Doing Recovery Work Together: Clients' and Counsellors' Social, Discursive, and Institutional Practices
Travailler ensemble à la récupération : pratiques sociales, discursives, et institutionnelles des clients et des conseillers

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ABSTRACT

In this conceptual paper, we offer an alternative to traditional approaches to addictive behaviours and addictions counselling. We outline practice theory and tenets of an institutional ethnographic approach used to inquire into tacit or invisible practices of addictive behaviours, the work of recovery from them, and how counselling may (or may not) be helpful. We provide a conceptual alternative to working with clients who present for counselling with addiction concerns, using case examples as in invitation to practitioners to extend their work in new ways.

RÉSUMÉ

Dans cet article conceptuel, nous offrons une solution de rechange aux approches traditionnelles de traitement des comportements de dépendance et du counseling des dépendances. Nous soulignons la pratique, la théorie et les principes associés à une approche ethnographique institutionnelle utilisée pour fouiller les pratiques implicites et invisibles des comportements de dépendance, le travail de récupération qui en découle et la façon dont le counseling peut (ou ne peut pas) s'avérer utile. Nous proposons une approche conceptuelle différente lorsqu'il s'agit de travailler avec des clients qui ont recours au counseling pour des problèmes de dépendance, en utilisant des exemples de cas qui invitent les praticiennes et les praticiens à accomplir leur travail de nouvelles façons.

The field of addiction is not short on theories. There are psychological theories, biological theories, sociological theories, economic theories, biopsychosocial theories and more. Almost all of the theories in the field of addiction capture important elements of the phenomenon. The problem is that each theory seems to stem from an idea or set of ideas that accounts for a part of the problem but does not account for other features that were previously addressed by other theories. (West & Brown, 2013, p. 1)

Addiction is often thought of as a clear-cut phenomenon based on biological and neurobiological factors, but research has not reached a consensus about why addictive behaviours develop and persist, and experts compete to explain addictive behaviours and what should be done to recover from them (e.g., Kardefelt-Winther et al., 2017). Representations of recovery from addictive behaviours found in the academic literature now run the gamut from spontaneous and natural forms of recovery (Thege et al., 2015) to brain-based and chemical interventions (Yau & Potenza, 2015).

Furthermore, professional and public uses of the term *addiction* have expanded; it is common today to hear of someone's "addiction" to playing video games, using their cell phones, or engaging in other daily activities (Billieux, Schimmenti, et al., 2015) that some people might view as innocuous or normal. Some do not believe in the notion of addiction, reasoning instead that individuals always have control over their behaviour. In what is sometimes called "process addictions" (Carlisle et al., 2016; A. D. Wilson & Johnson, 2013), the behaviour or process is considered addictive, rather than an addictive substance or object.

Behaviours such as Internet use, gambling, sex, exercise, and shopping have been grouped given their resemblance to substance addiction across many domains of inquiry, including natural history, phenomenology, tolerance, comorbidity, genetic contribution, neurobiological mechanisms, and response to treatment (Grant et al., 2010). While there is a lack of consensus within the literature as to how best to conceptualize these behaviours, experts typically utilize an addiction conceptualization (e.g., el-Guebaly & Tavares, 2015; López-Moreno et al., 2008) that is often informed by neurobiological evidence (Grant et al., 2012; Yau et al., 2015).

Our aim is not to ignore or to dismiss the vast body of literature that describes how or why an individual becomes addicted from an intrapsychic or neurobiological lens. Instead, we are interested in how these addictive behaviours are stabilized and sustained in the external networked practices and contexts in which the individual engages.

Culturally speaking, history shows that our professional responses to the notion of addictive behaviours have been inconsistent, seeing them as moral failings on the one hand and as diseases on the other (Valverde, 1998). As researchers, we recognize and value chemical and brain-based ways of understanding addictive

behaviours like problem gambling (e.g., Potenza, 2013). At the same time, we are practitioners whose work with clients focuses on what can be accomplished in and from our therapeutic dialogues with them. While many have argued that chemical and brain-based ways of understanding addiction reduce stigma of those who are addicted (Leshner, 1997), others have argued that these understandings simply stigmatize persons with an addiction further (Heather, 2017). From our perspective, regardless of etiology, brain-based understandings do not always lend themselves to strategies and practices for working with clients struggling with addiction in ways that make sense in clients' daily lives.

Experts have cited a need for greater knowledge about behavioural addictions in counsellor education, including a better understanding of the context of concerns such as Internet addiction (Carlisle et al., 2016; A. D. Wilson & Johnson, 2013). To that end, in this conceptual paper, we consider how best to work with clients who are recovering from addictive behaviours. Our focus as counselling practitioners relates to how addiction and recovery are *done* by the people engaged in them. More specifically, our interest is in social and interactional practices involving clients and counsellors doing the work of recovery together.

