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Investigating recovery from problem substance use using digital photovoice

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Abstract

This study investigates the complex process of recovery from problem substance use using a visual research method known as 'Photovoice'. Seven service users from a harm reduction drug service were given digital cameras and asked to photograph 'people, places, and things' meaningful to them in their recovery. These photographs were then used as a catalyst for discussion during two in-depth interviews. This study demonstrates the nuanced experiences of recovery as some participants expressed feeling isolated while others reflected upon their access to various forms of social capital. These findings recognise the link between social capital and recovery outcomes, while also reflecting upon how services might imbed the need for relationship quality within artificial recovery networks. The use of photographs is a novel way of providing voice to the lived experience of service users and adds to the discussion and debate concerning how recovery services may develop.

KEYWORDS

community-based participatory research, mental health recovery, qualitative research, social capital, social networks, substance use, substance use disorder

1 | INTRODUCTION

1.1 | Problem substance use and recovery

Problem substance use has long been a public health concern in the United Kingdom and internationally (United Nations, 2018). Current literature on successful recovery indicates that the process is complex and nonlinear; encompassing personal growth, challenges and ongoing commitment on behalf of the service user (Costello et al., 2018). People engaging with recovery services routinely report feelings of stigma and changes to their identity as they transition from an identity associated with problem substance use to one associated with being 'in recovery' (Buckingham et al., 2013; Mcphee et al., 2013). This transition from 'user' to one 'in recovery' is often maintained by participation in recovery-oriented group activities which increase the positive social capital of participants (Buckingham et al., 2013).

Social capital is a comprehensive term that refers to the social resources, relationships and support systems available to individuals (Salehi et al., 2019). For individuals in recovery, social networks which assist people in achieving high levels of social capital include treatment centres, nondrug using family and friends, religious/spiritual groups, workplace networks and social club/activities (Boeri et al., 2016). Previous research has indicated that service users with strong social capital have better rates of recovery (Sigodo et al., 2020).

While social groups may be seen as protective in times of transition, they may also be understood as negative; specifically when harmful behaviour is endorsed (Weston et al., 2018). 'Negative' social capital is understood to happen when social interactions increase negative outcomes, such as interactions with other drug users that reinforce an individual's own drug use. Attributes that can contribute to negative social capital include age, mental health, physical health and incarceration (Cloud & Granfield, 2009). These attributes impact the amount of recovery capital individuals are able to accumulate and may also affect the ability to which positive social capital is able to be maintained. While the consequences of social capital can be either positive or negative, positive social capital is considered vital for an individual to achieve successful recovery (Boeri et al., 2016).

ZSchau et al. (2016) have also recognised the difference between natural networks which occur from living in society and artificial networks (e.g., those created by recovery groups.). They suggest that natural networks are needed for sustained recovery and that artificial recovery networks may be destructive if high levels of social support decrease autonomy (Salehi et al., 2019). However, it is also true that people with little social capital have fewer opportunities to access or engage with new social networks outside of their immediate communities (Boeri et al., 2016). This suggests that increasing the availability of recovery-oriented social networks may be crucial to obtain long-term recovery (Best et al., 2016).

Recovery from drug dependence is also often mitigated by the social, economic and physical dependency issues of specific individuals, increasing the complexities of understanding the long-term nature of recovery (McKeganey et al., 2013). While the existing literature is beneficial in identifying population-level trends, it struggles to offer a vivid picture of an individual's experience of the recovery process. By utilising Photovoice to understand the experiences of people in recovery, this research offers a valuable way of generating rich visual multimodal data which can be used to better understand a wide range of nuanced experiences (Rhynas et al., 2020).

1.2 | Utilising photovoice

Photovoice is a type of participatory action research method which provides cameras to a group of individuals and asks them to record their experiences over a period of time (Wang & Burris, 1997). Researchers subsequently interview participants regarding their perceptions and experiences, with the photographs being used during the interview as catalysts for discussion. 'Photovoice' is so called because it aims to allow the photographic image to become the participant's voice to convey their experiences (Wang & Burris, 1997). 'Voice' is a notion of empowerment and has been used in both research and therapeutically to restore agency and aid in the transformation of participants (Frostig Newton, 2011).

It has been argued that visual research tools have the potential to overcome common interview obstacles such as difficulty eliciting deep insights and managing researcher–participant power differentials effectively (Comi et al., 2014; Eyres, 2012). Participants of participatory arts projects such as Photovoice have reported increased feelings of empowerment, confidence, self-esteem, social-participation and improved mental health as a result of taking part (Budig et al., 2018; Hacking et al., 2008). In this way, Photovoice has the potential to be beneficial to participants while simultaneously collecting rich data to better understand their experiences. Photovoice emphasises participant and community empowerment which lend itself well to research focused on traditionally disenfranchised groups, such as those who are in recovery from problematically using drugs and alcohol (Harley, 2012; Room, 2005; Souleymanov & Allman, 2016). This research aims to investigate the experience of recovery from problem substance use using a participatory method which allows service users the opportunity to reflect on their individual experience of recovery using captured images and descriptions.

2 | MATERIALS AND METHODS

2.1 | Setting

Data collection was conducted in collaboration with a recovery organisation in the Southwest of England between September 2019 and September 2020. This harm reduction organisation is built upon a peer-based model where individuals in later stages of recovery undertake training to mentor people in earlier stages. Partnering with this organisation enabled the research team to explore recovery through the eyes of service users in later stages of recovery (peer support mentors) as well as those in earlier stages who were accessing the service for the first time.

