

PERFORMING RECOVERY

MAR-APR 26

NEURODIVERGENCE SPECIAL ISSUE



**VIVA
LA DIVERGENCE!**
TRAUMA, PUPPETRY
AND THEATRE WITH
THE MIXED BAG
PLAYERS

**SPOTLIGHT: ALEX
MAZONOWICZ
SPEAKS TO DR
RAFFAELLA
MARGHERITA
MILANI**

SUNSHINE WITCHSKI ON COMING HOME TO THE SELF

SONGWRITER **ROSALIE JAMES** ON HOW AUDHD IMPACTS CREATIVITY

STUART WATERS TALKS ABOUT CREATING SPACES FOR DIVERSE NEEDS

ANNIE KING ON HOW TEACHING METHODS SHAPE NEURODIVERGENT LIVES

LEON CLOWES SPEAKS TO ARTISTS **PAUL JAMES KEARNEY** AND **LAURIE GREEN**

PLUS: POETRY, ART, NEWS AND THE DIRECTORY

MAR–APR 26


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(credit: Mazonowicz)

Cover: *The Mixed Bag Players rehearsing Dreamer*, page 24

Back page: *Entropy*
(credit: Laurie Green)

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WELCOME

to the **Neurodivergence Special Issue** of

Performing Recovery

Addiction is a disease. It's sometimes easy to forget how profound this statement is. The transition from thinking of addiction as a moral failing to a chronic brain disorder is still underway. Though there are plenty of people who in 2026 would still prefer to see it a moral failing, as an idea, it has at least been saved from the "culture wars".

Not so with neurodivergence. Last year saw mental health, and specifically neurodivergent conditions like ADHD and autism spectrum disorder (ASD), become a hot topic with politicians and commentators from all sides. Leader of the Conservative Party Kemi Badenoch suggested that autistic people receive too many "economic privileges and protections". Health Secretary Wes Streeting echoed claims of "overdiagnosis", though he later backtracked on his comments.

There has indeed been a big increase in neurodivergent diagnoses over the last 30 years. The number of new ASD diagnoses in the UK in 2018 was 787% higher than in 1998. There are also many more people who self-diagnose as being neurodivergent. But everyone struggles a bit, don't they? Why put a label on it?

If I woke up tomorrow and the government decided that my doctor's report no longer held any legal significance, what difference would it make? I'd still be me? Before I was autistic, I was just weird. Yet while a bureaucrat could erase our diagnoses, or indeed a bigot deny them, they cannot erase the pain and trauma that these conditions have brought us.

To grow up neurodivergent is to be bullied and humiliated by teachers and parents. It is to experience threats and actual violence because we look at people in a weird way. It is to watch relationships crumble as we struggle to understand and be understood. It is to miss opportunities and see our futures destroyed as our stress and anxiety morph into debilitating physical symptoms.

And it is also to find the chemicals that help regulate our moods and quiet our minds. To find the alcohol that helps us mask and kill the social anxiety and the marijuana that blocks out the constant noise of everyday life.

And then when it all breaks down again, to turn to the addictions that help us forget it all.

The intersection between neurodivergence conditions and addiction is becoming more apparent. In an interview in this issue, psychologist Dr Raffaella Margherita Milani mentions that 20–25% of people in treatment for alcohol and drug dependence meet criteria for ADHD. Of course, there are more neurodivergent conditions than ADHD and ASD, including dyspraxia, dyslexia, dyscalculia and Tourette syndrome. There are also compelling arguments to include other conditions, such as schizophrenia and face blindness.

It's not up to us to decide who or what is or isn't neurodivergent. What is important is a person's experience. In this special issue are diverse experiences and descriptions of what it's like being neurodivergent and how it affects addiction and recovery. There are interviews with musician Rosalie James and artists Paul James Kearney and Laurie Green. Dancer Stuart Waters, musician Annie King and writer Sunshine Witchski offer insights into how we make life more accommodating in a neurodiverse society. I also consider my own journey and talk to actor Tom Nightingale about the differing ways our mental health has impacted our work. All the incredible poetry is by neurodivergent people in recovery.

Though I do not believe that a diagnosis is necessary to identify as neurodivergent, I hold my own diagnoses close to my heart. It means all these things that I thought were moral failings were medical conditions. It's as profound as calling addiction a disease. I've also found many of the solutions to be the same – understanding, community, storytelling and art. Maybe the intersection between neurodiversity and addiction goes deeper. What if addiction is a neurodivergence?

And finally, what is overdiagnosis? What does it mean to diagnose too many people with mental health conditions? Is it "too many" because doctors are mistaken or lying? Is it "too many" because the criteria are wrong? Or is it "too many" because it would place too much pressure on institutions, business and people with power to be a little more compassionate to people who are different to them?

As with all **Performing Recovery** special issues, this is the start of a conversation, one worth having, and we hope you enjoy it.

The Editorial Board: Cathy Sloan, Leon Clowes, Bernadette Molton, Zoe Zontou, Molly Mathieson and Alex Mazonowicz

NEWS & EVENTS

Art of Recovery



HAVE YOUR SAY ON RECOVERY ARTS IN YOUR AREA

Art of Recovery is a project that aims to bring community arts projects to all parts of England and Wales. Supported by **Change Grow Live, Not Saints** and **Performing Recovery**, among other groups, the project will inspire people to try new activities and develop creative skills to support their recovery and increase community cohesion in even the most isolated areas and excluded communities.

As part of this project, we're asking people to fill out a short survey, which takes less than five minutes, so that you can tell us what you need. You can access the survey by scanning the QR code or by following this link: <https://tinyurl.com/y5na7d9t>.

Bridging the gap between formal education and community provision, Art of Recovery are looking to inspire people to try new activities and develop creative skills that will be supported to become sustainable within their communities. This is an important development across the sector to raise the game from "community arts" to something much more professional, and inclusive, with an ability to access from wherever you are in the UK.

SURVIVING EARTH

Surviving Earth, a new feature film set in Bristol, will arrive in cinemas this April. The film tells the true story of Vladimir Gajic and his relationship with his daughter, Thea Gajic, who wrote and directed the project.

The story centres on Vladimir's life after arriving in the UK in the 1990s, having fled the conflict in the former Yugoslavia. A talented harmonica player, Vlad formed the Balkan band 'Fuzia' while working at Bristol Drugs Project. The film offers a beautiful and tender portrayal of the impact of trauma and drug use on relationships, exploring the complexities of family, resilience and survival through music.

Surviving Earth had its World premiere at SXSW. There will be pre-screenings and Q&As with Thea across the country in March and April:

- 23 March:** Manchester Film Festival
- 24 March:** Liverpool Plaza
- 9 April:** Bristol Watershed and
- 13 April:** BFI Southbank
- 15 April:** Lewes Depot
- 30 April:** Birmingham Mockingbird.



JOIN THE PERFORMING RECOVERY BOARD

Would you like to be involved in a growing recovery non-profit? **Performing Recovery** and **Addiction Recovery Arts Network** are seeking board members to help guide the organisation through a new phase of growth. We are specifically looking for board members to fulfil the following roles: Social Media Manager and Business Development Executive.

Both roles are voluntary, and the level of commitment is negotiable. The roles would suit people interested in recovery arts and publishing who want experience working in non-profits. People with lived experience of addiction are encouraged. Board members are requested to attend four meetings per year. Board members are also encouraged to attend other related events, both online and in person. Email info@recovery-arts.org for more information and to apply.

You can find descriptions of the roles at: <https://tinyurl.com/z2eunrf4>

SAVE THE DATE! NEW NOTE PROJECTS AND PERFORMING RECOVERY PUNK ROCK SYMPOSIUM!

New Note Projects and **Performing Recovery** are partnering on an event in Brighton on 18th of September, 2026 to discuss and give practical guidance for anyone who wants to start their own recovery arts project.

The symposium will discuss how to strengthen the recovery arts sector at a time when recovery arts groups are struggling to get funding. It will look at how to apply the punk DIY ethic to your own projects, focusing on self-sufficiency and building community support.

The event will take place at the University of Brighton. During the day, leading experts in the recovery arts sector will give creative masterclasses on theatre, movement, music and visual arts in a community setting. This will be followed by a panel discussion and Q&A, covering many of the practical concerns the sector currently faces. Finally, there will be performances in the evening, which will include the **New Note Orchestra**.

To stay up to date and be informed of early registration, make sure you're subscribed to the **Performing Recovery** mailing list.



DREAMING ON STAGE IN YORK

Dreamer is a new play from The Mixed Bag Players. It will be performed from Thursday 19th to Saturday 21st of March at the Friargate Theatre in York. The show features a live cast and puppetry, as featured on the cover of this magazine.

From the creators of the show:

"Dream with us into another world, where spirits wander and rain speaks.

Alora's past is hiding from her – she is a woman who dreams only of endless water – but tonight she wakes into a new dream, one where everyone wants something from her and nothing is exactly as it appears!

Leap into a world of puppets, projected animation, tricky spirits and rhyming curses."

To book, visit: <https://www.ridinglights.org/whatson>

You can read more about The Mixed Bag Players on page 22.



SUBSCRIBE TO PERFORMING RECOVERY AND SUPPORT OUR MISSION

Performing Recovery was created to connect recovery arts practitioners, support and promote the use of the arts in addiction recovery, and give a platform to artists in recovery. We've been doing this since our first issue in 2023 and have no plans to stop anytime soon.

We're currently funded by generous donations, magazine sales and our Patreon subscribers.

If you'd like to support our mission, you can subscribe to the Patreon channel for as little as £3 per month: <https://www.patreon.com/c/PerformingRecovery> or you can purchase print subscriptions and individual issues from our shop: <https://performing-recovery.sumupstore.com/>.

Digital editions remain FREE for anyone who needs or wants them, so you can also support us by sharing our magazine and newsletter across your social media channels and email.



SPOTLIGHT ON...

DR RAFFAELLA MARGHERITA MILANI



Dr Raffaella Margherita Milani is a BPS Chartered Psychologist and course leader for addiction studies at the University of East London. She recently completed a research project titled 'Understanding Neurodiversity in Substance Use Services: From Insight to Action'. The study was funded by the Sir Halley Stewart Trust and was conducted at two Cranstoun drug and alcohol services, one in Sutton and the other Windsor, Maidenhead. She spoke to **Performing Recovery** about the intersection of addiction and neurodiversity, and the benefits of arts-based approaches in service settings.

Alex: What's your main area of study?

Marghe: My background is psychology. I'm a senior lecturer at the University of East London, and my area of expertise is addiction and mental health.

I've been working in this field for over 20 years. Previously, I was at the University of West London, where I served as a course leader and module leader for a range of professional courses in the health and social sectors. We had a wide range of professionals, including police, social workers, midwives and mental health nurses, who came to study addiction from different perspectives. We looked at different treatments, drug effects, awareness and harm reduction.

My research in the last 10 years has focused mainly on the intersection between substance use and addiction, mental health and multiple needs, and my most recent work focuses on addiction and neurodiversity. I am also working with Cranstoun Drug and Alcohol Services on the development of an AI predictive tool to assist clinicians in identifying risks of overdose.

We know that addiction is complex, it doesn't happen in a vacuum, and it's never in isolation. As complex

human beings, it's important to try to be as holistic and inclusive as possible, in research as well as in practice.

Together with mental health, neurodiversity and addiction, I've also been doing projects around social determinants of addiction, and how factors like ethnicity, social status, and financial status and disadvantage affect the way people access treatment, as well as treatment outcomes. We're looking at the broader ideas of inclusion and social justice, and at the intersections among different dimensions.

“ WE KNOW THAT ADDICTION IS COMPLEX [...] IT'S IMPORTANT TO TRY TO BE AS HOLISTIC AND INCLUSIVE AS POSSIBLE, IN RESEARCH AS WELL AS IN PRACTICE. ”

Alex: I've been in addiction recovery for 17 years, and I've recently been diagnosed with both ADHD and autism spectrum disorder (ASD). In my experience, there seems to be a lot of crossovers between people who are in addiction recovery and who identify as neurodivergent. Is this accurate, and why do you think this is?

Marghe: There was a meta-analysis published in 2023 that looked at all the research into the overlap between ADHD and substance use, and they found that 20–25% of people in treatment for alcohol or drug dependence met the criteria of ADHD. So, it's three to five times higher than the prevalence in the general adult population. They found that having ADHD is linked to the early onset of substance use, so people who have ADHD tend to start earlier. They are more at risk of developing severe dependence and psychiatric comorbidity, and there's

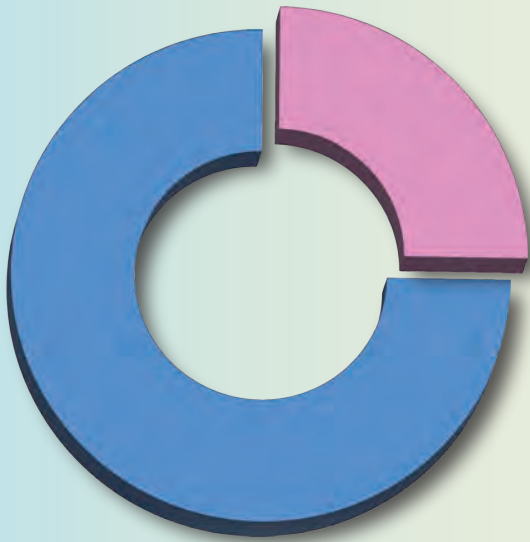
lower treatment retention and higher relapse risk.

So yes, ADHD comes with a number of challenges.

There's less research around ASD linked to substance use, and there may be an under-identification of ASD within this population, although we know that there is an overlap between the two conditions. That's why the research that we just completed included screening for both ADHD and ASD. Why is there this overlap? Again, there isn't only one explanation – we know that it's complex. We need to look at biological, social and psychological factors.

