Using creative, embodied approaches to prevention of and recovery from substance misuse: A dialogue between research and practice

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Introduction

This chapter explores three interlinked creative participatory research and practice projects aimed at supporting prevention and recovery to substance addiction in Assam, a North East state of India where substance addiction among young people is a public health concern (Pathak et al., 2015).We aim to show how creative participatory methods support an understanding of addiction that puts possibilities for recovery, social connection and social justice at its heart; provides empathetic insight into the embodied struggle of addiction; and supports forms of research and practice conducive to hope and social change. We refer to 'creative participatory methods' as using techniques from the arts (such as photography or drama) to support a participant's active creative production and expression, where the goal of that process primarily is knowledge-making but, if used in a practice context, also therapeutic insight. The resulting creative output may itself be 'data', while participant reflections may also be invoked through more traditional methods such as interviews.

We aim to show the value of participatory creative approaches for empowering people to engage with lived experience expertise of recovery and to generate hopeful visions for a

healthy and socially connected future. The authors are a group of research psychologists based in the United Kingdom and specialising in qualitative, creative methods and mental health (Anna, Rebecca and Raginie, who is from Assam) and research-active clinical psychologists based in Assam (Sangeeta, who directs MIND India, an NGO providing holistic health and wellbeing care and committed to social change, and Diptarup, who provides clinical psychology care for deaddiction and recovery). We share collective interest and experience in using creative methods for research and healing; the importance of working with people facing stigma and significant challenges in a potentially empowering way; and prevention and treatment of addiction with attention to wider social context. In Case Study 1, based on a project we all worked on (The Big Picture), we use photo-led interview techniques to understand lived experience of resilience for recovery to substance addiction. Case Study 2 shows how we used our research findings to develop a resource to aid prevention of addiction and insight into recovery journeys using embodied techniques. Case Study 3 explores arts-based therapeutic tools for prevention and recovery support based at MIND India. We show how using participatory creative methods can help researchers and practitioners to grapple with the seemingly intractable issues of stigma and marginalisation facing people in substance addiction that contributes to and perpetuates addiction (Graber et al., 2024; Dekkers et al., 2020; Pisarska et al., 2016). Further, we encourage readers play with creative processes to provide entry for community psychology principles, practices and values.

Substance misuse and addiction: The context for Assam, India

Substance misuse and substance use disorder (SUD) is a major public health concern in India, with adolescents and young people being especially vulnerable to onset of addiction and its profound implications for physical health, mental health and social inclusion (Ambekar et al., 2019; Gururaj et al., 2016). To give a sense of the scope of the problem, alcohol is the most commonly-abused substance by those with substance dependency (19%), followed by

cannabis (2.8%), opioids (2.1%), sedatives and inhalants (Gururaj et al., 2016). Addiction can be gendered: in India, men are far more likely to experience misuse and SUD, but women are disproportionately stigmatised for addiction and are underserved by rehabilitation facilities (Kermode et al., 2012).

The Northeastern state of Assam has undergone significant industrialisation and consequent changes to rural and urban areas in recent decades, across castes and religious groupings. It is against this context of tension between structural inequalities on the one hand, and ambitions for achievement and economic advancement on the other, that psychological distress and substance use among adolescents and young people has grown. In our clinical experience, the importance and pressure placed on young people by parents and caregivers on scholastic achievement, the economic and societal disparity between the haves and have-nots, lack of career opportunities, all contribute to increase of SUD among young people. Substances are an important part of social life for a minority of young people: young people often experiment with drugs for fun and amusement in the company of friends, particularly in urban areas (Goswami, 2015). Lack of family support, abusive parents, use of substance by parents, parental disharmony and poor attachment between parent and child pose a further hindrance to recovery (Graber et al., 2024; Madill et al., 2022).

Community and non-governmental organisations, such as MIND India and our research partner organisation Nirman Rehabilitation Facility, play a particularly important role in prevention and rehabilitation in Assam. Approaches for addressing substance misuse through de-addiction and rehabilitation range from acute medical detoxification and pharmacological therapies such as opiate substitution therapy primarily in hospital-based settings, to family therapy, individual therapy, and 12-step peer recovery programmes (such as Narcotics

Anonymous) adapted from the West, across community-based settings (Madill et al., 2022; Perumbily & Anderson, 2017). Some programmes also integrate Indian cultural practices such as yoga, spirituality and an emphasis on social interdependence including support groups for families. (Greene, 2021). There is an ongoing need to better understand prevention, recovery and rehabilitation programmes in the Indian context, especially taking into account gender, caste, spirituality, the centrality of the family, and socioeconomic factors (Graber et al., 2024; Kermode et al., 2012; Madill et al., 2022). We suggest using participatory creative methods supports participants to bring their lived experience of these varying factors to the research, contributing a more contextually specific and culturally-sensitive approach.