We bring two primary theoretical frameworks to the discussion: a focus on discourse and on discursive interaction in everyday and institutional settings and a related focus on social practice, both inside and beyond counselling. We are struck by how invisible (Smith, 2005) and often tacit (Polanyi, 1966/2009) addiction and recovery work can be, and this has prompted our interest in making visible the features of this work that typically escape notice. We see benefits associated with these methods as having the potential to inform the questions we can ask when counselling clients in recovery from addictive behaviours.

Following a brief review of the ideas orienting our conceptualizations and approaches to counselling, we provide examples based on previous work to illustrate our conceptualization. First, we summarize an institutional ethnography of lived experiences and the invisible work of counsellors in an addiction treatment centre (Doyle, 2015). Second, we consider the tensions in discourses around smartphone use and how they feature as both help and hindrance concerning addictions and recovery work. Third, we utilize an example from a micro-ethnographic inquiry to show how clients' excessive behaviours are "practised" in connected or networked ways (Mudry, 2016). We conclude by providing examples of how counsellors might work differently with clients seeking assistance with addictive behaviours.

Concepts and Lines of Inquiry

Regardless of where a counsellor practises, some portion of their work inevitably will be influenced by problems associated with addictive behaviours (Davies, 1998). While referring typically to drug and alcohol concerns, the public use of

the term "addiction" now refers to excessive or seemingly uncontrollable involvement in activities or processes (Carlisle et al., 2016; A. D. Wilson & Johnson, 2013) as wide-ranging as sex, food, shopping, and Internet use (Mudry et al., 2011). Our use of quotation marks around the term "addiction" is intended to problematize how this word has the power to obscure and to reduce embodied clients in their life contexts, beyond the identity of "addict." By placing this word in quotation marks, we intentionally invite practitioners to examine with curiosity, rather than to accept as hard fact, the conceptualizations around and experiences of the identified behaviours of concern.

Our decision to offer an alternative to understanding addictive behaviours is timely and relevant as conceptualizing, diagnosing, and treating addictive behaviour remains controversial. While some authors demonstrate neurobiological evidence supporting an addiction conceptualization for behaviours (e.g., Grant et al., 2006; Grant et al., 2012; Yau et al., 2015), others have argued against symptom-oriented approaches in favour of more psychological process–oriented approaches (e.g., Billieux, Philippot, et al., 2015). Diagnostic guidelines have also changed recently; the fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5; American Psychiatric Association [APA], 2013) has reclassified gambling disorder from Impulse Control Disorders (APA, 2000) to Substance-Related and Addictive Disorders. Similarly, the International Classification of Diseases (ICD) now includes Gaming Disorder under Disorders due to addictive behaviours (World Health Organization, 2018).

Brain disease theories of addiction (Volkow & Koob, 2015; Volkow et al., 2016) typically locate addiction etiology and processes within the brain, providing support for inclusion in diagnostic systems such as the ICD and the DSM. These models have been increasingly challenged by those interested in recovery-oriented models, which situate addiction and recovery in daily life (Best et al., 2015; Davidson et al., 2009; Heather et al., 2018). Correspondingly, experts have begun rejecting cognitive behavioural modification interventions typically used in addiction treatments in favour of complex, contextually based approaches (Greenwood-Lee et al., 2016; Hawe, 2015) that are focused on practices to address problematic behaviours (e.g., Blue et al., 2016; Cheng et al., 2007; Meier et al., 2018).

We join these authors in providing an alternative view of addictive behaviours that is more complex, contextually based, and interactional. Rather than a traditional psychologically interactional stimulus-response view common in learning theories (Lewis, 2015), our interest in interaction is uniquely focused on whether or not behaviours stabilize in recurring ways, intentionally or otherwise. We stay agnostic on why addictive behaviours develop and persist, and we focus instead on patterns of unwanted behaviour stabilizing (both in everyday life and in institutional contexts) in ways that resemble what is commonly labelled as "addiction." While such a focus on patterned behaviour is hardly new to counsellors (e.g., Bateson, 1971), recent social theorists have drawn attention to the role

that human practices play in routinizing and stabilizing interactions (Nicolini, 2013; Schatzki, 2002).

In our view, the traditional psychological lens of *habit* described by behavioural and cognitive behavioural theorists (e.g., G. T. Wilson, 2011) fails to account for the complex interactions stabilizing addictive behaviours. Instead, practice theorists see practices occurring in interconnecting nexuses of human interaction, with other humans and with non-human aspects of life as varied as technology and other features of physical reality (Hui et al., 2016). A singular habit view of addictive behaviours or process addiction focuses on the internal experiences of individuals. It often fails to capture the interconnections and complexities evident when one examines other influences sustaining addictive behaviour such as excessive video game use. Is this sustenance solely related to the individual interacting with the game, or might other recurring interactions in the gamer's life also play a role in stabilizing gaming as an addictive behaviour? In other words, is addictive gaming only about the challenge and the excitement associated with playing the game, or are other things going on in the individual's life (e.g., a lack of in-person social connections) possibly stabilizing the practice?

