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Experiences of an Informal Creative Arts Group Among Individuals in Substance Use Disorder Recovery: A Qualitative Analysis

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Abstract

Substance use disorder (SUD) undermines social connection, identity, and well-being. While art therapy is formally incorporated into clinical treatment, far less is known about how informal, group-based creative activities contribute to recovery. This qualitative study examines whether and how participation in a creative arts group fosters social support and human flourishing among individuals with SUD. We conducted semi-structured, individual interviews of eight adults enrolled in SUD outpatient treatment at the Johns Hopkins Broadway Center for Addiction who voluntarily participated in a creative arts class. Recordings were transcribed and analyzed using an iterative, thematic approach. Analysis revealed four themes: (1) Social connectedness and support—artmaking fostered camaraderie, accountability, and peer encouragement; (2) Holistic and supportive environment—the group offered a safe, nonjudgmental space that affirmed participants beyond their addiction; (3) Emotional renewal through art—creative engagement reduced anxiety, promoted joy, and provided a constructive outlet for emotions; and (4) Reclaiming agency through artistic expression—participants experienced autonomy, skill development, and identity building, which fostered hope and personal growth. Overall, participants viewed artmaking as a catalyst for relational and personal transformation. These exploratory findings generate hypotheses for future research on the role of informal creative arts groups within recovery-oriented care settings.

Keywords: psychosocial rehabilitation; person-centered psychiatry; addiction recovery; creative arts; group-based interventions; social connectedness; human flourishing

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1. Introduction

Substance use disorder (SUD) is a pervasive public health problem that affects millions of individuals and families. In 2023, over 48 million U.S. residents aged 12 or older met criteria for SUD [1]. The consequences are devastating. More than 100,000 Americans die from drug overdoses each year, making overdose the leading cause of accidental death—surpassing car accidents and gun violence—and claiming over 1 million lives since 2000 [2,3]. Yet despite the scale, in 2023 the vast majority (94.7%) of US adults with a past-year SUD perceived no need for care, and only 17.5% received treatment [4]. Recovery is rarely straightforward: individuals often require multiple treatment attempts before achieving stability, underscoring both the difficulty of recovery and the perseverance of

those who persist [5,6]. Genetic factors, co-occurring mental illness, trauma exposure, and prescribing practices contribute to onset, while chronic substance use—which alters brain circuits governing judgment and self-control—contributes to its sustenance [7–13]. Together, these realities highlight that SUDs are chronic, relapsing illnesses shaped by forces far beyond individual willpower.

In addition to the sheer number of people who experience addiction, SUD affects nearly every aspect of life, undermining health, relationships, and community welfare [14]. In many ways, chronic substance use undermines one's ability to flourish in life, creating obstacles to meaningful social connections, personal growth, and well-being [15]. This recognition has prompted a paradigm shift in how recovery is conceptualized: rather than measuring success solely by the absence of substance use, interest is growing in the promotion of "human flourishing"—a holistic state of health and well-being—as the ultimate goal [16,17].

Among the various components of flourishing, relationships and social support are especially crucial. Prior studies have identified social support predicting higher abstinence rates, lower stress, and improved well-being [18]. Yet, many individuals with SUD often enter recovery with diminished social networks or fractured relationships, making the task of rebuilding social support both critical and challenging [18,19]. People in early recovery report feeling isolated or lacking trust in others, especially if their previous social circles were centered around substance-using activities. In many cases, achieving sobriety requires recreating one's entire social environment to remove triggers and to surround oneself with supportive influence [20,21].

Treatment programs frequently recommend group-based activities as a part of recovery to provide an opportunity to form new connections with peers who share similar goals and experiences. Peer-based recovery programs such as Alcoholics Anonymous demonstrate how social support can play a decisive role in sustaining sobriety [22]. Research indicates that engaging in meaningful group activities with prosocial peers supports long-term recovery [23].

One promising group-based activity is creative art-making. Art therapy—a distinct, therapist-led clinical intervention—has long been utilized in mental health and addiction treatment settings as a tool for expression, healing, and engagement [24,25]. As a result, one national survey found that over one-third of U.S. addiction treatment facilities offer some form of art therapy to patients [26]. However, most existing research on art-based interventions for SUD has concentrated almost exclusively on formal art therapy delivered in clinical contexts, with outcomes narrowly focused on substance use reduction [27].

