In sociology, most interviews (and the in-depth, undirected interview in particular) begin with a period of awkwardness, as investigators well know. Beginners would like to avoid or shorten this period; they do not realize how fruitful it is.

—Henri Lefebvre, *Critique of Everyday Life* (2014, p. 1335)

In our interviews with recently arrested street sex workers, I (first author) remember the early morning chill arriving at the jail; the slow process of moving through layers of security and the physical barriers of gates opening and closing; yelling “Hit!” to the correctional officers inside the plate glass to activate the door; waiting outside the cells for women to come out while my colleague (second author) entered the “pod” to meet with them and offer the opportunity to participate in our research. Then we would move to a separate, semiprivate room, mostly soundproof but with windows all around, where we were seen but not heard by the officers in the control station. There we went through the lengthy process of informed consent that paved the way for the interviews at the core of our research design.

I also remember the awkward first moments of the interview, as I attuned myself to the emotional timbre of the complex individual in front of me and adjusted once again to the cold imposition of the jail setting and to the compelling narratives that emerged in response to the questions I posed, sometimes deeply personal in the depth of their detail. These fumbling moments were not considered “research” in our formal research design, but they were fundamental to the process of establishing a space where these narratives could unfold, in spite of those cold institutional surroundings.

We began conducting these ethnographic interviews in 2009, as part of a mixed-methods study of substance misuse and street sex workers in the Detroit area. These interviews were not intended to be therapeutic; they were neither a form of treatment nor a tool of diagnosis, but a method of scholarly inquiry. However, in carrying out such interviews, we found that participants sometimes claimed a therapeutic benefit from the interview, even though none was promised or intended. The question was, simply, “why?”

As we became immersed in the study of people in recovery and their social contexts, we also grew increasingly interested...
(on an intellectual level) and engaged (on an interpersonal level) in the process of recovery itself. In the course of our interviews, it became apparent that our act of listening was itself important not only for research purposes (the data gleaned from it) but also for the embodied process of recovery of which we were now effectively a part.

We began to consider the ways in which ethnographic interviews themselves might contribute to recovery, even if—perhaps even because—that effect was unintended. In the pages that follow, we propose that these interviews functioned as dialogic encounters, which may actually enhance processes of recovery, in part because they promote a non-goal-directed state of mindfulness. We support this claim with examples from our research. We then consider the parallel paradoxes inherent in sociology, recovery and mindfulness as they relate to expanding agency by surrendering control. Finally, we conclude with a reflective discussion on the positive potential of this link between mindfulness, ethnography, and recovery, and the importance of being truly present in ethnographic research.

**Ethnographic Interviews as Dialogic and Affective Encounters**

As noted above, ethnographic interviews are very different from interviews used as therapy. Ethnographers do not seek to diagnose or assist people with life management skills through interviewing them, and our informed consent explicitly states that we are not a part of a treatment program and that participation in our interviews carries no implications for their treatment or their legal status. We state that this research could potentially inform treatment or prevention programs in the future. In this way, our interviews might have a benefit for others, even if there is no actual benefit to the individual at the time. While we believe in this long-term goal, and our publication of research attests to this pursuit, it leaves out something important: the experience of the interview itself.

Classical conceptions of ethnography tended to view the researcher as an objective recorder and analyst of information, if not invisible then at the very least detached (Van Maanen, 1988). According to Fuchs (2009), ethnographic research differs from other social science research methods primarily in that it shrinks the distance between observer and observed, allowing for the greater detection of what he calls “agency effects” as well as a deeper understanding of the individual, or Verstehen (p. 104).

As with other forms of ethnographic research, the goal of such interviews is to gain insight into the individual’s lifeworld (Schutz, 1967). According to Schutz (1967), “all genuine understanding of the other person must start out from acts of explication performed by the observer on his own lived experience” (p. 113). In other words, the interview offers a view into the participant’s interior world, even as that world is in the process of evolving.

