



Post Traumatic Growth and Flourishing in Addiction Recovery: A Critical Review and Commentary

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**A Chestnut Health Systems / Lighthouse Institute and
Recovery Research Institute Monograph**



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Published by: Chestnut Health Systems / Lighthouse Institute, 1003 Martin Luther King, Jr. Dr., Bloomington, IL 61701

Recommended Citation: White, W. L. (2026). *Post Traumatic Growth and Flourishing in Addiction Recovery: A Critical Review and Commentary*. Chestnut Health Systems / Lighthouse Institute, Recovery Research Institute.

Funding Source: This monograph was prepared without funding support from any external public or private source.

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Publication Date: April 2026

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ABSTRACT

The potential for post traumatic growth and flourishing within the experience of addiction recovery has important implications for affected individuals and families, providers of addiction treatment and recovery support services, local communities, and drug policymakers. The author conducted a review of relevant literature and explored his decades of experience interviewing, surveying, and observing individuals in recovery to identify potential principles and practices related to recovery flourishing. The review explores the definition and measurement of recovery flourishing, relevant research to date, the interaction between flourishing and substance use status, flourishing domains and dimensions, flourishing in response to existential crisis or as an act of rebellion, temporal influences on recovery flourishing, the role of family and community in recovery flourishing, and service design and delivery implications. The exploration of human flourishing is a key element within an emerging recovery research agenda and tandem efforts to elevate the quality of addiction treatment and recovery support services.

Key Words: Addiction recovery, post traumatic growth, flourishing, quality of life, wellbeing

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Author's Preface

In 2006, Dr. Ernest Kurtz and I published a paper entitled “The Varieties of Recovery Experience” in the *International Journal of Self Help and Self Care* in which we first described an amplified state of recovery—a “better than well” experience marked by exemplary global health, personal functioning, and social contribution.¹ In the years that followed, I briefly referenced this potential within various publications but yearned to explore this potential in greater depth. As I approach my final contributions to the field, this singular topic remained as unfinished business. What follows is a series of investigations, reflections, and unanswered questions on the potential and nature of flourishing within the prolonged experience of addiction recovery.

This monograph is the ninth monograph in a series focused on recovery management of recovery-oriented systems of care. Those preceding it include:

White, W., Kurtz, E., & Sanders, M. (2006). *Recovery management*. Great Lakes Addiction Technology Transfer Center.

Flaherty, M. (2006). *A unified vision for the prevention and management of substance use disorders building resiliency, wellness and recovery* (A shift from acute care to a sustained care recovery management model). Institute for Research, Education and Training in Addictions (IRETA).

White, W. (2008). *Perspectives on systems transformation: How visionary leaders are shifting addiction treatment toward a recovery-oriented system of care* (interviews with H. Westley Clark, Thomas A. Kirk, Jr., Arthur C. Evans, Michael Boyle, Phillip Valentine and Lonneta Albright). Great Lakes Addiction Technology Transfer Center.

White, W. (2008). *Recovery management and recovery-oriented systems of care: Scientific rationale and promising practices*. Northeast Addiction Technology Transfer Center, Great Lakes Addiction Technology Transfer Center, Philadelphia Department of Behavioral Health & Mental Retardation Services.

White, W., & Torres, L. (2010). *Recovery-oriented methadone maintenance*. Great Lakes Addiction Technology Transfer Center, Philadelphia Department of Behavioral Health and Mental Retardation Services and Northeast Addiction Technology Transfer Center.

White, W. (2011). *Narcotics Anonymous and the pharmacotherapeutic treatment of opioid addiction*. Great Lakes Addiction Technology Transfer

¹ White, W., & Kurtz, E. (2006). The varieties of recovery experience. *International Journal of Self Help and Self Care*, 3(1-2), 21-61.

Center and Philadelphia Department of Behavioral Health and Intellectual disability Services.

White, W. L. (2012). *Recovery/remission from substance use disorders: An analysis of reported outcomes in 415 scientific studies, 1868-2011*. Great Lakes Addiction Technology Transfer Center, Philadelphia Department of Behavioral Health and Intellectual Disability Services Mental Retardation Services and Northeast Addiction Technology Transfer Center.

White, W. L., Galanter, M., Kolodner, G., Kepner, W. E., Sarapas, C., & Mouton, C. L. (2025). *Medications for opioid use disorder: Enhancing retention to achieve long-term remission and recovery*. Chestnut Health Systems, Lighthouse Institute.
<https://deriu82xba14l.cloudfront.net/file/2461/2025%20MOUD%20Retention%20Monograph%20Final.pdf>.

All monographs are available for free download at <https://chestnut.org/li/william-white-library/books/books-and-monographs>.

For those seeking a cursory review of the subject of recovery flourishing, an Executive Summary highlights some of the key points in the monograph. For those seeking far deeper exploration, more in-depth discussions follow with footnoted references to relevant research. It is my hope that the monograph will stimulate future studies on the phenomenon of flourishing among addiction-affected individuals and families who have found viable pathways of hope and healing.

William L. White

March 2026

Executive Summary

Introduction

- Addiction recovery involves processes of subtraction (a foundational state of problem reduction/elimination), addition (enhanced global health and social functioning), and multiplication (growth synergies that produce heightened levels of meaning and social contribution far greater than that which existed prior to the addiction experience).
- Recovery flourishing can be viewed as an experiential process, a state of being, an aspirational goal, a daily practice, or a person-world relationship.
- To spur future research on recovery flourishing, the author conducted a search of flourishing-related research and recorded his observations, hypotheses, and unanswered research questions related to recovery flourishing.

Why Study Recovery Flourishing?

- Professional and public dissemination of research on recovery flourishing could potentially: 1) lessen the social stigma attached to addiction recovery, 2) shorten addiction careers by motivating early help-seeking and enhancing service retention, 3) promote recovery optimism and raise the low bar of expectations too often placed on people seeking and living in recovery, 4) elevate the status of the addiction treatment and recovery support workforce, 5) expand educational, occupational, leisure, artistic, and community service opportunities for people in recovery, 6) stimulate expanded mechanisms of support across the stages of long-term personal and family recovery, and 7) extol the role of people in recovery as valued and underutilized community assets.

Recovery Flourishing Definition and Measurement

- Flourishing in the context of addiction recovery is an exceptional level of global (physical/cognitive/emotional/relational/spiritual) health, life meaning and purpose, and social/cultural contribution experienced within the constraints of one's strengths, limitations, and life circumstances.
- Flourishing within the experience of addiction recovery involves getting "better than well", a level of growth that far exceeds the healing of injuries inflicted by drug use.
- There is presently no instrument designed to measure recovery-specific flourishing, though there are instruments that measure broader related constructs as general flourishing, well-being, quality of life, and recovery capital.
- The key challenge confronting research on recovery flourishing is the lack of consensus on precisely what is meant by the term and how its existence and degree can best be measured.

Addiction, Trauma, Post Traumatic Growth, and Flourishing

- Addiction onset is often preceded by earlier traumas whose effects are further amplified by addiction-related traumas, making traumas both a potential predisposing factor and associated feature of addiction.
- The onset of recovery can also be disruptive for individuals and families given the grief over the lost drug relationship, the severing of drug-related social relationships, the radical reconstruction of identity and lifestyle required of recovery-seeking individuals, and the subsequent radical realignment of roles, rules, rituals and relationships often experienced by recovering families.
- Recovery from addiction, like recovery from other forms of traumatic experience, includes the opportunity for unexpected benefits—a level of growth and flourishing that far exceeds pre-addiction levels of achievement.
- There are multiple patterns of drug problem resolution (resistance, resilience, risk minimization, remission, and recovery, each of which is a potential precursor to post traumatic growth and flourishing.
- International surveys of recovery prevalence and life in recovery and recovery mutual aid membership surveys confirm the potential for substantial achievements in the aftermath of recovery initiation.

Recovery Flourishing: Research to Date

- The foundational writings of Abraham Maslow, Victor Frankl, Martin Seligman and Mihaly Csikszentmihalyi on post traumatic growth set the stage for increased interest in the potential for flourishing in addiction recovery.
- Studies by McMillen and colleagues, Hart and Sing, and Laudet and colleagues identified growth byproducts of early addiction recovery (increased self-efficacy, enhanced family and social relationships, increased empathy and compassion, spiritual awakening, and development of a new life purpose and priorities.
- Hoorash and Freedman, Ogilvie and Carlson, and Runyan and colleagues were among the first to apply the concept of post traumatic growth to the potential for flourishing within addiction recovery.
- Krentzman and Ogilvie explored the broader application of positive psychology to addiction recovery, and Ogilvie and Hennesy proposed a model of G-CHIME (growth through connectedness, hope, identity, meaning in life, and empowerment) to conceptualize recovery growth and flourishing.
- Positive results were reported in the first studies to evaluate interventions specifically designed to encourage flourishing within the experience of addiction recovery.

Flourishing within a Spectrum of Wellbeing and Social Functioning

- The potential for flourishing within the experience of addiction recovery is best appreciated within the larger spectrum and gradations of illness and health.
- This continuum can be portrayed as overlapping stages in which one can progress or regress: suffering, languishing, functioning, growing, and flourishing.
- These categories can be applied to the evaluation of functioning within various life domains and contexts. Suffering and flourishing represent the endpoints of a scale of personal well-being, global health, and social functioning.

Growth, Flourishing and SUD Status

- The relationship among the states of wellbeing, social functioning, and substance use disorder (SUD) status can be a complex one as indicated by: 1) people in active addiction who are able to sustain a pattern of growth or flourishing in at least some areas of their lives for some time in spite of other areas experiencing addiction-related deterioration, 2) people who achieve SUD remission but who continue to languish, and 3) people in SUD recovery who later regress to a state of languishing.
- Flourishing and distress can coexist and progress to stable flourishing; flourishing can regress to a state of languishing or suffering. The boundaries between these states of illness, health and thriving are at present ill-defined but observed to be fluid and amenable to change, sometimes quite quickly.
- It is clear from studies to date that most individuals with lower substance use disorder severity achieve SUD remission without professional intervention, but little is known about the degree of subsequent growth and flourishing related to such remissions.
- Addiction suffering and moderate functioning in early recovery have each been well-documented in the addiction and addiction treatment outcome literature, while the experiences of languishing and flourishing within the long-term addiction recovery process remain under-investigated and a challenge to measure.

Domains of Recovery Flourishing

- Domains have not yet been established within the experience of recovery flourishing, nor have such domains been tested across a diversity of demographic populations, cultural contexts, and recovery pathways.
- Potential benefits of post traumatic growth and flourishing in addiction recovery span at least five domains: 1) deepened recovery resolve and new priorities flowing from personal survival, new appreciation of life, and

a sense of rebirth, 2) enhanced empathy, tolerance, deepened relationships, and greater emotional expression/connections, 3) enhanced awareness of previously unrecognized personal strengths and limitations, 4) enhanced spirituality, and 5) a new optimistic life path.

- These domains suggest the potential within the recovery process of moving far beyond a fundamental reconstruction of the person-drug relationship to a radical reconstruction of personal character, worldview, values and identity; a reconstruction of family and interpersonal relationships; and reconstruction of the person-community relationship.

Dimensions of Character in Recovery Flourishing

- Recovery flourishing domains are closely linked to dimensions of personal character associated with the flourishing experience.
- Trait/experience clusters linked to recovery flourishing span the following:
 - Guiding Vision / Purpose / Passion / Commitment / Sacrifice / Discipline / Persistence / Patience
 - Mastery / Competence / Control / Autonomy
 - Authenticity / Genuineness / Integrity / Honesty / Depth / Presence
 - Release / Energy / Engagement / Absorption / Vitality / Joy / Humor / Creativity
 - Silence / Observation / Listening / Simplicity / Humility / Curiosity / Self-Acceptance
 - Gratitude / Appreciation / Forgiveness (Self and Others) / Tolerance / Openness
 - Spirituality / Serenity / Being “at home” / Sense of the Sacred / Transcendence
 - Harmony / Balance / Inner Tranquility / Integration / Coherence / Wholeness
 - Empathy / Compassion / Kindness / Generosity / Love / Service
- The values implicit within these qualities may differ across cultural settings.

Recovery Flourishing as the Outcome of Existential/Spiritual Crisis

- The sense of futility and meaninglessness arising from a Sisyphean pattern of drug use triggers existential despair that can trigger questions whose answers become building blocks of recovery flourishing.
- Where and from whom did I come? Why did I survive when others did not? Who am I and how did I become the person I am today? Was my suffering deserved, undeserved, or both? Am I a victim, volunteer, or villain? Who are “my people”? Where do I feel “at home”? How do I know what is real and true? What do I most cherish? What standards/rules will now guide my relationships with others? What actions/experiences uplift my spirit and imbue a sense of beauty, awe, and wonder? When am I

totally engaged? When do I feel most alive, and what gives me the deepest pleasure and meaning? How can I repay the debts I have incurred? Who do I most admire and want to model myself after? What must I be and do to have a good life? What must I do today to preserve, protect, and extend what I most value? What is the nature of existence and my purpose within it?

Recovery Flourishing as an Act of Rebellion

- To suggest that recovery and recovery flourishing can constitute acts of rebellion raises the question, “Precisely what and who is the target of such rebellion?” Styles of rebellion include: 1) recovery flourishing as an act of defiant vengeance and living proof argument in response to doubters and predictors of one’s ultimate self-destruction, 2) recovery initiation and flourishing as a battle against the addiction “monster/beast/dragon”, and 3) recovery and recovery flourishing as acts of resistance against a predatory addiction industrial complex and the larger structures and machinery of oppression of which it is an integral component.
- Rebellion can be fueled by heightened awareness of larger contextual influences on addiction and recovery—breakthroughs of perception about the nature of the world and one’s role in it. More specifically, it is recognition that one has, through one’s addiction, unconsciously participated in one’s own oppression and the oppression of one’s people. It is a commitment to recover as an act of defiance against such oppression.
- Recovery initiation and recovery flourishing as acts of resistance and rebellion within oppressed communities rest on several propositions drawn from the collective experience of Black, indigenous, and people of color (BIPOC) of the world but that are also applicable to other historically exploited and disempowered people (e.g., women, LGBTQ+, migrants, or economically disadvantaged White communities).
- To recover as an act of protest rests on the ideas/strategies of strike, boycott, confrontation, and cultural revolution—a simultaneous withdrawal of self and one’s resources from the addiction industrial complex, confronting larger systems of oppression, and contributing to cultural revitalization.
- Recovery and recovery flourishing as acts of rebellion elevate these experiences to something greater than oneself, elevating the journey into and beyond recovery into something more epic, more heroic.
- Recovery initiation and recovery flourishing can be fueled by catalytic metaphors (epiphanies that provoke radical reinterpretations of self and the self-world relationship) that differ widely across recovery-seeking populations.

Temporal Dimensions of Recovery Flourishing

- Temporal aspects of recovery and recovery flourishing include the timing of the onset of change, the duration of change efforts, and the rate of change over time (i.e. the potential for exponential growth or decay).
- The onset of recovery is immediately disruptive due to the radical changes it demands in one's daily life. It is quickly corrective, meaning that many dimensions of suffering subside with the reduction or cessation of drug use. It is slowly constructive, meaning that time is required to move beyond repair (problem subtraction) to create a new life (asset development, identity and lifestyle reconstruction). And it is potentially transformative, meaning that flourishing in recovery is attainable as an outcome of change efforts across multiple life domains.
- As a professional field of inquiry and practice, we know very little about the transition from incremental growth in recovery to a state of flourishing.
- The end of each stage of recovery stirs growing discontent signaling an imbalance requiring new adjustments that facilitate entry into the next chapter of one's life. The difference between being frozen in recovery and flourishing in recovery is a willingness and capacity to listen and assertively respond to such signals.
- Post traumatic growth, elevations in psychological health and hardiness, and flourishing occur through processes of transformative change (unplanned, climactic, positive, and permanent) and through incremental change (positive changes unfolding in stages over an extended time).
- Temporal aspects of recovery flourishing include the power of small changes whose effects are compounded over time, not unlike the power of compound interest in a savings account. This raises the potential for exponential recovery growth or decay.

Family and Community Space/Landscapes: The Ecology of Recovery Flourishing

- Addiction, remission, recovery, and post recovery flourishing are often portrayed as intrapersonal processes, but these experiences are nested within physical, psychological, social, spiritual, and cultural spaces that can inhibit or promote their achievement and maintenance. Those spaces encompass family/home, neighborhood, neighborhood, school, work, leisure, faith, community, and culture.
- Innumerable studies suggest that family and social support play a critical role in SUD recovery initiation and maintenance and quality of life in early recovery, but it remains unclear whether such support mediates recovery flourishing or if this experience is mediated primarily by intrapersonal variables.
- Family flourishing is not an automatic outcome of personal SUD recovery. Even after years of SUD remission, families may not achieve satisfactory

levels of functioning. Flourishing requires overcoming the strain of family restructuring following recovery initiation, the potential strain of discordant partner drug use, and the strain imposed by discordant partner and family growth.

- Expanding recovery support resources that enhance the experience of connection and community may have exponential value based on the diminishment of such connections within traditional settings: family, extended family, neighborhoods, schools, workplaces, and places of faith. Communities of recovery can thus be thought of as replacement institutions that support global health, social functioning, community inclusion, and human flourishing.
- Post traumatic growth and flourishing in addiction recovery are often experienced as a process of shared healing, replenishment, and growth. Such communal activities include 1) centering rituals, 2) mirroring rituals, 3) acts of self-care and care of one's inner circle, and 4) unpaid acts of service to others.
- Recovery flourishing calls for a new social contract between the individual and the community that involves key principles (restorative justice, forgiveness) and practices (amends, restitution, civic contribution).
- Individuals and families in recovery from addiction ("wounded healers") constitute valuable community assets.

Cautions Related to Flourishing Research

- It cannot be assumed that all research findings on recovery flourishing will be positive. It could be demoralizing for people seeking and in recovery if future research revealed that such flourishing is a rare phenomenon or that flourishing is only likely to occur years after recovery initiation.
- Excessive popularization of the concept of recovery flourishing could set recovery expectations at unrealistic levels, particularly for individuals so severely damaged as to make reaching a state of flourishing less likely or more a more complex and prolonged process.
- Casting levels of recovery growth and flourishing into categories of superiority and inferiority could have adverse consequences given that many factors influencing recovery achievements are beyond an individual's control. Such superiority/inferiority categorization risks creating intragroup stigma and a disruptive new class structure within communities of recovery.
- Over-popularization of the recovery flourishing concept could render the concept a "flavor of the month" phenomenon within the addictions field only to then be cast aside as the newest fad topic arises.
- There is the potential of finding that what looks on the surface like flourishing is substitution of one excessive/compulsive behavior for another.

Implications for Service Design, Delivery and Evaluation

- The potential service design and clinical implications of recovery flourishing span such areas as representation of people with lived experience of recovery flourishing within the addiction treatment and recovery support services workforce, integrating standard assessment and post-service measures of recovery flourishing, patient/family/public education about recovery flourishing, expanding access to activities that open pathways to recovery flourishing within in-treatment and post-treatment recovery support services, and integrating research findings on recovery flourishing into national and local anti-stigma campaigns.

Conclusion

- Recovery flourishing is a global state of health, an elevated level of social functioning, and a heightened personal/family experience of meaning and purpose. This experience/state/practice is portrayed as a progressive process of growth within, and increasing balance between, multiple life domains. Recovery flourishing emerges via diverse pathways of experience, shares many common qualities, but also unfolds in many yet to be identified varieties across diverse populations and cultural contexts.
- Recovery pessimism is the lie that must be forever expunged from cultural consciousness. The reality, revealed by a growing body of scientific research and legions of people putting a public face and voice on recovery, is that: 1) sustained SUD remission is a widespread phenomenon—the normative outcome for substance use disorders, 2) SUD remission is often accompanied by enhancements in global health and social functioning, and 3) many people in SUD remission/recovery go on to experience lives of significant achievement, community contribution, and personal meaning and fulfillment.
- The growing awareness of the existence of flourishing within the experience of addiction recovery has potentially important implications for affected individuals and families, service providers, local communities, and drug policy makers. It is hoped that the observations shared about such transformations will inspire increased study of this phenomenon and its potential recovery support implications and applications.

Post Traumatic Growth and Flourishing in Addiction Recovery: A Scoping Review and Commentary

“No tree can grow to heaven unless its roots reach down to hell.” — Carl Jung

Introduction

Addiction, the term commonly used to depict the most severe, complex, and prolonged substance use disorders (SUDs)², inflicts well-documented trauma upon individuals, families, and communities.³ While the prevalence and pathways of addiction recovery initiation have received increasing attention in recent years,⁴ far less attention has focused on individual/family flourishing as a potential outcome of addiction recovery.⁵ Such interest is increasing under the influence of the Recovery Research Institute and the National Institute on Drug Abuse Consortium on Addiction Recovery Science (CoARS), as is advocacy to alter the language of the addictions field to reflect such flourishing potential.⁶

The term *recovery* literally conveys the retrieval of lost health and functioning, whereas the concept of *recovery flourishing* suggests the possibility of achieving levels of health and functioning far greater than that which existed prior to the addiction and recovery experiences.⁷ The metaphoric image of recovery transformation is the uncomely caterpillar (addicted self) withdrawing into a cocoon (recovery

² DSM5 SUD diagnostic criteria, any 6 or more of 11 defining symptoms within a twelve-month period meets severe level, herein characterized as addiction.

³ GBD 2016 Alcohol and Drug Use Collaborators. The global burden of disease attributable to alcohol and drug use in 195 countries and territories, 1990-2016: a systematic analysis for the Global Burden of Disease Study 2016. *Lancet Psychiatry*. 2018 Dec;5(12):987-1012. doi: 10.1016/S2215-0366(18)30337-7. Erratum in: *Lancet Psychiatry*. 2019 Jan;6(1):e2. doi: 10.1016/S2215-0366(18)30488-7. PMID: 30392731; PMCID: PMC6251968.

⁴ Best, D., Vanderplasschen, W., van de Mheen, D...Nagelhout, G.E. (2018). REC-PATH (Recovery Pathways): Overview of a four-country study of pathways to recovery from problematic drug use. *Alcoholism Treatment Quarterly*, 36(4), 517-29. DOI: 10.1080/07347324.2018.1488550; Flaherty, M. T., Kurtz, E., White, W. L., & Larson, A. (2014). An interpretive phenomenological analysis of secular, spiritual, and religious pathways of long-term addiction recovery. *Alcoholism Treatment Quarterly*, 32(4), 337-356; Kelly, J. F., Hoepfner, B. B., Bergman, B. G., Vilsaint, C. L. (2017) Recovery from substance use disorder in the United States: prevalence, characteristics, and pathways from the first national probability-based sample. *Alcoholism: Clinical & Experimental Research*, 41, 179A; Kelly, J. F., Belisario, K. L., MacKillop, J. (2025). Prevalence, predictors, correlates, and dynamic changes in the NIAAA-defined "recovery" definition. *Alcohol Clin Exp Res* (Hoboken). Sep 24. doi: 10.1111/acer.70172. PMID: 40990872.

⁵ Parker, P., Banbury, S., & Chandler, C. (2018). The utility of measuring flourishing in substance and alcohol use disorders research: a systematic review. *European Journal of Applied Positive Psychology*, 2, 5, 1-13. <http://www.nationalwellbeingsservice.org/volumes/volume-2-2018/volume-2-article-5/>

⁶ Sheidow, A. J., Hoepfner, B. B., Pack, R. P., Unick, G. J. and Blum, K. (2025) Editorial: Innovations in recovery science: pathways, policies, and platforms that promote thriving after addiction. *Front. Public Health*, 13:1731271. doi: 10.3389/fpubh.2025.1731271; Spiels, J., Conner, S. (2018). Considerations for substance-use disorder language: cultivating a shift from 'addicts in recovery' to 'people who thrive'. *J Public Health Policy*, Aug;39(3):372-378. doi: 10.1057/s41271-018-0127-y. PMID: 29743656.

⁷ Linley, P. A., & Joseph, S. (2004). Positive change following trauma and adversity: A review. *Journal of Traumatic Stress*, 17(1), 11–21. doi:10.1023/B:JOTS.0000014671.27856.7e

incubation/gestation/metamorphosis) to then emerge as a butterfly of uncommon beauty and graceful carriage (recovery flourishing). Such images, affirmed through acts of recovery storytelling, offer promise of potential growth and flourishing within the recovery experience. Discussions of the potential for recovery flourishing and how it can best be achieved are rare in the clinical literature of addiction treatment but prominent in the literature of recovery mutual aid organizations.⁸ Flourishing in AA and NA are referred to as “living sober,” “living clean,” the “joy of living,” or “living life on life’s terms”; in Women for Sobriety as “recognizing life’s priorities: emotional and spiritual growth, self-responsibility”, in SMART Recovery as “leading a balanced life”; and in Recovery Dharma as a “lifelong journey of growth and awakening.”

There is also growing consensus within the medical and scientific communities that recovery is more than the reduction or elimination of pathology (i.e. SUD remission) within an otherwise unchanged life.⁹ Recovery flourishing involves processes of subtraction (a foundational state of problem reduction/elimination),¹⁰ addition (enhanced global health and social functioning), and multiplication (growth synergies that produce

⁸ Alcoholics Anonymous World Services, Inc. (AAWS, 2019). *Living Sober*. New York, NY; Narcotics Anonymous World Services (NAWS, 2012) *Living Clean*. Vany Nuys, CA; Women for Sobriety (WFS, 2025). Levels of recovery. Accessed December 14, 2025 at <https://womenforsobriety.org/new-life-program/levels-of-recovery/>; Horvath, A. T., Rubinas, P. J., & Diodato, L. (2025). *SMART Recovery 4-Point Program Handbook* (4th ed.). SMART Recovery Global.

⁹ Betty Ford Institute Consensus Panel. (2007). What is recovery? A working definition from the Betty Ford Institute. *Journal of Substance Abuse Treatment*, 33, 221-228. doi: 10.1016/j.jsat.2007.06.001; Borkman, T. J., Stunz, A., & Kaskutas, L. A. (2016). Developing an experiential definition of recovery: Participatory research with recovering substance abusers from multiple pathways. *Substance Use & Misuse*, 51(9), 1116–1129. <http://doi.org/10.3109/10826084.2016.1160119>; Brophy, H., Dyson, M., & Katherine, R. K. (2023). Concept analysis of recovery from substance use. *Int J Ment Health Nurs*, 32(1), 117-127; DiClemente, C. C. (2013). Paths through addiction and recovery: The impact of spirituality and religion. *Substance Use & Misuse*, 48(12), 1260–1261. doi:10.3109/10826084.2013.808475; Esteban-Rodríguez, L., Pérez-López, M., Sion, A., Olmos-Espinosa, R., Jurado-Barba, R., Maldonado-Sánchez, D., León-Gayo, M., Armada, V., Rubio, G. (2024). Agreement for recovery: First Spanish consensus on the concept of alcohol addiction recovery. *Actas Esp Psiquiatr.*, Aug;52(4):382-393. doi: 10.62641/aep.v52i4.1633. PMID: 39129690; PMCID: PMC11319745; Kaskutas, L. A., Borkman, T., Laudet, A., Ritter, L., Witbrodt, J., Subbaraman, M., . . . Bond, J. (2014). Elements that define recovery: The experiential perspective. *Journal of Studies on Alcohol and Drugs*, 75(6), 999-1010; Kelly, J. F., & Hoepfner, B. (2014). A biaxial formulation of the recovery construct. *Addiction Research & Theory*, 23(1), 5-9; Martinelli, T. F., Roeg, D. P. K., Bellaert, L., Van de Mheen, D., Nagelhout, G. E. (2023). Understanding the process of drug addiction recovery through first-hand experiences: A qualitative study in the Netherlands using lifeline interviews. *Qual Health Res*, Aug;33(10):857-870. doi: 10.1177/10497323231174161. PMID: 37279186; PMCID: PMC10426251; Monteiro, V., Bloc, L., Messas, G. (2024). What is it like to be in alcohol addiction recovery? A dialectical phenomenological analysis. *Psychopathology.*, 57(5):377-388. doi: 10.1159/000538267. PMID: 38754403; White, W. L. (2007). Addiction recovery: Its definition and conceptual boundaries. *Journal of Substance Abuse Treatment*, 33(3), 229-241. doi: 10.1016/j.jsat.2007.04.015; Zemore, S. E., Ziemer, K. L., Gilbert, P. A., Karno, M. P., & Kaskutas, L. A. (2023). Understanding the shared meaning of recovery from substance use disorders: New findings from the What is Recovery? Study. *Substance Abuse: Research and Treatment*, 17, 1–12. doi: 10.1177/11782218231199372

¹⁰ What in Narcotics Anonymous is referred to as “cleaning up the wreckage”. Narcotics Anonymous World Services (NAWS, 2012) *Living Clean*. Vany Nuys, CA, p. 16.

heightened levels of meaning and social contribution)¹¹—a combination of hedonic well-being (positive feelings) and eudaimonic well-being (functional health).¹²

Recovery flourishing extends the focus from one of intrapersonal illness and health to how the quality of one's existence is influenced by and in turn influences one's physical, psychological, social, and cultural environment. As we shall see in the pages to come, recovery flourishing can be variably viewed as a process (something one experiences over time), a state of being (something one is—an attitude, accomplishment, status, or quality of character), a destination/pursuit (an aspirational goal), a daily practice (something one does—a method or style of living), and a person-world relationship.

To understand flourishing it is helpful to explore the related concept of post-traumatic stress disorder (PTSD). PTSD is based on the idea that the effects of painful experiences of the past can accumulate, shaping one's perceptions, emotional responses, and behavioral responses to current situations as well as alter broader dimensions of character, identity, and worldview. The potential for flourishing within the experience of addiction recovery raises the question of an opposite process. Could positive recovery experiences accumulate to forge a state of sustained human flourishing? Might post traumatic growth (PTG) in recovery serve as an antidote to the trauma that preceded it? If PTSD involves intrusive and life-disrupting flashback images of past injury, might such images be replaced with images from positive experiences via techniques of thought stopping and thought substitution? If addiction trauma can be epigenetically transferred from parent to child, could resilience be transferred as an outcome of parental flourishing?

To explore such questions, the author first conducted a literature search using multiple databases (PubMed, MEDLINE, Semantic Scholar, ScienceDirect, Web of Science, PsycInfo, and Google Scholar). Key word searches included SUD recovery/remission, flourishing, thriving, post traumatic growth, wellbeing, quality of life, and civic contribution. Citations were identified within these resources that were missed in the original search process, and the author also drew on a recovery research bibliography containing more than 5,000 citations.¹³ Finally, the author recorded via journaling his own observations, hypotheses, and unanswered research questions related to recovery flourishing drawn from decades of interviewing, surveying, and observing individuals and families in recovery. The resulting monograph is both an investigation (What does the existing scientific evidence reveal?) and a meditation (How

¹¹ White, W. & Kelly, J. F. (2025) Toward a solution-focused addiction science. *Frontiers in Public Health*, 13:1701524. doi: 10.3389/fpubh.2025.1701524

¹² Schotanus-Dijkstra, M., ten Have, M., Lamers, S. M. A., de Graaf, R., & Bohlmeijer, E. T. (2016). The longitudinal relationship between flourishing mental health and incident mood, anxiety and substance use disorders. *The European Journal of Public Health*, 27(3), 563–568. <https://doi.org/10.1093/eurpub/ckw202>

¹³ White, W. L. (2022). Addiction recovery: A selected bibliography of professional publications and scientific studies. Accessed November 19, 2025 at <https://www.recoveryanswers.org/recovery-research-bibliography/>

can I understand what I have learned and observed?). My hope is that this exploration will inform future research on flourishing within the experience of addiction recovery.

Why Study Recovery Flourishing?

If future outcomes of recovery flourishing studies are as positive as preliminary research suggests, professional and public dissemination of such results could potentially: 1) lessen the social stigma attached to addiction recovery, 2) shorten addiction careers by motivating early help-seeking and enhancing service retention, 3) promote recovery optimism and raise the low bar of expectations too often placed on people seeking or living in recovery, 4) elevate the status of the addiction treatment and recovery support workforce, 5) expand educational, occupational, leisure, artistic, and community service opportunities for people in recovery, 6) stimulate expanded mechanisms of support across the stages of long-term personal and family recovery, and 7) extol the role of people in recovery as valued and underutilized community assets.

Perhaps most important of these potential contributions is the added recovery enticement offered to those in active addiction. Such enticement (anticipatory relief, release, and joy) is illustrated by what in Alcoholics Anonymous (AA) is referred to as “the promises.”

"If we are painstaking about this phase of our development, we will be amazed before we are half way through. We are going to know a new freedom and a new happiness. We will not regret the past nor wish to shut the door on it. We will comprehend the word serenity and we will know peace. No matter how far down the scale we have gone, we will see how our experience can benefit others. That feeling of uselessness and self-pity will disappear. We will lose interest in selfish things and gain interest in our fellows. Self-seeking will slip away. Our whole attitude and outlook upon life will change. Fear of people and of economic insecurity will leave us. We will intuitively know how to handle situations which used to baffle us. We will suddenly realize that God is doing for us what we could not do for ourselves. Are these extravagant promises? We think not. They are being fulfilled among us—sometimes quickly, sometimes slowly. They will always materialize if we work for them."¹⁴

Other recovery mutual aid organizations extend similar promises. Narcotics Anonymous speaks of the potential for “unlimited growth”¹⁵ and a life “beyond our wildest dreams”¹⁶, and Recovery Dharma points to a day when those seeking recovery may be happy, at

¹⁴ Alcoholics Anonymous World Services (2002). *Alcoholics Anonymous*, (4th edition), pp. 83-84.

¹⁵ Narcotics Anonymous (2008). *Narcotics Anonymous*, Sixth Edition, Narcotics Anonymous World Services, Inc., p. 44.

¹⁶ Narcotics Anonymous, *Living Clean*, (2012): Narcotics Anonymous World Services, Inc., p. xiv; Narcotics Anonymous World Services (NAWS, 2012) *Living Clean*. Vany Nuys, CA, p. 19, 20.

ease, and free from suffering.¹⁷ To achieve such results and fulfill such promises, numerous questions about the experience of recovery flourishing must be answered.

Recovery Flourishing Definition and Measurement

There has yet to be consensus on a definition of *recovery* to guide research on recovery and related strategies of problem resolution.¹⁸ The term *flourishing* joins *recovery* and other presently “fuzzy” terms and concepts in the drug problems arena whose definitional boundaries continue to be contested.¹⁹ White, in response to newly proffered definitions of recovery, suggested that any such definition must meet the requirements of precision, inclusiveness, exclusiveness, measurability, acceptability, and simplicity. The same could be said for a definition of flourishing in recovery.²⁰

As used in this paper, *flourishing in the context of addiction recovery is an exceptional level of global (physical/cognitive/emotional/relational/spiritual) health, life meaning and purpose, and social/cultural contribution experienced within the constraints of one’s limitations and life circumstances.* (For glossary of definitions of terms used in this monograph, see Appendix A.)

Put simply, *flourishing in recovery is the experience of reaching or exceeding one’s potential for fulfillment and contribution within and across multiple life domains. As commonly described, flourishing within the experience of addiction recovery involves getting “better than well”, a level of growth that far exceeds the healing of injuries inflicted by drug use (or as Women for Sobriety depicts living one’s best life—a lifelong journey of emotional and spiritual growth²¹ or as depicted in Secular Organizations for Sobriety, “the good life”²².*

¹⁷ Recovery Dharma Global, Inc. (2023) Recovery Dharma. Second Edition, p. xi.

<https://drive.google.com/file/d/1Isotp-WIUedFJKDqjpvO7uKgVsvX3J1/view>.

¹⁸ Kelly, J. F., & Stauffer, W. (2025). Utility or futility? Toward an operational definition of addiction “recovery.” *Addiction Research & Theory*, 1–8. <https://doi.org/10.1080/16066359.2025.2609635>;

White, W. & Kelly, J. F. (2025) Toward a solution-focused addiction science. *Frontiers in Public Health*. 13:1701524. doi: 10.3389/fpubh.2025.1701524

¹⁹ Kelly, J. F., Bergman, B. G. (2021). A bridge too far: Individuals with regular and increasing very heavy alcohol consumption cannot be considered as maintaining “recovery” due to toxicity and intoxication-related risks. *J Addict Med.*, Jul-Aug 01;15(4):269-271. doi: 10.1097/ADM.0000000000000759. PMID: 33060467; Witkiewitz, K., Pearson, M. R., Wilson, A. D., Stein, E. R., Votaw, V. R., Hallgren, K. A., Maisto, S. A., Swan, J. E., Schwebel, F. J., Aldridge, A., Zarkin, G. A., Tucker, J. A. (2020). Can alcohol use disorder recovery include some heavy drinking? A replication and extension up to 9 years following treatment. *Alcohol Clin Exp Res.*, Sep;44(9):1862-1874. doi: 10.1111/acer.14413. PMID: 32761936; PMID: PMC7540311.

