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## **The art of co-creative map-making**

**An arts-based inquiry in substance abuse counselling**

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## Abstract

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This master's thesis covers how young people suffering from substance abuse and related problems living in Uusimaa region of Finland experience substance abuse and mental health services in the Helsinki metropolitan area. The first research question sought to find, how do the recovering young adults view the substance abuse services and their accessibility in the Helsinki metropolitan area. Second research question aimed to find out in what ways arts-based, cartography-utilizing approaches may create possibilities to express hard-to-describe phenomena of accessibility.

Out of the six overall participants three co-created an artistic map representing their experiences and emotions about different aspects of aforementioned services. Then they participated in a focus group interview to describe their personal experiences further with other participants.

Data gathered from these two sources was analyzed using thematic analysis and a six-stage phenomenological-hermeneutic model, producing four key themes answering the research questions. These themes include the notion, that substance abuse services provide meaningful physical environment for young people to build communities and trust. Professionals also have a responsibility to establish that trust in low-threshold mental health and substance abuse services when treating clients in acute, stressful situations. Arts-based methods could provide depth and alternative ways to express personal experiences in substance abuse services.

Arts-based mapping of experiences can improve the scope of data collection and create broader narratives than just interviewing. Further research with larger sample sizes could provide even diverse narratives about accessible practices to lower the threshold of substance abuse services.

Keywords: Accessibility, arts-based inquiry, participatory research, substance abuse services, young substance abusers

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## 1 Introduction

In the Helsinki metropolitan area there are numerous young people suffering from substance abuse and related problems, such as health issues and being out of working life and studies (Leskinen, 2022). This information about the volume and hard living situations can be compiled from the statistics of substance abuse services and different questionnaires (THL 15/2023). Finnish youth are, on average, using less alcohol and cannabis compared to the last ten years, whereas experimenting with other types of drugs is statistically increasing in Finland according on a twenty-year long inquiry (THL 42/2024). Most drug-related problems, like substance abuse crimes and homelessness, are accumulating on small, but steadily growing part of the youth population according to professional knowledge in substance abusing services, health care and the police (for reference, Police of Finland 2021, 2023). Finland has been leading on the drug-related deaths in young people in Europe (EUDA 2024). In 2021, 60 under 25-year-olds died in drug-related fatalities (Kailanto & Viskari, 2023). Many of the youth using drugs heavily are living mostly outside of the services and only gravitate towards public or third-sector services in acute situations like when in need of medical emergency care (Leskinen, 2022, 18). This is clear in my working environment, a substance abuse service for young people in the Helsinki metropolitan area.

In my workplace, we provide support for youth dealing with severe substance abuse and related problems, offering health care, social services and community where youth can get peer support and low-threshold counselling. My colleagues and I know that there are young people that will or cannot navigate their way to us but would benefit from our services (clean needles and other health-related services, social services, community, food etc.). These youth are hard to reach and when we, as professionals, do meet them, they are even harder to convince because of suspicion related to public services and professionals (Mäkilä et al., 2022, 30–32). It is very common that substance abusers are actively avoiding different public services, like health care (Holeksa, 2022, 8). This appearing

mistrust can be heard from the clients themselves, but the origin of that doubt is hard to pinpoint. Marginalized youth can be seen to be in a process of falling through the societal safety nets (Saari 2015, 103–104). Maybe this lack of trust can be partly attached to that marginalization process and lack of information. Many possible clients are unaware of our services, or the professional knowledge is inadequate. There is also evidence that third-sector service providers have more trust placed on them than similar public services, due to negative past experiences (Carver et al., 2023, 10). Many of our clients are also outside of schooling and employment, which can increase the risk of piling problems in different areas of life (Paananen et al., 2019, 123–124). When this is combined to the fact that substance-abusing youth are also often suffering from dual disorders, like mental health problems and social issues (Turuba et.al., 2022, 2), it becomes easier to understand how fitful waters the clients are navigating on and why there is a need for accessible low-threshold services. Collecting and mapping these ideas and views of our clients could provide us professionals with clearer sight of the interventions and actions needed to ease the admission into our services. In the current research it is noted that clear gaps exist in the knowledge about marginalized and vulnerable substance abusers, including LGBTQ+ communities, racial and ethnic minorities and women who inject drugs, social determinants like poverty, stigmatization and mental health (Sweileh, 2024, 12).

Harm reduction strategies are a set of ideas and practices meant for decreasing negative effects of drug use. These effects can include various health problems, social and economic difficulties, lack of trust towards social and health services and criminal actions and their consequences. (Holeksa, 2022, 1–2.) Harm reduction strategies are a part of the work ethos of my workplace. Clients can exchange clean needles and syringes, thus minimizing the risk of blood-transmitted diseases and health issues related to intravenous drug injecting. According to Holeksa (2022, 1–2), these services can increase positive engagement with health care services and referral to other related services, like social care. They also provide clients with increased quality of life when reducing health problems and strengthening the trust and approachability towards low-

threshold services, which can in turn motivate them to get help in the future. Getting young substance abusers into these services benefits the whole system when adequately applied. In everyday workplace situations and interactions, I can see the hope and trust starting to develop when the client gets treated in a way that reflects the core principles of harm reduction strategies. These include the understanding that drug use is a complex problem with a continuum ranging from abstinence to severe use, and that some ways of using drugs are safer than others. It's important to focus on non-judgmental provision of services and resources and, importantly, making sure that the people who use drugs have a real voice in the creation of programs or services. (NHRC 2020.)

The City of Helsinki is focusing the substance abuse work efforts into low-threshold services in accordance with newest Governmental Programme (2023). This means that we as professionals need to continuously evaluate and improve our work and seek to design most accessible possible places and services. While doing that, the voices of our clients' need to be heard too, so we at work can make use of this wealth of perspectives. Marginalized, substance abusing youth face many forms of exclusion. Multiple stacking problems or discrepancies against the societal norms in various areas of life can lead to feelings of being discriminated against in health and social services. (Robards et al., 2019, 8.) Therefore, it is of paramount importance to listen the former clients and to make space for their experiences.

Low-threshold services are about accessibility for marginalized groups. Social accessibility means reducing discrimination and providing safe, non-judgmental and understandably presented information or services (Culture for all, 2025). Social and informational accessibility differ from physical accessibility, which refers to ease of accessing places for example when using a mobility aid or providing physical or auditory cues for the blind to navigate in public spaces. Accessibility also has a non-physical but societal aspect, like service opening hours or queuing systems which can hinder service enrolment if they are poorly planned. This master's thesis concerns itself mainly with social accessibility regarding to substance abusing youth and how they experience accessible

practices. I'm also interested in finding out how different aspects of accessibility affect young substance abusers' experiences on services.

Marginalization is not only a process producing feelings of otherness and social exclusion, but a position in which substance-abusing young people live in (Fluit et al., 2024, 5–6). Gaining a new voice may lead to increased well-being and into the process of healing, sometimes turning into valuable wealth of experiences that could be used to help or teach others (Peltoniemi, 2017). My aim is to strengthen the participants' voices as they co-create important parts of this research with me through arts and sharing their narratives. Co-research approach is implemented by being sensitive to power imbalances often present in research between researcher and the participants being researched. (Kulmala et al., 2024.) Co-research approach also makes researchers aware about their own life histories and their way of operating. This includes what type of language they use and how they possibly categorize research participants, even though the participants themselves may not identify fully or at all with the categories presented by the researcher(s). (Kulmala et. al., 2024.) I aim to give space to my co-creators' voices and ideas and do justice to their bravery by creating space for their self-expression and personal narratives.

In this master's thesis I explore the understanding that our former clients, or current clients in a stable state of recovery from addiction have. I aim to study how we can learn more about our clients' experiences to better design our services. To accomplish this, I utilize artistic map-making and illumination of clients' ideas and feelings through phenomenological-hermeneutic model to make these experiences visible and understandable. Phenomena of marginalization, substance abuse and experiences concerning different services are present here and interpreted by me, worked into four themes found from my data. The collaborative element in my research can be used to build trust between the young and recovering clients and professionals, and to generate new working approaches utilizing arts and creativity.

## 2 Conceptual framework

### 2.1 Substance abuse and marginalization

The idea of marginalization is closely related to other sociological terms like exclusion or inequity (Schofield, 2007, 105–106). In their scoping review Fluit et al. (2024) studied different definitions attached to the marginalization as a term, categorizing and analyzing it, identifying 97 unique definitions. These definitions ranged from health-related meanings to social discrimination (Fluit et al, 2024) and illuminate the broadness of the term and how all-encompassing marginalization as a position can be. Social exclusion, instead, could be defined more clearly as a socio-political phenomenon, a multi-dimensional process which hampers societal participation or access to studying, employment and material resources. Exclusion, existing outside of the resource pools shared by most others seen in cultural discourses as “not-others,” in opposition of excluded, marginalized “others”, can lead in many cases to health issues, as seen in the case of premature mortality by socioeconomical class, or other inequalities in income and cultural participation. (Byrne, 2005, 2–5, 87–98, 146–147.)

In a report by United Nations, defining exclusion is noted to be a difficult task, as “people can be excluded from many domains of life, be they social, economic, political, civic or spatial spheres” (United Nations, 2016, 1). When dissected, aspects of exclusion range from denial of opportunities stemming from gaps in healthcare, unequal opportunities as a child depending on multiple factors like poverty, birthplace and access to schooling, and ending in prejudice and discrimination. This discrimination can be directed towards multiple aspects in people’s lives, like their sexual orientation, religion, disability or gender and can lead to decreased mental health and agency in one’s life. (United Nations, 2016, 2–5.)

Research into the marginalization process reveal that it is a multi-faceted mechanism, often starting from the early childhood. Current research suggests that factors like school success, which correlates in many cases to socioeconomical background and social capabilities, can predict academic

succession in later life and contrary to that, exclusion from studying and working life (e.g., Andersen 2024, 10–13).

Action against exclusion can be viewed as a matter of social policymaking, addressing issues like education, social services, health and housing. People in danger of exclusion or already marginalized need to gain access into economic, cultural and social well-being through the implementation of social policies and organizational measures. (Bağ & Barej-Kaczmarek, 2024, 4–6.) Another key factor that may lead to exclusion is material disadvantage which was linked to exclusion at school from early school-age onwards (Redmond et al., 2024). This phenomenon is seen in Finland for example at schools in certain areas, where regional segregation in resources has led to inequality in learning results and weakened well-being of students and teachers (Bernelius & Huilla, 2021, 31–34; Mäntymäki & Ritari, 2024, 12–14).

Research shows that modern-day youth in Europe experience several inequalities in their daily lives and spatial surroundings, leading to unequal capabilities in social participation starting from young age (e.g., Becevic & Dahlstedt, 2019). Level of education and other exclusion-generating factors like social class effect young people's political participation (Kitanova, 2019, 826–832), supporting the notion that social exclusion and marginalization may generate a cycle of lessened opportunities for youth and possibly weaken their self-image and felt capability to take part in society or generate change in one's life.

Marginalizing processes and societal exclusion are very present in substance abuse work. In an exclusion-generating category of its own is a phenomenon of dual disorders, in which a person suffers both from mental health and addiction problems. This seems to be very prevalent issue in substance abuse field. Research shows that the amount of dual disorder sufferers in substance abuse services ranges from thirty to over 89 percent, adding to the complexities of other forms of marginalization-generating categories. These may include being a refugee or belonging to LGBTQ+ community (in addition to suffering from mental disorders and substance abuse) that can be present in person's life

simultaneously. (Nord-Baade et al., 2024, 2.) Multiple disorders and co-occurring problems can lead to a cycle of secrecy and withdrawal from services, as piling problems all increase the effects of each other, like in the case of SAVA<sup>1</sup> syndemic phenomenon recorded in one report in United States (Simon et al, 2024), or as seen in a scoping review identifying barriers for inclusion in dual disorder cases (Nord-Baade et al., 2024). These claims are supported by professional interactions and knowledge of substance abuse workers, my colleagues in Helsinki area and are recurring elements of our work, providing challenges stemming from untreated mental disorders alongside the substance abuse problem. The beforementioned cycle of traumatic events, substance abuse and social exclusion leading towards the process of marginalization is also supported by research (Wesselmann & Parris, 2021). Exclusion can lead to loneliness and lack of social connections and vice versa, as perceived social exclusion and loneliness have a studied connection (Huxhold et al., 2022, 433–435, 444). Studies from Finland and Sweden show that substance abuse is often paired with co-occurring mental health and attention deficiency problems – Finnish study yielding results that indicate that half of the surveyed people suffered from dual disorders (Kuussaari & Hirschovits-Gerz, 2016; Richert, Anderberg & Dahlberg, 2020).

Many substance-abusing youth enroll into substance abuse services are currently homeless or facing the risk of losing their home. Several studies show the adverse effects of homelessness<sup>2</sup> even by itself, and the often-co-occurring traumatization, exclusion, mental and physical health issues and substance

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<sup>1</sup> This term refers to co-occurrence of substance abuse, violence and HIV/AIDS. In United States most women living with HIV are either Black or Hispanic. These women face several barriers towards treatment, including socioeconomic marginalization, substance use and intimate partner violence leading to lower retention rates in care and viral suppression treatment. (Simon et al., 2024.)

<sup>2</sup> The idea of exclusion can even be seen in city architecture, where park benches or undersides of bridges and other places offering cover for people constantly on the outside are designed in a way that prevents lying down or longtime staying. In the case of park benches in public spaces armrests are usually installed in the middle of the bench so no-one can lie down and sleep there. (Chadalavada & Sanjiv, 2020.)

abuse all work to make situations worse (Burke et al., 2023, Marinucci et al., 2017, Watson, Crawley & Kane, 2016, Thompson et al, 2014).

Marginalized people often face stigmatization in their social lives and in services they use. This can cause them to internalize the stigma, leading to lessened agency and narrowing their views on possibilities for change. Stigmatization often leads to secrecy and mistrust against institutions like health care or social services stemming from bad experiences, fear of judgement or other similar worries. (Lochhead et al., 2024, 2.) When analyzed, the term “drug addict” or other related terms, many of them defamatory, construct the cultural idea of addiction as a personal choice or lack of necessary capabilities as a person. This leads to the marginalizing process of naming a group of people and assigning a shared identity to all of them. (Jones, 2020, 391–393.) Even former substance abusers can face lasting stigma as “former addicts,” causing this label to have hold on people’s lives even years after stopping active substance use (Lochhead et al., 2024).

## 2.2 Social construction of substance abuse problems and sociocultural well-being

Social constructionism is a framework examining how individual and groups produce perceived social reality, knowledge and phenomena (Conrad & Barker, 2010). The phenomenon of illness is a good example to study this claim. Illness can be viewed as a social construct, being the social meaning of the condition instead of mere disease, that being the medical or biological condition. Illness is then approached as a social designation, differentiating from the nature of disease, that being seen as a medical fact. Illness is seen to have both biomedical and experiential dimensions, having social, cultural and metaphorical meanings attributed to them. Some illnesses are stigmatized, and others are not, some are contested, and others are not. These distinctions are important to social constructivists because they exist for social reasons instead of biological ones. These sociocultural meanings affect how illnesses are depicted, what social

policies are created for them and how people experience illness. (Conrad & Barker, 2010, 67–68.) When defining suffering caused by an illness, it can refer to severe pain associated with experiences that the subject perceives as harmful to them, and the pain lasts as long as this perception remains. Different coping mechanisms, like explanatory narratives, can be understood as a defensive response developed in a particular context, often conditioned by the societal expectations and explanatory models. This becomes apparent for example when we explore differing ideas of what it means to be “ill” in different cultures around the world, like transition rites in some cultures where symptoms of physical illness mark the transition from child to an adult. Socially constructed, symbolic labels of illness define specific conditions as much as physical symptoms. (Amada et al., 2023.) Stigmatized illnesses are one aspect of this. Conditions like HIV, leprosy or mental illnesses are good examples how illnesses, and suffering related to them, can become stigmatized and how communities react to this, and how this stigmatization can change over time. Another example is physical impairment, which can acquire social meanings in everyday interactions with others. This social construction, this meaning of the impairment, does not emanate from the physical condition itself but rather from these everyday interactions in society. Disability, like illness described earlier, is then susceptible to change over time and in different contexts. This opens discussions for politization of disabilities and illness, as society reflects on, for example, what obstacles can limit disabled person’s opportunities and capabilities. (Conrad & Barker, 2010, 69–70.)