In the northeastern states of India more broadly, community-based responses to SUD range from coercive measures against drug users by local pressure groups like forced treatment or house arrest by families, to various drug reduction approaches, including grassroots initiatives placing pressure on the state, and central and state government initiatives focusing on psychoeducation of young people and practitioners. For example, in Manipur, women belonging to the All Manipur Women's Social Reformation and Development Samaj (Nupi Samaj) reaffirmed their stand against legalization of liquor (*Ukrul..) Another example is how the community policing wing of Punjab Police is mandated to nudge youth away from drugs. Psychoeducation to learn about addiction and its presentation is a particular priority. For example, schools and higher education departments are creating more awareness among principals to address the growing issue of drug and substance abuse among students. (National Education Policy NEP 2020 No: CBSE/M&PR/Counseling/2025). MIND India, in association with ECHO India, has conducted training for counsellors under Social Welfare department, Government of Punjab and for Counsellors from Bodoland working with

community members and families. (Bodoland is an autonomous division in Assam which has a large number of young people with SUD). The aim was to understand the red flags of alcohol and SUD, and identify positive support for people recovering from Alcohol and SUD and their families. Families can benefit from mutual support organisations such as Al-Anon or Nar-Anon which provide opportunities to learn from others affected by SUD. These services started in Guwahati in the 2010s and extend their services to affected families too.

However, these services and approaches are few and far between in Assam and needs to be expanded. Further, they continue to draw heavily on models of psychology, public health and education developed in the Global North (Madill et al., 2022). Participatory methods, developed in collaboration with local researchers and practitioners, have strong potential to develop culturally appropriate theory-led knowledge and care practices through centring the experiences and expertise of those who live in recovery in these communities.

A community psychology-informed approach to generating knowledge and understanding about substance addiction and recovery

The World Health Organisation recommends community-based care for substance addiction as part of mental health service provision, acknowledging the importance of nonmedical, personalised support for outreach and recovery, and involving coordinated service delivery in consultation with community health representatives (WHO, 2021). However, placing care within community settings does not automatically mean that it will empower vulnerable individuals or groups to effect change. Significant structural and individual barriers to deaddiction and recovery include limited or altered life opportunities for those facing addiction, unequal access to recovery facilities, and frequency of relapse (Graber, 2025).

Recovery requires some kind of physiological intervention (whether this is abstinence or medical treatment such as opiate substitution), but also psychological change, processes which are partially shaped by factors outside an individual's control. We have therefore found it useful to draw on theories of 'psychosocial resilience' to help think about well-being means in the context of substance misuse. Psychosocial resilience is a process through which a person adapts positively to a significantly challenging experience. Most theories of psychosocial resilience suggest a person's positive adaptation through a challenging experience will happen at different timeliness, along different trajectories and include "failed attempts" or delayed change (e.g., Masten, 2014). Social ecological approaches to psychosocial resilience, such as what we use here, further apply a multi-level approach to psychosocial adaptation, understanding change as being shaped by an ongoing process of interactions between mechanisms operating at different levels including individual (such as coping strategies or self-efficacy), relational/social (such as access to supportive social relationships, or opportunities to re-enter education), and structural levels (such as availability of rehabilitation programmes) (Graber, 2025; Liebenberg, 2020). Psychosocial resilience approaches are underdeveloped in addictions *recovery*, although they have been successfully applied to prevention (Graber, 2025; Graber, et al., 2024; Rudzinski et al., 2017; Valsala & Devanathan, 2023). A resilience approach encourages researchers and practitioners to identify and use protective assets and strengths available to individuals from themselves and their environments, and to learn from experts-by-experience about what 'wellbeing' means in the context of substance addiction, and how it may be achieved (Graber et al., 2024; Madill et al., 2022; Rudzinski et al., 2017).