From a biological point of view, we know that both addiction and ADHD, for example, are linked to the regulation of dopamine. So, in both cases, there's a downregulation or dysregulation of the dopamine reward system. The dopamine reward system involves the frontal lobe, which is the part of the brain that deals with impulse regulation. It also regulates executive function, which is the ability to hold information in your mind and use it to plan and make decisions. Any stimulus that is recognised as a reward (this could be food, sex or drugs) activates the ventral tegmental area, which is a region in the midbrain, to release dopamine to the nucleus accumbens. This is also in the middle of the brain and regulates reward processing.

Neuroimaging has shown that individuals with reduced or dysfunctional dopamine transmission often require more stimulation to experience the same dopamine release, or reward, that other people may get from ordinary tasks or pleasant activities. This often leads to difficulties in sustained motivation. This is one



20–25%

of people in treatment for alcohol and drug dependence meet the criteria for ADHD

3–5 times higher than the general population.

*Figures based on a 2023 meta-analysis

Source: van Emmerik-van Oortmerssen et al., 2012; Rohner et al., 2023, <https://pubmed.ncbi.nlm.nih.gov/22209385/>

explanation for why people with ADHD tend to move from one activity or interest to another. This is also why they are more likely to get “hooked” on a variety of behaviours. It’s not just substance use; it could also be online activities like gaming or any other kind of activity that releases dopamine.

From a biological perspective, this may explain why someone might have difficulty regulating the intake of substances or any behaviour that requires them to moderate or stop at a certain point. The involvement of the frontal lobe functioning and increased impulsivity lead to difficulties in delaying gratification.

There’s also an element of emotion dysregulation. People with ADHD may have extreme emotions, going from feeling very low to really excited or frustrated. Engaging in some behaviours is a way to regulate these emotions. Playing a lot of games online, watching YouTube or using substances helps a person control emotion dysregulation. Having an instant reward, meaning you instantly feel better in the short term, reinforces this behaviour.

This links to the self-medication hypothesis. In our study, we interviewed 22 people who were in treatment at a drug and alcohol service. They reported that using substances was often an answer to their discomfort. It helped them calm down and cope with anxiety. It slowed down their thoughts and increased focus.

Another issue is trauma. Again, our study confirmed a very high prevalence of trauma among people in general who are in addiction treatment. For those with neurodivergent traits, this is even higher.

It’s a catch-22 situation, because we know that those who experience

trauma can develop similar behaviour to the symptoms of ASD and ADHD, for example. Sometimes it’s difficult to diagnose whether the trauma comes from the symptoms or the symptoms come from the trauma.

I don’t think it’s always important to understand what came first. What is important is that we know these two are linked, and that we need to address both at the same time. Trauma might trigger neurodivergent behaviours, but also people for whom these behaviours cause difficulties can also experience trauma.

“OUR STUDY CONFIRMED A VERY HIGH PREVALENCE OF TRAUMA AMONG PEOPLE WHO ARE IN ADDICTION TREATMENT. FOR THOSE WITH NEURODIVERGENT TRAITS, THIS IS EVEN HIGHER.”

For example, difficulties in managing social interactions might mean people are more likely to be bullied at school. People with neurodivergent behaviours are also more likely to be the victims of trauma as adults. In our study, we found a very high prevalence of adult trauma in those who had scored higher on ADHD and ASD screenings: 95% of those who screened positive or high for ADHD, and 86% of those positive on ASD screening had experienced trauma as adults.

We should recognise that this information was self-disclosed, so we don’t know the details of individual trauma. For some people, what they

experienced might not be strictly classified as trauma. However, what counts is that for those people, whatever the experience, it was traumatic for them – it’s their definition of trauma.

With regard to ASD, the connection to addiction is similar to ADHD but has less to do with dopamine reward. It’s more to do with communication ability, social skills, anxiety and emotion dysregulation.

Alex: What you’ve said really reflects the complexity. I often talk with my therapist about whether my neurodivergence has caused trauma or if some of my neurodivergent behaviours are safety mechanisms in reaction to trauma.

You mentioned high relapse rates. Do you think more traditional addiction treatment models are unable to accommodate neurodivergent people, and if so, where do these models fall short?

Marghe: Neurodivergence, or neurodiversity, has become more prominent in the research narrative and in early treatment, and funding has increased. Addiction services are trying to catch up, but they aren’t necessarily set up to help people with neurodivergence traits yet.

One interesting finding of our study was that staff also wanted to be screened for ADHD and ASD. Many will have lived experience of addiction, so it’s understandable that there may be a high prevalence. Inclusivity isn’t only about making the service more inclusive for clients, but also for staff and volunteers. There’s a need to understand what kinds of adjustments are needed, as well as what awareness and training are needed for people working in this sector.

One main issue is the long wait for any kind of diagnosis. Diagnosis is not an answer in itself. In our study in Cranstoun, we didn't focus on diagnosis; instead, we tested people using standardised screening tools recommended by the NHS. This should be the baseline for identifying individuals' needs, regardless of a clinical diagnosis, which is more complicated and can take a long time to get. Screening tools can be a useful way to identify those experiencing challenges and indicate which measures should be put in place to support them.

A lot of participants that we interviewed said that they often felt dismissed when they raised the issue of being neurodivergent. They weren't listened to by their GP, or they were told that they just weren't. These experiences of being rejected or not listened to are a re-traumatisation and make individuals even more reluctant to ask for help or seek support.

Ultimately, if we make services and organisations more inclusive, assuming that everybody who comes

lot of the time. I also like that you're saying it's not just about diagnosis, it's about needs. Even for people who might not necessarily see themselves as neurodivergent, it's nice to be able to say, "I don't like big groups" or "If there are three or four people talking to me at once, I can't process that information".

Marghe: Yes, at different stages in life, we struggle with different things, depending on our situation. We all become neurodiverse at some point in life. I am extremely neurodiverse now that I'm going through pre-menopause, you know. I find that I have a foggy brain, and I struggle to get organised. I forget things and suddenly feel emotional.

Services need a universal system that is inclusive, increases compassion and ensures accessibility, providing a wider range of choices for people. It needs to help individuals to be open about what helps them, what overwhelms them and what can be done to support them.

on what he has seen in his practice, showing people who are using illegal substances often reduce this behaviour after they start taking controlled medications. There's increasing evidence of this.

It's always a bit worrying because you think, "Oh, I'm leaving one drug for another", but for any medication – medication for diabetes, for instance – if it works, it works. If you feel better and more confident, it can help reduce addictive behaviours.

It's an interesting situation. Sometimes people who have used drugs for many years are then reluctant to take medications for other reasons. Where does this come from? Maybe you can tell me more about this from your perspective?

Alex: When I joined a 12-step programme to stop drinking, I also stopped using any other recreational drugs like amphetamines or ecstasy. I'd been abstinent for 15–16 years when I got my ADHD diagnosis. I wasn't even expecting to be recommended medication, and so first of all, that was a bit of a shock. Then I looked up the medication they recommended, and it's so close to methamphetamine. It's meth! It's this stuff I used to buy behind an arts centre when I was a teenager. Coming from a 12-step background, my sobriety is all based on just not taking anything, so it felt like I was breaking a rule that had saved my life. Firstly, if I'm taking this medication, am I still sober? Secondly, will I get addicted to this medication?

“AT DIFFERENT STAGES IN LIFE, WE STRUGGLE WITH DIFFERENT THINGS, DEPENDING ON OUR SITUATION. WE ALL BECOME NEURODIVERGENT AT SOME POINT.”

through the door may have some form of neurodivergence, it will be better for everyone.

We're not talking about doing something too big here. It's about making communication clearer, increasing flexibility, and offering different treatment and support options. For example, some people may feel uncomfortable attending groups, especially if they have autistic traits. It's important not to assume that everybody benefits from groups.

We're considering the idea of a neurodivergence passport that people can carry with them, and be included in service case records, so they don't need to repeat the same story each time they join a service. This passport could be individualised to specify what helps them, when they may feel overwhelmed, and what they may have difficulty with.

Alex: I like the passport idea. For me, it's such a new experience to say what I need or ask for accommodations. It's difficult to talk about these things a

Alex: When I was first speaking to someone, a medical professional but not a doctor, about the titration for my ADHD medication, I mentioned that I was in recovery for 15 years and wanted to know how addictive the medications would be. What are the risks? The only answer I got was "Well, if you're concerned, you could lock your medications up and give your partner the key to unlock them each day". I know they wanted to help, but I felt it was a bad solution to a question I hadn't even asked.

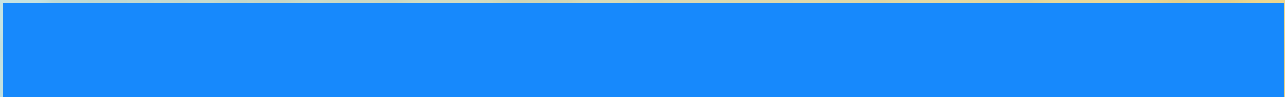





Marghe: That's still a bit of a grey area, where more training and a better understanding of how these medications work and how they can be prescribed safely are needed. Medical practitioners are anxious about prescribing medication that might interact with other drugs or reinforce addiction. More training is needed in this area.

I'm not a prescriber, I'm a psychologist. But some research has come out from Prof. Adam Winstock based

Marghe: You raise this very important point about 12-step programmes and the abstinence-based approach, and also the fear of becoming addicted to medications.

There's also a concern when it comes to treating children. More kids are being diagnosed with ADHD or at least reported as showing symptoms. Working in this field highlights the potential risks, which raises understandable questions about how best to support a child. The idea of using prescription medication can feel uncomfortable, especially knowing they involve amphetamines. At the same time, there's the worry about what might happen if a child tries to manage their symptoms independently. It can be a difficult balance, particularly with the known side effects of these medications, such as changes in appetite and sleep. There needs to be a careful assessment and careful consideration of risks and benefits.

There's a programme called Dual Diagnosis Anonymous (DDA). It's basically 12 plus 5 steps. It was developed



in Oregon in the 1990s by Corbett Monica, an army veteran, after he and his friends had been turned away from AA because they had mental health issues. The organisation does amazing work. One of the differences is that they allow people to talk about medications without feeling uncomfortable.

DDA is a broad church. People can go with any kind of addiction – substance and behavioural – as well as mental health concerns and talk about it all.

Alex: That sounds like a great initiative. I take medication now, and it helps in my day-to-day life so much. It's slow-release medication, so I don't feel a buzz. It doesn't feel like speed!

Marghe: Does it affect your sleep, your appetite or other things?

Alex: It's about getting the balance. I've always been a binge eater, and I've never had very good sleep, so it's complicated. But if my day is easier because I'm able to concentrate on my work and regulate my moods, then it reduces tension, it lowers anxiety, so I'm less likely to binge or sleep poorly. But it's only part of things. I also do therapy and have community arts groups.

Marghe: It would be interesting to do a study on this to understand more about the experience of people who have experienced addiction and are now on medications.

Alex: Beyond medications, what are the potentials for using creative approaches in recovery environments with people who are neurodivergent?

Marghe: Absolutely, I'm a fan of any creative approaches. I strongly believe that they are very important for everyone, but even more for some people. If we think about ASD, one characteristic is a focused attention on particular activities or incredible talents in specific areas, for example, music. These activities are a healthy way to regulate emotions and express yourself. It also gives a sense of purpose and helps people bond with others who share similar interests, creating a network of support. It's also a way of having fun!

There needs to be more opportunities and accessibility.

Alex: With neurodivergence and especially ASD, there's often difficulty with communication or expressing yourself. Peer-support programmes rely a lot on the kind of communication that some neurodivergent people find difficult.

If you've spent your lifetime masking, it can become a habit even within 12-step groups because you're used to expressing or reacting in ways people expect, rather than in ways that reflect your own emotions, feelings or needs. Do you think more creative storytelling approaches can help people in those situations?

Marghe: That's interesting. Masking, of course, creates a lot of pressure

and stress. A person in work, school or social situations might spend a lot of energy just trying to fit in and then might burn out when they're on their own. It also affects how a person perceives themselves – if you aren't able to be yourself and can't accept the way you are, it can impact self-esteem.

Creative spaces allow you to experiment with your identity in different ways and express yourself in ways that you may not be able to in ordinary settings.

Many years ago, I was volunteering in psychiatric units in Padua, while studying Psychology at Padua University, in Italy. There was an organisation doing theatre with psychiatric patients, and this enabled them to act out an identity they wouldn't be able to in real life.

It also helps with self-esteem and confidence, being able to be good at something that's not normally valued in other settings, like work or school. There's so much emphasis on subjects like maths, for example. Why? I mean, there are so many other abilities in life.

Especially for people who are neurodivergent, but also for everyone, being part of a creative group is a space where one can develop as a person. They can become more in tune with their own identity and abilities, increase their self-esteem and bond with other people. ♦

For more information on DDA, visit: <https://www.ddauk.org/>



Many neurodivergent people grow up carrying labels that were never theirs to choose.

These labels show up everywhere. At work. At school. At home. In relationships. In recovery spaces. In creative communities. Words like too much, resistant, unreliable, flaky, undisciplined, chaotic, uncommitted or non-compliant are often used to describe behaviours that do not align with neurotypical expectations.

Neurodivergence describes differences in how nervous systems process information, emotion, sensation and connection. Many of the traits associated with neurodivergence are not inherently harmful. Sensitivity. Intensity. Non-linear thinking. Deep focus. Strong intuition. Difficulty with rigid structures. Yet these same traits are often misunderstood and labelled negatively by others, especially in environments that prize consistency, predictability and performance.

Over time, when a neurodivergent individual hears these descriptions repeatedly, those labels can begin to feel like truths.

WHEN LABELS BECOME HARMFUL

Labels themselves are not the problem. Language can be incredibly useful. Many neurodivergent people find relief and belonging when they choose words that help them understand their experience and connect with others who share it.

