



Creative Arts Groups Promote Connection and Flourishing in SUD Recovery



BACKGROUND

- Substance use disorder (SUD) is a chronic, relapsing condition affecting >48 million Americans annually
- Recovery often defined as abstinence → emerging work emphasizes human flourishing (meaning, relationships, well-being) as a fuller model of healing
- Social support is a key driver of improved recovery outcomes
- Many individuals enter treatment with limited social support → group-based, peer-centered interventions are critical
- Creative art making has been long used in addiction care to support expression and engagement
- Existing research focuses on formal art therapy and substance use outcomes

STUDY OBJECTIVES

This study examines two critical gaps:

- 1) how non-clinical, group-based art activities may support relationship building during recovery
- 2) how such activities contribute to flourishing—beyond abstinence

METHODS

Design: Qualitative study at an outpatient addiction treatment center

Setting: Weekly group creative arts class (e.g., collage, jewelry-making, printmaking, macramé) facilitated by a professional artist and peer recovery specialist

Data collection: Semi-structured interviews focused on group experiences, relationships, and human flourishing

Analysis: Inductive thematic analysis (Braun & Clarke) with independent double-coding and consensus meetings

Ethics: IRB approved; informed consent obtained

Participants:

- Adults with SUD who attended multiple art sessions (N = 8 | 5 female, 3 male)
- Ages 23–69; diverse racial/ethnic backgrounds
- Time in recovery: 5 months–20 years
- Art group participation: 2 weeks–6 years

Social Connectedness and Support

Participants experienced the art group as a micro-community that fostered connection, mutual understanding, and accountability, strengthening motivation and solidarity in recovery.

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“Oh no, art is not good alone. I have my peers with me because they come up with ideas that I never seen”

“We’re able to actually get to know each other’s fun sides a little better than people that I only see in the main recovery focus groups.”

“Yes, I keep coming back. I know I have a reason—people want to see me do good. These people I want to see good, do good”

“I also get feedback and ideas from other people, and we all help each other move forward””

Holistic and Supportive Environment

The art sessions provided a nonjudgmental, participant-driven space that emphasized autonomy and personhood, contrasting with the directive and trauma-focused nature of traditional recovery groups.

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“This place, they actually incorporate other stuff, like interests that I might have in with my treatment”

“It was like the one class that was like light compared to everything else. Though, you know, us trying to always talk about our trauma, what made us use drugs, but for that hour, we could just chill”

“Up here in the art class, you get to be yourself, work on your project, talk about different things””

RESULTS

Emotional Renewal through the Art Process

Engagement in creative expression promoted emotional regulation, calm, and presence, offering participants relief from anxiety and preoccupation with relapse.

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“It makes me at peace”

“I’m always happy when I go to my art class. Even my daughter’s like, ‘Come to your art class, you can be happy’”

“It just helps me focus on what I can do in the present... I’m learning something right now”

“Letting us, you know, embrace our feelings and our recovery through our art... I’m free. I feel like I’m free, and now I don’t really have to. I’m not anxious when I’m in there”

“It just... keeps your mind off of negative stuff... we always be worrying about what the next day, and we can’t even do nothing about it. But when you are in art class, you’re not worried about that””

Reclaiming Agency through Artistic Expression

Art-making helped participants restore a sense of agency and identity beyond addiction, with completed projects symbolizing recovery progress and renewed confidence extending into broader life goals.

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“That’s the only classroom... you have control and do what you want to do, and you can make it from your own thinking... you can just create anything”

“Just knowing that I can try something new and it doesn’t have to be perfect, that’s definitely given me more of a purpose”

“It was amazing that I could draw as close to what I could see... I was able to finish it. Most things I don’t finish”

“I could finally express myself. I don’t have to be the best artist, but I could still do art”

“I try to embrace different things of my recovery onto [a] t-shirt, like inspirational words that will keep me encouraged””

CONCLUSIONS

- This exploratory qualitative study suggests that participation in a non-clinical, group-based creative arts program may support recovery and flourishing among individuals with SUD
- Participants consistently described the art group as more than recreational, experiencing it as a space where recovery is actively lived, practiced, and reshaped
- Participants described shifting from passive recipients of care to active creators, identifying as artists, peers, and mentors rather than solely as patients

IMPLICATIONS

Practice Implications:

- Informal, group-based creative arts activities may serve as a low-barrier, complementary recovery support, distinct from formal art therapy
- Programs may benefit from offering choice-rich, participant-driven art spaces that emphasize autonomy, inclusion, and nonjudgment
- Small creative successes may function as symbolic victories, reinforcing confidence and hope in the recovery process; and it may contribute to engagement, morale, peer bonding, and recovery motivation

Conceptual Implications:

- Creative arts groups may support recovery through multiple overlapping mechanisms (social, environmental, emotional, and agentic), which could not be disentangled in this study
- Some benefits (e.g., social connection) may generalize to other voluntary group activities, while others (e.g., emotional renewal) may be more closely tied to the creative process

Limitations and Future Research:

- Findings are descriptive and non-causal; they should be interpreted cautiously given the small sample, single setting, and lack of longitudinal or comparative data
- Future studies should use comparative, longitudinal, and mixed-methods designs to assess mechanisms and recovery-relevant outcomes

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A. Nothing to disclose

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