Community psychology adds to this by helping us to think about *community-level* processes sitting between individual characteristics (such as family histories of substance misuse) and

inequalities in place-based characteristics (such as access to housing or gender-specific recovery programmes) (Fettig et al., 2024; Graber, 2025). A multi-level framework attends to connections between levels and the characteristics of the communities to which people in addiction belong: how communities are shaped by the prevalence of substances themselves, as well as stigma and social exclusion of people living in recovery (Graber et al., 2024; Hugh-Jones et al, 2024; Madill et al., 2022). This has informed our framing of substance addiction as a social justice issue, wherein individual vulnerabilities and suffering interact with criminalisation policies, unequal access to recovery resource, and broader social and economic inequalities to drive pernicious substance use which presents in different ways across different geographic and social communities. A multi-level perspective has informed related work outside the scope of this chapter, for example through development of policy briefings (Madill et al., 2022) and examining how research evidence is used to set mental health policy agendas in low- and middle-income countries (Brooks et al., 2023).

Creative participatory methods

Creative participatory methods encompass a broad range of approaches utilising arts-based techniques with people to generate empirical knowledge and understanding through acts of making and engagement with the material world. These can include visual methods such as photo-elicitation and photo-production; videography; sculpture; textile work; interactive mapping; and more (Reavey, 2021); as well as other art forms such as drama or poetry (Cross, Kabel & Lysack, 2006). In adding the modifier ‘participatory’ we emphasise that the creative act should be driven by the participant, in terms of collecting, producing, organizing and/or interpreting creative outputs, as appropriate for the question and context.

Creative participatory methods are especially useful for working with members of marginalised or stigmatised group because they are often underrepresented in research and

excluded from positions of power on the basis of their difficulties and identities (Kramer-Roy, 2015). These methods draw strength from the emergent relationship between researcher and participant underpinned by creative making (or sharing one's creating), and similarly can underpin relationships between groups of people. Because the researcher, or the practitioner, does not exclusively shape the research encounter, the participant has space to claim power and create knowledge in a way that is often less possible in other approaches. Participants can set agendas, create materials, drive topics and conversation, use silence or hesitation, communicate about experiences that are inherently embodied and therefore difficult to put into words. This can contribute to new self-insight by participants and challenges to empirical knowledge. The researcher cedes some control, and therefore power, over knowledge-gathering: to chance, to serendipity, to place, and crucially to the participants or coresearchers who make the process their own. Parameters and boundaries create objectives and to promote psychological and physical safety, but creative practice is fundamentally a process of exploration. When used in a therapeutic setting, creativity can accomplish these tasks with the overarching goal being personal healing and connection with the self and others.

We have been often struck by the empathy which with others meet work generated through the creative process. The creative modality therefore offers opportunity to connect human to human, even in contexts of policy-making, with transformative potential. Engagement in participatory creative methods can be a liberatory tool in the project of raising critical awareness of a social issue, transforming understanding and identifying action to move forwards towards a more just future (Martin-Baro, 1994).

Case Study 1: Connecting research to lived experience of resilience through the use of photo-led interviews

As part of the Big Picture project exploring prevention and recovery from substance addiction in Assam, directed by Anna, Raginie conducted a series of participatory photo-led interviews with young adults in recovery to explore their lived experience of abstinence and rehabilitation (Graber et al., 2024; Hugh-Jones et al., 2024; Madill et al., 2022). Participants were invited to bring any photos or images to the interview which represented their experience or helped them to tell their story. Some brought personal photographs, some brought internet memes, some brought art, or a combination thereof.

We found several strengths to using photo-led interviews. We felt that sharing photos helped establish a rapport between Raginie and participants, as they could show something of their own self through their selection of images. Further, the photos facilitated insight and reflection. These young adults had not typically been given opportunities to share their story outside of a medical or rehab setting, where accounts focused on symptoms and struggle. In the interviews, participants could share their story on their own terms, using imagery to capture hard-to-verbalise feelings and experiences, and bring as much of their self to the encounter as they wished to, freeing Raginie to focus on following up meaningful aspects of their account and being an empathetic presence. We felt breaking from the format of typical interviewing enabled the discussions to also explore how participants navigated into recovery. This enabled interrogation of what it means to be *well* in the context of recovery, and for participants' own meaning-making to take precedence over any theorising we started with, facilitating critical knowledge-making. Finally, because accounts were frequently chaotic and fragmented, the photos also served sometimes as memory aides.

The interview texts and images were qualitatively analysed by Anna, Rebecca and other team members, with frequent checking of developing themes with Sangeeta, Diptarup and other practitioners to see how the analysis related to their own observations, reflected cultural and community concerns, and seemed helpful in understanding or improving practice.