²⁰ White, W. L. (2007). Addiction recovery: Its definition and conceptual boundaries. *Journal of Substance Abuse Treatment*, 33(3), 229-241. doi: 10.1016/j.jsat.2007.04.015

²¹ Kirkpatrick, J. (2025). Women for Sobriety New Life Program. Women for Sobriety, Quakertown, PA;

Kirkpatrick, J. (2025). The Hungering Heart. Accessed December 29, 2025 at <https://womenforsobriety.org/wp-content/uploads/2023/05/The-Hungering-Heart.pdf>

²² Secular Organizations for Sobriety (2025). Guidelines for Secular Recovery Success. Accessed December 29, 2025 at <https://sober.com/aa-alternatives-secular-organizations-for-sobriety/>.

Recovery flourishing is the opportunity for another chance—an opening to turn one’s resurrected life into a personal renaissance. Recovery flourishing, like recovery itself, is more than the absence of addiction; it is the experience and embrace of connection, health, and meaning. Flourishing is best viewed as a process and product of choices rather than as the absence of adversity/tragedy in one’s life or the outcome of random good fortune. Flourishing is not a life free from suffering—such a goal is impossible. It is rather to rise above and find meaning and joy beyond the suffering that is an integral part of living, or to put it in Buddhist terms to “not waste our suffering”.²³ Flourishing is simultaneously the ongoing act of choice-making, an optimal state of living directly flowing from the consequence of one’s choices, and the experience of profound meaning and purpose drawn from those choices.

Key to an understanding of recovery flourishing is the question: “What is the threshold (quantitative and qualitative dimensions) at which post traumatic growth qualifies as a state of flourishing?”²⁴ What benchmark of comparison is to be used in measuring the degree of flourishing: flourishing compared to earlier stages of one’s life, flourishing compared to others at a similar stage of recovery, and/or flourishing compared to others of a similar life stage in the general population?

The definition of recovery flourishing and its related measurement will influence determinations of its prevalence and durability. The lack of a consensus definition of recovery flourishing hinders the development of a specific instrument to measure such an achievement within the experience of addiction recovery. There is presently no such instrument, though there are multiple instruments that measure post traumatic growth and instruments that measure components of recovery flourishing (See Table 1; Source references in Appendix B):

Table 1: Sampling of Instruments to Measure Human Flourishing and Related States

Flourishing Measurement Instruments	Source
The Post Traumatic Growth Inventory	Tedeschi & Calhoun, 1996
The Stress-related Growth Scale	Park et al., 1996; Armeli et al., 2001
The Thriving Scale	Abraido-Lanza et al., 1998
Perceived Benefit Scales	McMillen & Fisher, 1998
Mental Health Continuum	Keyes et al., 2008
Questionnaire for Eudaimonic Well-Being	Waterman et al., 2010
The Flourishing Scale	Diener et al., 2010
Comprehensive Inventory of Thriving	Su et al., 2014
PERMA Profiler	Butler & Kern, 2016
Secure Flourishing Index	VanderWeele, 2017
Multidimensional Flourishing Scale	Mesurado et al., 2021

²³ Recovery Dharma Global, Inc. (2023) *Recovery Dharma*. Second Edition. P. 64. <https://drive.google.com/file/d/1Isotp-WIUedFJKDqjpvO7uKgVsvX3J1/view>.

²⁴ Hone, L.C., Jarden, A.; Schofield, G.M., & Duncan, S. (2014). Measuring flourishing: The impact of operational definitions on the prevalence of high levels of wellbeing. *International Journal of Wellbeing*, 4(1), 62-90. doi:10.5502/ijw.v4i1.4.

The Well-Being Assessment	Weziak-Bialowolska et al., 2021
Digital Flourishing Scale	Janicke-Bowles et al., 2023
Related Instruments	Source
The Satisfaction with Life Scale	Deiner et al., 1985
Psychological Well-Being Scale	Ryff, 1989
The Lancashire Quality of Life Profile	Van Nieuwenhuizen et al., 2001
World Health Organization Quality of Life Assessment Instrument	TWHO, 1998
Injection Drug User Quality of Life Scale	Brogly et al., 2003
Passion Scale	Vallerand et al., 2003
Alcohol Quality of Life	Malet et al., 2006
Meaning in Life Questionnaire	Steger et al., 2006
Drug User Quality of Life Scale	Morales-Manrique et al., 2007
Recovery Capital Scale	White, 2009
Assessment of Recovery Capital	Groshkova et al., 2013
Recovery Capital Questionnaire	Burns & Marks, 2013
Addiction Recovery Questionnaire	Iveson-Brown & Raistrick, 2015
Brief Assessment of Recovery Capital	Vilsaint et al., 2017
REC-CAP	Cano, Best et al., 2017
The Recovery Capital Index	Whitesock et al., 2018
The Recovery Strengths Questionnaire	Rettie et al., 2019
Strengths and Barriers Recovery Scale	Best et al., 2020
Recovery Empowerment Scale	Peterson et al., 2022
Multidimensional Inventory of Recovery Capital	Bowen et al., 2023
The Short Grit Scale	Trinh et al., 2023
interRAI Quality of Life for Mental Health and Addictions	Hirdes et al., 2025

The degree to which such instruments can effectively measure flourishing in addiction recovery is unclear. McBurnie and colleagues found that a mainstream instrument used in the measurement of PTG (Tedeschi and Calhoun's Post Traumatic Growth Inventory, PTGI) is, with some modification, applicable to the measurement of PTG in addiction recovery, but they went on to suggest the need for validation of a revised PTGI for individuals in addiction recovery.²⁵ Carlon found similar challenges applying the PERMA Profiler instrument to measure five positive psychology domains with a SUD recovery population and recommended adaptations of the instrument for future use.²⁶ Also of relevance is growing body of research that, while not specifically

²⁵ McBurnie, J., Bell, C., Hurst, N., Chambers, S., Graham-Wisener, L., & Toner, P. (2023). Content validity of the post-traumatic growth inventory: a think-aloud study on capturing recovery from addiction. *Addiction Research & Theory*, 32(4), 255–263. <https://doi.org/10.1080/16066359.2023.2256217>.

²⁶ Carlon, H. A. (2022). Finding the positive in recovery: Psychometric properties of a measure of human flourishing in an alcohol use disorder recovery sample. https://digitalrepository.unm.edu/psy_etds/328

focused on flourishing, does explore the effects of SUD remission and recovery on improved quality of personal and family life.²⁷

The key challenge confronting research on recovery flourishing is the lack of consensus on precisely what is meant by the term and how its existence and degree can best be measured.²⁸ Conceptually, flourishing is nested within an umbrella of related ideas: holistic health, subjective wellbeing, quality of life, happiness, life satisfaction, remission, resilience, hardiness, grit, post traumatic growth, recovery, and spirituality. It will not be possible to reach a consensus definition of recovery flourishing without mapping its meaning in relationship to these broader constructs and their related bodies of research and measurement instruments.²⁹

Flourishing as a concept embraces the achievement of global (physical, psychological, relational, and spiritual) health and social functioning, but critical questions remain. Does flourishing consist of the presence of any of these components, a particular combination of or balance between these elements, or something more? For example, Redmond et al. suggest that flourishing in mental health requires psychological wellbeing, personal happiness, and positive social connection.³⁰ What is the tipping point between growth within each domain and the emergence of a holistic

²⁷ Best, D., Gow, J., Knox, T., Taylor, A., Groshkova, T., & White, W. (2011). Mapping the recovery stories of drinkers and drug users in Glasgow: Quality of life and its predictors. *Drug and Alcohol Review*, 31(3), 334-441; Bray, J., Aden, B., Eggman, A., Hellerstein, L., Wittenberg, E., Nosyk, B., Stribling, J.C. & Schakman, L. (2017). Quality of life as an outcome of opioid use disorder treatment: A systematic review. *Journal of Substance Abuse Treatment*, 76, 88-93; De Maeyer J, Vandesplasschen W, Lammertyn J, van Nieuwehuizen C, Sabbe B, Broekaert E. 2011. Current quality of life and its determinants among opiate-dependent individuals five years after starting methadone treatment. *Qual Life Res.*, 20, 139–150; Foster, J. H., Marshall, E. J., & Peters, T. J. (2000). Application of a quality of life measure, the life satisfaction survey (LSS), to alcohol-dependent subjects in relapse and remission. *Alcoholism: Clinical and Experimental Research*, 24(11), 1687-1692; Goshorn, J. R., Gutierrez, D., Dorais, S. (2023). Sustaining recovery: What does it take to remain in long-term recovery? *Subst Use Misuse*, 58(7):900-909. doi: 10.1080/10826084.2023.2196557. PMID: 37026405; Kelly, J. F., Greene, M. C., & Bergman, B. G. (2018). Beyond abstinence: Changes in indices of quality of life with time in recovery in a nationally representative sample of U.S. adults. *Alcoholism: Clinical & Experimental Research*, 42(4), 770-780. doi: 10.1111/acer.13604; Laudet, A. B., Becker, J. B., & White, W. L. (2009). Don't wanna go through that madness no more: Quality of life satisfaction as predictor of sustained substance use remission from illicit drug misuse. *Substance Use & Misuse*, 44(2), 227-252. doi: 10.1080/10826080802714462; Missouridou, E., Segredou, E., Stefanou, E., Sakellaridi, V., Gremou, M., Kritsiotakis, E., Kokori, P., Roditi, E., Karahaliou, V., Rizavas, I., Vasiliou, A., Patseas, S., Parissopoulos, S. (2023). Family recovery from addiction and trauma: An interpretative phenomenological analysis of mothers' lived experience. *Adv Exp Med Biol.*, 1425:105-117. doi: 10.1007/978-3-031-31986-0_10. PMID: 37581785.

²⁸ Parker, P., Banbury, S., & Chandler, C (2020). Efficacy of the rediscovery process on alcohol use, impulsivity and flourishing: A preliminary randomised controlled study and preliminary cohort study. *European Journal of Applied Positive Psychology*, 4(13), 1-15; Rule, A., Abbey, C., Wang, H., Rozelle, S., Singh, M. K. (2024). Measurement of flourishing: a scoping review. *Front Psychol.* 2024 Feb 1;15:1293943. doi: 10.3389/fpsyg.2024.1293943. PMID: 38362251; PMCID: PMC10867253.

²⁹ White, W. & Kelly, J. F. (2025) Toward a solution-focused addiction science. *Frontiers in Public Health.* 13:1701524. doi: 10.3389/fpubh.2025.1701524

³⁰ Redmond, M. L., Buhrmann, A. S., & Fuller-Thomson, E. (2021). The continuum of recovery from alcohol dependence: From addiction remission to complete mental health. *Substance Use & Misuse*, 56(9), 1320–1331. <https://doi.org/10.1080/10826084.2021.1922451>

state of flourishing? Are there predictable stages of recovery flourishing? Could flourishing in one recovery arena (e.g., education, work) serve as a catalyst for flourishing in other domains as some studies suggest?³¹ Can flourishing exist when one domain (e.g., physical health) is experiencing substantial regression? Is flourishing simply the optimum end of a positive continuum of post-addiction growth or is flourishing something qualitatively different? Is the flourishing whole greater than the sum of its parts—something qualitatively different than cumulative growth? Does flourishing require first decentering addiction within one’s life and centering the recovery experience or does flourishing require a third step of also decentering the recovery experience/identity, e.g., “I am more than my addiction, but I am also more than my recovery”? Do definitional elements of flourishing differ across diverse populations and cultural contexts? How is the prevalence of flourishing among people in SUD remission compared to people recovering from other medical disorders and to people in the general population without SUD experience? Is flourishing best measured by objective levels of achievement (its effects), by the level of effort expended, or by the distance one has traveled within the process of change (pre-post flourishing status)?

Each of us inevitably defines what flourishing means in our life and the actions needed to achieve and maintain such a state. That said, at a systems level, such questions, like those related to the definition and measurement of recovery, will require answers as this body of research proceeds. From the standpoint of science and systems evaluation, recovery flourishing must be more than a self-proclaimed status. That will require quantitative, objective measures of when one enters and exits this state. And at a personal level, adjustments to remain within the center of such a state cannot be made if its boundaries of entrance and egress are undefined and unrecognizable.

The prevalence of recovery flourishing is not presently known due to the paucity of prevalence studies, but existing research does suggest two preliminary findings: 1) some individuals in recovery do experience significant achievements within the recovery experience³², and 2) the prevalence of flourishing in recovery (sometimes referred to as complete mental health) is at present less common among those with a present or past history of drug dependence compared to those in the general population without such a history.³³ Viewed together, one still asserts that flourishing is not limited to a rare elite of

³¹ Lynch, T., Rodriguez, W., Eddie, D. (2022). Education and careers were our way out. *J Subst Abuse Treat.*, Nov;142:108869. doi: 10.1016/j.jsat.2022.108869. PMID: 36088738; Suiter, S. V. & Wilfong, C. D. (2021). Addiction, recovery, and work: Surviving the daily grind. *Work*. 68(1):149-159. doi: 10.3233/WOR-203364. PMID: 33427716.

³² Eddie, D., White, W. L., Vilsaint, C. L., Bergman, B. G. & Kelly, J. F. (2021). Reasons to be cheerful: Personal, civic, and economic achievements after resolving an alcohol or drug problem in the United States population. *Psychology of Addictive Behaviors*, 35(4):402-414. doi: 10.1037/adb0000689; Narcotics Anonymous World Services, Inc (NAWS, 2025). 2024 NA membership survey. Van Nuys, CA. Accessed November 13, 2025 at www.na.org.

³³ MacNeil, A., Fuller-Thomson, E. (2023). Factors associated with recovery and flourishing mental health in a national sample of Canadians with a history of illicit drug dependence. *Int J Ment Health Addiction*, 21, 81–95. <https://doi.org/10.1007/s11469-021-00579-y>

recovery savants but is instead a product of decisions, practices, and perseverance within a recovery supportive environment. Our current global response to addiction is inadequate if the only people who can expect to achieve flourishing are the savants whose flourishing seems to come quickly and with limited effort following SUD remission.

Addiction, Trauma, Post Traumatic Growth and Flourishing

The world breaks everyone and afterward many are strong at the broken places.
—Ernest Hemingway

Trauma spans a broad spectrum of circumstances, to include historical trauma (oppression), combat, child neglect/abuse/abandonment, experiencing or witnessing violence, accidents, death of a significant person, intimate relationship dissolution, job loss, incarceration, natural disasters, and serious physical or mental illness.³⁴ The trauma experience spans a singular, life-changing traumatic episode to complex/cumulative trauma involving such adverse factors as early age of onset of trauma, multiple traumatic episodes of long duration, severe life-altering traumatic injuries, multiple perpetrators of injury, and lack of belief or relief following trauma disclosure. Cumulative trauma can beget complex recovery processes. For example, Wernekinck & Yoon in a study of men recovering from childhood sexual abuse and substance use disorder found post-addiction growth reflecting such enduring themes as acceptance, forgiveness, reexamination of the meaning of masculinity, and building a “community of healing”.³⁵

Addiction onset is often preceded by earlier trauma whose effects are further amplified by addiction-related trauma, making trauma both a potential cause and consequence of addiction.³⁶ Addiction is associated with increased risk of premature

³⁴ Broekhof, R., Nordahl, H. M., Tanum, L., Selvik, S. G. (2023). Adverse childhood experiences and their association with substance use disorders in adulthood: A general population study (Young-HUNT). *Addict Behav Rep*, Mar 30;17:100488. doi: 10.1016/j.abrep.2023.100488. PMID: 37077505; PMCID: PMC10106480; McMillen, C., Howard, M. O., Nower, L., & Chung, S. (2001). Positive by-products of the struggle with chemical dependency. *Journal of Substance Abuse Treatment*, 20, 69–79.

doi:10.1016/S0740-5472(00)00151-3; Mongan D, Millar SR, Brennan MM, Doyle A, Galvin B, McCarthy N. (2025). Associations and mediating factors between adverse childhood experiences and substance use behaviours in early adulthood: A population-based longitudinal study. *Addict Behav.*, Feb;161:108194. doi: 10.1016/j.addbeh.2024.108194. PMID: 39522299; Ramos, C. & Leal, I. (2012). Posttraumatic growth in the aftermath of trauma: A literature review about related factors and application contexts. *Psychology, Community & Health*, 1(1), 1-20.

³⁵ Wernekinck, U, Yoon. S. (2025). "We heal together": Characteristics of the male healing journey from childhood sexual abuse among men in recovery from substance use disorder in the United States. *J Child Sex Abus.*, Apr;34(3):280-301. doi: 10.1080/10538712.2025.2494006. PMID: 40247737.

³⁶ Hammersley, R., Dalgarno, P., McCollum, S., Reid, M., Strike, Y., Smith, A., ... Liddell, D. (2016). Trauma in the childhood stories of people who have injected drugs. *Addiction Research & Theory*, 24(2), 135–151. <https://doi.org/10.3109/16066359.2015.1093120>; Mardani, M., Alipour, F., Rafiey, H., Fallahi-Khoshknab, M., Arshi, M. (2023). Challenges in addiction-affected families: a systematic review of qualitative studies. *BMC Psychiatry*, Jun 16;23(1), 439. doi: 10.1186/s12888-023-04927-1. PMID: 37328763; PMCID: PMC10273571; McGaffin, B. J., Deane, F. P., Kelly, P. J., & Ciarrochi, J. (2015).

death, deterioration in physical and emotional health, disruption in family and social relationships, lower education and occupational achievement, and increased risk of arrest and incarceration.³⁷ Addiction trauma shares many aspects of the compromised quality of life seen in other traumatic experiences: subsequent physical/psychiatric complications, damaged sense of self, self-care limitations, family disruption and risk of intimate relationship dissolution, unhealthy assortative mating (i.e. toxic relationships), shattered sense of security, pessimistic life expectations, depletion of social and financial support resources, heightened anxiety and depression, strained capacities for emotional coping, and continued exposure to high-risk environments.³⁸ Perhaps most traumatic is the spoiling of one's identity via the growing self-belief that one is not just broken or "damaged goods", but irreparable and irredeemable—a belief that can accelerate drug use and its related consequences.³⁹ Similar injuries are also experienced by family members/caregivers affected by addiction.⁴⁰ Some addiction treatment thought leaders posit self-medication of posttraumatic emotional pain as the dominant pathway of addiction initiation and maintenance—an in-the-moment balm for

Flourishing, languishing and moderate mental health: Prevalence and change in mental health during recovery from drug and alcohol problems. *Addiction Research and Theory*, 23(5), 351–360. <http://dx.doi.org/10.3109/16066359.2015.1019346>.

³⁷ MacNeil, A., Fuller-Thomson, E. (2023). Factors associated with recovery and flourishing mental health in a national sample of Canadians with a history of illicit drug dependence. *Int J Ment Health Addiction*, 21, 81–95. <https://doi.org/10.1007/s11469-021-00579-y>.

³⁸ Alkan, G., Altin, D., Yasarbas, G., Hassoy, H. (2025). Relationship between smoking and marital adjustment & social support among women with spouses experiencing alcohol/substance use disorders. *BMC Womens Health*, Aug 21;25(1):403. doi: 10.1186/s12905-025-03947-1. PMID: 40841890; PMCID: PMC12372376; Bratu, M. L., Sandesc, D., Anghel, T., Tudor, R., Shaaban, L., Ali, A., Toma, A. O., Bratosin, F., Turcu, I., Gantsa, A., Fericean, R. M., Bondrescu, M., Barata, P. I. (2023). Evaluating the aspects of quality of life in individuals with substance use disorder: A systematic review based on the WHOQOL Questionnaire. *J Multidiscip Healthc.*, Dec 28;16:4265-4278. doi: 10.2147/JMDH.S440764. PMID: 38164463; PMCID: PMC10758186; Caces, M. F., Harford, T. C., Williams, G. D., Hanna, E. Z. (1999). Alcohol consumption and divorce rates in the United States. *J Stud Alcohol*, Sep;60(5):647-52. doi: 10.15288/jsa.1999.60.647. PMID: 10487734.

³⁹ Rivaux, S. L., Sohn, S., Armour, M. P., & Bell, H. (2008). Women's early recovery: Managing the dilemma of substance abuse and intimate partner relationships. *Journal of Drug Issues*, 38(4), 957-979. <https://doi.org/10.1177/002204260803800402>.

⁴⁰ Benishek, L. A., Kirby, K. C., Dugosh, K. L. (2011). Prevalence and frequency of problems of concerned family members with a substance-using loved one. *Am J Drug Alcohol Abuse*, Mar;37(2):82-8. doi: 10.3109/00952990.2010.540276. PMID: 21219255; PMCID: PMC3073130; Farooq, F., & Farhad, S. (2025). The unseen burden: exploring the lived experiences of mothers caring for individuals with substance use disorder. *Addiction Research & Theory*, 1–13. <https://doi.org/10.1080/16066359.2025.2542779>; Patkar, P., Walia, T. S., Singh, I., Chaudhury, S., Saldanha, D., Diwan, C. (2021). Quality of life and suicidal ideation in wives of men with alcohol dependence: A hospital-based study. *Ind Psychiatry J.*, Oct;30(Suppl 1):S184-S188. doi: 10.4103/0972-6748.328812. PMID: 34908687; PMCID: PMC8611538; Shoa Kazemi, M., Mahamid, F., Bdier, D. (2025). Families' lived experiences of psychological injuries following a woman's recovery from addiction. *J Ethn Subst Abuse*, Oct 28:1-17. doi: 10.1080/15332640.2025.2579202. PMID: 41147976; Tyo, M. B., McCurry, M. K., Horowitz, J. A., Elliott, K. (2023). Perceived stressors and support in family caregivers of individuals with opioid use disorder. *J Addict Nurs.*, Oct-Dec 01;34(4):E136-E144. doi: 10.1097/JAN.0000000000000552. PMID: 38015581

trauma that in turn induces additional trauma.⁴¹ Cumulative traumatic wounds leave many addicted individuals with severe developmental deficits, a minimum of recovery capital (internal and external resources to initiation and sustain recovery,⁴² and a prolonged course of recycling through acute episodes of treatment without sustained recovery stabilization.⁴³

Even the onset of recovery can be disruptive or distressing given the grief over the lost drug relationship, the severing of drug-related social relationships⁴⁴, the radical reconstruction of identity and lifestyle required of recovery-seeking individuals⁴⁵, and the subsequent radical realignment of roles, rules, rituals and relationships often experienced by recovering families.⁴⁶ Recovery distress includes what one must face

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- ⁴² Granfield, R., & Cloud, W. (2001). Social context and “natural recovery”: The role of social capital in the resolution of drug-associated problems. *Substance Use & Misuse*, 36(11), 1543-1570.
- ⁴³ Achara-Abrahams, I., Evans, A. C., Ortiz, J., Lopez Villegas, D., O’Dell, J., Ali, O., & Hawkins, D. (2012). Recovery management and African Americans: A report from the field. *Alcoholism Treatment Quarterly*, 30(3), 263–292. <https://doi.org/10.1080/07347324.2012.691049>; Peterson, S., Berkowitz, G., Cart, C. U., Brindis, C. (2002). Native American women in alcohol and substance abuse treatment. *J Health Care Poor Underserved*, Aug; 13(3):360-78. <https://researcherprofiles.org/profile/1429561>; White, W. L. (2008). *Recovery management and recovery-oriented systems of care: Scientific rationale and promising practices*. Northeast Addiction Technology Transfer Center, Great Lakes Addiction Technology Transfer Center, Philadelphia Department of Behavioral Health & Mental Retardation Services.
- ⁴⁴ Bethune Scroggs, L., Goodwin, L. R. Jr., McDougal, J. J. W. (2022). Co-Occurring substance use disorders and grief during recovery. *Subst Use Misuse*, 57(3), 418-424. doi: 10.1080/10826084.2021.2019771. PMID: 34965842; Shaw, A. (2023). Women in mid-life and older age in recovery from illicit drug use: connecting and belonging. *Front Psychiatry*, Aug 10;14:1221500. doi: 10.3389/fpsy.2023.1221500. PMID: 37636828; PMCID: PMC10450501.
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- ⁴⁶ Brown, S., & Lewis, B. (1999). *The alcoholic family in recovery: A developmental model*. New York: Guilford; Li, D. & Song, A. (2024). Drug use disorder and family politics evolution: How can Chinese PWUD families quit drugs? *J Ethn Subst Abuse*. Jul-Sep;23(3):586-611. doi: 10.1080/15332640.2022.2119186. PMID: 36107825; Shoa Kazemi, M., Mahamid, F., Hamamra, B.

about oneself (e.g., moral condemnation) without the aid of drug-induced emotional anesthesia or the self-protective distortions of memory common in active addiction.⁴⁷ What AA refers to as a “searching and fearless moral inventory of ourselves” can, while therapeutic, be emotionally wrenching when undertaken without substantial support.

This recovery reorientation process often results in a reconstruction (or reinterpretation) of one’s life story and social identity.⁴⁸ Recovery flourishing involves weaving a new life story (redemptive narrative) that separates and sets one’s old life as prologue to a new life in recovery— a cleaving of one’s life into the categories of *before* and *after*. Such radical reorientation may include a sense of calling and changing one’s life focus toward helping others overcome similar traumatic experiences.⁴⁹ That said, more than half of U.S. individuals surveyed who have resolved an alcohol or other drug problem do not identify as being “in recovery”⁵⁰, with that proportion embracing such identification being higher (59.18%) among those admitted to specialty addiction treatment.⁵¹ The role of recovery identification in flourishing across those who do and do not embrace such an identity and the related influence of problem severity have yet to be studied.

Recovery from addiction, like recovery from other forms of radical life change, includes the opportunity for unexpected benefits—a level of growth and flourishing that far exceeds pre-addiction levels of achievement.⁵² Extolling growth potential within the recovery experience (addiction suffering and recovery initiation as a process of instruction and purification) does not minimize the enormous personal and social costs inflicted by pre-addiction and addiction-related traumas. That said, there is the potential

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⁴⁷ Ohayon, S., Ronel, N. (2025). The moral voice in addiction and the self. *J Subst Use Addict Treat.*, Mar;170:209624. doi: 10.1016/j.josat.2025.209624. PMID: 39864557; Frazier, P., Tennen, H. Gavian, M., Park, C., Tomich, P., & Tashiro, T. (2009). Does self-reported posttraumatic growth reflect genuine positive change? *Psychological Science*, 20, 912-919. doi: 10.1111/j.1467-9280.2009.02381.x

⁴⁸ Cho, D. & Park, C. L. (2013). Growth following trauma: Overview and current status. *Terapia Psicológica*, 31(1), 69-79, *Sociedad Chilena de Psicología Clínica*, Santiago, Chile;

⁴⁹ Iswardani, T., Dewi, Z. L., Mansoer, W. W., & Irwanto, I. (2022). Meaning-making among drug addicts during drug addiction recovery from the perspective of the meaning-making model. *Psych*, 4(3), 589-604. <https://doi.org/10.3390/psych4030045>; White, W. L. (2000a). The history of recovered people as wounded healers: I. From Native America to the rise of the modern alcoholism movement. *Alcoholism Treatment Quarterly*, 18(1), 1-23. doi: 10.1300/J020v18n01_01; White, W. L. (2000b). The history of recovered people as wounded healers: II. The era of professionalization and specialization. *Alcoholism Treatment Quarterly*, 18(2), 1-25. doi: 10.1300/J020v18n02_01.

⁵⁰ Kelly, J. F., Abry, A. W., Milligan, C. M., Bergman, B. G., Hoepfner, B. B. (2018). On being "in recovery": A national study of prevalence and correlates of adopting or not adopting a recovery identity among individuals resolving drug and alcohol problems. *Psychol Addict Behav.*, Sep;32(6):595-604. doi: 10.1037/adb0000386. PMID: 30070538.

⁵¹ Bourdon, J. L., Judson, S., Fields, T., Verdecanna, S., Vadhan, N. P., Morgenstern, J. (2024). Self-reported sobriety labels: Perspectives from alumni of inpatient addiction treatment. *Subst Abuse Rehabil.*, Jul 24;15:99-106. doi: 10.2147/SAR.S470780. PMID: 39070773; PMCID: PMC11283828.

⁵² Ramos, C. & Leal, I. (2012). Posttraumatic growth in the aftermath of trauma: A literature review about related factors and application contexts. *Psychology, Community & Health*, 1(1), 1-20.

to transform the addiction and recovery experiences into what mythologist Joseph Campbell referred to as the ‘heroic journey’, in which one leaves home to face great trials, survives innumerable tests and hardships, and then returns to the community to share the lessons learned from one’s ordeal.⁵³ Not only is sustained flourishing possible in the aftermath of adversity, but it might also only be possible as a response to adversity and struggle. White and Kelly recently outlined five patterns of drug problem prevention/resolution (resistance, resilience, risk minimization, remission, and recovery) among those at highest risk for addiction, each of which is a potential precursor to PTG and flourishing (e.g., global health, character enhancement, happiness, and a meaningful life of community contribution).⁵⁴

The potential for post traumatic growth and flourishing even in the most inhospitable environments (e.g., prison) flows from two potential sources. First is the redirection of survival strengths developed through the course of addiction to the demands of recovery initiation and maintenance. Addiction requires devotion, commitment, focus, social network connections, continual knowledge and skill acquisition, and pursuit of personal pleasure—traits in the absence of addiction associated with high levels of prosocial achievement and elements integral to recovery initiation. Second are the strengths (knowledge, perspectives, skills, and relationships) developed through the processes and stages of recovery, e.g., *stronger at the broken and now healing and healed places*. Both sources of strength constitute the foundation upon which recovery flourishing rises.

International surveys of recovery prevalence and life in recovery and recovery mutual aid membership surveys confirm the potential for substantial achievements in the aftermath of recovery initiation.⁵⁵ Other more focused studies have documented recovery-linked growth in the arenas of physical health⁵⁶, mental health⁵⁷, quality of

⁵³ Campbell, J. (2012). *The hero with a thousand faces* (3rd ed.). New World Library.

⁵⁴ White, W. & Kelly, J. F. (2025) Toward a solution-focused addiction science. *Frontiers in Public Health*. 13:1701524. doi: 10.3389/fpubh.2025.1701524.

⁵⁵ Best, D. (2015). The Australian life in recovery survey. Melbourne, Australia: Turning Point, Eastern Health; Best, D., Albertson, K., Irving, J., Lightowlers, C., Mama-Rudd, A., & Chaggar, A. (2015) UK life in recovery survey 2015. The first national UK survey of addiction recovery experiences. Sheffield: Sheffield Hallam University and Helena Kennedy Centre for International Justice; Eddie, D., White, W. L., Vilsaint, C. L., Bergman, B. G. & Kelly, J. F. (2021). Reasons to be cheerful: Personal, civic, and economic achievements after resolving an alcohol or drug problem in the United States population. *Psychology of Addictive Behaviors*, 35(4):402-414. doi: 10.1037/adb0000689; Laudet, A.B. (2013). Life in Recovery: Report on the Survey Findings. Faces and Voices of Recovery; McQuaid, R.J., Malik, A., Morrissey, M., & Baydack, N. (2017). Life in recovery from addiction in Canada. Canadian Centre on Substance Abuse; Narcotics Anonymous World Services, Inc (NAWS, 2025). 2024 NA membership survey. Van Nuys, CA Accessed November 13, 2025 at www.na.org.

⁵⁶ McBurnie, J., Bell, C., Hurst, N., Chambers, S., Graham-Wisener, L., & Toner, P. (2023). Content validity of the post-traumatic growth inventory: a think-aloud study on capturing recovery from addiction. *Addiction Research & Theory*, 32(4), 255–263. <https://doi.org/10.1080/16066359.2023.2256217>.

⁵⁷ Murphy, C., Hesson, J. & Connolly, R. The positive side of things: Examining factors that predict positive mental health in individuals with problematic substance use. *J. Psychosoc. Rehabil. Ment. Health* 11, 293–306 (2024). <https://doi.org/10.1007/s40737-023-00344-5>; Redmond, M. L., Buhmann, A. S., & Fuller-Thomson, E. (2021). The continuum of recovery from alcohol dependence: From addiction

family life and positive parenting⁵⁸, family reunification⁵⁹, positive social relationships⁶⁰, reduced criminal justice involvement⁶¹, housing stability⁶², financial security⁶³, educational achievement⁶⁴, employment⁶⁵, development of new interests⁶⁶, positive

remission to complete mental health. *Substance Use & Misuse*, 56(9), 1320–1331. <https://doi.org/10.1080/10826084.2021.1922451>.

⁵⁸ Hardesty M, & Black T. (1999). Mothering Through Addiction: A Survival Strategy among Puerto Rican Addicts. *Qualitative Health Research*, 9(5), 602-619. doi:10.1177/104973299129122117; Raynor, P. A., Mueller, M., Pope, C., York, J., Smith, G. (2019) A feasibility study exploring self-care and parenting for adults recovering from addictive substances. *Arch Psychiatr Nurs.*, Apr;33(2):155-163. doi: 10.1016/j.apnu.2018.11.009. PMID: 30927985.

⁵⁹ Welle-Strand, G. K., Skurtveit, S., Abel, K. F., Chalabianloo, F., Sarfi, M. (2020). Living a normal life? Follow-up study of women who had been in opioid maintenance treatment during pregnancy. *J Subst Abuse Treat.*, Jun;113:108004. doi: 10.1016/j.jsat.2020.108004. PMID: 32359675;

⁶⁰ McBurnie, J., Bell, C., Hurst, N., Chambers, S., Graham-Wisener, L., & Toner, P. (2023). Content validity of the post-traumatic growth inventory: a think-aloud study on capturing recovery from addiction. *Addiction Research & Theory*, 32(4), 255–263. <https://doi.org/10.1080/16066359.2023.2256217>

⁶¹ Gossop, M., Trakada, K., Stewart, D. & Witton, J. (2005). Reductions in criminal convictions after addiction treatment: 5-year follow-up, *Drug and Alcohol Dependence*, 79(3), 295-302, ISSN 0376-8716, <https://doi.org/10.1016/j.drugalcdep.2005.01.023>; Martinelli, T. F., Nagelhout, G. E., Bellaert, L., Best, D., Vanderplasschen, W., & van de Mheen, D. (2020). Comparing three stages of addiction recovery: long-term recovery and its relation to housing problems, crime, occupation situation, and substance use. *Drugs: Education, Prevention and Policy*, 27(5), 387–396. <https://doi.org/10.1080/09687637.2020.1779182>

⁶² Polcin, D. L. & Korcha, R. (2017). Housing status, psychiatric symptoms, and substance abuse outcomes among sober living house residents over 18 months. *Addict Disord Their Treat.*, Sep;16(3):138-150. doi: 10.1097/ADT.0000000000000105. PMID: 29056875; PMCID: PMC5646694.

⁶³ Bell, J. S., Kang, A., Benner, S., Bhatia, S., Jason, L. A. (2024). Predictors of health in substance use disorder recovery: Economic stability in residential aftercare environments. *J Soc Work Pract Addict.*, 24(3), 297-308. doi: 10.1080/1533256x.2023.2170592. PMID: 39268410; PMCID: PMC11390098; Langabeer, J. R., Vega, F. R., Cardenas-Turanzas, M., Cohen, A. S., Lalani, K., Champagne-Langabeer, T. (2024). How financial beliefs and behaviors influence the financial health of individuals struggling with opioid use disorder. *Behav Sci (Basel)*. May 9;14(5):394. doi: 10.3390/bs14050394. PMID: 38785885; PMCID: PMC11117791.

⁶⁴ Laudet, A., Harris, K., Kimball, T., Winters, K. C., & Moberg, D. P. (2014). Collegiate recovery communities programs: What do we know and what do we need to know? *Journal of Social Work Practice in the Addictions*, 14(1), 84–100. <https://doi.org/10.1080/1533256X.2014.872015>; Murphy, D. P. (2025).

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⁶⁵ Doralı, M., Rezapour-Mirsaleh, Y. & Soltani, M. (2025). Career prospects of substance-dependent individuals following a return to work: A qualitative study. *Research on Addiction*, 18(74). doi: 10.22034/ETI.18.74.131.; Maynes, T. D., & Grant, E. K. (2024). The career trajectories and outcomes in substance use recovery: A scoping review. *Journal of Career Development*, 51(4), 498-523.

