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What It Was Like, What Happened, What It Is Like Now: Liminal Spaces and the Pedagogy of Recovery

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ABSTRACT

Addiction recovery is frequently interpreted through biomedical or punitive frameworks that overlook its cultural, ritual, and pedagogical dimensions. This article offers a theoretical and interpretive analysis of peer-led, meeting-based recovery communities in North America, particularly those organized around mutual-aid traditions such as Alcoholics Anonymous and related social-model practices. It argues that these settings function as ritual pedagogies, patterned systems of learning and moral practice through which participants reconstruct identity over time. Drawing on anthropological theories of ritual and liminality alongside perspectives from adult learning, recovery meetings are examined as environments of recurring liminality rather than singular rites of passage. While the familiar narrative sequence of what it was like, what happened, and what it is like now parallels classic tripartite models, recovery does not reliably culminate in stable incorporation. Instead, participants often move through cycles of instability, relapse and return. Within this framework, testimony, understood as structured first-person narrative sharing, functions as a central practice; sponsorship operates through relational mentorship; and shared texts and meeting formats serve as portable curricula that stabilize participation across time and space. These processes are sustained through a structural ethics of care that enables repeated reentry and ongoing transformation.

1 | Introduction: Recovery as Cultural Pedagogy

Addiction recovery is often interpreted through biomedical or punitive frameworks that emphasize pathology, compliance or control (White 1998; Room 2005; Kelly 2020). Biomedical models frame addiction as a chronic disorder of the brain, while punitive approaches treat substance use as deviance requiring regulation or sanction. These perspectives offer partial insights, yet they obscure the cultural, ritual and pedagogical processes through which recovery is lived and sustained in everyday settings.

This article examines peer-led, meeting-based recovery communities in North America, particularly those organized around mutual-aid traditions such as Alcoholics Anonymous and related social-model practices. These are not residential or total-institution settings, but recurring, voluntary gatherings in which participants meet to speak, listen, and support one another over time. Within these ordinary spaces, a distinct form of social learning unfolds. Beneath the languages of treatment and punishment lies a durable cultural phenomenon: people teaching one another how to inhabit a changed life. This article argues that core recovery practices, particularly the narrative sequence of 'what it was like, what happened, and what it is like now', can be understood as a vernacular enactment of ritual process, providing an anthropological account of how identity transformation is structured, sustained and transmitted within peer-led recovery communities.

The analysis presented here is theoretical and interpretive rather than based on newly collected empirical data. It draws on sustained engagement with recovery communities alongside

interdisciplinary scholarship in anthropology and adult learning. The aim is not to generalize statistically, but to clarify the patterned cultural forms through which recovery is enacted, learned and transmitted.

Recovery communities operate as participatory pedagogies. Their texts are spoken rather than written, their meeting spaces improvised, and their curriculum transmitted through repetition, narrative, ritual form and service. Practices such as opening readings, shared testimony, moments of silence and the rotation of small responsibilities do more than organize meetings. They instruct participants in habits of attention, accountability, humility and care, transmitting forms of knowledge that cannot be easily professionalized, including how to speak honestly, how to listen without interruption and how to remain present in the aftermath of loss.

Anthropological theory provides a powerful lens for understanding this process. Van Gennep's account of rites of passage describes transformation as movement through separation, liminality, and incorporation (van Gennep 1909/2019), while Turner's analysis of liminality and communitas illuminates how shared vulnerability can generate new forms of identity and belonging (Turner 1969, 1974). Recovery meetings reproduce elements of this ritual grammar in contemporary form. At the same time, recovery does not conform neatly to a completed rite of passage. Participants frequently cycle through instability, relapse and return, and incorporation into a stable new status remains partial or deferred. Recovery is therefore better understood as a structured environment of recurring liminality, in which transformation is revisited and practiced rather than achieved once and for all.

This threshold is also pedagogical. The dialogical learning described by Paulo Freire finds close parallel in recovery practice, where reflection and action are joined through spoken experience and response (Freire 1970/1993). Testimony functions as a central mode of learning through which participants interpret and reinterpret experience in relation to others. Sponsorship operates as mentorship across thresholds of change, while service provides a means of sustaining participation and continuity over time. Bell Hooks' account of engaged pedagogy likewise resonates with recovery settings, where learning emerges through presence, vulnerability, and reciprocal recognition rather than authority (Hooks 1994). Each exchange instructs both speaker and listener, reinforcing recovery as a process of mutual formation rather than individual correction.

The endurance of recovery communities rests on what can be described as a structural ethics of care. This term refers to patterned design features and relational norms that safeguard voluntariness, dignity and trust within recovery settings. Practices such as the rotation of service roles and prohibitions on crosstalk distribute authority and protect psychological safety. Ethics in this context are not articulated as doctrine but enacted through structure, routine and repeated practice, consistent with anthropological accounts of ritual as a means of producing and maintaining moral order (Douglas 1966).

As clinical and institutional systems expand and contract, these grassroots pedagogies persist. They endure not because they are formally organized or professionally administered, but because they are lived, repeated and transmitted across participants. Recovery is not only a therapeutic intervention but a cultural system that converts suffering into shared knowledge and isolation into belonging. To analyze recovery solely as treatment is to overlook its deeper function as a ritual pedagogy through which identity, meaning, and connection are reconstructed over time.

2 | Literature Review and Gap

Anthropological scholarship has long examined ritual, liminality and identity transformation as central features of social life. Van Gennep's foundational account of rites of passage framed transformation as a patterned movement through separation, liminality and incorporation (van Gennep 1909/2019). Victor Turner extended this model by describing liminality as a socially productive condition in which ordinary structures are suspended and new forms of identity and communitas emerge (Turner 1969, 1974). Subsequent work has further clarified how ritual stabilizes moral order, regulates conduct and sustains shared meaning over time (Douglas 1966; Geertz 1973; Bell 1992).

