

From Dependence to Meaning: An Art-Based Recovery Capital Framework for Addiction Recovery and Relapse Prevention

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ABSTRACT

Substance use disorder recovery is frequently framed around abstinence, relapse prevention and symptom reduction. These goals remain essential, yet they do not fully capture the human work of recovery: the reconstruction of identity, meaning, belonging, emotional regulation and future orientation. This conceptual review proposes an Art-Based Recovery Capital Framework for addiction recovery. The article integrates recovery capital theory with art-based therapeutic and learning practices, arguing that creative expression can strengthen psychosocial and existential resources that support sustained recovery. The framework identifies five interrelated dimensions: symbolic self-awareness, affective regulation, identity reconstruction, relational belonging and purposeful action. These dimensions are not proposed as a substitute for evidence-based clinical treatment, medication-assisted treatment, psychotherapy or peer recovery support, but as a complementary model that can enrich recovery-oriented systems of care. The paper also presents an eight-session implementation pathway, an evaluation agenda and ethical safeguards for trauma-informed use. The central contribution is to move from a narrow logic of dependence reduction toward a broader logic of meaning reconstruction. Recovery should not only ask how people stop using substances; it should also ask how they recover a life worth protecting, inhabiting and sharing.

Keywords

Addiction recovery, Substance use disorder, Recovery capital, Art therapy, Identity reconstruction, Meaning-making, Relapse prevention, Trauma-informed care, Human-centered care.

Introduction

Addiction is one of the clearest examples of a health condition that cannot be understood only through one lens. It involves neurobiological processes, psychological vulnerability, social determinants, cultural meanings, trauma, habit, stigma and the search for relief. The global burden remains substantial. The World Health Organization has reported that alcohol and psychoactive drug use account for more than three million deaths annually, while the United Nations Office on Drugs and Crime continues to document the expansion and diversification of global drug markets [1,2]. These data are not only epidemiological indicators; they are reminders that addiction is also a crisis of life trajectories, families, communities and futures.

Within this context, recovery cannot be reduced to detoxification

or abstinence alone. Abstinence may be clinically necessary and, for many people, personally indispensable. However, recovery is more than the interruption of consumption. A person may stop using substances and still remain trapped in shame, isolation, emotional emptiness, social exclusion or a fragmented sense of identity. Conversely, sustained recovery often involves rebuilding a life that becomes meaningful enough to protect. The Substance Abuse and Mental Health Services Administration defines recovery as a process of change through which people improve health and wellness, live self-directed lives and strive to reach their full potential [3,4]. This definition broadens the field: recovery includes health, but also agency, dignity, relationships, purpose and hope.

This article proposes an Art-Based Recovery Capital Framework. Its central thesis is simple: addiction recovery is strengthened when clinical stabilization is accompanied by symbolic, relational and existential reconstruction. Art-based processes can help people externalize pain, interpret experience, rebuild identity and translate insight into purposeful action. This does not make art a cure, nor

does it replace medical or psychological treatment. It positions art as a structured human pathway for expanding recovery capital.

Why recovery must go beyond symptom reduction

Clinical treatment rightly focuses on reducing harmful use, managing withdrawal, treating comorbid conditions, preventing overdose and reducing relapse risk. These aims are necessary. Yet a narrow symptom model can unintentionally leave a critical question unanswered: what kind of life is the person recovering into?

Research on recovery increasingly emphasizes that definitions based only on abstinence or the absence of symptoms fail to capture the diversity and depth of recovery pathways [5]. Quality of life, social functioning, purpose, self-esteem and well-being are not secondary ornaments added after recovery; they are part of the recovery process itself [6]. A person can be abstinent and still hopeless. A person can attend treatment and still feel defined by failure. A person can comply with protocols and still lack a future narrative.

Addiction often compresses identity. It turns a complex person into a single story: consumption, relapse, guilt, concealment, repair, recurrence. Recovery must therefore expand identity again. The individual must be able to say: I am more than the disorder; I am more than the harm I caused or suffered; I am capable of care, contribution, creativity and responsibility. This movement from a reduced identity to a reconstructed identity is not merely motivational. It is clinically relevant because identity, belonging and meaning can influence adherence, relapse vulnerability and long-term engagement with recovery communities.

A recovery-oriented system of care should therefore integrate interventions that help people organize emotions, repair relational bonds, access social resources and create a new self-narrative. Art-based practices can offer one such pathway.

