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What constitutes a women's recovery from addiction? Examining lived experiences and recovery capital of women from diverse European backgrounds

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ABSTRACT

The majority of research on addiction recovery has been based on male samples using traditional, structured methods and interviews. This study brings the voices of women from diverse European countries to bring authentic lived experience voices into the research and showcase their perspectives on what constitutes their recovery journey and how these sources are intertwined. This study employs the Photovoice method as a participatory, arts-based approach to examine the recovery experiences of 17 women from diverse backgrounds in the UK, Sweden, and the Balkans, engaging participants throughout the research process. By engaging women with histories of substance addiction in discussing their photographs and linked narratives, we identified 11 themes that illuminate recovery complexities. Our findings highlight the interplay between personal, social, and community recovery capital, revealing the significant influence of gender-specific challenges and stigma. The collaborative nature of this study generated lived experience insights into recovery capital and enhanced visibility and participation, underscoring the method's potential to capture nuanced recovery dynamics. Recognizing that recovery is not a straightforward process and often involves ongoing barriers, the study adds diverse women's perspectives to the literature, emphasizing the importance of developing effective gendered and culturally-sensitive approaches to support systems.

Introduction

Over recent decades, the study of addiction recovery has expanded across disciplines and policy, but debates on a consensus definition remain ongoing (Betty Ford Institute Consensus Group, 2007; UK Drug Policy Commission 2008; Sheedy and Whitter 2009; Ashford et al. 2019; Inanlou et al. 2020; Dekkers 2020a, 2020b). Simultaneously, the concept of Recovery Capital (RC) plays a pivotal role in discussions surrounding addiction recovery (White and Cloud 2008; Best and Laudet 2010; Keane 2011; Mistral & Wilkinson, 2013; Yates 2013; Keane et al. 2014; Best and Hennessy 2022), extending from the foundations of personal and social capital to encapsulate the array of resources pivotal for the recovery journey available in communities. The foundational belief here is that individuals with greater access to RC resources stand a better chance at initiating and sustaining recovery while recognizing the disparities in individuals' capacities to access resources beneficial for resolving drug and alcohol-related disorders, both in terms of the resources' availability and their efficacy (Cloud and Granfield 2008; White and Cloud 2008; Best and Laudet 2010; Best et al. 2020).

White and Cloud (2008) categorized RC into personal, social, and community domains. Personal RC encompasses both human and physical elements, social RC covers relationships and other social networks, and community RC is defined by access to community resources and societal support services, and attitudes toward substance use and recovery, along with cultural capital, policies, cultural norms and values (Cloud and Granfield 2008; White and Cloud 2008). Research has increasingly operationalized recovery capital to explore its relationship with mental health, support networks, and employment outcomes (Mawson et al. 2015; Hennessy et al. 2019; Ashford et al. 2021). These studies reveal that recovery capital is a predictor of improvements in areas crucial for sustained recovery, such as mental health stability and employability. However, the mere presence of RC does not guarantee a positive trajectory, especially if one's social circle predominantly consists of active substance users, and can also pose a barrier to recovery (Best and Laudet 2010). Additionally, having a wider social network that includes individuals in recovery, as well as others to confide in, correlates with enhanced growth in recovery strengths and a decrease in recovery barriers (Best et al. 2021). This finding aligns with the 'social cure' theory

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(Jetten et al. 2012; Best et al. 2020), which suggests that belonging to multiple and diverse groups yields more beneficial effects on health and wellbeing. This aligns with the CHIME framework for mental health recovery (Leamy et al. 2011). They identified that optimal support for recovery involves fostering connections, hope, identity, meaning, and empowerment. Extending these concepts to addiction recovery, Best (2019) contends that positive connections, established through social learning and social control, cultivate a sense of hope, affirming that change is achievable. Hope encourages participation in meaningful activities, subsequently reinforcing a positive identity and culminating in an internal sense of empowerment.

Research suggests that gender significantly influences the constructs of recovery and RC, but regardless of that, debates on addiction and gender continue to evolve, identifying contradictions within academic and policy discussions (Du Rose 2015). The existing research highlights paradoxes related to responsibility, rationality, control, and morality, positioning women within these conflicting narratives that simultaneously depict them in opposing lights. The 2010 UK drug policy was critiqued for overlooking the gendered dimensions of recovery principles, which fail to recognize the distinct differences in RC between men and women, who potentially have reduced personal RC due to their experiences of social oppression (Wincup 2016). The gendered nature of RC was further explored in literature, noting how it can be reinforcing and evolve dynamically, highlighting gender-specific barriers women face in accessing support services, such as childcare, transportation, unmet service needs, and judgmental attitudes of staff in services (Neale et al.2014; Kulesza et al. 2016; Neale et al. 2018; Schamp et al. 2021; Van Steenberghe et al. 2021). Women are also more susceptible to physical and mental health issues, abuse, and domestic violence (Meulewaeter et al. 2019, Best et al. 2020, 2021), and they report greater stigma and judgment compared to their male counterparts when their substance use becomes known (Neale et al. 2014). However, while negative perceptions of female drug use are internalized, women find ways to challenge and redefine these stereotypes (Du Rose 2015).

Emerging literature further connects these paradoxes to broader themes, such as motherhood and its role as both a form of social capital and a potential barrier to recovery (Gueta and Addad 2015; Gunn and Samuels 2020). The stigma surrounding drug-dependent mothers and societal expectations of womanhood and motherhood poses significant challenges to women (Gunn and Samuels 2020). Additionally, women's drug use is often perceived as 'doubly deviant', challenging conventional norms of femininity, unlike men's drug use, which may be seen as an expression of masculinity, hence negatively impacting the personal RC of women (Ericsson and Jon 2006; Fitzgibbon and Stengel 2018).

While similarities in the challenges faced by drug-using men and women exist, evidence about the lived experience of women's recovery is still lacking (Neale et al. 2014; Gueta and Addad 2015; Wincup 2016; Schamp et al. 2021; Van Steenberghe et al. 2021). This study aims to explore the lived experiences of women in recovery, from different geographical and cultural settings, exploring the supports that facilitate the initiation and continuation of change from the perspective of RC (Cloud and Granfield 2008; Best and Laudet 2010). It seeks to identify themes that highlight the interactive nature of RC through the lens of women in recovery in these dynamics, focusing on how gendered nuances of personal, social, and community RC influence women's lives.

Materials and methods

Photovoice, as a visual and ethnographic approach, serves as a tool for participatory action research, enabling participants to capture and discuss images as a means to drive personal and societal transformation (Wang and Burris 1994, 1997; Booth and Booth 2003). Photovoice has proven effective in capturing the lived experiences of marginalized groups, such as people with substance use disorders (Brazg et al. 2011; D'Angelo and Her 2019; Drainoni et al. 2019). It provides participants from marginalized groups with the agency, allowing them to narrate their recovery journeys visually. This approach stems from the recognition that certain individuals' stories remain unheard within societal discourse (Cabassa et al. 2013; Mizock et al. 2014), a scenario that often mirrors women's recovery narratives overshadowed by stigma and misunderstanding (Ness et al. 2014). Reflecting the subjective essence of recovery the authentic voices of women navigating recovery are crucial and authoritative knowledge sources (Hyde et al. 2015; Dekkers et al. 2020a). Thus, embracing subjective narratives is imperative for fostering recovery and reforming support mechanisms (Andersen 2015).