This leaves two critical gaps in the literature. First, the social impact of creative art-making outside of a formal art therapy context—i.e., as a casual group or community activity in recovery—remains underexplored. Second, limited understanding exists regarding how art contributes to overall flourishing—a construct encompassing meaning, well-being, and supportive relationships—rather than simply reducing substance use. It is worth exploring whether informal creative group activities can promote flourishing in recovery, as they may represent a more accessible, scalable model than formal art therapy, which often requires trained clinicians and structured clinical settings. Addressing these questions is essential to determine whether creative group activities offer distinctive benefits for building networks of support and enhancing holistic recovery beyond what other group activities might provide.

The present study seeks to address these gaps by investigating whether and how participation in group creative art activities may uniquely foster the development of supportive relationships and the overall flourishing of individuals with SUD. Existing arts-based research in SUD has largely emphasized symptom reduction, reflecting a deficit-

oriented treatment paradigm [27]. In contrast, this study is informed by a human flourishing framework, drawing conceptually on VanderWeele's multidimensional model, which emphasizes positive domains such as meaning and purpose, happiness and life satisfaction, character and virtue, and close social relationships [16]. We hypothesize that group creative art activities strengthen social connection and recovery. By shifting focus toward flourishing and the social dimensions of healing, this research aims to inform more compassionate, holistic, and person-centered approaches to SUD treatment.

2. Materials and Methods

2.1. Design

We conducted a qualitative thematic analysis of adults with SUD participating in a group-based creative arts class at the Johns Hopkins Broadway Center for Addiction. Our aim was to capture participants' perspectives and meaning-making processes regarding recovery, social connectedness, and flourishing. The Johns Hopkins Medicine IRB approved this study (IRB00479793) on 20 February 2025. All participants provided informed consent; transcripts were de-identified to ensure confidentiality.

2.2. Setting and Participants

The study took place at the Johns Hopkins Broadway Center for Addiction, a recovery program that offers creative arts classes alongside required treatment groups. The arts-based classes included activities such as printmaking, jewelry making, collage, and macramé, taught by author C.D., an artist, creativity coach, and certified peer recovery specialist. Any adult patient who voluntarily attended the arts class during the study period was eligible to participate in the study.

2.3. Data Collection

Participants were recruited in person by author S.S., who was not involved in facilitating the art group at the beginning of scheduled art group sessions. To minimize coercion and social desirability bias, the group facilitator (C.D.) exited the room prior to recruitment. S.S. then read an IRB-approved recruitment script and invited interested individuals to schedule an interview. Each participant provided informed consent and completed a private, in-person, 45 min semi-structured interview with author S.S. The interview guide included up to 19 open-ended questions and focused on (1) participants' experiences of the art group; (2) perceived impact on recovery and substance use–related goals; (3) relationship building and sense of community; and (4) perceived effects across domains of flourishing, including mental health, physical health, happiness/life satisfaction, and meaning/purpose. Interviews were audio-recorded via Zoom (Zoom Communications, Inc., San Jose, CA, USA) and transcribed verbatim manually. Each participant received a gel pen set (Aen Art, Mobile, AL, USA), which was IRB-approved, as compensation.

2.4. Reflexivity Statement

As described above, author C.D. served as the arts group facilitator and a co-analyst, while author S.S. independently conducted all recruitment, interviews, and transcriptions of de-identified audio recordings. During analysis, the research team engaged in reflexive discussion and analytic bracketing to surface and challenge assumptions regarding the perceived benefits of arts-based programming in recovery settings. While researcher influence cannot be fully eliminated in qualitative research, these practices were used to enhance transparency and trustworthiness.

2.5. Data Analysis

We used inductive thematic analysis to identify patterns in participants' experiences [28]. Analysis followed these steps: (1) familiarization with transcripts; (2) generation of initial codes; (3) development of a shared codebook; (4) grouping of codes into subthemes and broader themes; and (5) refinement of themes through iterative team discussion.