The harm begins when labels are assigned rather than chosen.

A label becomes harmful when it invokes shame. When it frames difference as failure. When it suggests that a person's nervous system is a moral issue rather than a biological and emotional reality.

A label becomes helpful when it is chosen. When it offers clarity instead of judgment. When it helps someone find community rather than isolation.

Choice is the line.

When someone else names you without consent,

especially in moments of vulnerability, the label often carries power and hierarchy. It becomes a way to explain discomfort rather than understand it. For neurodivergent people, this pattern can repeat across multiple areas of life, reinforcing the belief that something is fundamentally wrong with them.

SHAME, SURVIVAL AND ADDICTION

For many neurodivergent people in recovery, shame is not a side note. It is part of the story.

Living in a world built for neurotypical nervous systems often means years of trying to adapt, mask and perform. Many neurodivergent individuals learn early that their natural ways of being are inconvenient or disruptive. They learn to override their needs, suppress their instincts and push through environments that overwhelm them.

Over time, that disconnect can become unbearable.

Substances and addictive behaviours often enter as coping mechanisms. Not because neurodivergent people lack willpower, but because numbing, regulating or escaping can feel like the only relief available. Shame reinforces this cycle. Being told you are too much or not enough can make self-soothing feel necessary for survival.

When recovery spaces fail to recognise neurodivergence, they can unintentionally recreate the same dynamics that fuelled addiction in the first place. Behaviours rooted in sensory overload or emotional regulation may be interpreted as resistance. Missed meetings may be framed as lack of commitment. Intensity may be labelled ego or disruption.

The result is familiar. More shame. More self-blame. Less safety.

CREATIVITY, INTUITION AND STRENGTHS

Many neurodivergent people find refuge in creative and intuitive practices. In my own life, witchcraft has



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been one such practice. Not because it fixes neurodivergence, but because it honours it.

Witchcraft, like many creative paths, values intuition, symbolism, sensitivity and inner knowing. These are traits commonly found in neurodivergent individuals. Creativity allows space for non-linear thinking, emotional depth and embodied awareness without requiring constant explanation.

This is not unique to witchcraft. Artists, writers, performers and makers of all kinds often find that their neurodivergent traits are sources of insight rather than obstacles when they are supported instead of judged.

The problem is not the trait. The problem is the environment.

CHOOSE THE LANGUAGE THAT TELLS THE TRUTH

Recovery is not just about changing behaviours. For many neurodivergent people, it begins with unlearning the labels that never fit and releasing the shame that came with them.

The words used to describe us shape how we understand ourselves. When those words are assigned without consent, they often become quiet judgments. They frame difference as deficiency and nervous system variation as failure. Over time, those labels can sink inward, influencing how a person sees their worth, their capacity and their place in the world.

When labels are chosen, something shifts.

Chosen language can offer relief. It can create connection. It can help someone recognise that they are not alone and that their experience has a context beyond personal fault. The same word that isolates when imposed can become grounding when self-selected.

This is why choice matters so deeply for neurodivergent people in recovery.

Recovery is not about becoming someone else. It is about defining yourself on your own terms, with language that reflects your lived experience rather than

someone else's expectations. It is about learning which labels help you understand yourself and which ones were never yours to carry.

You get to choose the words that support your healing. You get to set them down when they no longer do.

That is finding sovereignty in recovery. ♦

Sunshine is a psychic medium, soul healer, spiritual advisor, high priestess, reiki master, author, podcast and radio show host and recovering alcoholic. Known as The Pink-Haired Sober Witch, her mission is to help witches in recovery rediscover their magick, align with their highest purpose and live the abundant life promised in sobriety.

For more information, visit: soberwitch.life



Right: Sunshine Witchski with her community



MASKS, MUSIC & MEDICINES

Rosalie James is an award-winning independent musician, singer and songwriter. Her 2024 album, Full of Chemicals, is a gorgeous mix of electropop, indie and classic rock, drawing on influences from Fleetwood Mac, Kate Bush and boygenius. She spoke to Alex Mazonowicz about how neurodivergence, addiction and recovery have impacted her creation process, as well as the challenges in navigating a neurotypical world and the sensitivities around lived-experience songwriting.

Alex: Your recent album is called *Full of Chemicals*. What are the inspirations behind it?

Rosalie: I grew up listening to Fleetwood Mac. Mostly *Tango in the Night*, so there's no surprise that influence crept in. 'Everywhere' is one of my favourite songs of all time.

The title has a few different meanings. The most obvious one is that I describe myself as full of chemicals a lot of the time because I've been on different varieties of antidepressants since I was 18. Every time I've stopped taking them, I've become very unwell. I've had to accept that I'm probably going to need to be on medication for the rest of my life, and that I don't really know how to live without it now.

I don't see it in a negative way. Everybody needs something to kind of get through life, which I think is quite difficult. For me, there's something about the chemicals that are in anti-depressants, though I've needed to take other things, that just help to keep me on an even keel and just stay alive, basically.

Another meaning is really recovery, and about how my use of medication sometimes has tipped over into addiction. This is something I've struggled with for a long time – as well as addiction to other substances. Again, it's just part of me. In the last 10 years, I've started to win the battle. There are references to drug taking on the album, but also I'm saying "I've been there and it wasn't great".

I'm interested in learning about how other people cope with life. We all have different ways of getting through it. I think the album is about that in different ways.

Alex: It feels a little bit confessional in parts.

Rosalie: I think it is. There isn't really a song on there that isn't about me and something that I've been through. Sometimes it makes me feel a little uncomfortable. Can I not write songs about other things? Am I not able to kind of tap into creativity when it's not something I've personally experienced?

I find the most meaning in talking about my own experience. That is where I find the darkness and a sadness, and this is what gets my music out. A lot of people talk about music in a more joyful way, but for me, it's definitely linked to the more difficult side of life. On the day I released the album, I had to contact two people and say, "This reference is not directly about you" and "This is directly about you, and I hope you don't mind."

There's something cathartic about certainly singing the songs in the studio and live. It's a way of getting out some of the stuff that I had held onto for a long time. But when you're talking about things you've been through, there's also a responsibility to think about how it affects other people. I've tried to do that where I can.

Alex: Lyrically, the album contains some dark humour. Such as the line about "that's what you call a close shave".

Rosalie: I've had a dark sense of humour since I was very young. I used to watch a lot of comedy with my dad. Things like *Whose Line Is It Anyway?*, *Have I Got News for You* and *Blackadder*. I didn't really get all the jokes, but it was always the darkest stuff I found the funniest. I think that's lasted. Even now, I love *The Thick Of It* and Yorgos Lanthimos films like *The Lobster*. When I went to see *The Killing of a Sacred Deer*, quite a few people in the audience walked out. I was just cackling.

Dark comedy can make difficult things bearable and help you talk about them. One of the songs on the album is about domestic violence. People have been really emotionally affected by lines like that and said they're brilliant, so I feel like I'm doing something okay. However, I was cautious about the lyrics and sent them to a friend to ask if they were okay. She was very positive about them.

I think it's good to do a sensitivity check because music is so affecting. I don't listen to music as much as people might think because I'm so affected by it. If I love a song, it can make me so emotional I can't carry on with what I'm doing. I couldn't sit and work and listen to *Tango in the Night* because I would feel too invested in it, and I wouldn't be able to do what I was supposed to be doing. We have to be delicate while trying to speak a lot of truth.

Alex: A couple of years back, you started writing a blog about your experiences of being neurodivergent. How recent is your diagnosis?

Rosalie: I think it has been about three years. I was diagnosed with autism first, and then ADHD a year later, because of the waiting lists, which seems to be everyone's experience. It was interesting because in my former career as a social worker, I'd worked with autistic adults for 10 years. I never suspected that I was autistic because the way that I experienced it was so different to those people that I was working with for the most part, although I did find myself drawn to them more than other clients.

Looking back, though, it kind of makes sense. I think there's been development in understanding how being neurodivergent affects women, partly, but also how it affects people who perhaps don't have difficulties with education or learning. People kind of consider you to be "high-functioning", which is a phrase that's not being used so much now.

Because I was working full-time, had a relationship and kids, people would say "Obviously she's all right. You know, she might have a few emotional outbursts, or she might really struggle with noise – but surely she's fine". I think I was fine until I hit my early 40s, but then perimenopause started to affect me as well. I got burnt out and started thinking, what's causing this?

When you've been doing a thing for over 40 years, it's very difficult to just switch to "Hey, I'm autistic and isn't it great? Now I'm going to do some stimming ..."

In my friend group, so many of us have had the same experience, so I wanted to write about it. I wanted to get that experience out there a little bit, but with so many people writing about it now, I've kind of tailed off my blog a bit.

Alex: I was diagnosed with ADHD first and then autism afterwards. It was partly burnout I think – there were a few big incidents. The ADHD diagnosis wasn't a surprise. Autism felt different, though, possibly because of internal stigma – though there were a few people who said, "Oh yeah, we knew".

Rosalie: They all come out of the woodwork, don't they?

Alex: It has reframed so many of my experiences in the past, especially addiction. How has it affected how you see your story?


Rosalie: It's made a lot of sense of things that I really hated about myself. A lot about emotions and not being able to control myself. Having fallouts with friends, behaving badly in relationships. I say "badly" even now, but it wasn't necessarily badly. It was just the way that I was made. The diagnosis has made sense of all that, but I think I'm still a little bit in the weeds with how to not feel bad about things.

I don't think I've reached the point of real self-acceptance. When I look at my friends who are neurodivergent, I can have empathy and understand why they behave in the way they do. But somehow, with myself, I'm still not quite there.

The song 'Soft Target' is really trying to hold up other neurodivergent people. It's a love song for the neurodivergent community. But I still struggle. I still mask around friends even though I don't need to because they love me how I am. When you've been doing a thing for over 40 years, it's very difficult to just switch to: "Hey, I'm autistic and isn't it great? Now I'm going to do some stimming, and now I'm going to cry at the drop of a hat." I can't let myself go quite yet.

Alex: I think dropping a mask is really difficult for me. I'm incredibly shy in many moments, but as a kid I had to create an outgoing, wacky personality. Then, when I dropped that mask, which is only in the last couple of years, people have said: "What's wrong with you? Why are you in such a bad mood?" It's like, "I'm trying to be me!"

Rosalie: I know! "Oh, no, you're upset. You know, you've gone really quiet. What happened?" There's a lot of feeling of loss sometimes of who you could have been, or who you would have been if you weren't neurodivergent. Or if we lived in the ideal world where everything was accepted and where life wasn't stacked up in this kind of unachievable way, like working full-time and all of these other things



I can turn up
to play and
expose my
wildest dreams
and deepest
thoughts, but
I get very tired
from social
interactions.

Credit: Romina Osterling

which we find very difficult, then maybe I'd be able go: "Oh wow, being neurodivergent is so cool. This is so great". I think we've got a long way to go before that is reality. And certainly, when people talk about "neurodivergent super-powers" – I just don't get that at all. Not for me.

Alex: I hate that too. When I'm talking about being neurodivergent, I don't want somebody to come back and say, "But these are things you're good at". I know the things I'm good at. What I'm saying is that I want help and understanding. I don't want people saying, "Oh you're so lucky".

Rosalie: "Oh yeah, you're so lucky. You've got such a great memory for learning all the states of America and their capitals." Yes, I can do that, but I've also spent most of my life depressed, and that's connected as well. I never saw it this way before, but I think the depression is down to the feeling of not fitting in, of not succeeding in the way that I feel I should, and not measuring up.

I don't know how people can really talk about super-powers when I've had to take medication all my life. I've lost a lot of people from my life for various reasons. I'm not trying to be "Poor me", but it's just the reality, isn't it? Neurodivergence brings things like addiction, depression and the loss of relationships. We struggle, don't we?

Alex: When did you write the songs for the album?

Rosalie: When I came to write the album, I had 200 songs, and I didn't have a clue which ones I was going to use. The earliest song I considered for the album went back to 2003. A 20-year span of loads of different subjects.

In the end, the songs I used were ones I'd written probably in the last five years or so, which I think probably demonstrates that I've improved my craft. Also, I've been through so many stages in the types of music I write.

Between 2008 and about 2014, I was really only listening to country music, so the songs I wrote in that period are very much like "He rode out on his horse, came back with a bottle of whiskey". That's not what I wanted from this album, because it wasn't me anymore. I chose songs that would go together, though I think a couple don't quite fit.

There are so many songs that I loved that I had to say no to. Songs that I loved, but I wasn't sure if anyone else would get.

Alex: It's interesting that you talk about different genres of music. Because I listen to a lot of music, and I often get very focused on one style or artist for a while.

Rosalie: It's an ADHD thing, isn't it? I can become so hyper-focused on certain artists. A lot of the people I know who are very knowledgeable about music listen to loads of different things in a week. But I don't. There was a time in early 2024 when I listened to boygenius and nothing else for probably a whole month. The same songs, just round and round. It's not surprising that this band affected the sound of the album. I might be into something completely different by the next album, I don't know.

Alex: Do you see any other kind of neurodivergent traits affecting your creative process?

Rosalie: When I'm writing a song, I go into an autistic trance of not being able to think about anything other than the song I'm writing at that time. It goes around and around in my head on a loop that I can't switch off. It's actually quite unpleasant sometimes trying to go to sleep. That's when I work on tiny changes to the lyrics. It's not necessarily very pleasant, but I think it helps me hone the song. The way that ideas come to me is almost like it's being fed into me from out of nowhere. I'll write a song in like

20 minutes sometimes. It'll all be there. Then I'll be three days going round and round in my head, changing the tiniest things.

The autistic side affects me, which is really hard. I'm very anxious about performing – actually, I'm not anxious about performing – I love performing. I'm anxious about all the social stuff around performing. Turning up at a venue and having to speak to the sound guy or the manager, and coming across like a normal human.