Photovoice provides profound insights into participants' realities, showcasing their day-to-day experiences, relationships, and activities that form the basis of addiction recovery (Fitzgibbon and Stengel 2018). This method notably provides participants with a voice by fostering collaborative and co-productive research model. Co-production in mental health research engages individuals with lived experience alongside academic and professional experts to design and implement research initiatives (Brandsen et al. 2018; Faulkner and Thompson 2023). It seeks to position people with lived experience as equal partners from the outset, transcending traditional consultation models (Sommer et al. 2018; Durbin et al. 2019). The literature presents two main perspectives: the first views co-production as a transformative method that enhances research impact, quality, and tackles power imbalances and negative stereotypes such as sanism (Oliver et al. 2019). The second perspective, is skeptical about the possibility of genuine collaboration due to inherent power imbalances, often resulting in tokenistic engagement that fails to challenge entrenched de-politicization (Rose and Kalathil 2019; Turnhout et al. 2020; de Bie 2022). Despite these challenges, this paper aims to contribute to the literature by employing Photovoice as a method explore and record women's experiences of recovery, and to link this to their photos and life narratives. This study attempted to answer the following research questions:

RQ1: What are the personal and experiential components of recovery as measured through innovative qualitative methods (Photovoice)?

RQ2: How does participation in a Photovoice project generate personal, social, and community recovery capital?

Recruitment and data collection

This study is a sub-study of international mixed-methods research that investigated recovery pathways in the UK, Sweden, and the Balkans.[1], with a specific focus on the impact of gender on these processes. This paper extends the previous research (Van Steenberghe et al. 2021; Nisic et al. 2024a) to encompass a wider geographical and demographic spectrum, particularly focusing on female respondents from a preceding Life in Recovery study across these new regions, which served as a recruitment and research strategy for the study. Selection criteria required participants who identified as female, were over 18 years old, had been in recovery for at least three months, and provided contact information and informed consent. The participant primarily included individuals identifying as female, as gender was conceptualized in the Life in Recovery survey as 'male', 'female', and 'other', with almost all participants (except three) describing themselves as male or female. Initial outreach targeted 30 candidate women, and ten potential participants per country (UK, Sweden, and the Balkans). Initial selection was made, targeting diversity in geographical coverage, stage of recovery, type of recovery support (e.g. including inpatient/outpatient care and community support groups), and substances used. After reaching out and providing details about the project, 15 women agreed to participate. To reach the desired sample size, additional eligible participants were contacted following the same selection process until a total of 20 women consented to participate. Throughout the study, challenges specific to recovery led to the dropout of some participants, and adaptability was the key to maintaining engagement, including shifting to one-to-one sessions for some, leading to the participation of 17 women (the UK ($n = 7$); the Balkans ($n = 6$); Sweden ($n = 4$)). This process was iterative, ensuring a comprehensive and diverse participant base. The majority of participants are married ($n = 9$), do not have children ($n = 9$), have Higher Education ($n = 10$), and are in paid employment ($n = 11$). The participants have a range of substance use histories, including heroin, alcohol, cannabis, cocaine, amphetamines, and prescription drugs, with recovery durations ranging from 1 year to 27 years. Regarding recovery support mechanisms, the majority of participants reported using multiple pathways to recovery. Participant demographics are summarized in Table 1.

The study consisted of a series of group virtual two-hour meetings conducted in English for the UK and Swedish participants, and in Bosnian language for the Balkan cohort who didn't speak English, accommodating the linguistic diversity of the participants. These sessions were led by a female researcher (MN) with an extensive background in personal (personal experience as a family member of individuals navigating recovery), academic, and practical expertise in photovoice methodology and recovery processes (MSc in Criminology, PhD researcher, Nisic et al. 2024a). Participants were provided with a short introductory course in using the language of photography, fostering both artistic expression and personal reflection. This included a presentation and slides detailing the project, offering photography tips, and showcasing inspirational work from similar initiatives (available upon request from the corresponding author).

The structure of group discussions was consistent. In the first portion of the session, the emphasis was on collaboratively selecting participants' photos and examining their characteristics, such as composition, lighting, and color use, to understand how these aspects support the photo's message. The second part shifted focus to the stories behind the photos, exploring how the themes of each photo relate to broader experiences of recovery. The group was encouraged to reflect on how these visual narratives resonate with their journeys, fostering connections between the photographs and their own recovery stories.

Initial meetings emphasized building trust and sharing the personal experiences of both the participants and the researcher (MN), as well as the reasons and personal goals for doing the research and participating in it. The meetings then progressively transitioned into deeper discussions about the role of RC components, gender, and barriers to recovery. In the first meeting, the discussion was sparked by inquiries into how changes occurred in participants' lives, paving the way for conversations about the catalysts for these changes and the support systems or obstacles encountered in sustaining them. Participants were asked to take pictures of their daily life to 'demonstrate their experiences with recovery in their context'. Attention then shifted toward 'identifying supports that enable participants to maintain positive changes', with discussions centered on the people, places, and activities that facilitate their recovery process. The group engaged in collective analysis of photos and stories, and the platform for providing comments on each other's photos was created aiming to enable the group to understand the impact of personal, social, and structural factors on recovery in different contexts. The subsequent sessions continued to explore these themes, creating room for discussions on the challenges of maintaining change. The concluding session focused on the influence of gender and stigma on recovery processes, and our next steps toward organizing public recovery events, and exhibitions, to showcase this work. Participants finally provided consent to publish identifiable details and selected their pseudonyms, which have been used throughout the manuscript. A central part of the rationale and design was actively engaging participants in the process of interpreting and then disseminating the findings and this is described in the results section of this paper.

Data analysis

The researchers (MN&DB) used thematic analysis to analyze narratives and explore the interplay between individual

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[1]Balkans refers to Croatia, Bosnia and Herzegovina, Montenegro, and Serbia and this cohort is regarded as one.

Table 1. Characteristics of research participants ($n = 17$).