The two coders independently analyzed all transcripts, meeting six times during the coding process to review a subset of transcripts, discuss coding decisions, and resolve discrepancies by consensus. This iterative process helped refine theme definitions and ensure analytic rigor. We used Microsoft Word and Excel (Microsoft Corporation, Redmond, WA, USA) to organize codes and maintain an audit trail; trustworthiness was supported by independent double coding, consensus meetings, and documentation.

3. Results

Eight patients agreed to participate in the study (Table 1). Analysis of participant interviews yielded four major themes: (1) Social Connectedness and Support, (2) Holistic and Supportive Environment, (3) Emotional Renewal through the Art Process, and (4) Reclaiming Agency through Artistic Expression (Table 2). Each theme reflects distinct but interrelated dimensions of participants' experiences in the arts-based recovery group. Within this exploratory sample, thematic saturation was reached, with no new themes identified in later interviews and additional data serving to deepen existing themes rather than introduce novel ones. During analysis, we actively attended to ambivalent or disconfirming accounts; however, participants' narratives were largely convergent in describing positive experiences within the arts group. We also note that the small sample size limits the range of perspectives represented and may constrain observable variability in participant experiences.

Table 1. Self-reported participant characteristics.

Characteristic	Value
Age, years	Mean = 45.6 (SD = 13.3; Range 23–69)
Gender	5 Female, 3 Male
Race/Ethnicity	4 African American, 1 White, 1 Mixed, 2 Other
Time in Recovery	Median = 11.5 months (Range 5 months–20 years)
Time in Art Class	Median = 4 months (Range 2 weeks–6 years)

Note. Demographic data include age, gender, race/ethnicity, time in recovery and duration of participation in the art class before the interview, as reported by participants (N = 8).

3.1. Theme 1: Social Connectedness and Support

Participants emphasized that the art group was a distinct social experience that fostered connection, encouragement, and accountability. Two subthemes illustrate how relational bonds strengthened both engagement in art-making and commitment to recovery: (1) Relational Creativity and Peer Support: Creating alongside others sparked camaraderie, inspiration, and mutual understanding. Participants observed that peers who were perceived as difficult outside the arts class often interacted more positively and openly within the art-making environment. (2) Group-Based Accountability: Participants described feeling a responsibility to show up for one another, which reinforced their engagement.

Table 2. Major themes and subthemes identified in qualitative analysis, with definitions and illustrative participant quotes.

Theme	Subtheme	Example Quotes
Social Connectedness and Support: Fostering of peer support, accountability, and meaningful relationships, strengthening commitment to recovery through connection and mutual encouragement.	Relational Creativity and Peer Support	"Oh no, art is not good alone. I have my peers with me because they come up with ideas that I never seen" (Participant B)
		"A lot of people characters come out, like even people who are little mean, they get in art class, and then they're like, oh, this was a nice thing" (Participant B)
		"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" and "To see how other people are handling life. I also get feedback and ideas from other people, and we all help each other move forward" (Participant F)
	Group-Based Accountability	"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" (Participant B)
		"I get to think about what I want to do with what I was working on in the group. And you know, that gives me a reason to want to come back and keep working on stuff" (Participant F)
Holistic and Supportive Environment: A therapeutic space that values the whole person—emotional, social, and creative needs alongside recovery—fostering psychological safety, openness, and multi-level growth.	Holistic Orientation	"Up here in the art class, you get to be yourself, work on your project, talk about different things" (Participant E)
		"This place, they actually incorporate other stuff, like interests that I might have in with my treatment" (Participant F)
	Psychological Safety and Openness	"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" (Participant C).
		"[The art teacher] was welcoming to make me feel like, oh, I can do this art" (Participant C).
Emotional Renewal through the Art Process: The process of art-making offers a safe, constructive outlet for emotional expression, stress relief, and joy.	Emotional Regulation	"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" (Participant A)
		"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" (Participant B)
		"This is, you know, learning interactively, like being able to touch, feel, learn, process, understand for yourself, take in. . . your inner child's able to play. It's like I said, it's vulnerable." (Participant H)
	Positive Affect and Presence	"It just helps me focus on what I can do in the present. . . I'm learning something right now" (Participant H)
		"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'" (Participant C)
		"It makes me at peace" (Participant D)
		"It relaxes me, it makes me think [and] try to be creative" (Participant E)