According to systematic review of Mottershead et al. (2025), addiction and substance abuse can also be seen to be an illness, a disease, a condition to be in. Corresponding to the views of social constructivism, all humans construct realities which we perceive. In this framework all concepts are seen as constructed rather than discovered, and existing collective constructions, like institutions, affect our personal constructions creating somewhat shared understanding of what anything is and is supposed to be, or act like. These institutions and shared societal phenomena are all created by us, named by humans and change over time. At least two levels of addiction can be found, physical-temporal and enacted, constructed reality. In physical-temporal level “an

addict” is an objective category, where awareness about the lives of “addicts” can be constructed by knowledge of how substance abuse has shaped their experiences. These experiences can set them apart from the rest of a society which do not accept their practice of substance abuse. However, as substance abuse problems in people’s lives are not easily explained solely on societal, political or cultural terms, they could be explained as an enacted, constructed social categorization system based on the dichotomies of identity like before and after addiction and recovery. Looking addiction this way gives access to see it as social construction like illness, again, changing over time and in relation to different cultures and places. (Mottershead et al., 2025, 5–7.) Social constructionism has developed across the years into various ways to research social problems in interactional and institutional settings. It has strong potential to analyze critically not only what is, but how something becomes “real” by analyzing how social problems are constructed. (Nissen, 2015.)

In a transdisciplinary outlook—that the current research also represents—social constructionism can offer insights into this by grounding itself into phenomenology, suggesting that reality does not just exist, but is constructed by individuals acting in the world (see Conrad & Barker, 2010, 71–72). People may experience same problems or positions differently, creating personal views and managing their situations differently. Some people can become immersed in the day-to-day management of their illness, for example, becoming increasingly cut off from their routines and possibly losing their sense of self. Therefore, when researching personal experiences of illness differentiating, rich narratives emerge, detailing people’s efforts to for example hide their condition to avoid embarrassment or discrimination. (Conrad & Barker, 2010, 71–72.)

As every human and member of society participate in these social processes of constructing reality in interactions between each other (Berger & Luckmann, 1966, 33), it is important to notice that researcher doing research is not excluded from this. Opposed to positivist or post-positivist ontological beliefs that single, objective reality can exist, social constructionism views society and human world overall as consisting of many local and personal realities where meanings and

understanding are developed in particular contexts. Researcher is a part of this process, reflecting on themselves as much as the phenomenon being researched, reconstructing understanding of the subject and researcher's own role. (Weenink & Bridgman, 2017, 92–94, 103–104.)

Social constructs also play a vital part in sociocultural vocabulary. As with illness, terms like well-being or social identity are constructed in societal discourse and assigned an importance. For example, well-being is used as a measurement in health promotion and disease prevention. World Health Organization defines positive mental health as state of well-being in which people can realize their own abilities, work productively and cope with normal amounts of stress, viewing positive mental health and well-being as public health issues since they can impact people's mortality or economic status. Assessing the aspects of well-being is tricky, as many factors impact how different cultures or groups experience well-being. Economic factors, like how developed a country is or does it belong to high or low-income level affect some assessments. There are also cultural factors to consider, like social norms or amount of permissible individuality. Well-being is also often assessed via individual surveys, using life evaluations to factor in different aspects of individuals life. Using these different assessing methods research provides a picture of well-being and its multiple components. Of importance is to note that discrimination seems to be one of the most significant factors negatively affecting well-being all over the world. Discrimination can be based for example on race and ethnicity, gender, sexual orientation, disability or socioeconomic status. (Livingston, Jackson-Nevels & Reddy, 2022.)

Social cohesion is a term often connected to well-being of individuals and groups of people. It is often defined as either through the focus on the strengths of relationships, solidarity and belonging or as the capacity of a society to ensure well-being of all its members and minimizing disparities or marginalization. Research evidence shows that creative action in groups can positively increase experienced social cohesion and well-being through co-creation, social engagement and cultural sharing. (Sonke et al., 2024.) This notion of co-creative action serves as the main inspiration for my master's thesis process. As social

phenomena, like illness or well-being, are broad terms with many aspects, it feels fruitful to examine them carefully to fully understand the meanings assigned to these concepts. Social cohesion for example has been used to refer to the sense of identification between people sharing the same characteristics, problematically linking this homogeneity to economic deprivation, therefore strengthening the negative images towards groups of people (Sonke et al., 2024). Social phenomena tend to produce mental images and ideas about different groups of people and may lead to unfair discrimination, for example when the majority population discriminates against minorities based on their language, race or culture, dividing social group to “us” and “the others” (Tanyas, 2016). This discrimination is present in the lives of substance abusing youth, and empowering counteractions are needed to provide to these young people a channel to voice their own experiences.

### 2.3 Egress and critique of normalcy

When scientific, political or societal discourses produced by groups of people holding power (in academic or culturally relevant positions) aim to define broad and multi-faceted terms like marginalization or “normalcy” in a sense that some actions or positions are defined more or less marginalized, therefore being described socially deviant and even unwanted or criminal, resistance and opposing argumentation is expected (Aburass, 2024, 205–207; Silverman et al., 2023, 259–263, 267). The concept of *egress* outlined by Koivisto (2020) can be seen as a one kind of counterstatement to the concept of marginalization, particularly to the marginalizing acts via psychiatrization. Egress in this case refers to strategies of countering representational violence, like stigmatization, using the established imagery of that marring representation and endowing one's output with those precise concepts. This type of action is seen for example in arts, like music or in poetry, as egress is used to resist cultural or representational confinement. This is done via challenging typical representations towards certain groups, like Black or psychiatrically disabled people. (Koivisto, 2022, 24–25, 65–

68, 81–83.) In these acts of egress, the negative cultural imagery turns into resistance, transforming negation into self-aware artistic play.

Marginalization as a position can even offer self-transformational experiences when, for example, chronic illness or marginalized stereotypes become a part of a person's own narrative, leading towards transformative elements of "conquering the illness" (Charmaz, 2008). This shows the dichotomy of stigma and self-transformation and almost demands asking, how can one person resist marginalization and cope with these violent representations? Life experience tells that people tend to cope with their living conditions in different ways. Young people facing hardships and extremely taxing living situations, as in living homeless, often cope with potentially self-destructive and harmful ways (Thompson et al., 2014). Substance abuse and dual disorders with simultaneous economical and spatial troubles may lead to these harmful coping mechanisms, but this highlights the point that we all react and cope in different ways in all situations. Egress offers us one potential way to resist marginalization through humor, art, self-contradiction, subversion and pedagogy (Koivisto, 2020, 44–45, 55–57, 81–83, 94–96, 176–177). Marginalization is a phenomenon reflecting societal norms. Feminist movements and theories share common critiques against capitalism-driven culture of unhalted economic growth and often harsh expectations in working life with crip theory and mad activism present in Koivisto's (2020) book. These views often present alternative interpretations towards "normalcy", where societal demands of efficiency and participation in working life are favored in society and things like choosing different life paths or easing one's workload may be seen as weaknesses in the work market.

Kaskinen (2025) writes about rest as a method of resistance, presenting ideas about racial marginalization, unfair piling of low-paying and time-consuming jobs in Black American and Latin communities, seen to be a continuum of racist policies and cultural constructs. Rest here is seen as a counteraction to marginalizing processes among and towards stigmatized groups. Different art installations and workshops describing and constructing acts of rest implemented around the world, in co-operation with marginalized local people and communities

present powerful metaphorical and thought-provoking ways of resistance. (Kaskinen, 2025, 12–18.) This presents interesting viewpoint to societal expectations towards unhealthy and over-demanding achievement culture and highlights often racial or socioeconomical discrepancies between people in westerns culture. Although my master's thesis focuses on substance abuse and accessibility, arts-focused installations highlighting societal issues, like in the case of Kaskinen's (2025) article, serve as an example of how new viewpoints may affect our understanding of injustice and differing life experiences and present us with different ways to question and negate harmful stereotypes in the spirit of egress.

Queer theory presents similar ideas by disrupting taken-for-granted assumptions about the societal phenomena, deconstructing constructed categories and critiquing normalizing processes which can repress differences between people. Queer theorists promote a range of possible identities rather than assimilation to the practices of societally dominant cultural norms. (McDonald, 2017, 130.) These critiques go along with black feminist ideas of strengthening and re-defining people's identities based on their own premises, where identity can be simultaneously empowering and carrying trauma and stigma, therefore demanding necessary change and actions from society and provoking thoughts (Kaskinen, 2025, 19).

In this master's thesis my own position as a substance abuse counsellor, student and researcher in the beginning of his career are challenged by the process of learning and growing. My own developing understanding of substance abuse, accessibility of different services and my own multilayered role as a provider of services and eager co-creator of art and research are intertwined in this thesis, illuminated by my own art-pieces and writing. I am reconstructing myself and that constitutes certain ethical demands for me in the context of this thesis. I have a history of dealing with substance abuse-related trauma, and I have reasons to have studied and be employed in this job. There is no way for me to separate these historical personal aspects from my academic work, and this closeness leads to inevitable change in my perspectives as I learn and interact,

reconstructing my own personal reality. If this restructuring is not clearly conveyed one key aspect of emerging knowledge is shrouded behind unreal claim of neutrality in the name of science. Although my research task and questions (presented in subchapter 3.1) are leading this thesis, my chosen methodology, hermeneutic phenomenology, and six-stage model utilizing hermeneutic circle (presented in subchapter 3.8) contribute to these ethical demands of clarity and integrity. My position, for example, reflects threefold views; of substance abuse counselling (representing societal assumptions and policies), of research (representing scientific and academic views of creating knowledge and my chosen paradigms explaining ontological questions) and of equal citizen, person with life history (representing my own hopes and uncertainties, my personal views and experiences). My positionality changes in situations and my positions are always renegotiated in interactions (Bukamal, 2022, 327).

In some situations, I may be seen through a lens of a young client and our specific relationship takes its form as I show and use specific aspects of my personality, experience and knowledge. Element of power is present too, as I have the trust and respect of the client in accordance with my abilities to help them in some ways. Then again, in other situations, like with my colleagues, other elements like age, gender, outward habitus or educational background may affect the way I am seen and treated, and it also has an effect on my actions and modes of expression. (Lu & Hodge, 2019, 226, 231–233.)

Concepts like egress and de- and reconstruction of harmful societal constructs speak to me on a personal level, infiltrating my work (aligning with tenets of harm reduction for example) and my research. Phenomenon of egress supports my research structure planning as I construct my artistic data gathering workshop. It also affects the final steps of this thesis, as I draw a comic presenting my findings and intertwine my own reflexive processes into my academic work. It serves as a personal, cathartic act of processing data and participant narratives through my own interpretation. This once again highlights my positionality too, allowing me to visualize my reflexive process.

## 2.4 Challenges in substance abuse work and service accessibility in Helsinki area

Finnish legislation regarding substance abuse services changed noticeably in 2023, when they were transferred under the laws on social welfare and healthcare (Health care act 1326/2010; Social welfare act 1301/2014). In Helsinki, this required organizational changes, as the reform in legislation called for faster intake for the treatment. Assessment and paths to treatment were both improved as a part of remodeling the client enrollment process. (Korhonen, 2023.) Developing national and local strategies also directed attention to equal availability and timelines nationally (Kotovirta et al, 2021). In addition, preventing drug-related deaths was deemed of utmost importance, so an expert group was mustered around the subject and policy guidelines written down (Kailanto & Viskari, 2023). It is notable that both aforementioned laws define young person as 13 to 23 years old, which places young clients in substance abuse services to two categories, underaged clients and clients who are of legal age. This means that in youth substance abuse services treatment can be very different, as underaged clients are mostly under child protective services or the child protection process is immediately started during the first meeting.

In Finland, patients seeking substance abuse treatment for opioid use have, on average, started using opioids at an age of 19. Average age when substitution treatment is sought is 32. When we recognize that in 2021, the average age of drug poisoning victims was 33, we can address the issue of seeking help too late. Even if the diagnostic criteria for opioid dependence are met, accessing treatment can prove to be difficult, as the assessment processes can be lengthy, affecting patient's motivation. Another challenge lies in the health advice services for people suffering from substance abuse. Quality and access to health advice services provided by municipalities or cities vary across the country, and full range of service models may not be utilized to the maximum effect, service opening times may be too inaccessible and in many parts of Finland, distances to get services may be too long. (Kailanto & Viskari, 2023.)

When considering young substance abusers, challenges take place in multiple aspects in their lives. Young people often lack knowledge to recognize symptoms of overdosing and even if they do, they might fear legal consequences of substance abuse, raising the threshold to call for help. This goes for the services provided, too. Young people may avoid health care or social services because they are afraid of child protection services, their families finding out or possible marks in the digital registers. Stigmatizing language is very present in societal discourse, and many young substance abusers suffer from mental health problems, long waiting queues for these mental health services and often related issues like homelessness and monetary problems. (Kailanto & Viskari, 2023.) Very often young people's mental health treatment is cut off because of the substance abuse problems, or that access into the mental health is denied due to the substance abuse. This leaves many young people in very vulnerable place, in many cases leading to more secrecy as young people using mental health services fear that they are cut off. (Pitkänen et al., 2022, 151–153.) Several of these young people have suffered from adverse childhood experiences, lacking strong social networks and familial connections. In these cases, public services supplement or even substitute missing networks. (Pitkänen et al., 2022, 156–157.)

When interviewed, many young people who had experiences with substance abuse services, mental health services and/or child protective services found these experiences to be negative. Services were found to be hard to enter because of the lack of accurate knowledge, fear of stigmatization, earlier negative experiences with professionals or because of different challenges relating to attention deficit disorders or untreated mental illness. Low-threshold services were seen as most accessible, including outreach work and low-threshold health services provided in day activity centers at Helsinki. (Leskinen, 2022, 6–10.)

In UNICEF Finland's questionnaire (2025) one notable phenomenon is the concern that young respondents feel towards the availability of mental health and substance abuse treatment and the increased worry about their cohort's usage of illegal substances. As a professional working on the field, I meet several young people weekly at my workplace and at schools, youth cafes or at the streets while

doing outreach work. Outreach work is a working practice where I go outside of the walls of my workplace and aim to spread information about the availability of substance abuse services and how to get help. When interacting with young people I tend to hear similar worries from the youth than were outlined in the UNICEF survey, as many of them claim to know personally young peers who suffer or have suffered from insufficient access to treatment. This is of course just hearsay and not in many cases easily validated, but I have seen multiple cases of these same people I have met in the field later arriving to my workplace with a close friend, partner or relative seeking help for them. This may indicate at least that increased knowledge of the available services is needed and that there could be factors, like meeting a substance abuse worker first and gaining trust or information about the services and their quality, that ease the act of committing to treatment that I am interested to further understand and research.

### 3 Implementation of the study

#### 3.1 Research task and questions

In this research, I aim to find out new viewpoints on accessibility of substance abuse services provided by the City of Helsinki and different operators in the area, and to explore how former clients understand accessibility and what factors constitute accessible practices. I also study, apply and develop approaches drawing from arts-based research to create knowledge with visual arts. Because this is an arts-based inquiry, I leave plenty of space for experimental art-making and learning through the process, to understand better how arts can be used as an approach for illuminating these relationships between client's ideas and my developing understanding. The research questions for the study are:

- 1) How do the recovering young adults view the substance abuse services and their accessibility in Helsinki metropolitan area?
- 2) In what ways arts-based, cartography-utilizing approaches may create possibilities to express hard-to-describe phenomenon of accessibility and emotions attached to these services?

In the spirit of an artistically accomplished study, I want to engage with my ethical foundation in collaborative art-making and perceive the participants as equal in this process. This kind of participatory research can catalyze transformative social action and take fully into account the power inequalities that could arise in research situations (Roura 2021, 784). The participants are viewed as essential stakeholders and co-creators, imagining their life experiences visible and participating in turning their ideas into art pieces full of layered meaning and information not otherwise usually seen. We will use the ideas of map-making and interpersonal cartography to turn the artworks into maps that point out the relationships between young recovering addicts and social services in Helsinki central area. I also seek to underline the young recovering clients' views and make their voices heard to empower them through participation in art-making.

### 3.2 Methodological starting points

In the early years of the 20th century, continental European philosophy underwent a turning point when Edmund Husserl entered the philosophical stage and developed the branch of philosophy known as phenomenology. In phenomenology the effort to return "to things themselves", i.e. to reveal the world of phenomena behind everyday experience, is essential. This is done by means of phenomenological reduction, which is a tool meant to find pure phenomena separated from everyday language. Husserl aimed for a careful analysis where the philosopher can see the phenomenon in a new way, bare and on its own so that a genuine understanding of it is possible. (Husserl, 1950, 61–63.)<sup>3</sup> Later, other disciplines, such as sociology, adopted phenomenological reduction as a tool for examining human life and the social world. It is well suited for opening and exploring different levels of reality, providing new information about the relationships between consciousness, experiences and human phenomena such as language or social structures. (Berger & Luckmann, 1966, 30–31, 172.)

The new paradigm in sociology transferred to some therapeutic schools, when therapists began to develop an interest towards language and realities such phenomena construct. Language-based way of thinking understands all changes in perspectives and in actions to happen in a context of social relationships, using language as a reality shifting tool. (De Jong & Kim Berg, 2008, 406–407.)