Alias	Age	Education (Higher Education (HE); Secondary Education (SE); Primary Education (PE)	Country	Soc.economic status	Children/ marital status	Problem substance	Time in recovery in years	Recovery support mechanism
H	51	HE	UK	Volunteer/ disabled on benefits	0/single	Class a/ crack, heroin	8	Rehab; smart recovery, local recovery community
Tracey	53	HE	UK	Paid employment	2/co-habiting not married	Multiple illicit drugs	27	No support - natural recovery
Monika	43	SE	Balkan	Paid employment	3/married	Heroin, cannabis, ecstasy, prescription drugs	18	Detox, faith based rehab, church
Kristina	47	HE	Balkan	Paid employment, volunteering	0/married	Heroin	22	Peer based support, church
Keki	47	HE	Balkans	Studying, volunteering	0/ divorced	Heroin, prescription drugs	10	Peer based support, church
Linda	44	HE	Sweden	Paid employment	2/married	Amphetamine, alcohol, cannabis, benzodiazepine	9	Detox residential rehab, 12 steps, NA
Tanja	45	SE	Balkans	Volunteer, benefits	2/married	Heroin, cocaine, cannabis, amphetamine	15	Peer based support, church
Elvira	53	SE	Balkan	Paid employment	2/married	Heroin, cannabis, ecstasy	19	TC, church
Ruth	66	SE	UK	Retired	2/widow	Alcohol	3	Non 12 step peer based
Rita	56	SE	UK	Volunteer, benefits	3/single	Heroin	1	Residential, peer support
Alison	57	SE	UK	Paid employment	0/in a relationship	Alcohol	4	Community detox, peer support
P	45	HE	Sweden	Paid employment	2/ married	Heroin, benzodiazepine, multiple illicit drugs	20	12 steps NA, volunteering, yoga, sports
Kattilajnen	41	HE	Sweden	Paid employment	1/married	Multiple illicit drugs	11	12 steps, reidential, church
Di Sa	32	HE	Sweden	Paid employment	0/married	Opioids, cannabis, amphetamine	9	Safe house, NA
Emily	26	HE	UK	Paid employment	0/single	Painkillers, cocaine, cannabis, alcohol, ketamine	1	psychosocial intervention, therapeutic groups, activity groups
Jenny	55	HE	UK/Canada	Paid employment	0/single	Alcohol	3	12 steps
Harriet Potter	30	PE	UK	Benefits	0/ married	Heroin, ketamine, alcohol	2	Peer based support

recovery experiences and broader social contexts through the lens of gender. Adopting a contextualist perspective honored subjective interpretations while considering wider societal influences (Braun and Clarke 2006). This approach recognizes that participants' lived realities are shaped by both immediate and broader socio-cultural contexts. Foundational theories of RC (Granfield and Cloud 1999; Cloud and Granfield 2004, 2008; Best and Laudet 2010) and the interrelations between gender, recovery, and RC (Neale et al. 2014) provided the conceptual framework.

The initial phase of thematic analysis encouraged participants to collaboratively engage as part of the research team in unpacking the significance of their contributions during group discussions and the resulting exhibition and recognizing the intertwined roles of individual, societal, and community elements in shaping recovery experiences. The individual narratives were then thematically analyzed, adhering to the detailed procedural steps (Braun and Clarke 2006), and codes were then collated into potential themes. For instance, codes like 'empowerment', 'self-discovery', and 'light' were merged into a broader theme 'Empowerment and Self-Discovery in Recovery'. The preliminary findings were shared in a presentation with the participants, seeking their insights to refine the thematic structure and ensure the authenticity of the representation. This iterative process was instrumental in distilling eleven themes that represent cornerstone concepts in the tapestry of recovery narratives.
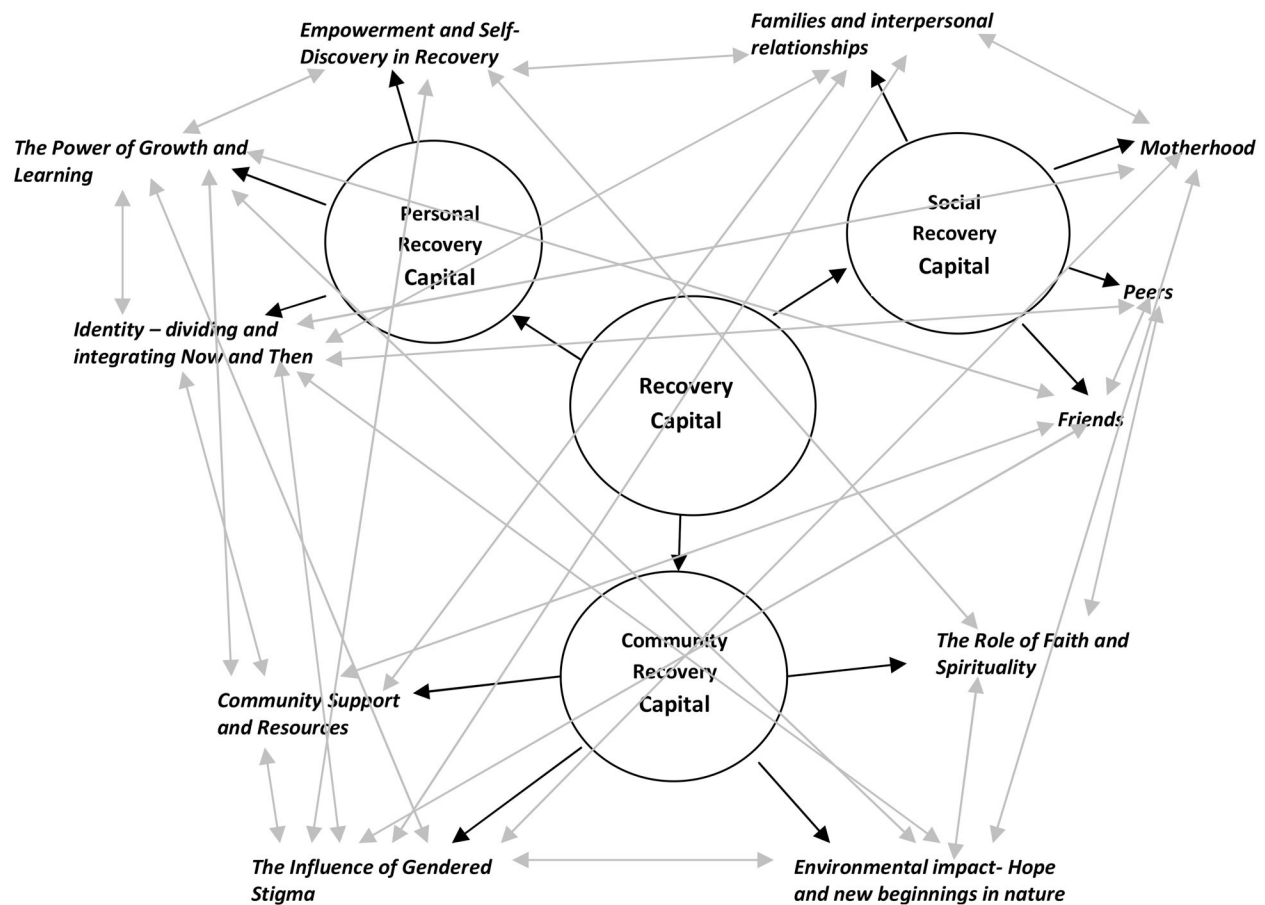
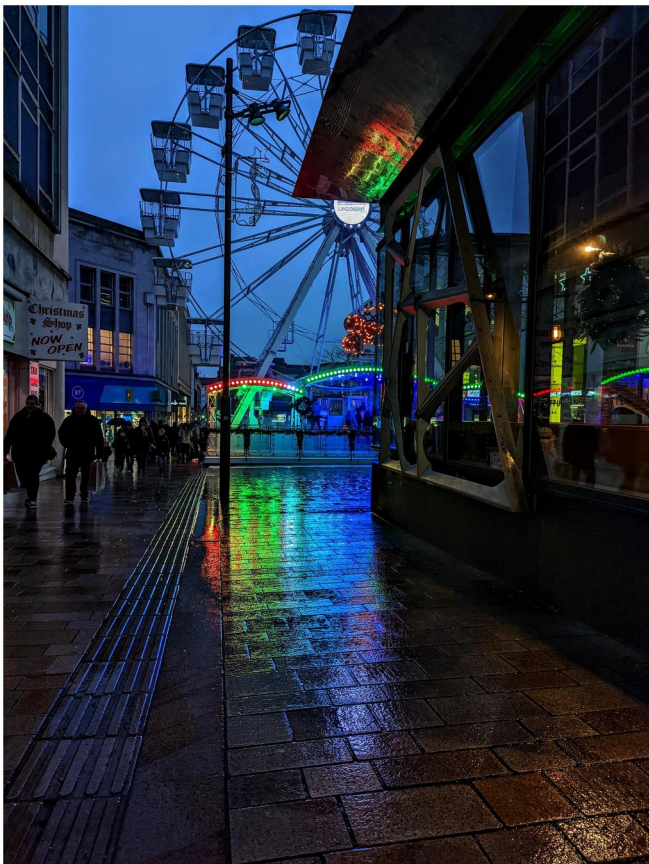**Figure 1.** Recovery capital diagram.