Practices can develop a quality that John Shotter (personal communication, April 26, 2011) referred to with a seeming oxymoron, "dynamic stability." For Shotter, such interactions recur dynamically in almost habitual ways. However, habits are usually attributed to individuals and not to recurring patterned interactions between individuals (e.g., Tomm et al., 2014), between individuals and technologies, or between individuals and other material elements of their situations. There is a quality to these recurring interactions that is tacit, often outside the mindful attention of the people who reproduce them without awareness or intention. These interactions recur often in ways akin to what Latour (2013) referred to as being "networked." Networks engage people in practices that seem implicitly linked together (see also Bateson, 1971) and that recur with a tacit yet still anticipated sense of the practice that should follow.

When considering addictive behaviours beyond the lens of habit, there is another sense in which we use the notion of practice that comes from the institutional ethnographic studies and theorizing of Dorothy Smith (2005). Smith brought a feminist lens to her focus on the institutional invisibility of what many in the caring professions do in the mundane everydayness of their professional work. While institutions and professions often depict abstract or idealized views of professional practice, the enacted experiences involved in doing professional work often map different institutional or professional realities (M. Campbell & Gregor, 2008). Translated to counselling clients who want to recover from addictive behaviours, an official institutional story of addictions counselling can obscure, in policy- and practice-relevant ways, the actual recovery work counsellors and clients do (Doyle, 2015). Practice, in this latter sense, refers to what

caring professionals *do* that often goes unrecognized by both the institutions and those doing the work of caring—until asked.

Practice as we use the term draws from Reckwitz (2002), who defines it as

> a routinized type of behaviour which consists of several elements, interconnected to one other: forms of bodily activities, forms of mental activities, "things" and their use, a background knowledge in the form of understanding, know-how, states of emotion and motivational knowledge. (p. 249)

In simpler terms, we refer to practices as comprised of "doings" (actions), "sayings" (how the practice is understood and communicated discursively), and "relatings" (affectively animating the practice's nature and goal directedness, however implicit any goal might be). Practice is a telescopic concept, where smaller sub-practices (e.g., a player-vs.-player battle in a multiplayer video game) can be viewed as components of a larger practice (e.g., playing video games excessively). Central to our focus on practice is how practices can stabilize into a mode of existence that recurs dynamically and implicitly, whether such recurrence is preferred or not (e.g., Schatzki, 2002).

Our research and our approach to counselling involve zooming out to consider larger cultural and institutional influences while zooming in to see how addictive behaviours and recovery from them are done (or practised) in ways that otherwise would be tacit or invisible. There are macro (cultural and institutional) and micro (tacit and interactional) ways we do this zooming in and zooming out (Nicolini, 2013), both in research and in counselling. Counselling can often seem stuck between macro-sociological explanations of clients' addictive behaviour concerns (i.e., social determinants; Edwards, 2016) and inwardly focused theorizing about why such concerns are particular to the client (i.e., psychological or neurobiological factors; Mudry et al., 2015; Volkow et al., 2016). Our focus, in part, is to zoom out to cultural and institutional discourses (i.e., "sayings") that can be seen to influence addictive behaviours while zooming in to see how addictive behaviours are done in interconnected and tacit micro-practices that stabilize their recurrence. By zooming out and zooming in, we can offer counsellors useful avenues for working with clients that make sense institutionally and are situated in clients' experiences and everyday lives.

Zooming Out: The Social and Institutional Organization
of Counselling Work

Systemic family therapist Karl Tomm calls us to "look at our looking to see what we're seeing" in counselling work with families (Tomm, 2019, 4:00). We zoom out to look at how our practices are being shaped, supported, and constrained by institutional processes as well as to see what is not visible in the

front-line, person-to-person performances of professional counselling. This way of looking facilitates a consideration of how our counselling practices come to happen the way that they do, balancing tensions between the relational/interpersonal and the empirical/required:

> While a gap between research and clinical practice exists in every arena of health and human services, this gap might more aptly be called a chasm in the field of addictions treatment … Where the scientist is searching for empirical truth, the alcoholic and addict are searching for a workable answer to their painful entrapment. The objectivity and detachment of the scientist stand in stark contrast to the passionate belief and commitment that marks most avenues of addiction recovery. (White, 1998, p. 329)

The treatment of addictive behaviours can be described as a process used to engage and to influence individuals affected by addictions through planned action to reduce addictive behaviours and to promote health-enhancing behaviours (Doyle, 2015). In our counselling work, we focus infrequently on how our professional practices are being socially and institutionally organized to happen in particular ways. The institutional organization of our work begins far removed from the front-line work with clients, in agency mandates, best practices in our fields (i.e., medication and behavioural therapy; National Institute on Drug Abuse, 2018), available funding, policies and procedures, and professional regulations.