2.2 | Recruitment

It was understood from the onset that relationship building was necessary for successful recruitment and retention of participants (White et al., 2004). Considering this, the lead researcher spent the first 4 months of fieldwork attending peer support mentor meetings. These meetings were an opportunity for peer support mentors to network with each other and to check in with the organisational leaders before beginning the week. After 4 months of attending these meetings and developing relationships with the organisation and potential participants, the lead researcher was invited to speak at group meetings for clients at earlier stages of recovery. Study participation was open to all individuals who had engaged with the organisation's service in some way, regardless of their stage or time in treatment to capture individuals at different stages of recovery.

Overall, seven participants took part in the first interview and six in the follow-up interview. Two individuals recruited were peer support mentors (at least 6 weeks of sustained recovery) and five individuals were recruited from the organisation's additional groups for those in the beginning stages of the recovery process. Two participants were female and five males, ranging in age from early twenties to late forties. Most participants were quite new to recovery at the time of their initial interview, the newest having engaged with recovery services for 1 month while the longest sustained recovery engagement was 1 year.

2.3 | Data collection

To begin the study, participants were invited to attend a Photovoice training workshop facilitated by the lead researcher. During this training workshop, participants discussed the history of Photovoice, completed visual literacy exercises, spoke about the ethics of photography and received digital camera training. In line with the

study's emancipatory philosophical framework, participants were asked to decide on a theme they would like to focus on (Ellsworth, 1998; Freire, 1970; Harding, 2004; Higgins, 2016). Participants chose to focus their photography efforts on 'people, places, and things' which they found meaningful in their recovery.

Participants were instructed to start using the digital camera they had been gifted to take as many pictures as they wanted but that they would choose five to share during an interview. Participants had 2 weeks to take photographs. Due to increasing concerns regarding the Covid-19 pandemic, two participants took part in face-to-face interviews and six participants had telephone interviews in March 2020. Follow-up interviews were conducted 4 months later to understand recovery from a longitudinal perspective and also to ask about participant's experiences of lockdown. This was followed by a final workshop where participants wrote captions for their images and decided on a way to share their photographs with a wider audience. Participants decided to share their photographs as a part of a public photography exhibition and as well as allowing them to be shared at conferences and within academic publications.

2.4 | Ethics

Ethical approval for this study was provided by the ethics committee of both the research team's University and of the partner organisation. It is important to consider the ethical dimensions of conducting a Photovoice study. Given the vulnerability of participants, many researchers employing Photovoice consider ethical approval as a starting point and are continuously mindful of ethical issues throughout the lifespan of a project (Horsfall et al., 2018). Participants in this sample provided written informed consent and were also asked to reconfirm consent verbally before each new project phase, including photographic dissemination. All participants had the right to withdraw at any time and consented for their photographs to be used for publication.

Photovoice projects often present unique challenges related to subjects who appear in photographs and ensuring that consent is collected even though individuals may not be directly involved with the project (Ronzi et al., 2016). For this study, participants were given an informed consent form for individuals who appear in photographs to sign before their image could be used.

Additionally, this Photovoice study contended with the inclusion of participant self-portraits. During the workshop for this study, the lead research discussed confidentiality with participants and asked that they remained mindful of this when taking photographs. However, several participants in this study decided that they wished to include self portraits of themselves or portraits of individuals who had been important to them in their recovery journey. The inclusion of each of these portraits were discussed with each participant individually and informed consent forms were collected from both the participants and other individuals appearing in the photographs. Many discussions were had with the research team regarding the potential implications of sharing these images publicly. The final consensus was that to not share these images (as was the stated wish of participants) seemed at odds with a method which centred on providing participants with a voice. This is similar to another Photovoice study which concluded that to not include these photographs, even if the participant group could be defined as 'marginalised', would be paternalistic as it would mean imposing the research team's own judgement in censoring content within a study meant to give participants a way to shape their own narratives (Creighton et al., 2018).

2.5 | Data analysis

Following familiarisation with the data, interviews were analysed using an inductive approach to Reflexive Thematic Analysis (V Braun & Clarke, 2006; Virginia Braun & Clarke, 2020). Additionally, a constructivist paradigm of analysis was adopted which dictates that perceptions of time and place are constructed and renegotiated on an ongoing basis while emphasising the researcher's subjectivity as an analytical resource in contextualisation (Braun & Clarke,

2020; Guba, 1990). The lead researcher began transcribing and coding each interview as they occurred with the assistance of NVivo qualitative software to support data handling (Nowell et al., 2017). Codes from the verbal and visual data were grouped into initial themes and were regularly discussed with the research team to assure rigour and enhance validity (Koch, 2006; Tracy, 2010). As the analysis progressed, themes were further refined and labelled.

Analysis focused on both the verbal data and the photographs. There exists a debate within Photovoice literature between what analysis method is the best choice for researchers to adopt (Rose, 2016). Photographs are relatively easy to gather but difficult to analyse and summarise because they yield an abundance of complex data (Wang & Burris, 1997). For this reason, many researchers opt to forego considering photographs as a site for data analysis (Sestito et al., 2017). However, others argue that doing this ignores a large chunk of data which may shed further light on how images were interpreted by participants as opposed to researchers (Törnbom et al., 2019). In their review of Photovoice literature, Catalini and Minkler found that one of the primary weaknesses in the literature concerned analysis, with the majority of studies failing to provide sufficient information about how they moved from the photographs to the findings (Catalani & Minkler, 2010; p. 441).