Within recovery research, studies of Alcoholics Anonymous and related mutual-aid communities have documented the importance of narrative, identity reconstruction and collective practice in sustaining long-term recovery (Cain 1991; Rudy and Greil 1989; Kurtz 1979; White 1998, 2009). This body of work demonstrates that recovery is not solely an individual or clinical process, but a social and relational one, structured through shared forms of meaning-making and participation. Anthropological and sociological studies of recovery communities have consistently shown that narrative plays a central role in identity reconstruction and sustained participation (Cain 1991; Rudy and Greil 1989; White 1998, 2009).

Contemporary research has also emphasized the role of social identity, recovery capital and peer networks in sustaining long-term change (Best et al. 2016; Cloud and Granfield 2008; Laudet 2007).

At the same time, these processes have not been consistently developed within an integrated anthropological framework of ritual and liminality. Elements of this perspective appear in scattered and partial form, but have not been systematically developed within a sustained anthropological framework. While recovery has been analyzed in terms of identity change, commitment, and social support, less attention has been given to the patterned ritual structures and threshold dynamics through which these transformations are enacted and sustained over time.

Recovery trajectories are widely recognized as unstable and non-linear, often involving relapse, recurrence and repeated reengagement over time (Kelly 2020; White 1998). This instability complicates straightforward applications of rites-of-passage models that emphasize transition and incorporation as completed processes. In many cases, recovery does not culminate in a stable new status but unfolds through ongoing, recursive engagement with change.

Parallel gaps appear in adult learning and pedagogical theory. Frameworks of dialogical and transformative learning emphasize disruption, reflection and the reconstruction of meaning over time (Freire 1970/1993; Mezirow 1991; Hooks 1994). While these models closely resemble recovery practices such as narrative sharing, sponsorship and service, they are rarely applied to peer-led recovery communities as sustained learning environments.

What remains underdeveloped is an integrated account of recovery communities as cultural systems in which ritual form, pedagogical process, and moral order operate together under conditions of instability and return. This article addresses that gap by synthesizing anthropological theories of ritual and liminality with perspectives from adult learning to conceptualize recovery communities as ritual pedagogies. In doing so, it reframes recovery not as a completed transition, but as a recurring, structured engagement with liminality through which identity is continually reworked and sustained.

3 | Analytic Framework

3.1 | Liminality and the Architecture of Transformation

Anthropological theories of ritual provide a durable framework for understanding recovery as a process of identity transformation rather than simple behavioral change. Van Gennep's foundational account of rites of passage describes transformation as a patterned movement through separation, liminality and incorporation, a sequence through which individuals cross thresholds between social states (van Gennep 1909/2019). The liminal phase marks a period of suspension in which prior identities are loosened but new ones are not yet secured. This condition is characterized by ambiguity, vulnerability and heightened openness to change.

Victor Turner elaborated this middle phase, describing liminality as a socially productive condition in which ordinary structures are temporarily suspended and participants encounter one another outside conventional hierarchies (Turner 1969). In such settings, Turner identified the emergence of communitas, a form of social relation grounded in shared exposure and provisional equality. Liminality, in this view, is not merely a transitional stage but a generative space in which identity can be reworked and social bonds reconfigured.

Recovery meetings reproduce elements of this ritual architecture in contemporary form. Participants step out of routines and identities shaped by addiction into environments governed by distinctive conventions, including first names, structured turns for speech, moments of silence, and shared readings. These practices suspend ordinary markers of status and expertise, placing newcomers and long-term participants in a shared field of vulnerability. The meeting space thus functions as a threshold, neither fully situated within the old life nor yet secured within a new one.

Importantly, liminality in recovery is not confined to a single moment or event. Recovery trajectories are widely recognized as unstable and non-linear, often involving relapse, recurrence, and repeated re-engagement over time (Kelly 2020; White 1998). Many participants arrive already shaped by prolonged instability associated with trauma, incarceration, homelessness or social marginalization. In these contexts, liminality may be extended rather than temporary. Later anthropological scholarship has noted that liminality can become prolonged, cyclical or unresolved when conditions for reintegration are fragile or absent (Thomassen 2009; Szakolczai 2015). Rather than a brief transition, liminality may become an ongoing condition of uncertainty.

These observations are especially relevant to recovery settings. While meetings offer a structured liminal environment, the conditions of communitas are not evenly distributed. Gender, race, class and other social differences shape who speaks, whose voices are affirmed, and whose authority is recognized. Catherine Bell's analysis of ritual cautions against assuming that ritual suspends power altogether, noting instead that ritual practices both contest and reproduce social hierarchies (Bell 1992). Recovery spaces are no exception. Liminal equality can coexist with subtle forms of exclusion, gatekeeping, or rigidity.

For liminality to remain generative rather than disorganizing, it must be stabilized through patterned forms. Turner noted that communitas is inherently unstable and must be reintegrated into social structure if transformation is to endure (Turner 1969). In recovery communities, this stabilization occurs through repeated practices such as regular meeting attendance, sponsorship relationships, narrative forms and rotation of service roles. These practices transform liminality from a condition of suspension into a structured environment in which new identities can be rehearsed and consolidated.

Recovery is therefore best understood not as a singular passage but as a recurring liminal process. Each meeting reconstitutes the threshold, allowing participants to revisit uncertainty within a bounded and recognizable form. This repetition enables liminality to function as a site of learning rather than crisis. The space remains open enough to permit transformation, yet structured enough to prevent collapse into marginality.

Liminality in recovery, then, is neither purely transitional nor inherently destabilizing. It is a disciplined condition, sustained through ritual form and social practice. Situating recovery within this anthropological account of liminality highlights how recovery communities convert uncertainty into a structured environment for identity reconstruction, allowing change to be revisited, practiced and sustained over time.

3.2 | Pedagogy and Dialogical Learning

If van Gennep and Turner provide a grammar of ritual transformation, Paulo Freire offers a pedagogy that resonates closely with recovery practice. In *Pedagogy of the Oppressed*, Freire argued that education is not the transfer of information but a dialogical process through which learners engage experience, reflect critically, and revise understanding through action (Freire 1970/1993). Learning, in this view, occurs not through passive absorption but through participation in meaning

making. The educational encounter becomes a threshold where certainty is unsettled and new orientations can emerge.