Figure 2. Storms (Emily).

Results

Eleven identified themes were associated with various domains of RC, frequently overlapping across multiple domains. Through illustrative examples of photographs alongside their narratives, these themes emerge as intertwined, functioning as mutual catalysts for growth that dynamically influence the recovery journey of women. These elements are not isolated but interconnected, forming the core building blocks of recovery pathways, which are depicted across various interwoven themes and domains, as shown in Figure 1, created from our findings.

Personal recovery capital

A common theme in participants' narratives was the development of personal RC, tied to the sensation of life renewal and increased robustness after addiction losses. Their stories show full recognition of this, deeply shaped by empowerment, self-esteem, personal growth, self-care, and learning, all contributing to identity transformation.

Empowerment and self-discovery in recovery

The submissions portray the transformative journey of women harnessing their inner strength, mastering '*self-empowerment*,' and rediscovering their identities. For some participants, recovery meant cultivating '*personal values*,' nurturing '*self-care*,' and achieving heightened '*self-awareness*'

through realizing their strength and capabilities in the recovery process. These stories mark a profound evolution from vulnerability to empowerment and self-understanding. The photo (Figure 2) represents empowerment with bright colors illustrating the change from past 'dark times.' The accompanying quote from the participant's poem perfectly captures this theme, calming that she is '… *stronger, wiser, than before. Skies of darkness stil*l. … (Emily).

Some women shared that recovery was a deeply introspective process and that this journey underscores an internal metamorphosis, highlighting personal discovery. The following narrative and photo (Figure 3) speak strongly to that:

> … *My recovery journey has been a journey of self-discovery. I no longer feel the need to compete with anyone expect myself. I no longer see myself as being like the odd one out, because I know in my heart I stand out* ….(Tracey).

The use of light and doorways in the photos and narratives symbolically represents the women's aspirations and

Figure 3. Another reminder (Tracey).

progression through recovery. spotlighting the dynamic interplay of '*empowerment*' and '*self-discovery*' seen as critical to the group for their recovery pathways (Figure 4). "Kattilajnen" illustrated perseverance amidst adversity, highlighting that '*Even when I've been through my worst life crises, I have seen the light in the tunnel …* '. Likewise, "H" reflected on the acceptance of self as a cornerstone of healing, including feeling like her '*shadow came into the light. By learning to love all of me, both the shadow & light, could I begin to heal & welcome recovery.*' For others, like "Elvira" light exemplifies the transition from despair to boundless living, and she '*saw the light and the door, but I couldn't reach them … Now, I live life to the fullest, and the sky is my only limit.*' "Keki" highlights the spiritual dimension of recovery, and feels that '*Recovery has turned on my inner light and invited God to come and dwell in me …* '.

The power of growth and learning

The role of personal growth, learning, and professional development emerges as an essential conduit for personal RC for many participants. Women emphasize the importance of ongoing learning, and "Rita" shared that she thought she was '*too old to learn.*' This is illustrated in the picture (Figure 5) and became a symbol for the group, highlighting the never-ending journey of '*education*' and '*personal development*' in recovery, reflecting their newfound ability to continue education.

The stories capture ideas about growth, like a tree maturing over time. "Jenny" shared that she loves '*the story of the tree that grows. … The seat for reflection and the rising sun that speaks of the story of recovery.*', illustrated in her picture (Figure 6).

The importance of personal development and preventing relapse were important for many participants. "Kattilajnen" illustrated this in her photo (Figure 7) and emphasized that working on her personal development has been '*an important part of my growth. Understanding myself better prevents relapse.*'

This educational engagement is crucial for personal RC, serving as a vehicle for '*individual expression,*' '*emotional processing,*' and honing '*talents and vocational skills.*' These pursuits were seen as instrumental in forging a deeper self-connection, becoming *a transformative practice*' that empowers participants to reshape their narratives and '*envision new possibilities.*'