Social constructionism also impacted social work, birthing new approaches to the ethos. In the nineties and onwards, some social workers in the UK felt that social work had become more managerial, focusing much on bureaucracy and there was too little real contact and interaction with the vulnerable clients. Constructive social work was one answer to this problem, drawing inspiration from narrative and constructionist approaches and the phenomenology of Husserl and his school. Constructive social work developed a critical stance towards the taken-

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<sup>3</sup> Phenomenological reduction is very present in this thesis later, when data produced by participants is thematically analyzed through Ajjawi and Higgs's (2007) six-stage model.

for-granted understanding of the world, challenging the view that conventional knowledge is based upon unbiased observation. These social workers wanted to create a practice centered around the idea of practical-moral activity rather than rational-technical approach favored in organizations at the time. They argue that clients, like all people, have significant resources within and around them and the role of the social worker is to help clients reconstruct their narratives. They specifically mention empowering tactics based on solution-focused narrative therapy, further strengthening the link between constructionism-based therapeutic approach and constructive social work. (Parton & O'Byrne, 2000, 1–4, 10–11, 24–25.) Interpretative forms of social work are very often more focused on the subjective views of people than the objective, positivism-oriented truth emphasizing understanding and description over prediction and control. This reflexive, artistically oriented aspects allow social work to understand the depths of human experience, providing agency and overcoming barriers like shame and hopelessness. (Newberry, 2012, 2.)

It is noticeable that in all these phenomenology-inspired approaches the role of the language, social interaction and different narrative realities come across as key points. Phenomenological tool of reduction gives different professionals valuable knowledge about the field and phenomena they are researching. In narrative-based therapy and constructive social work this is taken further to bring forth social change, therapeutic healing and communal bridge-building.

### 3.2.1 Arts-based research

This thesis is inspired by the conceptual frameworks of narrative therapy and research, particularly their application to map-making as an art form. These frameworks form the thematic and methodological foundation for an artistic exploration using collage and mixed-media representations to map relationships between young people in recovery and the social and healthcare services available to them in the Helsinki metropolitan area.

The methodological viewpoint in my thesis is phenomenological and is informed by the constructivist school of sociology, which views the society as an interactive and systematic field of multilayered narratives and coexisting realities. These personal realities are influenced by discourses and cultural ideas and can be made visible through discussions or making art. (Berger & Luckmann, 1966, 30, 36, 166–176.) Arts-Based Research (ABR) serves as the theoretical backbone of the practical component of this study. ABR is implemented together with narrative therapy's ideas of personal narratives and naming experiences. Michael White developed the idea of map-making as a therapeutic approach. He charted interpersonal relations and people's internal ideas about themselves constructing maps of these concepts for therapeutic purposes, visualizing his client's views and struggles in new ways. (White, 2007, 11–12, 31–34.) I will use arts-based research methods for turning these ideas into artistic maps utilizing group-made artworks. I chose this novel method of data construction to unearth new ideas with the participants as co-creators because of my own interest in maps and the artistry behind map-making.

ABR allows for the generation of new social knowledge through the process of art-making itself. As part of a transformative research paradigm, this method amplifies voices that may otherwise be marginalized, and introduces alternative, empowering narratives into academic discourse through co-creative and expressive means. (Leavy, 2023, pp. 13–14, 206, 211–213.) In ABR, the resulting artworks are treated as data, equivalent in value to transcripts or written responses (Harasymchuk et al., 2024, 13).

Arts-based research combines artistic practice with social scientific inquiry. It values multiple and pre-verbal ways of knowing, engaging with an aesthetic, intersubjective paradigm grounded in embodiment theory and phenomenology. In embodiment theory all social actors are seen as embodied, carrying people's experiential knowledge, mind and body interconnected and acting in the world. In arts-based research, this holistic approach is taken, harnessing the unique strengths of arts as a way of building knowledge through using all senses and our physical bodies. This theory is represented in arts-based practices where

participants make art as a part of the research process and the art pieces become the data. In visually constructed research this can be approached from multiple angles, ranging from photography to painting and from personal artistic inspection to collective art-making. (Leavy, 2023, 210–213, 222.)

Visual art and pictorial representation of ideas pervades our whole society in every level from pictures and videos online to scientific journals and education. Visual art has been a natural way to represent thought and spread ideas in human culture since our beginning. In this sense art is also a significant source of information about our social lives, cultural aspects and identities. As one of arts primary roles is to stir up thoughts and challenge our perspectives, it can be a powerful tool of illuminating hidden biases and prejudices, and to change our perception about abstract things and ideas. Challenging prejudiced representations is an act of social change. There's also underrepresentation of several groups of people in legitimized arts, like people of color or otherwise marginalized groups. Visual arts have been used as a tool for misrepresentation and strengthening of biases and racism, but it can also promote new views and propel people to think about others or themselves in a different way which is a key aspect for social change. (Leavy, 2020, 237–240.)

Arts enables transcending societal and bias-based limitations and reach beyond existing possibilities, when artistic vision and exploration meets gathering information from often underrepresented and silenced sources, like disabled or racially discriminated people. Arts-based methods can provide new forms of communication and expression, like artistic projects aimed to challenge our ideas about ability or to whom creativity belongs to. (Rice et al., 2024.) Deskillling, or the act of unlearning and imagining alternative ways to create art can be of importance in arts-based methods with researchers who also practice arts, as artist-researchers aim to learn new kinds of approaches for artistic methods like active listening, leadership in groups or community planning. It is also important for realizing the shared authorship, as the co-participation is hard to achieve if researchers' skills are valued higher over participants skills. (Sanders-Bustle, 2020, 58.)

Arts-based methodology is also used in cultural well-being research, where arts can provide a path to reflect on power dynamics, vulnerability and other sensitive ethical issues while simultaneously promoting more nuanced understanding on the topic of well-being in different cross-sectoral practices (Laukkanen et al., 2021, 351–352). Arts can be effective in illuminating interpersonal connectedness and interdependencies on the interface of well-being and culture (Langevang et al., 2022, 465).

To improve communication across disciplines and clarify the use of ABR methods, scholars have proposed several categorizations. The importance lies in the communication between professionals practicing arts-based research and between practitioners and non-practitioners, for example in multi-professional environments where study aims, and methodology should be presented in an easy-to-understand way. Clear categories also provide insight in how artistic practices can be merged or used concurrently with socially engaged research. Arts-based research can be classified for example into three categories: arts-based inquiry, arts-informed inquiry and arts-informing inquiry. These three are differentiated by the aims and results which are produced. There exists also a three-fold categorization of research into art and design, research through art and design, and research for art and design. Research for art and design refers to projects in which discussion, reflection and meaning-making is embodied in the creative process and where the end-product is an art-piece that communicates knowledge visually, iconically and imaginatively. (Wang et al., 2017.)

### 3.2.2 Narrative mapping of experiences

As therapists gained interest in social constructionism, it was a seemingly natural progression to move from the psychologically oriented frame towards socially constructed realities. In this thesis the key concept is mapping of experiences and abstract ideas, like trust or accessibility. For this reason, the therapeutic map-making process developed by White (2007) suited my goals. While White's maps

are textual and based on one-on-one therapeutic conversations, I use mapping as a literal, collaborative, and artistic approach. The map created during this study is a three-dimensional artwork representing collective perspectives. Despite the difference in medium, both White's therapeutic mapping and this thesis share a similar goal, which is to illuminate personal and social narratives and bring meaning to everyday experiences. Without White's conceptual work, the methodological foundation of this research would not exist.

In White's (2007) thinking, the externalization, an act of separating problems from the people, has an important role. Externalizing involves naming and objectifying people's problems, as problem-saturated narratives usually don't reflect clients preferred ways of being. These problem stories can obscure alternative interpretations, where the mechanism of the problematic situation may not stem from the person at all. Narrative therapy's practice of externalization re-situates the problem outside, challenging cultural discourses of categorization. Narrative therapy also uses deconstruction with externalization, questioning social control and norms (Ramey et al., 2010, 75–76).

Arts-based research and collective art-making aims to produce deeper understanding of phenomena by engaging with artistic stimulation, allowing participants to construct visualizations of their feelings and perspectives. This embracement of imagination provides space for spontaneity and for novel emerging possibilities. Imagining experiences in this context means capacity to look beyond established reality and experiment, giving new meanings and taking new, embodied forms of knowledge. (Perheentupa & Porkola, 2024, 4–5.) Externalization thus takes place in this emerging new space, making identities more malleable and allowing new ideas about oneself to form. Also, relations between spaces, ideas and people can be seen from new perspectives. Cartography, the art of map-making is all about visualizing relationships, like distances and proportions, in a visual representation of a space.

Narrative mapping is a method originating across multiple disciplines. Its description varies from one professional to another, but it can be described in two

ways; firstly, to visually and temporally represent the unfolding of events, or secondly, providing psychosocial geographical mapping of personal experiences and illuminating, how social worlds are produced through sharing narratives. Value of mapping in qualitative research has been much discussed in social sciences. In this discourse many researchers have noted that narrative mapping enables holistic representation of phenomena and differing narratives. However, most of these maps are purely textual in form. To address this limitation, pictorial narrative mapping has emerged as an arts-based method that incorporates visual elements such as collage and photography. This method emphasizes imagination as a critical tool for generating thick, contextualized understandings of participants' experiences. It enables layered interpretations and supports deeper inquiry through artistic and dialogical processes (Lapum et al., 2015, 2–3, 11.)

Another relevant application of maps in social settings is a relational map, which measures social structures and felt closeness or distance to others in people's lives. Relational maps can be drawn or constructed otherwise, for example via written text or placing toys on the paper laid across the table. This can guide clients and professionals towards new insights into social relations between people and offer alternative method to talking in knowledge construction. (Bagnoli, 2009, 555.)

Social aspect on humanity is an essential part of existence. Human experiences cannot be understood inseparable of the environment in which they happen. As our everyday surrounding are highly visual and we depend much on the visual information, visuality becomes a part of the development of our consciousness. In this sense visual arts can be a tool for phenomenological research, as describing experiences is to describe the experienced world around us. Visual phenomenology is then a method for investigating visual experiences, merging art and phenomenology emphasizing experience and description. (Leavy, 2020, 241.)

Because of my choice to construct research data through art-making and the symbolic interpretation of pictures, instead of only implementing more traditional analysis of text, my plan was to offer my co-creators broadest possible options what comes to creative freedom and techniques. This led me to research collage as possible method for my approach. If I wanted to find out how former substance abusing youth view the world and map this out, we would need methods to embody these experiences in a physical form filled with meaning and information. Collage as an art-form can generate new metaphors and bring abstract ideas to life in a form of embodied cognition, meaning that we reject traditional mind/body-dualism and see physical interaction with our environment as a way of thinking (Chilton & Scotti, 2014, 169).

Collage is an artform that gained widespread recognition in the first decades of 20th century through artworks of Picasso and other modernists in the west. It's benefits are the ease in which participants can create visually interesting and layered pieces that can be used in data construction, analysis and as an evocative form of art. The systematic development of collage as a research method started in the 2000s and has been further honed in different fields like social work-, art education- and therapy research. It is particularly well-suited for combining multiple perspectives and bringing forth new cultural and multisensorial knowledge. Because it provides the means to express thoughts and emotions in a diverse and sensitive way by giving artistic freedom of choice to participants in accordance with possibility to express feelings that are hard to describe in words, collage can be seen as empowering form of inquiry. (Scotti & Chilton, 2018, 355, 359–362.)

As we use collage to visualize the experiences my co-creators have, we in fact create maps, consisting firstly of data points placed on the canvas and then artistic interpretations of experiences and ideas surrounding these points and the services they represent. Roth (2020) presents different types of cartographic designs and how they may be utilized in visual storytelling. Personalized story maps invite people to depict individual accounts of lived experiences and incidents and show relations between places. This approach embraces pluralism,

giving shape to many perspectives simultaneously. (Roth, 2020, 97.) Although he describes these maps to be useful in gathering data of spatial motion and georeferencing, this idea of visual story in a shape of a map is useful in my research.

Because of the collective nature of my data construction phase, I strived to give as much voice to my co-creators as possible. Collective art-making gives the participants a chance to make themselves visible, possibly improve their social skills, empower them through participation and give them a chance to reflect their past experiences (Nathan et al., 2023, 803).

I will also create my own art, reflecting on the process using the dialogue between art pieces to implement the hermeneutic circle. Ajjawi and Higgs (2007, 620–623) describe how researchers own reflexivity and careful, ongoing interpretation are important to phenomenological research. Thus, my own art makes my own reflexive processes visible in alignment with my text. I will also construct one final art piece at the end of my research process to finalize this ongoing circle of reflection and deepening understanding of phenomena.

### 3.2.3 Community-based participatory research and collaborative knowing

Community-based participatory research is a qualitative research approach emphasizing the importance of creating a partnership between researcher or research team and people being researched, ensuring engagement with them throughout the process (Jull et al., 2017; Teixeira et al., 2021). It seeks to shift the aims and methods of social research, especially with marginalized people or special groups like children and youth, moving on from viewing them as research objects to seeing them as subjects and active contributors in the research (Angelöw & Psouni 2025). It is also utilized in health research, recognizing community participation as essential form of promoting health equity (Hohl et al., 2022). In the participatory research paradigm, process is seen to be as important as the results, empowering communities and increasing inclusiveness and

research transparency by actively including those who have direct knowledge about the subject being researched (Russ et al., 2025).

Advantages of all participatory research approaches are that they are practical, focused on problem-solving and social change (De Oliveira, 2022, 290). Giving increased voice to people in this co-creative framework may help to promote empowerment and a sense of agency in the group, but transparent communication and sensitivity are called for (Angelöw & Psouni, 2025). This co-operative way to practice research can also be done in a variety of settings, providing accessibility and openness to research thus sharing power and increasing the diversity of thinking (Russ et al., 2025).

As collaborators, the people participating in the research process, all usually have an interest in the problem or towards its resolution, they can produce deeper and multi-faceted understanding about the issue. Level of involvement can vary, ranging from non-participation to a participant control over the research process. (Middel et al., 2024.) As the “co-creator” is a popularized term in the field (Middel et al., 2024) and suits my idea of collaborating with the participants well, I use this term in my thesis from here on when describing collaborative situations or elements.

Points of criticism towards participatory research includes potentially reduced validity to the research because of inappropriate application of methods, for example inadequate training of co-researchers and prioritizing the micro-level phenomenon instead of larger scale macropolitical power relations (De Oliveira, 2022). To overcome these challenges, Kulmala et al. (2024) provide broader research strategy in co-research, aiming for the increase of inclusivity by inviting people whom the research concerns to be more active agents in research process. Co-research strategy is a part of the same family of thought as participatory research, but its scope is often wider with broader range of potential approaches challenging power imbalances. The importance of positionality, meaning researcher’s own situational reflexivity and knowledge in research settings, and alternative ways of knowing based on lived lives and personal

proximity to the researched topic are valued in this strategy. By acknowledging these the researcher can become aware of the details of the situated knowledge and personal histories present in the co-research situation, actively negotiating identities and advocating multiplicity in research. (Kulmala et al., 2024, 1–4.)

In my research I aspire for social equity, social justice and utmost respect towards my co-creators. Both arts-based and participatory research approaches base their key ideas on finding new and more accessible ways to practice qualitative inquiry with people and disseminate this information in an equal manner, reaching communities and people who may benefit from this knowledge.

### 3.3 Data construction

#### 3.3.1 Focus group interview

When defining what a focus group interview is, the most important factor separating it from group interview method is encouraging group interaction. In classic group interviews the same question is usually presented to each partitioner separately, whereas in focus group interview, or focus group discussion as it is almost synonymously called, the researcher is attentive to group interaction and emerging new ideas while talking mainly amongst themselves and not with the researcher. Focus group interviews are a flexible method allowing for a range of options depending on the aims of the research and researchers' creativity and imagination. Creating or providing suitable stimulus material, like pictures, artworks or text, which encourages discussion is preferred in accordance with well-prepared topic and making sure that the participants have enough in common for appropriate exchanging of thoughts. Variation between experiences is desirable, too, so that the differences in perspective create debates and new views on the topic. Focus group have been used in studies concerning marginalized people in social and health care research, perhaps in part because they allow participants to discuss topics shared with the others present, providing common ground and safety in numbers.

Careful consideration of topics and participant recruitment is called for, and ability to facilitate safe space to discuss these topics by the researcher. (Barbour, 2007, 2–3, 20–21.)

Focus group interviews provide an approach for data generation, emphasizing the active construction of meaning. They have been diversely utilized in social studies and with ranging, often sensitive topics like social stigma or sexuality (Morgan et al., 2024. Scott et al., 2024. Lochhead et al., 2024). Participants who are carefully selected can, in an idealized situation, simultaneously manage their individual identity and give collective representation to the researcher, providing valuable ideas about the construction of meanings and their impact of actions. For this reason, focus groups excel at uncovering why participants think as they do, instead of just answering the equally important what you think-question. (Barbour, 2007, 37–39.)

### 3.3.2 Participant selection and involvement

After my research permit was granted, I advertised my research in selected Helsinki City's substance abuse and youth services. All six participants were first interviewed and then agreed to participate. Participation criteria included at least eighteen years of age, intimate knowledge of substance abuse services over the last five years in the Helsinki metropolitan area, for the participant to have been under 29 during the enrolment in the services (to be included as young adult according to Finnish youth law 1285/2016) and to be currently in a stable condition regarding substance abuse. These criteria were evaluated by me during the interviews. Participants could choose to partake in both collective art-making and focus group interview or only one or the another. One participant filled out the data gathering questionnaire introduced below but stepped out of the research afterwards. One participant was interviewed separately due to scheduling challenges. Full table describing each participants involvement is presented below (Table 1).