Within this framework, education is inherently relational. Teacher and learner enter a shared space of inquiry in which authority is destabilized and knowledge is co-constructed. Freire's critique of the banking model of education parallels anthropological critiques of rigid ritual forms that prioritize compliance over transformation. Both highlight the importance of dialog, reflection and praxis in sustaining meaningful change. Transformation is not automatic. It requires repeated engagement with experience and the social conditions that shape it.

Recovery testimony functions in precisely this way. Speakers do not transmit information to passive hearers. Each narrative becomes a shared act of world naming through which experience is interpreted and reinterpreted in relation to others. The familiar three-part narrative structure of what it was like, what happened, and what it is like now creates a dialogical rhythm that invites recognition, reflection and response. Meaning is not imposed but negotiated collectively. At the same time, not all testimony is equally generative. Some narratives may reproduce stigma or reinforce hierarchy, underscoring the need for structural conditions that protect dialog from domination.

Bell Hooks' account of engaged pedagogy further clarifies this dynamic. She emphasized that learning requires vulnerability, presence and mutual transformation, particularly in settings marked by unequal power (Hooks 1994). This description aligns closely with recovery practice, where authority rests not on credentials but on lived experience shared for the benefit of others. Sponsorship embodies this pedagogical ethos through accompaniment, accountability, and the willingness to learn while teaching.

Jack Mezirow's theory of transformative learning provides an additional lens. Mezirow described learning as a process initiated by disorienting dilemmas that disrupt taken-for-granted assumptions and provoke critical reflection (Mezirow 1991). In recovery, experiences often described as collapse or hitting bottom function in this way. These experiences do not produce change on their own. They become educative only when interpreted, narrated, and reworked within a supportive social environment. Recovery communities provide the conditions under which such reflection can occur repeatedly and safely.

Taken together, Freire, Hooks, and Mezirow illuminate recovery as a pedagogical process grounded in dialog, repetition and praxis. Learning unfolds through shared narration, disciplined listening and collective reflection rather than instruction. What results is not passive compliance but a communal practice of meaning making and identity formation sustained over time.

3.3 | Structural Ethics of Care

Liminality and dialogical learning alone do not account for the durability of recovery communities. Liminal states are inherently unstable, and dialog without form can dissolve into domination, confusion or withdrawal. What allows recovery settings to remain generative rather than disorganizing is a patterned moral architecture that stabilizes participation over time. This architecture can be described as a structural ethics of care, a set of observable design features and relational norms through which dignity, voluntariness and accountability are enacted rather than prescribed.

Here, moral refers not to abstract ethical principles but to the patterned expectations, obligations and forms through which social life is organized and sustained.

Ritual theory emphasizes that moral order is produced through form. Mary Douglas argued that ritual practices organize social life by marking boundaries, regulating conduct and rendering moral expectations visible and enforceable without explicit coercion (Douglas 1966). From this perspective, ethics are not primarily articulated as abstract principles but embedded in repeated structures that shape behavior and expectation. Recovery communities exemplify this pattern. Their ethical commitments are expressed through how meetings are organized, how speech is governed and how responsibility circulates.

Several design features are especially salient. Speaking is typically structured through turn taking and first-person narration, limiting interruption and discouraging correction. Prohibitions on crosstalk protect vulnerability by preventing immediate evaluation or debate. Moments of silence mark transitions and create space for reflection. These constraints do not restrict participation but enable it by establishing predictable conditions under which speaking and listening can occur. They create a bounded moral field in which attention, care and accountability are cultivated.

The distribution of responsibility further reinforces this ethical structure. Recovery communities rely on the rotation of small service roles such as greeting, setting up chairs, preparing refreshments or facilitating meetings. These roles are limited in scope and temporary in duration, preventing the accumulation of authority while fostering continuity. Turner observed that communitas cannot sustain itself without reintegration into social structure (Turner 1969). Role rotation functions as such reintegration, translating liminal equality into ongoing responsibility without hierarchy.

Voluntariness is another defining feature of this ethical architecture. Participation is typically open, self-selected, and noncompulsory. Many recovery groups explicitly refuse to verify attendance or report participation to external authorities. This boundary protects the space from becoming an extension of surveillance or control. Ethics here are not enforced through sanction but maintained through shared expectation and mutual recognition. Participation remains meaningful because it is chosen rather than imposed.

These forms collectively enact care as a structural property rather than a personal disposition. Care is expressed not through exhortation but through the predictable availability of space, attention, and continuity. The structure itself carries ethical weight, allowing participants to rely on the setting even when individual relationships fluctuate. In this way, care becomes durable, transmissible, and independent of particular personalities.

Importantly, the structural ethics of care do not eliminate power or inequality. As with all social systems, recovery communities reflect broader social differences and tensions. However, their design features create mechanisms for limiting domination and for reopening participation when breakdown occurs. Newcomers can reenter the space repeatedly. Long-term members are periodically returned to ordinary roles. Authority is exercised through service rather than command. These patterns align with anthropological accounts of ritual as a means of managing moral life through repetition and form rather than through rule enforcement alone (Bell 1992).

Viewed in this way, recovery communities sustain transformation not by perfect consensus or constant harmony, but by providing a stable ethical container in which uncertainty can be revisited safely. The structural ethics of care allow liminality to remain open without becoming overwhelming and dialog to remain generative without becoming coercive. Through these patterned forms, recovery communities convert vulnerability into participation and sustain identity change over time.

4 | Reflexivity and Method

This analysis is interpretive and theoretically driven rather than based on newly collected empirical data. It draws on sustained engagement with peer-led, meeting-based recovery communities in North American contexts, alongside interdisciplinary scholarship in anthropology and adult learning. The aim is not to produce generalizable findings, but to clarify the patterned cultural forms through which recovery is enacted and sustained.