For this research, the decision was originally made for the interviews to be the foreground of analysis. However, it became apparent once the analytical process began that the images and texts were inextricably linked as participants often referenced details of the images during their interviews, and so the decision was made to view them simultaneously. Circling back to the images to see if any of the codes from the text were reinforced or if any new ones appeared was beneficial for several reasons. Not only did this exercise help to strengthen existing codes, but it also helped to link together ideas which were not initially clear from the text. However, the research team could find no evidence that this analytical process had been used for other Photovoice studies, making it difficult to compare this approach with best practice guidance. Final themes were discussed and agreed within the research team and a thematic map of all themes encompassed within the PhD research was created to make sense of the data set as a complete whole (Furber, 2010).

3 | RESULTS

The findings presented here are in accordance with key themes identified within the focused thematic analysis of a PhD research thesis. The themes presented here include: (1) Isolation of recovery resulting from stigma and mistrust and (2) Support systems in recovery: an individual experience. Findings from this PhD research as they relate to the experiences of this population during the coronavirus disease 2019 (COVID-19) pandemic have been published elsewhere (Smith et. al., 2021).

3.1 | Isolation of recovery resulting from stigma and mistrust

One of the primary challenges described by participants was the feeling of isolation they felt during recovery. Participants reported feeling a distinct lack of community integration which manifested itself through both internal and external stigmatisation and mistrust. Previous literature has concluded that feelings of loneliness and isolation have been linked to greater substance using behaviour, particularly through significant indirect effects such as stress (Ayres et al., 2012; Polenick et al., 2019; Segrin et al., 2018). One participant, Oscar (pseudonyms appear throughout), expressed how issues with his physical health coupled with increasing feelings of isolation had caused him to relapse several times since his initial engagement with recovery services. After one such relapse event, Oscar decided to take a self-portrait for this Photovoice study which he has given informed consent for us to share (Figure 1).

Oscar described how these feelings of loneliness and isolation had attributed to his desire to use.

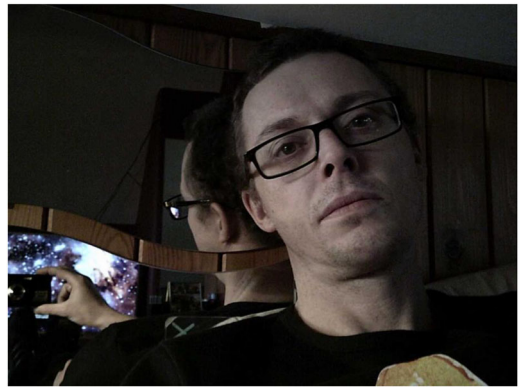

FIGURE 1 "When I took this photo, I had stopped taking any heroin and medication- I was addicted for just over a week. I was feeling so drained, cold, aching, and depressed but still incredibly determined to get through it" (Oscar).

> There is no sort of community really these days. We say hello to our neighbours but that's it. It's very impersonal. If I felt there was someone across the street who wasn't family that I could escape to and let off a bit of steam when I was feeling down then I probably wouldn't go off and use as much. I think that's why people take heroin and stuff - it's because I feel a lot of the time incredibly lonely. Because I lost all my friends because of my habit and stuff so… if there was more community around us, then I think drug addiction would be a lot less of a problem in society. (Oscar)

Another participant, Lawrence, espoused similar thoughts when asked during his initial interview about what the term 'community' meant to him.

> It reminds me of the isolation. And you know when you're in the throes of alcohol or more addiction you tend to lose- your community gets very small. Until one day, it's just you. And it's not a very nice place to be. You kind of need a network around you almost to validate yourself. You don't need it, but sometimes we do. And if you isolate and just become this… almost caricature of yourself. (Lawrence)

Both Oscar and Lawrence described how they did not feel that there was any existing community they could turn to for support and how not having access to this resulted in feelings of isolation. This is similar to findings from Rhynas and colleagues who observed that individuals in recovery expressed a desire to fit in and described this as important in their recovery journeys (Rhynas et al., 2020).

Mark was another participant who spoke about the isolation he experienced since beginning to engage with recovery services. For Mark, this worsened over the COVID-19 pandemic and made him realise how much he valued others in his recovery journey. He also spoke about the stigma he felt as someone in recovery and how he himself use to stigmatise people who were involved with problematic drug use. He demonstrated this through photographing a memorial of a deceased homeless individual in the hopes of destigmatising the person's experience and in turn his own (Figure 2).

Mark described how this memorial plaque had been previously destroyed by the council, something which he felt was a result of external community stigmatisation. In describing his previous experience with stigmatisation, he said:

FIGURE 2 "Paul lived in (place in community). Paul was well known. Paul was a likeable person. Paul was homeless. Paul had problems in his life. Paul listened to Punk music. Paul was loved" (Mark).

