

Review Article

Neuroaesthetic Reorientation: An Art-Based Framework for Emotional Regulation, Meaning-Making and Brain Health after Adversity

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Received: 02 May 2026**Accepted:** 09 May 2026**Published:** 13 May 2026**Copyright**

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Abstract

Human adversity is not only a psychological event; it is also embodied, relational, cognitive and neurobiological. Contemporary neuroscience increasingly recognises that emotional regulation, aesthetic experience, social connection, autobiographical memory and meaning-making interact in processes of adaptation after stress. This narrative review and conceptual framework proposes Neuroaesthetic Reorientation as an art-based pathway through which individuals may move from painful disruption towards regulation, symbolic integration, resilience and purposeful action. The framework is practice-informed by the author-created methodology *Aprendizaje por el Arte*[®] and the international social movement Dale la Vuelta a la Tortilla; however, these applied concepts are treated here as sources of conceptual inspiration, not as evidence of clinical efficacy. The article does not present original clinical data and does not claim that art cures neurological or psychiatric disorders. Instead, it synthesises selected evidence from neuroaesthetics, affective neuroscience, emotion regulation, resilience research, meaning-making theory and arts-and-health literature in order to formulate a testable model. The proposed RE-TURN cycle comprises six processes: Recognise the disruption, Embody the experience, Translate emotion into symbol, Unlock meaning, Rehearse new action and Nurture prosocial impact. The framework argues that structured encounters with visual art, music, theatre, movement, metaphor and reflective dialogue may support attention regulation, affect labelling, cognitive reappraisal, autobiographical coherence, behavioural activation and prosocial behaviour. Ethical safeguards are emphasised, especially when working with trauma, clinical populations or organisational vulnerability. The article concludes with a staged research agenda for feasibility studies, mixed-methods assessment and neuropsychological, psychophysiological and organisational evaluation.

Keywords: Neuroaesthetics; art-based learning; emotional regulation; resilience; meaning-making; brain health; neuroplasticity; wellbeing; leadership with soul; adversity

Introduction

Pain is one of the most universal and, at the same time, one of the most misunderstood human experiences. It can appear as grief, illness, failure, loss, loneliness, trauma, moral injury, professional collapse or existential emptiness. In biomedical contexts, pain is frequently approached as a symptom to be reduced; in psychological contexts, as an experience to be processed; in social contexts, as a condition to be accompanied. Yet human beings also need another layer of response: the capacity to give form, meaning and direction to what has wounded them.

The brain is not a passive archive of events. It is a dynamic, predictive and adaptive system shaped by attention, emotion, sensory experience, relationships, action and memory. Neuroplasticity does not mean that every wound becomes growth or that suffering should be romanticised. It means that experience leaves traces and that new experiences can participate in reorganisation. For this reason, the transformation of adversity must be understood as a biopsychosocial and existential process rather than as a motivational slogan [1,2].

Art is particularly relevant in this field because it integrates perception,

emotion, movement, memory, imagination, symbolism and social resonance. Aesthetic experience is not simply the contemplation of beauty; it is a complex interaction between sensory-motor systems, emotion-valuation systems and meaning-knowledge systems [3,4]. This is the central intuition behind neuroaesthetics and one of the reasons why artistic engagement has gained increasing attention in health, wellbeing and rehabilitation contexts [5].

This article proposes Neuroaesthetic Reorientation as a conceptual framework for understanding how art-based experiences may help transform pain into regulation, meaning and purposeful action. The framework translates a humanistic metaphor - turning pain into "vitamin for the soul" - into a researchable sequence: adverse experience may be converted into regulated emotion, symbolic coherence, adaptive meaning and prosocial behaviour. This translation is important because concepts that are emotionally powerful must become operational if they are to enter scientific debate.

The article is intentionally cautious. It does not claim that art cures neurological or psychiatric disorders, nor that aesthetic experience replaces

clinical care. It argues that structured art-based processes may function as complementary, educational and preventive resources when they are ethically designed, properly facilitated and empirically evaluated.

Conceptual Rationale: Why Pain Requires More Than Symptom Reduction

Suffering narrows the field of consciousness. Under distress, attention can become captured by threat, loss or rumination. The body may enter defensive patterns, the mind may become repetitive, and the future may appear closed. From the perspective of emotional regulation, this narrowing is understandable: the organism attempts to protect itself. However, when reactivity becomes chronic, it can reduce flexibility, creativity and social connection [6].