Recovery communities are not readily accessible through detached observation alone. Their meanings emerge through participation, repetition and embodied presence. Accordingly, this analysis approaches recovery not as an external object to be measured, but as a lived cultural system encountered from within, consistent with interpretive anthropology (Geertz 1973).

Anthropological inquiry has shown that certain forms of social life are most effectively understood through participation rather than distance. Practices such as ritual speech, silence, turn-taking, and patterned response generate meaning through enactment rather than explanation (Turner 1969; Bell 1992). In recovery settings, testimony, sponsorship, shared service, and ritual repetition function as central mechanisms through which transformation is learned and sustained. Observing these practices from a distance risks reducing them to symbolic representations rather than recognizing them as active social processes.

Recovery meetings function as dense ritual environments. Their material simplicity, folding chairs, borrowed rooms, shared texts and improvised order contrast with the complexity of the social and moral work taking place within them. These spaces are often temporary and subject to disruption. Meetings relocate, dissolve and reconstitute themselves in response to changing conditions. Yet recovery practices persist across these disruptions. Ritual theory emphasizes that continuity is carried by form and repetition rather than by stable infrastructure (Turner 1967; Douglas 1966).

Within this context, the analysis is informed by the author's sustained participation in and observation of recovery communities over time. Knowledge is generated through narrative exchange, embodied practice and patterned interaction. Recovery narratives function not only as personal expression but as cultural evidence, shaping identity and transmitting communal knowledge across participants (Cain 1991; Rudy and Greil 1989; White 1998). Repetition stabilizes meaning, and shared practices organize memory and continuity. These processes are observable in how participants speak, listen, return after absence and assume responsibility over time.

Reflexivity is therefore necessary to this approach, as the researcher's position within recovery spaces shapes what can be observed and interpreted. Acknowledging this position clarifies the conditions under which interpretation occurs, consistent with reflexive and autoethnographic approaches that treat lived experience as a source of cultural insight (Ellis and Bochner 2000).

This approach does not aim to generalize statistically or to extract universal rules of recovery. Instead, it seeks to render visible the patterned cultural forms through which recovery communities sustain learning, identity and care. By attending to ritual space, relational transmission and lived practice, the analysis treats recovery as a cultural system whose knowledge is enacted, preserved and renewed through disciplined social forms (White 1998; Kelly 2020).

5 | Discussion: Ritual Practice, Transmission, and Identity in Recovery Communities

The following sections examine how recovery practices are enacted, transmitted and sustained in everyday settings. Moving from space to speech, from pedagogy to stewardship and from identity to continuity, the analysis traces how recovery functions as a cultural system rather than a discrete intervention.

5.1 | Recovery as Ritual Space

Recovery communities operate within spaces that are at once ordinary and symbolically dense. Meetings often take place in borrowed rooms, church basements, community centers, hospital conference rooms or other provisional settings. These spaces are rarely designed for permanence. Chairs are folded and unfolded, tables rearranged, coffee brewed and discarded. The room is assembled, inhabited for a brief period, and then returned to its prior function. Yet within this temporary architecture, a recognizable order repeatedly emerges.

What distinguishes these spaces is not their material stability but their patterned use. The arrangement of chairs in a circle, opening readings, moments of silence and closing rituals mark the space as distinct from ordinary time. Participants enter a shared rhythm that signals a different mode of attention and interaction. The room functions as a threshold space, constituted through repeated practice rather than fixed designation (Turner 1969; Bell 1992).

A central feature of these spaces is the relative flattening of hierarchy. Participants enter with different social statuses,

professions and histories, yet these distinctions are muted through shared acknowledgment of vulnerability. This leveling effect has been noted as a defining feature of mutual-aid recovery settings, where authority is grounded in participation and shared experience rather than formal credentials (Kurtz 1979; White 1998). Individuals encounter one another primarily through shared exposure and common risk rather than social position.

Ritual space in recovery also regulates speech and silence. Turn-taking structures who speaks and when, while prohibitions on interruption and crosstalk limit immediate evaluation or correction. Silence functions as an active practice that slows interaction and allows emotional expression to emerge without demand. These patterned constraints create conditions under which disclosure becomes possible without coercion and have been identified as central to the functioning of peer-led recovery groups (Kurtz 1979; White 1998, 2009).

Importantly, recovery spaces are organized around return rather than performance. Participants who return after absence or relapse are typically reabsorbed into the meeting without formal sanction, reinforcing conditions under which participation can resume without collapse (White 1998; Kelly 2020). This response reflects a shared recognition that relapse is a common feature of recovery trajectories rather than an exception. Meetings oriented toward reentry or early recovery often include participants recounting their own initial arrivals or returns, offering practical guidance and social connection.

Newcomers entering for the first time are similarly incorporated through structured practices of welcome and orientation. Participants may be greeted, offered contact information and introduced to meeting formats. Over time, those who initially enter as newcomers are invited to assume small service roles, eventually facilitating meetings themselves. This circulation of roles illustrates how participation, responsibility and learning are distributed through repeated engagement rather than fixed status (Kurtz 1979; White 1998).

These practices communicate a shared understanding that returning to the meeting interrupts trajectories of isolation and harm. Absence is not treated as a moral failure but as a condition associated with increased vulnerability, including heightened risk of relapse and adverse outcomes (White 1998; Kelly 2020). By structuring return as expected and supported, recovery communities transform relapse from a point of exclusion into an opportunity for renewed connection and continuity.

Recovery as ritual space thus functions as a mechanism for sustaining transformation under conditions of instability. Meetings may relocate, dissolve or reconstitute themselves, yet recognizable practices persist. The continuity of recovery does not depend on fixed infrastructure but on shared forms, embodied routines, and relational expectations, consistent with anthropological accounts of ritual as carried through repetition and practice (Turner 1967; Douglas 1966). Through this repetition, recovery communities convert temporary spaces into reliable environments in which identity can be interrupted, rehearsed and rebuilt over time.

