, such as its lighting, ambience and "themed" exteriors (Plate 2).

Installing the VoiceBox became a "connecting and involving" process throughout its development. Initial installations involved a minimal set-up using a plain canvas cubicle. Ongoing group discussion informed the evolution of the space, and the creation of the VoiceBox became a metaphor for "community connection". A set-up "ritual" evolved, and an epithet of familiarity and attachment emerged: "the Box". The practice of installation ("making our place") suggested a growing sense of belonging, identification and unity, and promoted wider public/community engagement by the recovery community.

Reflections by "Crew" facilitators evolved into a number of shared, tacitly agreed conventions. For instance, engendering a sense of curiosity in new visitors to the VoiceBox, eliciting their reactions when "inside" the box, and prompting follow-up conversations, all became deliberated practices. Through this, group members refined their approach to engaging with others, and their testimonies reveal their reviewing of personal boundaries, and their choices about the level of disclosure with regard to their recovery:

> I was dead [very] worried about what to say to people but it was great! I just watched how [name] was doing it and "had a go" […] You don't have time to get "in your head" about what it's going to ask you. Sometimes I said I was in recovery but not always, it depended on what we were talking about (G, community member).

Developing beyond a practical process (unpacking and installing the equipment) the consideration of the environment and the collegiality of "setting up" of the VoiceBox suggests broader, symbolic and (perhaps) ritualistic aspects of the use of the VoiceBox and its vitality within this particular recovery community: these aspects signpost more general learnings that might be transferable to other contexts and ongoing work.

Just me and the VoiceBox

After initial set-up of the VoiceBox and a brief demonstration of its use, participants are alone and free to move at their own pace. An individual's first use of the VoiceBox offered opportunities to discover and explore different aspects of the recovery experience, from self-identification and finding the "voice" and "vocabulary" to describe their experience, to negotiating a private space for thought and reflection.

A questioning style and approach emerged over time, based upon on participant response and feedback, which proved helpful in eliciting responses. This involved considerable attention and exploration of thematic content, visual presentation, affirmations and paralinguistic communication (for instance, "sighs" or changes in pitch or intonation). One participant explained how the privacy of the VoiceBox helped her reflect more easily:

> I don't know where it all came from, it just came out of me. I think it was because I was on my own […] I get dead [very] nervous usually, but this was easier because I couldn't see anyone's face, it was private (C, community member).

Films recorded "later" in recovery often provided richer descriptions that those observed in participants' earlier reflections. Here, in a later reflection, "C" incorporates the context (both inside and outside) of her use of the VoiceBox into her narrative:

> [It's] the fact that I'm here and there's no other human here. There's a voice, a disconnected voice, and even though this is just flimsy material and I can hear the music from the "open-mike" [public performance] night, I feel completely safe […] like I'm in an oasis. I can hear the lovely music but […] I don't know really, it's a beautiful thing […] a safe place to say how I feel and what's on my mind, instead of looking at people's faces and thinking "I wonder what they're thinking about me?", because there's no one here *but* me (C).

These data show how the VoiceBox allows for the meanings which individuals attach to their individual recovery experience to be reflected upon and explored over time. It also shows how, despite being located in a vibrant recovery setting ("open mike night"), the VoiceBox enabled a safe disconnect from the demands of that environment ("an oasis"). These reflections begin to show how using the VoiceBox helps to support positive (re)framing of individual recovery experiences, and helps to more fully account for the growing self-recognition as someone who is "in recovery".

Watching myself back, then and now

Participants were invited to watch their film immediately after the filming, either alone or as part of a closed screening session shared with other community members; often this individual or group "watch back" was deferred until a later date. The "watch back" provides an opportunity for both critical self-reflection and positive framing/reframing of their experiences, as is evidenced here:

> *Oh*, that stirred up a lot. I'm surprised at how confident I was, I mean I still am but I'm surprised at how confident and competent I sounded. But I find it very, very difficult to watch myself on the screen [and] listen to myself, but it was quite good for me to *listen* to the content rather than sit here with a critical head on going, "*Aargh*, shut up, you with the silly voice" […] it's only twelve months but it feels like a long, long time ago (K, community member).