Table 2. *Cont.*

Theme	Subtheme	Example Quotes
Reclaiming Agency through Artistic Expression: Participants rediscover autonomy, identity, and self-worth through making art, which allows them to envision themselves beyond addiction.	Self-Directed Creativity	"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" (Participant A)
		"We doing something you don't want to do. . . you just pick something else to do. Sometimes I was that person. . . no pressure to do it a certain way" (Participant E)
		"I try to embrace different things of my recovery onto [a] t-shirt, like inspirational words that will keep me encouraged" (Participant B)
	Skill Development and Personal Growth	"Everybody asking about this and that, and it's like, wow, I'm creative. I got good stuff in my mind. I can do this" (Participant A)
		"I could finally express myself. I don't have to be the best artist, but I could still do art" (Participant C)
		"I'm a better artist now. . . I've grown, and I have access to more tools and materials here than I ever did before" (Participant F)
		"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" (Participant G)
	Identity Building	"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" (Participant C)
		"When I found out about the creativity group here, it sparked that interest again, and I've been back at it ever since" (Participant F)
		"I have to be kinder to myself. . . enjoying my home, enjoying my own presence" (Participant H)
	Hope/Meaning	"It helped me realize that I need to have my hobbies. . . you can't just be focusing on the serious stuff all the time, or else I'll just end up miserable" (Participant F)
		"Don't overthink it. Just go, believe in yourself. . . it's okay to just do it" (Participant H)
		"If I can finish an art project, I can finish this" (Participant G)

Note. Themes reflect participants' experiences of a group creative arts activity in recovery. Example quotes are labeled by participant letter.

3.2. Theme 2: Holistic and Supportive Environment

Participants described the art group as a space that valued them as whole people—addressing not only addiction but also emotional, social, and creative needs. The group fostered a safe, nonjudgmental atmosphere where participants could express themselves freely and experience personal growth. Two subthemes illustrate this: (1) Holistic Orientation: The integration of creative and social elements into treatment helped participants feel fully recognized beyond their substance use. (2) Psychological Safety and Openness: Participants described the group as welcoming, low-stakes, and nonjudgmental, which encouraged openness and reduced pressure to focus exclusively on trauma.

3.3. Theme 3: Emotional Renewal Through the Art Process

Engaging in art offered participants a meaningful avenue to express and experience their emotions. The creative process provided both an outlet for processing difficult emotions and a source of calm, joy, and mindfulness. Two subthemes capture these emotional benefits: (1) Emotional Regulation: Art served as a constructive way to process

and release negative emotions, often reducing anxiety and worry. (2) Positive Affect and Presence: Creating art also fostered calm, joy, and a focus on the present.

3.4. Theme 4: Reclaiming Agency Through Artistic Expression

Art-making empowered participants to reclaim a sense of autonomy, growth, and purpose. Through self-directed creativity, skill development, and identity building, participants described art as a pathway to renewed hope and meaning in recovery. Four subthemes illuminate this empowerment: (1) Self-Directed Creativity: The freedom to choose materials, techniques, and designs distinguished the art group from more structured treatment activities. (2) Skill Development and Personal Growth: Art-making fostered new skills and bolstered confidence. (3) Identity Building: Creative engagement helped participants reframe self-perceptions. (4) Hope and Meaning: Art provided optimism and renewed motivation for recovery.

In sum, the arts group fostered connection, healing, growth, and renewed hope, highlighting its role as a meaningful support in recovery.

4. Discussion

Taken together, the participants' narratives suggest that the art group is more than a recreational activity: participants describe it as a space where recovery is actively lived and reshaped. Consistent with the exploratory design of this study, the findings are best understood as hypothesis-generating rather than generalizable and should be interpreted within the context of the specific sample and setting. The analysis identifies four interrelated themes that capture this process.