The transformation of pain requires at least four movements. First, the person needs regulation: enough physiological and emotional stability to remain present. Second, the person needs representation: a way to make inner experience visible, audible, narratable or shareable. Third, the person needs meaning: not a simplistic explanation, but a coherent way of integrating the event into life. Fourth, the person needs action: a behavioural expression that prevents insight from remaining abstract [7,8].

Traditional verbal reflection is valuable, but not all pain is initially verbal. Some suffering is bodily, fragmented, sensory, symbolic or preverbal. Art offers a bridge between the unsayable and the sayable. A drawing, a piece of music, a theatrical scene, a poem, a gesture or a metaphor can give shape to affective material that ordinary language cannot yet organise. This does not make art magical; it makes art psychologically and neurologically plausible as a vehicle for attention, affect and meaning [5,9].

The expression “vitamin for the soul” should not be misread as forced optimism. It does not mean that pain is good, that victims must be grateful for suffering or that institutions may romanticise adversity. In academic language, the metaphor can be interpreted as adaptive meaning-making, post-adversity integration and purpose-oriented self-regulation. This distinction is ethically crucial.

Methodological Approach

This manuscript follows the logic of a narrative review and conceptual synthesis. It does not use the methodology of a systematic review, meta-analysis or scoping review; therefore, it does not claim exhaustiveness, pooled effect sizes or formal quality grading of all available evidence. Its purpose is to integrate selected scientific strands into a coherent and testable framework that can guide future empirical work.

The synthesis was organised around five conceptual domains: neuroaesthetics, emotion regulation, resilience, meaning-making and arts-and-health research. The literature base includes seminal theoretical contributions, peer-reviewed empirical and review articles, validated measurement instruments and institutional synthesis reports. Particular attention was given to sources that could support operationalisation rather than only inspiration: models of aesthetic processing, validated scales of emotion regulation and resilience, meaning-making theory, and cautionary literature on art therapy and neuroscience [3,5,6,7,10].

The selection logic was purposive rather than exhaustive. Sources were included when they met at least one of four criteria: relevance to brain-based or neuropsychological mechanisms; relevance to emotional regulation, resilience or meaning-making; applicability to arts-based health or well-being interventions; or usefulness for measurement in future feasibility or pilot studies. Sources were excluded from direct argumentation when they were purely promotional, lacked an identifiable scholarly basis, or encouraged causal claims that exceed the available evidence.

The resulting model is therefore hypothesis-generating. It should be read

as a conceptual architecture for future research rather than as proof of intervention efficacy. This is especially important because attractive neuroscience language can easily be misused to legitimise weak claims. A rigorous contribution must distinguish between plausibility, preliminary evidence and demonstrated clinical effectiveness [10].

Practice-informed concepts developed by the author, including *Aprendizaje por el Arte*[®] and *Dale la Vuelta a la Tortilla*, are used as sources of applied insight and terminology. They are not presented as empirically validated clinical protocols in this article. The scientific contribution of the manuscript lies in translating that applied experience into operational constructs, measurable outcomes and ethical boundaries.

Neuroaesthetics: The Brain Encounters Form, Emotion and Meaning

Neuroaesthetics studies the biological and cognitive processes involved in aesthetic experience. One influential contribution is the proposal that aesthetic response involves the interaction of sensory-motor, emotion-valuation and meaning-knowledge systems [3]. This interaction is crucial for the present framework because post-adversity reorientation also requires the integration of body, emotion and meaning.

When a person encounters an artwork, the brain does not merely register visual or auditory information. The person may experience perceptual processing, bodily resonance, emotional appraisal, autobiographical memory, symbolic association and reflective interpretation. A painting can become a mirror; a song can open grief; a theatrical scene can reveal conflict; movement can give form to anger or hope. These responses are cultural, embodied and cognitive at the same time [4].

The relevance of neuroaesthetics lies in its capacity to move beyond a decorative understanding of art. Art is not an ornament added to health or leadership once the “serious” work has been done. Properly understood, art is a structured experience capable of mobilising attention, perception, affect and meaning. For this reason, it can become a laboratory of human reorientation, provided that claims remain proportional to the evidence [9,10].