Archer’s (2003) concept of the internal conversation offers another way of thinking about the ethnographic interview. According to Archer, the internal conversation is a mediator between structure and agency, as individuals actively reflect upon their social situation and contemplate their choices and goals. While ethnographic interviews are clearly not internal conversations, they are not truly two-sided conversations either. As defined by Spradley (1979), an ethnographic interview is a particular type of speech event, similar to a friendly conversation but with a number of differences: turn-taking is less balanced, the conversation may include substantial repetition, and the ethnographer is more likely to express ignorance and interest and to encourage expansion rather than abbreviation. Interviews thus create a space in which researchers can gain information through an individual’s self-presentation. At the same time, those individuals may share their daily life and experience and also reflect upon it, engaging in a kind of externalized version of an internal conversation, allowing the ethnographer to listen in on a conversation, or dialogue, between these various past, present, and potential selves.

As proposed by Frank (2010), the truly dialogic interview acknowledges the possibility that both parties will change as a result of the interaction. A dialogic approach implies that the ethnographic interview is about more than the information—cultural, psychological, or otherwise—that is elicited from, or about, the participant. It is also fundamentally about connection. The “affective turn” in the humanities and social sciences makes a similar point concerning the two-way flow of effects and affects resulting from human interactions. According to Hardt (2007),

In the case of the ethnographic interview, the affective encounter that occurs between the ethnographer and the respondent is not only a speech event but a physical and emotional event as well. According to Parr (2010), “affect is the transitional product of an encounter, specific in its ethical and lived dimensions and yet it is also as indefinite as the experience of a sunset, transformation, or ghost” (p. 11). If an interview is truly dialogical, then it is an encounter in which both participate fully, even if one person is primarily listening and the other is doing most of the talking.

**Setting the Stage: Opening Narrative and Reflexive Space**

The beginning of a qualitative interview serves to foster a safe space of interaction between the interviewer and the individual participant. Our own interview protocols typically begin
the same way, regardless of the topic that we are investigat-
ing: “The purpose of this interview is for me to learn from you 
and your experiences.” In our interviews with women 
who had recently engaged in street sex work in Detroit, we 
always began with an open-ended, stage-setting question, 
often using spatial language, asking participants to tell what 
kind of place they are in, and how they got there. Here is one 
example of an opening statement to a participant:

Okay, I would like to begin just by asking you to tell me a little 
bit about your life as it is today, and where you are in your life 
right now. I mean I know where you are physically. But, tell me 
a little bit about your life and how you got here.

This question invited the individual to actively narrate her 
experience. For example, a transgender man who had 
recently been arrested while engaging in street sex work 
responded this way:

R: Okay. I basically had like a good upbringing. Nothing too 
spectacular. Um, good home, whatever. There is nothing like 
really, really different. But basically, the whole reason I started 
like going out and getting out on the street or whatever, is 
because it was an easy way to make money and the whole how I 
started—honestly how I started to like smoke the weed, a little 
coke was basically peer pressure. I started smoking weed with 
my best friend in the ‘hood, then one day, uh, I started dressing 
in drag, and from that, from there on, I noticed how much 
attention I get, how much money I got . . . . I was introduced to 
cocaine, the powder, the powder to snort, toot-toot. And um, the 
girls say it keeps you up, so from then on, it took from one girl 
giving me a bump to me buying my own 20 sack of powder and 
it just, it progressively got worse and . . . . that is how I ended up 
here.

Another example, from an interview with a woman at a later 
stage in the program, invites a very different accounting or 
narration.

R: Um now? I am ah, I am a student. I am in the Culinary 
Academy. Um, I have a 16-month-old daughter—I am in my— I 
have been in a long-term relationship—well to me long term is 
3 years, so . . . . But I been going, I been in a relationship going 
on 3 years, um . . . . Basically I’m, now I’m pretty boring. I-I 
generally go to school, come home, spend time with, pick my 
daughter up from day care. Spend time with her and then get up 
the next day and do the same thing over again. On the weekends 
I really kinda—stay home or I go visit—friends. You know I 
don’t have any family that lives in the Detroit area, so I spend 
long conversations on the phone on the weekends with my 
sister—we have coffee—on Sunday morning and talk on the 
phone for like 2 hr. You know, but other than that, I’m really 
boring now.

In both of these cases, the individual is using narrative not 
only to relate information but also to make sense of it. The 
second of the two responses above is an act of framing and 
interpretation as much as it is a recording of facts and details 
concerning that individual’s social context. We see evidence 
of both “positionalities” and “interior worlds” (Maynes, 
Pierce, & Laslett, 2008) in her descriptions of daily life and 
in the assertion that “I’m really boring now.” This statement 
contains an implicit comparison, and the follow-up question 
asks the participant to explicitly compare past phases of her 
life with the one she is in now:

IR: Yeah. And how would you compare that—in this sort of 
phase in your life with other phases in your life, other time 
periods in your life—or other positions you’ve been in?