Identity – dividing and integrating Now and then

Delving into one's identity, reconciling 'yesterday' and 'today' selves, and harmonizing personal actions with core values emerged as profound themes within the shared narratives of the group. Throughout the shared stories, it was demonstrated that this balance is connected to the process of integration, and is pivotal in the reconstruction of '*life and identity*' amidst recovery. Figure 8 offers a powerful testament to this journey, as "Keki" shared her narrative showing that '*maybe then, you can give yourself permission to integrate the 'old' and the 'new' self into a balanced person,*
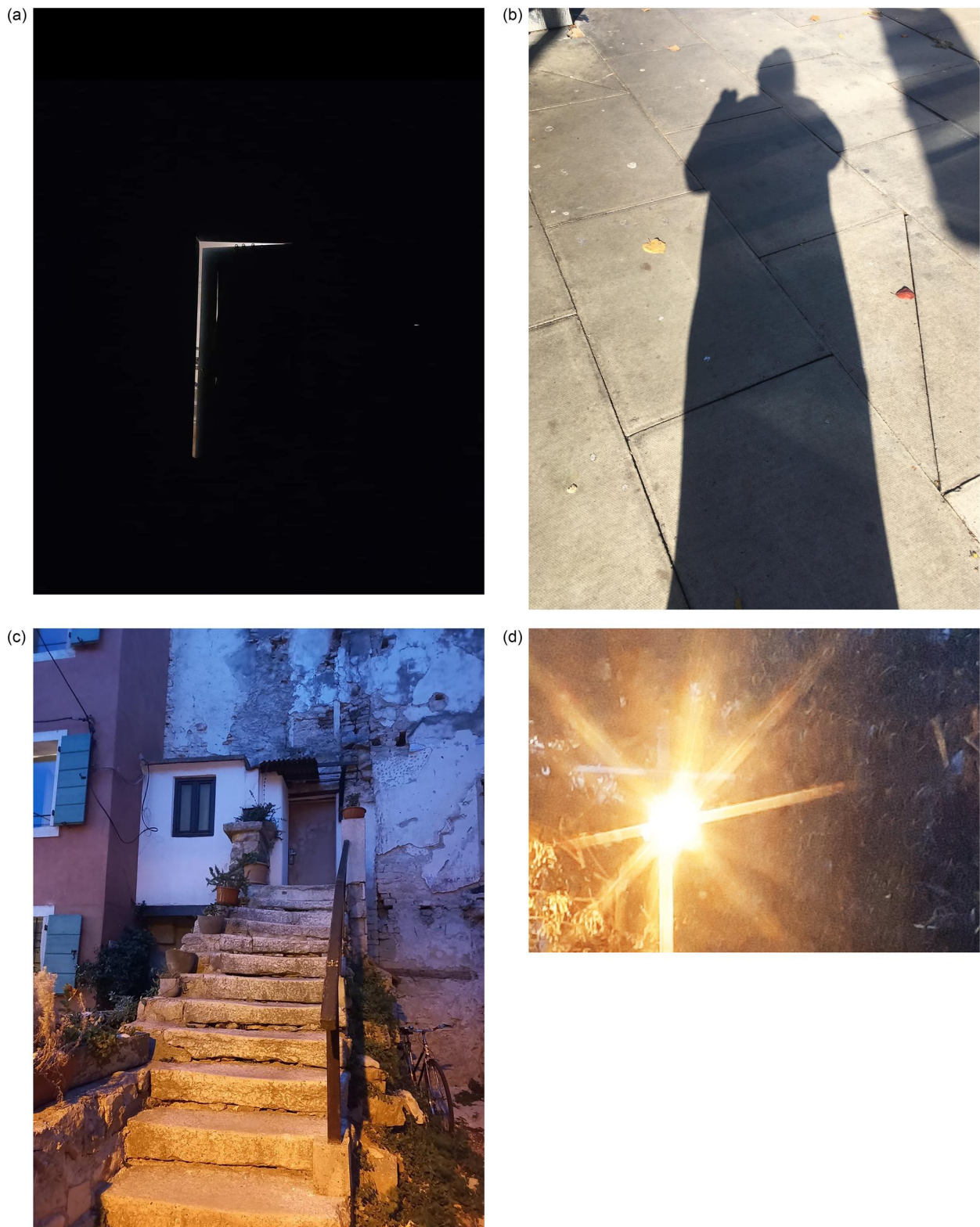
Figure 4. Lights (Kattilajnen, H, Elvira, Keki).

that feels good in her skin and can say: it is well with my soul.'

Through this theme, women emphasize how the '*realignment of their daily actions*' with intrinsic values and beliefs, and the ongoing process of '*defining oneself*', form the cornerstone of the recovery journey. Women articulate this sentiment by contrasting their past and present selves, expressing a profound sense of '*gratitude for evolution*'. This is illustrated in a photo (Figure 9) of a scarf that one of the participants, "H" used to wear as a physical shield, and she shared that the scarf was her '*own physical barrier*' which she wore '*every day*' to keep her '*safe*'. She highlighted that it took her weeks to '*lower my scarf & eventually take it off. There are only a few people alive who remember them. Sadly*

Figure 5. Learning (Rita).

many have relapsed & many more have died. Now I live with gratitude, living in recovery. Grateful for Now, Grateful for Then.'

Such reflections reaffirm women's belief that the essence of recovery is '*not just a return to a state of health*' but as a transformative passage toward '*self-realization*' and being '*better than well*', with gratitude being one of the emerging sub-themes. It speaks about the participant's crafting of a life that resonates deeply with their personal ethos now, thereby fostering a '*newfound fulfilling identity that thrives beyond the challenges of the past*'. However, many women expressed that they grapple(d) with '*feelings of shame*'. The introduction of Photovoice raised questions about whom to share the photo with or collaborate on photos and using photography facilitated discussions about shame and the act of revealing oneself and being proud of the recovery journey and celebrating it.

Social recovery capital

The crucial role of supportive networks, including family, friends, and recovery groups, emerged as a consistent theme. A major hurdle, yet a profound source of support in the recovery journeys of the participants, is reestablishing connections with loved ones. Their narratives reveal the complex interplay between these relationships, particularly highlighting the unique challenges faced by women who are mothers during recovery.

Figure 6. A tree that grows (Jenny).

Families and interpersonal relationships

Many participants noted the challenges families face when involved in the recovery process. Some reported receiving almost '*unconditional support*' from their families, accepting them and their journey as is. However, others encountered family members who held different expectations and views
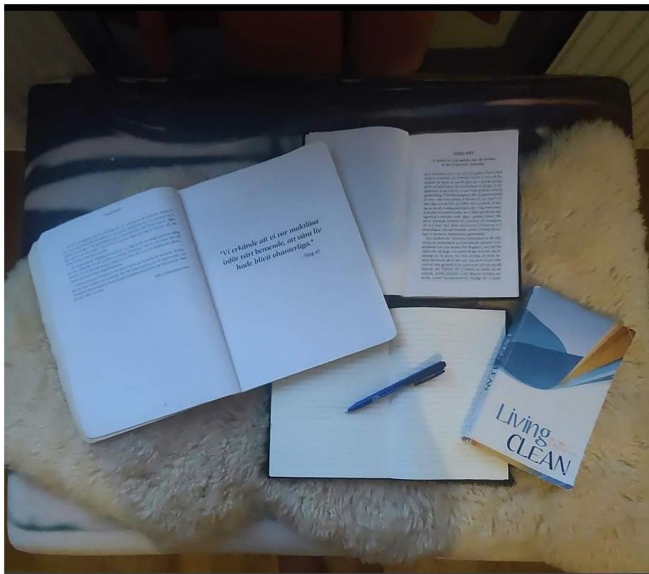
Figure 7. Self-knowledge (Kattilajnen).

on their recovery. The image (Figure 10) and accompanying quote from "Di Sa" capture the essence of a supportive family that, despite some doubts and reservations, played a pivotal role in her recovery:

> My family doubted me but I doubted me more. I remember saying: "I GOT IN!" and her response being "Just don't mess it up". I worked hard to get back up I'd built a home. I've worked hard at my job. But in that moment it was as if none of that mattered. I was probably gonna mess it up. But you believed in me. Like you always did. When I was new you said "We will love you until you learn how to love yourself". And you did. So I did. And then I graduated (Di Sa)

This illustrates the critical impact of having 'supportive relationships' that believe in one's ability, shared by most of the participants. Participants reflected that families lay the groundwork for 'transformation', 'offering love', 'acceptance', and 'belief in the capacity to change', integral to navigating recovery.