Emotional Regulation: From Reactivity to Symbolic Distance

Emotion regulation refers to the processes by which individuals influence which emotions they have, when they have them and how they experience or express them [6]. It includes attentional deployment, cognitive change, response modulation and broader forms of self-regulation. In the context of adversity, regulation is not the suppression of emotion; it is the capacity to remain sufficiently organised to respond rather than merely react.

Art-based experience may support emotional regulation through symbolic distance. A person who cannot yet speak directly about pain may be able to draw a shape, choose a colour, write a metaphor, listen to a piece of music or embody a movement. The experience is no longer trapped inside the person as undifferentiated distress; it becomes represented in a form that can be observed, named and transformed.

This process may involve affect labelling, attentional redirection and cognitive reappraisal. It may also reduce isolation when artistic expression is shared in a safe group environment. In this sense, art can help create a space between stimulus and response. That space is not merely philosophical; it has neuropsychological relevance because regulation often depends on the capacity to interrupt automatic patterns and generate alternative appraisals and behaviours [11,12].

However, the limits are equally important. Artistic expression can intensify emotion if poorly facilitated. Trauma-related material can emerge unexpectedly. Therefore, art-based regulation should not be confused with

unstructured emotional exposure. Ethical design, informed consent, containment and referral pathways are essential, especially when participants have trauma histories or active psychiatric symptoms [10].

Resilience and Meaning-Making: The Architecture of a New Narrative

Resilience is not emotional hardness. It is not the denial of pain or the obligation to smile after a wound. Resilience is the capacity to maintain or recover functioning and meaning in the face of adversity. Contemporary resilience research emphasises dynamic processes rather than fixed personality traits, and recognises that resilience involves biological, psychological, social and contextual factors [1,2].

Meaning-making research is particularly relevant because adversity often disrupts global beliefs, goals and identity. The painful event asks implicit questions: Who am I now? What can I trust? What future remains possible? What does this wound demand from me? If these questions remain

Operational Definitions

Because terms such as art, soul, reorientation and transformation can be interpreted broadly, the present framework requires operational definitions. Table 1 defines the central constructs in a way that can be translated into empirical research and facilitator training.

Construct	Operational definition in this article	Possible measurement or observation
Neuroaesthetic reorientation	A structured art-based process through which attention, embodiment, symbolic expression, meaning-making and action are reorganised after adversity.	Pre-post changes in emotional regulation, meaning, agency, wellbeing and qualitative narratives.
Pain/adversity	A disruptive experience that affects emotional, bodily, relational, cognitive or existential functioning.	Self-report adversity description; perceived stress; qualitative intake interview.
Symbolic distance	The capacity to place an inner state into an external artistic or metaphorical form that can be observed and reflected upon.	Participant descriptions; facilitator observation; affect-labelling tasks.
Meaning-making	The construction of coherent, non-forced significance after disruption, including identity, values and future orientation.	Meaning in Life Questionnaire; narrative coherence coding; reflective writing analysis.
Soul	A humanistic term operationalised as coherence, dignity, care, truth and purpose, without requiring religious interpretation.	Value-clarity ratings; purpose measures; qualitative indicators of dignity and care.
Prosocial impact	The translation of personal insight into relational repair, service, leadership behaviour or contribution beyond the self.	Behavioural commitments; team feedback; service or relational action tracking.

The Neuroaesthetic Reorientation Framework

Neuroaesthetic Reorientation is proposed as a structured process through which art-based experiences help individuals reorganise their relationship with pain. The framework combines six mechanisms: attentional interruption, embodied awareness, symbolic translation, meaning reconstruction, behavioural rehearsal and prosocial integration.

The framework is expressed through the RE-TURN cycle. The term is intentional: to return is not to go backwards, but to come back to life with a different position. It also evokes the shift from passive suffering to active reorientation. The six stages are: Recognise, Embody, Translate, Unlock, Rehearse and Nurture.

Recognise means naming the disruption without denial. Embody means locating the experience in the body and sensory field. Translate means giving the emotion an artistic or symbolic form. Unlock means identifying meaning, learning or value without forcing positivity. Rehearse means converting insight into new behaviour. Nurture means extending transfor-

unanswered, suffering may remain fragmented. If they are answered too quickly, transformation may become superficial [7].