R: I never thought that I would be where I am today—I NEVER 
thought that I would EVER get my act together. I always thought 
that I would just be on the streets for the rest of my life; I used to 
think that I actually like the way I lived—I actually like getting 
high, I actually like being on the streets; I used to think that.

Here we see a reflexive dimension opening up within the 
interview, which now becomes not only a conversation 
between an “ethnographer” and an “informant” but also a 
conversation with previous selves. The narrative that results 
is therefore a complex negotiation, being both a product and 
process, a summation, and an aspiration.

According to Gold (2007), narrative plays a crucial role in 
the recovery process because it allows people to transform 
past trauma into a useful tool for healing not only them-
selves, but others as well. Writing about recovery from psy-
chosis, Gold (2007) states that it “is an arduous biological, 
psychological, social and spiritual journey—a gradual pro-
cess of restoring connections and health” (p. 1272). Going 
even further, Frank (2010) argues that narratives are them-
selves agents, ushering in new possibilities of thought and 
action. Neurological research suggests that hearing another’s 
story, and having one’s own story actually be heard, pro-
duces neural coupling that is both intimate and automatic 
(Stephens, Silbert, & Hasson, 2010). In other words, a bio-
logical response happens on both sides. As researchers 
engaged in active listening, we have experienced this phe-
nomenon within some very memorable interviews. What we 
did not realize at the time was how this might also contribute 
to both a state of mindfulness and the recovery process.

Mindfulness and Recovery

Grabovac, Lau, and Willett (2011) use a Buddhist psycho-
logical model to break down the process of moment-by-
moment awareness that all human beings experience. First, 
they state that an individual can be aware of only one object 
at a time. Second, with awareness of any object comes a posi-
tive, negative, or neutral feeling tone. Third, reactions of 
attachment and aversion arise in response to this feeling state, 
not to the object itself. Fourth, not being aware of attachment 
and aversion can make this process habitual, which may lead
to mental proliferation. Finally, habitual attachment and aversion and the resulting mental proliferation lead to suffering, including possible clinical symptoms (see Figure 1).

In contrast, they define mindfulness as “the moment-by-moment observing of the three characteristics (impermanence, suffering and not-self) of the meditation object” (Grabovac, Lau, & Willett, 2011, p. 4). The model described by Grabovac et al. closely parallels the cycle described in a substance misuse recovery manual by Tighe (1999), who provides a cartoon (Figure 2) showing an individual responding to an event emotionally, then reacting to the emotion (one step removed from the event).

Similarly, Lewis (2011) argues that addiction is a phenomenon that does not fall clearly into the camps of either individual “choice” or biological “disease,” but instead consists of “a sequence of transitory states underlying impulse, reflection and emotions that include shame and remorse” (p. 154).

Recovery from addiction is closely tied to the recognition of this cycle. Bien (2009) states that awareness of the cycle may itself aid in the process of recovery:

Urges arise or fail to arise, and we are not in control of this process. Since we are not in control, we deserve neither credit nor blame for their occurrence or lack. What matters is how we handle the urge to relapse when it does arise. Though it may seem counterintuitive, mindfulness suggests that we are better off being aware of the relapse thoughts and feelings when they arise instead of trying to deny their arising. (p. 294)

He continues, “The most important psychotherapeutic implication of mindfulness may lie not so much in techniques to
Regardless of how the state of mindfulness is achieved, research suggests that it may reduce stress related to events and have therapeutic effects. Because our ethnographic research focuses on individuals with histories of substance misuse and involvement in the criminal justice system, we are especially interested in research relating to mindfulness interventions in substance misuse treatment or recovery programs and correctional settings. Himelstein (2011) reviewed empirical research regarding the effects of mindfulness-based programs on correctional populations and found that they contribute to enhancement of psychological well-being and decreases in substance use and recidivism. Howell and Buro (2011) found evidence that the cultivation of mindfulness results in enhanced executive processes, better emotion regulation, and less cognitive rumination and behavioral avoidance.