Making genuine connections, having a partner, and the sense of belonging while receiving acceptance from significant others have profound implications on the path toward self-acceptance for the study participants. The challenge of connecting deeply and authentically was expressed by many participants. "Keki" mentioned several difficulties in a quote, showing that 'the biggest challenge is to make a true, honest connection and overcome fear … to escape old patterns but be open to accept, understand and grow with another human being … to love … to give … to build again.', and her photo (Figure 11).

This insight and photo highlight the not so easy journey of overcoming many obstacles, 'fear', breaking free from past habits, and the 'openness required to forge genuine relationships' after addiction discussed by the group.

Motherhood

While several participants found it interesting how photography created opportunities to take pictures with or of their families or children, fostering moments of unity and

Figure 8. Integrating old and new (Keki).

embracing their time together, this activity often heightened their awareness of the 'enjoyment they were experiencing' in those moments.

The narratives of the participants reveal a variety of sometimes conflicting dynamics. For instance, having children often facilitates connections with others. Motherhood necessitates engagement with the 'outside world,' which can be beneficial for recovery. Yet, the nature of the social

Figure 9. Now & Then (H).

Figure 11. Emotional relationship (Keki).

Figure 10. We will love you (Di Sa).

contexts in which individuals find themselves can also lead to concerns, and '"P" reflected to her photo (Figure 12) that being a mother is one of '*the most fulfilling and beautiful experiences life has to offer, but it also comes with its own set of challenges and responsibilities. Now, add being a mother in recovery to the equation, and the journey becomes even more complex.*'

The photo vividly depicts the complexities of this journey: a road ahead filled with clouds symbolizing the uncertain and challenging paths, but also scenes of hope represented by a child, a beautiful blue sky, and lush green grass. This imagery underscores the dual nature of recovery—fraught with obstacles yet filled with potential for a '*loving connection with children*', which was very important to the group.

Peers

Participants' narratives revealed that peers (women and specifically mothers) in recovery play a significant role in their lives. This captures the role of '*genuine*', '*supportive connections*', and not depending on a context, women's stories and photos showed the critical importance of '*having strong relationships with peers*' in recovery. "P" mentioned that for her finding others who have walked similar paths has provided an '*irreplaceable source of support and understanding*', feeling that

> *Fellow mothers in recovery have become my companions, my confidantes, and my allies. We share our stories, our struggles,*

Figure 12. Being a mother (P).

Figure 13. Friends (Tanja).

and our triumphs, knowing that in our vulnerability, we unlock the power to heal not only ourselves but also those around us.

Several participants have agreed, describing that peers are their '*amazing support network*' and '*army of friends, workers and peers. All of whom I feel safe with, that I can lean on, & offload too.*'

Friends

Although many participants shared photos and stories about friends e.g. Figure 13, an intriguing theme that emerged in the photographs was the connection with pets and objects, serving as a metaphor for friendship with others. Participants highlighted how the unconditional bond with pets symbolically represents the type of '*connections desired with people*'. This comparison illustrates the complicated
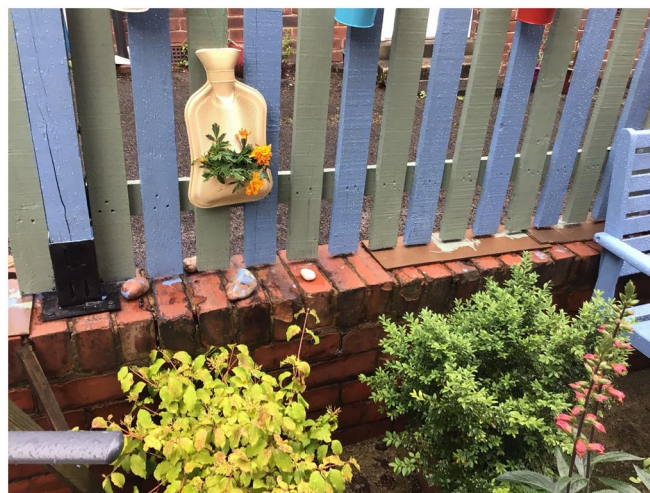

Figure 14. Dear old friend (Ruth).

nature of human relationships, where, unlike animals, '*judgment and conditional acceptance*' can prevail.

Some women shared stories and photos that depicted objects that have grown to be more than mere possessions, as exemplified in the photograph (Figure 14) and the quote "Ruth" has shared about water bottle being her '*… dear old friend I'd flick on the kettle and you would appear warming my soul holding me near when times were bad you calmed me down when times were sad …*'

The indispensable value of connections in the recovery journey remains important for all participants representing sources of '*strength*', '*unconditional acceptance*', and catalysts for personal RC growth.

Community recovery capital

Community RC emphasizes the vital role that supportive communities and accessible community resources play in the recovery process. It shows that recovery is not solely an individual journey but is deeply influenced by the community context in which an individual resides. This theme highlights different aspects of how resources and societal support, in particular community, can facilitate or pose a barrier to recovery through the lance of women in recovery.

Community support and resources

There were several stories where women expressed that having a job and belonging to a community has '*positively impacted their recovery*'. This captures the need for inclusion and collective effort, as integral elements of the journey toward recovery for women. Their experiences demonstrate that social and community RC are intertwined. In the photo (Figure 15) and linked narrative "Monika" shared that '*Belonging, being part of a team, and working in unity with others is the bridge to transition from the dark side to the side of light and the prospect of a new life.*' This represents a metaphor of a bridge created from the hands of the sculptures, and conveys the significant role that' *belonging and employment*' play in navigating away from '*isolation*', stressing the importance of feeling '*integrated and valued within*

Figure 15. Belonging (Monika).

Figure 16. Nature collage (Di Sa, Elvira, Jenny, Linda, Harriet Potter, P).

community and team' environments as a key aspect of recovery.

The role of faith and spirituality

Faith and spirituality in recovery stand as central pillars for many participants, offering a compass for navigating challenges and a beacon of '*hope*' and '*purpose*'. "Kristina"

highlights the transformative influence that spiritual beliefs hold in the recovery process, and shares that she '*never want to forget where I've been because that would mean forgetting how powerful and real the Lord Jesus Christ is.*' Women's different experiences with faith and/or spirituality have several mutual ingredients regardless of differences; it bolsters '*psychological resilience*' and fosters overall '*well-being*' and health, as "P" elaborates that through her connection with nature, she has '*found a higher power that transcends any religious doctrine…*' This connection enhances their RC across all domains, offers '*a sense of connection to networks that abstain from substance use*' for some, '*access to community resources*' and '*deep sense of meaning and connection with higher force*' for others. The participants discovered a sense of connection either through a specific church or directly within nature. Consequently, we categorized these experiences as examples of community RC.