Art allows a slower form of meaning-making. It does not force immediate conceptual clarity. It permits ambiguity, contradiction and metaphor. A broken object can become a symbol of rupture and reconstruction. A choir can transform loneliness into resonance. Theatre can allow a person to rehearse a different role. A painting can hold grief and beauty at once. In this way, art helps create narrative architecture: a form in which pain can be placed without occupying the whole house of the self.

Dale la Vuelta a la Tortilla can therefore be interpreted as a meaning-making metaphor rather than a clinical claim. Its message is not that life becomes easy when the table is turned. Its message is that the human being can recover authorship: the capacity to participate in the next chapter rather than remain imprisoned in the previous one.

mation into care, service, leadership or social contribution.

This model is not a clinical protocol by itself. It is a conceptual structure that can be adapted into educational workshops, leadership programmes, wellbeing interventions or research protocols. Its strength lies in linking inner regulation with outer action. Pain is not transformed only because it is expressed; it is transformed when expression becomes meaning and meaning becomes responsible behaviour.

Figure 1. The RE-TURN Neuroaesthetic Reorientation Cycle

Recognise -> Embody -> Translate -> Unlock -> Rehearse -> Nurture

Note. The cycle translates the metaphor of turning pain into “vitamin for the soul” into a researchable sequence: recognition, embodiment, symbolisation, meaning reconstruction, behavioural rehearsal and prosocial impact.

Stage	Primary mechanism	Candidate construct	Example art-based practice	Possible measure	Safety boundary
Recognise	Attentional interruption and naming	Threat monitoring; avoidance reduction	Guided observation of an artwork; naming the wound without disclosure pressure	Perceived stress; emotional clarity items	No forced confession; participant controls depth.
Embody	Interoception and grounded presence	Body awareness; sensory integration	Breath, posture, body mapping, slow movement	Body awareness scales; HRV in pilot studies	Avoid intense exercises in acute trauma or medical instability.
Translate	Symbolic externalisation	Affect labelling; symbolic cognition	Drawing, music selection, metaphor, poem, theatrical image	DERS; qualitative coding of symbolic distance	Facilitator monitors emotional flooding.
Unlock	Meaning reconstruction	Cognitive reappraisal; autobiographical coherence	Reflective dialogue, narrative writing, aesthetic interpretation	MLQ; narrative coherence; value clarity	No premature positivity or moralising.
Rehearse	Behavioural activation and role rehearsal	Cognitive flexibility; habit formation	Role-play, ritual design, creative commitments	Action-plan adherence; self-efficacy ratings	Avoid exposure tasks without clinical support.
Nurture	Prosocial integration	Social connection; compassionate action	Shared artwork, team dialogue, service project	Psychological safety; engagement; prosocial behaviour	Do not use resilience to normalise harmful contexts.

From Personal Reorientation to Leadership with Soul

The proposed framework is not limited to individual wellbeing. Organisations are increasingly affected by burnout, emotional fatigue, disengagement and loss of purpose. These problems are often treated as technical productivity issues, but they also reveal symbolic and relational crises. People do not only need procedures; they need cultures capable of recognising human experience.

Leadership with soul can be framed academically as leadership grounded in coherence, dignity, care, truth and purpose. From a neuroscience-informed perspective, such leadership requires emotional regulation, empathy, cognitive flexibility and the capacity to create meaning under pressure. Art-based learning can support these capacities because it allows leaders to rehearse perception, listening, symbolic thinking and embodied presence [5,6].

A leader who cannot recognise personal pain may project it onto teams. A leader who cannot regulate emotion may create defensive climates. A leader who cannot symbolise conflict may reduce it to blame. A leader who cannot turn adversity into learning may perpetuate organisational trauma. Conversely, leaders trained through reflective and aesthetic experiences may become more capable of transforming difficulty into shared responsibility.

This is especially relevant for organisations seeking to become “organisations with soul”. The expression should not be reduced to a poetic brand. It refers to cultures in which people are treated as persons rather than instruments, where performance is not separated from dignity, and where innovation is connected to care. The RE-TURN cycle can therefore be adapted for team reflection, leadership retreats, culture transformation and wellbeing programmes, provided that it is not misused to individualise structural problems.

Proposed Applications

In brain health education, the framework may be used to teach emotional regulation and adaptive meaning-making to non-clinical adult populations. The aim would be preventive and educational: helping people understand how attention, emotion, body, narrative and behaviour interact after stress.