The following extended passage, from an interview with a woman in recovery, provides an astute breakdown of what she learned in her treatment program:

IR: So were there skills that you learned, particular things you learned in terms of about yourself—in analyzing yourself or in terms of structuring your time—skills like that or is it more the sort of the relationships that you had with people there?

R: Just that I could be better, you know what I’m saying? That I was worth more. You know I-I am not a-I’ve never—I’m—I don’t know how to explain it um—I don’t know if you call it like skills that I learned; I just learned to believe in myself. You know what I’m saying—that life is better than what—being on the streets or getting high—life is, life is good if you just do the right thing, you know what I’m saying? I-I don’t always make the right decisions; even now—I still make stupid decisions, but who doesn’t, you know what I’m saying—not everybody does everything right.

IR: Can you, can you think of a time or ah moment when that—when you became aware of that? That you had learned that—

R: When my therapist broke down my arrogance. Because I’m very arrogant and I’m very hard headed—I’m very stubborn and I want to do things my way; when she finally got through to me—when she had me write this paper on arrogance, um, I looked at and I said—are you serious because I sounded so ridiculous on the paper. And that’s when I finally realized that I can’t do things the way I want to do things because the way I do things, I always end up doing something that I shouldn’t or that at the time sounds great or—but I don’t think the whole way through. I-I live for the now.

IR: Yeah.

R: And that’s how I used to be, you know what I’m saying; I can actually—sit down now and think about things and what the end outcome will be.

IR: Yeah.

R: Whereas before, I just acted.
Here, we see an illustration of the concept of mindfulness employed in a therapeutic way—stepping back from the moment, not simply reacting but paying attention to one’s own reactions and thinking about them. She refers to herself as “living for the now” and as a “reaction-type person.” These statements are actually a contradiction from a mindfulness perspective, because a person who simply reacts usually does so on the basis of past experiences. However, the therapist’s exercise in having the woman narrate her own life allowed her to see the reaction process for what it was; in that sense, it allowed her to be truly in the moment, aware of what was happening to her, but also aware of how she was responding.

In our earliest interviews, a similar moment often occurred when participants were asked to reflect on the daily routines that characterized life in the street. In these two passages, two different women describe how this process made them feel:

**Passage 1:**

IR: All right. So we talked a little bit about what your life was like then before you came in here. You know, not just this last time but the time before that. The last thing I want to ask you about is when you think about this life that you’ve been living here and where do you see for yourself going forward into the future.

R: Wow. What I think about this life that I’ve always lived in is completely ridiculous. It was exhausting, it’s tiring. Not only that but it’s also the sickness from not always being, not always, you know, not always having my dope when I need it, you know. I would eventually get it, but it might take some time before I could get it and being sick, and it was just hard. So I’m just tired of it.

**Passage 2:**

IR: Okay, so based on what we just talked about, what are you thinking about now in terms of just like you’ve already talked about this, but—

R: That it’s a waste. I want more. I want something that stands out and goes, “Wow.”

IR: So what do you think you would like to do? I mean what do you see for yourself?

R: My goal is to stay abstinent . . . abstinent of all drugs. Get a higher education. To stay in treatment, because I got to go for 15 months. I got to go to a 15-month program. So they’re going to help me with my levels. You know, each level I get to, the stage. Because I got a brilliant mind. When my mind starts opening up, I’m really smart. I can really think believe or not. When I get on that dope, I’m useless.

IR: Now, you said though that—so in living this life you were living here, you didn’t have much time to think. You didn’t spend much time thinking about your life?

R: No. I couldn’t even find my brain cells.

Here, we see that the ethnographic interview may reflect or enhance the moment-by-moment awareness that also characterizes mindfulness. These statements also reflect the understandings of the recovery process articulated to us by numerous individuals that we met in the course of our research. For example, a man at a recovery picnic on Belle Isle in Detroit told us that recovery involved a process of intentional “mind-mapping.” While recovery emphasizes an acknowledgment of powerlessness, as discussed above, it also embraces the possibility, even the necessity, of deliberative, transformative change. The paradox of recovery is that these are closely linked.