Afterwards, I just want to leave. I just want to get off the stage, smoke a cigarette outside, then disappear. But I have to wait and watch another band, have a drink and eat. That stuff is really hard for me. That's an area where I kind of wish things were a bit different because I would really love to go on tour, but the social bit around that, sharing a car with another musician, for instance, makes me feel quite nervous because I don't want to have to keep up a conversation for an hour.

Playing live consumes me. You can't think about anything else. I was talking to someone the other day, and she told me she was doing a gig in the evening, and she was going out with people in the morning to do something. There's no way I would be doing something else on the day of the gig. I'll be getting up, thinking about whether I've packed everything, thinking about playing the songs through again, thinking about who I need to speak to.

I quite like Taylor Swift. I was watching her documentary, and I could do that thing of somebody managing my every move, going from country to country, just showing up and going on stage, then going back to the hotel room and resting, and then the next day practicing your voice a bit and then going to the venue. But if you're a solo performer, you have to be an agent, a manager and a roadie. I find the more social jobs really hard.

I don't want to phone a venue and ask if I can play there. That's really difficult for me. I can turn up to play and expose my wildest dreams and deepest thoughts, but I get very tired from social interactions. I'd love to level up to where I can have some things done for me. It's not because I'm lazy; it would just make things more achievable.

Alex: How do you think it affects you in the studio?

Rosalie: I actually love recording. A studio environment where it's just one other person – that's perfect for me. I went to LA to record the vocals for the album, and I worked with my producer, Dan Knowles, and it was lovely. It was such a nice feeling to drive across L.A. and just turn up at the studio.

Alex: What about working with other musicians?

Rosalie: I used to think it was really strange that I would find it so stressful rehearsing, but I kind of get it now because being in a group with all those competing ideas and trying to be social for a few hours at a time was really difficult. When I was in a band called All the Fires, I found it really hard to be with five other people and to act normal. But I also love the feeling of working with others and being on stage with a group; there's a real bond.

Alex: What advice would you give to someone who's maybe experiencing a lot of neurodivergent traits, but wants to start making their own music and performing?

Rosalie: Identify which parts of the whole process are the things that you really love and which are bits that you find incredibly hard. Then you have to try to balance those out.



Album design: Zander Grinfeld, Photo: Lucy Sian Williamson

For instance, don't do a five-hour rehearsal and then think you're going to be fine creating something in the evening, because you'll be absolutely shattered.

Meeting the right people is really important, as well. If you do find the right people to be in a band or group with, you can get that wonderful feeling of collaborating and making something really special. Don't write that off just because you find it hard to socialise, because it is possible, but you're not going to fit in with every group. I've been in quite a lot of bands, and I've been to quite a lot of first rehearsals with people and just found out it doesn't work.

You've got to trust your gut. If you're feeling this isn't fun or enjoyable, look for someone else. I'd love to say to people who are starting out, "If you love it and if you work hard, you can do it." But I know there are big challenges, so don't be afraid to admit it.

Alex: That's really good advice. It's really important to recognise that there are barriers in society. In the UK, we're only just starting to recognise what neurodivergence is, and there's already a lot of reaction.

Rosalie: Absolutely, that sort of reaction is almost saying: "Well, this isn't a big deal", "Neurodivergence doesn't exist", or "People are saying they've got it when they haven't." They're really attacking our sense of being seen. We've just started to come into a place where we're seeing ourselves clearly, and then we've got people going, "Oh, they're not even really autistic." It's so hurtful and so difficult to cope with that kind of thing, isn't it?

There are reasons you might find things harder than others, and we can't measure ourselves by other people's standards. We have to accept there are limits. But then there are other ways that we can really shine and do really well – to end on a positive.

Alex: What other music do you have coming up?

Rosalie: I haven't been doing anything recently because after I released the album, I got very unwell, very burnt out, and I didn't apply to do any gigs or anything. There's a year of festivals going on that I haven't applied to be part of, which is a bit of a shame. We'll see what comes up. It has to be the right thing. I'm not going to try and do a gig in a packed, noisy bar because that's just not where my music shines. I need to think a bit outside of that. ♦

You can find Rosalie's music on Bandcamp at: <https://rosaliejames.bandcamp.com/>

Follow her on Instagram at: https://www.instagram.com/rosalie_james/

WORKING WITH WHAT WE NEED



BY STUART
WATERS

What do I need?

What do others in the space with me need?

How do our access needs – emotional, physical, psychological – meet in the space?

And what is different about today that I didn't need to consider yesterday?

These are some of the questions I ask myself at the beginning of any planning session, whether it's for a project, performance, teaching or anything else. Over the last 10 years, this has become both a practical and holistic check-in process, something almost ritualistic that lives in my nervous system.

This journey has been one of discovering and learning: about myself, about others and about how access, neurodivergence, and addiction recovery cannot be "fixed". Like many people, my lived experience has become my lived expertise. I've learned to adapt and surrender to the moment, the space, the bodies and the stories in the room.

My journey began by trying to compartmentalise my access needs – mental health, addiction recovery, HIV, neurodivergence and my experiences as a queer man. I thought by doing this I would understand them better and therefore be much more skilled at controlling them – but this was a lesson. Now I approach things very differently. I have a much clearer, more tangible sense of how these intersections show up day to day. Which parts of my identity feel more dominant changes constantly, and so asking, "What do I need?" and "What do you need?" is both a simple gesture and a deeply complex question.

For me, and I'm sure for many others, this starting point is essential. It's a way of letting go of the years spent in spaces that didn't consider "hidden disabilities" or acknowledge that addiction, mental health conditions, chronic health conditions and neurodiversity all restrict access, requiring deep consideration, especially when they intersect.

Learning how I navigate a space and a day, and how I meet others and they meet me, continues to be the practice.

There's a clear distinction for me between life before discovering I was neurodivergent and life after recognising it. Before, I carried so much internalised shame around learning. Constant negative self-talk: "Why can't I pick up this dance material as quickly as others?", "Why can't I get this musicality?", "Why can't I count like everyone else?" I often felt hyper and hot (probably in fight-or-flight mode), constantly vigilant about processing information and feeling internally stressed. I lived quietly, with an ongoing fear that I didn't understand the environment I was in or that perhaps I was experiencing the space differently from my peers, who seemed to be so confident and calm.

Spaces rarely offered practices that allowed disclosure or created room to express what was happening internally, so this fast-flowing emotional landscape stayed contained within my head, heart and body.

When I started leading my own work, whether dance, creative spaces, coaching or mentoring, I was finally able to redesign what I needed in order to be at my best. Access benefits everyone. When we attend to our needs and stay in dialogue, communication becomes more open. The fears, challenges and thoughts can come into the room, not to interrupt creativity, but to support it. Access allows a way in. Together, we co-create the room, the space and the experience.

How neurodiversity (for me, ADHD and dyslexia) and addiction recovery meet is something I'm still learning to understand. Maybe I don't need to fully understand it, but I'm aware that they feed one another.

The 12-step work I do, and the 12-step fellowship spaces I'm part of, can feel challenged by what I experience as neurodivergent traits, and equally, neurodivergent traits can feel challenged by the structures of recovery. It's a constant internal dialogue, and at times it's exhausting.

Finding a middle ground, where I feel peace or even a sense of groundedness, can be difficult. This is exactly why it feels important for others in the space to understand what I might be experiencing cerebrally, emotionally or spiritually. Listening to others' experiences supports me, too. Together, through reflective practice, we can help each other find the calm and peace we may be seeking.

Being present in a space can be challenging for me as a neurodivergent person, so I may need to move, to release energy, to feel my nerves taking over and do things quickly before I can "begin". It's who I am. If I'm honest, I want to bring this version of myself into more spaces than just creative ones. But spaces are shaped, and neurodivergent nervous energy is not always welcome. It's often shamed as "immature" or "unfocused", when in fact I'm simply trying to land.

Sometimes this release of energy becomes permission for other people who might be experiencing something similar but have never had the language or the freedom to name it. Access practices, such as check-ins, help lower unseen barriers and build invisible bridges between us. They allow us to advocate for ourselves and for others, even if we were not able to historically.

In my experience, there's a great deal of neurodiversity in both recovery and artistic settings. Access and



Above: Stuart Waters (credit: Anthony Edwards)

co-creating access together allows us to grow powerfully and evolve as a community.

I'm still learning how to be in rooms where I'm the only one in recovery who is neurodivergent, or where the room is predominantly neurotypical and has little understanding of addiction or mental health. I stick to the rituals, the access riders, the check-ins and check-outs, the reflective conversations and feedback. The years of feeling unsafe in spaces still echo in my nervous system, but that echo is fading. The practice is simply to keep practising.

How I relate, not just to space but to time. How do we abandon outdated ideas of time when we're

“HOW DO WE ABANDON OUTDATED IDEAS OF TIME WHEN WE’RE UNDER PRESSURE TO DELIVER A STRUCTURE OR EVENT?”

under pressure to deliver a structure or event? How do access practices reshape the day? Check-ins and check-outs take time. Rest takes time. But these are necessary exchanges for deeper, healthier creative time.

Some call this “crip time”. I’m still undecided on the phrase, but challenging the idea that time is linear resonates with me. Energy and decision-making fluctuate. We can choose to ignore how we naturally move through a space, or we can surrender to the moment and trust that if we listen deeply, activating access as we go, our neurodivergence and recovery practices will hold us and lead us where we need to go. Our neurodivergence and recovery is our wisdom.

When we have previously felt powerless in spaces, surrender can become a form of power.

The mantra, “What am I bringing to the space today and knowing it is enough?” is incredibly freeing. Access for neurodivergence and addiction means we’re no longer on the outside looking in. Even when we’re in rooms that haven’t set the space with an inclusive consideration, individually we can find a way through. It’s a practice we can carry with us internally, as well an external practice that operates as seen and unseen frameworks in spaces.

This practice is shared. We need collective commitment to these rituals so we can meet the flux of energies and challenges in the room and support one another to access a space in the ways we need on any particular day.

I’ve begun to listen more closely to my body, because my body will always tell me what it needs. I find freedom in rituals of silence, stillness, rest, sensory stations, choice, reflection, rhythm, consent, connection and community, before, during and after activity. Accepting who we are, and how we treat stimming, emotional overwhelm, rejection sensitivity, outbursts of energy and also energy and emotional crashing have become my unique insight. This insight is a beautiful learning curve that has taught me how to navigate the moment alone, together, as collectives and as a community.

Letting go of the need to polish every creative moment into perfection has made room for authenticity. Allowing access to lead the room changes what emerges.

What I’m researching and practising isn’t fully formed. There’s more to share about neurodivergent creative spaces. My approach began with addiction, asking how I hold that in creative environments. This approach has expanded into understanding how neurodiversity weaves and dances through those environments. My way isn’t the only way. And what works today may not work tomorrow.

So I keep wondering whether forming a wider community of neurodivergent creatives might be a way forwards, supporting one another as an emerging community with varied and sometimes challenging points of view. For me, it all began by asking:

What do I need?

How do I articulate it?

How do I communicate it to others?

And how do I practise asking for what I need?

This is still the beginning.

Stuart has been a dance-maker for more than 20 years, his critically acclaimed autobiographical work has drawn on his experience as a neurodivergent, queer man living with mental health access needs. He now offers one-to-one coaching for individuals, artists and organisations. For more information, visit: stuartwaterscoaching.co.uk/

The Four Horsemen by

Jon James

Fear, anger, resentment, shame,
These four horsemen patrol my brain,
They clench my heart, and course my veins,
Turn blood to flame and thoughts to pain.

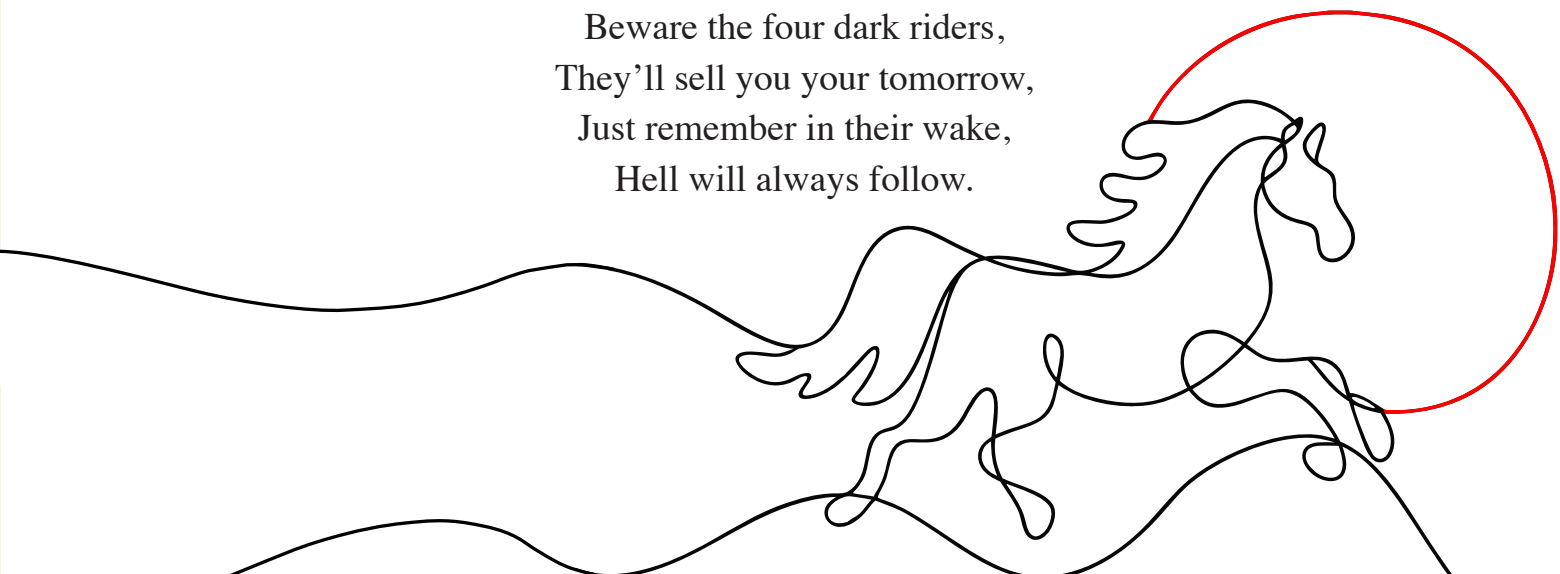
Fear is the child, confused and insecure,
Gallops on a skittish horse, wild-eyed and unsure,
Jumping out its skin with every shout or slamming door,
Forever to be tethered in a never-ending war.