Environmental impact- Hope and new beginnings in nature

Several stories express a deep connection to nature, recognizing it as not merely a setting but as an active participant in the recovery process, imparting resilience and illuminating the cyclical nature of life for the study participants. Almost all participants used photos of nature (Figure 16) encapsulating nature's role as '*an ally*', and highlighting how interactions with the natural world can facilitate '*healing*' and '*personal growth*', acting as both '*a sanctuary*' and '*a teacher*' in the recovery process.

Through this lens, participants recognized nature as a '*universal source*' of recovery, bridging individual experiences with broader societal values within their environments. This reciprocal relationship between the individual and the environment has provided a deeper sense of '*belonging to the greater web of life*' for many participants. The essence of '*hope*' and the prospect of '*new beginnings*' consistently resonate throughout the submissions, embodying a collective yearning of the group for transformation and renewal. This is frequently linked to nature and its significance in the process. "Harriet Potter" shares that '*the river wash away the pain in a way that the drugs never could,*' adding to "Linda"'s description of the nature '*On my left there where flowing green meadows and Blue sky*' where she said she had a '*profound feeling of coming to a point where I had to choose. Choose between death and destruction or life and freedom.*'. "P" has mentioned several '*healing powers*' of nature, including that the forest became her '*sanctuary, where my worries dissipate, and my spirit finds solace. Amongst the trees, I feel an overwhelming sense of connectedness to something far greater than myself, an energy that breathes life into every living creature.*'

This theme sheds light on participants' perspectives and aspirations for societal and community transformations concerning recovery, and highlights the need for environments where '*second chances are embraced*' and where '*hope for the future*' is interwoven into the cultural fabric, symbolizing the

group's belief in the potential that access to natural spaces offers to recovery.

The influence of gender and stigma

Gender-related elements are implicit, centered around unique paths, challenges, societal expectations (especially for mothers), family and social support, and social stigma personal experienced by women in recovery. One participant shared she never thought of herself as '*a woman in recovery.*' However, participants agreed that '*women deserve more empowerment*' (Figure 17).

The important part of the conversation between participants focused on the battle against societal stigma, personal doubts and shame, and the internal and external challenges that hinder recovery. Their stories reveal that stigma '*directly affected*' their RC by creating '*barriers to accessing essential support*'. Moreover, their narratives and photos mirror the pervasive '*negative cultural norms and values*' that impede the recovery process, diminishing '*personal self-esteem*', deteriorating '*the quality of social connections*', and restricting the access to '*community-based support services*'. Although women are proud of their sobriety (Figure 18), the interplay between multifaceted challenges women face reflected by "P" emphasize that '*society's unkind stigma toward addiction can often make this journey more challenging.*', reflecting further the group's discussions that women are '*not defined by addiction*' but by their '*strength*', '*commitment to recovery*', and '*devotion to their children*'.

Women in recovery shared that they often experienced '*self-stigma*' as well as '*stigma from professionals.*' "Kattilajnen" reflects on how she felt saying '*you need to*

water to make something grow. This is how I felt when I've been through stigma from professionals. Always had a little of me left, that's the hope and never giving up. Even if a big

Figure 18. 4 years sober (Alison).

Figure 17. Women needs (H).

Figure 19. Stigma (Kattilajnen).

part of me died inside,' illustrated in her photo (Figure 19), but re-confirmed the resilience needed to persevere despite the stifling effects of stigma.

Women in recovery experience stigma primarily through societal judgments that question their '*ability to successfully rehabilitate and maintain sobriety*', often labeling them as '*failures*'. This stigma manifests as both internalized '*shame*' and external '*skepticism from professionals*', which hinders their access to '*essential services*', '*employment*', exacerbating their '*social isolation*' and complicating their efforts to regain custody of their children and reintegrate into society. For many, overcoming these challenges means a shift to '*reclaim their identities*', nurture '*self-acceptance and self-care*', or foster recovery '*in a supportive community*'.

How does photovoice process and dissemination contribute to personal, social and community recovery capital?

This following section will describe the subsequent activities taken in consultation and partnership with the participants, to maximize both its impact of the study on and its benefits for the women who participated, but researchers, families, communities and key actors in the society and beyond.

Anchored in co-production, and co-creation, this study led to the establishment of an 'International Women Lived Experience Recovery Research Network,' launched on International Recovery Day, 29 September 2023. The inaugural webinar addressed critical recovery aspects for women, including trauma, violence, and improving support and service delivery. Study participants attended, expressing their '*commitment to actively contribute to the network*' and establish one in the UK.

On International Women's Day, March 8, the Photovoice exhibition celebrated women's work, showcasing their transformative journeys during the study. Participants collaborated with the researcher (MN) to select meaningful photos and narratives for public sharing. The event featured families, friends, service providers, and the public interacting with research findings and inspiring stories. Women shared that Photovoice was '*an empowering acknowledgement of their triumphs,*' enhancing their '*sense of accomplishment,*' '*pride,*' and '*self-esteem,*' and helping them '*build stronger relationships with peers.*'

The event fostered community connections, with the local rehabilitation center CEO admiring the exhibit and offering to purchase photos to '*inspire individuals in rehab.*' This recognition empowered the women involved, acknowledging their contributions and achievements. Women were '*excited and proud of their celebration,*' with funds donated to the International Women Research Network.

The study led to a United Nations exhibition (Figure 20) during the UN's Commission on Narcotic Drugs annual session in March 2024, attracting over 3000 attendees. One participant's voice was amplified through invitations to speak at the UN, contributing lived experience perspectives to podcasts and conferences with the researcher (MN). This had a significant effect on both personal RC in terms of

Figure 20. UN exhibition (MN).

'*self-esteem*' and '*the sense of pride and accomplishment*', but also around social RC for the particular participant who expressed that this has been '*an amazing opportunity in terms of expanding international networks and making new global friendship*'.