5.2 | Testimony as Ritual Narrative

Within recovery ritual space, speech is not casual conversation but a structured practice that carries pedagogical and symbolic weight. Testimony, understood as structured first-person narrative sharing, functions as a ritual form through which individual experience is transformed into shared meaning. The familiar sequence of what it was like, what happened, and what it is like now provides a patterned structure for telling one's story. This sequence parallels the classic ritual movement of separation, liminality, and incorporation described in anthropological accounts of rites of passage (van Gennep 1909/2019; Turner 1969).

As ritual narrative, testimony does more than recount personal history. It situates individual experience within a shared narrative framework that renders suffering intelligible and transformation possible. Speakers recount the dissolution of a former way of life, describe a period of uncertainty or crisis, and articulate a reengagement with social life marked by new forms of responsibility and belonging. Listeners encounter aspects of their own experience within these narratives, allowing recognition to occur without direct comparison or evaluation.

The conditions under which testimony is offered are essential to its function. Speaking is governed by turn-taking and first-person narration, often with participants addressing the group sequentially rather than engaging in direct dialog or exchange. Prohibitions on interruption or crosstalk protect the integrity of the narrative and allow speakers to complete their accounts without correction or commentary. Silence following testimony creates space for reflection before the next voice enters. These patterned constraints transform speech into a collective practice rather than an exchange of opinions. Testimony becomes something the group holds, rather than something the individual defends (Kurtz 1979; White 1998).

Research on recovery communities has consistently shown that repeated narrative performance plays a central role in identity reconstruction. Cain (1991) demonstrated how recovery stories function as sites of identity acquisition, while Rudy and Greil (1989) showed that narrative repetition reinforces commitment to communal norms and practices. Through repeated telling, participants learn to narrate themselves into continuity with others. Over time, the form of testimony teaches not only what to say, but how to speak, listen, and recognize oneself as part of an ongoing collective (White 1998, 2009).

Testimony also serves as a mechanism of transmission across participants. Newcomers hear variations of a shared narrative structure articulated by different voices, each emphasizing different moments of collapse, return or stabilization. This accumulation of stories creates a shared archive of experience that newcomers draw upon as they begin to narrate their own trajectories. In this way, testimony functions as both memory and instruction, preserving communal knowledge while allowing for variation in individual experience.

Importantly, ritual narrative in recovery does not require coherence or success. Narratives of relapse, doubt, and unfinished change are not excluded. When individuals speak about returning after absence or disruption, their accounts reinforce

a central feature of recovery practice: that return remains possible and supported. Research on recovery trajectories highlights the centrality of reengagement following relapse as part of long-term change processes (Kelly 2020; White 1998). By allowing such narratives to be spoken and received without sanction, the ritual affirms continuity over uninterrupted progress.

Testimony as ritual narrative thus links personal experience to collective meaning. It converts private suffering into shared knowledge and transforms speech into a vehicle for learning, recognition and belonging. Through disciplined narrative form, recovery communities sustain identity change not by prescribing belief, but by repeatedly enacting a structure that makes change imaginable and return possible.

5.3 | Meetings as Pedagogical Environments

Recovery meetings function as pedagogical environments organized around participation rather than instruction. Learning does not occur through lectures, formal curricula or evaluative assessment. Instead, knowledge is acquired through presence, repetition, listening and gradual incorporation into shared practice. The meeting provides a structured setting in which individuals learn how to inhabit recovery through ongoing participation.

Unlike formal educational settings, these environments have no designated teacher. Authority circulates rather than accumulates. Participants alternate between speaking and listening, guiding and being guided, depending on their position within the recovery process. This circulation allows learning to remain embedded in lived experience rather than abstract instruction. The absence of formal teaching does not indicate a lack of structure. Rather, meetings are highly patterned, and it is this patterning that enables learning to occur.

Pedagogical rhythm is established through repetition. Meetings follow recognizable sequences that orient participants to time and expectation. Opening readings, moments of silence, structured sharing and closing rituals recur with minimal variation. This predictability allows newcomers to learn the form before mastering the content. Over time, participants internalize not only what is said but how participation unfolds, a process widely noted in studies of mutual-aid recovery groups (Kurtz 1979; White 1998, 2009).

Learning in recovery settings is both observational and participatory. Newcomers observe how others speak about failure, return after absence, and describe responsibility without exaggeration or defensiveness. They learn how long to speak, when to pause and how to listen without interruption. These practices are not formally taught but are consistently modeled and reinforced through participation. In this way, recovery meetings cultivate dispositions as much as they transmit information.

Anthropological and sociological studies of learning emphasize that knowledge is often transmitted through practice rather than explicit instruction. Bourdieu described this process as the acquisition of habitus, the embodied dispositions that guide perception and action within a social field, developed through repeated participation in structured environments (Bourdieu 1990). Recovery meetings function in a similar way. Through repeated participation, individuals acquire new ways of speaking, listening, and responding that reshape their orientation to self and others. These dispositions extend beyond the meeting into everyday life.

Dialogical learning theory further clarifies this process. Learning emerges through encounter rather than transmission, as individuals test their understanding in relation to the experiences of others (Freire 1970/1993). In recovery settings, dialog is structured by ritual form. Participation privileges recognition and reflection rather than persuasion or debate.

Recovery meetings also accommodate uneven participation and interruption. Attendance fluctuates, and individuals leave and return over time. Learning does not require linear progression or continuous presence. The environment remains open, allowing participants to reenter without penalty, a pattern consistent with research on non-linear recovery trajectories (Kelly 2020; White 1998).

Recovery meetings as pedagogical environments thus demonstrate a form of learning that is collective, recursive, and resilient. Knowledge is not accumulated through mastery but sustained through return and participation. These environments support learning by organizing interaction through patterned practice, enabling individuals to remain in relation to others while learning to inhabit change over time.