Table 1. Participants involvement and applicability to the criteria

<b>Participant</b>	<b>Age group</b>	<b>Has intimate knowledge about substance abuse services over the last 5 years</b>	<b>Filled out the questionnaire</b>	<b>Co-created art-piece</b>	<b>Participated in focus group interview or separate interview</b>
Participant 1 (P1)	18-35	Yes	Yes	Yes	Yes
Participant 2 (P2)	18-35	Yes	No	No	Yes
Participant 3 (P3)	18-35	Yes	Yes	Yes	Yes
Participant 4 (P4)	18-35	Yes	Yes	Yes	No
Participant 5 (P5)	18-35	Yes	Yes	No	No
Participant 6 (P6)	18-35	Yes	No	No	Yes* (interviewed separately)

Because of the sensitivity of the topic and due to usage of some abbreviated quotations I decided to leave out information about participant's gender, exact age or other identifying factors to protect their identities. All participants had valuable knowledge concerning my research task and questions and fit the criteria. My ethical duty is to keep their identities safe, due to stigma still present relating to substance abuse, mental health problems or criminal past for examples.

The co-creator group consisted of five participants, all over eighteen years old and at least a full year into recovery, meaning that they do not use any illegal or legal (alcohol) substances in a harmful way and are in a stable state of recovery process. This was resolved in the initial interview conducted via phone or in a

safe, private space at Helsinki area. The data construction phase took place during the spring of 2025 and consisted of a workshop and focus group interview accompanied by one separate interview. First is the art-making workshop where the collective art piece is constructed. Then, after a week I hosted the group interview with the five co-creators and three additional participants who introduce a fresh point of view considering the art-piece. We discussed the art and how the young participants perceive the artistic expression and symbolism found in the art-piece. I recorded the discussion and analyze the themes and meanings afterwards. Out of six participants one stepped out of the research before art-making and focus group interviews phases. Two participants took part in both art-making and focus group interview. One participant only took part in art-making. Two participants only took part in focus group interview or separate interviews.

### 3.4 Data analysis

I used phenomenological-hermeneutical inquiry to unravel new insights from the arts and the topics of accessibility and reach. Hermeneutical methods focus on interpreting the studied topic and it is constituting parts in a process to enhance knowledge. The hermeneutic circle is an approach for that process, introducing new and exciting ways to analyze and interpret constructed data against the narrative or the integrity of the whole, thus increasing the understanding and exploring new viewpoints. During these circles around the ideas we accumulate, interpret, and assimilate information eventually closing in towards understanding the topic. (Patton 2002, 497–450.) Because these kinds of value- and experience-style questions are hard to measure quantitatively I used arts-based methods to compile group artwork about these topics. After artwork was made, I continued with focus group interviews and elaborated on the topic with a questionnaire. We then discussed about the collage artwork and meanings my clients found.

Afterwards I analyzed my data using hermeneutic phenomenology taking influences from Ajjawi and Higgs's (2007) six stages of data analysis in hermeneutical phenomenology as a way to gain insights into dynamics, ideas

and other related topics guiding our clients' actions. This way I and my colleagues may get new information about the experiences of young people about substance abuse services. Aim of the phenomenological analysis should be to construct an understandable, sound and thick description of the phenomenon that's been studied so that the resulting product is reflective appropriation of something meaningful (Ajjawi & Higgs, 2007, 622). To achieve this, the dialogue between constructed art piece, focus group and myself was utilized in circular phases, shaping out into a master's thesis in a process of *poiesis*, or "bringing forth" something new and meaningful for receivers of the produced work to interpret. This emerging knowledge calls for a consideration of voice and perspective, as my own voice as a researcher is woven with the plural voices of my co-creators. It takes self-awareness and conscious meditation on the themes researched to construct ethically sound and understandable thesis. Reflexivity, a deconstructive exercise in the spirit of phenomenology, locates the intersections between author, text, data and the other voices. To be reflexive is then understood to mean an ongoing examination of what I know and how I know it. (Patton, 2002, 63–65). As mentioned above, I adhered to the process of hermeneutic circle, moving back and forth contextualizing and integrating emerging themes, constructing a dialogue between textual data, artistic data and my own experiences (Ajjawi & Higgs, 2007). A researcher is always a part of the process, but I aimed to illuminate my possibly changing and growing understanding through art as well as my textual output.

In this thesis data was constructed in six stages, starting with reflecting on themes arising from literature review and my hands-on experiences in substance abuse services. I used my literature review to identify possible categories that may affect accessibility and asked my co-creators to fill out a form scoring these categories (Table 2). Points given affected the visualized location of these categories on the artistic map we constructed together based on my co-creators' feelings and experiences. This map was then used as a stimulus material for focus group interview, providing ever-increasing layers of experiences in several modalities. Afterwards this interview data was turned into textual form, categorized using thematic analysis and new sub-themes were identified by reflecting against

themes from literature review, the artwork and personal narratives of my co-creators provided from the focus group interview. These sub-themes were refined into themes using literature review, additional literature and my evolving understanding of the research problem and questions. A new artwork was created by myself, reflecting on these themes, creating a dialogue between two artworks and mapping out my own experiences. This emerging dialogue and perspective were then brought back into textual form and elaborated in the findings. I aimed to use critical thinking and elucidate these themes using narratives from my co-creators. In this process the hermeneutic circle was constantly moving back and forth between parts (data) and whole (evolving understanding of the phenomenon), iterating in a circular form and ensuring that researcher remains open for the emerging questions and information (Ajjawi and Higgs, 2007, 623).

Near-finalized text was then once again criticized and reflected and weaknesses in the research and further research topics are identified. Lastly, I constructed one final art-piece, a comic providing insight into my own reflections and illuminating my own findings and the narratives of my co-creators. This was done to provide thicker description of the whole process, honoring the value of arts-based research and its multiple possibilities for self-expression in the academic world and to generate interest from broader group of possible readers. The “art” in arts-based research is not only a tool for data gathering and illumination of emerging ideas but a beautiful, valuable goal in itself.

During the literature review my goal was to possibly identify categories that may affect accessibility. Questions like availability, location, advertising, trust between peers and between professionals and clients were identified, along with several others. A full table of categories and my definitions is provided below.

Table 2. Categories that may affect felt accessibility before, during or immediately after enrolling into substance abuse or mental health services identified from the literature review and professional experience

<b>Categories</b>	<b>Definition</b>
Social media/advertisement	How present services are on the internet, social media and traditional media and how easily information is found
Service counselling	How well referrals to the service have been made from elsewhere, has client got enough information beforehand
Personnel	How I was first greeted or approached by the staff, how friendly or approachable the staff seemed, what impression of professionalism the staff gave
Location	How easy it was to get there; how easy it was to find the place
Façade and interior look of the place	What the place looks like when I arrive, what the decor is like, what the environment is like
Other people's experiences/heard things about the service	What relatives or friends have said, what notions traditional or social media have created
Own conceptions about the service	Hopes for the benefits of the services, fears about what might follow from seeking help, how little or much I was nervous about coming the first few times and whether that changed
Community spirit/other clients	Was there a pleasant sense of community among the customers, did I want to talk to other clients and was there an opportunity for peer support, was there an opportunity to getting to know others
Range of services provided/available in one place	How widely I received different services under one roof, how suitable the services seemed to me, how much I felt I got help from the service, what other ancillary services were available at the same service (guided groups, peer support groups)

These nine categories formed the data gathering questionnaire (presented in the appendix 3) used to score the importance of them according to participant's experience. The participants were asked to score these nine categories from most to less important, choosing three to five categories marking one as most important to them. Four out of the seven overall participants filled out the questionnaire. After filling out the anonymous (everyone used same kind of pen and only marked the boxes with either letter T or X and put the printed questionnaire in the same envelope) questionnaires scores are counted and resulting scores are used to arrange these categories to a canvas, thus forming the basis of an artistic map.

Map-making was an essential part of this process, as it provided visual stimulation to aid discussions and to ease understanding about relations between categories. Co-created artistic map is more than just a visualization of co-creator's thoughts, it is a way to express abstract phenomena like feelings, trust or presumptions. Colors, pictures and text cut-outs form a collective visual description, fully formed from my co-creator's minds facilitated in a safe environment. After its construction, artistic map was brought into focus group interview as a tool, like maps are used, to move through conversation guiding the path. After the interview was done, data collected was transcribed and coded. This data, consisting of narratives, experiences and feelings, was then processed in steps to extract new possible information following the six-stage model by Ajjawi and Higgs (2007), modified by me to ensure its fitness to my research. These modifications were in line for arts-based inquiry, which original model was not created for, and its suitability was carefully pondered and critiqued to find balance between keeping it academically rigorous and aiding my research task and questions. These modifications did not change the essence or purpose of this data-analysis method, which according to Ajjawi and Higgs were "to understand a human phenomenon and participant's experiences of this phenomenon while giving credible and faithful meanings to participant's interpretations, while also allowing researcher(s) to reflect on their own learning journey" (Ajjawi & Higgs 2007, 613, 632–633).

First step of this process is to immerse oneself with the data (Ajjawi & Higgs, 2007, 623). This was done in multiple ways, first by co-creating art together in a workshop and then by interviewing participants in focus group interview. Three co-creators participated in the map-making workshop with me. While creating art I and my co-creators could discuss and create consensus between correct positions of visualized categories, colors and design included in the map. This served as a powerful method to understand other's experiences and thoughts, providing additional information and insight towards my co-creators' ideas. While creating something expressive and fun together I felt an ease descending upon us, and more organic and free conversation followed, shaping my understanding and experience. I heard their reasoning behind colors and positions of pictures, participated in the process as equal, asking questions and facilitating material guidance. Following art-piece reflected multiple different positions, experiences and narratives and simultaneously formed a physical object, a map, a visual poem telling a story. Like one of the co-creators said while painting: "this artwork looks like someone is looking from hell towards heaven." Meaning of this is subjective, but I can see that notion in the artwork's color palette and composition.

Focus group interview followed the art-making workshop and consisted of half-structured questions (appendix 2) and free discussion between participants. My goal was to get varying narratives from participants; to further out the themes present in the artistic map that was put out for everyone to see and stimulate discussion. Two interviews were held separately due to scheduling issues but followed same questionnaire and used the map. This completed the first stage of data analysis.



Figure 1. Artistic map constructed by co-creators in the workshop

Next stage, understanding, started by identifying first order constructs, meaning participants' ideas expressed in their own words or phrases, capturing the precise detail of what they discuss (Ajjawi & Higgs, 2007, 624). These constructs relate to research questions linked to how accessibility was viewed through lived experience. They also aimed to answer the question of did my literature review-based categories picture real-life phenomenon well enough to resonate with participants' own experiences.

The interview data was coded using thematic analysis, first grouping transcribed texts under nine categories identified by me, as the focus group questionnaire was constructed around these and how they were pictured in the artistic map. Same was done for one separate interview. These narrative expressions formed emerging themes, like common experiences or agreements during the interviews. First, I grouped all transcribed texts under the nine categories presented in the questionnaire to arrange them thematically.

In Ajjawi and Higgs's (2007) research second stage, understanding, was completed by checking with the participants to get feedback on the identified first order constructs, providing richer information and producing new findings from

researcher-participant interactions. In my research this was not possible but should be considered for future research, as this could provide more data to base next stages upon. Instead, I turned to available literature and my own interpretations of the data, demanding careful reviewing and continuous evaluation, so I would not end up using circular arguments (for example, literature review implicates that community is often viewed as an important factor in substance abuse recovery. Interviews suggest that community is helpful for substance abuse recovery, so my research then suggests that community is viewed as an important factor in substance abuse recovery.). To avoid these empty logical fallacies, I focused tightly on my research questions and my own interpretations, to guide me forward. This way my own explication found more room to recognize new pathways to elaborate on the participant narratives.

Third stage, abstraction, was implemented in two steps. First, through immersion and continuous re-reading and listening of the recordings I familiarized myself with the narratives expressed by the participants. Identified first order constructs were then reflected on by searching literature based on the emerging themes and consistencies from narratives presented. This was done to increase illumination on the topics and to aid the evolving of second order constructs, meaning my own interpretations derived from expressed narratives. This way I began to further develop new constructs, differing from my questionnaire but still more or less reflecting on those nine identified categories against participant narratives. Identified second order constructs were: 1) Creating a sense of safety, trust and clarity in processes, 2) a genuine, comprehensive encountering and experience of being heard, 3) fast and timely providing of services and case management, 4) seizing the budding motivation at the right moment, 5) art as a descriptor of feelings and experiences, 6) supportive networks, concurrent services 7) distrust in services, feelings of insecurity, experiences of institutional disregard, and 8) difficult or easy accessibility, information on services and their availability. Newly named second order constructs were then once again considered against my own experiences and literature, reflecting my own interpretations and deepening understanding.

After initial analysis on my data, I decided to deviate from Ajjawi and Higgs's (2007) original model, due to my differing data sets compared to their example. Ajjawi and Higgs compiled a wider set of data consisting of larger participant number and longer duration of data collection with different methods (2007, 616–620). Because of my more limited interview data, I based my developing system on critical personal reflection and literature. Second order constructs were grouped into sub-themes, following the example of Ajjawi and Higgs (2007, 624) but instead of labeling these sub-themes using first order constructs I elaborated on my own second order constructs and focused on finding emerging sub-themes from them. I then set myself on to justify these sub-themes by re-reading my transcriptions and combining second order constructs under sub-themes in a separate file. This allowed me to compare first order constructs and adjust my sub-themes more clearly.

Following this, I entered the fourth stage (Synthesis and theme development), by constructing my own art-pieces in dialogue with my data. Due to my thesis being an arts-based inquiry into the topics of accessibility and its forms, I aimed to visualize my mental processes by constructing two art-pieces, one symbolizing emerging themes from my research data and one illuminating my path from the start of my thesis project towards the end, intertwining my mental pathways and research data. This latter project was then refined during the last stage of my research after rest of the thesis was completed.

First of the two artworks was brought to life by reflecting my process thus far. The concept of *poiesis*, “bringing forth” new and meaningful expressions for interpretation, was utilized using reflexivity to intertwine voices of my participants, other forms of data and my own understanding (Patton, 2002, 63–65). Self-aware and conscious acts of research using data and emergent knowledge met artistic forms of self-expression and personal construction of thematic art-piece. I delve deeper into this process in the subchapter 4.3.

Next, sub-themes were assessed against transcripts and elaborated into themes, based on identified connections between second order constructions and sub-

themes, and re-examination of the transcribed texts. These themes were worded in a way that responded to my research task and questions, highlighting key findings and connections I made from the data.

### 3.5 Research ethics

Because the research within the substance abuse field is a highly sensitive topic, there were numerous factors to consider. Questions of power, voice, trust and expectations arise when co-creating art while combining professional, scholastic and participant's views (reference). Study into arts-based methods used in research with youth or marginalized groups highlight the need for careful preparation, self-reflection and anticipating possible problems using existing literature, research available and professional knowledge about substance abuse problems (reference). The researcher needs to respect and understand different ways of communicating and seeing things or otherwise constructing research where participants voices are heard is impossible. There are numerous ways to ensure beforehand that the research and researcher both are safe and approachable for participating youth. These include clear communication about the aims, scope and processes of the research conducted, respecting the identities of the participants and flattening pre-existing hierarchies through frontloaded dialogue, constructing safe environment rooted in empathy and openness. (Pavarini et al., 2021, 1560–1561, 1564.)

I ensured that the participants were well-informed and taken care of during the thesis project. In my work I have carefully reviewed the Guideline of the Finnish National Board on Research Integrity (TENK) and constructed my master's thesis accordingly. Thesis process was executed following the European code of conduct for research integrity, in which good research practices are outlined. (TENK 2023, 11–16). My research organization, Metropolia University of Applied Sciences, and my coordinating teacher ensured that appropriate care and instructions concerning my research environment, training, research procedures, safeguards and agreements, data practices and managing, collaborations,

authorship, dissemination and reviewing and evaluating were clearly understood by me so I could construct safest possible research plan. By constructing and reviewing my research plan with my coordinating teacher I adhered to these good practices and understood, that by violating them I could face review process from the Finnish national board on research integrity and sanctions from my responsible organization.

This plan was sent as an application to the City of Helsinki's Register office and was approved by responsible officers within the health and social services board.

Participating young adults were of legal age and already recovering from their addiction. They could get debriefing at any time if they need to and their identities, names and social status were protected at any time. The artwork was done at the designated workshop at intimate and safe place. This also concerned the focus group interview. I did not retain any other participant information after the workshops except the necessary contacts to send the finished thesis. The artwork consists only of images and text cutouts done by multiple partitioners and cannot be identifiable. Participants are thought of being stakeholders and have all the shared copyrights to the artwork. All rights and obligations concerning the research is to be agreed on beforehand and understandably presented in the forms. Identifiable data is only accessible to me, contained only during the research process and disposed after the research is finished.