> There's a lot in recovery of stigma within stigma within stigma. Because like me- because I didn't inject- I looked down on people who injected. That's how it is. But now I'm more open minded. To like people walking past on the street, I might look down and say 'oh, look at him. He's a junkie.' But at the end of the day, if he ain't got anywhere else to live or anything like that, what do you expect this person to do? (Mark)

As Mark's wellbeing improved and he began to connect more with other individuals in recovery, his stigmatising attitude towards both himself and others decreased. This is consistent with literature which demonstrates that access to positive social capital in recovery can result in a reduction of stigmatising attitudes and the sustainment of successful recovery (Boeri et al., 2016).

Another participant, Fox acknowledged how feeling lonely and isolated would trigger him to want to drink alcohol. Being triggered in this context refers to the experience of having an emotional reaction to use because of an event or situation. He explained:

> I'm not experiencing cravings (at the moment). The nearest I've come in recent months was last Saturday night actually. The young couple downstairs came in with company, quite happy voices, laughing. Sounded like they'd had a few drinks. And I thought 'God, I wish I was with them, I wish I could still do that'.
>
> And I thought, 'I could be sitting in a pub with a refreshing pint of cider in less than a minute and I'd feel much better.' But then I just had to think, look what it's done to you in the past. Remember that you already have got a degree of cirrhosis in your liver. You drink again and effectively you're perusing a slow-motion suicide. So, I got through it. (Fox)

For Fox, this event which had triggered in him a desire to use was related to feeling lonely and not possessing capabilities of social connection as espoused by theories such as the Human Capabilities Approach (Nussbaum, 2011).

3.2 | Support systems in recovery: An individual experience

Many participants in this study spoke at length about the various support systems they had established. Specifically, they discussed the ways in which these social networks provided them with support and motivation to achieve their recovery goals. Differing support systems mentioned by participants included loved ones, fellowships and professionals. However, experiences of these support systems varied across individuals. While some participants described supportive social networks which provided them with support and accountability, others reported feeling alienated as a result of not belonging to certain groups.

Several participants devoted a large portion of their Photovoice output to documenting their loved ones who had provided emotional and logistical support to them and used the interviews as an opportunity to express their deep appreciation for this support (Figure 3).

The first photograph Sammy shared during her interview was of a plaque that she displayed in the family home.

> I love it. Because it says about support. And everybody in my family really have done that. They have been so supportive. So, yeah. I thought that I have to share this with everybody. Because not everybody has family. So, I'm really lucky that I have a family that are so supportive. (Sammy)

Sammy repeatedly expressed her gratefulness for having the support systems provided by her family and recognised that others in recovery may not have access to this type of social support.

Oscar was another participant who wished to communicate his gratitude for the support of his loved ones through his photographs. For Oscar, a big source of this was his mother who has given her informed consent for her image to be shared (Figure 4).

> I have a good relationship with my parents now. Even though I've had a heroin problem for the last five years, they've been incredibly supportive and I'm really lucky, really lucky to still have the support now even after all I've put them through… It must be really hard for them. (Oscar)

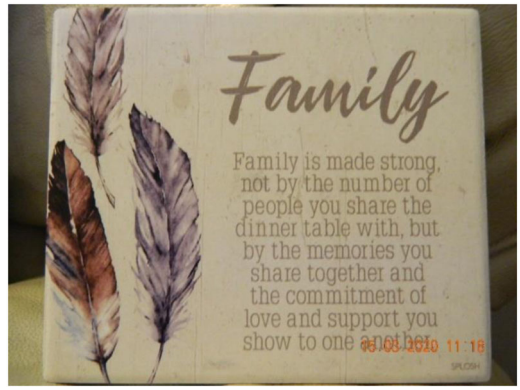

FIGURE 3 "Family is important, don't lose them, love them" (Sammy).

Oscar and Sammy described leveraging these familial support systems to provide themselves with accountability in their recovery journeys. Sammy recalled informing several members of both her immediate and extended family that she was planning on undertaking an alcohol detox so that they would recognise her need for additional support and to hold her responsible for decisions she made after her detox. Similarly, Oscar described how his mother dropped him off at his weekly counselling sessions not only to spend time with him but to ensure that he was attending the sessions as these took place in the same area where he previously bought drugs.

Additionally, many participants in the sample reported engaging with community activities which they perceived as meaningful to experience a sense of social support. Most participants (five out of seven) were already involved with several different community activities at the time of their initial interview and considered the Photovoice project to be a natural extension of this. Activities that participants reported being involved with included artificial recovery networks such as gardening groups, gyms, fellowship meetings, volunteer opportunities and creative groups such as art and choir. Participants looked for activities which they had a natural interest in but were also concerned with creating structure and meaning for themselves through their involvement.

Fox's experience with meaningful activities included volunteering at a local recovery service to help with assessments for clients new to the service (Figure 5).

Fox described the sense of purpose he derived from undertaking this role and how it helped him to fill his time constructively with positive sources of social capital.

FIGURE 4 "Being dropped off to counselling, she is incredibly supportive and understanding" (Oscar).

FIGURE 5 "Helping others and helping myself doing assessments at drop-in" (Fox).

> That was the great thing about the way my life was going before the lockdown, I'd gone a long way towards establishing a meaningful and quite a full life without alcohol. So, I'm rebuilding that again. I'm still here, still in there fighting. (Fox)

As Fox progressed in his recovery, he felt a heightened sense of meaning derived from purposeful activities. This was likely because he was beginning to adopt leadership and mentorship roles, rather than roles which resulted in him feeling supported by others. This increased sense of autonomy improved his overall mental health and recovery outcomes (Ryan & Deci, 2002; Sharma & Smith, 2011).