The process of "watching myself back" was captured on film either as part of a subsequent VoiceBox session or on a portable computer and, for this group, it became commonplace for activity to be captured (either film or audio) as it became embedded into group practice: people talked of re-watching films, reminding themselves of the changes, showing other people, and using it as a stimulus for conversations:

> I forgot that I'd done it, well, not forgot I'd done it, but I hadn't seen any of it since I [first used] the *VoiceBox*. It's been twelve months since I [recorded] this one and a lot has happened. To see it now and hear how vulnerable I was talking impacted me cause I could feel it straight away when I seen [saw] it and for me, that just re-affirmed what the *VoiceBox* is and what it does […] I know I'm not the same person now as I was then […] the things I was saying were positive and it's good, but I can definitely see the vulnerability and tap into it (S, community member).

> The highlights of the last 12 months for me has been [my son], who's sitting here [both smile]. We've done a few things, spent a bit of time together and it's been magic [both shout "hurray"]. I'm the happiest dad in the world, I couldn't ask for anything more. I've even met a nice girl […] I'm so lucky that the past is finished with (M, community member).

When VoiceBox users "watch themselves back" individual, historical and reflective accounts of recovery are (re)constructed and re-appraised by the individual. Rather than viewing recovery experiences as a simple accumulation of static memories, use of the VoiceBox appears to offer a method through which the constant re-formation of a "recovery identity" might be better understood, either individually or ("M", above) with family members.

Reflecting on my day at the conference

The VoiceBox also allows engagement between the recovery community and the "orthodox" professional community to be documented. The "Crew" went "on tour" to a range of events and conferences over a 12-month period. This included national multi-professional conferences such

as NHS Expo 14, local recovery events, and a Women's Conference. The "Crew" also delivered a workshop at the International Network Towards Alternatives and Recovery (INTAR) conference, in July 2014. Design, preparation and facilitation of an hour long workshop and a "VoiceBox Pop-Up in the Open Space" event was experienced as a powerful vehicle for connecting, "being part of" and showcasing the VoiceBox approach:

> [the NHS Expo] was full of doctors, the people in charge who were making decisions about [the] direction the NHS was going in […] walking around all "very important" […] when we [asked them] "What's recovery to you?" they were like, "Recovery from what?" So, we started to talk about it not just being about recovery from alcohol or drug addiction.
>
> They went in the VoiceBox […] when they came out they were like, "this is a good way to get research done because it's about people getting honest [replies] rather than just statistics […] what people genuinely think". It was really good to speak with other people who aren't really affected by [addiction] but they work in these services so it was good to create awareness out there […] to change people's minds (S, panel discussion, INTAR 14).
>
> I did the [event] and, for someone who hates their voice, I became the "voice" of the *VoiceBox*, asking the questions, because it was an all-women group and our *VoiceBox* up until then it was a male voice. It was hugely empowering […] I found my voice (K, panel discussion, INTAR 14).

Others chose to share films they had made in the public arena. For instance, "A" decided to share her film at the INTAR conference (above). She watched it publicly, with support from recovery community members, and witnessed a positive impact upon the group:

> [*VoiceBox*: "Knowing what you know now, what message would you give yourself when the going gets tough?"]
>
> I'd cheer myself on, I'd say, "look what you've been through, you've got the strength and the determination inside you to get through this, that you're amazing, courageous, capable and totally able to get through anything (A, community member).

Taking the VoiceBox from explicitly "recovery" contexts into professional and public contexts revealed a growing sense of belief, efficacy and empowerment. The VoiceBox, when operated by people in recovery within "professional" contexts, was instrumental in revealing perceived and epistemic spaces between "us" (in recovery) and "them" (professionals).