We briefly report two key analytical outcomes. One is a multi-level framework of mechanisms for resilience for recovery (Graber et al., 2024), as shown in Figure 1. Importantly, 'precursors to recovery' are mechanisms of change that may be best addressed through social- and community-level approaches, through provision and awareness of appropriate services; enhancing community understanding of addiction; and providing accessible means to interrupt physiological processes of addiction through biomedical means. The 'repairing relationships' group of recovery mechanisms underscore how substance misuse impacts social relationships within a community over time, creating significant ruptures and divisions between people in addiction and their loved ones or wider communities (Graber, 2025; Rudzinski, 2017). Relational repair – with the family unit, with extended kinship circles, with new or sober friends – is crucial. The 'structuring a life of recovery' group of mechanisms speaks to building a hopeful future both through individual, intra-psychological change, but also integration into a social milieu that permits new possibilities. Taking the three together highlights the importance of encourage social connection, relationship-formation and self-compassion alongside more structural-level supports such as treatment provision, public health campaigns and opportunities for employment and re-entry into formal education.

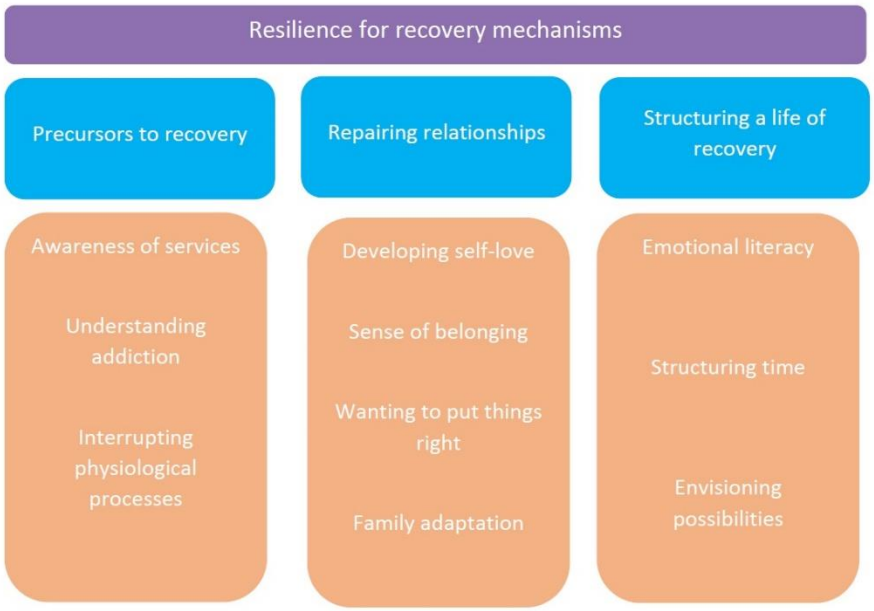

Figure 1. Resilience for recovery mechanisms.

This sits alongside our development of the novel Pathways to Recovery model (Madill et al., 2022) which explains and visualises nonlinear recovery journey and qualitative differences between abstinence and other forms of non-use. Just as creativity underpinned our encounters with participants, we felt we needed a creative way of detailing their recovery journeys. The model conveys how recovery typically includes multiple routes, setbacks and recalibrations; qualitative differences between misuse, abstinence and real recovery; and the sense that even failed attempts at sobriety can hold wisdom (Madill et al., 2022). This approach diverges from traditional group work exercises commonly used in mainstream Western addiction services, which often rely on structured, linear models such as the 12-step programme or the Transtheoretical Model of Change, a model integral to health psychology and behaviour change fields (Raihan & Cogburn, 2023). However, research increasingly challenges these linear conceptions. For instance, Laudet (2007) highlights that recovery is a multifaceted process, that goes beyond just abstinence, involving improvements in health, social

functioning, and quality of life, influenced by factors like social support, housing, and community engagement.

Building on these insights, the *Pathways to Recovery* model makes visible the interplay between personal agency and wider contextual influences, offering a more nuanced and culturally responsive model for understanding recovery. It additionally helps to pinpoint particular areas of group-based risk and how these may impact recovery. For example, a few young women mentioned that parents looked at them more negatively than their male siblings, if they are aware that they smoked weed and consumed alcohol. These kind of reactions and judgement stops young women from seeking professional help from mental health experts, as well as getting the support they need from family and society. In our practitioners' experience, this may be due to the greater social taboo and the skewed gender lens of how women should act. Recovery journeys involve navigating such as stigma, knowing that some believe "once an alcoholic, always an alcoholic"; and the marginalisation that results, such as a lack of opportunities to reintegrate into society.