Sat atop a behemoth, a jet-black steed of spite,
Anger comes to fear's aid, replacing flight with fight,
Skin ablaze with inner rage, it illuminates the night,
Cleaving through the seasons with trample, kick and bite.

Resentment is the general, a pale horse that orchestrates,
Envious, insidious, a force that's caught in hate,
A bitter indignation, a razor drawing straight,
The rider will remind you of all of your mistakes.

Struggling at the rear, limping down the road,
Buckled under burden, and carrying the load,
Of all the horsemen's baggage, on whose back has been bestowed,
The gelded mule of shame, knackered and exposed.

Beware the four dark riders,
They'll sell you your tomorrow,
Just remember in their wake,
Hell will always follow.



HYPERFOCUS AND VULNERABILITY



Galway City-based contemporary painter by education, and draughtsman by trade, Paul James Kearney combines these two disciplines in his digital practice. After seeing some of Paul's artworks relating to his chemsex experiences in the ImpulseLDN shows at Queer Britain and in Soho recently, Leon Clowes spoke to the artist about the impacts of addiction, recovery and neurodivergence on his practice.

Leon: How long have you been an artist? Where did your interest develop?

Paul: As long as I can remember I was drawing and creating worlds to escape into. I remember once as a kid at a friend's house – his bedroom was painted sky blue – and we drew an aquarium on the wall with crayons: fishes, seaweed, submarines. His mother, a solicitor, painted over it straight away. But I always made stuff, and I was known for it at school.

Leon: Did you study art?

Paul: I did, though I started in biotechnology at Galway University. I enjoyed subjects like genetic engineering, where I could hyperfocus and follow a recipe, but I struggled with biochemistry. I was heavily involved in the art society and in my third year I chose to go to art college rather than repeat some exams. Later I did an MA at Galway University on the business side of art: curating, working with artists, learning to make it easier for curators and institutions to collaborate with creatives.

Leon: When did addiction enter the picture for you?

Paul: It started in my hometown of Galway and became more significant during my master's when I re-encountered heavier party scenes and class A drugs. Drugs helped me switch off early on, but then the fun turned problematic. I'd say the cycle ran from around 2015 until early this year. Relapse was a part of my experience. I saw people around me dying; over roughly an 11-month span I dealt with around 10 deaths I knew of, nine of which were drug-related. I'd been introduced to the chemsex world; initially I treated it as subject matter for art and documented it in ways that protected people's anonymity, but it was dangerous and personally costly. I lived in London for a while in 2019 with someone who later died from that scene. That was a big shock.

Leon: You were making art while addiction was happening. How did that sit with you?

Paul: I wouldn't be the first artist to mine their life. It was reflective of what I was living through. My mediums have shifted: I trained in painting, but my strongest skill has always been drawing. Since about 2015, I've worked primarily with a screen-based drawing app called Doodle Buddy on iPad. The digital approach reflects the apps that enable chemsex culture, as it's part of the lived environment. I've used digital work for exhibitions and also print outputs on museum-quality paper. I still want to move into large-scale traditional painting at some point, too.

“ I CAN GET OVERWHELMED BY RACING THOUGHTS, AND DRUGS OFFERED A QUICK SOLUTION [...] HYPERFOCUS HAS BEEN BOTH AN ASSET TO ART AND A VULNERABILITY FOR SEEKING QUICK ESCAPES. ”

Leon: How were the chemsex pieces received?

Paul: I was apprehensive about doing them because of the subject and worried about family and community response. But publicly I haven't had negative feedback. The work was shown in exhibitions including Impulse in Soho and at Queer Britain. I think it's important to document that part of social history: drugs and sex combined aren't unique to one place. They're global, and there's an epidemic in many cities. The first step is admitting there's a problem.

Leon: How did substance use affect your art?

Paul: Initially, substances felt like fuel for creativity. I even had a piece made when stoned that ended up in a state art collection. But over time it became a detriment. My work suffered when I was deep into addiction. Since committing to recovery this year, my art has improved significantly. Learning to make without the substances and getting used to feeling my feelings again has been intense but positive.

Leon: You mentioned hyperfocus earlier. How do you see neurodivergence in relation to your practice and addiction?

Paul: I can get overwhelmed by racing thoughts, and drugs offered a quick solution to that. But I also have the ability to hyperfocus, which helps me enter creative flow intensely, something many people can't do. I'm not a neurodivergence expert, but for me hyperfocus has been both an asset to art and a vulnerability for seeking quick escapes.

Leon: What are you working on now? Any upcoming shows or residencies?

Paul: I have a show at Market Gallery in Dublin in January and an invitation to submit to Irish Contemporaries 5 in Santa Monica. I've applied for a few residencies. I'd like to translate the chemsex series into large paintings. Berlin would be a fitting context, but the cost of living there and low stipends make it hard. I was invited to the Los Angeles show, though I'm cautious about travelling to the US at the moment.

Leon: Do you have any final thought on where art sits for you now?

Paul: Treating the subject honestly has been vital. My work is a record of social lives and dangers, but it's also personal process. Recovery has sharpened my practice: the work now is stronger because I'm present in a way I couldn't be before. ♦

You can follow Paul at: <https://www.instagram.com/paul-jameskearneyartist/>



An Evening in Brighton II (2018, all images Paul James Kearney)



An Evening in Chelsea I (2019)



An Evening in Brighton IV (2019)



VIVA LA DIVERGENCE!

Alex Mazonowicz speaks Tom Nightingale of *The Mixed Bag Players* and reflects on his own experiences of neurodivergence and trauma.

The experience still feels raw for me. My diagnoses of neurodiversity – first ADHD and then autism spectrum disorder. It feels raw like the ingredients of a stew, waiting to be washed, cut, seasoned and served as a single dish. It feels raw like a wound, throbbing, hard to touch, stinging from the antiseptic.

When I was first diagnosed, I spent time browsing internet forums and subreddits to learn from other people's experiences, but what I found was grim. I read so many comments and stories from people whose realisation of being neurodivergent was painful, suddenly

feeling as though their whole lives had been wasted. Where I found clarity in my new labels, they found despair.

I'm lucky to have spent enough time in 12-step and recovery arts groups to be able to handle my diagnosis with faith and hope. Yet I still understood the frustration and anger of the people posting those comments. Beyond the culture-war criticism and flippant jokes that accompany the rhetoric around neurodiversity lies the trauma and pain of living a life where you have never been truly accepted or understood.



The experience of being an undiagnosed neurodivergent person is the experience of being yelled at, belittled and constantly accused. I was always “going on and on” (hyperfixations), “constantly fiddling” (stimming), “being careless” for forgetting and losing things (object impermanence). My poor handwriting, recall of dates and facts, and difficulty with names were judged on moral grounds. I was made to feel that I was a bad person for things that the medical community now agrees were out of my control.

I have been accused of being rude by people in authority, including teachers and the police. I have been beaten up in town just for looking at people the wrong way. My whole life, people have told me I feel or think something I don't because of my facial expression. This, in particular, has brought immeasurable distress, discomfort, disadvantage and heartbreak into my life. Yet it's a common characteristic of autism. All those times I pleaded to be understood, only to be accused even more of dishonesty – it turns out the science agrees with me.

Since my first diagnosis, I have been working with a therapist. Sometimes we try to unpick the way I interact with the world. What are the neurodivergent traits? What are the learned behaviours in reaction to trauma? Sometimes the answer doesn't even matter – it's just me.

Sometimes it matters more than anything in the world. It has reframed my relationship with my own addiction. How much of addiction is driven by being neurodivergent? How much is driven by the trauma of being an unrecognised neurodivergent person? What if addiction is in itself a type of neurodivergence?

Divergent is the key part of the word. The trauma does not come from the discomfort of overstimulation or difficulties in making conversation with strangers. The trauma comes from experiencing those things in a world that expects you not to. It doesn't matter to me that I find social norms difficult to understand. I'm quite happy to ask blunt, direct questions to people to get the information I need to do my job – it's my work environment that thinks it's unprofessional. So I need to pretend to be someone else because I need a job to get money to live.

I don't have a problem with my facial expressions; the outside world lacks the empathy and understanding to realise that not everyone reacts in the same way to the same stimuli. My trauma was not me. It was the world.

At first, my journey of addiction recovery was a journey of understanding myself and how I react to the world. But over the past few years, I have started to look at how the world reacts to me. I have slowly been learning how to create boundaries and expectations based on what I need. I am re-examining my own self expectations of how much work I should do to "fit in" and increasing what I expect from others. I am turning to the law, the UK's 2010 Equality Act, to get basic needs met.

It is also becoming clear that other people in my life have also struggled with being divergent from the norm and have carried their own traumas. Just as addiction is often an intergenerational story, I have started considering the neurodivergent traits of past generations. When I was yelled at for being hyper, was that person experiencing sensory overstimulation? This is not to excuse anyone, but to understand and create empathy – for them and for ourselves. Recognising how trauma is passed from person to person is key to breaking the cycle.

And even those who might be labelled neurotypical are neurodivergent from *me*. It's important to remind myself that I have skills that other people don't, so I need to see where *I* have acted unreasonably impatient when neurotypical people have struggled with things I find obvious. The first step in understanding and accommodating neurodivergence is to recognise differences in all of us.

In June 2024, I travelled up to York to watch The Mixed Bag Players perform *Nightingale's Game: Pretend To Be Like Who?* Like many recovery arts groups, The Mixed Bag Players embrace diversity. They welcome anyone affected by mental illness or addiction, including a friend or partner of someone with a mental illness or addiction. Their main aim is to bring together different walks of life, through theatre and building community.

Founder Tom Nightingale has schizophrenia, a condition that in recent years many psychologists have argued should be considered neurodivergent. In a blog for *Psy-*

chology Today, psychotherapist Jennifer Gerlach argues that the "sensory alterations, changes to information processing, social differences (and misunderstandings) and even thought alterations" that make up the psychosis experienced by people with schizophrenia make it a type of neurodivergence.

Dreamer, the new play from The Mixed Bag Players, is written and directed by Jay Sullivan, who also identifies as neurodivergent. The play explores themes of addiction and intergenerational trauma through a dream world, with the help of a diverse cast, puppets and animation. During the lead-up to the play, Tom took some time to talk to me about how his experiences of schizophrenia impacted his craft.

Alex: Your previous play, *Nightingale's Game: Pretend To Be Like Who?* was partly inspired by experiences of schizophrenia. What did you learn about yourself from the process of writing and putting on the play?

Tom: I learned which bits of my psychosis have some kind of merit in terms of life changes – which things contained in my many psychotic episodes are relevant to personal change, and what's just nonsense. In more recent years, I have managed to give up smoking tobacco whilst not in psychosis. This is partly due to the clarity that came from writing *Nightingale's Game*.

Dreamer

19th - 21st
of March

Friargate
Theatre

Book Online

Alex: How do the arts help you understand your experiences of schizophrenia and addiction recovery?

Tom: By getting my experiences, values and beliefs out of my head and onto paper, and framing my experience of schizophrenia in a story, I can identify what it is that I'm experiencing. This helps create immense clarity around my mental well-being because art allows me to make my experiences of schizophrenia more objective.

Turning my psychosis into a storyline forces me to make sense of it for other people, transforming it from a jumbled-up load of confusion in my head into themes, atmospheres and, above all else, a tangible sense of logic.

This actually helps me distinguish which parts of my psychosis are worth reflecting on as part of my beliefs and values, and which are just psychological drivel from the egotistical, bloated sense of self-importance I feel whilst in psychosis.

For example, while I was at university, I had the belief that my housemate was a French tobacco CEO who wanted to personally kill me, steal my soul and torture it for all eternity. In *Nightingale's Game*, Monsieur Cigarette is a figment of Tom's imagination – a hallucination. By creating this character for a play, it allowed me to see that perhaps this random French bloke, who happened to be my housemate at university, might not have worked for a tobacco company. Although I have had hallucinations around the subject of British American Tobacco, and delusions about robbing this particular company and giving all the money to starving children.

Emotionally, the arts also help to create a massive amount of clarity for me. In previous psychotic episodes, I would quit smoking, quit drugs and white-knuckle everything – sometimes for a good few months. This was entirely fuelled by my delusion that I was Robin Hood. When I came back from psychosis, I realised I wasn't Robin Hood and went back to smoking and taking drugs on a daily basis.

In *Nightingale's Game*, the stage is divided into two parts – reality and fantasy, Tom and T Nightingale – and reflecting on this helps me realise something. During psychosis, I had a passionate obsession about British American Tobacco and its massive wealth built on a highly poisonous product. However, going back into active addiction when coming out of psychosis isn't the answer for me either. I don't need to abandon my belief

in equality just because I come out of psychosis.

Alex: How do you feel schizophrenia affects your artistic process?

Tom: A big part of how schizophrenia affects my artistic process is in reflection on identity. I used the phrase 'pretend to be like who?' in the name of the play because I believed I was Shakespeare one minute and Robin Hood the next. I was in a deep state of confusion about who I was. The creation of the character T Nightingale, which I invented entirely for the play, is a character I secretly would quite like to be sometimes.