First, our findings highlight the centrality of social connectedness in the art group, affirming the study's hypothesis that group creative activities help build relationships that support recovery and flourishing. Participants describe forging genuine friendships and a "family-like" bond in the art class, often making artwork as gifts, suggesting that the altruistic gesture nurtures a sense of accountability and emotional connection, with several noting they show up not just for themselves but also for their peers and indicating that the class became a supportive micro-community in which they feel understood and valued. Participants express that the art group functions as an informal peer support network that combats the isolation and stigma often associated with addiction [23]. Through collaborative creative endeavors and reciprocal support (for example, praising each other's artwork or giving pieces to one another), participants experience themselves as both givers and receivers of support.

This finding aligns with extensive research demonstrating that robust social support is a key predictor of recovery outcomes. Participant's accounts suggest that the art group was perceived as fostering camaraderie and trust, embodying the notion that the opposite of addiction is connection [29]. Our study underscores that a creative arts group can cultivate the kind of peer support and fellowship long recognized as a pillar of recovery [18].

Second, the art group distinguishes itself as a holistic, nonjudgmental environment, which participants overwhelmingly contrast with other mandated groups. Contrasting traditional groups (such as required counseling sessions) and art therapy (a structured psychotherapeutic intervention utilizing intentional directives that explicitly engage in substance use), a creative arts group offers an open, free-flowing atmosphere. Participants emphasize that in the art group they feel psychologically safe—free from judgment or strict expectations—which allows them to relax and engage authentically. With access to an array of art supplies and a choice of medium and subject matter, participants express being able to exercise a level of autonomy uncommon in mandated groups. This open-ended format and the facilitators' permissive, supportive stance mean that sessions are driven

by the participants' creative interests rather than a preset curriculum. Creating a choice-rich setting contributes to a supportive milieu where participants feel respected as whole individuals. Participants' narratives suggest that the art group approaches recovery in a person-centered, holistic manner—attending to emotional, social, and creative aspects of well-being—rather than focusing narrowly on symptom control.

Creative arts interventions in mental health are known to succeed best under conditions that promote inclusivity, and indeed literature emphasizes that their effectiveness "relies on the presence of safe, non-stigmatizing environments" with consistent opportunities for participation [30]. The creative art group environment aligns with trauma-informed principles, which stress the need to foster emotional safety, trust, choice, and collaboration in any recovery-related program. Participants are not there to be "fixed" or reprimanded; they are there to create and share, which reframes the recovery experience in a positive, empowering light [31].

Third, participants describe art-making as meaningful to their emotional experiences and healing. Many describe the creative process as a form of emotional release or catharsis. For some, putting brush to canvas or pen to paper allows them to express deep-seated feelings—such as anger, grief, or hope—that they struggle to articulate in words. One individual notes that painting helps them temporarily "escape" obsessive thoughts about using substances, replacing them with focus and calm; another individual shares that art allows them to "just be okay in [their] own presence." These narratives illustrate art as an emotional outlet, enabling participants to process and regulate their feelings in a healthy way. This theme of emotional renewal is echoed in group therapy research, which has long identified catharsis (emotional expression) and universality as key therapeutic factors that help group members heal [32].

The therapeutic literature highlights why creative expression supports emotional processing in recovery. Creative arts therapies engage brain networks tied to regulation and reward, offering alternatives when talk therapy falls short [24]. By externalizing emotions, individuals gain insight and control, and shame and stress decline, reducing relapse risk [24,33]. In our study, nonclinical, informal art-making appears to possibly function as such a platform: participants describe channeling anxiety, sadness, or frustration into their work instead of harmful behaviors, underscoring the value of integrating creative, emotion-focused interventions into SUD treatment as a complement to cognitive or behavioral approaches.

Fourth, perhaps the most transformative theme to emerge is reclaiming personal agency and identity through artistic expression. Participants frequently describe addiction eroding their sense of control—people with SUD document losing a sense of agency and identity and needing to "rebuild" themselves after the substance-dominated lifestyle has subsumed their former roles and passions [34]. Against this backdrop, the art group has the possibility to provide a much-needed opportunity for participants to exercise self-direction in a constructive way. By choosing their own art projects, setting personal goals, and making creative decisions, participants express feeling a sense of regaining mastery and autonomy. One participant describes the thrill of making decisions in art class as a reminder that they could make other decisions about their life and recovery. The accounts suggest that the creative process helped rekindle participants' self-efficacy and personal initiative.

