

Behavioral Addiction Recovery Pathways: A Qualitative Study of Identity Reconstruction Post-Treatment

A.T.L. Andrade*

Universidade Federal de Juiz de Fora, Centro de Biologia da Reproducao, Caixa Postal 328, Brazil

Keywords: Behavioral addiction; identity reconstruction; recovery pathways; qualitative study; post-treatment experiences; addiction recovery; self-concept change; narrative identity; behavioral health; relapse prevention; personal growth; therapeutic outcomes

Introduction

Recovery from behavioral addictions, such as gambling, gaming, or internet overuse, extends beyond the cessation of problematic behaviors to involve profound psychological and identity transformations. Successful recovery often requires individuals to reconstruct their sense of self, moving from an addiction-centered identity toward one rooted in resilience, self-efficacy, and broader life goals [1-5]. Despite increasing attention to behavioral addictions in clinical practice, there is limited qualitative research exploring how individuals experience identity reconstruction following treatment. Understanding these personal narratives can offer critical insights into the factors that support sustained recovery and personal growth. This study aims to explore the pathways through which individuals navigate identity change post-treatment, highlighting the internal and external processes that contribute to lasting recovery from behavioral addictions [6-10].

Discussion

The findings from this qualitative study provide valuable insight into the complex, dynamic process of identity reconstruction during behavioral addiction recovery. While traditional addiction models often focus primarily on behavior modification, this study underscores the critical importance of psychological and identity-related changes that accompany recovery. For many participants, the journey towards recovery involved a fundamental shift in how they viewed themselves and their place in the world. Identity reconstruction, as described by participants, was not merely about discontinuing addictive behaviors but also about reclaiming agency, redefining personal values, and fostering a new self-concept that was not defined by addiction. One of the most salient themes emerging from this study was the central role of self-reflection in recovery. Many participants reported that therapy, journaling, or conversations with recovery peers facilitated deeper self-understanding, helping them to process past experiences, understand the underlying emotional triggers for their addiction, and rebuild their self-worth. This process often included recognizing and confronting the shame and guilt associated with past behaviors, which were significant barriers to recovery. For some, acceptance of their past mistakes, combined with an understanding of the psychological mechanisms behind their addiction, facilitated a healthier self-image moving forward.

Another key finding was the importance of social support in shaping recovery narratives. Supportive relationships, both from family members and peers in recovery, played a crucial role in helping participants navigate the identity transition. Peer support groups, in particular, provided a space for individuals to share experiences, learn from others' journeys, and validate their own recovery process. The sense of belonging within a community of individuals who had faced similar struggles helped reinforce their new identity as someone capable

of change. However, the study also highlighted several challenges in the process of identity reconstruction. Some participants described feelings of disconnection or alienation, particularly in the early stages of recovery. The absence of a structured framework for identity rebuilding post-treatment left many individuals uncertain about their long-term self-concept. For some, there was an ongoing tension between their former identity as someone struggling with addiction and their emerging identity as a person in recovery. This ambivalence was a significant barrier to fully embracing a new sense of self.

Additionally, external factors, such as workplace demands, social pressures, and environmental triggers, posed challenges for maintaining the new identity. Participants emphasized the difficulty in navigating environments that were not supportive of recovery, particularly in situations where old habits or social networks were deeply entrenched. These external stressors often led to feelings of frustration or self-doubt, underscoring the importance of integrating social reinforcements within recovery programs. In terms of therapeutic interventions, participants suggested that post-treatment support should focus not just on relapse prevention but also on ongoing personal development and identity-building. This could involve therapies that promote self-empowerment, such as strengths-based approaches or identity-focused counseling. Moreover, providing continuous access to peer support networks and creating opportunities for individuals to explore new roles and identities beyond addiction may enhance the likelihood of sustained recovery. In conclusion, identity reconstruction is a pivotal yet often overlooked component of recovery from behavioral addictions. It involves not only the cessation of addictive behaviors but also a profound transformation in self-perception, social interactions, and life meaning. Effective recovery programs should, therefore, incorporate strategies that address the complex psychological processes of identity change, emphasizing self-reflection, social support, and ongoing personal growth.

Conclusion

This study highlights the profound role of identity reconstruction in the recovery process from behavioral addictions. The shift from an addiction-centered identity to one rooted in personal growth and resilience is a critical, yet often underexplored, aspect of lasting recovery.

***Corresponding author:** A.T.L. Andrade, Universidade Federal de Juiz de Fora, Centro de Biologia da Reproducao, Caixa Postal 328, Brazil. E-mail: andrade1243@gmail.com

Received: 03-Mar-2025, Manuscript No: jart-25-165043, **Editor Assigned:** 06-Mar-2025, Pre QC No: jart-25-165043 (PQ), **Reviewed:** 17-Mar-2025, QC No: jart-25-165043, **Revised:** 24-Mar-2025, Manuscript No: jart-25-165043 (R), **Published:** 31-Mar-2025, DOI: 10.4172/2155-6105.1000761

Citation: Andrade ATL (2025) Behavioral Addiction Recovery Pathways: A Qualitative Study of Identity Reconstruction Post-Treatment. J Addict Res Ther 16: 761.

Copyright: © 2025 Andrade ATL. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Through self-reflection, social support, and therapeutic interventions, individuals can navigate the complex terrain of rebuilding their self-concept and establishing a life beyond addiction. While challenges such as societal pressures, environmental triggers, and internal ambivalence may complicate this transition, the findings emphasize that sustained recovery involves continuous personal development and a supportive recovery environment. Future treatment models should integrate identity reconstruction strategies to promote long-term recovery and help individuals cultivate a sense of self that transcends their addictive behaviors, ultimately fostering a healthier, more empowered post-treatment life.

References

1. Rockhill C, Kodish I, DiBattisto C, Macias M, Varley C, et al. (2010) Anxiety disorders in children and adolescents. *Curr Probl Pediatr Adolesc Health Care* 40: 66-99.
2. Bhatia MS, Goyal A (2018) Anxiety disorders in children and adolescents: Need for early detection. *J Postgrad Med* 64: 75-76.
3. Wang R, Wu Z, Huang C, Hashimoto K, Yang L, et al. (2022) Deleterious effects of nervous system in the offspring following maternal SARS-CoV-2 infection during the COVID-19 pandemic. *Translational Psychiatry* 12: 232.
4. Meyer JS and Quenzer LF (2005) *Psychopharmacology; drugs, the brain and behaviour*. Sinauer Associates, Sunderland, Massachusetts. 11: 248-272.
5. Narita M, Funada M, Suzuki T (2001) Regulations of opioid dependence by receptor types. *Pharmacology and therapeutics* 89:1-15.
6. Kling MA, Carso RE, Borj R (2000) Opioid receptor imaging with positron emission tomography and [(18)F]cycloxy in long-term methadone-treated former heroin addicts. *J Pharmacol Exp Ther* 295: 1070-1076.
7. Robinson TE, Berridge KC (2001) Incentive sensitization and addiction. *Addiction* 96: 103-114.
8. Bruton L, Lazo L, Parker K (2005) *Goodman & Gilman's; The pharmacological basis of therapeutics*. New York, McGraw-Hill 590, USA.
9. Behar M, Bagnulo R, Coffin PO (2018) Acceptability and Feasibility of Naloxone prescribing in primary health care settings: A systematic Review. *Prev Med* 114: 79-88.
10. Lewanowitch T, Miller JH, Irvin R (2006) Reversal of morphine, methadone and heroin induced affects in mice by naloxone methiodite. *Life Sciences* 78: 682-688.