## 4 Findings

### 4.1. Analyzing the data: Hermeneutic circle in six stages

In this master's thesis, I aimed to find out new viewpoints on accessibility of substance abuse services provided by the City of Helsinki and different operators in the area. Doing this, I wanted to explore how former clients understood accessibility and what factors constitute accessible practices. I also aimed to study, apply and develop artistic methods to create knowledge with visual arts. The research questions to answer were:

- 1) How do the recovering young adults view the substance abuse services and their accessibility in the Helsinki metropolitan area?
- 2) In what ways arts-based, cartography-utilizing approaches may create possibilities to express hard-to-describe phenomena of accessibility and feelings attached to these services?

This arts-based inquiry followed an interpretive paradigm and research data was analyzed using a modified, six-stage phenomenological-hermeneutical method created by Ajjawi and Higgs (2007). Data was first grouped using thematic analysis, based on a co-constructed art piece mapping out experiences and abstract feelings towards substance abuse services and accessibility factors and focus group interview and one separate interview. Then transcribed interviews were analyzed in six stages to answer my research questions. First order constructions, meaning participants' own expressions and narratives, were identified and grouped first to immerse myself in their narratives. From there the process went forward until the data was reconstructed into four themes at the end of the process.

## 4.2 Second order constructs

Second order constructs refer to my own interpretations of participants' narratives, labeled first order constructs in this data analysis method (Ajjawi & Higgs, 2007). After immersing myself with the first order constructs, I re-read them, reflected on the types of expressions and narrative elements present in them and came up with eight labeled second order constructs. These constructs were then further reflected upon using additional literature to gain depth in descriptions, immersing myself even more. I approached this as an additional literature review of sorts, illuminating my thinking and helping me to develop these ideas further.

I have chosen selected quotes from participants to start each subchapter and peppering them throughout. By providing straight quotations I want to illustrate how differently each participant thought and how differing experiences they described. They also highlight my own thinking, justifying why I came up with these particular second order constructs.

### 4.2.1 Creating a sense of safety, trust and clarity in processes

It's easier to come to a place where you feel like the personnel and whole community are, like, in the same boat as that ship represents there (in the artwork) (P1)

...kinda, like, that the person who gets me into those services, like, if they have like, information and, for me at least it was really important to get the kinda, specific information about what kind of treatment it is and, like, what type of treatment they do and how it has worked for, like, others. (P6)

In both the focus group interview and the artwork created in a group narrative construct of safety, trust and clarity in processes were identified. Quotations from participants highlight these concepts. Trust towards professionals and their

knowledge about available services was seen as an important factor as, especially in the beginning, participants described their lack of information and suspicions against services, reflecting on their earlier experiences and public image of substance abuse services. Many participants describe the importance of first contact in the services, illuminating the importance of warmth and approachability of the workers.

And then, well, just the fact that I have gotten to tell my own story, it has eased it all, even though it felt really bad at the beginning when I didn't know, like, how to act, or how anything works, or would it ever. But then the warm reception, well, it does surprisingly much. (P1)

In therapeutic literature the phenomenon of working alliance is used to describe the relationship between professional and client (Redko et al., 2007). Quality of this alliance has been found to predict success of counseling or therapy in substance abuse work. The working alliance consists of technical and relational aspects. Technical aspects include tasks which are negotiated to successfully complete goals of treatment. Relational aspects refer to the affective quality of this worker-client relationship. When there is trust and mutual respect, the quality of working alliance has been shown to affect the outcome of treatment, somewhat predicting rates of retention after treatment. Research done to illuminate this bond reveals that three elements were important to clients enrolling in substance abuse treatment. These were personal qualities of the worker, client control over goal setting and focus on client's strengths and abilities. Understanding, non-judgmental attitude and good listening were valued high in case workers by clients. Getting positive feedback from the worker, combined with a supportive attitude towards clients' own ideas of what they needed, slowly increased clients' level of confidence and self-esteem. (Redko et al., 2007.)

These elements were clearly present in participant narratives. Seeing and approaching clients honoring their individuality and personal situations while offering clear, understandable steps or solutions were deemed important. All four participants who filled out the questionnaire scoring nine categories connected to

accessibility scored personnel and worker-client relationships the highest. In the collective artwork this can be seen in the ship sailing in the middle of the map, symbolizing the most important factor or category.

...in my opinion, when you just guide holding by hand, guiding to these types of places, it helps if someone has, like, hard times in their lives and someone really, like, shows you that here, here you can get help for your problems. It really helps when you don't have to think alone in that state of mind wondering if things are gonna work out. (P1)

The right type of counseling and direction is really important in a way, because many people especially young people don't know about different services, like, what type of help is available. (P2)

#### 4.2.2 A genuine, comprehensive encountering and experience of being heard

Well, at the meetings we focused on my problems, and not only for like, you know? Drugs, you know? It was not, not like they blamed everything on drugs, but acknowledged that I have used drugs because I'm not feeling great. (P3)

Yes, and I want to add to that, that the client gets the experience of being truly heard. It is really meaningful and gives off this, like, positive feeling afterwards. Like when you get the experience that, now I have been heard, I have been comprehensively engaged as a unique person. (P2)

The second construct I was able to identify comes close to the first one. I separated the two because the first construct, creating a sense of safety, trust and clarity in processes is very professionally focused on a sense that most of the narratives expressed by the participants described how workers had knowledge and easy approachability. These narratives focus more on the impenetrability of services and how someone knowing the system can make a

new client feel at ease, creating a sense of trust in goal setting and interactions. The second construct I identified focuses more on the overall experiences, small and fleeting, or long-time alliances led by mutual respect and feeling of being truly heard and seen. These experiences create trust and feelings of self-worth and can lead to increased will to commit to the treatment.

Trust is an important factor in substance abuse and mental health services. Clients can live in very vulnerable situations and express distrust against service providers. If the element of trust is not present in these interactions or before and after them, these interactions may be avoided by the clients. Trust and good, open communication between clients and professionals are seen to be of paramount importance in positive, long-term outcomes. (Brown et al., 2009.)

If you then have the sense that they, like, really care or, like, they are interested about what you are going through, then, you then like really feel that. (P3)

Participants explained that they valued workers' ability to face the complete situation young substance abusers lived in. Knowing their way around services in a clear way was one thing, another was the safe and seen feeling participants experienced in different situations with peer supporters, workers and other clients. These experiences of trust and being honest about their problems without fear of judgement were present in many narratives.

Yes, it is important to see the full picture. If they see you as only an addict, then you probably don't get the help for the root causes that have led to the substance abuse. (P2)

...when you get to share your experiences with people who have similar ones and talk about them, it's like, really important in my opinion. (P2)

#### 4.2.3 Fast and timely providing of services and case management

I think it should be made even easier... to get help, because it's still pretty hard. (P1)

...they (Substance abuse workers in outpatient clinics) are like, care-oriented or, like, if you are there hand up saying "yeah, I'm ready" they respond that "let's go. (P6)

Third identified first order construct considered how timely and fast services were provided. This included queuing times, how fast workers responsible for the clients' case reached out or in case of easy-access, low threshold services, how fast participant was able to enrol into rehabilitation, for example.

Like cutting corners really much, there should be a possibility to do fast decisions, like, now we go or like that. Because, your mind can change really quick, so if you get the service in two weeks then your mind has changed fourteen times during that. (P6)

Not all clients waiting to get into rehabilitation make it there. Some studies claim that enrolment into treatment is sometimes under half of the queuing clients, due to substance abusers' limited tolerance for treatment wait time. Longer waiting times before treatment has been connected to greater rates of dropping out after admission. Long waiting times also place stress on substance abusers and society around them, as most continue to use substances, increasing the risk of overdoses and other health-related issues. (Carr et al., 2007.) This phenomenon is very present in substance abuse work according to my own experience. When clients come in, they are usually at the point where something needs to be done right away. Days like Mondays or first days after long breaks in services are usually peaks in these types of situations, where clients have had time to use illegal substances or alcohol, and situations may have got out of hand. Very similar to mental health services when situations are acute, faster the system can respond the better for the client's own well-being. This was reflected in participants' narratives along the interviews.

Usually at that point when you try to get into the psychiatric ward you are completely done. You don't have the capability to hear that "yeah, sorry, we are full try to hang on. (P3)

Most important option would be, like, to make thing easy without any bureaucracy that you have to have an identification... substance abuse illness is that way, that you need to get into treatment, like, straight away. If they come at your door, you should be able to take them in right away. (P6)

Multiple answers concern mental health services in the Helsinki area, where many participants had bad experiences about long queues and disregard. I decided to separate these to their own categories, as feelings of distrust and positive experiences were both identifiable in the narratives. These positive experiences were in many cases centred around good encounters with professionals and quickly provided services.

I know like a close person who had difficulties to go to any services, but then the service management in Helsinki was so good that they got help. (P1)

#### 4.2.4 Seizing the budding motivation at the right moment

...if you feel like there's people really listening to you ... in my mind it increases the motivation to talk and continue to seek help (P1)

I like, somehow thought to myself that, I wanted, like, to enroll into as concrete rehabilitation treatment as possible, or like, somewhere they really do stuff together and so on. I thought that would suit me best. (P6)

Connecting to the third construct, the fourth one, seizing the budding motivation at the right moment, is concerned about noticing and strengthening impulses of will to act differently or to seek help. In this thesis I do not focus on theories concerning the term "motivation" at their core, but when I read through my

participants' narratives, they referred to their innate motivation<sup>4</sup> several times when describing specific acts or feelings connected to seeking help and try to keep themselves contacted with professional treatment or NA-groups for example. For this specific reason, I labeled this second order construct as it is. The source used in this sub-chapter also describes motivation as an important factor (and term) in substance abuse recovery studies (DiClemente, 1999). I could have chosen a different term to better fit into my theoretical paradigm, like a narrative construct, but chose to stay true to my participants' narrative expressions. The phenomenon of being motivated emerges in many places in this thesis, often not clearly referred as such but in phrases like "working on myself", "opening up and committing to the treatment", or "feeling that the personnel cares about me." These positive experiences seem to reflect some internal will to act differently or to reconstruct one's own self-image. This became clear when participants expressed how much positive experiences in services, either with their peers, experts-by-experience or personal workers, had changed their outlook towards recovery or their stigmatized identities as "substance abusers." In other subchapters I refer to these motivating experiences as sense of safety and trust or being heard, thus opening up space for more positive interactions instead of often occurred earlier bad ones in substance abuse or mental health services.

Internal motivation (as opposed to external motivators, like punishment or rewards) is maybe the single most important factor in quitting substance abuse. Motivation to change is a multilayered phenomenon, related to treatment seeking, treatment attendance and participation, and when researched in connection with alcohol treatment, formed the most significant predictor of after-treatment modification of alcohol consumption. (DiClemente, 1999.) People suffering from substance abuse often struggle between harsh living situations and external and

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<sup>4</sup> Participants explained in multiple cases, how either external or internal actions or experiences affected their views on recovery process. As one participant (P6) explained: "...I didn't have to stress about (getting to treatment), it was like, motivating for me that, like, they trusted me." These positive experiences were reflected in participants' narratives, affecting their internal experiences about committing to recovery or seeking help.

internal motivators. Quitting substance abuse means often changing your living conditions, circle of friends and putting pressure onto a person to pursue change. This is not usually a very clear-cut path, as things tend to have multiple sides. Fear of loneliness, big changes and withdrawal symptoms for example can turn into obstacles along the way. When interviewed, participants expressed these small moments of motivation and birthing of new possible solutions for their worries. In multiple cases these things took time according to participants, forming over several months or years even. Positive encounters with professionals, peers and several tries in rehabilitation clinics usually preceded the current living situation.

I also think that it would be better that, in that situation (when you are motivated to quit substance abuse) you just get put into services because... in those situations you don't necessarily have strength to seek help... so I think it would be best to just someone to help you find your way into services. (P3)

...then this new doctor, they apologized to me very much about my earlier treatment, which has not happened before...that made me feel like they were serious about me, and they did not judge me or my experiences...that made me feel really secure. (P2)

#### 4.2.5 Art as a descriptor of feelings and experiences

What I see there, or to me I looks like when you focus right to the corners and travel towards the center, I feels like you are, sort of anxious at first. But then, closer you get to the community and these services, it seems to feel easier along the way. (P1)

For some reason I focused to the left, there, that area pretty much. It got my attention. Maybe it's the barbed wire things and then, this colour shift. Yeah, I think that's it. (P6)

I feel like it was like that for me, like I see on that canvas, that thing feels a little unsure. But then, things like warm up when you move closer to the center. (P2)

You can like, look up to the sky, so in those corners your mind is like, you're there and it all just opens up... and there's a little hope. (P1)

One of my research questions focused specifically on artistic approaches and how they could benefit expressing hard-to-describe phenomena. Research with youth suffering from mental health and related issues shows that arts-based approaches have a positive effect on self-reflection, felt anxiety and that it can reduce social stigma (Beato et al., 2024, 16–18, Ennis & Tonkin, 2017, 346). When we first started to co-create art with three of my co-creators it became apparent that the mere act of making together, communicating with each other in a safe environment gave way to new insights and ideas. Not all co-creators were familiar with each other, but during my workshop they found common ground, recognizable experiences and were able to express these ideas on the map. When I continued my research moving on to focus group interview and one separate interview later, our artwork formed the basis of the discussion. That gave impulses and ideas to participants, helping them describe something when they could point to the map and explain experiences using the metaphors, like colours, to deepen their narratives. In many cases their own reflections and life histories, their areas of interest and their pop-cultural knowledge combined with the artwork to provide thick or distinctive expressions.

To me it matters (community), like, this is something, we are in a similar place in life, like in a same boat together (P1)

Maybe the “my story” text is a little too far, it should be closer to the center. (P1)

I think that this text, “my story” is important, we return to this community spirit, that we encounter everyone as a unique person, because we all have

our own story, different starting points and different paths we have taken.  
(P2)

...as a whole this seems to be a kind of a circle that deepens, or like, a whirlpool. (P6)

I don't know if you are familiar with a series called Supernatural... well, somehow this screams Supernatural to me, like that series from years ago, they have a somewhat similar vibe (P6)

Through these expressions I was able to identify the phenomenon of art as a descriptor of feelings and experiences. These include building blocks of narratives, like personal affects and memories, idiosyncratic expressions and interests, echoed in the art-making process and afterwards.

Art is able to convey and produce a range of emotions, like joy or empathy. These aesthetic experiences linked to visual arts can produce a wide range of bodily affections, evoking sensations like calmness or excitement. (Nummenmaa & Hari, 2023.) Research reveals that there are some near-universal associations between different colours and emotions. There are also commonalities in how different emotions are depicted visually, negative emotions being more densely drawn with darker colours and positive emotions being expressed in brighter colours and less densely coloured. These strong associations can make visual arts a good tool for representing emotional scale in accordance with words, or even only using visual expressions. (Damiano et al., 2023.)

...I think it's nice that the interior turns towards more positive emotions, because it could as well turn to pitch black. (P6)

#### 4.2.6 Supportive networks, concurrent services

...and then, in my opinion there should be more places where you can treat both substance abuse illness and mental illnesses. (P2)

I think that when you get support for multiple issues from the same place, it makes it easier to get there...it's probably easier to go somewhere when you can treat multiple things simultaneously. (P1)

One key aspect many participants brought forward was the need to treat mental health problems and substance abuse simultaneously.<sup>5</sup> That, along with supporting networks consisting of professionals, family, peers and experts-by-experience were identified as common narratives produced by many participants. The importance of community spirit could be seen from the artwork itself, as it was the second most important aspect in the artistic map decided by my co-creators.

Participants felt like it was hard to get treatment for mental health problems even without substance abuse issues, and when suffering from both simultaneous treatments had been hard to get. When they have had these experiences, however, and especially when combined with safety nets of family and understanding communities consisting of peers, professionals and experts-by-experience, many participants felt like they had improved in their condition and repaired some lost trust for services. Also important was the option to get multiple types of help under one roof, like communal sharing and private meetings with trusted worker.

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<sup>5</sup> Research shows that integrated mental health and substance abuse treatment under one roof may positively affect the outcomes of the treatment. Although solutions need to be created locally, factors like continuity of care, stage-specific treatment and psychoeducation may help to improve the situations dual disorder sufferers are in. Both in Europe and North America most of the services are not integrated due to lack of resources and clear policies or professional expertise to deal with dual disorders. (Fantuzzi & Mezzina, 2020.)

Social support as a term can be defined as verbal or nonverbal support and advice, concrete aid or action provided by a social network around a person and that network's presence, providing supportive beneficial emotional or behavioral effects. A social support network reinforces persons efforts to cope with hardships in life, offering things like assistance and encouragement. (Tracy et al., 2010.) All these aspects seemed to be present in some ways in the focus group interview and separate interview. I combined two first order constructs, supportive networks and concurrent services, together because in many narratives they went along, strengthening one another in different ways. Noted benefits seemed to be greater in participants' narratives when these two elements coincided.