In organisational development, the model may be used in leadership programmes to help managers transform pressure, failure and uncertainty into reflective learning. Instead of reducing leadership training to competencies, the framework introduces aesthetic and symbolic intelligence: the capacity to perceive hidden patterns, name emotional climates and create shared meaning.

In community settings, the model may support collective resilience. Shared artistic rituals can help groups process grief, social fragmentation or collective adversity. Choirs, theatre, murals, storytelling and community exhibitions can become spaces where pain is not privatised but transformed into connection and civic responsibility.

In educational contexts, the model can be adapted for emotional literacy. Young people often experience intense emotions before they have language to understand them. Art-based neuroaesthetic practices may provide forms of expression that are developmentally accessible, inclusive and non-stigmatising.

Ethical Safeguards and Limits

The main ethical risk of any framework that speaks about transforming pain is the possibility of minimising suffering. No person should be pressured to find meaning before they are ready. No organisation should use resilience language to justify harmful working conditions. No facilitator should invite trauma disclosure without proper competence and containment.

For this reason, the RE-TURN cycle must be applied with clear boundaries. In clinical populations, collaboration with licensed mental health professionals is necessary. In non-clinical settings, the model should be framed as education, reflection and wellbeing development rather than therapy. Participants must be informed that they can choose their level of disclosure and withdraw from exercises.

Cultural sensitivity is also essential. Artistic symbols do not have universal meanings. Facilitators must avoid imposing interpretations. The participant's own meaning-making process should be respected. The role of the facilitator is not to diagnose the artwork but to support safe reflection.

Scientific humility is indispensable. The relationship between art, brain

and transformation is promising but complex. Neuroscience should not be used as decoration for inspirational discourse. Claims must be proportional to evidence, and empirical studies are needed before strong conclusions can be drawn [10].

Research Agenda

The next step is to convert the conceptual framework into empirical protocols. A first line of research could involve feasibility studies with adults in non-clinical wellbeing programmes. These studies should assess acceptability, perceived usefulness, emotional safety and adherence. Qualitative interviews could explore whether participants experience changes in emotional clarity, self-narrative and sense of agency.

A second line of research could use validated psychometric instruments. Emotional regulation could be assessed through the Emotion Regulation Questionnaire or the Difficulties in Emotion Regulation Scale [11,12]. Resilience could be assessed through the Connor-Davidson Resilience Scale [13]. Meaning could be assessed through the Meaning in Life Questionnaire [8]. Wellbeing could be assessed through validated wellbeing indexes

such as the WHO-5.

A third line of research could include psychophysiological measures such as heart rate variability, sleep quality or perceived stress. These measures would not prove direct neural mechanisms, but they could help examine whether structured art-based practices are associated with changes in stress regulation. Where feasible, neurocognitive tasks could assess attention, cognitive flexibility and affective processing.

A fourth line of research could examine leadership and organisational outcomes. Does participation in a RE-TURN-based programme improve reflective capacity, empathy, conflict dialogue or perceived team climate? Does it help leaders move from reactive control to purposeful action? These questions are suitable for mixed-methods designs.

The most rigorous future path would include staged research: feasibility study, pilot trial, controlled comparison, longitudinal follow-up and implementation research. The goal would not be to prove a grand theory immediately, but to build evidence responsibly.

Research stage	Main objective	Suggested design	Priority outcomes	Decision criterion
Stage 1: feasibility	Test acceptability, safety and adherence.	Single-arm pilot; qualitative interviews.	Completion, emotional safety, participant usefulness.	Proceed only if intervention is safe and acceptable.
Stage 2: pilot effectiveness	Estimate preliminary change and refine measures.	Pre-post or wait-list pilot.	Emotion regulation, meaning, wellbeing, agency.	Identify promising effect signals and burden.
Stage 3: controlled comparison	Compare with active or educational control.	Randomised or quasi-experimental design.	DERS/ERQ, CD-RISC, MLQ, WHO-5, perceived stress.	Test whether observed change exceeds non-specific effects.
Stage 4: mechanism study	Explore plausible mediators.	Mixed methods with physiological or neurocognitive measures.	HRV, attention tasks, narrative coherence.	Clarify which mechanisms deserve stronger testing.
Stage 5: implementation	Assess transfer to institutions.	Longitudinal organisational or community study.	Engagement, psychological safety, burnout, prosocial action.	Evaluate scalability, ethics and context fit.