Often, these organized practices bring coherence and accountability to the work we do. They provide a professional language or shorthand we can use with each other to communicate about how best to support the people we work with while making our work visible to others as skilled practice. Sometimes, however, our work is institutionally organized to include cumbersome or unhelpful requirements, possibly inconsistent with recovery work. When we turn our attention to how we know how to do what we do in our professional roles, we can see where we might begin to advocate for change in the areas that are not serving us (or our clients) well. But how can we start to see how our work is being organized?

First, we can think about the everyday work (done through specific practices) with clients as separated into two different yet coexisting categories: "visible work" and "invisible work" (M. Campbell & Gregor, 2008; McCoy, 2008; Smith, 2005). Visible work is formal, written, and shared by managers and administrators. It refers to institutionally required aspects of the job, in the official accounts of what takes place in our interactions with clients. Invisible work, in contrast, is submerged, unwritten, and shared tacitly by people who live and work on the front lines (Diamond, 1992). Invisible work refers to the skilled and intentional actions taken by counsellors that cannot be found within agency policy manuals, intake forms, or case notes.

The notion of invisible work (which we were calling tacit above) refers to the work that goes unacknowledged, is seen as trivial or mundane, or is simply ignored or obscured. Nonetheless, this work is viewed as meaningful—and often central—by the people who are doing it (DeVault, 2014; Smith, 2005). This invisible work or tacit work includes the artful practices in working with clients, such as relationship building, ways of responding to (and showing) affect and emotion in sessions, making moment-to-moment assessments about which question to pose next or when to pause (and other such clinical judgments), and ways of working around the cumbersome or unhelpful institutional aspects of our job. These practices, akin to Rogers's (1957) core conditions (i.e., unconditional positive regard, empathic understanding, congruence), are developed through our experience of embodied doing of the work of counselling (embodied discourses and practices), including addictions counselling.

The unwritten and submerged discourses and practices of addictions counselling are what make these processes work as something that is done by applying skill and experience (M. Campbell & Gregor, 2008). While addictions counsellors are expected to facilitate specific activities (e.g., an intake assessment with every client who arrives for treatment, facilitating group work, or meeting individually with clients), meeting these requirements involves work that is not recorded in the assessment package or in the case notes written following individual or group meetings with clients. From the case notes and completed paperwork, it is difficult (if not impossible) to find our way back to actualities; we cannot understand the embodied experiences of the counsellors only by reading the visible institutional account of their work.

To explore these ideas further, we used Smith's (2005) institutional ethnography to call attention to the social organization (or practices) of front-line recovery work within a residential treatment centre (Doyle, 2015). With the everyday work of addictions counsellors as a focus of ethnographic interest, we connect this work to larger social and institutional policies and procedures that can be made visible. To illustrate, we probe such examples as the work of admissions counselling that takes place before a client enters the treatment program, how counsellors facilitate the treatment program while addressing disjunctures between the embodied experiences of front-line practitioners and enforced institutional counselling discourses and requirements, and the process of producing institutionally acceptable accounts of the recovery work that has taken place. Through such inquiries, distinctions between the formal discourses of addictions counselling and the informal, submerged, and unwritten stories entailed in counselling's everyday work can emerge.

To illustrate, the invisible work of admissions counselling occurs before a person is accepted as a client of an addiction centre. Counselling staff, nurses, supervisors, and program administrators collaborate in the process of determining whether individual applicants are admissible or inadmissible. This is done

in compliance with social and institutional relations that dictate who, when, and under what circumstances an individual may (or may not) become a client. Balancing the needs of a treatment centre (i.e., bringing in enough clients to fill beds) with the needs of addictions counsellors (i.e., bringing in suitable clients for a program), the admissions counsellors and other staff members navigate these competing priorities.

The invisible work (and practices) of making people into clients also includes balancing the desire to respect individuals with facilitating a successful treatment experience by coaching them to be "good clients" of the institution. Furthermore, aspects of the admission process suggest that individuals who have been rejected as potential clients are the problem (e.g., their concerns are too complex or their behaviour is unmanageable); the individual is made into the problem as a justification for the refusal of admission.

Perhaps we should consider that the problem is not necessarily the individual who is struggling with concerns related to addiction. Instead, the problem could be located within the limitations of the practices of the treatment program (e.g., the program cannot accept clients reporting recent or active suicidal ideation because the program does not have the staff to supervise them to ensure safety adequately), the mandates they are required to follow, and the pressures they face.