Watching and curating as a community

Over time, curating of individual experiences evolved into group curation, both of individuals' own material and VoiceBox material from conferences and events. Working co-productively, a systematic process was established; this was named by the group, "capture, re-connect, curate and create". This became embedded over time, evolving from individual viewings to communal, group co-production. Individuals invited friends, family and sponsors to join them in the VoiceBox, providing an intimate space for viewing and further curation, sharing insights and "making meaning" together. This was a powerful experience for all parties. For example, a woman and her daughter were observed giggling, smiling, hugging each other as they watched their earlier film, giving each other "knowing looks" as they watched and reflected upon a film that recalled the impact of a relapse that the mother had recounted in an earlier film.

The evolving relationship between community and academic researchers firmly established the partnership, with all parties seeing themselves as assets and a resource. However, there was a conscious decision made by the group not to introduce "training" from the academic researchers to avoid suggesting a level of "expertise" that needed to be transferred. Although never overtly expressed, community members began to identify as researchers.

Individual, informal "curating" evolved into more structured "curation workshops", developed iteratively and collaboratively. These workshops involved the reviewing of films gathered from the various events, and a practice emerged wherein viewings of films would take place collectively, followed by a sharing of personal reflections and reactions. Watching as a group provided a venue within which a communal questioning of "meanings" might take place:

> Hearing myself say, "I bet he's got a villa in Spain and doesn't give a shit". I'm looking at that man there and […] I realise that *I'm* judging *him,* and what he's just said, because he's

> got a suit on. I can see how *I* judge […] just like I worry that people are doing it to me (M, community member).

The value and level of openness, the ability to "look", and perceptible connection with the change process at a profoundly intimate level is at the core of the process:

> I'd begin thinking "what's this all about?" when we talked about "data", but then we went to [event] and I knew that we were onto something special […] it was about getting out there with the box and taking time to see where it took us (M, recovery community member).

The flexible, purpose-driven nature of the group relationship meant that people remained connected whilst developing wider interests. Group attachment was sustained through naturally developing connections rather than defined roles or timetables of activity. Participants identified this as helpful, particularly given the timing of this in relation to their early days in recovery (some just out of treatment) and the development of their individual and collective recovery capital:

> The last twelve months really have been a journey, one with highs and lows. I guess the highlight for me has been remaining sober, abstinent and learning to live on life's terms […] I think I've done a lot of great stuff over the last year with other people who are looking for abstinence, which truly reminds me to keep me feet on the ground and remember where I've come from, how lucky I am to be where I am today. It fills me [with] gratitude […] I wouldn't have tried before […] [a] new set of amazing friends (R, community member).

> I was consumed with pain and suffering, I'd given up on myself, I'd given up on life. And at times I tried to kid myself that it had passed and that I'd moved on from it and I really hadn't, I was lying to myself and to other people […] I wouldn't have admitted that at the time, but *watching* it […] [the *VoiceBox* film] has given me new insight and awareness (A, recovery community member).

The group process of "watch back" and curation invited opportunities for personal reflection, comparing of experiences, exploration of wider meanings, and a level of openness, authenticity and sophisticated analysis. This last point is pertinent in the context of the deliberate decision not to "train" community researchers in "academic research methods". This has implications for how we can (re)construct methodologies and more meaningfully connect the academic/professional "world" with those of people in recovery.

Limitations of our research

These data provide an account of those who define themselves as being "in recovery" within a particular recovery community in the UK, using a bespoke and still-developing method of engagement. We have begun to establish links between our findings, extant theory (e.g. recovery capital), and the individuals who co-produced and constructed these data in their community. Therefore, although our findings are "local", they engage with some of the wider debates (and theories) which frame "the meaning of recovery" and we can cautiously begin to make claims for their transferability.

Furthermore, volunteers representing themselves in our research were those were willing to discuss their experiences, and we remain mindful that there are many people "in recovery" who are recovering without engaging in recovery communities. Although participants were self-selecting and not specifically selected on the basis of gender, social class, ethnicity or time in recovery, they represent a range of these characteristics and, moreover, all of them closely identified with the common purpose of recovery in a "recovery community" context.