I don't think I would have been able to create that character without having had schizophrenia. It was invented with creative licence, but it did run in conjunction with my "dreams of grandeur".

The character of Tom doesn't really do anything exceptional like rob from the rich or give to the poor. The process of writing and playing Tom and T Nightingale made me reflect on my condition from the perspective of the character Tom, who I actually am. The fantastical nature and flamboyant confidence of T Nightingale is something I would like to have in day-to-day life. Fantasy is a massive part of psychosis and putting that into writing was hugely rewarding.

The act of creation is the process of self-discovery. The more I create, the more I discover about myself and the world I exist in. It was doing research for this very magazine that led me to get my own neurodivergence diagnoses. I'm now in the process of reframing past experiences through an AuDHD lens by recording an album. Some of the songs are rewrites of lyrics written many years ago. My hyperfixations have made me a multi-instrumentalist. My unsettled mind directs me to take creative risks. My lifetime of masking has made me a storyteller. My traumas are my muses.

The world of recovery arts is post-traumatic growth in action. I understand the anger of those internet commentators who suddenly realise that for much of their lives, they have been against being disabled. I, too, feel that anger. But I'm also lucky. I've had many advantages in my life that I need to acknowledge – I am a white cis male, for a start – and I've managed to settle into a fairly comfortable life. I also had the advantage of already being part of a supportive, diverse community before being diagnosed, which cushioned at least some of the blow.

There are people out there hurting, so it's up to us to do what we can. Like The Mixed Bag Players, we should embrace diversity not just in principle, but in action. We should question ourselves and our own assumptions about how we think brains work. We should listen to people when they tell us what they need. And of course, we need to keep telling our stories to understand ourselves and the world – and help the world understand us – because by doing so, we can turn divergence from trauma into hope.

Viva la divergence. ♦

Dreamer will be on at the Frigate Theatre in York from Thursday 19th to Saturday 21st of March. For more information and tickets, visit: <https://www.ridinglights.org/whatson>



Above: The Mixed Bag Players performing *Nightingale's Game: Pretend To Be Like Who?* in 2024 (credit: Mixed Bag Players)

The Weight by
Lorna Crease

People often say that I am strong.

I didn't always feel strong,

I felt weak,

Like a quaking leaf, shaking knees or decaying teeth,

My soul shivered at sudden sounds,

To be seen was to need to scream!

My voice was the whisper of a distant sea,

And my shoulders groaned under the weight of my chosen stones.

I lingered almost always in the darkness alone,

A frightened little ghost.

For years I traded my soul and the sun for night time trips to grimy dens

Run by the most unsavoury types of men. I exhaled my dreams and hopes

In streams of smoke, and apathetic I watched them choke.

But not so long ago, I chose the light.

I stepped out of nightmares that kissed my skin like the edges of knives.

Bloody but unbroken I chose to be alive.

Now taller I stand.

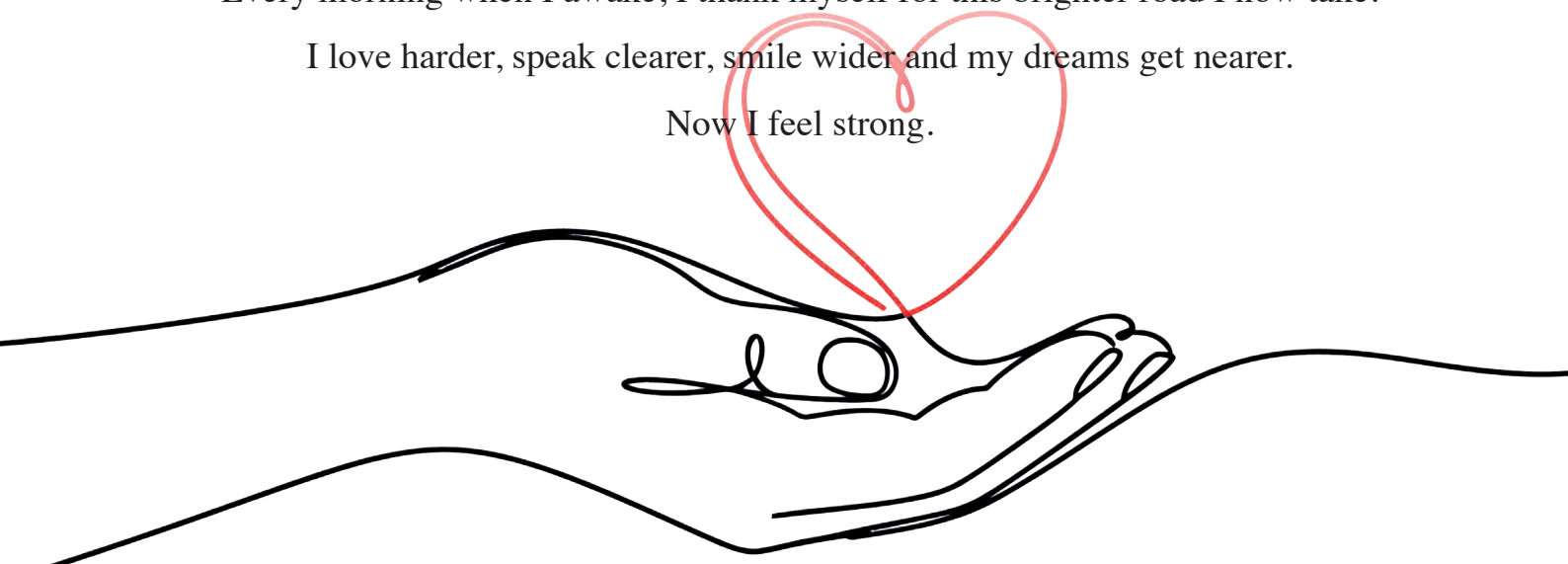
I carry the remembered weight of darker days proudly

With my demons in hand.

Every morning when I awake, I thank myself for this brighter road I now take.

I love harder, speak clearer, smile wider and my dreams get nearer.

Now I feel strong.



A NEUROQUEERING HUMAN

Neurodivergent, trans and queer artist in recovery Laurie Green established the informal Neuroqueering Network to see if they could connect with other like-minded souls virtually. They were not disappointed. Leon Clowes talks to Laurie about their practice, the impact of the Neuroqueering Human grants and where recovery fits into this mix.



Leon: Where do neurodivergence, recovery and arts practices meet for you?

Laurie: They very much intertwine. After university, I felt disconnected from myself and uncomfortable being who I was. Alcohol and drugs were ways to both connect with an altered self and further disconnect from myself. It was a kind of dissociation. At the same time, I was discovering my queerness and neurodivergence; that exploration became central to recovery. Art was my route into that process. Seeing work by other queer, trans and neurodivergent artists helped me recognise parts of myself and imagine living without substances. Art opened the possibility of reconnection.

Leon: How has your arts practice developed?

Laurie: While working office jobs, I would spend lunch breaks at the Tate Modern and make collages. I experimented with casting plaster and concrete. I was making forms, plinths, objects. I'd often enter near-manic creative states, sometimes facilitated by substances but also fuelled by depression and anxiety. At one point, I couldn't continue working the office job. I volunteered, made things on the side and eventually recognised art as what I wanted to do. Around 2021, I told myself I was an artist. My practice evolved into work about relationship: I now think of myself as an artist who works primarily in the medium of relationship. That means making from, about and through relational fields across any process or material that emerges from that core.

Leon: How did the Neuroqueering Humans grant programme begin?

Laurie: The concept of neuroqueering came from reading Nick Walker's *Neuroqueer Heresies*. It's about subverting normativities – neurotypicality,

cis-heteronormativity – and recognising many equally valid ways of being human. I wanted to spread that thinking, especially within the art world. Using some personal funds, I set up a small grant scheme to support people doing neuroqueering work. This was a thousand-pound award for projects that resonated with the idea. It was a way to meet artists doing similar work and to support them creatively.

Leon: How did the grant scheme work out?

Laurie: It was rewarding but also highlighted the competitiveness of the art world: many applicants, few awards, lots of unpaid labour for submissions. I didn't like contributing to that competitive mechanism. So, I shifted to working more relationally, and proactively offering support within my network rather than a public application system. The neuroqueering ethos continues, but now through direct relationships rather than a standard funding application model.

Leon: You've said neuroqueering can still refer back to normativity. How are you rethinking it?

Laurie: Neuroqueering is useful, but it's still a response to normativity. I'm curious about letting something truly emergent come from bodies and relationships rather than always orienting from the norm first. So, I still use the concept, but it's part of what I do

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Bottom: *Kiss Me* (Laurie Green, 2022)

Right: *Finding Myself* (Laurie Green, 2020)

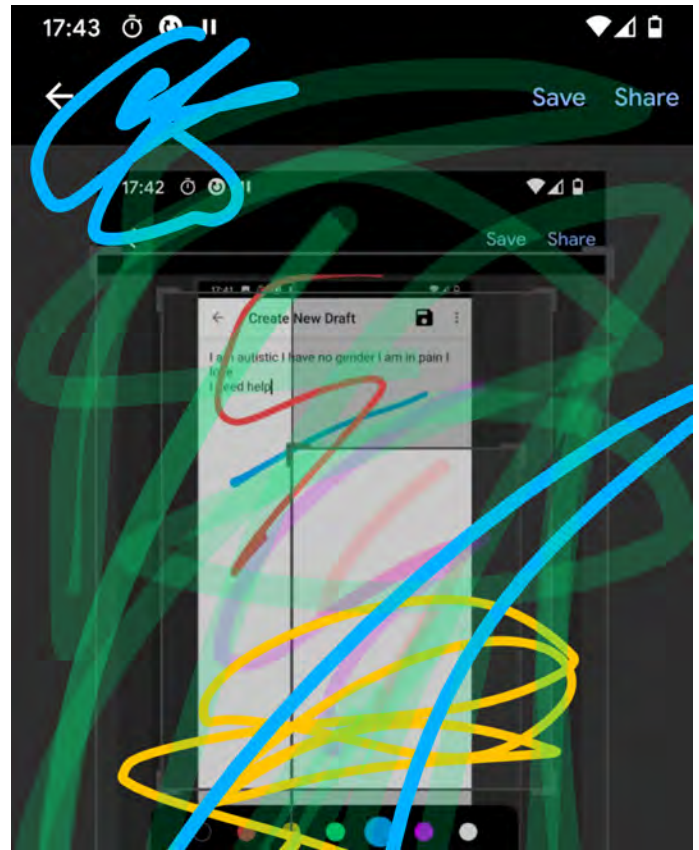
rather than the totality. I'm exploring how to move beyond reactive frameworks into generative practices that centre relational emergence.

Leon: What kind of people engaged with the Neuroqueering Network? Were many in recovery?

Laurie: Applications and connections came from around the world. They were from Europe, Asia, the Americas, which was beautiful. Recovery wasn't always explicitly stated in applications, but in relationships that formed afterwards, a theme of recovery or complex relationships with state-altering experiences (alcohol, drugs) recurred. I sense a shared experience among many neurodivergent and queer people: discomfort from living under imposed norms that can push people towards substances or other escapes. Recovery often becomes a fluid, ongoing process, which feels "neuroqueer" to me: it's not a fixed state but a shifting practice.

Leon: You mentioned your own relationship with alcohol. Can you say more?

Laurie: Alcohol was both poison and a cure at different times. As a neurodivergent person it felt like a passport to normality. It was a way to blend in or have social experiences that felt typical. That proved addictive: the ability to "fit in" became something I compulsively sought. But alcohol also catalysed steps that eventually led to recovery: moments of bravery or decision that I might not have made sober, which later proved pivotal. My own turning point came on Boxing Day 2020 during COVID lockdown: after getting very drunk on Christmas Day, I simply stopped and haven't drunk since. There was no dramatic willpower. It just switched off and became undesirable. It felt unusual to me, and I've talked to people about it; it's not a common story but it worked for me.



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Leon: You've touched on the idea of different routes into recovery. How does arts practice expand those possibilities?

Laurie: Arts practice opens other ways of being and other ways of doing recovery. 12-step models have helped many people, and I value them, but they can feel fixed or prescriptive for some queer and neurodivergent people. Creative practice allows exploration and "looking under stones". Testing, poking and finding alternatives that suit different sensibilities. The diversity of recovery approaches is vital: whatever works for someone is what matters.

I'd say that neurodivergence, queerness and recovery often interweave in ways that make conventional approaches less fitting. We need creative, relational and flexible responses – in art, in community and in support systems. Centre emergence over normalisation and make space for different ways of being. ♦

This issue's back page is Entropy (Laurie Green, 2021). You can find out more about Laurie's work at <https://lauriegreen.substack.com/> For more on the Neuroqueering Network, visit: www.neuroqueering.network

THE BUTTERFLY THAT LEARNED TO LAND by ANNIE KING

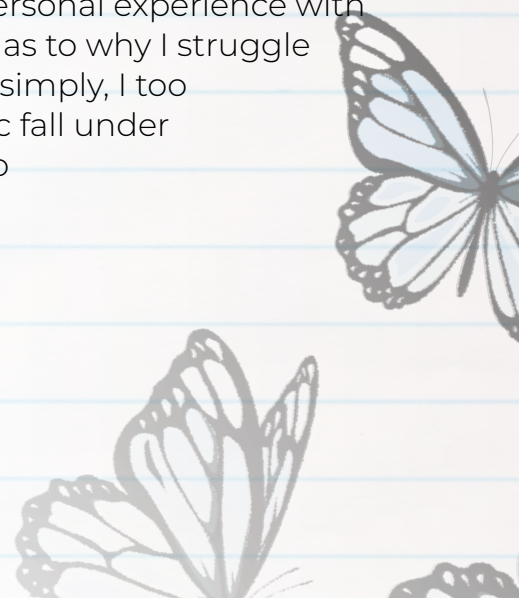


Creative arts can be transformative for anybody, especially for people in recovery. Be it dance, music, drama or fine arts, they allow for self-discovery, self-confidence and self-expression. Within recovery-based creative arts services, there are people with lived experience of addiction. Many of them are people who have lived on the outskirts of society, with its norms and expectations. Groups display acceptance and openness, and participants support each other's recovery, providing a strong foundation for a person to explore and develop their confidence, talents and sense of community, thus enhancing their recovery and quality of life.