**Parallel Paradoxes: Recovery, Sociology, and Mindfulness**

The paradox of agency through powerlessness, which lies at the heart of the recovery experience, is expressed in a variety of ways, perhaps most memorably in the Serenity Prayer: *God grant me the serenity to accept the things I cannot change, courage to change the things I can, and wisdom to know the difference.* Steps 1, 2, and 3 of the 12-step method, articulated by Alcoholics Anonymous and intended to address addiction and other dysfunctional behaviors, also emphasize the relinquishing of power.

Paradoxes are also central to sociological practice and lie at the heart of Mills’ (1959) classic formulation of the sociological imagination. Mills wrote that the sociological imagination enables one to grasp the dynamic relationship between history and biography, between private troubles and public issues—between the things we can change as individuals, the things that must be addressed through society, and the things that we may not be able to change at all. For sociologists, this awareness of the structure and power of society is not paralyzing, but transformative. It frees us to focus on those key points where change is possible and to recognize that agency is real, if always shaped and limited by context.

In her exploration of the potential for a Buddhist sociology, Schipper (2012) examines the parallels between the Four Noble Truths of Buddhism (there is suffering, there is a cause of suffering, suffering can ease, and there is a path that leads to the cessation of suffering) and the dual orientations of sociology toward understanding social problems and engaging in social change. She relates the practice of mindfulness, one of the paths out of suffering, directly to the concept of the sociological imagination:
If mindful practices help us to not only form powerful critiques of social institutions and cultural practices, but also help us uncover many of the subtle illusions that shape our lives, might we consider such practices as extensions of the sociological imagination? (Schipper, 2012, p. 214)

Lee (2015) likewise issues a call for “sociological mindfulness,” which “highlights macro-level interconnectedness and identifies appropriate sites for positive social change, while enhancing motivation to work for this change” (p. 281).

For those who have been systematically or categorically oppressed or excluded, this awareness may free them from a sense of shame or worthlessness that may result from the internalization of a structural position. For some people, the dawning of sociological imagination may be a revelation comparable to the moment of clarity described by addicts who have hit “rock bottom.” One is paradoxically empowered by the comprehension of how much of social life lies outside the sphere of control of the individual. This realization frees the individual from self-blame for what has occurred in the past and allows the individual to act more freely in the present. In his classic work, *Zen Mind, Beginner’s Mind*, Suzuki (1970) writes, “To live in the realm of Buddha nature means to die as a small being, moment after moment. When we lose our balance we die, but at the same time we also develop ourselves, we grow” (pp. 31-32). Recovery-oriented books contain many passages, such as the following, that attest to the spiritual dimensions of this process or journey and invite parallels to mindfulness:

Being present and in the moment, and feeling alive, aware, and connected are feelings we hear about most often when members are sharing about their experiences with prayer and meditation. Most of us don’t feel that profound sense of unity in every waking moment, but just knowing that we can feel it sometimes brings a sense of security. (Narcotics Anonymous, 2012, p. 74)

Shapiro (2013) draws a direct connection between the 12 steps of recovery and the Buddhist-inspired practice of mindfulness. He asserts that the fundamental addiction that underlies not only substance misuse but also all of modern life is that of control, or rather the longing for control, as control itself is impossible. Shapiro (2013) writes,

The fundamental and paradoxical premise of Twelve Step recovery as I experience it is this: The more clearly you realize your lack of control, the more powerless you discover yourself to be. The more powerless you discover yourself to be, the more natural it is for you to be surrendered to God. The more surrendered to God you become, the less you struggle against the natural flow of life. The less you struggle against the natural flow of life, the freer you become. Radical powerlessness is radical freedom, liberating you from the need to control the ocean of life and freeing you to learn how to navigate it. (p. 3)

People who feel little control over their lives may be at higher risk of substance misuse (Anderson, 2008). After all, we can achieve a sense of agency in terms of the things we put into our bodies, even if nothing else is within our control. Although many people conceive of addiction as a loss of control, for those in recovery addiction is portrayed as an addiction to control. The gift of powerlessness in this context is to reveal how little in our lives we actually do control, which may then free us (as Shapiro puts it) to navigate: not escape (for there is no escape but death), not control (because control is an illusion), but simply recognize what is before us, and respond (not react) appropriately.