Some participants (particularly those who did not report strong social connections or familial attachments) relied on artificial recovery networks such as mutual aid or fellowship organisations to provide them with social support throughout their recovery journeys. These support systems have been shown to increase service engagement in the short term and reduce dependency in the long term by improving an individual's sense of belonging and self-worth (O'Connell et al., 2020; Timpson et al., 2016). Fellowships were particularly important for Mark, and he reported being highly engaged with his local Narcotics Anonymous group (Figure 6).

Participants such as Mark who associated themselves with fellowship communities reported that the support offered by their engagement was invaluable in their recovery process.

> I need the fellowship. I thought I didn't need it. But then over Christmas, I missed a few meetings. And I started feeling jittery kind of thing… And I just needed to get to a meeting as soon as possible. And as soon as I did a meeting, I felt so much better afterwards. It keeps you grounded the fellowship. It reminded me of why I don't want to drink and use drugs anymore. (Mark)

FIGURE 6 "Salvation" (Mark).

For Mark, attending regular fellowship meetings provided him with accountability and filled his schedule with events that he considered positive and meaningful. The word 'salvation', which he uses in the quotation, stresses that without the fellowship he would be lost, indicating the protective nature of his involvement. He also felt that he benefited from being emersed in the fellowship meetings themselves and being able to relate to the 'shares' of others as they told their stories.

Lawrence was another participant who realised that being connected with others was positive in his recovery, although he reported a more complicated relationship with fellowship identification.

> I still don't feel very comfortable in there. But I realise that it does help. There's something that happens when you go into that room, a sense of belonging rather than the alienation. When you go into a room full of people that sound like their talking about you, you really identify with so much of the stuff you know. And it's just that sense of honesty and relief and kind of feeling like you've kind of come home a bit. (Lawrence)

Conversely, Fox had a different experience with 'shares' during fellowship meetings and felt alienated as a result of not relating to them. Fox reported that while he wanted to be involved with the fellowship and engage with the shares of others, he routinely found that he could not actually connect to the stories and by extension the people telling them.

> Almost exclusively the stories would be a variation along the lines of 'you know I had alcoholic dysfunctional parents, I use to get drunk, sometimes I was nasty to my partner, I'd get into crimes, I went to prison, my family disowned me, I ended up on the street. And then AA saved my life'.
>
> And I'd be sitting there thinking 'well I haven't done any of that'. You know, my parents weren't alcoholics. I was always loved. I've never committed any crimes I've never been asked to leave a pub or a bar. I thought, you know, I have nothing in common with these people. (Fox)

Not feeling connected to others in his fellowship community led Fox to feel more isolated within it. This is consistent with Weston, Honor and Best's work examining the possibilities and pitfalls of individuals in recovery who found that strong recovery bonds may lead to the emergence of exclusive social networks, concluding that the nature of connectivity within an individual's network is important in either inhibiting or facilitating recovery (Weston et al., 2018).

Additionally, five out of the seven interviewed participants described their appreciation for the support that they had received from recovery professionals since they began to access recovery services. Ted chose to photograph one of his support professionals who worked with him both pre and postrecovery engagement to demonstrate how meaningful she was to him, and they have both given their informed consent for their images to be displayed below (Figure 7).

This photograph depicts Ted's mental health worker who had been particularly instrumental in his recovery journey and had helped him access substance use support services.

> She has been a big part of my life for the last two years. She's helped me out with my mental health. With my diagnosis. She's never judged me or anything. She's been a very big part of my recovery. Not just using- but my mental health as well. (Ted)

Fox also spent time during his interviews speaking about the importance of workers who had assisted him in the past. When describing what he felt the most effective support was, he said:

FIGURE 7 No caption (Ted).

> I mean, I found that with other recovery work that I've been on the receiving end of, the best and the most authentic support and advice has always come from workers who were themselves in recovery. (Fox)

Nonjudgmental attitudes of practitioners were something that participants particularly responded to when describing effective support from professionals. This lack of judgement coupled with increased support gave participants the space to attribute meaning and value to their lives (Nussbaum, 2004).

4 | DISCUSSION

The majority of participants in this sample had access to available recovery groups and networks and yet still reported feeling isolated and alone. This may add credence to Salehi and colleagues assertion that natural networks, rather than artificial ones, may be more important for an individual's sustained recovery (Salehi et al., 2019). Some networks may be detrimental by encouraging co-dependence rather than recovery, a factor which is particularly concerning considering that individuals cannot remain in artificial networks indefinitely (Sigodo et al., 2020). While participants in this current study were aware of artificial social networks and understood how to access them, many in the sample expressed hesitation at the thought of doing so. However, while these individuals did not necessarily feel they were 'members' of these recovery groups, they still benefited from some positive social capital when they did decide to access artificial networks.

This draws attention to theoretical ideas of constructivism within the context of constructed communities (Guba, 1990). Participants appeared to feel a reluctance to engage with constructed communities, yet individuals in recovery were actively suffering from the effects of stigma caused by other people's construction of these communities (Buchanan, 2004). While participants expressed a desire for more bonding social capital (links with similar people), the hesitance to actually engage with these networks and form a community suggest that bridging social capital (links with different communities) may have helped them to feel more connected with others and to create more sustainable networks in their recovery (Schuller, 2007).