Figure 2. Pathways to Recovery Model.

Together, using visual methods encouraged us to attend to ways in which capacity for prevention and recovery is partly relational and community-based, in contrast to more individualised perspectives on recovery. We discussed this map with young addicts in-recovery as well as counsellors in rehabilitation facilities and considered ways to use it. Case Study 2 explores one application.

Action for learning activity: Imaging ‘recovery’

This activity develops skill in using photo elicitation techniques to help people think creatively about the process of ‘recovery’. What does it mean to recover from a difficult situation? This could be substance addiction, or another difficult situation facing people in your community.

Note: Although creative participatory methods can be meaningful, accessible and rewarding, it is also worth recognising that they can be experienced by some as patronising or childish! We believe creative activities work best when used with the support of peer leaders or coproduced with them, in a context of meaningful relationships with participants and community settings, and when they contribute to a genuine action or outcome so that participants feel they can drive change. It also helps to flexible in adapting the proposed activity to people’s needs and preferences!

This activity should be used within a group that already forms a community – such as members of a school class, youth group, or community organisation. This can be used in a workshop or classroom setting. Take care to ensure everyone feels safe to participate. consider practicalities such as accessibility and physical and psychological safety. Offer appropriate support and adapt the activity for the needs of your community members. There is no ‘one right way’ with creative methods!

Step 1: Decide *how* you will gather your images. Will you take photos? Only take identifiable pictures of people with their permission. Will you use publicly-available images from the internet, magazines or other media? Gather the tools you will need (phones, donated magazines, flyers, etc). Decide on a time frame for generating your images – a week? A day? A few hours?

Step 2: Generate your images. Gather images that represent the experience of ‘recovery’ in some way. Some might take a very literal approach – a picture of a hospital, for example. Some might be more figurative – a sunset, a choppy sea, certain colours. Some might use photographs of times of healing or fracture. Some may even use images of words. Don’t be overly restrictive, instead invite people to include anything they think speaks to the experience of ‘recovery’. You might do this individually or small groups.

Step 3: Come together as a group and share your images. Discuss how they inform an understanding of ‘recovery’. How do your understandings differ, reinforce or complement each other? Is ‘recovery’ the same in all contexts?

Step 4: Create a poster collage using a small selection of images that the group feels represents the experience of recovery. Use consensus to assemble your poster, ensuring many perspectives are included and that there is a clear message to the viewer. Consider how you might display the poster, and to whom.

Step 5: Take action. Using this poster collage as a prompt, consider what changes you could make in your community to support people recovering from a difficult situation, whether this is substance addiction or something else that you identify as a priority for those in your community. Where will you begin?

Case Study 2: Embodied learning in addiction prevention education

As a team, we considered how to best convey element of chance and nonlinearity presented by the Pathways to Recovery model, where recovery can be risky but also open opportunities. Researchers are often asked by funders to 'engage stakeholders', an objective that should, to be meaningful, address real needs and allow for learning to happen. We developed several sorts of outputs based on our academic research, and came back to the idea that the Pathways model might be turned into a game to promote more active engagement and highlight the nonlinear nature of recovery. Anna and Raginie, working closely with Sangeeta, sought to translate young people's shared experiences into a format that other young people could engage with directly, first through an animation created by Raginie and leading to the creation of a game that provides a space for embodied enquiry into the lives of young people who have personally experienced the arduous journey of addiction and recovery.

One particularly striking aspect from photo-elicitation interviews with Assamese young people who have *avoided* substance addiction, was how direct, intimate exposure to the consequences of addiction often influenced their decisions especially at meaningful turning points (Hugh-Jones et al., 2024). One young person wrote the following lines in a poster she created based on her interview, referring to her brother:

> *"He became hollow*
> *He didn't talk to anybody*
> *He started shivering randomly*
> *Do I ever want to be in a state like that?*
> *Witnessing the consequences of*
> *using substances was*
> *more than enough for me*
> *to know my answer"*

Her immersion in her brother's reality allowed her to internalise the severe consequences of addiction more effectively than any verbal warnings could have done. Personal stories like

these highlight the need for preventive measures that go beyond mere cognitive understanding, to tools that engage the body and emotions to foster a deeper, more visceral comprehension of addiction's grip. However, such intimate exposure to the effects of addiction on one's life is not available to all. The lived experience of addiction is so powerful and disruptive, that true insight can be hard to achieve, nested within layers of beliefs about what addiction is, who is vulnerable to it, and how you emerge from it.