5.4 | Texts as Ritual Curriculum

Within recovery meetings, learning is stabilized through a shared ritual curriculum. Texts such as opening readings, preambles, step formulations and commonly repeated passages function not primarily as sources of information but as anchors of form and continuity. Their significance lies less in authorship or interpretation than in repetition, circulation and collective use. These texts provide a portable structure that allows recovery practice to remain recognizable across meetings, locations and participants.

Ritual theory emphasizes that texts often operate as condensed symbols, carrying shared meaning through repeated enactment rather than through interpretation alone (Turner 1967). In recovery settings, readings are spoken aloud, listened to in silence and returned to repeatedly. The act of reading is itself ritualized. Participants learn when texts are introduced, how they are received and how they frame the interaction that follows. Meaning emerges through patterned use rather than debate.

Texts function pedagogically by organizing attention and expectation. Opening readings mark the transition into the ritual space of the meeting, signaling that ordinary conversation is being set aside. Closing readings perform a complementary function, reintegrating participants into everyday interaction while carrying elements of the ritual forward. In this way, texts structure the temporal arc of the meeting, providing continuity even as attendance and location vary.

The curriculum of recovery is deliberately limited. The same texts appear repeatedly, often with minimal variation. This repetition functions as a pedagogical strategy. Through recurrence, participants internalize shared language and concepts gradually, allowing learning to accumulate over time. Newcomers encounter texts before fully understanding them, while long-term participants return to the same passages with changing perspectives. The form remains stable even as interpretation evolves.

Texts also contribute to the portability of recovery practice. Meetings may be displaced, relocated or reconstituted in new settings, yet familiar readings allow participants to recognize the space as a recovery meeting. A small set of texts can be carried, shared or recited from memory. This portability enables recovery communities to reproduce recognizable practices under conditions of material uncertainty, reinforcing continuity across settings (Kurtz 1979; White 1998, 2009).

Importantly, texts in recovery do not function as authoritative doctrine enforced through compliance. They are interpreted collectively and unevenly, with participants drawing different meanings at different moments. The curriculum invites engagement rather than assent. Participants learn how to speak through the texts, not what to believe because of them. This openness allows shared form to coexist with variation in individual experience.

The ritual use of texts also reinforces transmission across participants. Newcomers learn the language of recovery by hearing it spoken repeatedly in communal settings, while long-term participants model how texts are integrated into narrative and reflection. Through this process, texts become part of embodied practice rather than external reference. Learning is carried not only in written form but in memory, speech and habit.

Texts as ritual curriculum thus enable recovery meetings to function across time and space. They stabilize learning without rigid instruction, provide continuity without hierarchy, and support transmission without requiring uniform interpretation. By anchoring pedagogy in repeated form rather than innovation or authority, recovery communities sustain learning as a collective and enduring practice.

5.5 | Sponsors and Old-Timers as Stewards of Practice

While sponsorship has been discussed as a relational learning mechanism, this section considers how sponsorship and long-term participation function collectively to sustain recovery practice over time.

Within recovery communities, continuity of practice is sustained through stewardship rather than formal authority. Sponsors and long-term participants function as stewards of recovery practice, carrying ritual knowledge, ethical norms, and pedagogical expectations across time. Their role is not to govern the space but to maintain it, ensuring that practices remain recognizable, accessible, and open to return.

Ritual theory emphasizes that traditions persist through human carriers who remember, model, and invite participation rather than through centralized control (Turner 1969). In recovery settings, sponsors and long-term participants occupy this role through repeated participation and demonstrated commitment to service. Their authority derives not from formal status or credential but from sustained engagement in shared practice. Having navigated recovery processes themselves, they are positioned to guide others without claiming mastery.

Sponsors accompany newcomers to meetings, help them learn the rhythms of participation, and offer orientation during periods of uncertainty, often by introducing them to meeting formats, encouraging participation and helping them navigate early stages of engagement. Long-term participants model how to speak about failure, how to return after absence and how to assume responsibility without domination. Through these practices, stewards transmit the unwritten curriculum of recovery, including how to listen, how to wait and how to remain accountable within shared form (Cain 1991; Rudy and Greil 1989; White 1998).

Importantly, stewardship in recovery is deliberately nonhierarchical. Roles are temporary and rotated. Sponsors do not retain permanent authority over others, and long-term participation does not confer control over the space. This structure limits the accumulation of authority while allowing experience to remain visible and useful. Historical analyses of mutual-aid recovery movements have noted that this balance between guidance and humility contributes to their durability (Kurtz 1979; White 1998).

Sponsors and long-term participants also play a critical role in maintaining continuity under conditions of instability. When meetings relocate, dissolve or reconstitute themselves, participants carry practices forward, including texts, routines and expectations, allowing meetings to be reestablished with minimal formal instruction. In this way, stewardship supports the portability of recovery practice and reinforces continuity across changing conditions (White 1998, 2009).

Stewardship also mediates entry and reentry. Individuals entering recovery for the first time or returning after interruption encounter a space already shaped by shared practice. Sponsors and long-term participants often initiate contact, offer orientation, and connect individuals to meetings and relationships. These actions reinforce patterns of reengagement that are widely documented in recovery research (Kelly 2020; White 1998).

Sponsors and long-term participants thus function as carriers of practice rather than authorities over it. They support the continuity of recovery without enforcing conformity and facilitate learning without prescribing outcomes. Through stewardship, recovery communities maintain a living system capable of renewal, allowing identity change to be sustained across time through relationship, repetition, and shared practice.

5.6 | Identity and Reconstitution of Self

Identity transformation in recovery is not a singular psychological breakthrough but a gradual social process stabilized through

repeated participation in shared practice. Recovery communities do not ask individuals to discover an authentic self hidden beneath addiction. Instead, they provide patterned environments in which new ways of speaking, acting and relating can be learned, rehearsed and sustained over time. Identity is reconstituted through participation rather than insight.