Jon Kabat-Zinn has described mindfulness as “paying attention in a particular way, on purpose, in the present moment, and nonjudgmentally” (Kabat-Zinn, 1994, p. 4). As the objectification and corresponding alienation of the patient has become the focus of forceful critiques of biomedicine, the notion of the mindful practitioner has emerged as a potential antidote or corrective. By being truly present with the patient, the mindful physician (or nurse, or therapist) acknowledges the importance of the conversation itself or the encounter itself, apart from the information that it may impart in either direction. This simple acknowledgment of the other’s story, with all its attached suffering and confusion, in turn may be a component of healing. Because mindfulness promotes a clear awareness of one’s inner and outer worlds, including thoughts, sensations, emotions, actions, or surroundings as they exist at any given moment, it helps to reveal what is occurring in a conversation, before conceptual and emotional classification has taken place.

As Lee (2015) has noted, mindfulness has recently become something of a boom industry, and the scholarly literature on mindfulness has also grown tremendously. However, issues remain with the scientific study of mindfulness. As Chiesa and Malinowski (2011) have pointed out, the word “mindfulness” is frequently used as a construct, a mental state, or as a number of practices designed to achieve this state, raising concerns as to what current studies are actually measuring when they claim they are measuring mindfulness . . . (p. 405)

In some cases, the focus is on mindfulness as beneficial in the patient’s healing process (Ludwig & Kabat-Zinn, 2008) or the potential of mindful communication to reduce physician burnout (Krasner et al., 2009). According to Smalley (2010),

Science is a methodology that uses third-person observation, by which we mean that it is an objective process that yields comparable knowledge no matter who does it. In contrast, mindfulness is a first-person, or subjective, methodology, the observation of which is quite challenging. (p. 3)

This distinction seems to implicitly invite the use of qualitative methods for studying mindfulness practices and states.

Finally, Mercer (2013) has observed that the public and policy discourse on addiction tends to be dominated by
deontological or rules-based positions, which emphasize abstinence from drug use above all else, or utilitarian, harm-reduction perspectives, which seek to minimize risk, both to the individual and society. He argues that recovery does not fit into either position because it represents a form of Aristotelian virtue ethics, focused on the ongoing development of character and promotion of human flourishing, goals that are not as easily measured and that therefore do not lend themselves to quantitatively based research models. Though not designed to do so, our ethnographic interviews seemed to mesh with these other, more inchoate processes that participants were experiencing, particularly the search for a virtuous self.

**Hard Wires and Plastic Brains**

These insights may have significant implications for addiction, given the emphasis of the National Institute on Drug Abuse (2014) on seeing addiction as a disorder or disease of the brain. Rather than arguing that addiction is “hard-wired” into the brain, the research on mindfulness and meditation suggests that the brain itself is malleable, responds dynamically to both internal and external events, and that patterns of reaction can be altered. In other words, our brains’ wiring is softer than we may often suspect. This aligns with recent research on epigenetics, which suggests that very little of our behavior is determined directly by our genes. As a species, we are characterized by “extraordinary behavioral plasticity”: our physical environments, mental states, and human bodies are in constant interaction throughout our lifetimes; (Jablonska & Lamb, 2014, p. 209).

According to Treadway and Lazar (2009), “We now possess sufficient evidence to demonstrate that meditation is a unique mental state—distinct from resting states—and that it appears to promote long-term structural and functional changes in brain regions important for performing clinically relevant functions” (p. 54). Kahneman (2011) contends that our brains contain two corollary systems, one, unconscious, automatic, and fast (System 1) and the other conscious, deliberative, and slow (System 2). For those in active addiction, the fast or “hot” System 1 would seem to be the one that predominates; for them, it is often difficult to step back and think before reacting to a situation because they are stuck in the neural “now” (Lewis, 2011).

This also implies that the brain can be trained to bargain between its dopamine-induced focus on the “now” and the rewards to be gained by waiting, or abstaining. The ethnographic interview might provide some of the structure and distance that individuals need to develop their System 2, by pushing them to engage in the “slow” processes of reflection and analysis. In other words, the achievement of mindfulness may actually contribute physiologically to the process of recovery. Ethnographic interviews may have therapeutic value because they facilitate the construction and elaboration of such mental tools as self-awareness and reflection.