A disjuncture emerges between what counsellors perceive as their primary responsibilities and what is required of them institutionally (as well as what is expected of supervisors and managers) to accomplish these tasks. Informants across the board stress the importance of putting the needs of clients first in their counselling role. However, most often they equate doing a "really good job" with how work becomes institutionally visible via the forms and documentation that often mediate their day-to-day activities. As stated by Diamond (1992) in an institutional ethnography of nursing home care, "If it's not charted, it didn't happen" (p. 130). These case notes and forms do not capture how counsellors balance the need to complete a form with the desire to be supportive of clients who want to talk about circumstances that were important to them (yet are not included anywhere on the form). The time spent in consulting a supervisor or a co-facilitator regarding how best to facilitate the interpersonal interactions between group members is not an articulated activity in any of the institutional documents. This time spent and work done is rendered institutionally invisible.

If a treatment program was involved in producing widgets, one could predict with a degree of certainty a percentage related to no-show, drop-out, completion, and success rates for the treatment program. These are the numbers and percentages that are institutionally visible and that account for how successful (or not) a treatment centre is. However, people are not widgets. It is much more difficult to quantify and to predict a client's motivation to attend and complete treatment or to control for the variables that may impact a client's ability to do so. When advocating for available resources or speaking of things such as "effectiveness,"

there is valuable information missing when the visible information about our work is all that we present.

While many everyday practices may be invisible, they are nonetheless invaluable. By understanding and making explicit the many factors that both enable and constrain our practices of counselling clients struggling with addictive behaviours, we may extend our "ordinary knowledge" (Smith, 2005, p. 29) to include new understandings about the social organization of our work, which impacts how our work is done by us in our everyday processes with our clients. Armed with these new understandings, we may begin to work toward ensuring that we are not placed in a position where we are required to serve the policies and procedures of an institution over and above the people attempting to access our support.

Thus far, we have described how the unwritten discourses and practices of addictions counselling make these processes work. Next, we zoom in and look at our looking to see the discourses involved in counselling work.

Zooming In to Discourses

Discourses, as we use the term, refer to the identifiably different yet coherent ways of understanding, communicating, and acting that inform, govern, and animate people's interactions within cultures and institutions (Fairclough, 1992). A discourse accounting for (or justifying) addictive behaviour as a disease is different from a discourse that attributes addictive behaviour to people's moral failures (e.g., Valverde, 1998). The macro-influence of such discourses converges to inform the micro-practices that sustain addictive behaviours tacitly as well as the often-invisible practices that go into client and counsellor recovery work. Knowing the discourses that inform our accounts, that are taken for granted, or that are used to justify an account of addictive behaviours (Boltanski & Thévenot, 2006), and the sub-practices that anchor or sustain addictive behaviours offer steps toward making their recurrence more difficult, as intentional parts of a recovery process. We utilize an example of smartphones to highlight the tensions between discourses evident in counselling work.

Zooming In to Smartphones: Discourses in Counselling Work

Enthusiastic smartphone use has been viewed as problematic, sometimes "addictive" behaviour associated with recent technological advances in smartphone technology (Aljomaa et al., 2016). Smartphone use can be seen as both a blessing and a curse within the individual's everyday practices. While smartphones offer resources and tools such as helpful applications (e.g., camera or instant communications such as texts, emails, and phone calls across international distances), their use has also been cited as having the potential to increase social anxiety (Sapacz et al., 2016), depression (Elhai et al., 2017), loneliness (Darcin et al., 2016), and other mental health concerns when used excessively (Körmendi et al.,

2016; Lopez-Fernandez, 2017). Paradoxically, smartphone applications now offer therapy for the very things that excessive use is supposed to cause, such as social anxiety (Dagöö et al., 2014; Ivanova et al., 2016). Such contrasts underscore how smartphones can become both a resource and a potential problem.

Tacit practices (Polanyi, 1966/2009) surrounding smartphone use include how often individuals pick up their phone, turn it on, and glance at the screen without explicit intent. We are interested in how such behaviours can move from initial intentional use to becoming tacit and to disrupting individuals' life invisibly or without their recognition. For example, most people understand that instant messaging might reduce the focus on important tasks at hand. Still, for others, smartphone use could take priority in their lives, having large consequences on functioning and success. Understanding the dividing line between practices of smartphone use that are considered intentional and those considered problematic or excessive is not always clear. Often this dividing line depends on what the client and the professional are orienting toward in their definition of "addiction" or of problematic or normal use.

Social discourse theory (Fairclough, 1992; Morgan, 2010) can be used to identify why multiple discourses can inform how excessive practices are accounted for and performed. According to this theory, no single or correct discourse enables a full understanding of a phenomenon. How people think about, relate to, and use smartphones can vary by the meanings afforded and can be constrained by the discourses used to make sense of that smartphone use. For example, teenage girls might understand and describe their use of phones drawing from competing discourses of independence, safety, and rebellion (R. Campbell, 2006). However, others have understood smartphone use as a bad habit (Soror et al., 2015), a distraction (Charlton, 2009), or an addiction (Roberts et al., 2015). Accordingly, it is important to explore the discourses that people use to account for their smartphone use, including problematic as well as non-problematic use, since discourses are inseparable from the practices of daily life.