Discussion

Our study blended photography with social activism, co-production, and empowerment, allowing 17 women in recovery across the UK, Sweden, and the Balkans to share their experiences and challenges. Eleven themes were identified and categorized under personal, social, and community RC, illustrating how different sources of RC are interlinked, supporting or hindering recovery. The study contributes to recovery literature by offering insights into women's lived experiences and showing how arts-based methods can provide new research data and facilitate positive change, focusing on gendered RC dynamics. This aligns with established frameworks of RC (Best and Laudet 2010) and CHIME (Leamy et al. 2011; Nisic et al. 2024a). Photovoice built Connections and stimulated Hope among those in early recovery, making recovery visible and attractive. It helped participants rebuild a positive sense of Identity through Meaningful activities and engagement. The process Empowered not only the women in recovery but also service providers, policymakers, and the community. The researcher received recognition for contributions to women's recovery, and the sold-out exhibition will potentially inspire individuals in the rehab. We aimed to create meaningful encounters that transcend immediate academic objectives (Purcell 2007). Beyond scientific analysis, we organized an arts exhibition and developed a website where women could be recognized as co-creators of knowledge. These initiatives were designed as tools for promoting social change. The study has both illuminated individual paths to recovery and enriched the collective

narrative of women's recovery, resonating with the foundational principles of the Recovery Capital framework (Best and Laudet 2010). In our discussions, we further explore how elements of RC domains and gender are interrelated

Synergy of recovery capital domains

The effects of recovery on women's lives are substantial and long-lasting, with participants reporting positive changes across multiple RC domains. A recurring theme is reclaiming life and transformation post-addiction, closely intertwined with supportive networks and community resources in sustaining recovery and fostering post-traumatic growth (Price-Robertson et al. 2017; Dekkers 2020a, 2020b; Nisic et al. 2024b). These dynamics form the foundation of synergy between personal, social, and community RC domains (see Figure 1), acknowledging that individuals are equipped with varying levels of RC (Hennessy 2017; Best and Hennessy 2022) operating across the RC spectrum. Our findings align with Ashford et al. (2021), who found that increased personal and social recovery capital is associated with better mental health outcomes. This suggests that building recovery capital is key not just to addiction recovery but also to broader aspects of life stability. This multifaceted interaction emphasizes the need to go further from traditional recovery narratives that often prioritize individual efforts while overlooking the broader social and relational dynamics with the individual's community integral to overcoming addiction and fostering recovery (Howell and Voronka 2012; Price-Robertson et al. 2017).

Participants noted that stigma profoundly affected their recovery journey, acting as barriers and negative RC across RC domains. Particularly dual challenge of societal stigma (negative community RC), which manifests through discrimination or misconceptions about addiction recovery (negative social RC), and self-stigma (negative personal RC), which internalizes these negative perceptions and impacts self-esteem and recovery motivation. This theme emphasizes the need for broader societal changes to foster environments that support rather than hinder the recovery journeys of women who face different social and societal expectations than men. This aligns with studies showing that stigma impacts various life domains, including health, employment, and social relationships (Ahern et al. 2007; Radcliffe and Stevens 2008; De Maeyer et al. 2011). This approach supports the works of Dekkers et al. (2020b) and Price-Robertson et al. (2017), who highlight the necessity of integrating interpersonal and societal dimensions into recovery paradigms.

Several participants reported that their roles as mothers introduced unique stigmatization challenges, echoing findings from Nichols et al. (2021, 2022), where the ideal of the 'good mother' was weaponized against women in recovery. However, participants who had stronger recovery capital networks—especially through peer support, reported feeling more empowered to resist this stigmatization. As highlighted by Adams et al. (2021), building recovery capital helps women navigate the dual stigma of substance use and motherhood by creating strong support systems that reaffirm their identities as capable mothers in recovery.

Gender factors and recovery capital

We identified several gender-related factors influencing the recovery journey, such as the importance of empowerment, the dual challenge of motherhood and personal healing, supportive relationships, and resilience against societal doubt. These findings align with existing literature on the role of gender in recovery (Neale et al. 2014; Wincup 2016; Gunn and Samuels 2020).

Participants challenged and redefined stereotypes as their personal RC increased, consistent with previous research (Du Rose 2015) and the concept of empowerment (Leamy et al. 2011). The study highlights the influence of cultural capital on RC (White and Cloud 2008; Hennessy 2017), especially concerning social judgment, shame, and exclusion. We found that women with children faced additional challenges due to societal expectations and skepticism about motherhood (Gunn and Samuels 2020), and the presence of children adds complexity to the recovery narrative, impacting their social interactions and perceptions by others.

The study underscores the importance of social and relational support in building women's social RC, emphasizing the need for family acceptance and validation of recovery identities (Gueta and Addad 2015; Gunn and Samuels 2020). This adds to the evidence about the critical role of family RC, which is deeply rooted in cultural perceptions, especially those pertaining to ideals of femininity and motherhood (Gueta and Addad 2015). The complexities of relationships, particularly motherhood, were a recurrent theme in participants' narratives. While relationships with their children provided motivation for recovery, they also introduced significant challenges, such as the fear of judgment from others, consistent with the findings of Nichols et al. (2021). Peer relationships emerged as both a vital source of social recovery capital and a source of complexity. These relational complexities are compounded when women also navigate motherhood during recovery.

We found that fear of judgment or discrimination from healthcare providers or employers greatly affects women (Kulesza et al. 2016). Furthermore, it affects women across RC domains and can deter them from seeking necessary help, and so has an impact on social reintegration (Corrigan 2004; Livingston and Boyd 2010; Livingston et al. 2012), and undermines access to healthcare and treatment services (Mak et al. 2007; Logie and Gadalla 2009). This then will delay recovery and reintegration processes (Brewer 2007; Van Olphen et al. 2009).

However, as in previous studies (Sitvast and Abma 2012; Stickley et al. 2018; Winton 2016) the study itself suggests the importance of bringing women together to discuss and celebrate their own recovery experiences generating both social and then personal RC across the group.

This co-production approach is an innovative and credible method for capturing women's unique recovery views, defining strengths and barriers, and shaping their lives. It provided a supportive environment for women to explore

their journeys, challenge stigma, and celebrate their successes (Van Steenberghe et al. 2021). Society must ensure that the voices of those affected by addiction are heard to foster a more just and inclusive society. We hope to enrich recovery debates and contribute to eliminating stigma surrounding recovery achievability, recognizing the urgency and importance of incorporating gender perspectives to shape a more equitable future for individuals seeking recovery.

Limitations

While photovoice enabled participants to express their recovery journeys through a creative medium, it also posed challenges, such as ensuring anonymity and securing consistent engagement (Carlberg-Racich 2021). Nevertheless, the method significantly empowered participants and deepened their engagement with their own recovery capital, fostering a sense of ownership over their narratives. Photovoice and similar methods offer rich, transformative insights, but they come with practical and ethical complexities. Researchers should prioritize creating a supportive environment that honors the voices and agency of participants, continually assessing the ethical dimensions of their work to ensure it remains equitable and respectful. By anticipating these challenges and establishing clear protocols, researchers can leverage photovoice effectively while protecting and empowering participants.

Ethical approval

The research received full university-level ethical approval (ethics application number: ETH2122-3960). Informed consent and Consent to publish identifiable details was gained for all participants including highlighting voluntary participation, the opportunity to ask further questions about the research before participation, the right to withdraw, how the data would be stored and used and how to make a complaint, etc.

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Data availability statement

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