Discussion

The central contribution of this article is the formulation of a bridge between neuroaesthetics and existential transformation. The framework suggests that art-based experiences may support reorientation after adversity because they integrate perception, body, emotion, symbol, meaning and action. This integrative quality is difficult to achieve through purely cognitive approaches.

The RE-TURN cycle also offers a language that is accessible beyond academia while remaining researchable. Recognise, Embody, Translate, Unlock, Rehearse and Nurture can be transformed into session structures, facilitator guides, participant exercises and outcome measures. At the same time, each stage can be linked to existing scientific constructs: attention regulation, interoception, affect labelling, cognitive reappraisal, behavioural activation and prosocial motivation.

The article also contributes to the humanisation of neuroscience. Brain health should not be reduced to speed, memory or productivity. A genuinely human neuroscience must also study how people create meaning, repair dignity, reconnect with others and act with purpose. Beauty, art, metaphor and compassion are not peripheral to the human brain; they are part of how human beings organise experience.

For the author's broader body of work, this paper offers a distinct scientific positioning. It does not repeat general wellbeing discourse. Instead, it

translates art-based learning and the metaphor of turning adversity into "vitamin for the soul" into a neuroscience-compatible framework focused on emotional regulation, meaning-making and brain health. This makes the manuscript suitable for a neurology and neuroscience journal while preserving the originality of the conceptual contribution.

Limitations

This article is conceptual and narrative. It does not present original empirical data, clinical outcomes or neuroimaging findings specific to the RE-TURN cycle. Therefore, its claims should be considered hypothesis-generating rather than conclusive.

A second limitation is conceptual breadth. Neuroaesthetics, art therapy, resilience, meaning-making and organisational wellbeing are extensive fields. The article integrates selected contributions but does not attempt a systematic review.

A third limitation concerns terminology. The expression "soul" is central to the author's humanistic vocabulary, but it may be interpreted differently across cultural, spiritual and academic contexts. This article operationalises the term as coherence, dignity, care, truth and purpose, but further theoretical refinement is needed.

A final limitation is implementation variability. Art-based practices depend heavily on facilitator competence, context, cultural meaning and

participant readiness. Future research must identify for whom the model is useful, under what conditions, and with which safeguards.

Conclusion

Pain interrupts life. Art can help human beings return to life with another form of consciousness. This article has proposed Neuroaesthetic Reorientation as a conceptual framework for transforming adversity into regulation, meaning and purposeful action through art-based experience.

The proposed RE-TURN cycle translates the existential metaphor of turning the table into a structured sequence: Recognise the disruption, Embody the experience, Translate emotion into symbol, Unlock meaning, Rehearse new action and Nurture prosocial impact. This cycle integrates neuroscientific plausibility with humanistic depth.

The framework does not claim that art replaces medicine, psychotherapy or neurological care. It proposes that structured artistic experience may become a complementary educational and developmental pathway for emotional regulation, resilience and brain health. Its future depends on ethical application and empirical testing.

The deepest contribution of this approach is perhaps simple: the brain does not only suffer; it also perceives, symbolises, creates, connects and begins again. When pain becomes meaning and meaning becomes action, the human being does not erase the wound. The human being transforms the position from which the wound is carried into the future.

Declarations

Ethics approval and consent to participate

Not applicable. This article is a narrative review and conceptual framework and does not involve human participants, clinical intervention or personal data.

Consent for publication

Not applicable.

Availability of data and materials

No datasets were generated or analysed during the preparation of this manuscript.

Competing interests

The author is founder and President of Liderarte and creator of Aprendizaje por el Arte® and Dale la Vuelta a la Tortilla. These concepts are discussed in this article as practice-informed sources of conceptual inspiration, not as evidence of clinical efficacy.

Funding

No external funding was received for this manuscript.

Author contribution

Dr. Ignacio Bonasa Alzuria conceptualised and developed the manuscript.

Cite this article: Dr. Ignacio Bonasa Alzuria. (2026) Neuroaesthetic Reorientation: An Art-Based Framework for Emotional Regulation, Meaning-Making and Brain Health after Adversity. *Journal of Neurology and Neuroscience Research* 7(2): 230-235.

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