Counsellors and clients both draw from (potentially different) discourses in their work together (Paré, 2013). In discussing smartphone use, each draws from (potentially different) discourses to identify, understand, and describe both resourceful/healthy and problematic use. This may be evident when clients describe concerns about anxiety, loneliness, social support, or sleep regulation alongside excessive smartphone use. Clients may describe their practice of scrolling through Instagram before bed with associated feelings of anxiety or self-judgment. In response, counsellors might draw from a pathologizing discourse, recommending that the client stop using the smartphone at night.

Alternatively, in a client-centred manner (Rogers, 1957), counsellors might invite clients to join them in understanding their smartphone use better and in listening for and learning to speak from the client's discourse informing recovery efforts (rather than teaching them in the counsellor's discourse how to recover).

This might mean talking about the smartphone as a resource, acknowledging struggles with the prevalence and demand for smartphones (e.g., school or job requirements, expectations of response times), and/or discussing how smartphones could operate as both a blessing and a curse in clients' lives. In addition to excessive smartphone use, clients may bring to counselling other behaviours that have become addictive and problematic in their lives. We turn to our practice framework to help counsellors understand addictive behaviours and work with clients who are concerned about them.

Zooming In to Addictive Behaviour Practice

Everyday life engages people in intersecting practices and sub-practices that establish their regular activities as familiar (de Certeau, 1984). Throughout the day, we engage in various practices (work, family, leisure, etc.) that converge or network together. For example, a long, tedious commute to work may influence how we begin our day (positively or negatively). Struggles or successes at work might orient us to particular ways of interacting with family members or prompt how we spend our leisure time (e.g., cleaning the house vs. binge-watching Netflix). Over time, and with recurrence, such networked connections between practices can stabilize or become stronger (e.g., binge-watching Netflix following a stressful day), influencing what can become a tacit trajectory of familiar daily life practices. Yet, unwanted practices (e.g., always binge-watching Netflix) eventually become what we are calling addictive behaviours.

One can also examine what happens tacitly inside of the practice: the doings, the sayings, and the relatings comprising the practice. These doings, sayings, and relatings acquire greater stability as they become grounded in or tacitly interwoven with things and places that shape and inform a practice. For example, a "driving to work" practice requires specific things (e.g., a car, a radio, a travel mug), specific places as starting points and destinations (e.g., home, work), particular doings (e.g., driving, listening to music, drinking coffee), familiar sayings (e.g., "I'm going to be late," "I hate this commute"), and relatings (e.g., anxiety about being late, anticipation about the day ahead). A practice, in other words, brings together (i.e., comprises) these doings, sayings, and relatings in particular settings, engaging people and things. Asking questions regarding these aspects of addictive practices can invite clients to become curious about what has become taken for granted and to play a role in perpetuating such practices.

To illustrate, we use a practice framework to "zoom in" and to demonstrate how addictive behaviours are done or practised in networked ways that stabilize a practice. Using a case example ("Seth"; Mudry, 2016), we share what occurred inside an online gaming practice that had its trajectory toward recurrence within a larger network of related practices. In the figure below, we illustrate the actants (places, things), doings, sayings, discourses, and relatings for each component practice Seth identified as important to sustaining his online gaming practice.

Figure 1
Network of Component Practices Important to Online Gaming (Seth)
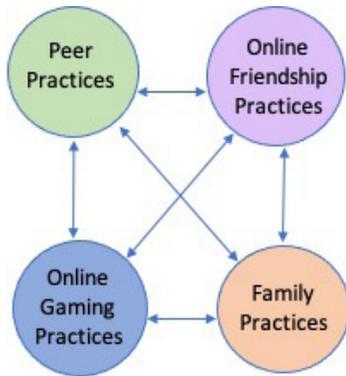
Peer Practices
Actants (place): School
Doings: Interacting with peers
Sayings: "I don't fit in"; "I will be made fun of"
Discourse: Bullying
Teleoaffective relatings: Desire to spend time online (telos) because of social insecurity (affect)

Online Friendship Practices
Actants (place): Home
Actants (things): Online social media platforms
Doings: Interacting with guild mates
Sayings: "I value these friendships"; "I know about the lives of these players"
Discourse: Socially acceptable friendships
Teleoaffective relatings: Feeling of connection (affect) associated with friendship practices (telos)

Online Gaming Practices
Actants (place): Online, at home
Actants (things): Computer, game
Doings: Player vs. player, scheduled roster (raids), planning strategies
Sayings: "I want to excel"; "I want to be the best"; "It takes a lot of time"; "I like learning"
Discourse: Accountability, competition and skill, positivity
Teleoaffective relatings: Obligation to other players, excitement, desire to win and to get better
    (affect), which requires excessive time playing (telos)
Embodied practice: Adrenaline, "on the spot" thinking