Recovery capital as a strengths-based foundation

Recovery capital refers to the internal and external resources that support the initiation and maintenance of recovery from substance use problems. Cloud and Granfield [7] expanded the construct by showing that recovery is shaped by personal, social and community resources, as well as by barriers that can become negative recovery capital. Later reviews have reinforced the value of recovery capital as a biopsychosocial framework for identifying strengths, deficits and intervention targets [8,9].

The concept is important because it shifts the recovery conversation from pathology alone to capacity. Instead of asking only what is wrong, it asks what resources can be activated. Instead of defining the person only by diagnosis, it recognizes skills, relationships, aspirations, cultures, communities and environments. This strengths-based orientation is essential in addiction care because stigma frequently narrows the imagination of professionals, families and people in recovery themselves.

However, recovery capital is often operationalized through measurable resources such as housing, employment, education, peer support, social networks and treatment access. These are indispensable. Yet many recovery resources are symbolic and existential before they are behavioral. A person may need words for pain, images for trauma, rituals for transition, symbols for dignity and narratives for future action. These forms of capital are harder to measure but deeply relevant. They may be called symbolic recovery capital, identity recovery capital or meaning recovery capital.

Art-based recovery work can strengthen precisely these less visible forms of capital. By making internal experience visible, shareable and transformable, art may help individuals build the psychological and relational resources needed for sustained recovery.

Why art belongs in addiction recovery

Art has a particular capacity to connect cognition, emotion, body, memory and imagination. Many people with substance use disorders have histories of trauma, grief, abandonment, shame, exclusion or chronic stress. Direct verbal disclosure may be difficult, premature or emotionally overwhelming. Art offers an indirect route. The person can draw the craving, sculpt the burden, write the letter never sent, create a collage of the past and future, compose an image of the self before and after recovery or participate in a collective artistic ritual that transforms isolation into belonging.

The evidence base for art therapy is still developing. A recent systematic review and meta-analysis of active visual art therapy found therapeutic benefits for some health outcomes, while also emphasizing that many studies remain of low quality and that stronger trials are needed [10]. In the addiction field specifically, art and music therapy have been used within substance abuse treatment programs, often as complementary modalities responding to distinctive patient needs [11]. Emerging work also argues that art therapy may engage brain networks relevant to trauma and substance use disorder recovery [12].

These findings support cautious innovation. Art-based recovery should not be oversold as a stand-alone clinical solution. Its value lies in complementarity: it can reinforce motivation, self-reflection, emotion regulation, group cohesion and identity reconstruction within evidence-based systems of care. It can also reduce the gap between treatment participation and personal meaning.

The Art-Based Recovery Capital Framework

The proposed framework is structured around five interrelated dimensions. Each dimension corresponds to a recovery need and to a possible art-based pathway. The model is not a rigid protocol; it is a conceptual architecture that can be adapted to clinical, community, educational or peer-support settings.

Symbolic self-awareness

The first dimension is symbolic self-awareness. Addiction frequently involves disconnection from internal experience.

Table 1: Art-Based Recovery Capital Framework.

Dimension	Recovery need	Art-based pathway	Expected contribution
Symbolic self-awareness	Recognizing triggers, cravings and inner states	Drawing, collage, image mapping, symbolic objects	Improved awareness and distance from automatic patterns
Affective regulation	Managing anxiety, anger, shame, grief and loneliness	Painting emotion, movement, poetic writing, contained expression	Non-destructive emotional expression and coping
Identity reconstruction	Moving beyond a reduced addiction identity	Self-portraits, recovery masks, future-self letters, narrative art	Broader self-concept and restored dignity
Relational belonging	Reducing isolation and stigma	Collective murals, shared symbols, group storytelling	Peer connection, trust and community recognition
Purposeful action	Converting insight into recovery behavior	Recovery manifesto, values map, symbolic contract	Commitment, agency and relapse prevention habits

Substances may function as a way to avoid anxiety, pain, memories, loneliness or unbearable self-judgment. Before a person can transform a pattern, the pattern must become visible.

Art-based exercises can make inner states observable without demanding immediate verbal explanation. A facilitator might invite participants to create an image titled 'the shape of my craving', 'the room where my addiction lives' or 'the weight I carry'. The work does not aim for artistic quality. Its purpose is to create a safe symbolic object that can be observed, named and discussed.

This process can increase self-awareness because the person is no longer fused with the emotion or craving. The experience is externalized. It can be looked at. It can be described. It can be changed. Symbolic self-awareness therefore becomes a first step toward agency.