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⁶⁶ Narcotics Anonymous World Services, Inc (NAWS, 2025). 2024 NA membership survey. Van Nuys, CA Accessed November 13, 2025 at www.na.org.

community engagement after criminal justice involvement⁶⁷, civic participation and contribution⁶⁸, and enhancement of life satisfaction, happiness and gratitude⁶⁹. The time, energy and financial resources once devoted to addiction maintenance can when redirected and focused on growth within the recovery experience contribute to significant recovery achievements that may be limited but not precluded by factors of age, gender, race, and time in recovery.⁷⁰ What is unclear is the degree to which such recovery growth meets a threshold of recovery flourishing.

Recovery Flourishing: Research to Date

The literature on flourishing within the experience of addiction recovery is most often contained in indirect references within studies of related subjects (e.g., quality of life, well-being) or as an addiction treatment outcome measure (e.g., health, family, employment, etc.). The potential for recovery flourishing is rooted in numerous religious (e.g., Buddhist) and philosophical (e.g., existential, humanist) traditions suggesting strength and meaning rising from adversity and suffering.⁷¹ Abraham Maslow in his conceptualization of a hierarchy of human needs (physiological needs, safety, love and belonging, esteem, and self-actualization) was among the first to suggest the building blocks of human flourishing.⁷² His work anticipated later studies suggesting such factors as economic security, employment, housing stability, food security, and educational

⁶⁷ Best, D., & Aston, E. (2015). Long-term recovery from addiction: Criminal justice involvement and positive criminology? In N. Ronel & D. Segev (Eds.), *Positive criminology* (pp. 177–193). Routledge/Taylor & Francis Group. <https://doi.org/10.4324/9781315796536-13>

⁶⁸ Kurtz, L. F., & Fisher, M. (2003). Participation in community life by AA and NA members. *Contemporary Drug Problems*, 30(4), 875-904.

⁶⁹ Hagen, E., Erga, A. H., Hagen, K. P., Nesvåg, S. M., McKay, J. R., Lundervold, A. J., Walderhaug, E. (2017). One-year sobriety improves satisfaction with life, executive functions and psychological distress among patients with polysubstance use disorder. *J Subst Abuse Treat.*, May;76:81-87. doi: 10.1016/j.jsat.2017.01.016. PMID: 28159440; Krentzman, A. R. (2017). Gratitude, abstinence, and alcohol use disorders: Report of a preliminary finding. *Journal of Substance Abuse Treatment*, 78, 30-36; Krentzmann A. R., Bowen, E. A., Zemore, S. E. (2024). Happiness with recovery from alcohol and substance use disorders predicts abstinence and treatment retention. *J Posit Psychol.* Nov 20:10.1080/17439760.2024.2431686. doi: 10.1080/17439760.2024.2431686. PMID: 40918746; PMCID: PMC12413015.

⁷⁰ Eddie, D., Vilsaint, C. L., Hoffman, L. A., Bergman, B. G., Kelly, J. F., & Hoepfner, B. B. (2020). From working on recovery to working in recovery: Employment status among a nationally representative U.S. sample of individuals who have resolved a significant alcohol or other drug problem. *Journal of Substance Abuse Treatment*, 113, Article 108000. <https://doi.org/10.1016/j.jsat.2020.108000>; Laudet, A. B. (2012). Rate and predictors of employment among formerly polysubstance dependent urban individuals in recovery. *J Addict Dis.*, 31(3), 288-302. doi: 10.1080/10550887.2012.694604. PMID: 22873190; PMCID: PMC3416052; Sahker, E., Ali, S. R., Arndt, S. (2019). Employment recovery capital in the treatment of substance use disorders: Six-month follow-up observations. *Drug Alcohol Depend.*, Dec 1;205:107624. doi: 10.1016/j.drugalcdep.2019.107624. PMID: 31645013.

⁷¹ Chen, G. (2010). The meaning of suffering in drug addiction and recovery from the perspective of existentialism, Buddhism and the 12-Step program. *Journal of Psychoactive Drugs*, 42(3), 363–375. <https://doi.org/10.1080/02791072.2010.10400699>; Joseph, S. & Linley, P. A. Eds. (2008). *Trauma, recovery and growth*. John Wiley & Sons, Inc.

⁷² Maslow, A. H. (1943) A theory of human motivation. *Psychological Review*, 50, 370-396.

access are potential foundational support for enhanced quality of life and recovery flourishing.⁷³

Victor Frankl drew on his concentration camp observations to posit that even in the most traumatic of circumstances one still retains the power to choose one's response to suffering and to forge meaning and purpose from the experience.⁷⁴ Seligman and Csikszentmihalyi explored how humans can move beyond adversity by using positive thoughts, emotions, and actions to attain virtue, happiness, and a high level of personal achievement.⁷⁵ Csikszentmihalyi subsequently described the value of assertively challenging and transcending adversity and the related potential to achieve *flow*—a state of ecstatic focus linked to high levels of creativity and achievement.⁷⁶ Where *flow* is often used to depict a brief time-suspending out-of-self-experience, flourishing conveys a more enduring lifestyle or what Csikszentmihalyi described as *optimal experience*— “an extended episode of flow: a focused, concentrated, internally coherent, logically ordered set of experiences, which, because of its inner order, was felt to be meaningful and enjoyable”.⁷⁷ Flourishing in Csikszentmihalyi's view can be thought of as maximizing time in flow and building a lifestyle around such experiences. Seen as a whole, these early studies of *post traumatic growth* (PTG), or *adversarial growth / transformational coping*, set the stage for increased interest in the potential for flourishing in addiction recovery.⁷⁸

McMillen and colleagues identified positive byproducts of early addiction recovery, to include increased self-efficacy, enhanced family and social relationships, increased empathy and compassion, spiritual awakening, and development of a new life

⁷³ Alderson, K., & Hoyle, R. (2025). Quality of life among individuals on opiate agonist treatment in England. *Addiction Research & Theory*, 1–7. <https://doi.org/10.1080/16066359.2025.2534578>; Bell, J. S., Kang, A., Benner, S., Bhatia, S., Jason, L. A. (2024). Predictors of health in substance use disorder recovery: Economic stability in residential aftercare environments. *J Soc Work Pract Addict.*, 24(3), 297-308. doi: 10.1080/1533256x.2023.2170592. PMID: 39268410; PMCID: PMC11390098; Ingram, C., Buggy, C., Perrotta, C. (2025). Barriers and enablers of addiction recovery amongst people experiencing homelessness in Dublin, Ireland: A proposed conceptual framework adapted from the REC-CAP. *J Subst Use Addict Treat.*, May;172:209669. doi: 10.1016/j.josat.2025.209669. PMID: 40057239.

⁷⁴ Frankl, V. E. (1963). *Man's Search for Meaning*. Pocket Books.

⁷⁵ Seligman, M. E. P., & Csikszentmihalyi, M. (2000). Positive psychology: An introduction. *American Psychologist*, 55 (1), 5–14. doi:10.1037/0003-066X.55.1.5

⁷⁶ Csikszentmihalyi, M. (2002) *Flow: The classic work on how to achieve happiness: The psychology of happiness*. PIMLICO. Random House; Csikszentmihalyi, M. (1990). *Flow: The psychology of optimal experience*. Harper Perennial.

⁷⁷ Csikszentmihalyi, M. (1990). *Flow: The psychology of optimal experience*. Harper Perennial, p. 224.

⁷⁸ Davis, J. (2025). Optimal well being of those recovering from alcohol use disorder: An exploration of individual difference factors and treatment outcomes. (PhD dissertation). Department of Psychology, College of Arts and Sciences, University of South Florida; Parker, P., Banbury, S., & Chandler, C. (2018). 'The utility of measuring flourishing in substance and alcohol use disorders research: a systematic review', *European Journal of Applied Positive Psychology*, 2, 5, 1-13. Retrieved from: <http://www.nationalwellbeingsservice.org/volumes/volume-2-2018/volume-2-article-5/>

purpose and priorities.⁷⁹ Hart and Sing found that meaning in life was associated with positive recovery and quality of life outcomes.⁸⁰ Laudet and colleagues found similar positive outcomes⁸¹ and called for extending traditional post-treatment evaluations focused on pathology reduction to be expanded to assessment of post-addiction quality of life.⁸² Kelly et al. found that those achieving recovery in early adulthood had higher levels of functioning and quality of life than those entering recovery at an older age.⁸³ Hibbert and Best, in a study of 53 recovering problem drinkers, found progressive growth across life domains as the duration of recovery increased, particularly among those in stable (five plus years) recovery and including some areas of achievement that were above their premorbid state and above that found in the general population.⁸⁴ Craft and colleagues in a study of individuals recovering from opioid use disorder found quality of life and flourishing mediated by three factors: degree of depression, post-acute withdrawal, and pain.⁸⁵ Hoorash and Freedman, Ogilvie and Carlson, and Runyan and colleagues were among the first to apply the concept of PTG to the potential for flourishing within addiction recovery.⁸⁶ Krentzman and Ogilvie independently explored

⁷⁹ McMillen, C., Howard, M. O., Nower, L., & Chung, S. (2001). Positive by-products of the struggle with chemical dependency. *Journal of Substance Abuse Treatment*, 20, 69–79. doi:10.1016/S0740-5472(00)00151-3.

⁸⁰ Hart, K. E., & Singh, T. (2009). An existential model of flourishing subsequent to treatment for addiction: The importance of living a meaningful and spiritual life. *Illness, Crisis & Loss*, 17(2), 125-147. <https://doi.org/10.2190/IL.17.2.d>

⁸¹ Laudet, A. B., Morgen, K., & White, W. L. (2006). The role of social supports, spirituality, religiousness, life meaning and affiliation with 12-step fellowships in quality of life satisfaction among individuals in recovery from alcohol and drug problems. *Alcoholism Treatment Quarterly*, 24(1-2), 33-73; Laudet, A. B., & White, W. L. (2008). Recovery capital as prospective predictor of sustained recovery, life satisfaction and stress among former poly-substance users. *Substance Use & Misuse*, 43(1), 27-54. doi: 10.1080/10826080701681473; White, W.L., Laudet, A.B. & Becker, J.B. (2006). Life meaning and purpose in addiction recovery. *Addiction Professional*, 4(4), 18-23.

⁸² Laudet, A. B. (2011). The case for considering quality of life in addiction research and clinical practice. *Addict Sci Clin Pract.*, Jul;6(1):44-55. PMID: 22003421; PMCID: PMC3188817.

⁸³ Kelly, J. F., Greene, M. C., Abry, A., Bergman, B. G. (2021). Independent effects of entering recovery as a young versus older adult on long-term functioning and quality of life: Results from a U.S. national study of recovering persons. *Drug Alcohol Depend.*, Feb 1;219:108493. doi: 10.1016/j.drugalcdep.2020.108493. PMID: 33360637; PMCID: PMC7855819.

⁸⁴ Hibbert, L. J., & Best, D. W. (2011). Assessing recovery and functioning in former problem drinkers at different stages of their recovery journeys. *Drug and Alcohol Review*, 30(1), 12–20.

⁸⁵ Craft, W. H., Shin, H., Tegge, A. N., Keith, D. R., Athamneh, L. N., Stein, J. S., Ferreira, M. A. R., Chilcoat, H. D., Le Moigne, A., DeVeaugh-Geiss, A. & Bickel, W. K. (2023). Long-term recovery from opioid use disorder: recovery subgroups, transition states and their association with substance use, treatment and quality of life. *Addiction*, 118(5), 890-900.

⁸⁶ Haroosh, E. & Freedman, S. (2017). Posttraumatic growth and recovery from addiction. *European Journal of Psychotraumatology*; Abingdon, 8(1), 1-6. doi:10.1080/20008198.2017.1369832; Ogilvie, L., & Carson, J. (2022). Trauma, stages of change and post traumatic growth in addiction: A new synthesis. *Journal of Substance Use*, 27(2), 122–127. <https://doi.org/10.1080/14659891.2021.1905093>; Runyan, J. D., Vermilya, S., St Pierre, M., Brooks, N. W., Fowler, A., Brewer, T. A. (2024). A mixed methods experience sampling study of a posttraumatic growth model for addiction recovery. *Sci Rep.*, Feb 21;14(1):3511. doi: 10.1038/s41598-024-53740-7. Erratum in: *Sci Rep.* 2024 Mar 13;14(1):6066. doi: 10.1038/s41598-024-56471-x. PMID: 38383566; PMCID: PMC10881473.

the broader application of positive psychology to addiction recovery.⁸⁷ Ogilvie and Hennesy et al. proposed a model of G-CHIME (growth through connectedness, hope, identity, meaning in life, and empowerment) to conceptualize recovery growth and flourishing.⁸⁸ These studies were accompanied by specific calls for research on the potential for flourishing in the aftermath of illness⁸⁹ and as an unexplored outcome of addiction recovery.⁹⁰

Parker and colleagues were the first to evaluate an intervention (The Rediscovery Process, RTP) specifically designed to encourage flourishing within the experience of addiction recovery.⁹¹ The RTP intervention was linked to reduced alcohol use and increased flourishing, including reduced impulsivity, increased physical and emotional health, increased quality of life, and increased recovery capital. Programs with similar aims have also been positively evaluated (e.g., the Moving On In My Recovery program,⁹² the Leap for Well-being and Recovery program⁹³, and Positive Addiction Recovery Therapy.⁹⁴ Demirci et al. in a study of AA members in Turkey, found high levels of AA participation linked to flourishing, hope, and perceived social support

⁸⁷ Krentzman, A. (2013, March). Review of the application of positive psychology to substance use, addiction, and recovery research. *Psychology of Addictive Behaviors*, 27(1), 151–165.

<https://doi.org/10.1037/a0029897>; Krentzman A. R., Bowen, E. A., Zemore, S. E. (2024). Happiness with recovery from alcohol and substance use disorders predicts abstinence and treatment retention. *J Posit Psychol*. 2024 Nov 20;10.1080/17439760.2024.2431686. doi: 10.1080/17439760.2024.2431686. PMID: 40918746; PMCID: PMC12413015; Ogilvie, L. (2024). A positive approach to recovery from drug and alcohol addiction. PhD dissertation, University of Bolton. <https://ub-ir.bolton.ac.uk/esploro/outputs/doctoral/A-positive-approach-to-recovery-from/999705208841>.

⁸⁸ Ogilvie, L. (2024). A positive approach to recovery from drug and alcohol addiction. PhD dissertation, University of Bolton. <https://ub-ir.bolton.ac.uk/esploro/outputs/doctoral/A-positive-approach-to-recovery-from/999705208841>; Hennesy, E. A., Johnston, A., Nash, A., & Bergman, B. G. (2025). G-CHIME framework to examine adolescent addiction recovery in alternative peer groups: a qualitative analysis. *Addiction Research & Theory*, 33(6), 530–539. <https://doi.org/10.1080/16066359.2025.2517636>

⁸⁹ VanderWeele TJ, McNeely E, Koh HK. Reimagining Health-Flourishing. *JAMA*. 2019 May 7;321(17):1667-1668. doi: 10.1001/jama.2019.3035. PMID: 30933213.

⁹⁰ Makin, P., Allen, R., Carson, J. ...& Merrifield, B. (2021). Light at the end of the bottle: flourishing in people recovering from alcohol problems. *Journal of Substance Use*, DOI:

10.1080/14659891.2021.1905092 <https://doi.org/10.1080/14659891.2021.1905092>; Strain, E. (2021).

Meaning and purpose in the context of opioid overdose deaths. *Drug and Alcohol Dependence*, 219, 108528; White, W., & Kurtz, E. (2006). The varieties of recovery experience. *International Journal of Self Help and Self Care*, 3(1-2), 21-61.

⁹¹ Parker, P., Banbury, S., & Chandler, C (2020). Efficacy of the rediscovery process on alcohol use, impulsivity and flourishing: A preliminary randomised controlled study and preliminary cohort study. *European Journal of Applied Positive Psychology*, 4(13), 1-15.

⁹² Hogan, L. M., Bagheri, M., Cox, W. M., Morgan, D. B., Rettie, H. C. (2025). A pilot study of the Moving On In My Recovery program for people in recovery from substance use. *J Addict Dis*. 2025 Apr-Jun;43(2):132-140. doi: 10.1080/10550887.2024.2331528. PMID: 38715246.

⁹³ Ramos, S. D. A. & Bernardo, A. B. I. (2025). Leap for Well-being and Recovery: Effects and mechanisms of a locus-of-hope enhancement program for people with substance use disorders.

International Journal of Applied Positive Psychology, 10, <https://api.semanticscholar.org/CorpusID:276262047>.

⁹⁴ Ogilvie L, Carson J (2023). Positive addiction recovery therapy: a replication and follow-up study. *J. Advances in Dual Diagnosis*, 0.1080/14659891.2021.1905093 <https://doi.org/10.1080/14659891.2021.1905093>

as well as decreased stress and depression.⁹⁵ Heinrich et al. in a study of an active sober community (The Phoenix) found the following dimensions increasing over time in recovery and duration of participation: happiness and life satisfaction, mental and physical health, meaning and purpose, character and virtue, close social relationships, and financial and material security.⁹⁶

In a systematic review of the broader positive psychological interventions in SUD treatment settings, Carlon and colleagues found high acceptability ratings but insignificant positive psychological health and SUD outcomes.⁹⁷ Wang et al. explored the relationship between Buddhist-inspired practices within Recovery Dharma and recovery outcomes.⁹⁸ They found that emotional self-regulation skills (e.g., meditation) increased recovery capital, which in turn elevated recovery outcomes. Apsley and colleagues found that participation in a recovery community center increased holistic health via strengthening participants' recovery identity and sense of meaningfulness.⁹⁹

What is clear from research to date is that flourishing is not the complete absence of the physical legacies of addiction (craving, post-acute withdrawal, addiction-related illnesses, injuries, or inattention to nutrition, exercise, sleep, and basic health maintenance). It is the achievement of optimum health within the limits imposed by one's life circumstances and the capacity to rise above and draw meaning from any such limitations.

Flourishing within a Spectrum of Wellbeing and Social Functioning

The potential for flourishing within the experience of addiction recovery is best appreciated within the larger spectrum and gradations of illness and health (Parker et al., 2018). This continuum can be portrayed as overlapping stages in which one can progress or regress, as indicated in Table 2.

⁹⁵ Demirci, S. C., Menkü, B. E., Aksoy, N., Özasan, A., Arıkan, Z. (2025). The effect of alcoholics anonymous group participation on flourishing in Turkey: the mediating role of hope and social support. *BMC Psychiatry*, Nov 28;25(1):1197. doi: 10.1186/s12888-025-07667-6. PMID: 41316125; PMCID: PMC12750931.

⁹⁶ Heinrich, K. M., Collinson, B., Hillios, J. (2025). Flourishing during stages of substance use recovery among members of The Phoenix: a United States sober-active community. *Front Public Health*. 2025 Dec 9;13:1683975. doi: 10.3389/fpubh.2025.1683975. PMID: 41446527; PMCID: PMC12722921.; Heinrich, K. M., Patterson, M. S., Collinson, B., Streetman, A. E. (2025). Exercise as medicine for addiction recovery. *Curr Sports Med Rep*. 2025 Aug 1;24(8):235-239. doi: 10.1249/JSR.000000000001271. PMID: 40758788.

⁹⁷ Carlon, H. A., Hurlocker, M. C., Hoepfner, B. B. & Witkiewitz, K. (2025). Positive psychological interventions for substance use, addiction and recovery: An updated systematic review and meta-analysis, *Addiction*, 120(7), 1295-1324.

⁹⁸ Wang, V., Stone, B. M., Vest, N., LaBelle, O. P. (2024). Emotion regulation predicts recovery capital beyond mindfulness and demographic variation in Recovery Dharma. *Addict Res Theory*, 32(5):346-352. doi: 10.1080/16066359.2023.2282531. PMID: 39679129; PMCID: PMC11643395.

⁹⁹ Apsley, H. B., Lancaster, J., Ren, W., Brick, T., Cleveland, H. H. (2025). Experiences at recovery community centers predict holistic recovery outcomes: a daily diary assessment of RCC helpfulness, meaningfulness, and recovery identity. *Front Public Health*, Jan 14;12:1476441. doi: 10.3389/fpubh.2024.1476441. PMID: 39877918; PMCID: PMC11772195.

Table 2: Spectrum of Global Wellbeing and Social Functioning

Wellbeing Status	Related Language Descriptors	Definition
Suffering	sickness, agony, despair	a progressive deterioration in global (physical, psychological, relational, spiritual) health and social functioning often accompanied by increased risk of self-harm
Languishing	lethargy, flounder, decline, discontent, stuck, going nowhere, limbo, treading water, stagnation, withering, passivity (living mechanically), dry drunk	a state of lost vitality and dissatisfaction related to one's health and life situation often manifested by discontent, irritability, self-pity, resentment, futility, and complacency.
Functioning	hanging in, making it, doing okay, coping	a state of health and social functioning comparable to others within one's stage of life in the general population
Growing	post traumatic growth, stretching, expanding; quality of life improvement; grit; hardiness	progressive enhancement of global (physical, psychological, relational, spiritual) health and social functioning
Flourishing	Amplified (transcendent) recovery, thriving, self-actualization, better than well, optimum (or complete) wellbeing, complete (or positive) mental health, harmony, emotional sobriety, serenity, flow, bliss, in the zone	a state of peak global (physical, psychological, relational, spiritual) health, personal achievement, fulfillment, and social contribution

These categories can be applied to the evaluation of functioning within specific life domains, e.g., intimate and family relationships, social relationships, physical health, emotional health, etc. and within specific contexts, e.g., home, education, work, community. What is critical is that growth domains within the above spectrum are linked

to stability of recovery and quality of life in recovery across the stages of recovery.¹⁰⁰ Suffering and flourishing represent the endpoints of a scale of personal well-being, global health, and social functioning.

Growth, Flourishing and SUD Status

Expected achievements in addiction recovery involve: 1) achieving/sustaining SUD remission, 2) experiencing reductions in SUD-related distress (e.g., diminishment of post-acute withdrawal and drug craving) 3) progressive reductions in addiction-related impairments (e.g., neurological repair, emotional regulation), 4) incremental improvement in global health and social functioning, and 5) progress in maintaining (or repairing) a positive person-community relationship. Wallace suggests such progress is dependent on time and work/growth in recovery, with early recovery often characterized by primitive defenses that once supported addiction (e.g., denial, black/white thinking, projection of blame, etc.). These defenses are reframed to support early recovery only to later be abandoned for more mature coping strategies that can pave the way to greater functional health and happiness.¹⁰¹

As for flourishing, one can achieve an overall state of recovery flourishing or achieve remarkable gains in one area but not in others. Also, the relationship between the above states and SUD status can be a complex one as indicated by: 1) people in active addiction who are able to sustain a pattern of growth or flourishing in some areas of their lives for some time in spite of other areas experiencing addiction-related deterioration, 2) people who achieve SUD remission but who continue to experience adversity (e.g., persistent pain¹⁰²) or a state of languishing (e.g., experience physical/emotional pain and a lack of personal growth or social contribution¹⁰³), and 3) people in SUD recovery who later regress to a state of languishing (e.g., “dry drunk” in

¹⁰⁰ Gutierrez, D., Goshorn, J. R., Dorais, S. (2022). An exploration of thriving over time in recovery. *J Subst Abuse Treat.*, Jan;132:108612. doi: 10.1016/j.jsat.2021.108612. PMID: 34489158; Laudet, A. B., Becker, J. B., & White, W. L. (2009). Don't wanna go through that madness no more: Quality of life satisfaction as predictor of sustained substance use remission from illicit drug misuse. *Substance Use & Misuse*, 44(2), 227-252. doi: 10.1080/10826080802714462.

¹⁰¹ Wallace, J. (1974). Tactical and strategic use of the preferred defense structure of the recovering alcoholic. Presentation, annual meeting of the Alcohol and Drug Problems Association of North America. Accessed December 7, 2025 at <https://deriu82xba14l.cloudfront.net/file/1916/Dr.-percent-20John-percent-20Wallace-percent-20on-percent-20the-percent-20Alcoholic-percent-27s-percent-20Preferred-percent-20Defense-percent-20Structure-percent-2C-percent-201974.pdf>

¹⁰² Manhapra, A., Stefanovics, E. A., Rhee, T. G., Rosenheck, R. A. (2022). Persistence of significant pain interference following substance use disorder remission: Negative association with psychosocial and physical recovery. *Drug Alcohol Depend.*, Mar 1;232:109339. doi: 10.1016/j.drugalcdep.2022.109339. PMID: 35121202

¹⁰³ "...we have observed some members who remain abstinent for long periods of time whose dishonesty and self-deceit still prevent them from enjoying complete recovery and acceptance in society." Narcotics Anonymous (2008). *Narcotics Anonymous*, Sixth Edition, Narcotics Anonymous World Services, Inc., p. 77; Mayock, P., Butler, S. (2021). Pathways to 'recovery' and social reintegration: The experiences of long-term clients of methadone maintenance treatment in an Irish drug treatment setting. *Int J Drug Policy*, Apr;90:103092. doi: 10.1016/j.drugpo.2020.103092. PMID: 33429162.

the language of AA).¹⁰⁴ The latter state suggests that a person can be drug free but not yet free, meaning that he or she remains held by an insatiable hunger and its hold on mind and body—trapped between the opposing forces of desire for relief and desire for release. What is needed in the face of such entrapment is a catalytic experience that can propel one to another level of recovery, a level of recovery flourishing.

Flourishing and distress can coexist and progress to stable flourishing; flourishing can regress to a state of languishing or suffering. The boundaries between these states of illness, health and thriving are at present ill-defined but observed to be fluid and amenable to change, sometimes quite quickly. SUD remission is an important predicate to flourishing potential. In a 2015 study, McGaffin and colleagues found 53% of their recovery sample met criteria for flourishing, while only 29% of those still using drugs met that criteria.¹⁰⁵ Eddie and colleagues compared abstinence versus non-abstinence pathways of AOD problem resolution in the U.S. population and their relationship to social functioning, quality of life, and well-being.¹⁰⁶ The abstinence style of remission was associated with greater self-esteem, happiness, quality of life, and social

¹⁰⁴ Flaherty, J.A., McGuire, H.T., & Gatski, R.L. (1955). The psychodynamics of the dry drunk. *The American Journal of Psychiatry*, 112, 460–464. Hunter, T. A., & Salomone, P. R. (1987). Dry drunk symptoms & alcoholic relapse. *Journal of Applied Rehabilitation Counseling*, 18(1), 22–25; Laudet, A. B. (2011). The case for considering quality of life in addiction research and clinical practice. *Addict Sci Clin Pract.*, Jul;6(1):44-55. PMID: 22003421; PMCID: PMC3188817; McGaffin, B. J., Deane, F. P., Kelly, P. J., & Ciarrochi, J. (2015). Flourishing, languishing and moderate mental health: Prevalence and change in mental health during recovery from drug and alcohol problems. *Addiction Research and Theory*, 23(5), 351–360. <http://dx.doi.org/10.3109/16066359.2015.1019346>; Schotanus-Dijkstra, M., ten Have, M., Lamers, S. M. A., de Graaf, R., & Bohlmeijer, E. T. (2016). The longitudinal relationship between flourishing mental health and incident mood, anxiety and substance use disorders. *The European Journal of Public Health*, 27(3), 563–568. <https://doi.org/10.1093/eurpub/ckw202>

¹⁰⁵ McGaffin, B. J., Deane, F. P., Kelly, P. J., & Ciarrochi, J. (2015). Flourishing, languishing and moderate mental health: Prevalence and change in mental health during recovery from drug and alcohol problems. *Addiction Research and Theory*, 23(5), 351–360. <http://dx.doi.org/10.3109/16066359.2015.1019346>.

¹⁰⁶ Eddie, D., White, W. L., Vilsaint, C. L., Bergman, B. G. & Kelly, J. F. (2021). Reasons to be cheerful: Personal, civic, and economic achievements after resolving an alcohol or drug problem in the United States population. *Psychology of Addictive Behaviors*, 35(4):402-414. doi: 10.1037/adb0000689.

functioning—findings similar to that found in studies by LoCastro et al.¹⁰⁷, Subbaraman & Witbrodt¹⁰⁸, Hagen et al.¹⁰⁹, Amin-Esmaeili et al.¹¹⁰, and Kelly et al.¹¹¹.

Witkiewitz et al., in a study of individuals being treated for alcohol use disorder, found seven subpopulations by drinking status: persistent heavy drinking, abstinence to heavy drinking, abstinence and heavy drinking, heavy drinking to mostly abstinent, low risk and heavy drinking, abstinence and low risk drinking, and abstinence.¹¹² At follow-up,¹¹³ there were four identified subgroups: low-functioning frequent heavy drinkers, low-functioning infrequent heavy drinkers, high-functioning heavy drinkers, and high-functioning infrequent drinkers, with the latter category making up half of the sample. While not specifically focused on flourishing, the Witkiewitz studies confirm the potentially complex relationship between drug use status and level of functional

¹⁰⁷ LoCastro, J. S., Youngblood, M., Cisler, R. A., Mattson, M. E., Zweben, A., Anton, R. F., Donovan, D. M.. (2009). Alcohol treatment effects on secondary nondrinking outcomes and quality of life: the COMBINE study. *J Stud Alcohol Drugs*, Mar;70(2),186-96. doi: 10.15288/jsad.2009.70.186. PMID: 19261230; PMCID: PMC2653605.

¹⁰⁸ Subbaraman, M.S. & Witbrodt, J. (2014) Differences between abstinent and non-abstinent individuals in recovery from alcohol use disorders. *Addictive Behaviors*, 39, 1730–1735.

¹⁰⁹ Hagen, E., Erga, A. H., Hagen, K. P., Nesvåg, S. M., McKay, J. R., Lundervold, A. J., Walderhaug, E. (2017). One-year sobriety improves satisfaction with life, executive functions and psychological distress among patients with polysubstance use disorder. *J Subst Abuse Treat.*, May;76:81-87. doi: 10.1016/j.jsat.2017.01.016. PMID: 28159440.

¹¹⁰ Amin-Esmaeili, M., Farokhnia, M., Susukida, R., Leggio, L., Johnson, R. M., Crum, R. M., Mojtabai, R. (2024). Reduced drug use as an alternative valid outcome in individuals with stimulant use disorders: Findings from 13 multisite randomized clinical trials. *Addiction*, May;119(5):833-843. doi: 10.1111/add.16409. Erratum in: *Addiction*. 2024 Oct;119(10):1849-1852. doi: 10.1111/add.16590. PMID: 38197836; PMCID: PMC11009085.

¹¹¹ Kelly, J. F., Klein, M., Zeng, K., Manske, S., Abry, A. (2025). Long-term relapse: markers, mechanisms, and implications for disease management in alcohol use disorder. *Front Public Health.*, Jan 7;13:1706192. doi: 10.3389/fpubh.2025.1706192. PMID: 41573783; PMCID: PMC12819679.

¹¹² Witkiewitz, K., Kirouac, M., Roos, C. R., Wilson, A. D., Hallgren, K. A., Bravo, A. J., Montes, K. S., & Maisto, S. A. (2018). Abstinence and low risk drinking during treatment: Association with psychosocial functioning, alcohol use, and alcohol problems 3 years following treatment. *Psychology of Addictive Behaviors*. <http://dx.doi.org/10.1037/adb0000381>

¹¹³ Witkiewitz, K., Pearson, M. R., Wilson, A. D., Stein, E. R., Votaw, V. R., Hallgren, K. A., Maisto, S. A., Swan, J. E., Schwebel, F. J., Aldridge, A., Zarkin, G. A., Tucker, J. A. (2020). Can alcohol use disorder recovery include some heavy drinking? A replication and extension up to 9 years following treatment. *Alcohol Clin Exp Res.*, Sep;44(9):1862-1874. doi: 10.1111/acer.14413. PMID: 32761936; PMCID: PMC7540311; Witkiewitz, K., Wilson, A. D., Pearson, M. R., Montes, K. S., Kirouac, M., Roos, C. R., Hallgren, K. A., Maisto, S. A. (2019). Profiles of recovery from alcohol use disorder at three years following treatment: can the definition of recovery be extended to include high functioning heavy drinkers? *Addiction*. 2019 Jan;114(1):69-80. doi: 10.1111/add.14403. PMID: 30063267; PMCID: PMC6289769; Witkiewitz, K., Wilson, A. D., Roos, C. R., Swan, J. E., Votaw, V. R., Stein, E. R., Pearson, M. R., Edwards, K. A., Tonigan, J. S., Hallgren, K. A., Montes, K. S., Maisto, S. A., Tucker, J. A. (2021). Can individuals with alcohol use disorder sustain non-abstinent recovery? Non-abstinent outcomes 10 years after alcohol use disorder treatment. *J Addict Med.*, Jul-Aug 01;15(4):303-310. doi: 10.1097/ADM.0000000000000760. PMID: 33060466; PMCID: PMC8044251; Moniz-Lewis, D. I. K., Witkiewitz, K. (2025) Exploring heterogeneity in recovery from substance use disorder following mindfulness-based relapse prevention: A latent profile analysis. *J Subst Use Addict Treat.*, Feb;169:209537. doi: 10.1016/j.josat.2024.209537. PMID: 39389547; PMCID: PMC11769764.

health¹¹⁴. This relationship is also significantly influenced/complicated over time by the presence of cooccurring psychiatric disorders¹¹⁵ and by variations in recovery capital.¹¹⁶

It is clear from studies to-date that most individuals with lower substance use disorder severity achieve SUD remission without professional intervention, but little is known about the degree of growth and flourishing related to such remissions.¹¹⁷ Mellor and colleagues found that such individuals make narrative sense of such changes via flourishing-linked themes identified earlier (e.g., emancipation, discovery, mastery, or coping).¹¹⁸ Zemore et al. and Gilbert et al. also reported differences in recovery experiences across the spectrum of problem severity, abstinent-versus non-abstinent SUD remission, and degree of past exposure to addiction treatment and recovery mutual aid groups.¹¹⁹

Addiction suffering and moderate functioning in early recovery have each been well-documented in the addiction and addiction treatment outcome literature, while the experiences of languishing and flourishing within the long-term addiction recovery process remain under-investigated. Addiction is a crushing experience—one that often leaves one mired in hopelessness, helplessness, and dependency. Recovery flourishing is not just the remediation of these states but their replacement with hope and assertive and positive life engagement. While recovery initiation is often seen as a pain quotient (“hitting bottom”), it is possible that some people seek recovery from aspirations rising within the experience of flourishing in other domains of their life (e.g., hope and purpose

¹¹⁴ Also see Cunningham, J. A., Schell, C., Walker, H., Godinho, A. (2024). Patterns of remission from alcohol dependence in the United Kingdom: results from an online panel general population survey. *Subst Abuse Treat Prev Policy*, Jan 4;19(1):3. doi: 10.1186/s13011-023-00588-1. PMID: 38178169; PMCID: PMC10768276.

¹¹⁵ Gaudio, B. A., Uebelacker, L. A., Miller, I. W. (2008). Impact of remitted substance use disorders on the future course of bipolar I disorder: findings from a clinical trial. *Psychiatry Res.*, Jul 15;160(1):63-71. doi: 10.1016/j.psychres.2007.05.014. PMID: 18514326; PMCID: PMC2488409; Haller, M., Wang, F. L., Bountress, K., Chassin, L. (2014). The interactive effects of effort to regulate alcohol use, anxiety disorders, and affective disorders on long-term remission from alcohol dependence. *Addict Res Theory*. 2014 Oct;22(5):371-379. doi: 10.3109/16066359.2013.856885. PMID: 25342947; PMCID: PMC4203458; Olgiati, P., Liappas, I., Malitas, P., Piperi, C., Politis, A., Tzavellas, E. O., Zisaki, A., Ferrari, B., De Ronchi, D., Kalofoutis, A., Serretti, A. (2007). Depression and social phobia secondary to alcohol dependence. *Neuropsychobiology*, 56(2-3):111-8. doi: 10.1159/000112952. PMID: 18182831.

¹¹⁶ White, W. L., & Cloud, W. (2008). Recovery capital: A primer for addictions professionals. *Counselor*, 9(5), 22-27.

¹¹⁷ Tucker, J. A., Chandler, S. D., & Witkiewitz, K. (2020). Epidemiology of recovery from alcohol use disorder. *Alcohol Res.*, Nov 12;40(3):02. doi: 10.35946/arcv.v40.3.02. PMID: 33194507; PMCID: PMC7643818.

¹¹⁸ Mellor, R., Lancaster, K., Ritter, A. (2021). Recovery from alcohol problems in the absence of treatment: a qualitative narrative analysis. *Addiction*, Jun;116(6):1413-1423. doi: 10.1111/add.15288. PMID: 33037842.