Previous literature has highlighted the mixed outcome of bonded social capital in recovery and the progressiveness of bridging social capital, indicating that bonding capital in recovery may unintentionally intensify inequalities and further disenfranchise service users (Boeri et al., 2016; Sigodo et al., 2020; Zschau et al., 2016). Sigodo and colleagues additionally theorised that while bonding capital may increase quality of life in the short term and hasten recovery, longitudinally it may make integration back into natural networks more challenging (Sigodo

et al., 2020). This also suggests some important questions regarding who is truly responsible for constructing bonding social capital within recovery communities and whose interests these ultimately serve.

It is also essential to note that for some participants in this sample, increased levels of social capital were not necessarily viewed positively. This was exemplified by the negative feelings produced by not being able to relate to people around them, even when they were in a space created for them to do so. Findings by Sigodo and colleagues supports the notion that support groups encompassed of individuals with similarities may further exclude marginalised service users from integrating and accessing resources external to their group (Sigodo et al., 2020).

In this way, social capital may increase the levels of isolation and exclusion felt by individuals in recovery. Findings from this study support the potential impact negative social capital may have on an individual, adding that the feelings of exclusion from artificial networks may also result in negative social capital. This is particularly salient when artificial social groups exist to protect and empower individuals in recovery, and the opposite occurs. Future research should focus on ways in which bridging social capital may increase positive recovery outcomes.

4.1 | Limitations

There are several limitations to this current study which should be acknowledged. The sample for this research study was small and we were only able to recruit those actively using the service at the time of recruitment. Additionally, the disruptive effect that the COVID-19 pandemic had on this research study cannot be understated as this impacted both the interpersonal and relational side of the research process, as well as impacting the course of recovery for participants as services closed (Smith et. al., 2021).

It should also be acknowledged that Photovoice is only capable of reflecting the snapshot in time in which a photograph is taken (Eco, 1979). Moreover, it is important to remember that Photovoice studies will differ greatly depending on the environment and the methods used (whether that be using digital cameras vs. smart phones or individual interviews vs. focus groups) (Rose, 2016, Smith et al., 2021). When considering this within the context of recovery, this means that Photovoice may not easily account for the identity changes which occur to those engaging with recovery services over a sustained period of time (Best et al., 2017). However, this is true of many qualitative studies and the use of Photovoice in this way allowed us an insight into participant's perspectives at both the time they took a picture and also when they described it during subsequent interviews.

5 | CONCLUSION

To conclude, this novel Photovoice study investigated the experiences of individuals in recovery from problem substance use. Participants utilised Photovoice to illustrate their perceived challenges of recovery, particularly the isolation inherent in this as well as their experiences of social support during this time. Within these findings, we reflect upon the persistent challenge of building therapeutic relationships within artificial social networks of which service users report different experiences of engagement and perceived benefit. However, these findings also demonstrate the importance of social capital and how this may positively impact recovery and reduce isolation. Services looking to incorporate these findings may reflect upon how these affirming relationships and opportunities for meaningful activities and pursuits can be built into existing service delivery models.

AUTHOR CONTRIBUTIONS

Emma Smith: Conceptualisation (lead), data curation, formal analysis, investigation, methodology (lead), project administration, visualisation, writing–Original Draft Preparation **Melody Carter**: Conceptualisation, methodology, supervision (lead), writing–review & editing (equal) **Elaine Walklet**: Conceptualisation, methodology, supervision,

writing–review & editing (equal) **Paul Hazell**: Conceptualisation, methodology, supervision, writing–review & editing (equal).

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CONFLICT OF INTEREST

The authors declare no conflict of interest.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions. The datasets generated during and analysed during the current study are not publicly available due to the sensitive nature of this research. However, they can be made available from the corresponding author on reasonable request.

PEER REVIEW

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REFERENCES

Ayres, R. M., Eveson, L., Ingram, J., & Telfer, M. (2012). Treatment experience and needs of older drug users in Bristol, UK. *Journal of Substance Use*, *17*(August 2010), 19–31. https://doi.org/10.3109/14659891.2010.513756

Best, D., Andersson, C., Irving, J., & Edwards, M. (2017). Recovery identity and wellbeing: Is it better to be "recovered" or "in recovery". *Journal of Groups in Addiction & Recovery*, *12*(1), 27–36.

Best, D., Beckwith, M., Haslam, C., Alexander Haslam, S., Jetten, J., Mawson, E., & Lubman, D. I. (2016). Overcoming alcohol and other drug addiction as a process of social identity transition: The social identity model of recovery (SIMOR). *Addiction Research & Theory*, *24*(2), 111–123.

Boeri, M., Gardner, M., Gerken, E., Ross, M., & Wheeler, J. (2016). "I Don't know what fun is": Examining the intersection of social capital, social networks, and social recovery. *Drugs and Alcohol Today*, *16*(1), 95–105. https://doi.org/10.1108/DAT-08-2015-0046

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*(2), 77–101. https://doi.org/10.1017/CBO9781107415324.004

Braun, V., & Clarke, V. (2020). One size fits all? What counts as quality practice in (reflexive) thematic analysis. *Qualitative Research in Psychology*, *18*(3), 1–25. https://doi.org/10.1080/14780887.2020.1769238

Buchanan, J. (2004). Tackling problem drug use: A new conceptual framework. *Social Work in Mental Health*, *2*(2–3), 117–138. https://doi.org/10.1300/J200v02n02_08

Buckingham, S. A., Frings, D., & Albery, I. P. (2013). Group membership and social identity in addiction recovery. *Psychology of Addictive Behaviors*, *27*(4), 1132–1140. https://doi.org/10.1037/a0032480

Budig, K., Diez, J., Conde, P., Sastre, M., Hernán, M., & Franco, M. (2018). Photovoice and empowerment: Evaluating the transformative potential of a participatory action research project. *BMC Public Health*, *18*(1), 432. https://doi.org/10.1186/s12889-018-5335-7

Catalini, C., & Minkler, M. (2010). 'Photovoice: A review of the literature in health and public health'. *Health Education & Behavior*, *37*, 424–451.