This is where the concept of embodied knowledge becomes useful. Todres writes, "the body is intimate to understanding, and such bodily-informed sense-making adds a crucial dimension to the ways we have access to truth and present such truth" (2007, p.6). The concept of embodied experience suggests that our cognition is deeply rooted in our physical and sensory experiences, rather than being solely a function of the mind (Varela, Thompson, & Rosch, 2017). Addiction and recovery are embodied processes, happening in the body and of the body, but also involving qualitative changes to thinking and relationships. Embodied learning refers to the process by which learning is integrated through bodily engagement, such as through movement, sensation, or physical presence, in ways that affect knowledge, identity, and behaviour (Clughen, 2024; Sani et al., 2021).This challenges traditional views that separate mind and body, proposing instead that our bodily experiences are integral to our cognitive processes (Finlay, 2014).

This game employs tactile interactions—rolling dice, moving pieces—to bring the obstacles and progress in addiction, relapse and recovery to life. Physical engagement may facilitate embodied learning by allowing players to experience something of the complex dynamics of risk, choice, and consequence in recovery. Figure 3 is an extract from our free online educational materials and provides more detail as to how the Pathways to Recovery

boardgame can be played. Rolling dice and relying on chance mirrors the unpredictable nature of addiction, where despite one's intentions, external factors can trigger relapse, echoing the real-life unpredictability and lack of control faced by addicts (Sayette & Griffin, 2004). It also gives the players a chance to explore different reason for relapse and positive changes that can move a person nearer to recovery. Moving pieces around the board can simulate the frustrating, repetitive cycles often experienced in addiction, where efforts to move forward can result in setbacks and regression, highlighting the reality that recovery is a non-linear, often gruelling process (Graber et al., 2024; Madill et al., 2022). Engaging multiple senses and physical actions can potentially create a more immersive and impactful understanding of addiction. Embodied enquiry "requires the lived body as the 'place' where intimate understanding of both experience and language happen" (Todres, 2007, p. 5).

Stage: Strategic Self-Management
You feel better and want to stay off substances. Move to **Abstinence**.
The substances you need are available again. Move back to **Addiction**.
Your family think you're clean because you did a short detoxification treatment and are no-longer watching you closely. Move back to **Addiction**.
You can see how much your family love you and how much you are hurting them, so you want to stay off substances for them. Move to **Abstinence**.
Your family think you're clean because you did a short detoxification treatment and are no-longer watching you closely. Move back to **Addiction**.
Stage: Supported Treatment
Congratulations. You have stayed clean and found a peer support network to help you create a life without substances. Move to **Recovery**.
Congratulations. You are staying clean. Move to **Recovery**. But wait - oh no! You met-up with people who are still using substances and the temptation was too much. Move back to **Addiction**.
You didn't finish the 90-day programme. Move back to **Addiction**.
You finished the 90-day programme but have not made a commitment to a life without substances. Move back to **Addiction**.
You are no-longer using but have made no lifestyle changes and are attending peer-support meetings only now-and-then. Move to **Abstinence**.

Figure 3:Extract of dice move instructions

Engaging with the game, moving pieces, and experiencing the highs and lows through a controlled, yet immersive environment, can help young people empathise with the embodied reality of living with and recovering from addiction. It shifts educational focus from a purely cognitive understanding to an experiential one, where learning is internalised through bodily engagement and emotional connection (Maiese, 2017). Responses were promising from a group of young people (15-17 years old) in Assam who trialled this game with a practitioner as a prevention tool in school. One said: "*The fight with drugs is like a marathon rather than a sprint. It requires a lot of resilience, courage and patience*. Although clearly a simplification and abstraction, these game dynamics help participants embody the experience of addiction: the setbacks become more than theoretical obstacles—they are felt frustrations. Achieving significant milestones, while not equivalent to real-life recovery, can give players a taste of the relief and achievement that accompanies overcoming addiction challenges. This empathetic, embodied connection can foster a deeper understanding of the complexities and challenges involved in the journey towards recovery.