Participants also describe art-making as an experience of "flow" or deep absorption, during which they feel a sense of competence and control that had been absent in their lives for a long time. According to the Substance Abuse and Mental Health Services Administration's guiding principles, "recovery is person-driven," meaning that self-determination and self-direction are the foundations of recovery—individuals must define their own goals and take charge of their path to wellness [35]. Our art program aligns with this principle on

a small scale: within the safe structure of the class, participants express having the freedom to direct their own artistic journey.

Moreover, participants' narratives suggest that these empowerment experiences have ripple effects. For example, one individual shares that after gaining confidence in art class, they are motivated to go back to school for an engineering degree, while another states they have developed better problem-solving skills. These examples, while anecdotal, indicate that reclaiming agency in one domain (creative expression) may possibly generalize to broader life domains in recovery.

Participants' narratives suggest that different aspects of the arts group experience may reflect distinct but overlapping sources of influence. Social connectedness appears to emerge primarily from group dynamics and peer interaction, whereas the nonjudgmental and psychologically safe environment is closely tied to facilitation style and group structure. In contrast, experiences of emotional renewal and agency connect with the art-making process itself, including creative engagement and self-directed choice. These interpretations are descriptive rather than causal, and the relative contribution of each element cannot be disentangled within this study.

Across themes, participants indicate no longer being passive recipients of treatment or victims of addiction but active creators both inside and outside the art group. Instead of being defined by their past substance use, participants express identifying as artists, friends, and mentors. These new, positive identities are exactly what recovery models like the CHIME framework describe as vital: Connectedness, Hope, Identity, Meaning, and Empowerment are interlocking elements of a successful recovery journey [36]. Our art group seems to provide a platform for all of these, with reclaiming agency at the core—as participants gain autonomy, they also rebuild identity and hope, find meaning in creative work, and connect with others. In this way, the experience not only resonates with every facet of CHIME but also reflects the broader flourishing framework, where the formation of new identities is deeply tied to the domain of meaning and purpose. Through art-making, participants express discovering not just new roles but new reasons for living, integrating personal growth with a renewed sense of direction and significance.

Furthermore, participants' accounts map onto distinct but overlapping domains of human flourishing [16], including happiness and life satisfaction (e.g., enjoyment, positive affect, and motivation to attend), physical and mental health (e.g., emotional regulation, stress reduction, and perceived mental well-being), meaning and purpose (e.g., meaning-making and recovery-oriented identity reconstruction), character and virtue (e.g., agency and commitment to recovery), and close social relationships (e.g., connection and mutual support). These mappings were applied at the interpretive stage to contextualize inductively derived themes rather than to guide initial coding.

Together, these exploratory findings address gaps in the literature (e.g., the social impact of creative art-making outside therapy and the contribution of art to flourishing beyond abstinence). Our qualitative study shows that non-clinical, group-based art activities have the potential to offer additional benefits that may support longer-term recovery. Participants describe that the arts group strengthens supportive peer relationships and offers a setting for meaningful social interaction—filling the gap in understanding the social impact of art-making outside formal art therapy.

Through explicitly linking art participation to flourishing, our results support calls for more patient-centered and autonomy-supportive approaches in SUD treatment, where individuals are collaborators in their recovery rather than passive participants. By giving participants something they can own and direct (like an art project), programs may boost motivation and engagement, as people tend to commit more deeply to goals they set for themselves. Additionally, the restoration of personal agency has moral and dignity

implications: it helps individuals in recovery reclaim their role as active citizens and family members, not just beneficiaries of care. In practice, even small opportunities for choice and self-expression can accumulate to rebuild a person's confidence that they are in charge of their life.