Cloud, W., & Granfield, R. (2009). Conceptualizing recovery capital: Expansion of a theoretical Construct. *Substance Use and Misuse*, *43*(12–13), 1971–1986. https://doi.org/10.1080/10826080802289762

Comi, A., Bischof, N., & J. Eppler, M. (2014). Beyond projection: Using collaborative visualization to conduct qualitative interviews. *Qualitative Research in Organizations and Management: An International Journal*, *9*(2), 110–133.

Costello, M. J., Rush, B., Sousa, S., & Ropp, C. (2018). How to measure addiction recovery? Incorporating perspectives of individuals with lived experience. *International Journal of Mental Health and Addiction*, *18*, 1–14.

Creighton, G., Oliffe, J. L., Ferlatte, O., Bottorff, J., Broom, A., & Jenkins, E. K. (2018). Photovoice ethics: Critical reflections from men's mental health research. *Qualitative Health Research*, *28*(3), 446–455.

Eco, U. (1979). *The role of the reader: Explorations in the Semiotics of text*. Bloomington.

Ellsworth, E. (1989). Why doesn't this feel empowering? Working through the repressive myths of critical pedagogy. *Harvard Educational Review*, *59*(3), 297–325. https://doi.org/10.17763/haer.59.3.058342114k266250

Eyres, P. (2012). Photography as a medium for qualitative research. *The British Journal of Occupational Therapy*, *75*(1), 1–17.

Freire, P. (1970). *Pedagogy of the oppressed*. Herder and Herder.

Frostig, K. (2011). Arts activism: Praxis in social justice, critical discourse, and radical modes of engagement. *Art Therapy*, *28*(2), 50–56. https://doi.org/10.1080/07421656.2011.578028

Furber, C. (2010). Framework analysis: A method for analysing qualitative data. *African Journal of Midwifery and Women's Health*, *4*(2), 97–100. https://doi.org/10.12968/ajmw.2010.4.2.47612

Guba, E. (1990). *The paradigm dialouge*. SAGE Publications Inc.

Hacking, S., Secker, J., Spandler, H., Kent, L., & Shenton, J. (2008). Evaluating the impact of participatory art projects for people with mental health needs. *Health & Social Care in the Community*, *16*(6), 638–648. https://doi.org/10.1111/j.1365-2524.2008.00789.x

Harding, S. (2004). *The feminisit standpoint theory reader: Intellectual and political controversies*. Routledge.

Harley, A. (2012). Picturing reality: Power, ethics, and politics in using photovoice. *International Journal of Qualitative Methods*, *11*(4), 320–339. https://doi.org/10.1177/160940691201100402

Higgins, M. (2016). Placing photovoice under erasure: A critical and complicit engagement with what it theoretically is (not). *International Journal of Qualitative Studies in Education*, *29*(5), 670–685. https://doi.org/10.1080/09518398.2016.1145276

Horsfall, D., Paton, J., & Carrington, A. (2018). Experiencing recovery: Findings from a qualitative study into mental illness, self and place. *Journal of Mental Health*, *27*(4), 307–313. https://doi.org/10.1080/09638237.2017.1385736

Koch, T. (2006). Establishing rigour in qualitative research: The decision trail. *Journal of Advanced Nursing*, *53*(1), 91–100. https://doi.org/10.1111/j.1365-2648.2006.03681.x

McKeganey, N., Russell, C., & Cockayne, L. (2013). Medically assisted recovery from opiate dependence within the context of the UK drug strategy: Methadone and suboxone (buprenorphine – naloxone) patients compared. *Journal of Substance Abuse Treatment*, *44*(1), 97–102. https://doi.org/10.1016/j.jsat.2012.04.003

Mcphee, I., Brown, A., & Martin, C. (2013). Stigma and perceptions of recovery in Scotland: A qualitative study of injecting drug users attending methadone treatment. *Drugs and Alcohol Today*, *13*(4), 244–257. https://doi.org/10.1108/DAT-05-2013-0022

United Nations. (2018). World drug report 2018, United Nations Office on Drugs and Crime. https://doi.org/10.1080/00909887909365203

Nowell, L. S., Norris, J. M., White, D. E., & Moules, N. J. (2017). Thematic analysis: Striving to meet the trustworthiness criteria. *International Journal of Qualitative Methods*, *16*(1), 160940691773384. https://doi.org/10.1177/1609406917733847

Nussbaum, M. C. (2011). *Creating capabilities: The human development approach*. The Belknap Press of Harvard University Press.