¹¹⁹ Zemore, S. E., Ziemer, K. L., Gilbert, P. A., Karno, M. P., & Kaskutas, L. A. (2023). Understanding the shared meaning of recovery from substance use disorders: New findings from the What is Recovery? Study. *Substance Abuse: Research and Treatment*, 17, 1–12. doi: 10.1177/11782218231199372; Gilbert, P. A., Soweid, L., Evans, S., Brown, G. D., Skinstad, A. H., Zemore, S. E. (2024). How recovery definitions vary by service use pathway: Findings from a national survey of adults. *Psychol Addict Behav.*, Dec;38(8):891-900. doi: 10.1037/adb0001026. PMID: 39133610; PMCID: PMC11563847.

versus pain as a recovery catalyst)¹²⁰. In other words, flourishing may be both a catalyst and consequence of recovery.

It is hypothesized that movements in the direction of flourishing, like turning points in recovery initiation¹²¹, are most often preceded by increases in recovery capital, whereas regression toward languishing may be triggered by key developmental shifts, e.g., new trauma/loss experiences, empty nest, divorce, career stagnation, retirement, relocation, etc. Incremental indicators of recovery languishing constitute an early warning system that can spark adjustments in recovery maintenance strategies.¹²²

Domains of Recovery Flourishing

Domains have not yet been established specific to flourishing in addiction recovery, nor have such domains been tested across a diversity of demographic populations, cultural contexts, and recovery pathways. Numerous questions remain. Does the nature, prevalence, and degree of achievement of recovery flourishing differ across secular, spiritual, and religious pathways of recovery and their representative treatment and recovery support institutions? Are there, for example, differences in recovery flourishing among those in recovery from opioid addiction based on the use or nonuse of medications for opioid use disorders (MOUD)? (Studies of the effects of MOUD on recovery flourishing have yet to be conducted, but there are studies that note enhanced quality of life, including multiple factors earlier noted as dimensions of flourishing, that are linked to MOUD retention and adherence.¹²³ Are flourishing experiences and pathways different for recovering adolescents, women, BIPOC (Black, Indigenous, and people of color), members of the LGBTQ+ community, or other

¹²⁰ Keyes, C. L. M. (2015). Flourishing after addiction: An invited commentary on the McGaffin et al. (2015) study. *Addiction Research & Theory*, 23(5), 361–363.

<https://doi.org/10.3109/16066359.2015.1048236>; Swigart, T. & Lee, L. (2022). "I'm putting a Band-Aid on a bullet hole the only way I know how:" a qualitative study of barriers and facilitators to opioid misuse and recovery in Nevada. *Subst Abuse Treat Prev Policy*, Nov 24;17(1):76. doi: 10.1186/s13011-022-00503-0. PMID: 36424601; PMCID: PMC9694560.

¹²¹ Bellaert, L., Van Steenberghe, T., De Maeyer, J., Vander Laenen, F., & Vanderplasschen, W. (2022). Turning points toward drug addiction recovery: contextualizing underlying dynamics of change. *Addiction Research & Theory*, 30(4), 294–303. <https://doi.org/10.1080/16066359.2022.2026934>

¹²² Pilowsky, D. J., Keyes, K. M., Geier, T. J., Grant, B. F., Hasin, D. S. (2013). Stressful life events and relapse among formerly alcohol dependent adults. *Soc Work Ment Health*, 11(2):10.1080/15332985.2012.711278. doi: 10.1080/15332985.2012.711278. PMID: 24167441; PMCID: PMC3808003.

¹²³ Bratu, M. L., Sandesc, D., Anghel, T., Bratosin, F., Vlad, S. V., Terzi, A., Streian, C. G. (2024). Evaluating quality of life changes over 12 Months among opiate users from Romania and associated worsening factors. *Life (Basel)*, Oct 21;14(10):1336. doi: 10.3390/life14101336. PMID: 39459636; PMCID: PMC11509252; Hosseini, S. H., Fendereski, F., Yazdani, F., Hamzehgardeshi, Z.. (2024). Exploring perceived quality of life in long-term methadone-dependent patients: a qualitative study. *Harm Reduct J.*, Dec 21;21(1):225. doi: 10.1186/s12954-024-01140-5. PMID: 39709447; PMCID: PMC11662500. White, W. L., Galanter, M., Kolodner, G., Kepner, W. E., Sarapas, C. & Mouton, C. L. (2025). Medications for opioid use disorder: Enhancing retention to achieve long-term remission and recovery. Chestnut Health Systems, Lighthouse Institute. Accessed April 19, 2025 at <https://deriu82xba14l.cloudfront.net/file/2461/2025%20MOUD%20Retention%20Monograph%20Final.pdf>.

historically marginalized groups? Halik et al. and Batchelder et al., in a SUD recovery survey of U.S. sexual minorities, found such minorities experiencing greater challenges in recovery and lower ratings of wellbeing.¹²⁴ Vose-O'Neil et al. found similar challenges experienced within the Black community with many individuals stuck in an early stage of recovery without flourishing opportunities.¹²⁵ The flourishing experiences of groups that have been historically marginalized in both the mainstream culture and within drug cultures, e.g., women and LGBTQ+ have yet to be thoroughly investigated.¹²⁶ Are there, for example, specific issues addressed within the experiences of recovering women that promote flourishing beyond achievement of SUD remission (e.g., physical/psychological safety, gender-specific addiction/recovery stigma, gender role expectations, body image, mate selection, mother-child relationships, etc.)?¹²⁷ Is growth within and across domains synchronous or asynchronous over time? Vederhous et al., for example, found growth within partnership relationships lagging other domains of growth within the recovery experience.¹²⁸

The Native American Wellbriety movement suggests four directions of growth within the experience of addiction recovery: emotional, mental, physical, and spiritual growth that unfold over space and time within the life cycle.¹²⁹ Potential benefits of post-traumatic growth and flourishing in addiction recovery span at least five domains: 1) deepened recovery resolve and new priorities flowing from personal survival, new appreciation of life, and a sense of rebirth (new sense of self), 2) enhanced empathy,

¹²⁴ Haik, A. K., Greene, M. C., Bergman, B. G., Abry, A. W., Kelly, J. F. (2022). Recovery among sexual minorities in the United States population: Prevalence, characteristics, quality of life and functioning compared with heterosexual majority. *Drug Alcohol Depend.*, Mar 1;232:109290. doi: 10.1016/j.drugalcdep.2022.109290. PMID: 35032857; PMCID: PMC8885881; Batchelder, A. W., Claire Greene, M., Scheer, J. R., Foley, J., Jenny Shin, H. J., Koehn, K. M., Kelly, J. F. (2024). Sexual minority disparities in psychosocial functioning following substance use recovery among a representative sample of US adults. *Addict Behav Rep.*, Jan 4;19:100527. doi: 10.1016/j.abrep.2024.100527. PMID: 38226009; PMCID: PMC10788780.

¹²⁵ Vose-O'Neal, A., Christmas, S., Alfaro, K. A., Dunigan, R., Leon, A. P., Hickman, D., Johnson, A., Kim, M. L., Reif, S. (2025). Understanding pathways to recovery from alcohol use disorder in a Black community. *Front Public Health*, May 1;13:1537059. doi: 10.3389/fpubh.2025.1537059. PMID: 40376060; PMCID: PMC12078236.

¹²⁶ Chang, J. (2021). Women who use drugs: Resistance and resistance and rebellion. In: the impact of global drug policy on women. In *The impact of global drug policy on women: Shifting the needle* edited by Julia Buxton, Givana Margo, and Lona Burger, pp. 271-286.

¹²⁷ Edwards, K. M., Siller, L., LaChance, A. S., Murphy, S. B., Lim, S. (2025). Sowing the seeds of recovery: A qualitative study of women in recovery from addiction and victimization. *Violence Against Women*, Jun;31(8):2053-2068. doi: 10.1177/10778012241236674. PMID: 38470496; Jones, A. A., Strong-Jones, S., Bishop, R. E., Brant, K., Owczarzak, J., Ngigi, K. W., Latkin, C. (2024). The impact of family systems and social networks on substance use initiation and recovery among women with substance use disorders. *Psychol Addict Behav.*, Dec;38(8):850-859. doi: 10.1037/adb0001007. PMID: 38661657; PMCID: PMC11502511; White, W. & Chaney, R. (1992). Metaphors of transformation: Feminine and masculine. Chestnut Health Systems. Posted at <https://deriu82xba141.cloudfront.net/file/79/1992-Metaphors-of-Transformation.pdf>

¹²⁸ Vederhus, J. K., Pripp, A. H.; Clausen, T. (2016). Quality of life in patients with substance use disorders admitted to detoxification compared with those admitted to hospitals for medical disorders: Follow-up results. *Subst Abuse*, 10, 31-7.

¹²⁹ White Bison, Inc. (2002). *The Red Road to Wellbriety*. Colorado Springs, CO.

tolerance, deepened relationships, and greater emotional expression/connections, 3) enhanced awareness of previously unrecognized personal strengths and limitations, 4) enhanced spirituality, and 5) a new optimistic life path.¹³⁰ These domains suggest the potential within the recovery process of moving far beyond a fundamental reconstruction of the person-drug relationship to a radical reconstruction of personal character, worldview, values and identity; a reconstruction of family and interpersonal relationships; and reconstruction of the person-community relationship.¹³¹

Such achievements have been theoretically attributed to strengthening of character and coping abilities as a result of trauma survival, increased hardiness as preparation and a protective shield against future adversity, and creation of a more resilience-enhancing worldview (e.g., vulnerabilities, limitations, possibilities, choices, meaning and purpose) that incorporates the trauma and recovery experiences).¹³² Ogilvie and Carson's G-CHIME (Growth, Connectedness, Hope, Identity, Meaning in life and Empowerment) model of addiction recovery is suggestive but did not distinguish general growth in recovery from a heightened state of flourishing across the domains they identified.¹³³ What separates PTG within these categories from a state of flourishing is the potentially high degree of achievement, self-fulfillment, and social contribution within the latter experience.

Future studies to confirm the domains of recovery flourishing could be informed by earlier work on flourishing within the general population. Martin Seligman (2011), a leading pioneer in the study of human flourishing, developed the PERMA model which posited five building blocks of flourishing: positive emotions, engagement, relationships, meaning and accomplishment. Seen as a whole, instruments to measure flourishing span multiple domains, to include physical/emotional/spiritual health, positive social relationships, meaning and purpose, character strengths/virtues, competence, self-esteem, autonomy, optimism, resilience, social contribution, and financial security.¹³⁴

¹³⁰ Calhoun L, Tedeschi R. (1999). *Facilitating posttraumatic growth: A clinician's guide*. Mahwah, NJ: Lawrence Erlbaum Associates; Ramos, C. & Leal, I. (2012). Posttraumatic growth in the aftermath of trauma: A literature review about related factors and application contexts. *Psychology, Community & Health*, 1(1), 1-20; Tedeschi, R. G., & Calhoun, L. G. (2004). Posttraumatic growth: Conceptual foundations and empirical evidence. *Psychological Inquiry*, 15(1), 1–18. https://doi.org/10.1207/s15327965pli1501_01; Turner den S., Cox, H. (2004). Facilitating post traumatic growth. *Health Qual Life Outcomes*, Jul 13;2:34. doi: 10.1186/1477-7525-2-34. PMID: 15248894; PMCID: PMC481084.

¹³¹ Iswardani, T., Dewi, Z. L., Mansoer, W. W., & Irwanto, I. (2022). Meaning-making among drug addicts during drug addiction recovery from the perspective of the meaning-making model. *Psych*, 4(3), 589-604. <https://doi.org/10.3390/psych4030045>

¹³² Janoff-Bulman, R. (2004). Posttraumatic Growth: Three Explanatory Models. *Psychological Inquiry*, 15(1), 30–34. <http://www.jstor.org/stable/20447198>

¹³³ Ogilvie L, Carson J (2025), The G-CHIME model of addiction recovery: an analysis of 20 individual addiction recovery stories. *Advances in Dual Diagnosis*, 18(3), 138–150, doi: <https://doi.org/10.1108/ADD-01-2025-0001>

¹³⁴ Novak, L. F., Fowers, B. J., Kiknadze, N. C., & Calder, A. J. (2024). A close analysis of eight flourishing measures. *The Journal of Positive Psychology*, 20(1), 72–82. <https://doi.org/10.1080/17439760.2024.2322468>; VanderWeele, T. J. (2017). On the promotion of human

Flourishing in recovery could be thought of as a heightened level of functioning rising from increased attention to body, mind and soul—realms of optimum existence within and across physical health, psychological health, socioeconomic health, and spiritual health. For example, scientific knowledge on the medical and neurobiological dimensions of recovery is growing and informing the degree to which addiction-afflicted damage can be lessened or repaired with sustained recovery time. Such repair spans enhanced brain functioning, resolution of acute medical problems, improved management of chronic disorders, and elevations of other dimension of health, e.g., nutrition, exercise, sleep, and smoking cessation.¹³⁵ This research remains limited¹³⁶ and has not yet been extended to study of the potential for optimum physical health (flourishing) in recovery, though there are addiction treatment settings that exemplify

flourishing. *Proceedings of the National Academy of Sciences*, 114(31), 8148–8156.

<https://doi.org/10.1073/pnas.1702996114>; Weziak-Bialowolska, D., Bialowolski, P., Lee, M. T., Chen, Y., VanderWeele, T. J., McNeely, E. (2021). Psychometric properties of flourishing scales from a comprehensive well-being assessment. *Front Psychol.*, Apr 21;12:652209. doi: 10.3389/fpsyg.2021.652209. PMID: 33967913; PMCID: PMC8097094.

¹³⁵ Jeynes, K. D. & Gibson, E. L. (2017). The importance of nutrition in aiding recovery from substance use disorders: A review. *Drug and Alcohol Dependence*, 179, 229-239. doi: 10.1016/j.drugalcdep.2017.07.006; Kelly, J. F., Greene, M. C., Bergman, B. G. & Hoepfner, B. (2019). Smoking cessation in the context of recovery from drug and alcohol problems: prevalence, predictors, and cohort effects in a national U.S. sample. *Drug and Alcohol Dependence*, Feb 8;195, 6-12. DOI: 10.1016/j.drugalcdep.2018.11.017; Kelly, J. F., Greene, M. C., & Bergman, B. G. (2018). Beyond abstinence: Changes in indices of quality of life with time in recovery in a nationally representative sample of U.S. adults. *Alcoholism: Clinical & Experimental Research*, 42(4),770-780. DOI: 10.1111/acer.13604; Le Berre, A-P., Fama, R. & Sullivan, E. V. (2017). Executive functions, memory, and social cognitive deficits and recovery in chronic alcoholism: A critical review to inform future research. *Alcoholism Clinical and Experimental Research*, 41(8), 1432-1443; Maillard, A., Poussier, H., Boudehenta, C., Lannuzel, C., Vicente, A. et al. (2020). Short-term neuropsychological recovery in alcohol use disorder: A retrospective clinical study. *Addictive Behaviors*, 105, 106350; Patterson, M. S., Spadine, M. N., Graves Boswell, T., Prochnow, T., Amo, C., Francis, A. N., Russell, A. M., Heinrich, K. M. (2022). Exercise in the treatment of addiction: A systematic literature review. *Health Educ Behav.* Apr 29;10901981221090155. doi: 10.1177/10901981221090155. PMID: 35484950; Staudt, J., Kok, T., de Haan, H. A., Walvoort, S. J. W., & Egger, J. I. M. (2023). Neurocognitive recovery in abstinent patients with alcohol use disorder: A scoping review for associated factors. *Neuropsychiatr Dis Treat*, 19, 2039-2054.

¹³⁶ Erickson, C. K. & White, W. L. (2009). The neurobiology of addiction recovery, *Alcoholism Treatment Quarterly*, 27(3), 338 — 345. DOI: 10.1080/07347320903014255. URL: <http://dx.doi.org/10.1080/07347320903014255>; Humphreys, K. & Bickel, W. K. (2018). Toward a neuroscience of long-term recovery from addiction. *JAMA Psychiatry*, 75(9), 875-876. doi: 10.1001/jamapsychiatry.2018.0956; Nixon, S. J. & Lewis, B. (2020). Brain structure and function in recovery. *Alcohol Res.*, Dec 3;40(3):04. doi: 10.35946/arc.v40.3.04. PMID: 33282611; PMCID: PMC7703868; Parvaz, M. A., Rabin, R. A., Adams, F., Goldstein, R. Z. (2022). Structural and functional brain recovery in individuals with substance use disorders during abstinence: A review of longitudinal neuroimaging studies. *Drug Alcohol Depend.*, Mar 1;232:109319. doi: 10.1016/j.drugalcdep.2022.109319. PMID: 35077955; PMCID: PMC8885813.

such a flourishing orientation.¹³⁷ Research on recovery flourishing could flow from the increased interest in lifestyle medicine/psychiatry.¹³⁸

Dimensions of Character in Recovery Flourishing

Recovery flourishing domains are closely linked to dimensions of personal character associated with flourishing. The author hesitates to explore traits of character linked to recovery flourishing because such dimensions are more characterizations of conscious aspirations, ongoing processes, and daily practices than fixed traits of personality. That said, higher quality of life and greater social contributions have been linked to certain personal qualities, a number of which are described below.¹³⁹ These clusters reflect the dimensions of recovery flourishing observed by the author, described to me, and that are reflected in recovery mutual aid group guidelines for positive living as a person in recovery.¹⁴⁰

- Guiding Vision / Purpose / Passion / Commitment / Sacrifice / Discipline / Persistence / Patience. Recovery flourishing brings heightened acuity of perception and being—often described as *an awakening*. With newly opened eyes, one sees oneself and one’s relationships and world with increasing and often stark clarity. Addiction is reframed as a test—a life chapter that must be completed before one can then draw value and meaning from it. Heightened awareness (consciousness) and clarity of perception, thought, emotion, and action spawn a newfound sense of purpose as well as a commitment to seize unexpected opportunities for growth, even in the most deprived and hostile environments. Daily life is guided by pursuit of goals and challenging tasks, e.g., a highly focused allocation of time, attention, energy, and resources.¹⁴¹ Flourishing involves assertive time management to maximize time in flow and meaningful activities.

¹³⁷ White, W., Dezhakam, H., Ranjbar, E., Sarapas, C. & Mouton, C. (In Press) Integrating medication and psychosocial support for addiction recovery: A study of Congress 60. *Alcoholism Treatment Quarterly*, DOI:10.1080/07347324.2026.2617255. <https://doi.org/10.1080/07347324.2026.2617255>.

¹³⁸ Deenik, J., Vermeulen, J. M., Teasdale, S. B., Schuch, F. B., Marx, W., Perry, B., Diez G. G., Castellanos, N., et al. (2025). Lifestyle psychiatry: a conceptual framework for application in mental healthcare and support. *BMJ Ment Health*, Nov 25;28(1):e301980. doi: 10.1136/bmjment-2025-301980. PMID: 41290362; PMCID: PMC12658517.

¹³⁹ For expanded discussion, see: Kurtz, E. & Ketcham, K. (1992). *The spirituality of imperfection: Modern wisdom from classic stories*. New York: Bantam Books; Kurtz, E. & White, W. (2015). Recovery spirituality. *Religions*, 6, 58–81; doi:10.3390/rel6010058. <http://www.mdpi.com/2077-1444/6/1/58>. (In Special Issue Religion & Addiction: http://www.mdpi.com/journal/religions/special_issues/religion-addiction.)

¹⁴⁰ Alcoholics Anonymous World Services, Inc. (AAWS, 2019). *Living Sober*. New York, NY; Narcotics Anonymous World Services (NAWS, 2012) *Living Clean*. Vany Nuys, CA; Recovery Dharma Global, Inc. (2023) *Recovery Dharma*. Second Edition. <https://drive.google.com/file/d/1Isotp-WIUedFJKDqjpvO7uKgVsvX3J1/view>; White Bison, Inc. (2002). *The Red Road to Wellbriety*. Colorado Springs, CO.

¹⁴¹ Csikszentmihalyi, M. (1990). *Flow: The psychology of optimal experience*. New York, NY: Harper Perennial.

- Mastery / Competence / Control / Autonomy. People flourishing in recovery have moved beyond the sensation-seeking and impulsivity of active addiction. They have expanded their knowledge and skills to achieve increased control over their lives via active coping in response to both bounty and adversity. Greater autonomy is achieved through conscious control (self-regulation) of biological drives and social pressures. Memory and its meanings are verified, edited, and contextualized. The flourishing person consciously controls his or her thoughts, feelings, and behaviors rather than being controlled by them.¹⁴²
- Authenticity / Genuineness / Integrity / Honesty / Depth / Presence. In flourishing, there is heightened congruence between one's aspirational self and actual self ("walking the walk") and escape from "a world of falsehood and deceit".¹⁴³ After peeling off mask after mask (addiction-shaped structures/images/defensive armor), an authentic but incomplete person is revealed ready to be created through one's own efforts. Out of the spiritual crisis of confronting and then shaping a true self comes a state of continual becoming (continual self-improvement).
- Release / Energy / Engagement / Absorption / Vitality / Joy / Humor / Creativity. Asking those in recovery about people in recovery they perceive as flourishing elicits such words as *vitality*, *charisma*, *humor*, and *relishing life*. People flourishing in recovery experience a release from the drug cravings, hustling, manipulation, sense of imposterhood, guilt, and shame that were core dimensions of active addiction. A sense of weightlessness rising from the loss of addiction-inflicted burdens is common as is the experience of an undeserved gift of liberation from entrapment.¹⁴⁴ Humor and laughter—at our own quirkiness and foibles, seeing ourselves in others' experience, and sometimes the sheer ironies and absurdity of it all—seem to be a universal thread in pathways of recovery flourishing. Flourishing brings feelings of awe, and wonder at one's newfound freedom, even in the face of its accompanying complexity of choices and new responsibilities.¹⁴⁵ Flourishing involves not just an increased awareness of choices but experiencing delight in each act of choosing. The meaning in flourishing is found not in attainment of perfection as an accomplishment but in the experience of continual self-creation--the difference between a painting as an object and the experience of painting.

¹⁴² Csikszentmihalyi, M. (1990). *Flow: The psychology of optimal experience*. New York, NY: Harper Perennial.

¹⁴³ Vavvos, A., Tzanakis, M., Triliva, S. (2025). "From the world of falsehood to the world of truth": Recovery and reflexivity in Clubs of Families with Alcohol-related Problems in Crete. *J Community Psychol.*, Jan;53(1):e22796. doi: 10.1002/jcop.22796. PMID: 35032395.

¹⁴⁴ Scherz, C., Mpanga, G., Namirembe, S. (2022). Not You: Addiction, Relapse, and Release in Uganda. *Cult Med Psychiatry*, Mar;46(1):101-114. doi: 10.1007/s11013-021-09722-9. PMID: 33999310; Snoek, A., McGeer, V., Brandenburg, D., Kennett, J. (2021). Managing shame and guilt in addiction: A path way to recovery. *Addict Behav.*, Sep;120:106954. doi: 10.1016/j.addbeh.2021.106954. PMID: 33957551.

¹⁴⁵ Stull, S. W., Wakely, M. E., Saunders, E. C., Jacobson, N. C., Marsch, L. A., Lanza, S. T. (2025). A qualitative study investigating the role of humor in supporting recovery from addiction. *J Subst Use Addict Treat.*, Nov 24;181:209833. doi: 10.1016/j.josat.2025.209833. PMID: 41297795.

- Silence / Observation / Listening / Simplicity / Humility / Curiosity / Self-Acceptance (versus vanity/hubris or hopelessness). Recovery flourishing is marked by an acceptance of limitations and making peace with one's imperfections along with a commitment to continual self-inventory and self-improvement, including a willingness to draw from ancestral wisdom and the knowledge and experiences of one's contemporaries.¹⁴⁶
- Gratitude / Appreciation / Forgiveness (Self and Others) / Tolerance / Openness. These linked traits/acts mark a celebration of survival, delight from having found far more than a solution to a medical illness, and a process of letting go barriers to connection with others.¹⁴⁷
- Spirituality / Serenity / Being "at home" / Sense of the Sacred / Transcendence. People who are flourishing in recovery possess a clarity of perception and a coherent sense of the world and their place in it. They are comfortable in their own skin and "grounded", as they define them, to land, home, family, and to culture. They exhibit an inner peace that does not preclude activism to improve the state of the world. They have moved beyond the egocentricity (narcissism) of active addiction¹⁴⁸ and sought meaning through relationships and resources beyond the self.¹⁴⁹
- Harmony / Balance / Inner Tranquility / Integration / Coherence / Wholeness. Individuals who are flourishing in recovery make continual adjustments to keep multiple dimensions of their life in balance. Attention is devoted to domains of life neglected during active addiction. They work to correct addiction-fueled injury to others (past or present acts of omission and commission)—including acts for which no absolution is possible, only self-forgiveness flowing from a profound understanding of addiction.¹⁵⁰ (It is hard enough to preserve innocence through the process of living, impossible through the process of addiction with the "monster/beast/dragon" devouring anything and everyone to sustain its existence.) Human flourishing might well be considered as a process of rising above the potential excess buried within every human appetite.
- Empathy / Compassion / Kindness / Generosity / Love / Service. Flourishing heightens connection, a sense of unity, and service to others as a form of generic

¹⁴⁶ Ben-Yair, Y., Enright, R. (2025). From poison to medicine: Self-forgiveness as liberation in Jewish faith-based therapeutic communities for addiction recovery in Israel. *J Relig Health*, Oct 3. doi: 10.1007/s10943-025-02470-9. PMID: 41042444.

¹⁴⁷ Lyons, G. C. B., Deane, F. P., & Kelly, P. J. (2010). Forgiveness and purpose in life as spiritual mechanisms of recovery from substance use disorders. *Addiction Research & Theory*, 18(5), 528–543. <https://doi.org/10.3109/16066351003660619>

¹⁴⁸ "Self-obsession is the core of our disease." Narcotics Anonymous (2008). *Narcotics Anonymous*, Sixth Edition, Narcotics Anonymous World Services, Inc., p. 55.

¹⁴⁹ Carroll, S. (1993). Spirituality and purpose in life in alcoholism recovery. *Journal of Studies on Alcohol*, 54(3), 297–301.

¹⁵⁰ McGaffin, B. J., Lyons, G. C., Deane, F. P. (2013). Self-forgiveness, shame, and guilt in recovery from drug and alcohol problems. *Subst Abus.*, 34(4):396-404. doi: 10.1080/08897077.2013.781564. PMID: 24159911; Ohayon, S., Ronel, N. (2025). The moral voice in addiction and the self. *J Subst Use Addict Treat.*, Mar;170:209624. doi: 10.1016/j.josat.2025.209624. PMID: 39864557.

restitution and an expression of gratitude for one's own survival. Flourishing imbues a heightened sensitivity to issues of personal and social justice. People flourishing in recovery are known for their generosity of time, talents, and philanthropy (*giving back, paying it forward, carrying the message—we do recover*).

The values implicit within these qualities of the flourishing experience may differ across cultural settings. The dominant traits and practices noted above are for the most part derived from the lives of White, Western, economically secure, heterosexual men in midlife. The meaning of flourishing—its prevalence, domains, qualities, and so forth—will need to be potentially expanded if not redefined as that limitation is overcome. As future research refines this profile, such a profile is likely to become much more nuanced, distinguishing traits common across diverse populations from those that are population specific. For example, spiritual and religious factors, including culturally indigenous methods of healing, have been found to be particularly noteworthy in recovery initiation and maintenance among Black, Indigenous, and people of Color (BIPOC) and to their understanding of the meaning of recovery,¹⁵¹ but the role of such

¹⁵¹ Anderson, B. T. & Garcia, A. (2015). 'Spirituality' and 'cultural adaptation' in a Latino mutual aid group for substance misuse and mental health. *BJPsych Bull.*, Aug;39(4):191-5. doi: 10.1192/pb.bp.114.048322. PMID: 26755953; PMCID: PMC4706138; Beraldo, L., Gil, F., Ventriglio, A., de Andrade, A. G., da Silva, A. G., Torales, J., Gonçalves, P. D., Bhugra, D., Castaldelli-Maia, J. M. (2019). Spirituality, religiosity and addiction recovery: Current perspectives. *Curr Drug Res Rev.* 11(1):26-32. doi: 10.2174/1874473711666180612075954. PMID: 29895258; Bowser, B. P., Bilal, R. (2001). Drug treatment effectiveness: African-American culture in recovery. *J Psychoactive Drugs*, Oct-Dec;33(4):391-402. doi: 10.1080/02791072.2001.10399924. PMID: 11824698; Garcia, A., Anderson, B., & Humphreys, K. (2015). Fourth and Fifth Step groups: A new and growing self-help organization for underserved Latinos with substance use disorders. *Alcoholism Treatment Quarterly*, 33(2), 235-243; Golan, O., Kresovich, A., Drymon, C., Ducharme, L., Flanagan Balawajder, E., Borowiecki, M., Lamuda, P., Taylor, B., Pollack, H., Schneider, J. (2025). Public perceptions of opioid misuse recovery and related resources in a nationally representative sample of United States adults. *Addiction*, Feb;120(2):253-265. doi: 10.1111/add.16692. PMID: 39428591; PMCID: PMC11710964; Hanson, H. (2005). Isla Evangelista—A story of church and state: Puerto Rico's faith based initiatives in drug treatment. *Culture, Medicine & Psychiatry*, 29(4), 433-456; Heinz, A., Epstein, D. H., Preston, K. L. (2007). Spiritual/Religious experiences and in-treatment outcome in an inner-city program for heroin and cocaine dependence. *J Psychoactive Drugs*, Mar;39(1):41-9. doi: 10.1080/02791072.2007.10399863. PMID: 17523584; Jordan, A., Costa, M., Nich, C., Swarbrick, M., Babuscio, T., Wyatt, J., O'Connell, M., Guy, K., Blackman, K., Anderson, R. R., Reis, G., Ocasio, L., Crespo, M., Bellamy, C. (2023). Breaking through social determinants of health: Results from a feasibility study of Imani Breakthrough, a community developed substance use intervention for Black and Latinx people. *J Subst Use Addict Treat.*, Oct;153:209057. doi: 10.1016/j.josat.2023.209057. PMID: 37207836; Kelly, J. F. & Eddie, D. (2020). The role of spirituality and religiousness in aiding recovery from alcohol and other drug problems: An investigation in a national U.S. sample. *Psychology Relig Spirituality*. Feb;12(1):116-123. doi: 10.1037/rel0000295. PMID: 33767804; PMCID: PMC7989793; Kimberly M. (2025). *Our recovery in color: The twelve steps for all people of color*. Sankofa World Press; Lewis, J. P., Allen, J. (2017). Alaska Native elders in recovery: Linkages between indigenous cultural generativity and sobriety to promote successful aging. *J Cross Cult Gerontol.*, Jun;32(2):209-222. doi: 10.1007/s10823-017-9314-8. PMID: 28478599; White Bison, Inc. (2002). *The Red Road to Wellbriety*. Colorado Springs, CO. Yeung, J. W. K. (2022). Faith-based intervention, change of religiosity, and abstinence of substance addicts. *Braz J Psychiatry.*, Jan-Feb;44(1):46-56. doi: 10.1590/1516-4446-2020-1576. PMID: 34190824; PMCID: PMC8827378.

factors in recovery flourishing within these group members has yet to be rigorously investigated.

The above qualities, which constitute antidotes to the corruption of character so common within the addiction experience, can only be fully understood in the context of the journey from addiction to recovery. Addiction reduces person to object (e.g., drug receptacle, mark in a con, a pacified threat); recovery is reclamation of one's humanity and the belief in human possibility. Addiction hollows one out leaving a profound sense of inner emptiness; recovery flourishing is the process of filling such emptiness with new meaning and purpose. The motto of addiction is "I want more"; the motto of recovery flourishing is "I have/am enough."¹⁵² Addiction is a process of physical, psychological, and moral depletion; flourishing in recovery is the fullness achieved through reversal of that process via experiences of unity and completeness. There is in flourishing a sense that the pieces of self that were traded away within the drug relationship are finally retrieved and fit together to become the whole person long searched for.¹⁵³

Addiction thrives on embrace of victimhood and projection of blame, recovery flourishing embraces choice, consent, and responsibility. Addiction reduces one's strategies of coping to that of escape; recovery flourishing involves a broadened repertoire of active coping skills. To flourish is to escape the succoring comfort of seeing the world in black and white to make peace first with shades of grey and to then relish its technicolor qualities. It is a state of joyous curiosity, awe, and wonder at what one does not know but wishes to—embracing a process of perpetual learning that holds what one believes in perpetual probation pending new experience and evidence.

Sustaining addiction demands deception; recovery flourishing is the daily effort to achieve honesty with self and others. The addiction experience is one of suffocating entrapment; recovery flourishing often brings a profound sense of relief and release—a "pink cloud" stage of giddiness in response to one's liberation.¹⁵⁴ Defensive responses to the deterioration of functioning in addiction can include grandiosity and hubris; recovery flourishing instills silent virtues (e.g., humility of achievement). Addiction is fueled by resentment and envy; recovery flourishing is fueled by gratitude and forgiveness of self and others.

Addiction shrinks one's world to the drug-person relationship leaving one isolated and alienated from mainstream culture and one's own people; recovery flourishing involves processes of human connection and intimacy—the replacement of sole

¹⁵² "Part of our addiction pattern is that we can never get enough." Narcotics Anonymous (2008). *Narcotics Anonymous*, Sixth Edition, Narcotics Anonymous World Services, Inc., p. 80.

¹⁵³ Rivaux, S. L., Sohn, S., Armour, M. P., & Bell, H. (2008). Women's early recovery: Managing the dilemma of substance abuse and intimate partner relationships. *Journal of Drug Issues*, 38(4), 957-979. <https://doi.org/10.1177/002204260803800402>.

¹⁵⁴ Narcotics Anonymous World Services (NAWS, 2012) *Living Clean*. Vany Nuys, CA, p. 80.

dependence on drugs to human interdependence.¹⁵⁵ Addiction is about taking and devouring; recovery flourishing is about the process of service and giving.

People flourishing in addiction recovery are wounded, imperfect people doing their best to heal and do good—often in imperfect circumstances. They recognize that they are not a finished product but a creation of their own making—sculptors in whose hands their futures rest despite whatever limitations the universe imposes. Within this process, these “wounded healers” have discovered meaning far beyond their escape from addiction. While such flourishing qualities may be hard to describe, those who possess them often become role models (e.g., *recovery carriers*, *elders*) exerting a contagious effect on others seeking a way out of addiction and related problems.¹⁵⁶ Their evangelical zeal conveys not THE pathway of recovery but celebration of recovery by any means necessary under any circumstances. The person who sustains recovery flourishing for years has achieved a credential that no university can bestow—vetting by a community of people who have witnessed and perpetrated every manner of hustle to survive. To be vetted with admiration and trust from such a community is an exceptional gift that can be received but only sought from a position of humility.

*What I try to do is be an example—to be an attraction rather than a promotion. I want there to be something about my character that when you meet me, you would say, “This is a decent person. There’s something about his spirit. There’s something about when I look in his eyes. There is something about him that makes me want to ask him more about what he draws from.”*¹⁵⁷

Some approaches to recovery suggest the need for acceptance of the character mutations (imperfections) that are a common consequence of the addiction experience.¹⁵⁸ Others suggest that recovery involves processes of destruction and construction—that manifestations of the addictive self (its emotional and behavioral remnants) must be expunged to create the space in which the elements described above can be constructed. What the above flourishing descriptors share is the

¹⁵⁵ Hart, K. E., & Singh, T. (2009). An existential model of flourishing subsequent to treatment for addiction: The importance of living a meaningful and spiritual life. *Illness, Crisis & Loss*, 17(2), 125-147. <https://doi.org/10.2190/IL.17.2.d>; McGee, M. D. (2020). Awakening and recovery. *Alcoholism Treatment Quarterly*, 38(2), 266–285. <https://doi.org/10.1080/07347324.2019.1632766>

¹⁵⁶ Momper, S. L., Dennis, M. K., Mueller-Williams, A. C. (2017). American Indian elders share personal stories of alcohol use with younger tribal members. *J Ethn Subst Abuse*, Jul-Sep;16(3) , 293-313. doi: 10.1080/15332640.2016.1196633. PMID: 27403635; PMCID: PMC6088812; Skewes, M.C. & Lewis, J. P. (2016). Sobriety and alcohol use among rural Alaska Native elders. *International Journal of Circumpolar Health*, 75, 30476.; White, W. & Best, D. (2026a) Social contagion and addiction recovery. Unpublished Paper.

¹⁵⁷ Bilal Ameen, quoted in Kimberly M. *Our recovery in color: The twelve steps for all people of color*, Sankofa World Press, 134-135.