Impacts

The VoiceBox as a tool for both data collection and engagement

Our findings suggest that using the VoiceBox as a method for data collection reduced the "demand characteristics" (cues, perhaps unintentional, that prompt or invite a particular reply) that might be inherent in a conventional face-to-face interview process. Several participants testified that they felt more comfortable alone in the booth and appeared to be less conscious of their surroundings, and there is evidence that using the VoiceBox diminished feelings of self-consciousness. Whilst there is no direct mention of the "self-pacing" design of the VoiceBox, this facility may empower the person to feel "in control" of the interview, and the relaxed insertion of "research knowledge" by one of the participants suggested their growing confidence,

particularly when confronted by "expert" observers. In this study, support from other participants encouraged participation and reduced reported anxiety; in addition, healthcare professionals who experienced the VoiceBox also testified to its usefulness in eliciting testimony.

However, the VoiceBox became more than a data collection tool when used within a co-productive project. The sense of community working and the evolving use of the VoiceBox were part of both an exploration of recovery and a means of engendering reflection and self-awareness among the participants. The inclusive nature of the VoiceBox project as a research approach has evoked change among participants, and maturation in those observed through the VoiceBox process of reflection and self-discovery.

The voicebox and the development of "recovery communitas"

The role the recovery community plays as an entity in itself, the "generalised social bond" (Turner, 1969, p. 96) of the group's *communitas*, can also be located within the VoiceBox accounts of the recovery community members. The shared epithet ("the Box"), the developing sense of belonging, identification and unity, the tacitly agreed "protocols" and the building of a digital "cultural memory" for this recovery community provide evidence of the establishment and social impact of such a *communitas*. These evolving rules of community are not imposed upon the recovery community by experts; rather, the community generates and sustains a "recovery *communitas*" through their practice of "doing and sharing" recovery. In this way, the VoiceBox can be seen both as a means by which *communitas* is accomplished, and a means by which evidence of this can be gathered; this in turn invites further co-productive research to further explore this aspect of recovery.

The voicebox and co-productive methodologies

In Slay and Stephen's review of co-productive methodologies for improved service provision (2013), they suggest that effective co-production requires the six principles of being asset-based, building on existing capabilities, involving reciprocity and mutuality, engaging mutual peer support networks, blurring distinctions between researchers and participants and facilitating rather than delivering production. The VoiceBox project has demonstrated adherence to all these principles. It has focused on the abilities of the "Crew" rather than their limitations; the project was governed largely by the participants themselves, with basic facilitation (but not training) in evidence-gathering principles from the academic and community researcher. The blurring of distinctions of role, power and influence appeared to assist in engaging participants in both the project and further reflection upon their recovery. Slay and Stephens identified that the blurring of roles and engaging mutual peer support networks, termed "catalysts of change", are the least common aspects of co-production for service provision. In our project, the approach of assisting the development of the VoiceBox as a research tool as used and enhanced by the "Crew" engendered a sense of community, empowerment and change amongst participants.

Concluding remarks

This project allows us to draw together a number of points that we anticipate may help shape future practice in co-productive recovery research. First, we have learned how using digital media technology helps to ameliorate some of the inherent biases of traditional approaches to qualitative interviewing, and that digitally mediated interviewing can invite meaningful, self-reflective narratives about substance use recovery. Second, we have learned how co-productive research places different "design demands" upon (academic) researchers; this is epitomised by our community-led recruitment approach, the collaborative data extraction, and the reflective, narrative "storying" of analysis. Third, we have learned how digital media technologies within recovery research inherently implicate the "self"; rather than wholly focused upon consumption/abstinence. Last, we have learned how vital the cultivation of a *communitas* is to the success of a co-productive research venture; we have shown how co-production with community researchers can yield impactful data that asks new questions about the nature of the "recovering self" (Mudry and Strong, 2013) and the building and sustaining of recovery communities.

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