Such groups have the potential to offer opportunities for neurodivergent people to participate in activities that are beyond normal societal expectations and performance measures. For organisations offering support to people in recovery, understanding what neurodivergence really means adds value to the service. Knowing how to adapt the physical environment, make adjustments for personal coping strategies and offer options for alternative learning styles are some of the fundamental ideas when working with neurodivergent people in recovery.

Over the years of attending and volunteering in recovery-based services, I have become aware of the high percentage of people identifying as neurodivergent within the recovery community. I have spoken to many people who, now sober, are understanding how their own neurodivergence impacted their feelings of difference throughout their lives.

Creative arts, neurodivergence and recovery all merge key components of my life; my formative educational years, my professional career, my personal experience with addiction and alcoholism, and my personal quest for answers as to why I struggle in normal societal settings and expectations. Could it be that, simply, I too am neurodivergent? Does the mind of an addict and alcoholic fall under the umbrella of neurodivergence? Although I do not expect to resolve these questions here, I want to share some of my own experience around alternative educational environments, some insight into neurodivergence, and how pivotal engagement in creative activities has been in my life.

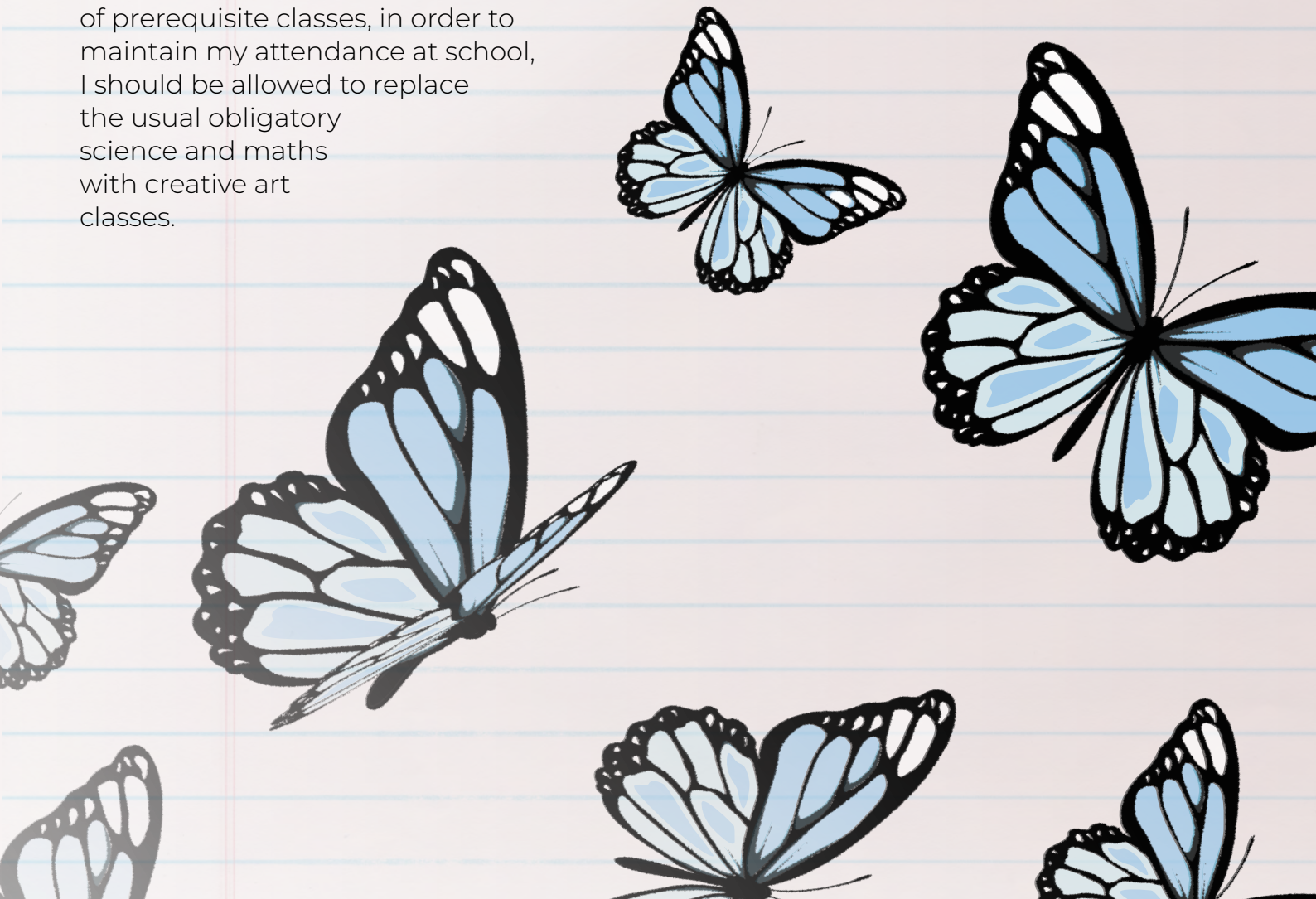


My school years began in the US during the 1970s. I was part of a citywide integration program bringing students from diverse backgrounds, cultures, races and economic statuses to be educated together. I was enrolled in an Open School programme. This alternative educational model emphasised student-centred learning, collaboration, and flexible and active learning opportunities. The Open School philosophy focused more on meaningful engagement than exam results. The classroom was a mixture of different-aged students, and most importantly, the environment catered to varying learning styles. I struggled and often “froze”, unable to speak, consumed with agonising fear when put under pressure or expectation of verbal interaction.

Although I had friends, I didn't understand the boundaries around varying friendship groups or cliques and often felt left out. I would frequently disappear from my homeroom, and more often than not, I could be found hanging out with Pete the Potter, the school pottery teacher, making strange animals out of clay. The flexibility and allowance for learning “outside the box” has shaped my teaching philosophy and practice to this day.

Then followed a few troublesome teenage years, and I struggled with school attendance and substance abuse. The educational councillors recommended that, having missed a year of prerequisite classes, in order to maintain my attendance at school, I should be allowed to replace the usual obligatory science and maths with creative art classes.

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With this, I excelled at photography, painting, drawing and writing. Not only did this wannabe high school dropout manage to graduate, but I also continued on to university, attaining two degrees and a teaching license. More importantly, my attitude and self-confidence began to turn around as I enjoyed the opportunity to explore creative arts. Subsequently, my chemical use dwindled as my sense of achievement grew. I reflect on my struggles with formalised textbook teaching approaches, the gravity of my situation and gratitude for being given alternative educational options. To this day, my experience of being given a chance outside the normal high school curriculum impacts my professional approach within the field of neurodivergence.

In 2006, following continual personal struggles with alcohol, substance misuse and an eating disorder, I joined a recovery service. It was in a treatment facility where I began to identify with others in recovery. The commonality of feeling different, unable to “fit in” and experiencing anxiety to a level of functional paralysis, reminded me of the people I associated with during my trying times as a teenager, as well as into adulthood.

Many alcoholics and or addicts seek out like-minded people, many of whom fall outside the norms of society. Characterised and criticised by social labels – drop-outs, misfits, delinquents, burnouts, drunks, unfit people – we are people who experience an inability to settle in traditional education or workplace environments. Seeking refuge through the excessive use of alcohol, drugs, sex, gambling and/or gaming, we gravitate to companions whose lifestyles complement our needs. Again, outside societal norms, these addiction and alcohol-fuelled communities offer the addict a place to go, a role to play and a social status within a group. When coming into recovery, this social vibrancy and sense of community need to be replaced with a healthier one.

Virtually all of the people I have met in recovery speak about how alcohol and/or substance use quiets ruminations, depressive thoughts, fears and anxieties. Interestingly, in the treatment centre programme I attended, four out of the twelve in the group, although undiagnosed, thought they may be neurodivergent. I recall conversing with one chap who spoke of waiting for an ADHD assessment. His drug of choice had been cocaine. He confirmed my question: “Yes. When I use cocaine, it calms my mind”.

Although this was not the first time I had come across the phenomenon of a powerful stimulant calming an ADHDer’s mind, this man’s self-medication through the use of recreational drugs sparked my interest in the area of neurodivergence and addiction. I began to read personal stories by neurodivergent people in recovery, as well informally researching the neuroscience involved in neurodivergent people, particularly ADHD, autism, foetal alcohol syndrome, alcoholism and addiction.

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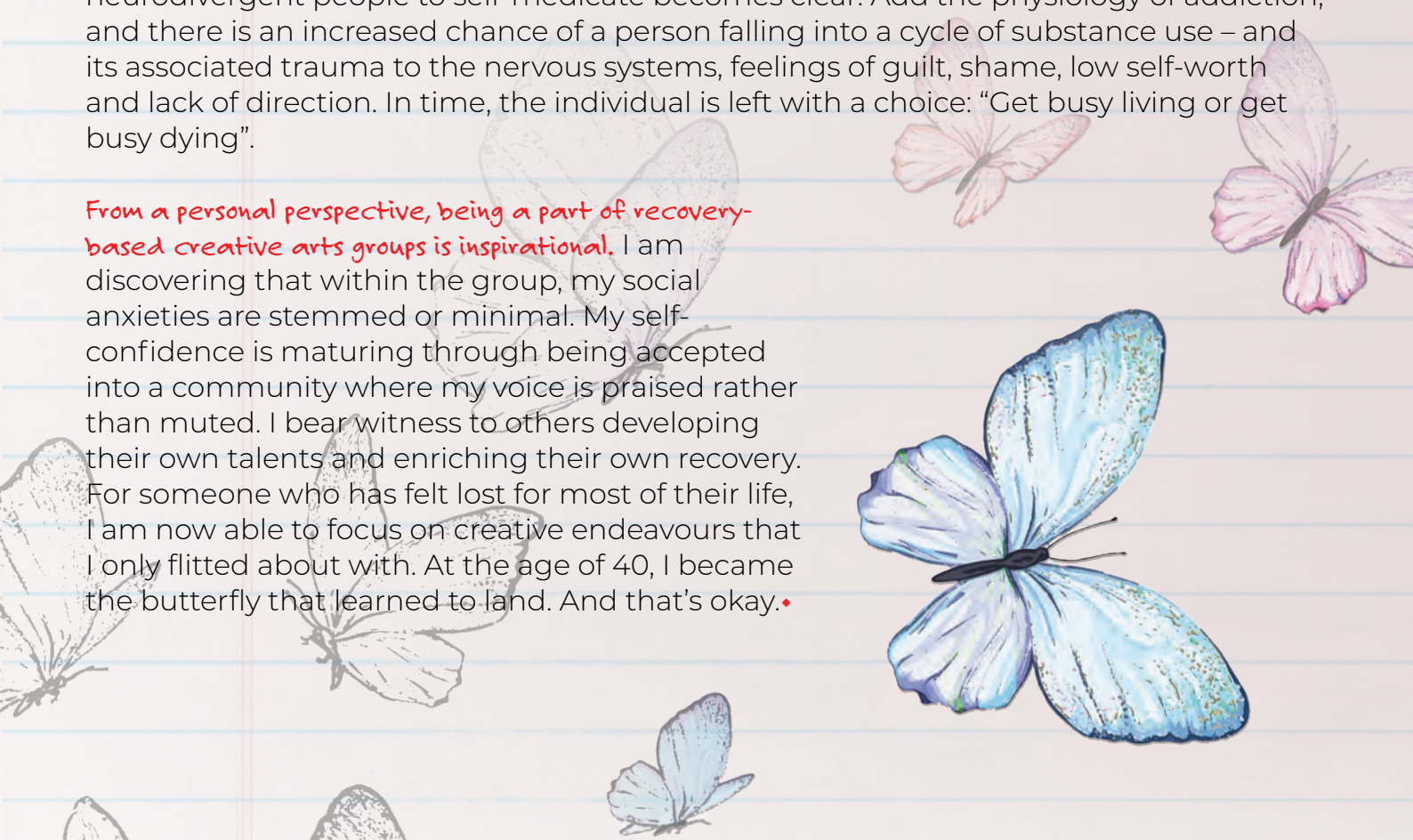
My professional career began in the US in 1991 and has focused on teaching, support and management of services for people who fall under the umbrella term of neurodivergent. Over the years, I have worked with hundreds of neurodivergent people in several different environments, including home, educational and creative environments.

Neurodivergence, as coined by American Autism activist Kassiane Asasumasu, refers to people whose neurodevelopment differs from “normal” brain development, and whose neurocognitive functioning deviates from societal norms in multiple ways. This includes (but is not limited to) autism, ADHD, dyslexia, dyspraxia, dyscalculia, Tourette syndrome, foetal alcohol syndrome and learning/neurodevelopmental disabilities.

Traditionally, within formal services for neurodivergent people, there are several different models of approach: medical, social, person-centred and biopsychosocial. I prefer a person-centred approach when working directly with people in a professional capacity. I strongly agree with the principles in the social model, which affirm how environments, discrimination and societal barriers lessen opportunities, thus compounding people’s disabilities and mental well-being, particularly in mainstream education and the workplace.

Through researching addiction and neurodivergence, I came across the biopsychosocial model. This approach focuses on the neurochemical, environmental and social impact of neurodivergent people. By understanding the neurochemical and neurodevelopment differences in the brain, the want, or even need, for some neurodivergent people to self-medicate becomes clear. Add the physiology of addiction, and there is an increased chance of a person falling into a cycle of substance use – and its associated trauma to the nervous systems, feelings of guilt, shame, low self-worth and lack of direction. In time, the individual is left with a choice: “Get busy living or get busy dying”.