Affective regulation

The second dimension is affective regulation. Many relapses are associated with emotional states such as anxiety, anger, boredom, guilt, grief, loneliness or hopelessness. Evidence-based relapse prevention has long emphasized the identification of high-risk situations and coping strategies [13]. Art-based practices can contribute by providing a non-destructive channel for emotional expression and modulation.

Painting anger, shaping fear, writing a poem to grief or designing a recovery object can help transform affective intensity into symbolic form. The person learns that emotion can be expressed without being acted out destructively. In group settings, this process may also normalize difficult emotions and reduce shame.

Affective regulation through art should be trauma-informed. Not every image should be interpreted by the facilitator. Not every participant should be pushed to disclose. The artwork belongs to the person. The goal is to increase emotional choice, not to expose vulnerability prematurely.

Identity reconstruction

The third dimension is identity reconstruction. Substance use disorder can dominate self-definition. People may internalize labels such as broken, weak, dangerous, unreliable or hopeless. Stigma can become self-stigma. Recovery requires the construction of a broader identity that includes responsibility without permanent condemnation.

Art-based work can support this transition. A participant may create two self-portraits: one representing the self under dependence and another representing the self in recovery. Another may build a symbolic bridge between past and future. Another may write a monologue from the voice of the future self. The aim is not denial of harm, but integration. The past is acknowledged, but it no longer owns the entire identity.

Identity reconstruction is one of the most important contributions of art-based recovery capital. The person does not only receive treatment; the person becomes the author of a new narrative.

Relational belonging

The fourth dimension is relational belonging. Addiction often isolates. It may damage family relationships, friendships, professional credibility and community participation. Recovery capital research repeatedly shows that social resources matter. Peer support, family repair and community belonging can protect recovery and provide accountability, recognition and hope.

Group-based art activities can create belonging without requiring immediate confession. Participants may share symbols rather than detailed biographies. They may discover that others carry similar fears, regrets and hopes. A collective mural, shared collage or group performance can become a community of meaning.

This is particularly important for people who have been seen mainly through the lens of the disorder. When they create, they are seen as capable, expressive and human. Art can therefore reduce stigma by making dignity visible.

Purposeful action

The fifth dimension is purposeful action. Recovery becomes stronger when insight is translated into concrete commitments, habits and roles. Purpose is not an abstract idea; it becomes protective when it shapes daily behavior.

Art-based practices can help people imagine and commit to a future. A future canvas, a recovery manifesto, a symbolic contract, a values map or a letter from the future self can link meaning to action. This dimension connects art with behavioral change. The goal is not to leave participants inspired for one session, but to help them identify the next responsible act: attending a meeting, calling a mentor, repairing a relationship, seeking employment,

maintaining treatment, creating a routine or serving others.

Purposeful action completes the movement from dependence to meaning. The person does not only stop something; the person begins to build something.

Implementation pathway: an eight-session model

The framework can be implemented as a complementary module within residential treatment, outpatient care, recovery community organizations, peer-support groups, prisons, youth prevention programs or workplace recovery initiatives. A basic eight-session structure is proposed below. It should be adapted to clinical risk, cultural context, age, diagnosis, literacy level and treatment setting.

Each session should include three phases: creative expression, reflective dialogue and recovery action. Creative expression allows symbolic production. Reflective dialogue connects the artwork with recovery insight. Recovery action translates insight into a small behavioral commitment. This triadic structure prevents the intervention from remaining only expressive or inspirational.

Table 2: Eight-session implementation pathway.

Session	Focus	Creative task	Recovery action
1	Mapping recovery capital	Personal recovery resources map	Identify one underused resource
2	The addiction narrative	Image of dependence and its cost	Name one pattern to interrupt
3	Craving and triggers	The shape of craving	Create a craving response plan
4	Emotional regulation	Color and form of difficult emotion	Select one safe regulation practice
5	Identity reconstruction	Two self-portraits: dependence and recovery	Define one identity statement
6	Belonging	Collective recovery mural	Ask for or offer one act of support
7	Purpose	Future canvas or values map	Choose one meaningful weekly action
8	Commitment	Personal recovery manifesto	Share a concrete recovery commitment

Measurement and research agenda

A conceptual framework becomes scientifically useful only if it can guide empirical evaluation. The Art-Based Recovery Capital Framework should therefore be tested through mixed-methods research. Quantitative studies can examine whether the intervention improves recovery capital, treatment engagement, craving management, self-efficacy, self-stigma, social connectedness, quality of life and relapse-related outcomes. Qualitative studies can examine changes in identity narrative, emotional expression, perceived dignity, belonging and meaning.