Family Practices
Actants (place): Home
Doings: Interacting with parents
Sayings: "My friends are doing drugs"; "Pick your poison"
Discourse: Troubled teen
Teleoaffective relatings: Video games are important and are worth lying for

Inside the Practice

Seth described his online gaming practice as comprising of particular doings, sayings, and relatings. Doings included planning strategies, "raids," and player-vs.-player battles, which required an online gaming console/computer and the Internet (things). They took place in both a virtual world and a physical location (e.g., a bedroom). Particular sayings were important and were associated with particular discourses: "I want to excel," "I want to be the best" (i.e., discourse of competition), "It takes lots of time" (i.e., discourse of skill, practice), and "My guildmates rely on me" (i.e., discourse of obligation). This practice also contained goal-oriented relatings: feelings of obligations to others, excitement, and a desire to win and to get better. Finally, this practice was embodied and was associated with excitement, adrenaline, and "on the spot" thinking.

These aspects comprising Seth's online gaming networked (or fed-forward) to inform and animate trajectories toward continuation. Online gaming is inherently interactive; as Seth took part in the practice, he also helped co-create (i.e., in concert with the gaming and with the other players) the stakes and developments of shared practice. He described gaming as "consuming" and depicted the inherent trajectory toward continuing. He spent "at least 90%" of his free time in gaming activities, leaving little time for alternative practices (e.g., eating, socializing, or time with family). Seth's gaming consisted of specific interactive doings (e.g., raids, player-vs.-player battles) that were organized by his guild at required times (e.g., 5 p.m. to 9 p.m.), which he needed to attend to ensure future invitations. These are relational practices associated with gaming that support a trajectory toward recurrence. He was part of an online community with rules and expectations (i.e., a discourse of accountability) that made him want to continue engaging in the practice.

In addition to a discourse of accountability, Seth drew from discourses of positivity, competition, and skill. His desire to continue to excel fuelled a teleoaffective (i.e., a goal-directed and emotionally animated) trajectory toward play, so he and his guild could become better (e.g., "We got the top 0.5% rank"), which required an "excessive amount of time to get that synergy going." He highlighted relational, embodied doings interwoven into the practice including "adrenaline" and "dynamic … thinking on the spot" to "react to their strategy." Seth described a fluid, dynamic interaction of doings, saying, and relatings comprising and fuelling the practice, which included other players, community expectations, and physical actants and contexts.

By examining what occurs "inside" the practice, we can see how a practice like online gaming becomes stabilized. Seth's practice was comprised of particular doings, sayings, and relatings that included particular things and places. These practice ingredients converged tacitly to stabilize the recurrence of the practice. The practices are interactive, involve other people, and draw on expectations inherent in the practice (e.g., time, skill development, planning). Tied in are

particular discourses (e.g., accountability, positivity, competition, skill) that also fuel or justify a trajectory toward continuing.

Given how these elements network together to comprise and sustain the practice, a change in any one element could potentially destabilize the practice. A broken game console or a lost Internet connection, for example, would interrupt the practice, as might a change in discourse or motivation from within or outside the practice. For example, a new love interest might reduce the importance of developing skill at the game. Similarly, joining a soccer team might invite new practices that get in the way of online gaming practice (e.g., you cannot play soccer and game online at the same time). In this way, something outside of the practice can also serve to destabilize, interrupt, or impede addictive behaviour practices.

Zooming Out From the Practice

Seth identified two related practices outside of gaming that supported and stabilized online gaming practices: bullying and interactions with parents. Seth understood online gaming as a response to bullying, which came to replace school and leisure practices in his network of practices. Seth described spending "excessive amounts of time gaming or being on the Internet … since [he] was in early junior high." He reported that it was something he "leaned on" and used it as a "crutch" because he "was bullied a lot."

In contrast to his experience with peers at school, he experienced acceptance from online friends:

> The people that I played with online didn't care who I was, how smart I was, how I looked. I would choose to spend my time more with them [and] I fit in better … I had a lot of social insecurities from gaming, and I knew people would think down on me if they knew I did it, and I just didn't wanna step out of my shell because I thought I would get made fun of again.

Seth understood his online practices and relationships as substitutes for poor relationships offline. Engaging in online relationships served to substitute for offline relationships while allowing him to avoid stepping out of his shell, which served to justify further time online.

Seth also described family practices associated with stabilizing online gaming. He reported telling his parents that his friends were using drugs and that therefore his parents should "pick their poison," even though he was not involved in drug use. Seth's practice of gaming was situated in a network of interactions and justifications that helped sustain the practice. With his parents, he positioned himself as actively choosing a good behaviour (e.g., gaming) over a bad behaviour (e.g., doing drugs), drawing from a "troubled teen" discourse, which his mother accepted. This allowed him to continue to play without resistance from his parents.