Community spirit does not matter to me as much as personnel working there, but it is nice if the community is like, they have, like, a good atmosphere. (P1)

If the place (rehabilitation center) doesn't have good structures, then you don't really have a community either, because substance abusers won't necessarily build that community together without guided structure or some truly community treatment-oriented worker, like a community coach or something. (P6)

...it helps, it's a little like, you don't even have to introduce yourself or anything, everyone there is kinda feeling the same way here, I guess it helps. At least it helps me, makes it easier to come here and be here. (P1)

Well, you rarely hear that someone has been turned away in substance abuse services... but then these mental health services, if you have a substance abuse disorder on the back, they will disregard you right away because they cannot treat you because of your substance abuse. (P2)

#### 4.2.7 Distrust in services, feelings of insecurity, experiences of institutional disregard

Yeah, and then they usually say that you can come back if your situation gets worse, even though you feel awful and maybe your situation is so bad that you feel suicidal... (P3)

...when we get back to the queues, well, if you have a service where queues are long and you get put in a treatment guarantee list where you have to wait months, then, well, when you are in a bad spot and want to get help and get pushed to the back of the line, you really don't get the feeling, like, they want to help you or that you even deserve it. (P2)

...probably because I have visited over on the mental health side... and have gotten bounced from place to place. it's a rat race. (P1)

Over the interviews and whilst co-creating art, shared distrust in services became apparent. All interviewed participants expressed bad experiences with mental health or substance abuse services. Some of these focused around hardships in getting services at all and all four interviewed participants had memories of disregard in services or had problems getting mental health treatment because of their substance abuse.

This phenomenon is well known in current substance abuse discourse. Queues can be too long especially in some sparsely populated areas. In addition, young substance abusers fear severe consequences if their substance abuse becomes known. (Huhta et al, 2023, 4, 6–7.) The stigma attached to substance abuse and mental health and maybe most pressingly double diagnosis clients who are severely undertreated, is very present. (Leskinen, 2022, 19; Paananen et al, 2019, 123–125.)

The phenomenon of distrust was reflected in art too, taking shape in bleak photographs on the sides, red colour symbolizing negative emotions like anger and hopelessness and in certain cut-outs glued on the corners.

...when they transferred me to the substance abuse services... my first thought was that, oh no, now everyone thinks I'm some kind of junkie. (P3)

...personally, when I was underaged and was a client in social services I felt, like, they only saw me as a problem youth. Like, they did not see the root causes behind my problematic behaviour... it raised the threshold to get help in the future. (P2)

It really made it more difficult to seek help... when no place treats, like, the issues behind, they want you to get rid of your addiction. But then all those mental health issues and stuff are left untreated. (P1)

...when I sought rehabilitation earlier, it was, like, hopeless because I had no knowledge and my post addresses were always somewhere else and, like, it led to situations where I couldn't get help because I did not live here, and they wanted me to travel to (my home municipality) ... I think I would have probably gone earlier to rehabilitation, but my problem was that I did not have contact in social services. (P6)

#### 4.2.8 Difficult or easy accessibility, information on services and their availability

...it would be really important (being present in social media), like how Minnesota-treatments had done really good job marketing themselves, in Facebook and TikTok and all that. (P6)

It depends on the connections in my opinion. If you must ... search another bus stop and then switch again ... it is too much of a hassle in my mind. (P1)

Easy accessibility (via public transport) is important, the place needs to be easily accessed, because I don't think that anyone – because if you think,

like, you would want to go somewhere and you look at the itinerary and it takes an hour, you have to switch three times, like, you would be, you know, I don't bother. (P3)

In this identified construct I grouped both physical and online accessibility, as they both included themes of knowing about the services, how to enrol into them, where to go online to maybe seek them and how to physically arrive. Good location and strong online presence were two of the most common themes present in participants' narratives. Discussion about both physical and online accessibility reflected earlier themes of motivation, lack of knowledge, earlier experiences of distrust or weariness about coming to services while being afraid of disregard or stigmatization.

Benefits of digital services include their round-the-clock accessibility and health safety, like during the Covid-pandemic when online services raised their popularity in social and health fields. They offer anonymous help to young people afraid to visit health or social services and can be easier to contact from the safety of one's home. (Pitkänen et al., 2022, 70.)

One participant expressed that in their eyes service availability in the Helsinki area might be good, but online contacts are lacking. They suggested adding a contact form to the Helsinki city's substance abuse service's website.

I think that it would be a good idea to put that (contact form) in the Helsinki city's website... so you could say that god dammit, this is easy, it's never been easier to get into treatment. (P6)

### 4.3 Sub-themes and artwork in dialogue

My analysis of the emergent second order constructs yielded five sub-themes. They were 1) experiences of community and the feeling of "being in the same boat", 2) presence of trust or distrust in services depending on earlier life

experiences and worker-client-relationship, 3) artistic expression of stigma and resilience, 4) role of institutions as accessible and low-threshold service providers and community facilitators and 5) need to provide concurrent mental health and substance abuse services.

Sub-theme one, experiences of community and the feeling of “being in the same boat” depicted participants’ experiences of community spirit felt in places where personnel, experts-by-experience and clients had a mutual respect and feeling of warmth. Many narratives explained how important it was to my participants to feel safe and like they were not outsiders in a place where services were provided. These experiences came forth on multiple occasions and also while creating art together. I chose the phrase “being in the same boat” precisely because one participant used the term as a metaphor referring to the illustrated boat glued to the very center of our co-created art-piece. Experiences of shared understanding and absence of shame could also be heard. This connects to the themes of stigmatization and exclusion which often occur when discussing substance abuse problems with clients.

Second sub-theme, presence of trust or distrust depending on earlier life experiences and worker-client-relationships was also present in multiple narratives. Good experiences guided emerging trust and eased connecting to people and services. Negative experiences were seen to hurt these connections, in many cases stopping participants from seeking help afterwards for some time, maybe even for years. Young people in hard situations can be vulnerable to negatively perceived interactions. In narratives this stemmed from uncertainty and lack of knowledge about services and how they would affect participants’ lives. In cases of disregard or dismissal damages to the trust in services were most severely hurt. Participants described how doctors, social workers or other professionals had not heard them truly, made their decisions seemingly based on their own worldviews instead of listening and connecting with participants. Luckily many of them had correcting experiences with services too, impacted mostly by good worker-client-relationships and places where they could feel like they belonged.

The third sub-theme differed from the rest by focusing more on the artistic side. While co-creating art together, and afterwards when discussing the artistic map we created, new expressions concerning traumatic experiences, societal stigmatization and resiliency were identified. In some cases, like when choosing colors, themes or pictures, connections between lived experiences and artistic representation were made. This led to fresh pathways in further creation, like when my co-creators first painted the canvas and used that color scheme to decide how to continue arranging pictures on top of it. Broad possibilities of mixed media collage clearly helped all participants, overwriting their initial hesitancy to do art with ease of creation. My facilitation seemed to contribute also, highlighting the role of group facilitation experience in arts-based research.

Fourth sub-theme, role of institutions as accessible and low-threshold service providers and community facilitators, arose when comparing all narratives presented and identifying key factors behind the workers capability to create accessible relationships and emergence of working group dynamics in substance abuse treatment. All cases of recovery examined were situated in institutions and aftercare, like participating in NA-groups, also took place in established groups with internal rules and logic. Well operating, recognized institutions seemed to increase experiences of accessibility not by merely existing, but when they created a place for these other phenomena (sub-themes one and two) to happen. Institutions could be also dangerously hurtful when information about their services, queuing times, personnel or internal workings were lacking. Experiences of disregard in almost all identified cases situated in the first-response sections of these services, like emergency care or “low-threshold” services, where the bar to get experiences of true connection were actually higher than expected. By this I mean experiences that participants described, when service was unavailable because participants were living in the wrong municipality and could not get help from local social services or when personnel working in the first-response services did not believe the distress of the participant. These examples illuminate how important the role of substance abuse and mental health institutions is in the first moments, when some budding will to act differently or severe stress drive people to seek help.

The fifth and last sub-theme continues from the fourth one, describing how important it is to provide concurrent mental health and substance abuse services. Substance abuse problems rarely start by themselves in some sort of social vacuum. In most cases they reflect other issues or are severely worsened by surrounding phenomena, like socioeconomical, mental health, physiological or familial problems. Substance abuse illness is, as described in its diagnosis, an illness which needs treatment and care just like any other condition. Substance abuse is also on a scale ranging from mild to severe and creating different problems for different people in different sociocultural settings. In many examples from my interviews the need to seek and get help for both mental health and substance abuse problems could be heard. This is logical, concerning that when only one of the two is treated, the second one still persists. Two participants clearly described how substance abuse treatment had been insufficient due to underlying mental health problems, more acute when substance abuse was lessened due to harmful thoughts and other self-harming actions. As a professional in substance abuse services, I recognize how hard it is to get concurring treatment for dual disorders. Instead of becoming stuck on this issue I only suggest further research into these experiences to improve available services.

Before I elaborated these five sub-themes further into themes, I took time to reflect on the process thus far, creating an artwork in dialogue with my knowledge and narratives of my participants. Out of their narratives I collected and condensed aforementioned second order constructs and sub-themes, learning about my participants' inner conflicts, life experiences and hopes or fears. In the process my mind wandered to creative dimensions, connecting these themes and visual imagery. I have a print that I used to keep on my wall, a pastiche of Gustave Doré's *Sister of Charity Saving a Child, Episode in the Siege of Paris* (1870-1871). It pictures a nun saving a small child during the siege of Paris in 1870. This pastiche from an unknown artist copies Doré's original, illuminating a horrible situation where two poor souls, a nun and a disturbed-looking child, escape the fire set on Paris, hurrying beside a wall on the snow-covered ground. Stains of blood and a shrapnel from artillery spot the street. In my mind this painting has a

dream-like quality, a surreal mixture of pain, desperation and amongst those an act of bravery and a hopeful undertone. Two main characters are somewhat safe for now, escaping the burning Paris and a poor child has been taken care of. Fire and quietly falling snow frame this scene as we witness the determined journey of the nameless nun.

As I continued my own journey with the thesis, artistic mechanisms in my mind began to turn and operate. I recalled my old print while pondering on different narratives I had gathered, and the phenomenon of *poiesis* appeared. My mind soaring upwards, connecting new and old and traversing the sea of mysteries all the way to the other side. I could see the boat from our art-piece from up there. I saw how the red clouds disappeared, and blue seas spread towards the horizon. When I landed, my next step had appeared to me as clear as the sky. I began to create my own version of Doré's masterpiece, paying my dues to the strength of my participants, inspired by that brave woman saving a small child, reimagining that scene from a new angle and including sub-themes and narrative elements so familiar now to me.

The artwork that followed combined visual imagery of care and disregard. My point was to juxtapose elements of societal caregiving and people outside of that system, turning the wall from Doré's painting into an element of control and a symbol of dividing and pigeonholing people into categories deemed more or less worthy of care and attention. Two main characters still symbolize bravery, now in the form of resistance inspired by grit and will presented by the participants of my thesis process. They resist challenges thrown on their way, both internal and external. They may have taken alternative routes in their lives, maybe made mistakes and may have been stigmatized or wrongly categorized in some ways, but they make their own choices and are able to overcome their problems by working together. This way they can create new paths, maybe forming a community along the way symbolized by the boat docked over the wall. The metaphors included may not be perfect or make sense to others, but constructing my art-piece made me connect and understand more about other's experiences and motivated me to look deeper to reach new forms of understanding. In this

sense I also explored myself and my own developing constructions about what it means to be a researcher, substance abuse worker or a person with life history connected to substance abuse and mental health problems. *Poiesis* revealed to me more about myself than maybe about anything else. The artwork connected my experiences and worldview to others, giving new ideas and highlighting my findings. This also led to the other artwork I created later, a comic presenting my findings in an artistic and easily accessible way.



Figure 2. An act of escape. A detail. Niko Taponen, 2025.

As mentioned above, five sub-themes were identified after a careful reading into data. After dividing my findings under these five sub-themes they were developed further into themes responding to my research questions.

## 4.4 Themes

### 4.4.1 Theme one: Substance abuse services are seen as places to build up community and positive identities for substance abusing youth

The first theme identified from the research process was that substance abuse services were seen as places where young people could build communities and create new, positive roles in those settings. Participants acknowledged the lack of stigma or that they all “understood each other.” This opportunity to “be real” in a sense that they did not feel uncomfortable to create connections led to new social relationships. Young people could also reconstruct some parts of their identities from very stigma-oriented roles (heard in situations where they were describing themselves as “junkies” for example) towards more positive, personal capabilities-centred ones. Concrete examples in the data ranged from descriptions of increased willingness or capability to seek help and accept it as participants’ views of services were improved, resulting in increased mental health and positive outlooks towards the future, to descriptions of daily routines including going to services to meet people and get peer support and “something to do”. These examples illuminate how young substance abusers create meanings and social relationships in institutional spaces, seeking connection and benefitting from positive peer support. Physical settings in substance abuse services held more than just social or health care services. Participants explained how they benefitted from peer support from other youth and experts-by-experience, sharing their ideas and gaining social contacts. Two participants described how in turn positive group dynamics led to an increased amount of time spent in services. They both also had very negative earlier experiences of mental health or substance abuse services, which were eased as they started to visit regularly. Community spirit was described in multiple ways, explaining how people “would not hang out there every day voluntarily” if the feeling was off. Not all participants valued communal aspects the most, but all interviewed participants thought that community spirit was important and benefitted overall commitment to the services.

#### 4.4.2 Theme two: Low-threshold service workers in mental health and substance abuse services have an important role in creating trust and connecting clients to services

The second theme concerns the responsibility that social and health care workers have as they meet young substance abusers in professional situations. Participants described multiple experiences of professional disregard, be it involuntary or not, and how single interaction could have a long-lasting effect on their trust towards services. These trust-eroding instances included situations where professionals had appeared cold, uncaring, busy, frustrated or having an attitude of “knowing better than you.” These examples made participants feel distressed, lacking clear information, knowledge or experiences of being heard. Positive working relationships instead had a big impact on how participants viewed certain services. Clearness in communication, warmth and open attitude towards clients were preferred and several examples of these types of professional-client-relationships were given. Some participants valued workers’ information and understanding of the social care system, others their capability to make participant feel safe and on-board concerning treatment and planning. Productive working relationships increased sticking around to services, and a positive atmosphere in services and good experiences with trusted workers seemed to resonate with each other, complimenting each other’s positive impact on participants’ overall well-being. One participant described how in meetings the worker would focus on “more than just substance abuse,” seeing the other related problems and a person behind them, making the participant feel truly heard. These types of examples appeared several times during my two interview sessions. Roles of professionals included “bringing order and structure,” “having information about services and how to get them,” “being a warm presence who is interested in client’s thoughts and feelings,” “someone who believes in client’s story and views validating uncertainties or worries,” “ensuring that the situations feel safe” and “helping clients to learn life management skills and empowering their feelings of self-capability.”

#### 4.4.3 Theme three: Providing beforehand knowledge and positive image of substance abuse services may ease service enrolment

In several points during the interviews participants mentioned how they lacked concrete information about substance abuse services before seeking help. Some mental images they harbored before seeking help were constructed by stories heard in media, from relatives or close friends and were very negatively coloured. In some cases, they were understandable as participants had several bad experiences with service providers, but other ideas seemed to be based on stigmatization of substance abuse and mental health problems and how people suffering from them are seen in society. One participant described how they were worried about being marked as a “junkie” and how their family members would react when they heard that the participant had been transferred to the substance abuse services. Participants valued clear communication both in their working relationships and in social media, advertising and websites. From the interviews it could be extrapolated that best ways to diminish fears towards substance abuse services might include providing understandable and easily found information about how processes operate beforehand and improving the image of substance abuse services by creating accessible information and humanising the issue. Options to chat online and get callback service were requested by two participants. All interviewed participants had some prejudices towards substance abuse services, which changed over time but only after they had sought help.

#### 4.4.4 Theme four: Artistic representations of phenomena can express and communicate new viewpoints and increase mutual understanding between professionals and clients

The last theme identified from my research regards artistic representations of often hard-to-describe experiences concerning substance abuse issues. Arts-based inquiry into these experiences yielded powerful visual metaphors of

painful, frightening, soothing, healing and empowering instances, actions and emotions. Young people with all these differing and layered experiences were able to co-create art, turning these mental processes into an art-piece describing not only experiences, but connections between certain aspects of accessibility. The end result is meaningful by itself, but the process of creating together was maybe more meaningful to me, providing understanding about my co-creator's inner lives and sharing a bit of their experiences. I was positively surprised to see, how well this method of data creation worked when properly facilitated.

Art-based methods may demand careful weighing and planning to yield useful results. Ensuring a calm and safe atmosphere was an important part of the success of my artistic map-making workshop. Participants did not need previous artistic skills, because mixed-media and collage methods are easy to implement, and more focus can be shifted to expression of emotions and thoughts through visual artwork. Art may overcome barriers of language and can turn hard-to-describe emotions and experiences into metaphors and symbols. The end-result was a map combining art and useful tools for stimulating discussions, evoking new ideas.