From a personal perspective, being a part of recovery-based creative arts groups is inspirational. I am discovering that within the group, my social anxieties are stemmed or minimal. My self-confidence is maturing through being accepted into a community where my voice is praised rather than muted. I bear witness to others developing their own talents and enriching their own recovery. For someone who has felt lost for most of their life, I am now able to focus on creative endeavours that I only flitted about with. At the age of 40, I became the butterfly that learned to land. And that’s okay.♦



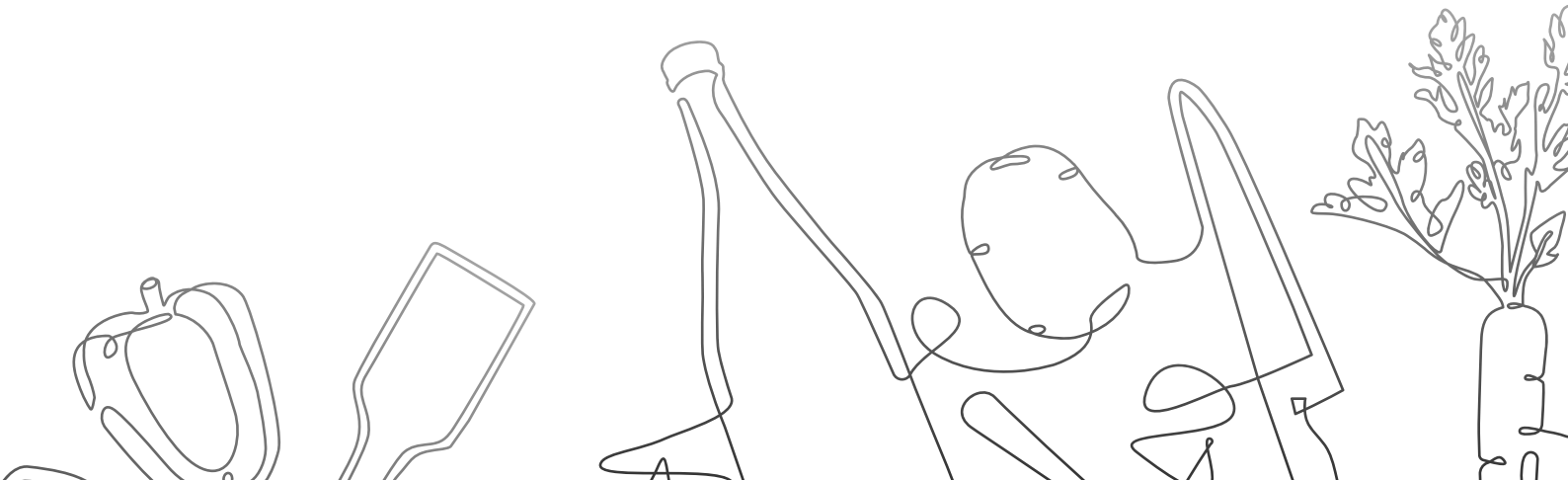
Thank You, Real Junk Food Project by

Ollie Hay

I couldn't help letting out a small cry,
As I gorged on the cooked salmon and crispy flaked skin,
In a garnished salad fuelling,
My body with all the opposite of toxins.
It's a funny thing, insanity,
Only now, dawning,
Who could possibly take mind-altering substances for decades,
And their mind not be altered?

I've never felt so alone as I do today.
Staring into the mirror.
My legs, my bones, bent,
Toes lost circulation,
A self-care project
I battled for years and recently abandoned,
Defeated, left

But this salmon? Oh my god!
This crispy salmon's hide,
I'm just imagining all the oils inside,



Transporting around to heal my skin.
This month, I managed to spend my entire
benefits in the space of a week,

Today is week 2 of 5,
I'm completely broke,
not a penny more,
by far a record.

It's trauma I say.

Relapsed, kicked out, on the streets, in a
doorway, on the beach, bedhopping but at a
cost of drugs, giving my body, costing all of
me, trauma for two weeks, not to mention
century.

I caught a cold on Saturday that got bad in
the night.

Sunday morning, I woke up.

Hungry with no food to eat,

Nicotine withdrawals no fags no vape,
deadly flu, it feels ...

What the fuck did I do in a previous life,
to end up like this?

As I'm munching on the crispy salad
leaves, I notice the noodles.

Not a generous amount.

Probably just about enough to tick the
nutritional box,

But who cares?

It's free and is making this junkie happy.

This junky's happy. In this moment. Food's
good. Only meal today.

What happened? No family.

Used to boast of 27 first cousins.

No 4 siblings.

Used to boast

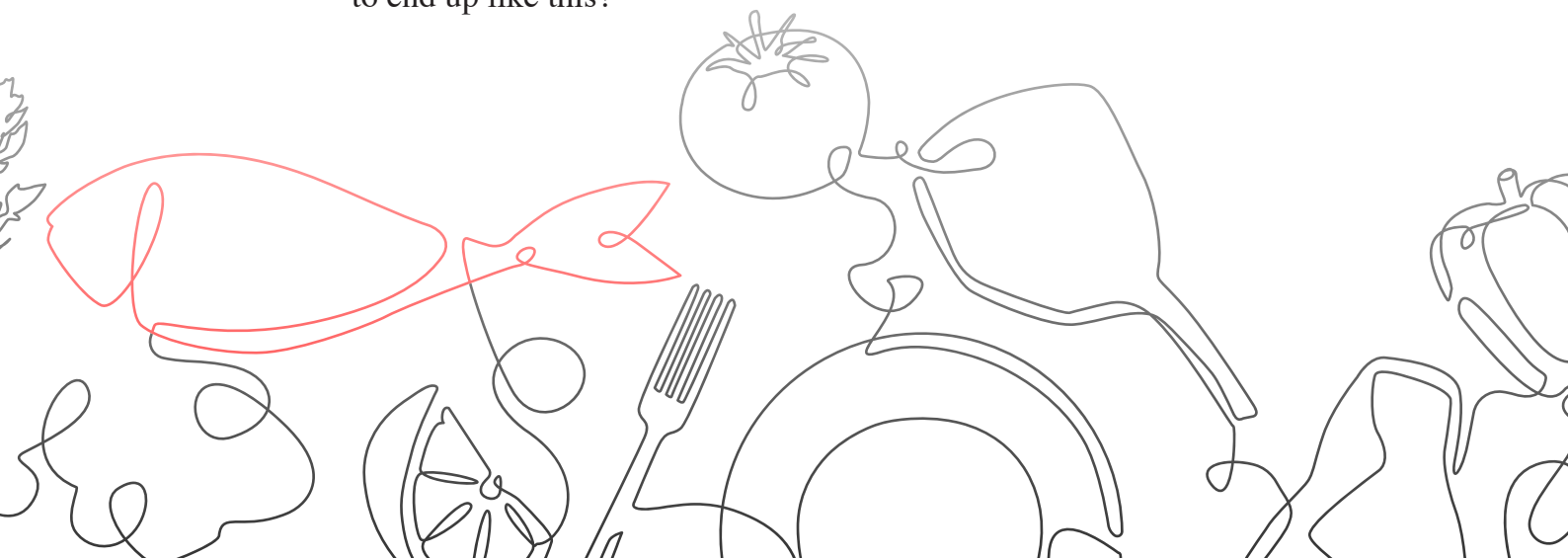
How close

We were.

Never understood my parents.

Never liked my dad, bully of a man.

But ohhhh this salmon.



THE DIRECTORY

ORGANISATIONS AND INDIVIDUALS WORKING IN RECOVERY ARTS

34

PERFORMING RECOVERY

UNITED KINGDOM

BDP Creative Communities

Bristol

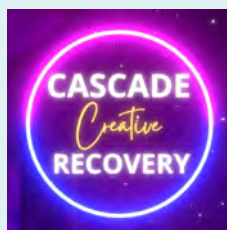


Part of the Bristol Drugs Project (BDP), the Creative Communities include Bristol Recovery Orchestra, Oi Polloi Theatre Group and Rising Voices Recovery Choir.

Website: www.bdp.org.uk/creative-communities/

Cascade Creative Recovery

Brighton



A community-based, peer-led charity. Projects include a community choir, open mic nights, drama and creative writing

Website: cascadecreativerecovery.com

Cysylltu/Connecting

Bangor

A Bangor-based project seeking to address mental health and addiction issues with conversation through the arts

The Detox Factor

Staffordshire



A creative hub using music, theatre and other arts with the primary purpose of inspiring the still suffering addict.

Website: www.facebook.com/thedetoxfactor

Eleanor Cowell

East London

A visual artist exploring mental health through arts and well-being classes.

Email: eleanorcowellart@gmail.com

Website: eleanorcowell.com

Edinburgh Recovery Activities (ERA)

A project set up to provide fulfilling and enjoyable experiences for those in recovery. The activities include meet-ups and a creative writing group.

Email: mickmccarron@cyrenians.scot

Website: www.facebook.com/EdinburghRecoveryActivities

Essex Recovery Foundation



A visible recovery community that runs a number of arts-based recovery projects as well as the Essex Recovery Festival.

Website: www.essexrecoveryfoundation.org

Fallen Angels Dance Theatre

Chester, Liverpool, Greater Manchester

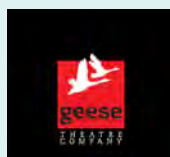


Fallen Angels Dance Theatre supports those in recovery from addiction or mental health adversity through dance, performance and creativity.

Website: fallenangelsdt.org

Geese Theatre Company

Birmingham



A theatre company enabling people in criminal justice and social welfare settings to make positive changes through performances and training events.

Email: info@geese.co.uk

Website: geese.co.uk

Horizon

Brighton



Supporting those in recovery from addiction through the medium of creative film, media and photography.

Email: annie@editsweet.rocks

Website: myhorizon.rocks

Lost Souls Poetry Night

Wandsworth, London



Sober-friendly open-mic nights for poets and other wordsmiths.

Website: [instagram.com/lostsoulsentertainment](https://www.instagram.com/lostsoulsentertainment)

New Central Media



Publishing centred on the voices of those with lived experience.

Website: drdavidpatton.co.uk/new-central-media

New Note Projects

Brighton



The New Note Orchestra is made up of musicians in recovery from addiction. Also includes a weekly guitar group and New Note Dance.

Website: newnote.co.uk

Mindful Art Club

Plymouth



Offering art groups, meditation and other activities for people in recovery in the Plymouth area.

Website: mindfulartclub.co.uk

The Mixed Bag Players

York

York-based theatre group associated with York in Recovery.

Website: [facebook.com/groups/835222381575024/](https://www.facebook.com/groups/835222381575024/)

Head-on

Southeast

Facilitating, mentoring and coaching inclusive recovery arts and dance spaces.

Website: www.head-on.co.uk/

Not Saints
Brighton



A record label and events company that releases music from bands in recovery, as well as setting up sober open-mic sessions and running music training courses.

Website: notsaints.co.uk

The Outsiders Project
Boscombe



An organisation working with outsider artists in the community.

Website: facebook.com/outsidersprojectboscombe

Outside Edge Theatre Company
London, E1

A theatre company and participatory arts charity supporting recovering addicts and those affected by addiction..

Website: edgetc.org.

Our Space (Theatre Royal Plymouth)



A creative programme for adults who face challenges, like homelessness, mental health and substance misuse.

Website: theatreroyal.com

Portraits of Recovery
Manchester



Visual arts charity supporting people and communities in recovery.

Website: portraitsofrecovery.org.uk

The Recovery Collective
Glasgow



A community interest company formed to use music to promote recovery from drug and alcohol addiction.

Website: facebook.com/recoverycollectiveic

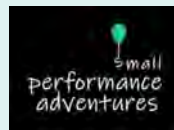
Recoverist Theatre Project
Islington, London



Part of Islington People's Theatre project. It uses applied theatre and creativity with vulnerable and marginalised groups, including adults in recovery.

Website: islingtonpeoplestheatre.co.uk

Small Performance Adventures
Brighton



Workshops, performances and events in partnership with recovery, mental health, criminal justice, homelessness and education organisations.

Website: smallperformanceadventures.com

Sobriety Films



A social enterprise that uses film to raise awareness of recovery and champion recovery for those that need healing from addiction, mental ill health and trauma.

Website: www.sobrietyfilms.com

Status Creative CIC
Saxmundham



Carries out creative activities to benefit wellness and the community with people with adverse life experiences including addiction.

Website: statuscreativecic.com/

SUIT (Service User Involvement Team)
Wolverhampton



Service supporting vulnerable adults in welfare and addiction recovery with lived experience. SUIT's art collective meet every week for practical and applied work.

Website: suitrecoverywolverhampton.com

Vita Nova
Boscombe



A creative arts organisation and recovery community, run by members and volunteers.

Website: vitanova.co.uk

Voodoo Monkeys
Devon

A theatre company based in Devon committed to working with and for marginalised communities.

Website: facebook.com/voodoomonkys

INTERNATIONAL

The Creative High
USA

A documentary film created by Adriana Marchione and Dianne Griffin focussing on nine artists in recovery from addiction.

Website: thecreativehigh.com

Passenger Recovery
Worldwide



Resources, articles and support for sober musicians, including a tool kit for touring and travelling musicians who need help and support while sober on the road.

Website: passengerrecovery.com

Turn Up For Recovery



"Like Macmillan coffee mornings but for music and recovery," Turn Up For Recovery promotes fundraising gigs anyone around the world can put on.

Website: turnupforrecovery.org

The Recovery Project
Florida



Florida-based projects using arts to help reduce stigma and help people with addiction.

Website: <https://www.floridastudiotheatre.org/support-us/therecoveryproject/>