We used this game based on the Pathways map with community workers, secondary schools, volunteers working at rehabilitation centres under the Government of Assam as well as college students who were interning with MIND India. While this game is not itself a community intervention, the board game may provide a basis for broader work through communal use in schools, community centres, and rehabilitation facilities where groups of young people can, through social interaction with their peers, engage in embodied learning to relate the abstraction of addiction to their own lives, and we are curious as to how the embodied approach may bring something new to information-based or skills-based approaches.. Raginie is currently working with young women in recovery in the North of England to understand applicability in a different community context. More broadly, this

work poses interesting questions about how embodied learning could be part of a community psychology-informed approach within mainstream settings, and whether similar games could be co-produced with people in recovery as part of further efforts to destigmatise, build relationships and create opportunities.

Case Study 3: Using creative participatory recovery approaches within a community mental health organisation

In this section, Sangeeta explains how MIND India, which she directs, has been practicing different creative methods with students undergoing training in counselling and with other grassroot level community groups since 2018. This has often been in association with Agora, The Space, an art facilitation and wellbeing space headed by Radhika Goswami which teaches counsellors to use theatre and other creative techniques for emotional healing. Similar work has been done with community workers from grassroot level organisations like North East Network (NEN) who works with women and children in vulnerable situation.

Training practitioners to use these methods can be an important way of supporting transformative change in communities, by addressing stigma around substance addiction and recovery and promoting psychological approaches to counter community members' views of addiction as primarily a biomedical issue or an expression of criminality (Graber et al., 2024). As with the creative research methods discussed, arts-based therapeutic practices encourage embodied knowledge, reflection, and novel understanding. In our practice we have found that art therapy can help ease pain by allowing people to explore their feelings and experiences creatively. It can be a good alternative to talking therapy as it doesn't require too much verbal communication and allows the person to use different mediums like craft, pencil art, sketches, water and oil paints, dance and drama. Art therapy can help people work through past

traumas in a safe setting, as seen in Figure 4. Art and expression therapy has been used as a way of healing and to regulate emotions.

Figure 4. Members of Nirmaan Rehabilitation Centers, Guwahati, Assam participating in Art based recovery approach at Wellness Carnival organised by MIND India (2022)

Using arts-based recovery approaches has been used mostly as a preventive method at different platforms and with different target groups, and provide opportunities for people in recovery from substance addiction to share their experience, connect with others and engage in public service. For example, school children have put up a mime show at Carnivals organised by MIND India for public awareness, as seen in Figure 6. These carnivals also included people in recovery who expressed their recovery path through chart work. These activities reflect the elements of social justice and wellbeing and providing a sense of inclusivity for Assamese young people in recovery from substance addiction in a society which typically stigmatises them, and where they may face challenges to reintegrating as

peers disengage from friendships, prospects for romantic relationships are compromised, and the chances of rejoining education or employment seem daunting (Graber et al., 2024).

Figure 5. Radhika Goswami, Director Agora, The Space , Guwahati, facilitating workshop on use of arts-based recovery approaches (Forum Theatre) for emotional healing for Facilitators working with adolescent groups in Tea Gardens of Assam

Figure 6. Youth representing Byatikyam Masdo presenting a mime on Anti Tobacco & Liquor Awareness Campain during Wellness Carnival organised by MIND India (2022)

Creative participatory approaches therefore can lend an empowering, embodied and thought-provoking cast to psychoeducation about substances. For example, adolescents from tea garden communities of Assam were exposed to “Forum Theatre” to talk about issues like child abuse, child labour, school drop out, gender discrimination to name a few, as seen in Figure 4. Creative methods have been used with college and university students to enhance self-awareness and positive mental health & wellbeing among young people. Topics varying from knowing oneself, enhancing self esteem , effects of SUD, understanding rights and protection have been incorporated into these creative methods. These activities helped to create a space to talk about social justice, inequalities, rights and on goals and aspirations of self. Experimentation has been done with creative art with different groups at different platforms. Testimonial of feel-good factor and release of stress and immediate emotional outlet has been shared by participants after the sessions on creative methods. However more studies need to be conducted to inform evidence-based research.