¹⁵⁸ White, W. (2012). The history of Secular Organizations for Sobriety—Save Our Selves: An interview with James Christopher. Accessed February 15, 2026 at <https://deriu82xba14l.cloudfront.net/file/1569/James%20Christopher%20Interview%202012.pdf>

replacement of primitive desires/needs with new principles and skills as the driving force of daily decision-making.

That said, flourishing often involves embrace of complexity and contradiction—the ability to both value one’s current beliefs while simultaneously questioning them. This sometimes involves entertaining opposing ideas that lead to new and more nuanced understandings and embrace of some of the paradoxes of recovery flourishing. Flourishing is at once an act of self-submission and self-assertion (“Easy does it but do it!”) with the emphasis on each varying across philosophies of addiction recovery.¹⁵⁹ Within philosophies that embrace a “spirituality of not having all the answers”, the first person to step forward to exemplify recovery and recovery flourishing is, by that act of hubris, the least qualified to represent the flourishing experience. As Kurtz observed in his history of AA, “A.A.’s Steps and Traditions combine with the fellowship’s practice of anonymity to issue an ironic reality: those who best practice them speak least dogmatically about them.”¹⁶⁰

Seen as a whole, the above qualities suggest that flourishing is a state of transcendence—a rehabilitation that extends beyond bodily repair to encompass recovery protection and transformation of personal character (who one is) and actions (what one does in the world).¹⁶¹ Such an expansive understanding blends the concept of flourishing into other related concepts, e.g., post traumatic growth, well-being, quality of life, etc. Cook, for example, identified thirteen conceptual components of spirituality related to addiction recovery, many of which overlap with flourishing qualities noted above (e.g., connection, transcendence, meaning and purpose, authenticity, wholeness, heightened awareness).¹⁶² White similarly defined spirituality in the context of addiction recovery as “a heightened state of perception, awareness, performance or being that personally informs, heals, empowers, connects, centers or liberates”—elements that again overlap with dimensions of recovery flourishing.¹⁶³ Such conceptual overlap affirms earlier noted complexities related to the definition, measurement, and mapping of recovery flourishing and related experiences. The clusters of character described above also reflect values and principles of diverse recovery mutual aid organizations, though the degree of emphasis on each may vary from group to group.¹⁶⁴

¹⁵⁹ Tsutsumi, S. (2025). Philosophical diversity in 12-Step and alternative mutual help groups for alcohol use disorder: Understanding recovery through the reflexive self in late modernity. *Alcoholism Treatment Quarterly*, 43(4), 630–641. <https://doi.org/10.1080/07347324.2025.2528752>

¹⁶⁰ Kurtz, E. (1979). *Not-God: A history of Alcoholics Anonymous*. Hazelden, p. 260 .

¹⁶¹ Koh, H. K., Frederick, D. E., Balboni, T. A, et al. (2026). Spirituality and harmful or hazardous alcohol and other drug use: A meta-analysis of longitudinal studies. *JAMA Psychiatry*. Published online February 18, 2026. doi:10.1001/jamapsychiatry.2025.4816

¹⁶² Cook, C. C. H. (2004). Addiction and spirituality. *Addiction*, 99, 539-551.

¹⁶³ White, W. (1992). Spirituality: Its language and boundaries. In *Spirituality and prevention* (pp. 37-47). Springfield, IL: Illinois Prevention Resource Center. Posted at <https://deriu82xba14l.cloudfront.net/file/471/1992-Spirituality-Essay.pdf>

¹⁶⁴ Alcoholics Victorious Headquarters (2025). Frequently Asked Questions, accessed December 31, 2025 at <https://www.alcoholicsvictorious.org/faq#recovery>; Cocaine Anonymous World Services, Inc. (CAWS, 2025) 12 Principles. Accessed December 29, 2025 at <https://share.google/Sel68qnxYpC3kT1B6>;

Recovery Flourishing as the Outcome of Existential/Spiritual Crisis

Addiction involves Sisyphean cycles of consuming a drug that induces suffering and whose only relief is continued consumption of the drug that has become both perpetrator and rescuer. The sense of futility and meaninglessness arising from the unceasing repetition of this pattern triggers existential despair that can open a doorway to change or plunge one deeper into the search for oblivion. For flourishing to occur within the recovery experience, the defensive structures that sustained addiction and prevented objective self-observation must collapse. In the aftermath of such collapse comes the terrifying awareness that one has survived a prolonged game of Russian roulette, that one is beyond lucky to be alive. It is this state of heightened awareness that as Dr. Jean Kirkpatrick has described "...growth is essential or else sobriety will feel like a deprivation".¹⁶⁵ It is in such a state that one must answer anew existential questions that were acted out destructively within the addiction experience—questions whose answers will become the building blocks of recovery and flourishing.

Where and from whom did I come (ancestral history)? Why did I survive when others did not (survival guilt)? Who am I and how did I become the person I am today (identity and life/addiction/recovery story)? Was my suffering deserved (a consequence of my own choices) or undeserved (a consequence of vulnerabilities and processes over which I had minimal if any control) or both (a collision of vulnerability and culpability)? Am I a victim, volunteer, or villain (or all three)? Who are "my people" (family/tribe)? Where do I feel "at home"—safe and most rooted (place, land)? Given my residual brain fog, how do I know what is real and true (metaphysics/epistemology)? What do I most cherish (character, values)? What standards/rules will now guide my relationships with others (ethics)? What actions/experiences uplift my spirit and imbue a sense of beauty, awe, and wonder (aesthetics)? When am I totally engaged (flow)? When do I feel most alive (awareness / presence), and what gives me the deepest pleasure and meaning (bliss)? How can I repay the debts I have incurred (justice)? Who do I most admire and want to model myself after (heroes)? What must I be and do to have a good life (virtue)? What must I do today to preserve, protect, and extend what I most value (daily duties/practices)? What is the nature of existence and my purpose within it (worldview, mission)?

Kirkpatrick, J. (2025). Women for Sobriety New Life Program. Women for Sobriety, Quakertown, PA.; Kirkpatrick, J. (2025). The Hungering Heart. Accessed December 29, 2025 at <https://womenforsobriety.org/wp-content/uploads/2023/05/The-Hungering-Heart.pdf>; Kuplinski, R. (2025). Definition of the values of SMART Recovery. Accessed December 30, 2025 at <https://smartrecovery.org/blog/defining-the-values-of-a-smart-meeting/>; LifeRing Secular Recovery (2025). Recovery Toolbox. Accessed December 31, 2025 at <https://lifering.org/lifering-resources/recovery-toolbox/>; Narcotics Anonymous World Services (NAWS, 2012) *Living Clean*. Vany Nuys, CA; Recovery Dharma Global, Inc. (2023) Recovery Dharma. Second Edition. <https://drive.google.com/file/d/1Isotp-WIUedFJKDqjpvO7uKgVsvX3J1/view>; Women for Sobriety (WFS, 2025). Levels of recovery. Accessed December 14, 2025 at <https://womenforsobriety.org/new-life-program/levels-of-recovery/>; White Bison, Inc. (2002). *The Red Road to Wellbriety*. Colorado Springs, CO.

¹⁶⁵ Kirkpatrick, J. (2025). Women for Sobriety New Life Program. Women for Sobriety, Quakertown, PA., p. 20.

After diverse experiments to answer such questions during addiction and early recovery, many are left in a state of disillusionment and discontent asking, “Is there more to life than this?” and “Having survived, what am I going to do with the time I have been gifted?” Dunkel and colleagues refer to such questions as the “exploration of possible selves”¹⁶⁶—questions most people face at some point in their lives. What adds urgency to them for people in recovery is a heightened awareness of survival, release, and expanded possibilities.

Answering such questions address what Victor Frankl referred to as the ultimate human need—the thirst for meaning.¹⁶⁷ There are religious, spiritual, and secular pathways and patchworks of meaning within the experience of recovery flourishing.¹⁶⁸ Across these pathways, there is a rigorous interrogation of the meaning of life that transcends superficial obedience to prepackaged answers. While those in recovery represent a broad spectrum of religious orientations, it is impossible in listening to those thriving in recovery not to hear echoes of Zen Buddhism, humanism, existentialism, stoicism, and pragmatism even from those who have no formal knowledge of such philosophies and practices. Answers to such existential questions may be superficial and fleeting in early recovery but later take on greater clarity and depth within the experience of recovery flourishing.

The utter isolation of addiction (toxic self-absorption) and the life, death, and rebirth dimensions of addiction recovery force such questions into acute awareness and open a doorway into a heightened experience of living.¹⁶⁹ Flourishing can be experienced as an intensification of perception, thought, feeling, and action or a peaceful and profound realization that one is enough, has enough, has done enough, and in this moment is complete (flawed and imperfect but whole). Addiction is a narrowing and hollowing out process that strips life of meaning beyond the unceasing drug pursuit, leaving in its wake a loss of meaning and existential vacuum. Recovery thus becomes a process of broadening and refilling one’s life with meaningful thought, emotion, action, and relationships. Flourishing is the resulting sense of fullness

¹⁶⁶ Dunkel, C. S., Kelts, D., & Coon, B. (2006). Possible selves as mechanisms of change in therapy. *Possible selves: Theory, research and applications*, 187-204; also see Kemp, R. (2019). Addiction and addiction recovery: a qualitative research viewpoint. *Journal of Psychological Therapies*, 4(2), 167–179.

¹⁶⁷ Frankl, V. E. (1963). *Man's Search for Meaning*. Pocket Books.

¹⁶⁸ Kurtz, E. & White, W. (2015). Recovery spirituality. *Religions*, 6, 58–81; doi:10.3390/rel6010058.

<http://www.mdpi.com/2077-1444/6/1/58>. (In Special Issue Religion & Addiction:

http://www.mdpi.com/journal/religions/special_issues/religion-addiction.); Lovett, K. L., Weisz, C. (2021). Religion and recovery among individuals experiencing homelessness. *J Relig Health*, Dec;60(6):3949-3966. doi: 10.1007/s10943-020-01060-1. PMID: 32654014.

¹⁶⁹ Krowka, J., Aller, L. (2025). Recovery from heroin addiction: A qualitative study. *Public Health Nurs.*, Mar-Apr;42(2):744-753. doi: 10.1111/phn.13526. PMID: 39740126; PMCID: PMC11895412; Monteiro, V., Bloc, L., Messas, G. (2024). What is it like to be in alcohol addiction recovery? A dialectical phenomenological analysis. *Psychopathology.*, 57(5):377-388. doi: 10.1159/000538267. PMID: 38754403; Wojtkowiak, J., Vanherf, N. C., Schuhmann, C. M. (2019). Grief in a biography of losses: Meaning-making in hard drug users' grief narratives on drug-related death. *Death Stud.*, 43(2):122-132. doi: 10.1080/07481187.2018.1456708. PMID: 30252614.

experienced as both a reward for one's personal effort and as an undeserved gift that could be lost without continued vigilance and self-care.

Recovery Flourishing as an Act of Rebellion

The only way to deal with an unfree world is to become so absolutely free that your very existence is an act of rebellion. –Albert Camus

As earlier noted, flourishing within the experience of addiction recovery can reflect diverse pathways and styles. Some may seek to flourish by achieving accommodation within existing social structures and their imposed expectations (flourishing as an achievement of conformity and normality—making peace with the world as it is) while others may challenge such structures and expectations (flourishing as an act of rebellion).¹⁷⁰ The latter claims not just the right to flourish, but to subjectively define the very meaning and context of flourishing within one's unique historical and life circumstances.

To suggest that recovery and recovery flourishing can constitute acts of rebellion raises the question, "Precisely what and who is the target of such rebellion?" There are at least three potential answers to that question representing different styles of rebellion: 1) recovery flourishing as an act of defiant vengeance in response to doubters and predictors of one's ultimate failure and early death, 2) recovery initiation and flourishing as a battle against the addiction "monster/beast/dragon", and 3) recovery and recovery flourishing as acts of resistance against a predatory addiction industrial complex and the larger structures and machinery of oppression of which it is an integral component.

Flourishing as Revenge. For some people in recovery, the rebel role is an extension of the 'black sheep', misfit, outcast, outsider, outlaw role long thrust on them and too often self-embraced¹⁷¹ and further indicated by past resistance to treatment and recovery as acts of rebellion¹⁷². The choice is to then live out such a prescribed script or author an anti-script. It is possible to embrace rather than denunciate the rebel identity as a dimension of one's recovery experience. This takes what has been a historical burden (the role of misfit, outcast, outsider) and transforms it into something positive—character development through defiance, resistance and activism. The latter elicits a style of resistance in which the addicted person embarks on a recovery journey and post-recovery achievement as a defiant "I'll show all of you". Such a stubborn refusal to self-destruct may not represent an ideal source of motivation but it can propel one into recovery and a life enrichment process that suffices until other more sustainable

¹⁷⁰ Chang, J. (2021). Women who use drugs: Resistance and resistance and rebellion. In: the impact of global drug policy on women. In *The impact of global drug policy on women: Shifting the needle* edited by Julia Buxton, Givana Margo, and Lona Burger, pp. 271-286.

¹⁷¹ DiClemente, C. C. (2013). Paths through addiction and recovery: The impact of spirituality and religion. *Substance Use & Misuse*, 48(12), 1260–1261. doi:10.3109/10826084.2013.808475

¹⁷² Dennis, F., & Pienaar, K. (2023). Refusing recovery, living a 'wayward life': A feminist analysis of women's drug use. *The Sociological Review*, 71(4), 781-800. <https://doi.org/10.1177/00380261231175729>

motivations arrive within the processes of change. The primary risk with this style of rebellion is that one seeks what will be viewed as achievement in the eyes of others and not what would provide one's own deepest meaning

Flourishing as an Argument (Living Proof). Forging a flourishing life in recovery is itself an act of rebellion—a living refutation of the proposition “once an addict, always an addict” and a refutation of the low bar of expectations so often imposed on people in recovery and members of other oppressed communities.¹⁷³ In the recovery history in the U.S., this rebel role has been carried into the recovery process and has even led to alternatives to mainstream 12-Step recovery support groups via Charles Dederich (Synanon), Dr. Jean Krikpatrick (Women for Sobriety), James Christopher (Secular Organizations for Sobriety), James Baker (Celebrate Recovery), and other recovery mutual aid organizational leaders.¹⁷⁴

This second style of rebellion is based on recognition that addiction, as the monster/dragon it is often conceived as, eats away the self. There is a tipping point of protest accompanying this awareness when one declares, “Enough! The remaining parts of me you will not take “. This is the point of rebellion, the euphemistic “bottom,” where one finally rises to “slay the dragon.” This tipping point of “No more!” is the act of defiance in which the addicted self (the slave) says “No!” to the master and “Yes!” to the promise of a new liberated self. This style of rebellion can also be a rejection of the forces of intergenerational addiction and related problems (e.g., poverty, mental illness, incarceration)—a breaking of the chain.

*To walk the Red Road is to offer a silent proclamation: Here the destruction stops. We will heal ourselves, we will heal our wounded relationships, we will heal our children, we will heal our nation. On this day, our future history begins.—The Red Road to Wellbriety.*¹⁷⁵

Some mothers in recovery, for example, exhibit this style via overcompensation of parental recovery engagement as a refutation of the “addicted mother as monster” trope.¹⁷⁶ In response to skepticism about one's prospects of recovery, it is an unequivocal declaration of dissent expressed through the quality of one's life in recovery.

Flourishing as Protest. Such rebellion is often fueled by heightened awareness of larger contextual influences on addiction and recovery. The intent is the replacement of

¹⁷³ While AA and NA embrace lifelong addiction risk (an understanding of *sober alcoholic* and *clean addict*), public meaning of “addict” continues to be a person presently using and addicted to alcohol or other drugs. Rebellion in recovery in this context is a rejection of that public conception. (See Kurtz, E. (1979). *Not-God: A history of Alcoholics Anonymous*. Hazelden.

¹⁷⁴ White, W. (1998/2014). *Slaying the dragon: The history of addiction treatment and recovery in America*. Chestnut Health Systems.

¹⁷⁵ White Bison, Inc. (2002). *The Red Road to Wellbriety*. Colorado Springs, CO.

¹⁷⁶ Gueta, K., & Addad, M. (2013). Moulding an emancipatory discourse: How mothers recovering from addiction build their own discourse. *Addiction Research & Theory*, 21(1), 33–42. <https://doi.org/10.3109/16066359.2012.680080>

high-risk with high resistance in future generations.¹⁷⁷ This is achieved by neutralizing the effects of risk factors (e.g., historical trauma, family history of drug-related problems, adverse childhood experiences) with resiliency factors (positive parenting, consistent family meal and bedtime rituals, peer social support, organized activities, access to community resources).¹⁷⁸ Caroline Beidler has described how this style of rebellion can be catalyzed by efforts to break family addiction traditions and norms.

*It is a common experience for people to get into recovery and that recovery is experienced by the family as a rejection of addiction grounded norms. Black sheep recovery rebels against normed pathology.*¹⁷⁹

This third style of rebellion also can involve breakthroughs of perception about the nature of the world and one's role in it. More specifically, it is recognition that one has, through one's addiction, unconsciously participated in one's own oppression and the oppression of one's people. It is a vow to recover as an act of defiance against such oppression via embrace of the role of advocate or activist. Flourishing among historically marginalized populations as an act of protest rests on recognition that such groups face increased addiction vulnerability and enhanced obstacles to recovery initiation, recovery maintenance, and quality of life within the recovery experience.¹⁸⁰ As described by Mark Sanders, "Flourishing of self becomes an act of love for one's culture flowing from what Dr. Martin Luther King, Jr. called a sense of somebody-ness."¹⁸¹

Recovery initiation and recovery flourishing as acts of resistance and rebellion within oppressed communities rest on several propositions drawn from the collective experience of the indigenous peoples of Africa, Australia, Canada, Hawaii, New

¹⁷⁷ Vanyukov, M. M., Maes, H. H. M., Iacono, W. G., Kirisci, L., Samek, D. R., Silberg, J. L., Zimmerman, E. B., Prom-Wormley, E. C. (2023). The concept of resistance to substance use and a research approach: The Resist! Project. *Twin Res Hum Genet.*, Feb;26(1):31-39. doi: 10.1017/thg.2023.8. PMID: 36896815; PMCID: PMC10363246.

¹⁷⁸ Aschengrau, A., Winter, M. R., Shea, M. G. (2023). Association between resilience promotion factors during childhood and risk of drug use disorder during adulthood. *Addict Subst Abuse* (Middlelet), 2(1):1-10. doi: 10.46439/addiction.2.007. PMID: 37427318; PMCID: PMC10326717; Wolin, S. J., Bennett, L. A., Noonan, D. L., & Teitelbaum, M. A. (1980). Disrupted family rituals; a factor in the intergenerational transmission of alcoholism. *Journal of Studies on Alcohol*, 41(3), 199-214.

¹⁷⁹ Stauffer, B. & Beidler, C. (2026). An Interview with Caroline Beidler – The Future of Family Recovery as a Coproduced Collaborative Process of Resiliency: The Frontiers of Recovery Research Interview Series – Recovery Review, Accessed February 25, 2026.

¹⁸⁰ Bommersbach, T. J., Jegede, O., Stefanovics, E. A., Rhee, T. G., Rosenheck, R. A. (2022). Diagnostic remission of substance use disorders: Racial differences and correlates of remission in a nationally representative sample. *J Subst Abuse Treat.* May;136:108659. doi: 10.1016/j.jsat.2021.108659. PMID: 34785084; Pouille, A., Bellaert, L., Vander Laenen, F., Vanderplasschen, W. (2021). Recovery capital among migrants and ethnic minorities in recovery from problem substance use: An analysis of lived experiences. *Int J Environ Res Public Health.*, Dec 10;18(24):13025. doi: 10.3390/ijerph182413025. PMID: 34948635; PMCID: PMC8700971; Pouille, A., De Kock, C., Vander Laenen, F., Vanderplasschen, W. (2022). Recovery capital among migrants and ethnic minorities: A qualitative systematic review of first-person perspectives. *J Ethn Subst Abuse*, Jul-Sep;21(3):845-875. doi: 10.1080/15332640.2020.1836698. PMID: 33135965.

¹⁸¹ Sanders, M. (2026). Personal communication, January 26, 2026.

Zealand, and the United States but are also applicable with some variations to other historically exploited and disempowered people (e.g., people of color, women, LGBTQ+, migrants, or economically disadvantaged white communities).¹⁸² Such propositions include the following.

1. Culturally ritualized use of psychoactive drugs (including fermented alcohol) existed within traditional indigenous religious and medical practices prior to European colonization.¹⁸³ Such cultural controls prevented addiction as it is known today. Drug-related problems within Native communities were also minimal during the period of initial introduction of distilled alcohol by Europeans.¹⁸⁴
2. Alcohol and other drugs were historically used, and continue to be used, as weapons of political, economic, and sexual exploitation and cultural subjugation within the larger processes of colonization.¹⁸⁵
3. Alcohol and other drug problems within indigenous communities rose in tandem with the loss of cultural institutions, traditions, and ceremonies following

¹⁸² Dertadian, G. C. (2024). The Coloniality of drug prohibition. *Int J Drug Policy*, Apr;126:104368. doi: 10.1016/j.drugpo.2024.104368. PMID: 38452423; Coyhis, D. L., & White, W. L. (2006). *Alcohol problems in Native America: The untold story of resistance and recovery-The truth about the lie*. Colorado Springs, CO: White Bison, Inc.; Helmer, J. (1975). *Drugs and minority oppression*. Seabury Press; Williams, I. L., Makini, G. K., & Rezendes, W. C. (2021). Indigenous Hawaiian psychoactive drug use: Before European contact, and after 1778. *Journal of Psychoactive Drugs*, 53(2), 111–126. <https://doi.org/10.1080/02791072.2020.1833114> .

¹⁸³ Abbott. P. J. (1996). American Indian and Alaska native aboriginal use of alcohol in the United States. *Am Indian Alsk Nativ Ment Health Res* (1987), 7(2):1-13. doi: 10.5820/aian.0702.1996.1. PMID: 8935245; D'Abbs, P. & Hewlett, M. (2023). *Learning from 50 years of Aboriginal alcohol programs*. Springer; Matamonasa-Bennet, A. (2017). "The poison that ruined the nation": Native American men—Alcohol, identity, and traditional healing. *American Journal of Men's Health*, 11(4), 1142-1154; Seale, J. P., Shellenberger, S., Spence, J. (2006). Alcohol problems among Alaska Natives: lessons from the Inuit. *Am Indian Alsk Native Ment Health Res.*, 13, 131; Williams, I. L., Makini, G. K., & Rezendes, W. C. (2021). Indigenous Hawaiian psychoactive drug use: Before European contact, and after 1778. *Journal of Psychoactive Drugs*, 53(2), 111–126. <https://doi.org/10.1080/02791072.2020.1833114>.

¹⁸⁴ Mancall, P. C., Robertson, P., Huriwai, T. (2000). Maori and alcohol: A reconsidered history. *Australian & New Zealand Journal of Psychiatry*, 34(1), 129-134. doi:10.1046/j.1440-1614.2000.00693.x; Coyhis, D. L., & White, W. L. (2006). *Alcohol problems in Native America: The untold story of resistance and recovery-The truth about the lie*. Colorado Springs, CO: White Bison, Inc.

¹⁸⁵ Coyhis, D. L., & White, W. L. (2006). *Alcohol problems in Native America: The untold story of resistance and recovery-The truth about the lie*. Colorado Springs, CO: White Bison, Inc.; Blyton, G. (2013). Rum and corn pipes: The introduction of alcohol and tobacco into Aboriginal populations of the Hunter Region of central eastern New South Wales, Australia, in the first half of the 19th century. *AlterNative: An International Journal of Indigenous Peoples*, 9(4), 296-308. <https://doi.org/10.1177/117718011300900402>; de Oliveira, R. C., Nicolau, B. F., Levine, A., Mendonça, A. V. M., Videira, V., Vargas, A. M. D., Ferreira, E. F. E. (2019). "When a Tihik drinks kaxmuk he neither has a father, nor a mother, or a brother": perceptions of Maxakali on the effects of sugarcane liquor consumption. *Cien Saude Colet.*, Aug 5;24(8):2883-2894. Portuguese, English. doi: 10.1590/1413-81232018248.16992017. PMID: 31389536; Gluckman L. K. (1974). Alcohol and the Māori in historic perspective. *New Zealand Medical Journal*, 79: 553–555; Mancall, P. C., Robertson, P., Huriwai, T. (2000). Maori and alcohol: A reconsidered history. *Australian & New Zealand Journal of Psychiatry*, 34(1), 129-134. doi:10.1046/j.1440-1614.2000.00693.x; Mcdowell, T. (2015). Taua Nākahi Nui: Māori, liquor and land loss in the 19th century. *AlterNative: An International Journal of Indigenous Peoples*, 11(2), 103-117. <https://doi.org/10.1177/117718011501100202>; Unrau, W. E. (1996). *White Man's wicked water: The alcohol trade and prohibition in Indian Country, 1802-1892*. University Press of Kansas.

genocidal wars, mass deaths from epidemic disease (e.g., smallpox, measles), loss of ancestral lands and means of sustenance, forced removal of Native children, criminalization of cultural ceremonies, and coerced efforts of assimilation.¹⁸⁶

4. Historical and contemporary trauma (colonization/oppression) inflicted intergenerational injuries that heightened vulnerability for community-wide self-medication, high addiction prevalence, and related problems.¹⁸⁷ The devil dangled a soothing elixir for personal and communal pain that was in reality a “false refuge” and a personal/cultural poison. In this case, the devil turns out not to be an evil mythical figure, but a confluence of exploitive political, social, economic, and religious interests and institutions. The greatest injury involved and still involves rendering people accomplices in their own destruction and engendering self-blame.¹⁸⁸
5. Alcohol and other drug use within Indigenous and minoritized communities serves multiple functions: self-medication of grief, powerlessness, and emotional pain; defiance/protest against oppression and marginalization; an affirmation of cultural (e.g., Indian) identity, acting out stigma (inferiority) scripts, and hunger for group cohesion.
6. High addiction prevalence and related problems within minority communities are fabricated, exaggerated, and decontextualized while ignoring high variability of alcohol use across communities as well as high rates of abstinence and problem resolution.¹⁸⁹ Such distortions are used by dominant political and cultural leaders

¹⁸⁶ Coyhis, D. L., & White, W. L. (2006). *Alcohol problems in Native America: The untold story of resistance and recovery-The truth about the lie*. Colorado Springs, CO: White Bison, Inc; Mancall, P. C., Robertson, P., Huriwai, T. (2000). Maori and alcohol: A reconsidered history. *Australian & New Zealand Journal of Psychiatry*, 34(1), 129-134. doi:10.1046/j.1440-1614.2000.00693.x; Nutton, J., & Fast, E. (2015). Historical trauma, substance use, and indigenous peoples: Seven generations of harm from a “big event.” *Substance Use & Misuse*, 50(7), 839–847. <https://doi.org/10.3109/10826084.2015.1018755>; Williams, I. L., Makini, G. K., & Rezentes, W. C. (2021). Indigenous Hawaiian psychoactive drug use: Before European contact, and after 1778. *Journal of Psychoactive Drugs*, 53(2), 111–126. <https://doi.org/10.1080/02791072.2020.1833114>

¹⁸⁷ Brave Heart, M.Y., Chase, J., Ellkins, J., & Altschul, D. B. (2011). Historical trauma among indigenous people of the Americas: Concepts, research, clinical considerations. *Journal of Psychoactive Drugs*, 43(4), 282-290; Ehrmin, J. T. (2002). “That feeling of not feeling”: Numbing the pain for substance-dependent African American women. *Qualitative Health Research*, 12(6), 780-791; Herron, J. L., Venner, K. L. (2023). A systematic review of trauma and substance use in American Indian and Alaska Native individuals: Incorporating cultural considerations. *J Racial Ethn Health Disparities*, Apr;10(2):603-632. doi: 10.1007/s40615-022-01250-5. PMID: 35089579; PMCID: PMC9329482; Nutton, J., & Fast, E. (2015). Historical trauma, substance use, and indigenous peoples: Seven generations of harm from a “big event.” *Substance Use & Misuse*, 50(7), 839–847. <https://doi.org/10.3109/10826084.2015.1018755>.

¹⁸⁸ Gonzalez, V. M. & Skewes, M. C. (2018). Association of belief in the “firewater myth” with strategies to avoid alcohol consequences among American Indian and Alaska Native college students who drink. *Psychol Addict Behav*, 32(4), 401-409; Gonzalez, V. M. & Skewes, M. C. (2021). Belief in the myth of an American Indian/Alaska Native biological vulnerability to alcohol problems among reservation-dwelling participants with a substance use problem. *Alcohol Clin Exp Res*, 45(11), 2309-2321; Groves, P., & Farmer, R. (1994). Buddhism and addictions. *Addiction Research*, 2(2), 183–194. <https://doi.org/10.3109/16066359409109142>.

¹⁸⁹ Gilder, D. A., Lau, P., Corey, L., & Ehlers, C. L. (2008). Factors associated with remission from alcohol dependence in an American Indian community group. *The American Journal of Psychiatry*, 165(9), 1172–1178. <https://doi.org/10.1176/appi.ajp.2008.07081308>; Leung, P. K., Kinzie, J. D., Boehnlein, J. K., Shore,

to bolster theories of biological and cultural inferiority, e.g., theories of biological vulnerability (e.g., “firewater myths”¹⁹⁰) or racial/cultural psychopathy (e.g., Black criminality, super predator caricatures/tropes) rather than a behavioral product of systemic factors (i.e. a predictable outcome of intergenerational trauma and oppression).¹⁹¹

7. Regulatory designation of psychoactive drugs as celebrated, tolerated, instrumental, or prohibited (and related punishments) are determined by their proximity or distance to those possessing historical power, e.g., their proximity to affluent whiteness.¹⁹² Marginalized populations are associated with the prohibited drug; blamed for problems of drug-related crime, violence, insanity and the moral corruption of youth; and cast not as just “less than” but as “bad people” who pose an existential threat to the future of “good people” and who thus must be suppressed or eliminated.¹⁹³
8. “External efforts by the colonizer to suppress or control drug availability imbues the drug with meaning as a symbol of cultural protest and sets up acts of defiant self-destruction” within marginalized communities (Coyhis & White, 2006).
9. The machinery of oppression includes passive and active infusion of psychoactive drugs into minority communities as a tool of subjugation, control, and profit.
10. Limited economic opportunities assure marginalized population complicity in the illicit underground drug economy and provide a rationale for hyperaggressive surveillance and policing of the minority community and their related consequences (e.g., disproportionate rates of arrest, death in custody, harsh sentencing, mass incarceration, and removal of minority children from family/community).

J. H. (1993). A prospective study of the natural course of alcoholism in a Native American village. *J Stud Alcohol.*, Nov;54(6):733-8. doi: 10.15288/jsa.1993.54.733. PMID: 8271810; Skewes, M.C. & Lewis, J. P. (2016). Sobriety and alcohol use among rural Alaska Native elders. *International Journal of Circumpolar Health*, 75, 30476; Spicer P. (2001). Culture and the restoration of self among former American Indian drinkers. *Soc Sci Med.*, 53, 22740; Venner, K. L., Hagler, K., Cloud, V., Greenfield, B. (2019). Native Americans resolve alcohol use disorder: “Whatever it takes or all that it takes”. *Cultur Divers Ethnic Minor Psychol.*, Jul;25(3):350-358. doi: 10.1037/cdp0000241. PMID: 30570290.

¹⁹⁰ Coyhis, D. L., & White, W. L. (2006). *Alcohol problems in Native America: The untold story of resistance and recovery-The truth about the lie*. White Bison, Inc.; Leland J. (1976). *Firewater myths: North American Indian drinking and alcohol addiction*. Rutgers Centre of Alcohol Studies, 1976.

¹⁹¹ Rowe, D., & Grills, C. (1993). African-centered drug treatment: An alternative conceptual paradigm for drug counseling with African-American clients. *Journal of Psychoactive Drugs*, 25(1), 21–33. <https://doi.org/10.1080/02791072.1993.10472588>

¹⁹² Dertadian, G. C. (2024). The Coloniality of drug prohibition. *Int J Drug Policy*, Apr;126:104368. doi: 10.1016/j.drugpo.2024.104368. PMID: 38452423.

¹⁹³ Coyhis, D. L., & White, W. L. (2006). *Alcohol problems in Native America: The untold story of resistance and recovery-The truth about the lie*. Colorado Springs, CO: White Bison, Inc.; Helmer, J. (1975). *Drugs and minority oppression*. Seabury Press; White, W. (1979). Themes in chemical prohibition. In *Drugs in perspective*. National Drug Abuse Center/National Institute on Drug Abuse. Posted at <https://deriu82xba14l.cloudfront.net/file/26/1979-Themes-in-Chemical-Prohibition.pdf>.

11. “The problems arising within colonized peoples are defined as unresolvable within these communities and solvable only through the patronage of the dominant culture”.¹⁹⁴
12. Marginalized communities (e.g., drug using and addicted people of color and poor whites) then become the raw materials to feed majority institutional economies and power, e.g., police, courts, jails/prisons, probation/parole, child welfare, public assistance, addiction treatment, etc.¹⁹⁵ An addiction industrial complex (the total drug supply and demand reduction apparatus) enhances the power and profit of majority individuals and institutions while constricted opportunities feed illicit underground economies that drain minority community resources.¹⁹⁶
13. Drug-affected minority communities are provided with limited access to prevention, harm reduction, early intervention, treatment, and recovery support services compared to those provided in majority communities.
14. Treatment services that are provided often reflect low expectations that are too often a setup for failure rather than flourishing. Models of care are ill-suited to the needs of people of color—models that by focusing on short-term intrapersonal symptom suppression rather than support for long term recovery and recovery flourishing create a revolving door that feeds dependency, helplessness and hopelessness and ignores the social conditions in which addiction spreads and is sustained.¹⁹⁷
15. Culturally indigenous pathways of recovery and aids to recovery (e.g., indigenous history and methods of healing) are suppressed (discouraged, stigmatized, prohibited) by the dominant culture and replaced with culturally dominant beliefs and technologies. Minority bodies become subjects of medical experimentation that benefit the majority community.¹⁹⁸
16. “Indigenous movements emerge that provide a solution to drug-related problems (and other health and social problems) through processes of personal purification and cultural renewal”¹⁹⁹—the latter often involving enhanced cultural identification and embrace of cultural values, traditions, and healing practices (e.g., medicine

¹⁹⁴ Coyhis, D. L., & White, W. L. (2006). *Alcohol problems in Native America: The untold story of resistance and recovery-The truth about the lie*. White Bison, Inc.; Greywolf, C. T., & Lowe, J. R. (2022). Colonization and the introduction of alcohol to Native Hawaiians: Why cultural safety. *Journal of Indigenous Research*, 10, 7; Greywolf, C. T., Palakiko, D. M., Pokhrel, P., Vandewater, E. A., Kataoka-Yahiro, M., Casken, J. (2025). Exploring a shared history of colonization, Historical trauma, and links to alcohol use with Native Hawaiians: Qualitative Study. *Asian Pac Isl Nurs J.*, 9 e68106.

¹⁹⁵ Dollar, C. B. (2018). Criminalization and drug ‘wars’ or medicalization and health ‘epidemics’: How race, class, and neoliberal politics influence drug laws. *Critical Criminology*, doi:10.1007/g10612 9308 7.

¹⁹⁶ Davis, A. (1997). Angela Davis Frontline Interview, www.pbs.org. 1997. Accessed at https://www.azquotes.com/author/3699-Angela_Davis?p=2

¹⁹⁷ White, W. L., & Sanders, M. (2008). Recovery management and people of color: Redesigning addiction treatment for historically disempowered communities. *Alcoholism Treatment Quarterly*, 26(3), 365-395.

¹⁹⁸ Washington, H. A. (2008). *Medical apartheid: The dark history of medical experimentation on Black Americans from colonial times to the present*. Vintage.

¹⁹⁹ Coyhis, D. L., & White, W. L. (2006). *Alcohol problems in Native America: The untold story of resistance and recovery-The truth about the lie*. White Bison, Inc.

wheel, sweat lodge, talking circles, traditional healing methods).²⁰⁰ Recovery and criminal desistance conveyed through redemptive storytelling are framed as acts of personal/cultural survival/healing/sovereignty/revitalization.²⁰¹

17. Progress achieved through recovery-focused cultural revitalization movements is challenged by backlash from the mainstream culture that seek to restore historical power alignments. Backlash actions span verbal and violent attacks to cultural erasure of marginalized group's history, language, literature, symbols/images, music, and representations through mainstream institutions. Counterstrategies must be waged to manage backlash and sustain flourishing potential at personal, family, community, and cultural levels.