## 5 Conclusions and discussion

In this master's thesis my purpose was to explore how substance abusing youth experience accessibility in services provided in the Helsinki metropolitan area. This was done in two steps, first through arts-based inquiry, co-creating an artistic map representing aspects of accessibility and how they relate to each other. I aimed to gain understanding about substance abusing youths' views on what makes services easy to approach and attach to. Co-created artwork was then used as a stimulating tool in interviews to further the themes of accessibility and barriers in services. In this chapter I go through main findings, review my research process, identify strengths and weaknesses of the chosen methods and make suggestions for future research.

My research process consisted of different phases, ending in a six-stage data analysis model developed by Ajjawi and Higgs (2007). Phenomenological-hermeneutical circle was utilized to create a deepening understanding about the research topic. I had developed my thesis idea based on my experiences and areas of interest in substance abuse services. As my study process went forward, I narrowed my focus down on themes of accessibility and artistic methods, as I had found several interesting studies utilizing arts as a tool for self-expression and visualizing people's experiences (Ennis & Tonkins, 2017; Harasymchuck et al., 2024; Meyers, 2024; Sicurella & Tuzza, 2025). My interest in these topics was shaped by both personal experience and professional engagement. My own history includes experiences of substance abuse and mental health problems, and I am employed as a substance abuse worker for the City of Helsinki. Along the way knowledge about experiences of young substance abusers was unearthed, as were ideas about my own identity. In this way, the thesis also reflects a process of personal reconstruction, aligning well with both the research setting and methodology. I start this chapter by describing how knowledge acquired by this master's thesis could be understood and used to better design accessible services, following that with review of arts-based approach I utilized. Then I explore my personal growth and how interpretive, phenomenologically

oriented research affected my outlook towards professionalism and academic interests.

## 5.1 Suggestions for accessible service design in substance abuse services

My first research question for this thesis was “how do the recovering young adults view the substance abuse services and their accessibility in Finland and in the Helsinki metropolitan area?” I researched this by collecting differing narratives from my participants and thematically analyzing them through six-stage model. In the end of the analysis phase I came up with four main themes found in the collected data. These four themes described how I understood my participants’ narratives and aim to respond to my research questions. Three out of these four are connected to the substance abuse and mental health services. Fourth one answers my second research question, “In what ways arts-based, cartography-utilizing approaches may create possibilities to express hard-to-describe phenomena of accessibility and feelings attached to these services?” This is answered in the next subchapter.

Firstly, young substance abusers lack safe places to spend time and meet other peers without the fear of getting constantly stigmatized as “addicts.” Low-threshold services enable these young people to relax and spend time inside the services without stress and hesitancy to seek help. At their best substance abuse services can build up communities and help young substance abusers to practice new roles in their peer groups, like participating to activities like playing games, hanging with others without hiding their problems and connecting with safe, trusted adults working in these services. When these connections are established, seeking help in a stressful situation gets easier as there is already some amount of trust between clients and workers.

Secondly, social and health care workers have tremendous responsibility in situations where young substance abusers seek help. Participant narratives

included many examples of experienced disregard from the side of the professionals. My take is that no-one can surely know how others understand our expressions, so professionals should ensure that in situations where clients come in seeking help their worries and potential insecurity should be met with calm, understanding demeanor. Positive experiences in services go a long way and ease the potential return and continued commitment for treatment. Thirdly, providing beforehand information about services in the form of advertising, clear and accessible websites or outreach work can lessen the possibly negative attitudes towards mental health and substance abuse services and provide often lacking information about them.

Social and health-related work involves entering into people's personal space. More often than not clients arrive with problems demanding careful pondering and planning to create a lasting solution. In some cases, for example in emergency room at hospital, the order of steps needed emerges naturally as health-related problems, like wounds, broken bones or stomach aches are treated methodically. In other cases, like mental illnesses or a variety of social problems, simple solutions may not exist, and treatment is more like a collection of variables that need to be considered, acknowledged and responded to. Substance abuse treatment is certainly usually like this according to my own professional experience. One-size-fits-all-solutions are absent. If one were to exist, it would probably have been utilized long ago. Instead, we meet the above-mentioned group of problems, unclear shapes of traumatic experiences and social, economic, mental and physiological troubles. People may harbor secrets from their close ones, carry addiction-related problems and avoid services for varying reasons. Our society can be harsh to navigate for youth suffering from substance abuse problems.

This became apparent during my research process, as I immersed myself with participants' narratives of systemic disregard and lack of trust or knowledge. Young people are a special client group in many ways. Sometimes they miss life experiences older people have, like in the case of substance abuse, where symptoms of overdose may not be recognized in time leading to adverse health

effects due to lack of earlier experiences with overdosing. Young substance abusers may still live with their family, or be otherwise unsure how substance abuse, once noticed, could affect their lives. In many cases, like with the participants in my research, they had earlier bad experiences with social services, mental health care or substance abuse services. The goal of this thesis was to highlight all kinds of narratives about services, neutral, exemplary or deplorable. Based on my data analysis I identified four themes responding to my research questions, summarized in the sub-chapter 4.4. Three of these themes deal with service design in one way or another.

Substance abuse services serve people with often overlapping challenges. Thus, the physical locations provide more than just a place to get treatment. They form roots for communities to grow up, connecting people and allowing them to form new relationships, roles and other social constructions. Experiences of stigma are common in substance abuse and mental health services. Places where this stigma is lessened, or recognized and accepted rather than hid away, can emancipate young people facing societal disregard, allowing them to deconstruct their social roles and connect in a safe way. Safety and trust towards professionals, services and peers were amongst the most important themes in the data. Many young substance abusers lack social networks and places where they can share their narratives without fear of judgement. Meaningful relationships with others and lasting professional relationships (meaning that the same worker stayed with the young client and meetings were regular) with trusted workers were evaluated highest out of nine possible aspects of accessibility. It is the people who shape the place, creating a supportive environment. Easily reachable physical location was also deemed important, although less so than human elements. These aspects have synergies however, based on participant narratives. My first recommendation is to allocate some of the limited resources in youth substance abuse services towards creating and maintaining physical spaces that offer both professional support and peer assistance, including community members and experts by experience. These places should be easily reachable, have good information online about how they operate and what to expect and social media presence with informative content, provide low-threshold

services and fast access to treatment while also providing spaces to spend time and participate in social interactions.

Motivation is not a simple or easily defined phenomenon. When facing challenges with substance abuse, budding will to act differently may take time to fully realize into action, according to participant narratives and my own professional knowledge. Existing connections with substance abuse services, knowledge of the process and in best case, existing professional contact with trusted worker can be vitally important factors when a young substance abuser decides to seek help. According to my research data, personal experiences with professionals formed either the biggest hurdle or most important asset in participants' minds for gravitating towards help. Earlier unpleasant experiences left long-lasting impressions on participants. They described how experiencing disregard affected their later views about safety of substance abuse services. Low-threshold services and people working in them should strive for creating good first impressions, ensuring that youth in vulnerable positions feel welcome and get clear information about the processes. Stable relationships with the same worker form a basis for a beneficial working alliance, supporting young people to stick to the services and experience positive relationships where they can feel safe and heard.

## 5.2 Possibilities and potential challenges of arts-based research

Arts-based inquiry presents great benefits and many points of consideration for the researcher. Researcher must carefully evaluate how suitable their research task is for arts-based methodology, or craft their approach with utmost care and thought. Participants or the research process itself may be disrupted by overly complicated or poorly executed arts workshops or other approaches. Earlier experience with artistic techniques is suggested to ensure that guiding others goes well, and potential hurdles can be avoided, or new solutions be made on the fly. Then again, in many ways arts-based methods offer malleable and broad

options for research. Arts provide ways to gather data and to create interesting experiences for participants, often yielding positive consequences like feelings of accomplishment and positive social participation. Arts-based research can serve as a tool for critical self-reflection and learning when implemented correctly with proper understanding and careful construction of the research setting (Sicurella & Tuzza, 2025, 3454).

These aspects were clearly present throughout my research process. The fourth theme produced by my data analysis describes, how artistic representations of phenomena related to personal experiences can express and communicate new viewpoints. These may in turn increase mutual understanding between professionals and clients.

### 5.2.1 Strengths of arts-based research

While co-creating with my participants, I noticed how relaxed and naturally flowing the discussions became. Once we got into the working phase, after a sit-down and going over the idea once more and asking my co-creators about their expectations, everyone found their area of interest relating to the artwork itself. We painted, drew, cut and wrote down ideas while discussing about everyday topics or the art-piece. The exchange of ideas was there, and so was the joy of creating, shaping everyone's ideas together into a one big map. There was no need to over-explain or challenges of describing emotionally hard or uncomfortable experiences. Instead, we just painted, cut or drew our ideas and formed a collage of colours, pictures and text. Therefore, these experiences were transcended from the personal level to common constructions via negotiation, discussion about what to do and where to put things. Possible element of nervousness from my part or from the participants' side was missing, as we shared the common project and sat down together, levelling the hierarchy of researcher and research participant that my co-creators maybe had expected. They also discussed with each other, instead of only talking to me or answering

my questions. This in turn led to new kind of goal setting, when my co-creators shared their own vision with others and constructed an artwork adhering to these ideas too, mixing our artistic expressions together to produce something novel and unexpected. The colours, pictures chosen or text cutouts reflected my co-creators' experiences in a way that interviews by themselves would probably have not accomplished.

Participatory research, which inspired the co-creative element of this thesis, has been shown to benefit the participants by creating awareness and shared learning (Lardier et al., 2024, 861–863). These co-operational elements had a great impact on the whole process, producing shared critical reflections and concrete results in the artwork itself.

Arts-based approach that this master's thesis took provided actual, tangible information via visual arts, informing the research by highlighting the connections and meanings between aspects of accessibility. It helped to illuminate, what the co-creators found to be most important factors in services, in turn providing concrete understanding about lowering the threshold for substance abuse services. Without the artistic map as a stimulus for group interviews key elements of the data analysis would have been missing. It informed the group discussion and guided my interview process, as I utilized the visual cues to lead the discussion.

### 5.2.2 Trustworthiness of the arts-based research process

In social field arts-based research is rarely utilized by itself but often completed by combining it with other research approaches, like qualitative or participatory approaches. This is often the case because arts-based research offers broad methods for expression but usually research needs to be somewhat measurable, and data often needs to be analysed if researcher wants to proceed with outcomes to answer research task and questions. Thus, arts-based approach can develop holistic or synergistic approaches to research, introducing creative

proWess and interesting ways of presentation to the research. The success of arts-based approaches can be assessed by considering factors such as the presentation, aesthetic quality, personality, and authenticity of the research. Artistic quality is not enough, as the end-product needs also to be understandable, trustworthy and clear about its goals, processes and weaknesses. Trustworthiness can be evaluated by checking all the steps taken with data collection and analysis, to understand how well and how carefully all potential knowledge and biases are considered, and by critically evaluating the answers to research task and questions. (Leavy, 2023, 226–227.)

In my research the number of participants was quite small, and possible saturation was not fully accomplished. I set my ideal participant amount between six and eight people, so the minimum was achieved. However, after collecting my data I realized that even one or two more participants probably would have produced even more differing narratives and provided some additional depth to my data analysis. It would also have been useful to ask my participants to write down some additional text describing their experiences about accessibility based on the artwork and focus group interviews. This would have allowed me to gain deeper perspectives into their experiences, especially when focus group interviews provided me with new information and additional questions, but I thought about it only after my interview process had ended. Although participants offered interesting and useful insights and provided visual cues and data through co-creative art-making process, further research could be made using bigger sample sizes to gain more varying narratives.

As my research was interpretive by nature, researcher error is always a possibility as I might have misunderstood certain expressions, but the strength of thematic analysis is that I was able to gather multiple expressions describing similar experiences to compile trustworthy descriptions of participants' ideas. Trustworthiness was ensured by adhering to participants' narratives and producing support for these narratives with scientific literature and my hands-on working experience with youth suffering from substance abuse. These steps ensured that my own interpretations were kept in check and stayed as true to the

original narratives as possible, when participants' own expressions were constantly revisited. By comparing my own emerging narrative constructions to my participants' original ones, I strove to not lose their core ideas. I also interviewed each participant beforehand to ensure that they had experience and personal knowledge about substance abuse, mental health or social work services. This allowed both each one of them and myself to decide, if a participant would move on to partake in my research.

Ethical guidelines also informed the structure, planning and writing of this thesis and all participant involvement also followed ethical guidelines provided by the Finnish National Board on Research Integrity (TENK 2019, 2023).

There's also artistic side of my research, which is subjective, and my visual interpretations were based on intuitions as much as voiced explanations by participants. My own positionality became more outlined when I produced artworks that expressed my deepening understanding and academic involvement with my data, after continuous cycle of re-reading and deconstructing it. While positioning myself via textual and visual media in relation to my co-creators, my own personal experiences and the connecting tissue of societal constructions, new and very personal understanding emerged. Thus, I constantly had to reflect on the trustworthiness of the whole process. To achieve best possible trustworthiness, I analyse my own personal positionality through the phenomenon of egress in the next subchapter, ensuring the truth and integrity of my research process.

### 5.3 Personal reconstruction and acts of egress

When I started my thesis, I didn't plan to focus too much on myself. I knew what I was broadly interested in, knew that I wanted to work with young substance abusers and that I planned to utilize arts to achieve my goals. However, theory and methodology derived from it drove the process, and me, into a bit of a pickle. I quickly realized that to explore reconstructed and deconstructed social

constructions through an artistic lens—particularly through co-creation—I needed to fully immerse myself in the process. My ideas and knowledge shaped the foundation of the art-making process, as I poured my creative efforts into the artwork and influenced both the environment and the final product while guiding the group. Even when co-creators had been given full freedom to create, I had certain kind of authoritative power and goals (like using the artwork for my studies) which participants knew. Researcher's own positionality, like age, gender or personality affects the process and how participants react and express themselves (Lu & Hodge, 2019, 232). This all led me to the realization that I could and should not separate my own learning process from this thesis, as it would have shrouded key aspects of the whole. As with my personal art-making, approaching the process without full effort felt inauthentic. I realized that in order to produce the best possible thesis my own part needed to be accounted for as clearly as possible. It would, I reasoned then and still think so, provide academically sound and interesting product worthy of my and my reader's time.

The concepts of positionality, referring to reflexivity in ethically responsible practice, and positioning, here referring to situational and context-specific manners how people see themselves and others while taking positions in relation with each another and the surrounding world (Kulmala et al., 2024), became important in my research praxis. Another important concept for my personal process was egress (Koivisto, 2020). I chose to use it as the basis of my ethical and artistic processes instead of using terms like inclusion or equity, not because other terms were unsuitable but because they lacked the addition of resistance that egress provides. My aim was to find more suitable approach to my phenomenological baseline, to set up an innovative viewpoint towards the phenomena of stigmatizing and exclusion-generating experiences and personal reconstruction. Koivisto (2020) sees the concept of egress as a counterstrategy against representational violence and cultural confinement of certain, often stigmatized groups in the media and societal discourse. I admired Koivisto's reasoning and wanted my thesis to adhere to those ideals, providing new and participant-led narratives and visual representations of my participating co-creators' narratives. I also aimed to challenge my own position, overcoming the

bridge between researcher and people researched, voicing my personal process and dressing it in artistic expression. I have a personal connection to mental health and substance abuse issues, these being a huge part of my life and providing a reason for my career choices. A part of me was honestly nervous to take upon myself this particular project, not because I doubted my abilities to create an interesting and academically sound work, but because of the mixing of personal and professional areas in my personality. Once I figured out how to implement arts-based research, phenomenology-based data analysis method and came across the concept of egress the whole picture settled in place. Egress became a conscious choice for me as an idea to reflect my personal growth against.

Because Koivisto's (2020) text is rooted in exploration of artistic expression of the systemically categorized people, extending these ideas to my research and my own thought-processes felt justified as my research subject is, in its philosophical core, a phenomenon of experiencing things from the viewpoint of systemically categorized people or groups. Somewhere along the way different positions I held, a researcher, a worker in substance abuse services and a person with history of suffering from immediate effects of mental health and substance abuse problems started to express themselves in dialogue. To make this visible and being accountable felt important to my research processes ethical base. My artistic expressions are a part of this illumination. This thesis itself serves as a map, guiding the reader through my thoughts and reasoning. I cannot escape my position as a person with difficult life history, and I do not wish to hide it, leaving that part out of this thesis making it cleaner and almost too impersonal. Instead, I chose to process these experiences, working them into these words, into my art and so escaped the compartmentalization of my being. I'm not only a researcher and my research participants were not only subjects to my work, but we were co-creators, equals in experienced level in a sense that we all wondered about and discussed together while co-creating art. I am not only a substance abuse worker but a person with complex reasons to be working in my field, some of which are deeply rooted in my life history.