Nussbaum*, M. C. (2004). Beyond the social contract: Capabilities and global justice. An Olaf Palme lecture, delivered in Oxford on 19 June 2003. *Oxford Development Studies*, *32*(1), 3–18. https://doi.org/10.1080/1360081042000184093

O'Connell, M. J., Flanagan, E. H., Delphin-rittmon, M. E., & Davidson, L. (2020). Enhancing outcomes for persons with co-occurring disorders through skills training and peer recovery support. *Journal of Mental Health*, *29*(1), 6–11. https://doi.org/10.1080/09638237.2017.1294733

Polenick, C. A., Cotton, B. P., Bryson, W. C., & Birditt, K. S. (2019). Loneliness and illicit opioid use among methadone maintenance treatment patients. *Substance Use & Misuse*, *54*(13), 2089–2098.

Rhynas, S., Schölin, L., Cuthill, F., Walker, B., & Holloway, A. (2020). Exploring social support and identity in recovery: A photovoice study Institutional details. February.

Ronzi, S., Pope, D., Orton, L., & Bruce, N. (2016). Using photovoice methods to explore older people's perceptions of respect and social inclusion in cities: Opportunities, challenges and solutions. *SSM - Population Health*, *2*(September), 732–745. https://doi.org/10.1016/j.ssmph.2016.09.004

Room, R. (2005). Stigma, social inequality and alcohol and drug use. *Drug and Alcohol Review*, *24*(2), 143–155. https://doi.org/10.1080/09595230500102434

Rose, G. (2016). *Visual methodologies: An introduction to researching with visual materials*. SAGE Publications Ltd.

Ryan, R. M., & Deci, E. L. (2002). Overview of self-determination theory: An organismic dialectical perspective. *Handbook of Self-Determination Research* (pp. 3–33). University of Rochester Press.

Salehi, A., Ehrlich, C., Kendall, E., & Sav, A. (2019). Bonding and bridging social capital in the recovery of severe mental illness: A synthesis of qualitative research. *Journal of Mental Health*, *28*(3), 331–339. https://doi.org/10.1080/09638237.2018.1466033

Schuller, T. (2007). Reflections on the use of social capital. *Review of Social Economy*, *65*(1), 11–28. https://doi.org/10.1080/00346760601132162

Segrin, C., McNelis, M., & Pavlich, C. A. (2018). Indirect effects of loneliness on substance use through stress. *Health Communication*, *33*(5), 513–518.

Sestito, S. F., Rodriguez, K. L., Saba, S. K., Conley, J. W., Mitchell, M. A., & Gordon, A. J. (2017). Homeless veterans' experiences with substance use, recovery, and treatment through photo elicitation. *Substance Abuse*, *38*(4), 422–431. https://doi.org/10.1080/08897077.2017.1356422

Sharma, M., & Smith, L. (2011). Self determination theory and potential applications to alcohol and drug abuse behaviors. *Journal of Alcohol and Drug Education*, *55*(2), 3–7.

Sigodo, K., Davis, S., & Morgan, A. (2020). The practitioners' perspective on the upside and downside of applying social capital concept in therapeutic settings. *Health & Social Care in the Community*, *28*(4), 1261–1269. https://doi.org/10.1111/hsc.12959

Smith, E., Carter, M., Walklet, E., & Hazell, P. (2021). Investigating the experiences of individuals in recovery from problem substance use and their perceptions of the COVID-19 pandemic. *Drugs and Alcohol Today*. https://doi.org/10.1108/DAT-01-2021-0003

Souleymanov, R., & Allman, D. (2016). Articulating connections between the harm-reduction paradigm and the marginalisation of people who use illicit drugs. *British Journal of Social Work*, *46*(5), 1429–1445. https://doi.org/10.1093/bjsw/bcv067

Timpson, H., Eckley, L., Sumnall, H., Pendlebury, M., & Hay, G. (2016). "Once you' ve been there, you' re always recovering": Exploring experiences, outcomes, and benefits of substance misuse recovery. *Drugs and Alcohol Today*, *16*(1), 29–38. https://doi.org/10.1108/DAT-08-2015-0042

Törnbom, K., Lundälv, J., Palstam, A., & Sunnerhagen, K. S. (2019). My life after stroke through a camera lens-A photovoice study on participation in Sweden. *PLoS One*, *14*(9), 1–21. https://doi.org/10.1371/journal.pone.0222099

Tracy, S. J. (2010). Qualitative quality: Eight "Big-Tent" criteria for excellent qualitative research. *Qualitative Inquiry*, *16*(10), 837–851. https://doi.org/10.1177/1077800410383121

Wang, C., & Burris, M. A. (1997). Photovoice: Concept, methodology, and use for participatory needs assessment. *Health Education & Behavior*, *24*(3), 369–387. https://doi.org/10.1177/109019819702400309

Weston, S., Honor, S., & Best, D. (2018). A tale of two towns: A comparative study exploring the possibilities and pitfalls of social capital among people seeking recovery from substance misuse. *Substance Use & Misuse*, *53*(3), 490–500.

White, G. W., Suchowierska, M., & Campbell, M. (2004). Developing and systematically implementing participatory action research. *Archives of Physical Medicine and Rehabilitation*, *85*(SUPPL. 2), 3–12. https://doi.org/10.1016/j.apmr.2003.08.109

Zschau, T., Collins, C., Lee, H., & Hatch, D. L. (2016). The hidden challenge: Limited recovery capital of drug court participants' support networks. *Journal of Applied Social Science*, *10*(1), 22–43. https://doi.org/10.1177/1936724415589633

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