The above conditions increase addiction prevalence and intensify the need for recovery while inhibiting recovery initiation and growth in recovery, but they also set the stage for the rise of recovery-focused cultural revitalization movements. It is in this context that recovery, recovery flourishing, recovery advocacy, and broader social activism become radical acts of personal and cultural survival and acts of self-creation and community reclamation. When you are a member of an oppressed group, liberation of self and achieving personal fulfillment are not enough and, when achieved in isolation, can leave one haunted by those left behind. One's people must be pulled up as one rises. To recover as an act of rebellion in this context is in the words of Albert Camus a "refusal to be the only one saved."²⁰² Complex trauma is a shared collective experience for historically oppressed minorities that exacts a physical, mental and emotional toll²⁰³, engenders internalized stigma with broad effects on perception of self and others, but which can be ameliorated by collective membership esteem via decolonization of the history, identity, and aspirations of one's people.²⁰⁴

The breakthrough of consciousness spurred by the above understandings also can serve to stem the destructive behavior (e.g., drug use as a form of self-harm) that unfolds when rage and rebellion are turned inward on oneself. Cultural activism becomes a positive redirection of suicidal thoughts—from anomie and hopelessness to action.²⁰⁵ There are multiple pathways of recovery initiation and recovery flourishing

²⁰⁰ Nutton, J., & Fast, E. (2015). Historical trauma, substance use, and indigenous peoples: Seven generations of harm from a "big event." *Substance Use & Misuse*, 50(7), 839–847.

<https://doi.org/10.3109/10826084.2015.1018755>; Zhu, C., Keum, B. T. (2025). Flourishing through heritage: Instilling heritage culture as a pathway to Asian American men's positive mental health. *J Couns Psychol.*, Dec 15. doi: 10.1037/cou0000855. PMID: 41396503.

²⁰¹ Maruna, S. (2025). Redeeming desistance: From individual journeys to a social movement. *Criminology*, 63, 5-25.

²⁰² Camus, A. (1957). *The rebel: An essay on man in revolt* (A. Bower, Trans.). Knopf, p. 56.

²⁰³ Cénat, J. M. (2023). Complex racial trauma: Evidence, theory, assessment, and treatment. *Perspect Psychol Sci.*, May;18(3):675-687. doi: 10.1177/17456916221120428. PMID: 36288462; PMCID: PMC10186562;

²⁰⁴ Sanders, S. M., Williams, T. R., Berry, A. T., Garcia-Aguilera, C., Robinson, K., Martin, R., Jones, P. (2024). Internalized racism and mental health: The moderating role of collective racial self-esteem. *Behav Sci (Basel)*. 2024 Oct 29;14(11):1003. doi: 10.3390/bs14111003. PMID: 39594303; PMCID: PMC11591433.

²⁰⁵ Bowser, B. P., Bilal, R. (2001). Drug treatment effectiveness: African-American culture in recovery. *J Psychoactive Drugs*, Oct-Dec;33(4):391-402. doi: 10.1080/02791072.2001.10399924. PMID: 11824698.

within historically oppressed community²⁰⁶, with rebellion constituting one such pathway. It remains unclear whether, or the degree to which, embracing a “freedom fighter” identity opens new avenues of long-term flourishing within the recovery experience.

To recover as an act of protest rests on the ideas/strategies of strike, boycott, confrontation, and cultural revolution—withdrawing of self from the addiction industrial complex, confronting the larger systems of oppression, and contributing to cultural revitalization. It is a refusal to have one’s mind, rage, voice, and actions anesthetized into submission and to have one’s body feed the insatiable greed of oppressive institutions. It is a declaration to the hustlers/grifters (individuals and organizations who view addicted people as a crop to be harvested for financial profit): “I refuse to offer my body and soul as fuel for your machine of exploitation.” It is in this context that the refusal to use drugs, commit criminal acts, neglect one’s children, or be dependent upon ‘helping institutions’ becomes a political as well as a personal act. Recovery as resistance by the individual feeds the growing resistance of the oppressed community.

A revolutionary movement of cultural revitalization can begin with a revolution within oneself. Matamonasa-Bennet, for example, found this style represented within men in a Great Lakes reservation community who transitioned from a pattern of self-destructive “Indian drinking” to an identity of sober “traditional men,” “human beings,” and “warriors” of their culture.²⁰⁷ This metamorphosis involved both a rejection of Euro-American values and a process of “retraditionalization”—a deep embrace of Native cultural and spiritual values and practices or as they described “living life as it was meant to be lived”.²⁰⁸ As one respondent in the Matamonasa-Bennet study noted, “How can you justify taking one drink if you know that this is the poison that has ruined the Nation?”²⁰⁹

Such rebellion does not have to be noisy or publicly performative. It can involve clarity of observation and understanding and a quiet refusal to participate in the destruction of oneself and one’s people. Such styles of recovery resistance, grounded in intracultural values and rituals, can be found within abstinence-based Native American

²⁰⁶ Venner, K. L., Hagler, K., Cloud, V., Greenfield, B. (2019). Native Americans resolve alcohol use disorder: “Whatever it takes or all that it takes”. *Cultur Divers Ethnic Minor Psychol.*, Jul;25(3):350-358. doi: 10.1037/cdp0000241. PMID: 30570290; Vose-O’Neal, A., Christmas, S., Alfaro, K. A., Dunigan, R., Leon, A. P., Hickman, D., Johnson, A., Kim, M. L., Reif, S. (2025). Understanding pathways to recovery from alcohol use disorder in a Black community. *Front Public Health*, May 1;13:1537059. doi: 10.3389/fpubh.2025.1537059. PMID: 40376060; PMCID: PMC12078236.

²⁰⁷ Matamonasa-Bennet, A. (2017). “The poison that ruined the nation”: Native American men—Alcohol, identity, and traditional healing. *American Journal of Men’s Health*, 11(4), 1142-1154.

²⁰⁸ Mohatt, G. V., Rasmus, S. M., Thomas, L., Allen, J., Hazel, K., Marlatt, G. A. (2008). Risk, resilience, and natural recovery: a model of recovery from alcohol abuse for Alaska Natives. *Addiction*, Feb;103(2):205-15. doi: 10.1111/j.1360-0443.2007.02057.x. PMID: 18042193

²⁰⁹ Matamonasa-Bennet, A. (2017). “The poison that ruined the nation”: Native American men—Alcohol, identity, and traditional healing. *American Journal of Men’s Health*, 11(4), p. 1148; See also: Skewes, M.C. & Lewis, J. P. (2016). Sobriety and alcohol use among rural Alaska Native elders. *International Journal of Circumpolar Health*, 75, 30476; Spicer P. (2001). Culture and the restoration of self among former American Indian drinkers. *Soc Sci Med.*, 53, 22740.

cultural revitalization movements²¹⁰, in the pronouncements of prominent Black leaders (from Frederick Douglass to Malcolm X)²¹¹, and in efforts to create feminist frameworks of recovery that work for women.²¹² Struggle and agitation against oppression and community-wide addiction can exist within a state of flourishing. One could even argue that in the presence of great injustice they must. And within this community of resistance is a vanguard of individuals who refuse to let others speak for them and who will express the collective voice of lived experience regarding the needs and aspirations of people seeking and in recovery. The honored civil rights activist John Lewis notably distinguished between bad and good trouble. Within the context of a growing international recovery advocacy movement, recovery flourishing as an act of rebellion could be framed as a journey from bad trouble to good trouble (agitation for positive personal and social change). One can flourish and still be a recovery troublemaker.

For some, indignation over injustice within the context of recovery flourishing extends to the recovery arena itself and to advocacy of pro-recovery drug policies and expansion of local and national recovery support resources. Such advocacy can flow from a shift in consciousness in which individuals experiencing addiction are seen as “a people” with a shared history and destiny, the former including a history of oppression that spans genocidal campaigns, mass incarceration, prolonged hospitalization, and iatrogenic medical interventions (e.g., toxic withdrawal schemes, innumerable electroconvulsive treatment, psychosurgery, harmful medications, confrontational ‘therapies’, sexual exploitation, and being medically discharged for drug use).²¹³ It is within this rising consciousness that one’s own journey to recovery flourishing can become an overt act of social and political resistance. There is a tranquility within the experience of recovery flourishing; what the spirit of rebellion adds is a passion for social justice, militancy, and a sense of urgency.

This rebellious style of recovery brings unique rewards but also its own risks.²¹⁴ The recovery activist’s passion for justice can tax one’s capacity to sustain self-care;

²¹⁰ Coyhis, D. L., & White, W. L. (2006). *Alcohol problems in Native America: The untold story of resistance and recovery-The truth about the lie*. Colorado Springs, CO: White Bison, Inc.

²¹¹ White, W., Sanders, M., & Sanders, T. (2006). Addiction in the African American community: The recovery legacies of Frederick Douglass and Malcolm X. *Counselor*, 7(5), 53-58; Sanders, W. (2025). Lessons from the recovery legacies of Frederick Douglass and Malcolm X. Accessed February 9, 2026 at <https://www.museumofafricanamericanaddictionsrecovery.org/blog/2021/2/17/lessons-from-the-recovery-legacies-of-frederick-douglass-and-malcolm-x>

²¹² Kirkpatrick, J. (2025). *Women for Sobriety New Life Program. Women for Sobriety*, Quakertown, PA.

²¹³ Moos, R. H. (2012). Iatrogenic effects of psychosocial interventions: treatment, life context, and personal risk factors. *Subst Use Misuse*, Nov-Dec;47(13-14):1592-8. doi: 10.3109/10826084.2012.705710. PMID: 23186483.

White, W. L. (1998, 2014). *Slaying the dragon: The history of addiction treatment and recovery in America*. Chestnut Health Systems; White, W. L. & Kleber, H.D. (2008) Preventing harm in the name of help: A guide for addiction professionals, *Counselor*, 9(6), 10-17; White, W., Scott, C., Dennis, M. & Boyle, M. (2005). It’s time to stop kicking people out of addiction treatment. *Counselor*, 6(2), 12-25.

²¹⁴ Burns, V. F., Wright, I., MacInnis, N., & Coombes, K. (2025). Disclosing recovery in academia: the role of stigma and recovery capital. *Addiction Research & Theory*, 1–14.

<https://doi.org/10.1080/16066359.2025.2549302>; White, W., Stauffer, B., & Tarino, D. (2021). Personal

and activism. Recovery advocacy activism is not a program of personal recovery. For example, in spite of the Black Panther Party's vehement anti-hard-drug policy,²¹⁵ its conceptualization of drugs as a weapon of Black genocide, and its operation of a drug detoxification program, the social justice advocacy activities of several prominent Black Panthers (e.g., Eldridge Cleaver, Dr. Huey P. Newton, David Hillard, Afeni Shakur, Michael "Cetewayo" Tabor) were undermined by personal addiction.²¹⁶

Recovery and recovery flourishing as acts of rebellion elevate these experiences to something greater than oneself, elevating the journey into and beyond recovery into something more epic, more heroic. It heightens awareness that we occupy critical links in the chain of history and that the choices we make and the lives we lead have the power to influence a future that we will not see but will be acted upon, for good or bad, by those we influence. Flourishing becomes more than nourishment of self; it becomes a way to honor the sacrifices, survival and aspirations of generations of people who have successfully or unsuccessfully sought escape from addiction.

Recovery initiation and recovery flourishing can be fueled by catalytic metaphors (epiphanies that provoke radical reinterpretations of self and the self-world relationship) that differ widely across recovery-seeking populations. Rebellion as a journey to recovery flourishing among historically oppressed people can involve distinct themes and metaphors. For example in comparing mainstream recovery metaphors of those within recovery support groups rising out of the experience of historically oppressed people (e.g., women, people of color, LGBTQ+), one finds such differences in emphasis as *assertion of power (empowerment)* versus acceptance of *powerlessness*, a focus on *power within the self* versus *power greater than self*, *seeing the top* (hope) versus *hitting bottom* (pain), *discovery* versus *recovery*, *thriving* versus *surviving*, *self-affirmation* versus *humility*, *breaking silence* versus *achieving silence*, *acts of self-care* versus *service to others*, use of slave/master analogies to depict addiction and the experience of liberation, and an emphasis on family/community recovery in tandem with personal recovery.²¹⁷

privacy and public recovery advocacy. Posted at <https://deriu82xba14l.cloudfront.net/file/386/Privacy-Paper-Final-1.pdf> (from a blog series posted November-December 2020).

²¹⁵ Tabor, M. C. (1970). Capitalism plus dope equals genocide. Accessed February 13, 2026 at https://freedomarchives.org/Documents/Finder/DOC513_scans/Michael_Cetewayo_Tabor/513.Michael.Tabor.Capitalism.Dope.Genocide.pdf

²¹⁶ Hilliard, D. & Cole, L. (1993). *This side of glory: The autobiography of David Hilliard and the story of the Black Panther Party*. Little Brown & Company; Santos-Powell, S, (2021). *Drugs and the Black Panther Party: A study in contradiction. An ideological and intimate history, 1966-1972*. Stanford University, Department of History, <https://purl.stanford.edu/qk190kc4704>; Street, J. (2015). The shadow of the soul breaker: Solitary confinement, cocaine, and the decline of Huey P. Newton. *Pacific Historical Review*, 84(3), 333-363.

²¹⁷ Bowser, B. P., Bilal, R. (2001). Drug treatment effectiveness: African-American culture in recovery. *J Psychoactive Drugs*, Oct-Dec;33(4):391-402. doi: 10.1080/02791072.2001.10399924. PMID: 11824698; White Bison, Inc. (2002). *The Red Road to Wellbriety*. Colorado Springs, CO; Rush, M. M. (2000). Power, spirituality, and time from a feminist perspective: correlates of sobriety in a study of sober female participants in Alcoholics Anonymous. *Journal of the American Psychiatric Nurses Association*, 6, 196–

Recovery rebellion involves clear recognition of the limitations imposed by one's environment, creative responses to those limitations, and assertive efforts to change self AND the environment—shifting from passive victim to actor/activist in addressing structural inequalities that inhibit recovery initiation and recovery flourishing. Recovery and recovery flourishing as acts of rebellion can be initiated as an impulse or be a calculated and sustained strategy (shaping and sustaining a recovery rebel consciousness). The former is likely to weaken and fade in the face of resistance, but the development of a sustained rebel consciousness can anchor long-term recovery and forge a platform for recovery flourishing. It can also involve not just the act of recovery initiation and recovery flourishing but challenging prevailing ideas about how such processes are best achieved.

A variation of recovery flourishing as rebellion is flourishing as an act of artistic expression. There are innumerable artists in addiction recovery, some of whom express their addiction and recovery experiences through widely varying artistic media. Among these are artists who use art as a mechanism of recovery advocacy and whose works are evident in the growing presence of recovery artist collectives, recovery art exhibitions, recovery art cafes, recovery mural projects, and recovery theatre productions, as well as artistic expression through music, film, dance, and literature—a recovery arts movement within the larger recovery advocacy movement.²¹⁸ But within the rubric of recovery flourishing, there is another publicly engaged artistic process and that is individuals who frame and orchestrate their own recovery growth as an artistic endeavor. In this context, the artist becomes both the creator and the creation—self as artistic product, self-creation as a conscious alternative to self-destruction, and self-creation as a healing force and offering to the suffering of others. This style, marked by a heightened sense of awareness (consciousness, mindfulness), reflects both the potential joy of self-creation and personal change as a gift to one's community and culture. Within this context, one's own evolving character/action/lifestyle becomes performative art designed to be observed and experienced—something that elicits thought, emotion (e.g., empathy, compassion), and action in the manner of other forms

202; She Recovers (2025). My Recovery Patchwork. Accessed December 31, 2025 at <https://sherecovers.org/product/my-recovery-patchwork/>; also see Redefining Recovery <https://sherecovers.org/srf-redefining-recovery/>; Smith, D. E., Buxton, M. E., Bilal, R., & Seymour, R. B. (1993). Cultural points of resistance to the 12-Step recovery process. *Journal of Psychoactive Drugs*, 25(1), 97–108. <https://doi.org/10.1080/02791072.1993.10472596>; Williams, C. with Laird, R. (1992). No hiding place: Empowerment and recovery for troubled communities. New York, NY: Harper San Francisco: For detailed discussion see White, W. & Chaney, R. (1992). Metaphors of transformation: Feminine and masculine. Chestnut Health Systems. Posted at <https://deriu82xba14l.cloudfront.net/file/79/1992-Metaphors-of-Transformation.pdf>.

²¹⁸ Sloan, C. (2021). The 'pop-up' recovery arts café: growing resilience through the staging of recovery community. *Research in Drama Education: The Journal of Applied Theatre and Performance*, 26(1), 9–23. <https://doi.org/10.1080/13569783.2020.1844562>

of artistic production. In this way, one's own healing and flourishing are offered as catalysts of community healing and revitalization.²¹⁹

Temporal Dimensions of Recovery Flourishing

Temporal aspects of recovery and recovery flourishing include the timing of the onset of change, the duration of changes efforts, and the rate of change over time (i.e. the potential for exponential growth or decay).

The onset of recovery is immediately disruptive due to the radical changes it demands in one's daily life. It is quickly corrective, meaning that many dimensions of suffering subside with the reduction or cessation of drug use. It is slowly constructive, meaning that time is required to move beyond repair (problem subtraction) to create a new life (asset development, identity and lifestyle reconstruction). And it is potentially transformative, meaning that flourishing in recovery is attainable as an outcome of change efforts across multiple life domains.

Incremental enhancements in cognitive functioning and diminishment of depression and anxiety are common in early recovery²²⁰, but post traumatic growth is not an inevitable outcome on the heels of drug deceleration/cessation. In fact, enhanced quality of life following remission is not a universal outcome across the spectrum of psychiatric disorders, including substance use disorders.²²¹ The peak period of emotional distress (e.g., anxiety, depression) within one's addiction career can sometimes occur some period of time after recovery initiation.²²² This is evident in looking at suicide risks in the transition from addiction to recovery. The high rate and degree of lethality of suicide attempts among addicted individuals declines with treatment and recovery initiation but remains higher during remission than in the general population.²²³ The author has also observed something of a "midlife crisis in recovery"

²¹⁹ Franklin, M. (2010). Global recovery and the culturally/socially engaged artist. In Peoples, D. (Ed.). *Buddhism and ethics*, 309-320. Ayuthaya, Thailand.

²²⁰ Bates, M. E., Voelbel, G. T., Buckman, J. F., Labouvie, E. W., Barry, D. (2005). Short-term neuropsychological recovery in clients with substance use disorders. *Alcohol Clin Exp Res.*, Mar;29(3):367-77. doi: 10.1097/01.alc.0000156131.88125.2a. PMID: 15770112; PMCID: PMC3059764; Verheul, R., Kranzler, H. R., Poling, J., Tennen, H., Ball, S., Rounsaville, B. J. (2000). Axis I and Axis II disorders in alcoholics and drug addicts: fact or artifact? *J Stud Alcohol.*, Jan;61(1):101-10. doi: 10.15288/jsa.2000.61.101. PMID: 10627103.

²²¹ Rubio, J. M., Olfson, M., Villegas, L., Pérez-Fuentes, G., Wang, S., Blanco, C. (2013) Quality of life following remission of mental disorders: findings from the National Epidemiologic Survey on Alcohol and Related Conditions. *J Clin Psychiatry*, May;74(5):e445-50. doi: 10.4088/JCP.12m08269. PMID: 23759465.

²²² Dennis, M.L., Foss, M.A., & Scott, C.K. (2007). An eight-year perspective on the relationship between the duration of abstinence and other aspects of recovery. *Evaluation Review*, 31(6), 585-612; Fontesse, S., Chevallereau, T., Stinglhamber, F., Demoulin, S., Fiorito, A., Chatard, A., Jaafari, N., Maurage, P. (2024). Suicidal ideations and self-dehumanization in recently detoxified patients with severe alcohol use disorder: an experimental exploration through joint explicit-implicit measures. *J Addict Dis.*, Oct-Dec;42(4):500-507. doi: 10.1080/10550887.2023.2292303. PMID: 38112194.

²²³ Agosti, V., Levin, F. R. (2006). One-year follow-up study of suicide attempters treated for drug dependence. *Am J Addict.*, Jul-Aug;15(4):293-6. doi: 10.1080/10550490600754333. PMID: 16867924;

("I'm sober, now what do I do?") occurring four to five years into the recovery process in which growth plateaus and feelings of stagnation deepen.²²⁴ Such a crisis can be followed by clinical deterioration or trigger a stage of accelerating growth and flourishing.

As a professional field of inquiry and practice, we know very little about the transition from incremental growth in recovery to a state of flourishing. There is evidence that recovery capital increases incrementally with time in recovery.²²⁵ This could indicate the potential for a tipping point of recovery capital growth that triggers entry into a sustained state of flourishing. The hypothesis proposed is that the greater the problem severity/complexity/duration and the lower the recovery capital, the longer the average time from recovery initiation and onset of flourishing. That lag is due to the amount of time required to clean up addiction's legacies and to rebuild personal assets. Such experiences need to be normatively mapped to guide expectations for those in recovery, their family members, and caregivers.

Key time-related questions include the following. What is the tipping point between growth within domains of recovery-supported growth and the onset of a state of flourishing across these domains? What period (temporal stability) is required to define a state of flourishing? Flow or peak experiences are moment-in-time events, whereas experiences of growth, wellbeing, and flourishing, while not necessarily permanent, are more time-expansive. Rather than define recovery flourishing as a state of terminal achievement, is it best to see such a state as a more fluid process that requires continual adjustments based on internal and external conditions? It is theorized that such continual adjustments are needed to maintain the balance and harmony that characterize recovery flourishing.²²⁶

There are also questions related to when a state of flourishing is most likely to occur within one's stage of life or stage of recovery. Rubio and colleagues in a prospective study of 348 individuals in recovery from alcohol use disorder found

Fraser, R., Yeung, A., Glancy, M., Hickman, M., Jones, H. E., Priyadarshi, S., Horsburgh, K., Hutchinson, S. J., McAuley, A. (2025). Suicide in people prescribed opioid-agonist therapy in Scotland, United Kingdom, 2011-2020: A national retrospective cohort study. *Addiction*, Feb;120(2):276-284. doi: 10.1111/add.16680. PMID: 39438020; PMCID: PMC11707309; Rizk, M. M., Galfalvy, H., Miller, J. M., Milak, M., Parsey, R., Grunebaum, M., Burke, A., Sublette, M. E., Oquendo, M. A., Stanley, B., Mann, J. J. (2021) Characteristics of depressed suicide attempters with remitted substance use disorders. *J Psychiatr Res*. May;137:572-578. doi: 10.1016/j.jpsychires.2020.10.041. PMID: 33158553; PMCID: PMC8084874.
²²⁴ "Eventually all of us come to an emotional crisis in recovery." Narcotics Anonymous World Services (NAWS, 2012) Living Clean. Vany Nuys, CA, p. 8.

²²⁵ Heinrich, K. M., Collinson, B., Hillios, J. (2025). Flourishing during stages of substance use recovery among members of The Phoenix: a United States sober-active community. *Front Public Health*. 2025 Dec 9;13:1683975. doi: 10.3389/fpubh.2025.1683975. PMID: 41446527; PMCID: PMC12722921; Irish, A. J., Bowen, E. A., Richards, M. C. (2025). Preliminary estimates of recovery capital growth in early and middle stages: Social work practice implications. *J Soc Work Pract Addict*. 25(3):348-360. doi: 10.1080/1533256X.2025.2508789. PMID: 40958802; PMCID: PMC12435521.

²²⁶ Unterrainer, H. F. (2025). On the wings of Icarus - the need for transcendence in addictive diseases. *Front Psychiatry*, Mar 21;16:1563871. doi: 10.3389/fpsyt.2025.1563871. PMID: 40191112; PMCID: PMC11968730.

progressive improvements in wellbeing and quality of life with time in recovery²²⁷, but such improvements varied by recovery domain with improvements in physical health occurring within one year, psychological health improvements within one to four years, social relationships within four to ten years, and autonomy and self-acceptance achieved after more than ten years. Rates of abstinence decline over time following treatment cessation, but for those achieving abstinence, quality of life improves with time in recovery²²⁸ as does self-reported meaning and purpose in life.²²⁹ Such studies suggest that opportunities to achieve flourishing in recovery increase with duration of recovery. This aligns with research suggesting that lifetime SUD remission stability is achieved after four to five years of continuous remission²³⁰, with SUD recurrence occurring after this period primarily as a function of changing life circumstances and decreased recovery vigilance.²³¹

A recent review by Majdandzic and du Plooy suggests stable patterns of PTG over time among some individuals while others experience considerable variability (increases and decreases) in growth over time.²³² A study by Craft and colleagues suggests that one's status in early recovery is not a predictor of long-term recovery outcomes.²³³ Many developmental models of recovery portray recovery stages in time

²²⁷ Rubio, G., Esteban Rodríguez, L., Sion, A., Ramis Vidal, L., Blanco, M. J., Zamora-Bayon, A., Caba-Moreno, M., Macias-Molina, A. I., Pérez-Sánchez, D., Rubio-Escobar, E., Ruiz-Diez, J., Marin, M., Arias, F., Lora, D., Jurado-Barba, R. (2023). How, when, and to what degree do people with alcohol dependence recover their psychological wellbeing and quality of life? The Madrid Recovery Project. *Front Psychiatry*, Jun 15;14:1130078. doi: 10.3389/fpsy.2023.1130078. PMID: 37398602; PMCID: PMC10313403.

²²⁸ Corner, T., Arden-Close, E., McAlaney, J. (2023). Wellbeing in addiction recovery: Does it differ across addictions? *Int J Environ Res Public Health*, Jul 16;20(14):6375. doi: 10.3390/ijerph20146375. PMID: 37510607; PMCID: PMC10379731; Rubio, G., Esteban Rodríguez, L., Sion, A., Ramis Vidal, L., Blanco, M. J., Zamora-Bayon, A., Caba-Moreno, M., Macias-Molina, A. I., Pérez-Sánchez, D., Rubio-Escobar, E., Ruiz-Diez, J., Marin, M., Arias, F., Lora, D., Jurado-Barba, R. (2023). How, when, and to what degree do people with alcohol dependence recover their psychological wellbeing and quality of life? The Madrid Recovery Project. *Front Psychiatry*, Jun 15;14:1130078. doi: 10.3389/fpsy.2023.1130078. PMID: 37398602; PMCID: PMC10313403.

²²⁹ Carroll, S. (1993). Spirituality and purpose in life in alcoholism recovery. *Journal of Studies on Alcohol*, 54(3), 297–301; Junior, V. (2006). Purpose and meaning in life relative to time in recovery from alcoholism. *International Forum for Logotherapy*, 29, 99-102.

²³⁰ Dawson, D.A. (1996). Correlates of past-year status among treated and untreated persons with former alcohol dependence: United States, 1992. *Alcoholism: Clinical and Experimental Research*, 20(4), 771-779; Dennis, M.L., Foss, M.A., & Scott, C.K. (2007). An eight-year perspective on the relationship between the duration of abstinence and other aspects of recovery. *Evaluation Review*, 31(6), 585-612; De Soto, C.B., O'Donnell, W.E., & De Soto, J.L. (1989). Long-term recovery in alcoholics. *Alcoholism: Clinical and Experimental Research*, 13, 693-697; Schutte, K., Byrne, F., Brennan, P., & Moos, R. (2001). Successful remission of late-life drinking problems: A 10-year follow-up. *Journal of Studies on Alcohol*, 62, 322-334.

²³¹ Kelly, J. F., Klein, M., Zeng, K., Manske, S., Abry, A. (2025). Long-term relapse: markers, mechanisms, and implications for disease management in alcohol use disorder. *Front Public Health*, Jan 7;13:1706192. doi: 10.3389/fpubh.2025.1706192. PMID: 41573783; PMCID: PMC12819679.

²³² Majdandzic, N., & du Plooy, D. R. (2025). Posttraumatic growth, coping, and distress: A systematic review of longitudinal studies. *Journal of Loss and Trauma*, 30(8), 1170–1188. <https://doi.org/10.1080/15325024.2025.2487483>

²³³ Craft, W. H., Shin, H., Tegge, A. N., Keith, D. R., Athamneh, L. N., Stein, J. S., Ferreira, M. A. R., Chilcoat, H. D., Le Moigne, A., DeVaugh-Geiss, A. & Bickel, W. K. (2023). Long-term recovery from

(early, middle and late stages of recovery by years of continuous recovery), but the relationship between time and recovery flourishing has yet to be fully explored. Csikszentmihalyi suggests that excessively self-centered individuals have a diminished capacity for experiencing flow.²³⁴ If true, it could mean that flourishing in recovery is not possible until addiction-induced narcissism is reversed through time in recovery and recovery-related alterations in personal character. Krentzman et al. found increased levels of purpose in life linked to probability of subsequent substance use disorder remission.²³⁵ McInerney and colleagues similarly found that older adults with longer durations of recovery experienced greater meaning and purpose than those younger and with less years in recovery.²³⁶

The end of each stage of recovery stirs growing discontent signaling an imbalance requiring new adjustments that facilitate entry into the next chapter of one's life. The difference between being frozen in recovery and flourishing in recovery may be a willingness and capacity to listen and assertively respond to such signals. As *The Red Road to Wellbriety* suggests, *conflict precedes clarity*²³⁷; struggle (challenge rather than comfort) is an essential step in reaching a state of flourishing. The transition from addiction into recovery is one of experiencing repeated mini-deaths (of the old self) and rebirths (of a new self). To flourish in recovery is to understand and welcome such continued transformations. As suggested by Arthur Frank, "The Phoenix does not mourn what lies in its ashes; the serpent does not mourn its old skin."

Stable remission is likely foundational to flourishing for most individuals, but duration of remission may not be the best single predictor of recovery flourishing. Maturity (via older age and life experience) may be a more important predictor of flourishing than duration of remission²³⁸, but this may diminish at the extreme of older adulthood based on physical challenges, loss of social support and meaningful

opioid use disorder: recovery subgroups, transition states and their association with substance use, treatment and quality of life. *Addiction*, 118(5), 890-900.

²³⁴ Csikszentmihalyi, M. (2002) *Flow: The classic work on how to achieve happiness: The psychology of happiness*. PIMLICO. Random House; Csikszentmihalyi, M. (1990). *Flow: The psychology of optimal experience*. New York, NY: Harper Perennial.

²³⁵ Krentzman, A. R., Cranford, J. A., & Robinson, E. A. R. (2015). Long-term increases in purpose in life are associated with remission from alcohol dependence. *Alcoholism Treatment Quarterly*, 33(3), 252–269. <https://doi.org/10.1080/07347324.2015.1050924>

²³⁶ McInerney, K., Best, D., & Hodgson, P. (2025). A cross-sectional study investigating the role of meaning and purpose in life among older individuals (≥ 50-years old) in recovery from alcohol use disorder/problem drinking. *Alcoholism Treatment Quarterly*, 43(2), 230-252. doi: 10.1080/07347324.2024.2423672.

²³⁷ White Bison, Inc. (2002). *The Red Road to Wellbriety*. Colorado Springs, CO., p. 15.

²³⁸ Redmond, M. L., Buhrmann, A. S., & Fuller-Thomson, E. (2021). The continuum of recovery from alcohol dependence: From addiction remission to complete mental health. *Substance Use & Misuse*, 56(9), 1320–1331. <https://doi.org/10.1080/10826084.2021.1922451>

activities, and increased isolation. The physical aging process in recovery can impose challenges that require new adaptations to achieve or maintain a state of flourishing.²³⁹

Post traumatic growth, increased psychological health and hardiness, and flourishing can occur through processes of transformative change (unplanned, climactic, positive, and permanent) or through incremental change (positive changes unfolding in stages over an extended time period).²⁴⁰ The former are variably described as a rebirth, turning point, crossroad, wake-up call, epiphany, moment of clarity, profound realization, surrender, acceptance, breakthrough, or new outlook. The latter have been variably described as self-change, maturing out, and drift. These latter experiences may be sparked by such life transitions as geographical relocation, new relationships, parenthood, or engagement in new opportunities. It is suggested that while flourishing within particular life domains could occur through a sudden transformational change process, flourishing across life domains is far more likely to be an incremental process that reaches a tipping point of global flourishing. Both styles of change prompt intense processes of self-evaluation of past actions, beliefs, values, and relationships—from intrusive rumination (e.g., drug-related nostalgia, fear of addiction recurrence, self-sabotaging thoughts/emotions) to strategic rumination (assertive recovery focus and personal goal setting).²⁴¹

Temporal aspects of recovery flourishing also involve the pace or rate of change. This involves the power of small changes whose effects are compounded over time, not unlike the power of compound interest in a savings account. This raises the potential for exponential recovery growth or decay. The implication here is not just the cumulative power of growth in long-term recovery but the potential benefits that could accrue from accelerating the rate of growth earlier within the recovery process via enhanced flourishing support services. If we want to increase recovery flourishing, we can do so by increasing the base level of assets, decreasing the age and stage of addiction at which recovery begins, and increasing the rate of change over time. Only long-term prospective studies will reveal what interventions may facilitate exponential growth in

²³⁹ Shaw, A., Reith, G., Pickering, L. (2022). Paying attention to women's ageing bodies in recovery from substance use. *Front Psychiatry*, May 17;13:890784. doi: 10.3389/fpsy.2022.890784. PMID: 35656351; PMCID: PMC9152145.

²⁴⁰ DiClemente, D.I., & Prochaska, J.O. (1998). *Toward a comprehensive, transtheoretical model of change: Stages of change and addictive behaviors*. Plenum Press; Miller, W., & C' de Baca, J. (2001). *Quantum change: When epiphanies and sudden insights transform ordinary lives*. New York: Guilford Press; White, W. L. (2004). Transformational change: A historical review. *Journal of Clinical Psychology*, 60(5), 461-470.

²⁴¹ Dowson, M., Wohl, M. J. A. (2024). The long shadow of addiction-related nostalgia: Nostalgia predicts ambivalence and undermines the benefits of optimism in recovery. *Subst Use Misuse*, 59(7):989-998. doi: 10.1080/10826084.2024.2310502. PMID: 38353636; Ramos, C. & Leal, I. (2012). Posttraumatic growth in the aftermath of trauma: A literature review about related factors and application contexts. *Psychology, Community & Health*, 1(1), 1-20; Turner den S., Cox, H. (2004). Facilitating post traumatic growth. *Health Qual Life Outcomes*. Jul 13;2:34. doi: 10.1186/1477-7525-2-34. PMID: 15248894; PMCID: PMC481084; Triplett, K. N., Tedeschi, R. G., Cann, A., Calhoun, L. G., & Reeve, C. L. (2012). Posttraumatic growth, meaning in life, and life satisfaction in response to trauma. *Psychological Trauma: Theory, Research, Practice, and Policy*, 4, 400-410. doi: 10.1037/a0024204

recovery and identify any well-intentioned interventions that may inadvertently impede such potential. Studies to date document potential for multiple recovery attempts prior to recovery durability,²⁴² with the pace of recovery and positive life satisfaction changes greatest during early months and years of recovery followed by incremental growth.²⁴³

The corollary to exponential growth in recovery is the concept of exponential recovery decay—deterioration within and across domains that, if not reversed, can accelerate at increasing speed over time. Declines in functioning within and across domains of recovery flourishing compound over time leading to decreased remission stability, erosion of global health and social functioning, weakening of person-community relationship, and increased risk of premature death. Each problem accompanying a return to excessive drug use does not exist in isolation. Problems in intimate and family relationships, physical and emotional health, work, employment, and so forth interact with each other, amplifying and accelerating each area and their collective effects. Timely Intervention in the decay within one domain of recovery flourishing via recovery checkups and assertive linkage to recovery support services could prevent the spread of decay to other domains and the larger risk of recovery destabilization.²⁴⁴ Also needed is an exploration of the differences between interventions that promote recovery growth as long as the intervention continues (but whose effects erode as soon as intervention is discontinued) versus interventions that promote self-perpetuating growth not contingent on continued professionalized and commercialized services.

²⁴² Best, D. W., Ghufuran, S., Day, E., Ray, R., Loaring, J. (2008). Breaking the habit: a retrospective analysis of desistance factors among formerly problematic heroin users. *Drug Alcohol Rev.* 2008 Nov;27(6):619-24. doi: 10.1080/09595230802392808. PMID: 19023771; Dennis, M. L., Scott, C. K., Funk, R., & Foss, M. A. (2005). The duration and correlates of addiction and treatment careers. *Journal of Substance Abuse Treatment*, 28(Suppl 1), S51-S62; Foster, J. H., Marshall, E. J., Peters, T. J. (2000). Application of a quality of life measure, the life situation survey (LSS), to alcohol-dependent subjects in relapse and remission. *Alcohol Clin Exp Res.*, Nov;24(11):1687-92. PMID: 11104116; Kelly, J. F., Greene, M. C., Bergman, B. G., White, W. L., & Hoepfner, R. B. (2019). How many recovery attempts does it take to successfully resolve a drug or alcohol problem? Estimates and correlates from a national representatives study of recovering U.S. adults. *Alcoholism: Clinical & Experimental Research*, 43(7), 1533-1544. doi: 10.1111/acer.14067; Mohatt, G. V., Rasmus, S. M., Thomas, L., Allen, J., Hazel, K., Marlatt, G. A. (2008). Risk, resilience, and natural recovery: a model of recovery from alcohol abuse for Alaska Natives. *Addiction*, Feb;103(2):205-15. doi: 10.1111/j.1360-0443.2007.02057.x. PMID: 18042193.