Anthropological and sociological studies of recovery have shown that narrative plays a central role in this process. Cain's analysis of recovery storytelling demonstrated how individuals acquire a new identity by learning to narrate themselves in relation to a communal script (Cain 1991). Through repeated testimony, participants learn to describe past disruption, present uncertainty, and future responsibility in ways that align personal experience with shared meaning. Identity emerges not as private self-interpretation but as a socially recognizable position within the group (Rudy and Greil 1989; White 1998; Best et al. 2016).

This process unfolds through repetition rather than resolution. Individuals hear variations of a shared narrative structure articulated across participants over time. They adopt language provisionally before fully inhabiting it and refine it through continued participation. Through repeated use of shared forms, participants reshape how they understand themselves and how they are recognized by others. Identity becomes durable because it is practiced collectively rather than asserted individually.

Bourdieu's concept of habitus provides a useful lens for understanding this transformation as embodied and cumulative rather than declarative (Bourdieu 1990). Through regular participation in meetings, sponsorship relationships and service roles, individuals acquire dispositions toward speech, responsibility and relational accountability. These dispositions are enacted without explicit instruction and become visible in how participants listen, return after absence, accept limits and respond to others' vulnerability. Identity change is thus inscribed in practice rather than declared in belief.

Recovery communities also accommodate interruption without invalidating identity. Absence, relapse, and return do not erase one's place within the collective narrative. Instead, identity is treated as something that can be resumed through reengagement with shared practice rather than lost entirely. This orientation allows participants to reenter the process without starting from nothing, drawing on prior participation and shared forms. Identity is therefore not contingent on uninterrupted success but on the capacity to return and continue participation.

The reconstitution of self in recovery is inseparable from continuity of practice. Sponsors and long-term participants provide models of identity that are neither fixed nor idealized. They demonstrate that recovery identity remains provisional and responsive to change. Through observing others who sustain participation over time, individuals learn that identity in recovery is defined not by arrival but by ongoing engagement.

Identity in recovery is thus best understood as a relational achievement. It is produced through ritual space, narrative exchange, pedagogical repetition, curricular continuity and stewardship. The self that emerges is situated, recognizable to others, and accountable within shared form. It is sustained through participation in a living cultural system rather than secured through individual realization alone.

5.7 | Portability, Fragility, and Resilience of Recovery Communities

Recovery communities are marked by an unusual combination of fragility and resilience. Meetings often exist in spaces that are borrowed, provisional and easily lost. Schedules change. Groups dissolve. Entire meeting lists can disappear within a short period of time. From a structural perspective, recovery communities appear vulnerable and impermanent.

Yet despite this fragility, recovery practices persist with remarkable consistency across locations and contexts. Ritual theory emphasizes that resilience is not dependent on stable infrastructure but on the portability of form and the reliability of repetition (Turner 1967; Douglas 1966). Recovery communities exemplify this principle. When a meeting disappears, another often forms elsewhere with minimal instruction. Chairs are arranged, familiar readings are spoken, and the same rhythms of silence, speech, and return are reestablished. The practice survives because it is not tied to a particular place.

Portability is made possible through shared ritual knowledge and relational transmission. Participants carry the structure of recovery with them in memory, habit, and expectation. They know how a meeting unfolds even before it begins. They recognize when the space has been properly constituted and when it has not. This shared competence allows recovery meetings to be reconstituted quickly and reliably under changing conditions (Kurtz 1979; White 1998).

Fragility also shapes the ethical character of recovery communities. Because no meeting can be assumed permanent, participation is oriented toward maintenance rather than possession. Responsibility is distributed rather than centralized. Stewardship replaces ownership. These conditions reinforce humility and attentiveness to return. Participants learn that continuity depends on showing up, taking small roles, and inviting others back rather than on securing resources or authority.

Resilience is further reinforced through the treatment of interruption as expected rather than exceptional. Absence, relapse, and reentry are anticipated features of recovery life. Communities develop practices that accommodate fluctuation without collapse. The ability to receive returning participants without sanction allows recovery to persist even when individual trajectories are uneven. In this way, fragility becomes a condition that shapes form rather than a threat that undermines it (Cain 1991; Kelly 2020).

The portability of recovery practice also enables its spread across diverse social settings. Meetings adapt to prisons, hospitals, treatment centers, shelters, and informal community spaces without losing recognizable structure. This adaptability reflects a core feature of ritual systems that are transmitted through participation rather than instruction. Recovery does not require specialized architecture, professional oversight

or centralized governance to function. It requires only a small group of people who know how to constitute the space together.

The resilience of recovery communities lies in their capacity to reproduce form under conditions of uncertainty. Fragility is not eliminated but managed through repetition, stewardship and return. The ritual order remains recognizable even as rooms change, participants come and go and circumstances shift. Through portability and disciplined practice, recovery communities demonstrate how cultural systems can sustain transformation without relying on permanence, authority or stability of place.

5.8 | Continuity Across Time and Generations

The endurance of recovery communities depends not only on ritual form and relational stewardship but on mechanisms that ensure continuity over time. Recovery persists not because individuals remain indefinitely present, but because practices are actively transmitted. One of the primary means through which this occurs is service. Through service, participants shift from learners to carriers of practice, ensuring that recovery remains a living tradition rather than a static achievement.

Ritual theory emphasizes that continuity is sustained through obligation as well as memory. Traditions endure when participants assume responsibility for reproducing shared forms (Turner 1969). In recovery communities, this expectation is structured through service roles that range from logistical tasks to sponsorship and outreach. These roles are not framed as rewards for success but as responsibilities that accompany participation. Service marks a transition from being supported by the system to helping sustain it.

The norm of service is articulated explicitly in recovery traditions through the principle often referred to as the Twelfth Step, which emphasizes carrying the practice to others and integrating its principles into everyday life (Alcoholics Anonymous 1939/2001). In structural terms, this functions as a mechanism of succession. It formalizes the expectation that those who have established participation assist others in doing so, converting individual recovery into collective continuity.

Service also performs a pedagogical function. By taking on responsibility for the space, greeting newcomers, setting up rooms or accompanying others through early recovery, participants learn that continuity is sustained through action rather than belief. These practices prevent recovery identity from becoming static or self-referential. Knowledge remains active through enactment, reinforcing patterns of participation and renewal.