Pilot studies could first assess feasibility, acceptability and safety. Later quasi-experimental studies or randomized controlled trials could compare treatment as usual with treatment as usual plus an art-based recovery capital module. Longitudinal follow-up would

be especially important because recovery is not a short event but a long-term developmental process.

Potential outcome domains include: Assessment of Recovery Capital or related recovery capital instruments; quality of life measures; meaning in life questionnaires; self-esteem and self-stigma scales; craving and coping measures; retention rates; attendance; relapse episodes; emergency service use; and narrative markers of identity reconstruction. The framework is particularly suited to mixed methods because some of its most important outcomes are measurable, while others are experiential and narrative.

Table 3: Suggested research design.

Research question	Quantitative indicators	Qualitative indicators
Does the framework increase recovery capital?	Recovery capital scales; treatment retention	Narratives of new resources and support
Does it improve emotional regulation?	Craving, coping and distress measures	Descriptions of emotional externalization
Does it reduce self-stigma?	Self-stigma and self-esteem scales	Changes in identity language
Does it strengthen belonging?	Loneliness and social connectedness scales	Peer recognition and group trust narratives
Does it support purposeful action?	Goal attainment; attendance; relapse-related outcomes	Future orientation and commitment narratives

Ethical and cultural safeguards

Art-based recovery work must be ethically careful. First, facilitators should avoid romanticizing suffering. Pain does not become valuable because it is aestheticized. The dignity and safety of the person must remain central.

Second, participation should be voluntary. Some people may fear art because they associate it with judgment, failure or exposure. Facilitators should emphasize that artistic skill is irrelevant. The work is expressive, not competitive.

Third, confidentiality is essential. Artwork may reveal trauma, violence, shame, grief or family conflict. Participants must control what they share and what remains private.

Fourth, cultural sensitivity is necessary. Symbols, colors, gestures and spiritual references vary across cultures. The facilitator should not impose interpretations. The meaning of the artwork belongs first to the person who created it.

Fifth, clinical boundaries must be clear. Art-based recovery capital is not a substitute for detoxification, medication-assisted treatment, psychotherapy, psychiatric care or crisis intervention. When severe distress, suicidality, psychosis, trauma activation or risk of harm appears, referral and clinical containment are required.

Implications for practice and policy

For clinicians, the framework offers a way to address dimensions of recovery that are often difficult to reach through conventional psychoeducation alone. It can support engagement, especially among people who are resistant to purely verbal interventions or who struggle with shame.

For recovery community organizations, the framework offers a way to build collective identity and reduce stigma. Exhibitions, community murals, recovery storytelling events or creative workshops can help communities see people in recovery not as problems to manage, but as citizens with voice, talent and contribution.

For policy makers, the framework reinforces the need to fund recovery-oriented systems that go beyond acute treatment episodes. If recovery requires capital, then societies must invest in housing, employment, peer support, community belonging, cultural participation and mental health care. Art-based recovery initiatives may be a relatively low-cost complement that strengthens connection and meaning.

For researchers, the framework opens a field of inquiry at the intersection of addiction science, recovery studies, art therapy, trauma-informed care and meaning-centered intervention.

Limitations

This article is conceptual and does not present original empirical data. The proposed framework should therefore be understood as a model for future testing, not as an established evidence-based intervention. The art therapy evidence base, while promising, remains heterogeneous, and recent reviews highlight the need for more rigorous trials [10].

Another limitation is that art-based work may not be suitable or acceptable for all individuals. Some may prefer verbal therapy, peer groups, spiritual practice, physical activity or other recovery pathways. Recovery is plural, and no single model should be universalized.

Finally, implementation requires trained facilitators. Poorly facilitated art-based activities could unintentionally trigger trauma, create shame or blur clinical boundaries. For this reason, the framework should be used within trauma-informed, ethically supervised and clinically integrated contexts.

Conclusion

Addiction recovery is not only the interruption of dependence. It is the reconstruction of meaning. It is the recovery of dignity, identity, connection, agency and future. Evidence-based treatment remains essential, but recovery-oriented systems should also help people rebuild the human resources that make recovery worth sustaining.

The Art-Based Recovery Capital Framework proposes five dimensions: symbolic self-awareness, affective regulation, identity reconstruction, relational belonging and purposeful action. Together, these dimensions expand recovery capital by activating resources that are deeply human and often invisible.

A person in recovery does not only need to stop consuming. The person needs to recover the possibility of becoming. Art can be one of the bridges between the wound and the future.

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