²⁴³ De Soto, C. B., O'Donnell, W. E., De Soto, J. L. (1989). Long-term recovery in alcoholics. *Alcohol Clin Exp Res.* 1989 Oct;13(5):693-7. doi: 10.1111/j.1530-0277.1989.tb00406.x. PMID: 2688470; Kelly, J. F., Greene, M. C., Bergman, B. G. (2018). Beyond abstinence: Changes in indices of quality of life with time in recovery in a nationally representative sample of U.S. adults. *Alcohol Clin Exp Res.*, Apr;42(4):770-780. doi: 10.1111/acer.13604. PMID: 29473966; PMID: PMC5880708; McKellar, J., Ilgen, M., Moos, B. S., Moos, R. (2008). Predictors of changes in alcohol-related self-efficacy over 16 years. *J Subst Abuse Treat.*, Sep;35(2):148-55. doi: 10.1016/j.jsat.2007.09.003. PMID: 18037604.

²⁴⁴ Dennis, M. L., & Scott, C. K. (2012). Four-year outcomes from the Early Re-Intervention (ERI) experiment using Recovery Management Checkups (RMCs). *Drug and Alcohol Dependence*, 121(1-2), 10-17. doi: 10.1016/j.drugalcdep.2011.07.026; Dennis, M., Scott, C. K., & Funk, R. (2003). An experimental evaluation of recovery management checkups (RMC) for people with chronic substance use disorders. *Evaluation and Program Planning*, 26(3), 339-352. doi: 10.1016/S0149-7189(03)00037-5

Family and Community Space/Landscapes: The Ecology of Recovery Flourishing

Flourishing variables include addiction severity, complexity, and chronicity; levels of personal, family and community recovery capital; as well as such environmental influences as the density of local addiction / recovery spaces, social determinants of health, and larger culture influences on recovery initiation and maintenance.²⁴⁵ Addiction, remission, recovery, and post-recovery flourishing are often portrayed as intrapersonal processes, but these experiences are nested within physical, psychological, social, and cultural spaces that can either inhibit or promote their achievement and maintenance.²⁴⁶ Those spaces encompass family/home, neighborhood, neighborhood, school, work, leisure, faith, community, and culture.

Innumerable studies suggest that family and social support play a critical role in SUD recovery initiation and maintenance and quality of life in early recovery²⁴⁷, but it remains unclear whether such support mediates recovery flourishing or if this

²⁴⁵ Bell, J. S., Kang, A., Benner, S., Bhatia, S., Jason, L. A. (2024). Predictors of health in substance use disorder recovery: Economic stability in residential aftercare environments. *J Soc Work Pract Addict.*, 24(3), 297-308. doi: 10.1080/1533256x.2023.2170592. PMID: 39268410; PMCID: PMC11390098; Best, D. & Ivers, J-H. (2021). Inkspots and ice cream cones: A model of recovery contagion and growth. *Addiction Research & Theory*, <https://doi.org/10.1080/16066359.2021.1986699>; Evans, A. C., Lamb, R., & White, W. L. (2013). The community as patient: Recovery-focused community mobilization in Philadelphia, 2005-2012. *Alcoholism Treatment Quarterly*, 31(4), 450-465; Haroosh, E., & Freedman, S. (2017, September). Posttraumatic growth and recovery from addiction. *European Journal of Psychotraumatology*, 8 (1.), 1–6. <https://doi.org/10.1080/20008198.2017.1369832>

²⁴⁶ Ashford, R.D., Brown, A. M., Ryding, R. & Curtis, B. (2019). Building recovery ready communities: The recovery ready ecosystem model and community framework. *Addiction Research & Theory*, 28(1), 1-11. <https://doi.org/10.1080/16066359.2019.1571191>; Keever, T. (2025). The whole well-being model: A layered framework for thriving people, systems, and planet. *Glob Adv Integr Med Health*, 14, 27536130251364869; Pouille, A., Bellaert, L., Vander Laenen, F., Vanderplasschen, W. (2021). Recovery capital among migrants and ethnic minorities in recovery from problem substance use: An analysis of lived experiences. *Int J Environ Res Public Health*, Dec 10;18(24):13025. doi: 10.3390/ijerph182413025. PMID: 34948635; PMCID: PMC8700971; White, W. & Best, D. (2026b). The ecology of addiction recovery. Unpublished paper; Witkiewitz, K., Tucker, J. A. (2025). Whole person recovery from substance use disorder: A call for research examining a dynamic behavioral ecological model of contexts supportive of recovery. *Addict Res Theory*, 33(1):1-12. doi: 10.1080/16066359.2024.2329580. PMID: 40059906; PMCID: PMC11883499.

²⁴⁷ Beattie, M.C., & Longabaugh, R. (1999). General and alcohol specific social support following treatment. *Addictive Behaviors*, 24(5), 593-606. doi: 10.1016/s0306-4603(98)00120-8. PMID: 10574299; Groh, D.R., Jason, L.A., Davis, M.I., Olson, B.D., & Farrari, J.R. (2007). Friends, family, and alcohol abuse: an examination of general and alcohol-specific social support. *Am J Addict.*, 16, 49–55; Jones, A. A., Strong-Jones, S., Bishop, R. E., Brant, K., Owczarzak, J., Ngigi, K. W., Latkin, C. (2024). The impact of family systems and social networks on substance use initiation and recovery among women with substance use disorders. *Psychol Addict Behav.*, Dec;38(8):850-859. doi: 10.1037/adb0001007. PMID: 38661657; PMCID: PMC11502511; Laudet, A. B., Morgen, K., & White, W. L. (2006). The role of social supports, spirituality, religiousness, life meaning and affiliation with 12-step fellowships in quality of life satisfaction among individuals in recovery from alcohol and drug problems. *Alcoholism Treatment Quarterly*, 24(1-2), 33-73; McGaffin, B. J., Deane, F. P., Kelly, P. & Blackman, R. J. (2017). Social support and mental health during recovery from drug and alcohol problems. *Addiction Research and Theory*, 26(5), 386-395; Stevens, E., Jason, L. A, Ram, D., & Light, J. (2015). Investigating social support and network relationships in substance use disorder recovery. *Substance Abuse*, 36, 396–399. doi:10.1080/08897077.2014.965870

experience is mediated by intrapersonal variables. White portrayed the resolution of severe drug problems as a journey between two worlds—from enmeshment in a culture of addiction to a parallel enmeshment in a culture of recovery, with addiction-supportive relationships replaced by recovery-supportive relationships.²⁴⁸ Roxburgh and colleagues confirmed the value of the density of the latter relationships in early recovery but found the total number of close relationships a greater factor in later stages of recovery.²⁴⁹ Such findings could inform future studies on styles of long-term recovery and recovery flourishing.

There is also the question of the potential for post traumatic growth and flourishing of the whole family as an outcome of SUD recovery of a family member. As to the potential for recovery-mediated family flourishing, there are numerous challenges that must be faced to achieve and maintain such a state. Recovery and recovery flourishing can require a radical readjustment of family life (developmental needs of each member), family relationships (adult intimacy needs, parent-child relationships, sibling relationships, extended family relationships, and family relationships with the community), and the structures of daily family life (e.g., roles, rules, and rituals). The effects of addiction on individual family members (e.g., compromised physical and emotional health) may require independent personal recovery processes.²⁵⁰ Family flourishing is not an automatic outcome of personal SUD recovery; even after years of SUD recovery, families may not achieve satisfactory levels of functioning.²⁵¹ Flourishing requires more than overcoming the effects of addiction on family health and functioning and vacillating family responses—from assertive attempts at aid and control to emotional and relational detachment.²⁵² It also requires overcoming the strain of family restructuring following recovery initiation, the potential strain of discordant drug use, and the strain imposed by discordant growth.²⁵³ Each of these areas of strain will be briefly highlighted.

²⁴⁸ White, W. L. (1996). *Pathways from the culture of addiction to the culture of recovery*. Center City, MN: Hazelden.

²⁴⁹ Roxburgh, A. D., Best, D., Lubman, D. I., & Manning, V. (2024). Composition of social networks to build recovery capital differ across early and stable stages of recovery. *Addiction Research & Theory*, 32(3), 186–193. <https://doi.org/10.1080/16066359.2023.2238594>.

²⁵⁰ Dawson, D. A., Grant, B. F., Chou, S. P., Stinson, F. S. (2007). The impact of partner alcohol problems on women's physical and mental health. *J Stud Alcohol Drugs*, Jan;68(1):66-75. doi: 10.15288/jsad.2007.68.66. PMID: 17149519.

²⁵¹ Osterman, F., Grubic, V. N. (2000). Family functioning of recovered alcohol-addicted patients: a comparative study. *J Subst Abuse Treat.*, Dec;19(4):475-9. doi: 10.1016/s0740-5472(00)00126-4. PMID: 11166512.

²⁵² Dekkers, A., De Ruyscher, C., & Vanderplassen, W. (2020). Perspectives on addiction recovery: focus groups with individuals in recovery and family members. *Addiction Research & Theory*, 28(6), 526–536. <https://doi.org/10.1080/16066359.2020.1714037>; Maltman, K., Savic, M., Manning, V., Dilkes-Frayne, E., Carter, A., & Lubman, D. I. (2020). 'Holding on' and 'letting go': a thematic analysis of Australian parent's styles of coping with their adult child's methamphetamine use. *Addiction Research & Theory*, 28(4), 345–353. <https://doi.org/10.1080/16066359.2019.1655547>

²⁵³ Captain, C. (1989). Family recovery from alcoholism: Mediating family factors, *Nursing Clinics of North America*, 24(1), 55-67, ISSN 0029-6465, [https://doi.org/10.1016/S0029-6465\(22\)01461-X](https://doi.org/10.1016/S0029-6465(22)01461-X).

Brown and Lewis suggested three related propositions: 1) family survival of addiction involves prolonged adaptations in family roles, rules, rituals, and relationships that while keeping the family intact inflict harm on individual development and family health, 2) recovery initiation by an addicted family member can be traumatic for the family as a whole due to the radical changes recovery precipitates in these dimensions of family life, and 3) families that do not have scaffolding of social support to adapt to recovery-provoked changes may experience dissolution in spite of having survived the worst years of addiction.²⁵⁴ The potential of a parallel process with recovery flourishing is highly likely.

The selection of intimate patterns (assortative mating) is a complex process influenced by a match between drug consumption patterns of the partners, meaning that drug use is important to each partner, mirrored and mutually influenced in their respective use patterns, or that heavy drug use by one partner meets various needs of the other partner in spite of the latter partner's abstinence or lower level of use.²⁵⁵ This balance is critical to relationship satisfaction over time,²⁵⁶ but is disrupted when one party initiates and sustains recovery without the other partner ceasing or decelerating their drug use²⁵⁷—an imbalance that can trigger increased SUD risk for the partner with lower drug use, recovery sabotage efforts by the partner of the person seeking recovery, or potential dissolution of the relationship.²⁵⁸ (The author has observed innumerable

²⁵⁴ Brown, S., & Lewis, B. (1999). *The alcoholic family in recovery: A developmental model*. New York: Guilford.

²⁵⁵ Grant, J. D., Heath, A. C., Bucholz, K. K., Madden, P. A., Agrawal, A., Statham, D. J., Martin, N. G. (2007). Spousal concordance for alcohol dependence: evidence for assortative mating or spousal interaction effects? *Alcohol Clin Exp Res.*, May;31(5):717-28. doi: 10.1111/j.1530-0277.2007.00356.x. PMID: 17378921; Moos, R. H., Brennan, P. L., Schutte, K. K., Moos, B. S. (2010). Spouses of older adults with late-life drinking problems: health, family, and social functioning. *J Stud Alcohol Drugs*, Jul;71(4):506-14. doi: 10.15288/jsad.2010.71.506. PMID: 20553658; PMCID: PMC2887920; Windle, M. (1997). Mate similarity, heavy substance use and family history of problem drinking among young adult women. *J Stud Alcohol.*, Nov;58(6):573-80. doi: 10.15288/jsa.1997.58.573. PMID: 9391916.

²⁵⁶ Birditt, K. S., Polenick, C. A., Antonucci, T. C. (2029). Drinking Together: Implications of Drinking Partners for Negative Marital Quality. *J Stud Alcohol Drugs*, Mar;80(2):167-176. doi: 10.15288/jsad.2019.80.167. PMID: 31014461; PMCID: PMC6489547; Homish, G. G., Leonard, K. E. (2007). The drinking partnership and marital satisfaction: The longitudinal influence of discrepant drinking. *J Consult Clin Psychol.*, Feb;75(1):43-51. doi: 10.1037/0022-006X.75.1.43. PMID: 17295562; PMCID: PMC2289776; Meiklejohn, J., Connor, J. L., Kypri, K. (2012). Drinking concordance and relationship satisfaction in New Zealand couples. *Alcohol Alcohol*. Sep-Oct;47(5):606-11. doi: 10.1093/alcalc/ags042. PMID: 22542708; Torvik, F. A., Røysamb, E., Gustavson, K., Idstad, M., Tambs, K. (2013). Discordant and concordant alcohol use in spouses as predictors of marital dissolution in the general population: results from the Hunt study. *Alcohol Clin Exp Res.*, May;37(5):877-84. doi: 10.1111/acer.12029. PMID: 23384147.

²⁵⁷ McAweeney, M. J., Zucker, R. A., Fitzgerald, H. E., Puttler, L. I. & Wong, M. M. (2005). Individual and partner predictors of recovery from alcohol-use disorder over a nine-year interval: findings from a community sample of alcoholic married men. *Journal of Studies on Alcohol*, 66:2, 220-228

²⁵⁸ Cavacuiti, C. A. (2004). You, me...and drugs--a love triangle: important considerations when both members of a couple are abusing substances. *Subst Use Misuse*, Mar;39(4):645-56. doi: 10.1081/ja-120030064. PMID: 15115217; Kendler, K. S., Lönn, S. L., Salvatore, J., Sundquist, J., Sundquist, K. (2018). The origin of spousal resemblance for alcohol use disorder. *JAMA Psychiatry*, Mar 1;75(3):280-286. doi: 10.1001/jamapsychiatry.2017.4457. PMID: 29417130; PMCID: PMC5885945; Homish, G. G., Leonard, K. E. (2007). The drinking partnership and marital satisfaction: The longitudinal influence of

cases in which a marriage, no matter how dysfunctional, endured all the harm addiction could inflict only to disintegrate some time into the recovery process.) The relationship readjustments necessitated by recovery initiation are a likely prerequisite to a state of family flourishing²⁵⁹, but the nature of such adjustments may vary across different-sex and same-sex partner relationships.²⁶⁰

A similar process of readjustment is required in the face of asynchronous growth between the individual in recovery and their partner. This can be precipitated by the person in recovery using recovery as a fulcrum of personal growth without their partner experiencing a parallel process of growth—an asynchrony that inflicts increasing strain on the relationship. Recovery-induced changes in relationship dynamics (power dynamics / control and caretaking patterns²⁶¹) can lead to acts of recovery sabotage by parents, partner, siblings, extended family and social network members.²⁶² For example, unresolved anger, power realignment (e.g., disciplining of children, control of family finances, sexual expectations), loss of emotional rewards and needs met in the victim/caretaker role (the need to be needed), and transfer of attention and praise to the addicted, now recovering, partner, can trigger efforts to sabotage (destabilize) a partner's recovery.²⁶³ Such acts of sabotage may include invited or coerced substance use, purchasing drugs for partner, using drugs with partner, taking over partner responsibilities, and triggering emotional outbursts.²⁶⁴ These behaviors are best viewed

discrepant drinking. *J Consult Clin Psychol.*, Feb;75(1):43-51. doi: 10.1037/0022-006X.75.1.43. PMID: 17295562; PMCID: PMC2289776; Leonard, K. E., Smith, P. H., Homish, G. G. (2014) Concordant and discordant alcohol, tobacco, and marijuana use as predictors of marital dissolution. *Psychol Addict Behav.* Sep;28(3):780-9. doi: 10.1037/a0034053. PMID: 24128287; PMCID: PMC4076345; Torvik, F. A., Røysamb, E., Gustavson, K., Idstad, M., Tambs, K. (2013). Discordant and concordant alcohol use in spouses as predictors of marital dissolution in the general population: results from the Hunt study. *Alcohol Clin Exp Res.*, May;37(5):877-84. doi: 10.1111/acer.12029. PMID: 23384147; Wiersma, J. D., Fischer, J. L. (2014). Young adult drinking partnerships: alcohol-related consequences and relationship problems six years later. *J Stud Alcohol Drugs*, Jul;75(4):704-12. doi: 10.15288/jsad.2014.75.704. PMID: 24988269; PMCID: PMC4108609.

²⁵⁹ Bailey, M. B., Haberman, P. & Alksne, H. (1962). Outcomes of alcoholic marriages: Endurance, termination or recovery. *Quarterly Journal of Studies on Alcohol*, 23(4), 610-623.

²⁶⁰ Pollitt, A. M., Donnelly, R., Mernitz, S.E., Umberson, D. (2020). Differences in how spouses influence each other's alcohol use in same- and different-sex marriages: A daily diary study. *Soc Sci Med.*, Nov;264:113398. doi: 10.1016/j.socscimed.2020.113398. PMID: 33017734; PMCID: PMC7676150.

²⁶¹ Ino, A., Ogoshi, T., Sugino, K., Shimura, M. (1992). [The "addiction trends" seen among the wives of alcoholics]. *Arukuru Kenkyuto Yakubutsu Ison*, Jun;27(3):313-33. Japanese. PMID: 1524529.

²⁶² Huberty, D. J., & Huberty, C. E. (1986). Sabotaging siblings: An overlooked aspect of family therapy with drug dependent adolescents. *Journal of Psychoactive Drugs*, 18 (1), 31–41. <https://doi.org/10.1080/02791072.1986.10524477>

²⁶³ Lorenz, V.C. (1989). Some treatment approaches for family members who jeopardize the compulsive gambler's recovery. *J Gambling Stud*, 5, 303–312. <https://doi.org/10.1007/BF01672431>

²⁶⁴ Fusco, R. A., Kulkarni, S. J. & Pless, J. (2024). "He gets mad that I'm sober": Experiences of substance use coercion among postpartum women in recovery, *Journal of Substance Use and Addiction Treatment*, 164, 209407, ISSN 2949-8759, <https://doi.org/10.1016/j.josat.2024.209407>; Rivaux, S. L., Sohn, S., Armour, M. P., & Bell, H. (2008). Women's early recovery: Managing the dilemma of substance abuse and intimate partner relationships. *Journal of Drug Issues*, 38(4), 957-979. <https://doi.org/10.1177/002204260803800402>; Rotunda, R. J., West, L. & O'Farrell, T. J. (2004). Enabling

as normal reactions to the extreme adaptations thrust upon the family as a result of recovery initiation rather than viewed as partner psychopathology. There are interventions that have been shown to enhance resilience and posttraumatic growth among partners of persons in recovery.²⁶⁵

There may also be unmet recovery expectations of the non-addicted partner. This can occur when the partner expectations of increased time and attention are not fulfilled due to recovery support activities (e.g., “I saw more of him when he was drinking than I do now.”) A similar process of asynchronous growth can occur when the non-addicted partner seeks their own growth and progressively detaches from their addicted partner. If balanced attention and support are not available to such couples, future flourishing is unlikely in the face of continued marital dissatisfaction and risk of relationship dissolution. Where family or partnership strain is lacking in recovery support, it may be necessary to create one’s own “family of choice” (recovery circle) that takes over family support functions.²⁶⁶

Studies of family factors that enhance the potential for human flourishing in the general population include clarity of expectations, expressed interest in present activity and experience, availability of choices, commitment to new experiences, and challenging opportunities.²⁶⁷ The degree to which these apply to the recovery experience is unknown. There remains a paucity of studies on the relationship between personal recovery and family recovery and the same could be said for the relationship between personal flourishing and family functioning and health. The concept of family flourishing has yet to be explicated. The family response to individual flourishing and the stages and alignment of personal and family recovery warrant rigorous investigation as does the role of the extended family in supporting recovery-enabled flourishing of family members and Intra/Inter-family relationships.²⁶⁸

Recovery and recovery flourishing involve both processes of disconnection (of recovery-interfering relationships) and connection (formation of new recovery-supportive

behavior in a clinical sample of alcohol-dependent clients and their partners, *Journal of Substance Abuse Treatment*, 26(4), 269-276, ISSN 0740-5472, <https://doi.org/10.1016/j.jsat.2004.01.007>.

²⁶⁵ Ahmadzadeh, A., Khanjani, M. S., Azkosh, M., Younesi, S. J., Ghaedamini Harouni, G. (2025). The effectiveness of resilience-based intervention on post-traumatic growth, resilience, coping skills, and perceived stress in women with addicted spouses. *Addict Health*, Jan;17:1510. doi: 10.34172/ahj.1510. PMID: 40458275; PMCID: PMC12127983.

²⁶⁶ Bahl, N. K. H., Nafstad, H. E., Blakar, R. M., Landheim, A. S., Brodahl, M.. (2019) Multiple senses of community and recovery processes. A pilot study for a national evaluation of the experiences of persons with substance use problems receiving help and services from Norwegian municipalities. *J Community Psychol*. 2019 Jul;47(6):1399-1418. doi: 10.1002/jcop.22194. PMID: 31038224; PMCID: PMC6767461.

²⁶⁷ Csikszentmihalyi, M. (2002) *Flow: The classic work on how to achieve happiness: The psychology of happiness*. PIMLICO. Random House; Csikszentmihalyi, M. (1990). *Flow: The psychology of optimal experience*. Harper Perennial.

²⁶⁸ Moriarty, H., Stubbe, M., Bradford, S., Tapper, S., Lim ,B. T. (2011). Exploring resilience in families living with addiction. *J Prim Health Care*, Sep 1;3(3), 210-7. PMID: 21892423; Ronel, N., Haimoff-Ayali, R. (2010). Risk and resilience: the family experience of adolescents with an addicted parent. *Int J Offender Ther Comp Criminol*. Jun;54(3):448-72. doi: 10.1177/0306624X09332314. PMID: 19270268.

relationships).²⁶⁹ Increases in recovery capital, which have been associated with recovery stability and higher quality of life in recovery, are in turn linked to enhanced connections to recovery-supportive family and social relationships.²⁷⁰

Another dimension of family flourishing involves the capacity to break intergenerational cycles of addiction and related problems. It remains unclear the extent to which parental recovery or recovery flourishing of a parent reduces such risks in their offspring.²⁷¹

Work by Bahl and colleagues and Goshorn and colleagues (2023) underscores the potential role of geographical and relational communities in motivating recovery initiation and supporting the processes of long-term recovery.²⁷² These ecological influences include disengagement/distance from addiction supportive spaces and engagement with recovery social spaces and meaningful mutual support activities with others in recovery. This can be conceptualized as a destabilization of addiction-supporting assemblages (people, places, and things) and construction of new recovery supporting assemblages).²⁷³ Such studies raise the question of whether recovery flourishing is highly idiosyncratic or something like recovery stability that emerges in the

²⁶⁹ Francis, M. W., Taylor, L. H., Tracy, E. M. (2020). Choose who's in your circle: how women's relationship actions during and following residential treatment help create recovery-oriented networks. *J Soc Work Pract Addict.*, 20(2):122-135. doi: 10.1080/1533256X.2020.1748975. PMID: 33414688; PMCID: PMC7787262; White, W. L. (1996). *Pathways from the culture of addiction to the culture of recovery*. Hazelden.

²⁷⁰ Best, D. & Ivers, J-H. (2021). Inkspots and ice cream cones: A model of recovery contagion and growth. *Addiction Research & Theory*, <https://doi.org/10.1080/16066359.2021.1986699>.

²⁷¹ Andreas, J. B., O'Farrell, T. J., Fals-Stewart, W. (2006). Does individual treatment for alcoholic fathers benefit their children? A longitudinal assessment. *J Consult Clin Psychol.*, Feb;74(1):191-198. doi: 10.1037/0022-006X.74.1.191. PMID: 16551157; McCutcheon, V. V., Kuo, S. I., Smith, R. L., Tillman, R., Lai, D., Francis, M. W., Bourdon, J. L., Kamarajan, C., Chan, G., Kuang, W., Garasky, C. E., Sartor, C. E., Hesselbrock, V., Kuperman, S., Plawecki, M. H., Agrawal, A., Johnson, E. C., Schuckit, M. A., Salvatore, J. E., Bucholz, K. K. (2025). Parental remission from alcohol use disorder shows limited protective effects on offspring alcohol outcomes. *J Stud Alcohol Drugs*. Nov;86(6):906-916. doi: 10.15288/jsad.24-00268. PMID: 39913279; PMCID: PMC12576940.

²⁷² Bahl, N. K. H., Nafstad, H. E., Blakar, R. M., Landheim, A. S., Brodahl, M. (2019) Multiple senses of community and recovery processes. A pilot study for a national evaluation of the experiences of persons with substance use problems receiving help and services from Norwegian municipalities. *J Community Psychol.* Jul;47(6):1399-1418. doi: 10.1002/jcop.22194. PMID: 31038224; PMCID: PMC6767461; Bahl, N. K. H., Øversveen, E., Brodahl, M., Nafstad, H. E., Blakar, R. M., Ness, O., Landheim, A. S., Tømmervik, K. (2022). In what ways do emerging adults with substance use problems experience their communities as influencing their personal recovery processes? *J Community Psychol.*, Sep;50(7):3070-3100. doi: 10.1002/jcop.22816. PMID: 35187694; PMCID: PMC9545888; Goshorn, J. R., Gutierrez, D., Dorais, S. (2023). Sustaining recovery: What does it take to remain in long-term recovery? *Subst Use Misuse*, 58(7):900-909. doi: 10.1080/10826084.2023.2196557. PMID: 37026405.

²⁷³ Beate Larsen, I., Georg Friesinger, J., Strømmland, M., Topor, A. (2022). You realise you are better when you want to live, want to go out, want to see people: Recovery as assemblage. *Int J Soc Psychiatry*. Aug;68(5):1108-1115. doi: 10.1177/00207640211019452. PMID: 34015980; PMCID: PMC9310138; White, W. L. (1996). *Pathways from the culture of addiction to the culture of recovery*. Center City, MN: Hazelden.

context of powerful environmental influences. In short, can a state of flourishing in recovery be socially transmitted?

Sandra Bloom and Don Coyhis and Richard Simonelli have proposed ecological models of healing that could inform future work on recovery flourishing.²⁷⁴ Also of potential import are models of intervention that seek to address drug-related problems by expanding the space/landscapes within local communities in which recovery and flourishing in recovery are supported.²⁷⁵

The Wellbriety of the community creates a healing sanctuary--a culture of recovery--for the wounded individual, just as the growing Wellbriety of the individual feeds the strength of the community. The individual, family and community are not separate; they are one. To injure one is to injure all; to heal one is to heal all. –The Red Road to Wellbriety²⁷⁶

Such spaces can be targeted for development within communities defined by physical space (neighborhood, census tract, community, region, state) or by space demarcated by personal/social/cultural identification, e.g., tribal community, Black community, Latino community, LGBTQ+ community. Expanding recovery support resources that enhance the experience of connection and community may have enhanced value based on the diminishment of such connections within traditional settings: family, extended family, neighborhoods, schools, workplaces, and places of faith.²⁷⁷ Communities of recovery can thus be thought of as replacement institutions that support global health, social functioning, community inclusion, and human flourishing.

Included within these expanding recovery support spaces are new recovery support institutions spanning the contexts of home, school, work, leisure, and faith: recovery residences (and anexos in Latino immigrant and migrant communities), recovery high schools, collegiate recovery programs, workplace recovery support programs, recovery ministries, recovery community centers, recovery cafes, recovery talent shows, recovery art exhibits, recovery adventure/sport/vacation venues, and increased opportunities to participate in recovery supportive projects related to recovery

²⁷⁴ Bloom, S. L. (1997). *Creating sanctuary: Toward the evolution of sane societies*. New York: Routledge; Coyhis, D., & Simonelli, R. (2005). Rebuilding Native American Communities. *Child Welfare*, 84(2), 323–336. <http://www.jstor.org/stable/45398728>

²⁷⁵ Burns, V. F. (2025). Recovering in place: what the concept of place can offer the field of recovery science. *Addiction Research & Theory*, 1–14. <https://doi.org/10.1080/16066359.2025.2579015>; Mills, J. (2017). Geographies of alcoholic recovery: Space, place, networks and identities. University of Manchester) (unpublished PhD Thesis); Gryczynski, J., Johnson, J., & Coyhis, D. (2007). The “Healing Forest” metaphor revisited: The seen and “unseen world” of drug use. *Substance Use & Misuse*, 42 (2-30), 475-484; White, W. (2009). The mobilization of community resources to support long-term addiction recovery. *Journal of Substance Abuse Treatment*, 36, 146-58; White, W., Kelly, J. & Roth, J. (2012). New addiction recovery support institutions: Mobilizing support beyond professional addiction treatment and recovery mutual aid. *Journal of Groups in Addiction & Recovery*, 7(2-4), 297-317.

²⁷⁶ White Bison, Inc. (2002). *The Red Road to Wellbriety*. Colorado Springs, CO.

²⁷⁷ Bellah, R. N., Madsen, R., Sullivan, W. M., Swidler, A., Tipton, S. M. (1996).: *Habits of the heart: individualism and commitment in American life*. Berkeley, CA: University of California Press.

language, history, art, theatre, film, and music.²⁷⁸ To date, these institutions have focused on providing services that support SUD recovery initiation and maintenance. There is future potential in expanding resources that support post-traumatic growth and flourishing for recovering individuals and families.²⁷⁹ Such potential for family growth and flourishing also extends to families who have lost a family member due to drug use²⁸⁰ despite the grief and stigma such families experience.²⁸¹

The role of environment in recovery flourishing remains a key element within the recovery research frontier. We need to know how social determinants of health influence the potential, timing, and duration of recovery flourishing. We need to know which ecosystem layers exert the greatest positive effect on flourishing onset and maintenance. We do know from existing studies that recovery increases community engagement and related civic contributions. Kurtz & Fisher, in a study of AA and NA members, concluded that participation in community life and non-fellowship community service increased with time in recovery, suggesting a move from isolation and an adversarial person-community relationship to one of connection and contribution.²⁸² The Kurtz and Fisher findings were later confirmed in a series of Life in Recovery Surveys.²⁸³ The heightened commitment to responsible citizenship flows from increased

²⁷⁸ Kramer, M. M., Londgren, J. (2020). Recovery's got talent: A positive-psychology intervention for people living in recovery. *Health Promot Pract.*, Nov;21(6):862-864. doi: 10.1177/1524839920903706. PMID: 32081057; Pagano, A., García, V., Recarte, C., Lee, J. P. (2016). Sociopolitical contexts for addiction recovery: Anexos in U.S. Latino communities. *Int J Drug Policy*, Nov;37:52-59. doi:

10.1016/j.drugpo.2016.08.002. PMID: 27588569; PMCID: PMC5102756; Vilsaint, C. L., Tansey, A. G., Hennessy, E. A., Eddie, D., Hoffman, L. A., Kelly, J. F. (2025). Recovery housing for substance use disorder: a systematic review. *Front Public Health*, Mar 6;13:1506412. doi: 10.3389/fpubh.2025.1506412. PMID: 40115346; PMCID: PMC11922849; White, W., Kelly, J. & Roth, J. (2012). New addiction recovery support institutions: Mobilizing support beyond professional addiction treatment and recovery mutual aid. *Journal of Groups in Addiction & Recovery*, 7(2-4), 297-317.

²⁷⁹ Ahmadzadeh, A., Khanjani, M. S., Azkhosh, M., Younesi, S. J., Ghaedamini Harouni, G. (2025). The effectiveness of resilience-based intervention on post-traumatic growth, resilience, coping skills, and perceived stress in women with addicted spouses. *Addict Health*, Jan;17:1510. doi: 10.34172/ahj.1510. PMID: 40458275; PMCID: PMC12127983; Captain, C. (1989). Family recovery from alcoholism: Mediating family factors, *Nursing Clinics of North America*, 24(1), 55-67, ISSN 0029-6465, [https://doi.org/10.1016/S0029-6465\(22\)01461-X](https://doi.org/10.1016/S0029-6465(22)01461-X); Rushton, C. M., Kelly, P. J., Larance, B., Townsend, C. J., Thomas, T., Beck, A. K. (2025). A qualitative exploration of affected family members' responses to methamphetamine use using the family resilience framework. *J Subst Use Addict Treat.*, Jul;174:209710. doi: 10.1016/j.josat.2025.209710. PMID: 40286858.

²⁸⁰ Feigelman, W., Feigelman, B., Range, L. M. (2020). Grief and healing trajectories of drug-death-bereaved parents. *Omega (Westport)*, Mar;80(4):629-647. doi: 10.1177/0030222818754669. PMID: 29357755; Jean-Berluce, D. (2024). Pathways to resilience: Exploring post-traumatic growth in the wake of drug-related deaths. *Omega (Westport)*, Jul 20:302228241264048. doi: 10.1177/00302228241264048. PMID: 39031580; Sterling, P. B., Muruthi, B. A., Allmendinger, A., Thompson-Cañas, R., Romero, L., Tung, J. (2025). The grieving process of opioid overdose bereaved parents in Maryland. *Omega (Westport)*, Mar;90(4):1531-1546. doi: 10.1177/00302228221124521. PMID: 36067745.

²⁸¹ Dyregrov, K., & Selseng, L. B. (2022). "Nothing to mourn, He was just a drug addict" - stigma towards people bereaved by drug-related death. *Addiction Research & Theory*, 30(1), 5–15. <https://doi.org/10.1080/16066359.2021.1912327>

²⁸² Kurtz, L. F., & Fisher, M. (2003). Participation in community life by AA and NA members. *Contemporary Drug Problems*, 30(4), 875-904.

²⁸³ Best, D. (2015). *The Australian life in recovery survey*. Melbourne, Australia: Turning Point, Eastern Health; Laudet, A.B. (2013). *Life in Recovery: Report on the Survey Findings*. Faces and Voices of

awareness of and compassion for human vulnerability and an accompanying obligation of restitution—repair of past harms to others and uplift of community life. Other studies confirm such potential growth and community contribution.

In a 2007 study, Washton found that individuals in addiction recovery experienced PTG at rates similar to people experiencing other types of traumas.²⁸⁴ Ratterman, in a study of students in a recovery high school, found that academic achievement increased in tandem with recovery initiation and maintenance.²⁸⁵ Best & Aston linked recovery achievements to tandem reductions in criminality, criminal justice system disengagement, and positive community engagement.²⁸⁶ McGaffin and colleagues found that while the majority of individuals in recovery experienced moderate mental health, those in recovery twelve plus months had a rate of flourishing higher than that of the general population (39.8% versus 18%) confirming the potential for PTG and flourishing within the addiction recovery experience.²⁸⁷ McGovern et al., in a study of Twelve-Step sponsorship, found that such service activity strengthened recovery identity, enhanced self-awareness, expanded social skills, enhanced psychological wellbeing and instilled a sense of purpose.²⁸⁸ MacNeil and colleagues, in a study of 460 individuals with a past history of illicit drug dependence, reported 37.9% achieving “complete mental health” at the time of the survey.²⁸⁹ Eddie and colleagues, in a survey of 2,002 individuals who had overcome an alcohol or other drug problem, found significant improvement across four domains of growth: self-improvement; family engagement; civic participation, and economic participation.²⁹⁰ This collective body of research notes positive recovery achievements but does not distinguish general growth from a state of flourishing within these multiple domains of health and functioning.

Recovery; McQuaid, R.J., Malik, A., Morrissey, M., & Baydack, N. (2017). Life in recovery from addiction in Canada. Canadian Centre on Substance Abuse; Turning Point (2015). *The Australian Life in Recovery Survey*. Turning Point.

²⁸⁴ Washton, L. J. (2007). The silver lining in the clouds: Factors influencing addiction-related growth. ProQuest Dissertations and Theses. Cited in Horoosh & Freedman, 2017.