By mapping out Seth's practices associated with online gaming, we examined the tacit and stabilized practices important to online gaming. There were practices in his broader network associated with inviting and facilitating online gaming (bullying in junior high and interactions with parents) as well as ingredients within the practice itself perpetuating the gaming practice. By zooming in and zooming out to component practices associated with online gaming, we were able to identify implicit practices and make them explicit areas that might be relevant for intervention or for destabilizing the practice, suiting a variety of therapeutic orientations used in counselling work.

Implications for Counselling Practice

In this article, we presented a framework to understand addictive behaviours and recovery work through the practices and discourses that stabilize and transform that work, with an eye to how counselling might be optimized. We wanted to make visible the institutional practices of professional addictions counsellors, to shed light on the often taken-for-granted practices involved in doing the *work* of addiction and recovery, as counsellors and counselling practices are an active piece of networked "recovery." We aim to invite counsellors to consider their invisible work and to reflect on how institutional requirements might constrain their practice. Our aim in this article has been to draw closer attention to the *doings* of addiction and recovery work, framing that work as occurring in everyday and institutional practices that are commonly overlooked. This kind of inquiry offers reflexive ways of engaging clients in finding actionable answers to taken-for-granted aspects of recovery work. Questions about this view are not neutral data gathering tools but ways of orienting to, asking about, and learning from taken-for-granted aspects of recovery and addiction work.

Also, we wanted to invite a new way of understanding addictive behaviours and recovery from them. Our focus has been on inquiring into tacit practices to make their recurrence more explicit (and thus less automatic and more transformable) to clients and counsellors. Our efforts focused on better understanding the practices associated with stabilizing unwanted excessive behaviours so that counsellors can help to destabilize those behaviours for more preferred ways forward.

Using a practice framework to zoom in and out, counsellors can work with clients to map out tacit practices that are important to addictive behaviours. They can zoom in to what occurs inside the practice to find ways to impede the practice or to change components of the practices from the inside. Using the example of Seth, zooming in, our microfocus on practices invites a consideration of different types of questions, such as practice-oriented questions: What is the practice? (Online gaming.) Where does it occur? (At home, in his bedroom.) What objects are needed? (A video game console.) How does it feel in the body? (Excitement.) What are they saying to themselves? ("I want to win; I like learning; my friends

need me.") What discourses are at play? (Competition, skill, positivity, and accountability.) These questions invite a variety of therapeutic interventions. Drawing from this practice theory and the importance of objects, we might invite Seth to consider finding ways to reduce access and availability to gaming (such as asking others to store his console), spending more time outside of the bedroom, or negotiating less gaming time.

Drawing from mindfulness (Kabat-Zinn, 1990/2013) or from acceptance and commitment therapy (ACT; Harris, 2009; Turner et al., 2013), we might invite Seth to pay attention, to notice and accept bodily experiences, or to initiate a practice of mindfulness. Seth might engage in more mindful gaming or balance gaming with other mindful practices. Similarly, we might want to examine his sayings alongside his values (i.e., ACT) to help him work toward more intentional, values-directed practices (Heffner et al., 2003).

From a narrative therapy perspective, we might challenge the discourses that sustain the practice or co-construct preferred identities and meanings outside of the addiction (Singer et al., 2013; Winslade & Smith, 1997). Seth might consider the different narrative accounts that sustain his play (competition, skill, positivity, and accountability) and reflect on his identity as a "gamer" versus as a "student" or other identities.

We could also zoom out to examine how Seth's gaming is sustained in the larger networks of practices (see Figure 1 for peer, online friendship, and family practices) and to invite interventions and opportunities that are supportive of recovery. Addiction and recovery are often relational (Adams, 2016; Dekkers et al., 2020; Mudry et al., 2019), and by zooming out to examine the larger networks of practices, counsellors can become more systemically oriented (Hoffman, 1981; Madsen, 2007; Tomm, 1991; Tomm et al., 2014), cuing an invitation to include others in the counselling practice. Seth might want to explore other identities (i.e., as a friend, as a student, and as a family member) and to begin to engage in practices that align with preferred identities.

Finally, counselling approaches drawing from a social justice perspective (Moskalewicz & Klingemann, 2015) and feminist counselling (Covington, 2002; Kaschak, 2010) draw attention to context and to power both inside and outside of the counselling room, including oppression and trauma in the contexts in the client's life (Orford, 2013). An Indigenous perspective (Cajete et al., 2019) invites consideration of Indigenous philosophy and justice in the recovery work with clients. These approaches are in line with our aim, as they challenge counsellors to examine current practices, reduce or destabilize unhelpful or undesirable practices, enhance current helpful and desirable practices, and create new alternative practices. Through the lens of institutional ethnography, counsellors can look at their looking to see where and how practices are shaped by mandates and policies rather than by therapeutic and relational need, informing advocacy for change.

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