This thesis is a showcase of grit and potential to act differently, power of creativity and our capability for self-reflection. Participants in my thesis embodied all these aspects, and I tried to humbly follow their example by committing to the bit, taking deep looks inside and staying open-minded and motivated to reflect my own concepts and ideas.

Phenomenological approach affected my outlook towards research and work. Phenomenology invites me to investigate things differently, it asks minds to step back and then re-evaluate how worldly phenomena present themselves to the human eye. The strength of the phenomenological-hermeneutical method for me was that continuous re-reading and pondering connected with new information provided me with new appreciation for people, communities and possibilities of art. It also gave me useful tools to utilize in later research. I began to find new inspiration for my work and my personal and professional worlds collided, as art and creativity channelled by my writing and artworks made me aware of my own constructions and lingering thoughts. I continued this process with the comic derived from this thesis (Appendix 5).

## 5.4 Suggestions for future research

My literature review identified knowledge gaps in arts-based research with substance abusing youth. Arts-based methods have been utilized in many cases with substance abusing or otherwise marginalized clients and they provide alternative ways to express hard-to-describe feelings and often have the added value of enriching people's interactions and offer positive social experiences (Beato et al., 2024; Bird, 2018; Langevang et al., 2022; Saldanha et al., 2023). Young clients were represented in multiple research (Beato et al., 2024; Burke et al., 2023; Ennis, 2016; Lee et al., 2020; Turuba et al., 2023) and specifically substance abusing clients too (Horay, 2006; Meyers, 2024), but arts-based research with young substance abusers seemed lacking, or I was unable to identify correct key words.

More participatory research with substance abusing youth is needed to gain broader representation and thicker stories, helping future researchers and communities to identify possible new solutions for connecting with hard-to-reach clients. Participatory and arts-based approaches can also strengthen peer communities and provide safe spaces to explore alternative identities. As with all client groups, the life histories and experiences of substance abusers vary, and comprehensive compilation is impossible due to this reason. It is still beneficial to learn from their viewpoints, because the answer to avoidance of services or seeking treatment is not solved just by professionals and service providers. Rather it is achieved by getting people to trust their local services and building up communities where possibilities to choose differently can flourish.

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## Appendices

### Participant information sheet

#### *The art of co-creative map-making: An arts-based inquiry in substance abuse counselling*

This information sheet is distributed to operators providing substance abuse services within the City of Helsinki. If you are interested in participating in the study, you can contact the researcher. Contact details can be found at the end of this form. Please read this information carefully and then decide whether you want to participate. For those interested, either a phone interview or a face-to-face interview will be arranged if possible. During the interview, the purpose of the study, schedule, and the participant's rights will be explained.

#### Invitation to participate in the study

Hello, young person over 18 living in Helsinki! I invite you to participate in a study exploring the experiences of young clients who have used substance abuse services in the past five years, focusing on the accessibility and functionality of these services. The research is conducted in an arts-based workshop where a communal artwork will be created during one day. Later, a group interview will be held on a separate day to analyze the artwork through group discussion. Based on this discussion, I will write my thesis for Metropolia University of Applied Sciences.

You may participate either in the discussion only or in both parts: the art workshop and the interview. The purpose of the study is to help employees of Helsinki's substance abuse services improve service accessibility and create low-threshold substance abuse services for young people in need of them.

You are eligible to participate if you are an adult young person who has used substance abuse services in the Helsinki area and does not have an acute substance abuse problem. It is especially important that you have used these services within the last five years. The services do not have to be provided by the City of Helsinki, as long as they have been located in Helsinki—for example, services provided by organizations or companies are also acceptable. If you have experience with several different services, that will only benefit the study.

This information sheet describes the study and your role in it. After reading this sheet, you will have the opportunity to ask questions about the study, after which your consent to participate will be requested. The study is anonymous, and I will not collect any personal data from you except your contact information, such as phone number, for the duration of the study. Your information will be kept safe and used only by me, and all data collected from you will be deleted after the study, ensuring you cannot be identified. If you wish to participate, you will be interviewed by phone or at an agreed place and time. The purpose of the interview is to assess your suitability for participation.

#### Voluntary participation

Participation in the study is completely voluntary. Declining to participate will not affect your rights, current or future treatment, or services you receive.

You may also withdraw from the study at any time without giving a reason. If you withdraw or revoke your consent, data and samples collected from you up to that point may still be used as part of the research material.

### Purpose of the study

The purpose of this study is to gather information about how young clients who have used substance abuse services have experienced the accessibility of those services. The study may help improve the accessibility, marketing, and content of substance abuse services to better align with young people's views.

### Researchers

This study is conducted for the substance abuse services of the City of Helsinki. The City of Helsinki is the responsible organization and client of the study. Niko Taponen is the responsible researcher and an employee of the City of Helsinki. Metropolia University of Applied Sciences is responsible for the researcher's training, thesis process, and its evaluation as part of the researcher's social work master's degree (YAMK).

### Research methods and procedures

As a participant, you will take part in either

a) an art workshop held at the youth substance abuse service XXX on \_\_\_\_\_ from \_\_\_\_ to \_\_\_\_ and a group interview at the same address on \_\_\_\_\_ from \_\_\_\_ to \_\_\_\_

b) or only the group interview at XXX on \_\_\_\_\_ from \_\_\_\_ to \_\_\_\_.

No other meetings are planned. Both sessions will include light refreshments and coffee or tea.

The research is conducted by having participants create a communal artwork aimed at exploring the accessibility of services and the meanings participants attribute to various services through art. This artwork will later be analyzed in a group discussion, which will be recorded for research purposes. No special art skills are required, an interest in art-making is enough!

#### Potential benefits of the research

This study allows you to share your experiences and participate in the development of Helsinki's substance abuse services.

#### Costs and compensation

Participation in the study is free of charge. No separate compensation will be paid for participation.

#### Participant insurance

You are not insured by the City of Helsinki or Metropolia University of Applied Sciences while participating in this voluntary study.

#### Reporting of study results

This study is part of Niko Taponen's thesis for Metropolia University of Applied Sciences and will be published in the open Theseus-database. The artwork created during the study may be exhibited in various locations. All participants

in the art workshop are co-creators of the artwork and hold copyright to it. No participant's name will be published in connection with the study or afterward. If you wish, you can receive a copy of the completed thesis. All participants who complete the study will be informed when the thesis is finished and can read the study and its results if they wish.

#### End of the study

The researcher may also discontinue the study if special reasons arise, such as serious personal illness. If the scheduled group meetings need to be rescheduled for reasons like illness, all participants will be personally notified and informed of the new time.

#### Additional information

You may ask questions about the study during or after the interview by calling or texting the researcher.

**IF YOU WISH TO PARTICIPATE IN THE STUDY, PLEASE CONTACT THE RESEARCHER AT THE PHONE NUMBER OR EMAIL BELOW.**

#### Researcher contact details

Contact Niko Taponen if you want to participate.

#### Researcher / thesis writer

Name: Niko Taponen

Phone: XXX XXXXXXXXXX

Email: niko.taponen@metropolia.fi

Responsible for the study / thesis supervisor

Title: Senior Lecturer

Name: Sanna Kivijärvi

University / Unit: Metropolia UAS

**Participant consent form**

Researcher / thesis writer

Name: Niko Taponen

Phone: XXX XXXXXXXXXX

Email: niko.taponen@metropolia.fi

Responsible for the study / thesis supervisor

Title: Senior Lecturer

Name: Sanna Kivijärvi

University / Unit: Metropolia UAS

I [*name of the subject*] have been asked to participate in the above-mentioned study, the purpose of which is to help the employees of the City of Helsinki's substance abuse services improve the accessibility of services and create low-threshold substance abuse services for young people in need.

I have received the participant information form about the study and understood it. The information form has provided me with sufficient information about the study, its purpose and implementation, my rights, and the potential benefits and

risks of the study. I have had the opportunity to ask questions and have received adequate answers to all my questions regarding the study.

I have been informed about the collection, processing and disclosure of personal data potentially related to the study and have been able to review the study's privacy policy.

I am participating in the study voluntarily. I have not been pressured or enticed to participate in the study.

I have had sufficient time to consider my participation in the study.

I understand that my participation is voluntary and that I can withdraw this consent at any time without giving a reason. I am aware that if I discontinue the study or withdraw my consent, the information and samples collected from me up to the time of discontinuation and withdrawal of consent may be used as part of the research material.

By signing, I confirm my participation in this study.

As the processing of personal data related to the study is based on consent, by signing, I also confirm my consent to the processing of my personal data. I have the right to withdraw my consent as described in the participant information sheet.

\_\_\_\_\_

Signature: \_\_\_\_\_

Name clarification: \_\_\_\_\_

Telephone number for information sharing and agreement:

The original signed consent form and a copy of the participant information sheet with attachments will remain in the researcher's archive. The information sheet with attachments and a copy of the signed consent form will be given to the subject.

### Data gathering questionnaire for participants

Out of the following categories, choose the MOST IMPORTANT (mark as: T) and the SECOND MOST IMPORTANT (mark as: X). Choose one as the most important and two or three second most important categories.

These categories describe things, that you may find to be important for the accessibility of the services. Think, which ones have affected your experience about the accessibility of the services the most. Bullet points below each category are examples to help you evaluate the importance of the category for you.

Social media/advertisement

- what sort of image does the advertisement create for you?

- how easy was it to find out information online before arriving?

- what kind of social media presence the service has, and does it give a clear image about the services?

Service counselling

- how were you directed to the service and how well the transfer went?

- did the people guiding you to the service have a clear understanding about the service and what it offered?

- did you got enough information beforehand?

Personnel

- how well I was received at the first time by the personnel?

- how friendly or approachable the personnel appeared to me?

- did the personnel give off a professional appearance?

Range of services provided/available in one place

- how wide was the range of services provided under one roof?

- how suitable the services seemed to me

- did I feel like I received enough help or support?

- what other ancillary services the service had (groups, meals etc.)?

Location

- how easy it was to arrive at the service?

- were there good options via public transport?

- was the service located near you?

Façade and interior look of the place

- how did it look on the outside?
- how the service appeared on the inside?
- were the spaces comfortable?

 Other people's experiences/heard things about the service

- what kinds of experiences have you heard from close ones?
- what kind of image does the media provide?

 Own conceptions about the service

- what did you think about the service beforehand?
- did you have a positive or negative image about the service before arriving?
- what hopes or wishes you had for the service beforehand?

 Community spirit/other clients

- was there a pleasant sense of community among the clients?
- did you want to approach other clients and was there an opportunity for peer support?
- was there an opportunity to getting to know others?

## **Interview framework for focus group interview**

Study title:

The art of co-creative map-making: – An arts-based inquiry in substance abuse counselling

Researcher / Thesis author:

Name: Niko Taponen

Phone: 040 654 6159

Email: niko.taponen@metropolia.fi

In my research, an artwork related to the participants' experiences of the accessibility of substance abuse services in the Helsinki area will be created together. The artwork brings out different perspectives that may be difficult to express through verbal interviews alone. The aim is to highlight these experiences participants may have and to provide participants with an alternative way to express their voices.

After the creation of the artwork, a separate focus interview day will be held, during which the participants analyze the artwork and related themes. The questions are mostly open-ended and are presented below. The order of questions may vary depending on how the discussion flows. The discussion will be recorded and analyzed by the researcher. Recorded material will be stored securely on a separate USB drive in a locked location. Participants' identities will be anonymized, and they cannot be identified from the final thesis. The recording will be destroyed upon completion of the study.

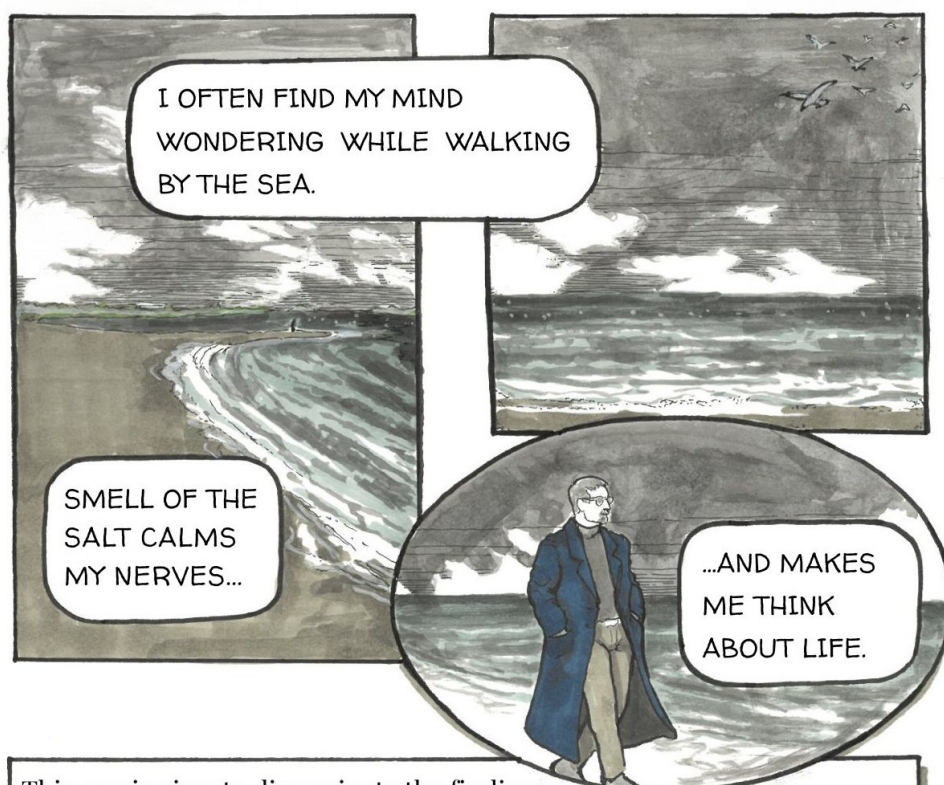
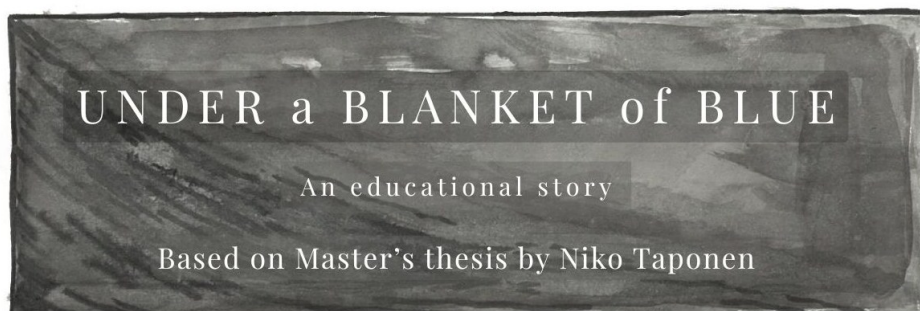
## INTERVIEW FRAMEWORK

The first part of this study dealt with aspects related to accessibility in the form of an artwork. The artwork addresses characteristics or features that make services easier to access—that is, more approachable and pleasant to use or interact with. (We will review which aspects received the most points.) I ask you to next share what thoughts this raises in you. Feel free to continue others' comments. I encourage open discussion!

1. First, I want to ask what feelings or thoughts this artwork evokes? Do you particularly like any detail?
2. Next, why do you think this/these (above-mentioned) aspect(s) received the most points?
3. What kinds of things influence the fact that the (highest-rated) aspect makes the services accessible? Why is that important?
4. If we consider the other highly rated aspects, how do you think they affect accessibility? (We will go through the others in the middle.) How does (x) affect the accessibility of the service? And how does (x2) affect the accessibility?
5. Next, what other meanings do you find in the artwork? Are there any thoughts that arise that you want to share?
6. What thoughts do you have about the accessibility of substance abuse services in the capital region in general? How have you or people you know experienced substance abuse services in the Helsinki area?
7. What experiences did you have related to seeking these services?

8. What factors can influence coming to the service? What factors influenced you personally when seeking services?
9. I would also like to find out from you what else you think makes services approachable? Is it related to the above-mentioned points or does something new come to mind?
10. Would you like to share any examples of good accessibility in any service? In what kinds of situations have you had a positive impression of a service or place?
11. Would you like to share examples of situations where you felt the accessibility of services was poor or limited?
12. What things do you think need improvement?
13. A few more questions: Why do you think the other categories in the category list didn't receive as many points?
14. Now that we have talked for a while, have any new thoughts arisen from the artwork? If this artwork were a map through which someone searched for keys to good accessibility, what do you think they could find here?
15. Could this artwork be used to describe how young people experience substance abuse services?
16. Of all the things we have discussed, what felt most important to you?
17. How did it feel to answer these questions? Feel free to share how you feel

### Sample from the comic



This comic aims to disseminate the findings found in my master's thesis. I drew it as a way to present the key takeaways from my thesis in an accessible form. The story follows our protagonist, who represents compiled narratives of my participants. Textboxes like this explain in more detail my findings.

Recommended listening: 'Tis Autumn - Nat King Cole Trio  
When Sunny Gets Blue - McCoy Tyner  
In A Sentimental Mood - Sonny Rollins