Continuity is further reinforced through the circulation of experience. Long-term participants carry accounts not only of stability but of interruption, return and endurance. When shared in the context of service, these accounts function as instruction rather than example. The emphasis shifts from achievement to availability. Recovery is modeled as something maintained through ongoing participation rather than completed once and for all (Kurtz 1979; White 1998, 2009; Cloud and Granfield 2008).

Spirituality enters this process as orientation rather than doctrine. Participants often describe service as redirecting attention away from self-preoccupation and toward shared responsibility. This shift is enacted through practice rather than explanation. Meaning emerges through participation in a collective process that extends beyond the individual. Such patterns align with accounts of spirituality as lived relation grounded in action and connection (Geertz 1973).

Through service, recovery communities establish a rhythm of succession. Newcomers are welcomed, supported and gradually invited into responsibility. Those who remain are expected to make space for others. This structure limits dependence on fixed leadership and supports the circulation of authority. Practice renews itself through participation rather than preservation.

Recovery communities thus sustain continuity across time through a disciplined ethic of service. Ritual space, narrative, pedagogy, curriculum, stewardship and identity are carried forward through action. Service binds these elements together, transforming recovery from an individual pathway into a collective process that persists through turnover, disruption and change.

5.9 | Toward a Cultural Model of Recovery Practice

Taken together, the preceding sections describe recovery as a coherent cultural system rather than a collection of techniques or beliefs. Recovery emerges not simply as an individual or clinical pursuit, but as a patterned social process that reshapes identity and sustains continuity through shared form. Participation in recovery entails crossing a threshold, entering a space governed by ritualized practices, and gradually assuming responsibility for sustaining that space over time.

5.10 | Theoretical Model of Recovery as Cultural System

This article advances a theoretical model of recovery as a recursive cultural system structured through practice, return and shared form. Within this model, recovery is not understood as a linear transition culminating in stable incorporation, but as an ongoing process in which individuals repeatedly engage structured environments that allow identity to be reorganized over time. Meetings provide a patterned setting in which uncertainty can be revisited without collapse, while practices such as testimony, sponsorship, and service function as mechanisms through which participation is stabilized and transmitted. Sponsorship operates as relational mentorship across thresholds of change, and meetings provide the structural conditions under which vulnerability can be expressed without sanction. Critically, relapse does not terminate participation but is incorporated into the system as a condition of return, allowing individuals to reenter without loss of identity. Through repeated engagement, these processes generate a durable sense of continuity, safety, and well-being, not as abstract outcomes, but as effects of sustained participation in shared practice.

Recovery functions as an ongoing passage rather than a discrete event. Individuals move repeatedly through uncertainty, return, and reintegration, supported by ritual space, narrative exchange, pedagogical repetition and relational stewardship. Transformation is not achieved through isolated insight or permanent resolution but through sustained engagement with a system capable of holding interruption and return.

A central feature of this system is the reorganization of social relations under conditions of shared vulnerability. Turner described communitas as a provisional form of equality emerging within liminal space (Turner 1969). Recovery communities enact a comparable dynamic through ritual practice, testimony and sponsorship. Participants encounter one another not through rank or role but through mutual exposure to risk and failure. This relational leveling is neither idealized nor absolute, but it supports learning, recognition and accountability within the group.

Recovery communities operate simultaneously as ritual spaces, pedagogical environments, and ethical systems. Ritual space establishes a threshold that suspends ordinary expectations and allows new forms of participation to emerge. Pedagogical structure enables learning through repetition, dialog, and observation rather than formal instruction. Ethical continuity is maintained through stewardship, service, and the expectation of return to shared practice. These elements function together as an integrated system rather than as separate components.

Within this system, relapse and interruption are not treated as terminal failures but as potential features of recovery trajectories. When individuals return after absence or relapse, the structured response of the community reframes the experience from rupture to renewed participation. Practices surrounding reentry reinforce that return matters because continued participation interrupts trajectories of isolation and harm. In this way, repetition becomes a resource through which learning and identity are reconstituted rather than lost.

Within this framework, recovery operates as a recursive cultural system of transformation sustained through practice, return, and shared form. For participants, this cultural model suggests that recovery is not defined solely by abstinence or compliance. It is lived as an ongoing practice of participation, responsibility, and care shared with others in the same process. Identity is stabilized through action rather than declaration, and continuity is sustained through service rather than authority. Recovery persists because it is enacted collectively, renewed through practice, and carried forward by those who continue to participate and support others in doing so.

6 | Conclusion

Seen in this light, recovery communities do not represent a novel process of change but participate in a long-standing human pattern. Across societies, transitions have been marked through ritualized thresholds, periods of uncertainty, and collective return. From initiation rites to practices of mourning and reintegration, shared forms have long been used to guide individuals through moments when identity must be reorganized. Recovery practices draw on this logic, translating it into contemporary settings shaped by addiction, displacement and social disruption.

What distinguishes recovery communities is not novelty but continuity. They demonstrate how enduring patterns of threshold crossing, witness and collective support persist under modern conditions. The circle, shared narrative forms, the presence of more experienced participants, and the expectation of return all reflect practices through which individuals are supported across periods of transition. Recovery makes visible a central feature of social life: that sustained change is rarely achieved in isolation.

Ritual practices in recovery communities, including shared readings, structured speech, and patterned interaction, enact the process of change itself. These practices reinforce that recovery is maintained not only through individual effort but through collective participation. The repetition of form allows fragile experiences to be held within recognizable structures, enabling continuity across time and circumstance.

Understood in these terms, recovery is not a return to a prior state but an ongoing capacity for reorganization under conditions of disruption. Identity is reconstituted, belonging is reestablished, and continuity is maintained through participation in shared practice. Recovery persists because it operates through collective processes that sustain transformation over time.

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Conflicts of Interest

The author declares no conflicts of interest.

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