Reflections on social justice, wellbeing and priorities for researchers and practitioners

In writing this chapter, we note how, within our professional roles, we have implicitly or explicitly applied a social justice lens to substance misuse and addiction, viewing ‘well-being’ in the context of addiction as a community-level issue with community-level opportunities for support, and aiming to support the empowerment of people in addiction and their wider communities to build healthy, purposeful and interconnected lives. In this section, Rebecca, Diptarup and Sangeeta lead reflections on how creative participatory methods offer a powerful way to understand one’s own journey of addiction and recovery, and for someone who has not experienced this directly to peer into visceral lived experience. As well as helping to advance knowledge-making, these methods therefore bridge connection. People struggling with substance addiction, even having entered recovery, experience significant

social exclusion in Assam, as elsewhere. Advancing social justice therefore entails acknowledging that social inclusion and the development of meaningful, adaptive relationships with others are critical to addiction recovery, with family and extended community influences playing particularly central roles in Assam (Graber et al., 2024; Madill et al., 2022). Appealing to social obligations and utilising community and relational supports is crucial. This also means developing and using a sense of culturally-specific wellbeing. For example, this may mean allowing for practices that are discouraged in other regions because they fulfil important social and cultural functions. Some religious rituals and festivals still require contact with alcohol or other substances, such that complete abstinence may not be feasible or even desired (Graber et al., 2024; Valsala & Devanathan, 2023). The use of alternative addictive substances may also be experienced as positive for supporting cessation from more harmful options (Valsala & Devanathan, 2023). 'Wellbeing' may therefore still include contact with alcohol or other substances, even for those in addiction recovery. This is unusual for many Western step-based recovery programs, so developing and adapting local therapeutic options is important.

Advancing social justice and wellbeing in this context would further entail achieving greater understanding of who takes up different types of treatment and why. Based on our experience working with rehabilitation facilities and in clinical practice, we suggest group-based economic inequalities not only feed into pressures to use substances, but may inform individuals' selection of medical detoxification and opiate substitution therapies that do not necessarily stop cycles of addiction but do address immediate crises and withdrawal symptoms. We wonder about differentiation based on religious group, economic drivers and family pressures that may inform choice of substance, choice of treatment and possibilities of relapse. Our previous research provides partial support, noting that many participants in

recovery felt they were viewed by community members as forever tainted or criminal; often pursued detox ineffectually or to strategically self-manage their addictions; and continued to participate in festivals and rituals centring substance use (Graber et al., 2024). Religious, ethnic and caste groups have different norms around substance use, with some suggestion that this is shifting with economic industrialisation as, for example, alcohol use becomes more frequent and less attached to culturally significant meanings (Rose et al., 2015; Valsala & Devanathan, 2023). It will be interesting to see whether efforts to support financial inclusion, community institutions and economic well-being in the region, particularly in rural areas (e.g., Kumar, Sengupta & Gogoi, 2023) will impact patterns of substance use. A strength of creative participatory methods is that those engaging with them necessarily bring their own interpretations and lived experience to the material, creating potentially empowering opportunities to explore these tensions in psychoeducation, research and clinical practice.

Our research and practice adapt and challenge treatment paradigms from the Global North with particular emphasis on using creative participatory approaches to reducing and preventing suffering arising from SUD (Madill et al., 2022; MIND India n.d.). In our collaboration, some of us came to 'community psychology' more formally through our experience and training, while others have found this to be a way of naming our values and ways of working in mainstream clinical, medical and academic psychological contexts. We use participatory creative approaches that are accessible and meaningful to service users, providers and others, aiming to empower them to direct and co-construct activities. In practice this is, of course, not always straightforward, but creativity is seen as personally healing, a way to support people

Together, these case studies offer insight into applications of participatory creative approaches towards prevention and recovery from substance addiction. We also hoped to show how we, as a group of researchers and practitioners, creatively responded to the problems and opportunities encountered in our work. Participatory creative approaches can prompt novel understandings and embodied moments of insight, challenging biomedical models, stigmatising views and disconnection from the self and others. As addiction recovery is typically a non-linear journey, 'wellbeing' should allow for possibilities of learning and deviation; take a holistic approach to understanding and developing a person's needs, vulnerabilities and strengths; be situated within meaningful social relationships and communities; and grapple with the social inequalities contributing to addiction and posing obstacles to recovery. While this is a big task, we suggest that creative participatory methods offer an accessible, human-centric, playful and generative way to get started.

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Key words: Creative methods, Peer support, Recovery, Indian mental health, Substance misuse; Reflection questions:

In what ways is your understanding of substance misuse shaped by your culture – ceremonies and celebrations, media, shared histories and relationships?

Do you feel like recovery from substance addiction must be 'all or nothing'? Is abstinence the only way, or can some use be permitted? Why?

Discussion questions:

How welcoming is your community to people in recovery from substance addiction? Discuss barriers and facilitators.

What are 3 actionable changes that could support people in recovery from substance addiction in your community?

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