For the ethnographer, on the other hand, it may be System 1 that needs to be more vigorously exercised in the course of the interview, and System 2 that needs to take a rest. In other words, ethnographers need to learn how to be aware in the moment. In an influential article written for physicians, Epstein (1999) usefully listed the characteristics of mindful practice, including “Active observation of oneself, the patient, and the problem,” “Critical curiosity,” “Willingness to examine and set aside categories and prejudices,” and “Humility to tolerate awareness of one’s areas of incompetence,” in addition to the essentially Buddhist principle, “Adoption of a beginner’s mind” (p. 835). These qualities seem equally desirable in ethnographers.

Likewise, Gonzalez-Lopez (2011) has related the concept of mindfulness to the practice of sociological research: “Becoming mindful as a researcher, therefore, has helped me become keenly aware of and present in the social contexts and circumstances surrounding the everyday life experiences of the people who participate in my research” (p. 448). We need to recognize that our preconceptions and ideas about the world may be just as entrenched as those of physicians, and we may also need to get out of our own way to actually see and hear what is happening in the span of an interview, and how we are emotionally and physically involved in the interview.

Pagis (2010) discusses the tension between embodied and abstract knowledge in relation to her study of Vipassana meditation. In that setting, the challenge for meditators is to connect their bodily experiences to the abstract body of knowledge that they have learned through their studies of Buddhism. The physical acts of meditation enable the practitioner to feel the concepts, to experience them directly. Likewise, Giardina and Newman (2011) examine ethnographic research as a physical-cultural experience that involves not just words but also bodies: our bodies and those of the participants. Summers-Effler, Van Ness, and Hausmann (2015) argue that the response of neural mirroring, an automatic physiological reaction to the emotions and expressions of others, is currently underutilized in ethnographic research, and that “extra-deliberative perception, emotion and action” (p. 455) ought to be incorporated into our analysis of interviews and other ethnographic encounters.

Much contemporary qualitative health research is embedded within mixed-methods study designs and intended to achieve specific goals: for example, to add context to quantitative findings or to open up new avenues of questioning for future research. Murphy and Dingwall (2003) contend that the value of qualitative research lies not in its privileged access to “insider knowledge” achieved through immersion, but rather in its flexibility and openness to discovery (p. 40). In other words, ethnography’s value often lies precisely in the fact that researchers do not know what they will find. We contend that this unanticipated finding should extend beyond the textual contents of interviews and field notes, and include the awareness of affects, emotions, physical reactions, and other
extra-verbal communications and information that spill over the edges of the research design and our formal instruments.

**Conclusion**

As Lefebvre (2014) put it, in *Critique of Everyday Life*, “the person being interviewed slowly agrees to receive or to release a portion of the ‘real’: an aspect of the hidden drama, the situation of his everyday reality” (pp. 1336-1337). When this occurs, it is not simply a transfer of information; it is a physical-emotional event to which we should be more attentive. Like the authors cited above (Giardina & Newman, 2011; Pagis, 2010; Summers-Effler et al., 2015), we contend that ethnographic research will be stronger when it learns to incorporate affects, emotions, and the body into both its research design and its findings. Awareness of our own emotional-physical involvement in this process will actually enhance the quality of our findings.

At this point, it might be possible to argue that ethnographic interviews should be systematically employed as an aid to mindfulness and a complement to recovery and that the benefits of this inclusion be studied systematically. Incorporating fresh insights from the fields of neurology and epigenetics may also be beneficial to our practice. The brain functions of ethnographers and participants might be studied as an example of neural coupling, and that the results of this combination should be measured in terms of their impacts on quality of life, levels of stress, recidivism rates, or other indices of well-being. We would certainly not object to any of these being done.

However, we would like to conclude with a simpler point. Beyond what it enables us to do, or what it accomplishes, in terms of either research or recovery, the quality of *being present* carries its own value. In the same way that the process of recovery and the practice of mindfulness are not really about meeting specific goals or endpoints, perhaps ethnographic research is not really about achieving a perfect understanding, or *Verstehen* (Fuchs, 2009). Instead, it is about getting to the non-grasping moment when, in Frank’s (2010) terms, the story is allowed to breathe. As Clift (2014) beautifully illustrates in his account of running with homeless men and women in Baltimore, ethnographic encounters with others may leave us “simultaneously more aware and confused” (p. 497). He continues, “My struggle and discomfort, then, is the space I try to work in, with, and through” (p. 503). Inside the space of the interview, both the recovering person and the ethnographer may reap the unintended benefits of this dialogic encounter.

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