²⁸⁵ Rattermann, M. J. (2014). Measuring the impact of substance abuse on student academic achievement and academic growth. *Advances in School Mental Health Promotion*, 7(2), 123–135. <https://doi.org/10.1080/1754730X.2014.888225>

²⁸⁶ Best, D., & Aston, E. (2015). Long-term recovery from addiction: Criminal justice involvement and positive criminology? In N. Ronel & D. Segev (Eds.), *Positive criminology* (pp. 177–193). Routledge/Taylor & Francis Group. <https://doi.org/10.4324/9781315796536-13>

²⁸⁷ McGaffin, B. J., Deane, F. P., Kelly, P. J., & Ciarrochi, J. (2015). Flourishing, languishing and moderate mental health: Prevalence and change in mental health during recovery from drug and alcohol problems. *Addiction Research and Theory*, 23(5), 351–360. <http://dx.doi.org/10.3109/16066359.2015.1019346>; McGaffin, B. J., Deane, F. P., Kelly, P. & Blackman, R. J. (2017). Social support and mental health during recovery from drug and alcohol problems. *Addiction Research and Theory*, 26(5), 386-395.

²⁸⁸ McGovern, W., Addison, M., McGovern, R. (2021). An exploration of the psycho-social benefits of providing sponsorship and supporting others in traditional 12 Step, self-help groups. *Int J Environ Res Public Health*, Feb 24;18(5):2208. doi: 10.3390/ijerph18052208. PMID: 33668094; PMCID: PMC7967695.

²⁸⁹ MacNeil, A., Fuller-Thomson, E. (2023). Factors associated with recovery and flourishing mental health in a national sample of Canadians with a history of illicit drug dependence. *Int J Ment Health Addiction*, 21, 81–95. <https://doi.org/10.1007/s11469-021-00579-y>

²⁹⁰ Eddie, D., White, W. L., Vilsaint, C. L., Bergman, B. G. & Kelly, J. F. (2021). Reasons to be cheerful: Personal, civic, and economic achievements after resolving an alcohol or drug problem in the United States population. *Psychology of Addictive Behaviors*, 35(4):402-414. doi: 10.1037/adb0000689.

Novak and colleagues suggest that future work on flourishing may encompass harmony with other people and the environment—a process of collective flourishing.²⁹¹ The import of such social reconstruction is underscored by Jason and colleagues' finding in a study of recovery residences that recovery maintenance was predicted not by personal recovery capital but by the total recovery capital of all members within one's residence—suggesting a social contagion effect of successful recovery.²⁹² They concluded that recovery could be considered a “team sport” in which personal achievement was shaped by team achievement. Similarly, Sanders et al. found that collective racial self-esteem (i.e. pride in the achievements of one's people) moderates the personal trauma and distress experienced from internalized racism and oppression.²⁹³

The potential for *communal healing* raises two interesting questions: 1) Does flourishing in recovery flow from the self (an intrapersonal process), from the community (an outcome of community enrichment), or from a synergy within the person-community relationship (an interpersonal process)? and 2) Is recovery flourishing contagious (can it be transmitted via social contact)? Confirming the latter proposition would open a whole new arena of service interventions aimed at increasing the quality of life and social contributions of recovering individuals and families. Indicating such potential is a study by Walt and colleagues who found positive effects of living in a recovery residence mediated by high quality, harmonious relationships with one's housemates.²⁹⁴ This finding suggests that social environment as well as intrapersonal factors influence recovery outcomes.

Numerous recovery mutual aid groups were founded in the discovery that their members could achieve together what they had been unable to achieve alone.²⁹⁵ Post traumatic growth and flourishing in addiction recovery are often experienced as a process of shared healing, replenishment, and growth rituals.²⁹⁶ Such shared activities include 1) centering rituals (contemplative/stillness practices such as prayer, meditation, mindful self-reflection, meditation, breathwork, savoring, yoga, daily goal setting, end-of-

²⁹¹ Novak, L. F., Fowers, B. J., Kiknadze, N. C., & Calder, A. J. (2024). A close analysis of eight flourishing measures. *The Journal of Positive Psychology*, 20(1), 72–82. <https://doi.org/10.1080/17439760.2024.2322468>

²⁹² Jason, L. A., Guerrero, M., Salomon-Amend, M., Stevens, E., Light, J. M., Stoolmiller, M. (2021). Context matters: Home-level but not individual-level recovery social capital predicts residents' relapse. *Am J Community Psychol.*, Jun;67(3-4):392-404. doi: 10.1002/ajcp.12481. PMID: 33296504; PMCID: PMC9149681.

²⁹³ Sanders, S. M., Williams, T. R., Berry, A. T., Garcia-Aguilera, C., Robinson, K., Martin, R., Jones, P. (2024). Internalized racism and mental health: The moderating role of collective racial self-esteem. *Behav Sci (Basel)*, Oct 29;14(11):1003. doi: 10.3390/bs14111003. PMID: 39594303; PMCID: PMC11591433.

²⁹⁴ Walt, L., Lupei, M., Jason, L. A. (2022). Former substance abusing women, interpersonal relationships and social cognition: Social comparison & sober housemate harmony predict women's abstinence-specific efficacy. *J Prev Interv Community.*, Apr-Jun;50(2):137-150. doi: 10.1080/10852352.2021.1934942. PMID: 34132160.

²⁹⁵ Alcoholics Anonymous World Services, Inc. (1981). *Twelve Steps and Twelve Traditions*. New York, p. 151.

²⁹⁶ Haroosh, E., & Freedman, S. (2017, September). Posttraumatic growth and recovery from addiction. *European Journal of Psychotraumatology*, 8 (1.), 1–6. <https://doi.org/10.1080/20008198.2017.1369832>

day self-evaluation),²⁹⁷ 2) mirroring rituals (face-to-face or online sharing of “experience, strength and hope” with kindred spirits and aspirational role models),²⁹⁸ 3) acts of self-care and care of one’s inner-circle,²⁹⁹ and 4) unpaid acts of service to others (expressions of gratitude and redemptive justice).³⁰⁰ These rituals constitute regulatory mechanisms that balance activities and experiences across the domains of recovery.

The above four rituals may remain meaningful over time, but the activities within them often require refinement over the course of recovery. Such rituals must continually be adapted and refined based on changes in self and in one’s life circumstances. Any over-routinization of such rituals risks losing their replenishment and growth value. Included within these rituals are principles of mutuality and reciprocity through which one is nourished by helping others grow and flourish. In this way, flourishing of the individual is only sustained by flourishing of those with whom one is most deeply connected. Such collective healing and collective achievement can be viewed in certain multigenerational Twelve Step sponsorship families. Communal healing comes from a special connection and flow of feelings that rise within gatherings of people who know each other, see each other, and accept each other without a whiff or whisper of contempt or fear.³⁰¹ Flourishing in recovery within many pathways of recovery slips from a focus on individual experience/identity to a relational experience/identity similar to the African principle of Ubuntu—“I am because we are,” or by extension, “I flourish when we flourish.”³⁰²

²⁹⁷ Celebrate Recovery (2025). Celebrate Recovery 8 Principle. Accessed December 29, 2025 at <https://celebraterecovery.com/wp-content/uploads/2025/10/CR-8-Principles.pdf>; Fudale, R., Matri, M. (2025). Short prayer-based interventions for addiction recovery in underserved populations: A systematic review. *Cureus*, Sep 7;17(9):e91769. doi: 10.7759/cureus.91769. PMID: 41063899; PMCID: PMC12503004; Krishnan A. (2024). Integrative treatment for substance use disorders: Improving outcomes through evidence-based practice of yoga-derived breathwork and meditation. *J Addict Med*. 2024 Mar-Apr 01;18(2):103-109. doi: 10.1097/ADM.0000000000001263. PMID: 38258889; Parisi, A., Roberts, R. L., Hanley, A. W., Garland, E. L. (2022). Mindfulness-oriented recovery enhancement for addictive behavior, psychiatric distress, and chronic pain: A multilevel meta-analysis of randomized controlled trials. *Mindfulness* (N Y). 13(10):2396-2412. doi: 10.1007/s12671-022-01964-x. PMID: 36124231; PMCID: PMC9476401.

²⁹⁸ Crape, B. L., Latkin, C. A., Laris, A. S., & Knowlton, A. R. (2002). The effects of sponsorship in 12-step treatment of injection drug users. *Drug and Alcohol Dependence*, 65(3), 291-301.

²⁹⁹ Fogueiras-Vila, A., Martorell-Poveda, M. A., Del Señor Sesmiolo-Martínez, M., Vidal-Massot, P., Ortega-Sanz, L. (2025). Self-care in addiction recovery: A scoping review. *Int J Ment Health Nurs.*, Oct;34(5):e70124. doi: 10.1111/inm.70124. PMID: 40905443; PMCID: PMC12409770.

³⁰⁰ McGovern, W., Addison, M., McGovern, R. (2021). An exploration of the psycho-social benefits of providing sponsorship and supporting others in traditional 12 Step, self-help groups. *Int J Environ Res Public Health*, Feb 24;18(5):2208. doi: 10.3390/ijerph18052208. PMID: 33668094; PMCID: PMC7967695; Riessman, F. (1965). The "helper" therapy principle. *Social Work*, 10(2), 27–32; White, W. L. (1996). *Pathways from the culture of addiction to the culture of recovery*. Center City, MN: Hazelden; Zemore, S. E., Kaskutas, L. A., & Ammon, L. N. (2004). In 12-step groups, helping helps the helper. *Addiction*, 99(8), 1015-1023. doi: 10.1111/j.1360-0443.2004.00782.x

³⁰¹ Dekkers, A., Vos, S., & Vanderplasschen, W. (2020). “Personal recovery depends on NA unity.”: An exploratory study on recovery-supportive elements in Narcotics Anonymous Flanders. *Substance Abuse Treatment, Prevention, and Policy*, 15, 53.

³⁰² Ogude, J., Paulson, S. & Strainchamps, A. (‘I am because we are’: An interview with James Ogude.” Accessed February 10, 2026 at <https://chcnetwork.org/ideas/i-am-because-you-are-an-interview-with-james-ogude>

Recovery flourishing demands a new social contract between the individual and the community that involves key principles (restorative justice, forgiveness) and practices (amends, restitution, civic contribution). Individuals and families in recovery from addiction (“wounded healers”) constitute valuable community assets—sources of support for other individuals and families seeking recovery from addiction and other traumatic experiences. Recovery from addiction offers the potential to far transcend SUD remission by achieving levels of personal meaning and social contribution far beyond what might have been possible without the recovery experience. For some people, recovery initiation is a catalyst for formal educational pursuits and a style of self-directed and lifelong learning³⁰³ as well as a pursuit of meaning and service.³⁰⁴ A study by Crutchfield & Güss of 195 individuals in recovery suggests a reciprocal influence in which recovery spurs education advancement and subsequent educational achievement bolsters recovery durability and quality of life.³⁰⁵ For some, this style of learning is both liberating and transformative.³⁰⁶ White & Best have suggested that recovery can be socially transmitted by recovery *carriers/champions*.³⁰⁷ It is unclear whether such individuals constitute a thriving subgroup of individuals in recovery and the degree to which recovery flourishing is also a contagious phenomenon.

Cautions Related to Flourishing Research

This review has to this point portrayed recovery flourishing as a uniformly positive experience and suggested the potential benefits of further recovery flourishing studies. However, there are potential risks involved in such explorations. First, it cannot be assumed that all research findings on recovery flourishing will be positive. For example, while preliminary results on recovery achievements are positive³⁰⁸, it could be demoralizing for people seeking and in recovery if future research revealed that such flourishing is a rare phenomenon, is less likely to occur as part of the addiction recovery experience compared to recovery from other sources of trauma, or that flourishing is only likely to occur years after recovery initiation. Excessive popularization of the

³⁰³ Rowley, J. (2012). Addiction recovery and adult education. (Doctoral dissertation), Staffordshire University. Accessed November 15, 2025 at

https://www.academia.edu/22745707/Addiction_Recovery_and_Adult_Education

³⁰⁴ Park, C. (2013). The meaning making model: A framework for understanding meaning, spirituality, and stress-related growth in health psychology. *The European Health Psychologist*, 2(15), 40–47.

<https://doi.org/10.1037/a0013348>; Triplett, K. N., Tedeschi, R. G., Cann, A., Calhoun, L. G., & Reeve, C. L. (2012). Posttraumatic growth, meaning in life, and life satisfaction in response to trauma. *Psychological Trauma: Theory, Research, Practice, and Policy*, 4, 400–410. doi: 10.1037/a0024204

³⁰⁵ Crutchfield, D. A., & Güss, C. D. (2018). Achievement linked to recovery from addiction: Discussing education, vocation, and non-addict identity. *Alcoholism Treatment Quarterly*, 37(3), 359–376. <https://doi.org/10.1080/07347324.2018.1544058>.

³⁰⁶ Doyle, P. (2017). Towards a quality framework for adult learners in recovery: Ensuring quality with equity. *Adult Learner: The Irish Journal of Adult and Community Education*, 33–42.

³⁰⁷ White, W. & Best, D. (2026) Social contagion and addiction recovery. Unpublished paper.

³⁰⁸ Eddie, D., White, W. L., Vilsaint, C. L., Bergman, B. G. & Kelly, J. F. (2021). Reasons to be cheerful: Personal, civic, and economic achievements after resolving an alcohol or drug problem in the United States population. *Psychology of Addictive Behaviors*, 35(4):402-414. doi: 10.1037/adb0000689.

concept of recovery flourishing could also set recovery expectations at unrealistic levels, particularly for individuals so severely damaged as to make reaching a state of flourishing unlikely if not impossible or at best a prolonged and daunting process. For such individuals, just some semblance of normality may be experienced as flourishing.³⁰⁹ As suggested by Human-Friedrich Untertrainer:

“It may be more beneficial for some individuals in recovery to remain in the penumbra—the softer, more manageable light—rather than striving for the full blinding sun. Recovery, like the myth of Icarus, requires balance, humility, and a respect for one’s own limitations.”³¹⁰

Second, Caution must be taken in dichotomizing those who have and have not achieved a state of flourishing. One risks overgeneralization to the point of caricature in such comparisons. Flourishing and drug use can coexist, less so in addiction over time, and recovery is not a guaranteed state of universal bliss. People claiming recovery status may continue to suffer and commit acts of callous injury to self and others. But the author does find considerable consistency in the qualities observed in recovering people who appear to be flourishing. Determining whether these are objectively verified qualities or the author’s own perceptual biases must await definitive studies. There is a risk that in detailing addiction-inflicted-damage that we deny the humanity of people who are addicted—a process of othering (objectification) that renders us accomplices in acts of aggression against them as individuals and as a people who share our vulnerabilities and aspirations.

Similarly, inadvertent casting of levels of recovery growth and flourishing into categories of superiority and inferiority could have adverse consequences given that many factors influencing recovery achievements are beyond an individual’s control, e.g., shaming people for failure to flourish whose shortfalls may be more attributable to social determinants of health than inadequacy of personal effort. It may turn out that flourishing within the recovery experience is highly influenced not by character or level of effort but by privilege and its related access to resources. Such superiority/inferiority categorization could also risk creating intragroup stigma and a disruptive new class structure within communities of recovery.³¹¹ The creation of such an elite class of high

³⁰⁹ Brookfield, S., Fitzgerald, L., Selvey, L., Maher, L. (2021). "We're supposed to be a family here": An ethnography of preserving, achieving, and performing normality within methamphetamine recovery. *SSM Popul Health*, Nov 19;16:100969. doi: 10.1016/j.ssmph.2021.100969. PMID: 34901376; PMCID: PMC8637633; Nettleton, S., Neale, J., Pickering, L. (2013). 'I just want to be normal': An analysis of discourses of normality among recovering heroin users. *Health* (London). 2013 Mar;17(2):174-90. doi: 10.1177/1363459312451182. PMID: 22763795.

³¹⁰ Untertrainer, H. F. (2025). On the wings of Icarus - the need for transcendence in addictive diseases. *Front Psychiatry*, Mar 21;16:1563871. doi: 10.3389/fpsy.2025.1563871. PMID: 40191112; PMCID: PMC11968730, p. 4.

³¹¹ Gunn, A. J., Sacks, T. K., Jemal, A. (2018). "That's not me anymore": Resistance strategies for managing intersectional stigmas for women with substance use and incarceration histories. *Qual Soc Work.*, Jul;17(4), 490-508. doi: 10.1177/1473325016680282. PMID: 30116159; PMCID: PMC6091228; Sibley, A. L., Schalkoff, C. A., Richard, E. L., Piscalko, H. M., Brook, D. L., Lancaster, K. E., Miller, W. C., Go, V. F. (2020). "I was raised in addiction": Constructions of the self and the other in discourses of

functioning individuals within a local recovery community risks potential cult-like shunning, scapegoating, and extrusion of the lowest functioning individuals seeking recovery as well as splintering an egalitarian community into factions and cliques. It is in this way that people in recovery could become accomplices in the sickness and death of those in the greatest need of recovery support. Such dichotomization may also inadvertently create impossible standards/expectations of perfection that are a set-up for failure, frustration, and clinical regression.

There is value in exploring the phenomenon of recovery flourishing, but we must do so cautiously. Seeking or bringing attention to the state of flourishing could undermine flourishing values (e.g., humility), spur ego-inflation, weaken social connections within recovery communities, and, as a result, erode the flourishing experience. This raises the question of how to disseminate information about recovery flourishing without undermining the very condition we are trying to promote.

Third, a related risk of over-popularization of the recovery flourishing concept is that flourishing, like the contested concept of recovery, will be diluted to convey even the smallest increments of positive change. If flourishing, like recovery, becomes everything, then it becomes nothing—a conceptual death by dilution. The author anticipates a day when the concept of recovery flourishing will be culturally and professionally celebrated as a counterweight to the present obsession with trauma. My fear is that recovery flourishing will become a “flavor of the month” phenomenon within the addictions field and larger culture leading to brief superficial investigation and financial exploitation only to then be cast aside as the newest fad topic arises.

Fourth, there is the potential that what looks on the surface like flourishing is actually a substitution of one excessive/compulsive behavior for another— not freedom, but an exchange of prisons.³¹² Substitution refers to failure in one area of self-control replaced by failed self-control in other areas of one’s life. Such substitution can take many forms: the common substitution of one drug for another³¹³ or obsession with work, money, possessions, power/control, social attention/approval/prestige, digital obsession, love, emotional drama, sex, food, exercise, beauty (mirror worship), body modification, performative dress, risk/thrill-seeking (gambling, extreme sport/adventure), or religious/political extremism. It is also not uncommon in early recovery for a toxic relationships to be “our latest drug of choice.”³¹⁴ Such substitutions can serve multiple functions over time: distraction, isolation, or medicating unpleasant emotions or

addiction and recovery. *Qual Health Res.*, Dec;30(14):2278-2290. doi: 10.1177/1049732320948829. PMID: 33148139; PMCID: PMC7649922.

³¹² Sinclair, D. L., Sussman, S., Savahl, S., Florence, M., Adams, S., Vanderplasschen, W. (2021). Substitute addictions in persons with substance use disorders: A scoping review. *Subst Use Misuse*, 56(5):683-696. doi: 10.1080/10826084.2021.1892136. PMID: 33749518.

³¹³ Kim, H. S., Hodgins, D. C., Garcia, X., Ritchie, E. V., Musani, I., McGrath, D. S., von Ranson, K. M. (2021). A systematic review of addiction substitution in recovery: Clinical lore or empirically-based? *Clin Psychol Rev.* 2021 Nov;89:102083. doi: 10.1016/j.cpr.2021.102083. PMID: 34536796.

³¹⁴ Narcotics Anonymous World Services (NAWS, 2012) Living Clean. Vany Nuys, CA, pp. 159-160.

symptoms of physical/psychiatric illness.³¹⁵ Studies of recovery from these addiction varieties across drugs/behavioral choices note remarkable similarities, including progressive growth and quality of life over time in recovery.³¹⁶

Such substitution can produce achievement in one area at the expense of a broadly balanced and fulfilling life. SUD remission and recovery free the time, energy, money, and devotion once tied compulsively to the drug experience. These dimensions of living can then be channeled, sometimes excessively, into other domains of experience. That channeling process, which can promote or further inhibit health and global functioning, can be categorized as *obsessive* (pathogenic) *passion* or *harmonious* (salutogenic) *passion*.³¹⁷ The same could be said for experiences of flow. One could, for example, envision a terrorist experiencing a state of flow as he or she meticulously constructs a bomb or stares through the scope of a rifle. Flourishing could be thought of as flow constrained by prosocial values. There is the potential of any flow activity to become addictive, thus the need for self-monitoring and efforts of rebalancing.

High levels of passion contribute to recovery stability but may not provide sustainable long-term benefits.³¹⁸ Excessive pursuits can for a time result in a high level of self- and other-perceived flourishing. I would suggest, however, that rather than a state of recovery flourishing, these behavioral patterns represent a common stage of substitution within the recovery process that precedes a balancing of attention and achievement across the domains of human flourishing. What distinguishes recovery flourishing from transitional substitution are the dimensions of balance and harmony that spans these areas of potential achievement as well as the depth of personal meaning and social contribution garnered by such balance and harmony.

Other unanticipated outcomes of recovery flourishing are possible, e.g., the earlier noted asynchronous growth of recovering individuals and their partners and family members could lead to conflict and relationship/family dissolution. Research documenting any such risks should be accompanied by suggested strategies for their clinical and personal management.

The speculations offered in this monograph include numerous limitations. Studies to date of PTG and flourishing among individuals in recovery from addiction are limited

³¹⁵ Sinclair, D. L., Sussman, S., Savahl S, Florence, M., Vanderplasschen, W. (2023). Narcotics Anonymous attendees' perceptions and experiences of substitute behaviors in the Western Cape, South Africa. *Subst Abuse Treat Prev Policy*, Jul 5;18(1):40. doi: 10.1186/s13011-023-00552-z. PMID: 37408038; PMCID: PMC10324242.

³¹⁶ Corner, T., Arden-Close, E., McAlaney, J. (2023). Wellbeing in addiction recovery: Does it differ across addictions? *Int J Environ Res Public Health*, Jul 16;20(14):6375. doi: 10.3390/ijerph20146375. PMID: 37510607; PMCID: PMC10379731.

³¹⁷ Vallerand, R. J., Blanchard, C., Mageau, G. A., Koestner, R., Ratelle, C., Leonard, M., Gagne, M., Marsolais, J. (2003). Les passions de l'ame: on obsessive and harmonious passion. *J Pers Soc Psychol.*, Oct;85(4):756-67. doi: 10.1037/0022-3514.85.4.756. PMID: 14561128.

³¹⁸ Lewis, L. E., Mills, D. J., Bergman, B. G., Kimball, T. G., Gerber, W.. (2025). Examining the dualistic model of passion in addiction recovery. *Front Public Health*, Feb 26;13:1519430. doi: 10.3389/fpubh.2025.1519430. PMID: 40078761; PMCID: PMC11897514.

by challenges of definition and measurement, selection bias rising from convenience samples, samples dominated by participants from the United States and other Western countries, the lack of control groups, self-report without independent verification of functional status, and data drawn from cross sectional (point in time) rather than prospective studies that measure changes in status over prolonged periods of time compared to matched control groups. Convenience sampling to study PTG and flourishing in addiction recovery is likely to attract those who embrace a recovery identity versus those with lower problem severity/complexity/chronicity who have resolved an alcohol or other drug problem without participating in addiction treatment or a recovery mutual aid group. Such studies are also more likely to attract those with the most positive experiences in recovery. Future studies will benefit from independent (biological/behavioral) measures of recovery flourishing rather than solely relying on self-report as well as inclusion of more diverse study samples. Finally, most of what we as a field know about flourishing in recovery is drawn from the experience of adults—findings that may need considerable refinement if not complete rethinking when applied to adolescents and transition-age youth.³¹⁹ In short, future research is needed to develop evidence-based principles and practices of recovery flourishing.

Implications for Service Design, Delivery and Evaluation

The potential service design and clinical implications of recovery flourishing could include the following indications:

- 1) Increasing representation of people with lived experience of recovery flourishing within the addiction treatment and recovery support services workforce—offering visible role models of recovery flourishing and integrating experiential, clinical, and scientific ways of knowing,
- 2) Integrating biological, psychological, social, spiritual, and cultural perspectives within the design of services focused on recovery initiation/maintenance and enhanced quality of life in recovery,³²⁰
- 3) Including pre and post flourishing measures within addiction treatment intake and follow-up data collection and in formal post-treatment outcomes studies,
- 4) Visibly acknowledging the potential for personal/family recovery flourishing along with the risks of asynchronous growth within all levels of clinical care in all recovery support service settings,

³¹⁹ Eekhoudt, C.R., Henry, K.J., Friesen, D. et al. (2026). Reimagining recovery: a commentary centering youth and caregiver voices on substance use recovery and healing from across British Columbia, Canada. *Subst Abuse Treat Prev Policy*. 21, 9 (2026). <https://doi.org/10.1186/s13011-025-00688-0>; Schoenberger, S.F., Park, T.W., dellaBitta, V. et al. (2022). “My life isn’t defined by substance use”: Recovery perspectives among young adults with substance use disorder. *J Gen Intern Med*, 37, 816–822 (2022). <https://doi.org/10.1007/s11606-021-06934-y>; Skogens, L. & von Greiff, N. (2020). Recovery processes among young adults treated for alcohol and other drug problems: A five-year follow-up. *J. Nordic Studies on Alcohol and Drugs*, 37, 338-351.

³²⁰ Galanter, M., White, W. L., Khalsa, J., Hansen, H. (2024). A scoping review of spirituality in relation to substance use disorders: Psychological, biological, and cultural issues. *J Addict Dis.*, Jul-Sep;42(3):210-218. doi: 10.1080/10550887.2023.2174785. PMID: 36772834.

- 5) Supporting realignment of family relationships, roles, rules and rituals across the stages of personal and family recovery,
- 6) Strategically sequencing/combining interventions of “getting into oneself” and “getting out of oneself” across the stages of personal and family recovery.
- 7) Integrating elements of lifestyle medicine (e.g., nutrition, exercise, sleep, mindfulness-based interventions, etc.) into addiction medicine and the mainstream menu of addiction treatment and post-treatment recovery support services,³²¹
- 8) Expanding access to activities that open pathways to recovery flourishing within in-treatment and post-treatment recovery support services and within local communities, e.g., sport, adventure, music, art, theatre, etc.,³²²
- 9) Identifying those individuals least likely to experience recovery flourishing for enhanced levels of recovery support services,
- 10) Supporting development and health of addiction treatment organizations, grassroots recovery community organizations, and personal recovery growth resources in the larger community,
- 11) Increasing efforts to reconstitute a volunteer workforce within the addictions field via recruitment of individuals who are flourishing and whose volunteer services activities could deepen that experience,
- 12) Mobilizing of people flourishing in recovery into a Recovery Corps service organization whose mission is focused on volunteer community service,
- 13) Integrating research findings on recovery flourishing into national and local anti-stigma campaigns, and
- 14) Supporting recovery-supportive cultural revitalization movements and related flourishing opportunities within historically oppressed and currently marginalized communities.

³²¹ Heinrich, K. M., Patterson, M. S., Collinson, B., Streetman, A. E. (2025). Exercise as medicine for addiction recovery. *Curr Sports Med Rep.* 2025 Aug 1;24(8):235-239. doi: 10.1249/JSR.0000000000001271. PMID: 40758788; LaBelle, O., Hastings, M., Vest, N., Meeks, M., Lucier, K. (2023). The role of mindfulness, meditation, and peer support in recovery capital among Recovery Dharma members. *J Subst Use Addict Treat.*, Feb;145:208939; Parisi, A., Roberts, R. L., Hanley, A. W., Garland, E. L. (2022). Mindfulness-oriented recovery enhancement for addictive behavior, psychiatric distress, and chronic pain: A multilevel meta-analysis of randomized controlled trials. *Mindfulness* (N Y). 13(10):2396-2412. doi: 10.1007/s12671-022-01964-x. PMID: 36124231; PMCID: PMC9476401; Patterson, M. S., Spadine, M. N., Graves Boswell, T., Prochnow, T., Amo, C., Francis, A. N., Russell, A. M., Heinrich, K. M. (2022). Exercise in the treatment of addiction: A systematic literature review. *Health Educ Behav.* Apr 29:10901981221090155. doi: 10.1177/10901981221090155. PMID: 35484950; Sancho, M., De Gracia, M., Rodríguez, R. C., Mallorquí-Bagué, N., Sánchez-González, J., Trujols, J., Sánchez, I., Jiménez-Murcia, S., Menchón, J. M. (2018). Mindfulness-based interventions for the treatment of substance and behavioral addictions: A systematic review. *Front Psychiatry*, Mar 29;9:95. doi: 10.3389/fpsy.2018.00095. PMID: 29651257; PMCID: PMC5884944.

³²² Bickel, W. K., Witkiewitz, K., Athamneh, L. N., Kuhlemeier, A. (2024). Recovery from alcohol use disorder: Reinforcer pathology theory, measurement, and methods. *Alcohol Clin Exp Res.*, (Hoboken), 48(9), 1626-1636; Brillhart, R. (2023). Recovery- and sobriety-support groups in a music community: An ethnographic study of Phish, the Phellowship, and the sensorium of sobriety. *J Subst Use Addict Treat.*, Nov;154:209120. doi: 10.1016/j.josat.2023.209120. PMID: 37451518.

For the past quarter century, addiction field leaders have advocated extending acute care models of clinical intervention to models of sustained recovery management nested within larger recovery-oriented systems of care.³²³ Achieving such a shift would allow addiction treatment and recovery support service programs to increase attention to the potential for personal and family flourishing within the experience of addiction recovery.

Conclusion

Recovery flourishing is a global state of health, an elevated level of social functioning, and a heightened personal/family experience of meaning and purpose. This experience/state/practice is best viewed as a progressive process of growth within, and increasing balance between, multiple life domains. Recovery flourishing emerges via diverse pathways of experience, shares many common qualities, but also unfolds in many yet to be identified varieties across diverse populations and cultural contexts.

Addicted people die of addiction, but they also die from a lack of hope fed by cultural pessimism about the prospects of long-term recovery—deaths of low expectation. Where is the source of recovery hope when public survey responses reveal a definition of recovery as people “trying to stop using alcohol and other drugs” rather than achieving such, when popular media is regularly filled with accounts of celebrity relapse and return to “rehab”, when the most visible faces of addiction treatment are those with untold numbers of treatment admissions, and when so many people in long-term recovery are hidden behind a wall of anonymity? Recovery pessimism is the lie that must be forever expunged from cultural consciousness. The reality, revealed by a growing body of scientific research and legions of people putting a public face and voice on recovery, is that: 1) sustained SUD remission is a widespread phenomenon—the normative outcome for substance use disorders,³²⁴ 2) SUD remission is often

³²³ Coon, B. (April 8, 2025). *5 Year Continuing Care System for High Severity, Complexity, and Chronicity SUD's: Clinical Targets, Methods, and Increments of Time*. (2022 monograph). RM/ROSC Library of the William White archives, Chestnut Health Systems; Dennis, M. L., & Scott, C. K. (2007). Managing addiction as a chronic condition. *Addiction Science & Clinical Practice*, 4(1), 45-55.; DuPont, R. L., Compton, W. M., & McLellan, A. T. (2015). Five-year recovery: A new standard for assessing effectiveness of substance use disorder treatment. *Journal of Substance Abuse Treatment*, 58, 1-5; McLellan, A. T., Lewis, D. C., O'Brien, C. P., & Kleber, H. D. (2000). Drug dependence, a chronic medical illness: Implications for treatment, insurance, and outcomes evaluation. *Journal of the American Medical Association*, 284(13), 1689-1695; White, W. L. (2008b). *Recovery management and recovery-oriented systems of care: Scientific rationale and promising practices*. Northeast Addiction Technology Transfer Center, Great Lakes Addiction Technology Transfer Center, Philadelphia Department of Behavioral Health & Mental Retardation Services.

³²⁴ Craft, W. H., Tegge, A. N., Keith, D. R., Shin, H., Williams, J., Athamneh, L. N., Stein, J. S., Chilcoat, H. D., Le Moigne, A., DeVeugh-Geiss, A., Bickel, W. K. (2022). Recovery from opioid use disorder: A 4-year post-clinical trial outcomes study. *Drug Alcohol Depend.*, May 1;234:109389. doi: 10.1016/j.drugalcdep.2022.109389. Erratum in: *Drug Alcohol Depend.* 2022 Dec 1;241:109687. doi: 10.1016/j.drugalcdep.2022.109687. PMID: 35287034; Day, E., Manitsa, I., Farley, A., Kelly, J. F. (2024). The UK National Recovery Survey: nationally representative survey of people overcoming a drug or alcohol problem. *BJPsych Open*, Mar 14;10(2):e67. doi: 10.1192/bjo.2023.654. PMID: 38482691; PMCID:

accompanied by enhancements in global health and social functioning,³²⁵ and 3) many people in SUD remission/recovery go on to experience lives of significant achievement, community contribution, and personal meaning and fulfillment,³²⁶ the true prevalence of which is limited by the lack of definitive studies of recovery flourishing. Recovery flourishing will increase when the dominant cultural narrative about the likely course of addiction, the prevalence of recovery, and the potential of recovering people as community assets are fully recognized at personal, public, and policy levels.

The growing awareness of the existence of flourishing within the experience of addiction recovery has potentially important implications for affected individuals and families, service providers, local communities, and drug policy makers. The author has seen 'living proof' that individuals and families can rise above addiction to first experience deliverance from that condition and to then draw strength from surviving that adversity to reach a level of achievement and meaning that might have otherwise not been possible. It is hoped that the observations shared about such transformations will inspire increased study of this phenomenon and its potential recovery support implications and applications. It is critical that we as a field understand and capitalize on transformational processes that turn addiction-related adversities into recovery challenges that elicit previously untapped personal, family and community strengths.

Acknowledgements: The author would like to thank Ann Ghent, Librarian at the Hazelden Betty Ford Foundation, for her gracious assistance over months and months in responding to innumerable requests for help in obtaining articles cited in this review. The monograph was also enriched by conversations and review comments from Dr.

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³²⁵ Manning, V., Garfield, J. B. B., Lam, T., Allsop, S., Berends, L., Best, D., Buykx, P. Room, R. & Lubman, D. L. (2019). Improved quality of life following addiction treatment is associated with reductions in substance use. *J Clin Med.*, Sep 6;8(9):1407. doi: 10.3390/jcm8091407 PMCID: PMC6780566, PMID: 31500211

³²⁶ Eddie, D., White, W. L., Vilsaint, C. L., Bergman, B. G. & Kelly, J. F. (2021). Reasons to be cheerful: Personal, civic, and economic achievements after resolving an alcohol or drug problem in the United States population. *Psychology of Addictive Behaviors*, 35(4):402-414. doi: 10.1037/adb0000689.

David Best, Chris Budnick, Tom Coderre, Brian Coon, Dr. John Kelly, Dr. Wayne Kepner, Boyd Pickard, Jason Schwartz, Bill Stauffer, and Matt Statman.

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Appendix A: Glossary of Terms

Addiction: Substance use disorders characterized by the highest severity, complexity and chronicity.

Alcohol and other drug problems: the spectrum (clinical and subclinical) of harmful patterns of alcohol and other drug use.

Flourishing (in the context of addiction recovery): an exceptional level of global (physical/cognitive/emotional/relational/spiritual) health, life meaning and purpose, and social/cultural contribution experienced within the constraints of one's limitations and life circumstances.

Post traumatic growth: enhancement of global health and personal strengths emerging in aftermath of weathering adversity/trauma.

Recovery: Resolution of a substance use disorder via sustained remission (abstinence or deceleration of use to subclinical levels) plus enhancement of physical/emotional/spiritual health, social functioning, and repair of the person-community-relationship.

Remission: sustained deceleration or cessation of drug use to the point that the diagnostic threshold for a substance use disorder is no longer met.

Resilience: protective measures / guardrails (e.g., drug deceleration or cessation) taken by individuals at high risk of addiction and substantial drug exposure to reduce risk of progression from drug use to development of a substance use disorder.

Resistance: conscious drug refusal or limitation of drug exposure by individuals or groups at high risk for addiction as a device of self-protection or assertion of personal/cultural protest/sovereignty.

Risk minimization: conscious changes in drug use consumption patterns to reduce likelihood of drug-related injury to self (morbidity and mortality) and others by individuals who may or may not meet SUD diagnostic criteria

Substance use disorder: Medical conditions that meet diagnostic criteria (Diagnostic and Statistical Manual of Mental Disorders) of the American Psychiatric Association and that collectively share loss of control over drug use decision making and significant impairment in personal health and functioning.

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