Limitations

This qualitative study has several limitations. First, the small sample size, drawn from a single recovery center's art program, limits the generalizability. Second, self-selection bias and positive response bias exist, as participants may have been more receptive to or comfortable with arts-based activities prior to joining; individuals who dropped out of the class were not eligible for participation, and individuals who disliked the class may have declined to participate. At the same time, attendance at the arts group was not solely driven by participant self-selection; several participants reported that they were encouraged by therapists or other recovery center professionals to attend as part of their broader treatment engagement. Additionally, although we actively sought ambivalent relationships, voices critical of the experience did not emerge, raising the possibility that patients who did not enjoy the sessions may have discontinued attendance prior to the study, reflecting a form of survivorship bias. Accordingly, the findings should be interpreted as reflecting the experiences of individuals who engaged with the arts group within this clinical context, rather than as representative of the broader population of individuals with SUD. Third, the lack of longitudinal follow-up also means we do not know the duration of the impact. Fourth, we did not review clinical records and do not know whether participation translated into reduced substance. Fifth, participants' duration of engagement ranged from brief to long-term, which may represent qualitatively different experiences that could not be disentangled in this analysis due to the small sample size. We acknowledge these limitations and advise caution in overgeneralizing the conclusions.

5. Conclusions

Despite its limitations, this study contributes exploratory insights into how creative arts are experienced by individuals in recovery who voluntarily engage in such activities. Every participant touched on each of the four themes; thus, the rich, consistent narratives provided by participants do offer valuable insights. Bringing all the themes together, what participants describe as distinctive about this creative arts group is not only the safe and therapeutic environment it fosters—one that allows patients to build relationships, express themselves fully, and explore their identities—but also the active process of making art itself, which sets the group apart from other recovery activities. Our findings suggest that some participants experience group creative activities as complementary to traditional treatment approaches. Recovery centers, treatment programs, and community support groups might consider offering art-based classes or open studios as a regular component of services. Such offerings can be low-barrier (requiring no artistic skill) and framed not as therapy per se, but as recovery support activities that foster peer connection, resilience, and joy.

The benefit participants derive from autonomy and nonjudgment implies that these art sessions should be flexible and participant-driven. Program administrators may provide a variety of art materials and encourage attendees to pursue projects meaningful to them, rather than imposing structured art assignments. Additionally, training facilitators to cultivate a welcoming, stigma-free atmosphere is key. Informal art groups require basic art supplies and a facilitator, yet the possible psychosocial returns—improved morale, peer bonding, engagement—may be significant, as evidenced by our and others' observations.

Our study suggests that creative arts are not merely recreational, nor limited to formal art therapy to possibly address core recovery needs—building community, regulating emotion, and supporting participants' sense of self-worth. Such groups have the potential to enhance social (new supportive friends), personal (improved self-esteem and coping skills), and even cultural (a productive hobby or identity in society) capital. In a recovery landscape that is moving toward holistic, recovery-oriented systems of care, the inclusion of creative, cultural, and peer-driven elements can greatly enrich the menu of support services.

Qualitative insights like ours are hypothesis-generating. Participation in the arts group was voluntary, raising the possibility that some benefits—particularly social connection and a supportive group environment—may also arise in other elective group activities (e.g., sports, book clubs) for individuals in recovery. While participants' accounts suggest that emotional expression and experiences of agency were closely tied to the creative process itself, the absence of a comparison group precludes conclusions about the specificity of these effects to art-making. Future studies should compare creative arts groups with other voluntary activities to better distinguish art-specific mechanisms from general group engagement effects.

In addition, future research should evaluate arts-based interventions in larger samples and diverse settings and can benefit from mixed-methods evaluations conducted within community-based recovery settings, integrating qualitative interviews with quantitative assessments of engagement, retention, and well-being. Pragmatic trial designs could examine whether participation in art-based groups is associated with sustained attendance or reduced dropout from recovery programs; and longitudinal studies could assess abstinence and changes in identity, meaning, and other flourishing-related domains over time.

Our exploratory study is the first to demonstrate that informal group creative arts activities (as distinct from formal art therapy) in SUD treatment programs have the possibility to serve as powerful catalysts for social connection, emotional healing, and personal empowerment in recovery. The themes identified align with existing literature and highlight the value of holistic, person-centered approaches that extend beyond behavior change to life rebuilding. By integrating informal creative practices into treatment, recovery programs may provide individuals with more meaningful opportunities to flourish.

To conclude, a participant's reflection—"Most things I don't finish. If I can finish an art project, I can finish this [recovery]"—reminds us that every small success matters. Such moments illustrate how participants interpreted small creative successes as meaningful within their recovery experiences. Celebrating and fostering these incremental victories may make the difference between relapse and lasting recovery.

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