

# THE WOUNDED HEALER PARADOX: PERCEIVED TRIGGERS OF DRUG RELAPSE AND RECOVERY AMONG PEER SUPPORTERS

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## Abstract

The purpose of the present study was to examine the triggers for relapses among peer supporters, referred to as wounded healers, in the field of recovery from drug addiction. Despite extensive research on relapses, little attention has been given to individuals in recovery who support others while facing their setbacks. Participants were individuals with a history of drug addiction and criminality who experienced relapses and successfully returned to the recovery path. Using qualitative research design, semi-structured in-depth interviews were conducted to gain a deeper understanding of the participants' subjective experiences of their recovery journeys, including withdrawal and re-recovery. Key findings reveal that disconnection from NA's 12-step program and recovering peers often triggered relapses, along with early romantic relationships and insufficient commitment to recovery. Furthermore, while empowered by their role as peer supporters, it also exposed unresolved personal issues, leading to what was described as the "savior-rescuer" paradox of the wounded healer. Nevertheless, lessons learned from past relapses enhanced their resilience and deepened recovery commitment. Rooted in the convict therapy perspective and related approaches, such as positive criminology and crime desistance, the study highlights the importance of social and recovery capital in peer support practices, it also offers valuable insights into strategies for relapse prevention.

**Keywords:** Wounded healer, drug addiction, recovery, convict therapy, 12-step program.

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## 1. Introduction

Despite extensive research on relapses, little attention has been given to individuals who support others while navigating their recovery challenges (Elisha, 2022; White & Kurtz, 2006). This study addresses this gap by examining the experiences of relapses among peer supporters, often referred to as wounded healers, in recovery from drug addiction.

Relapses are a common phenomenon among individuals recovering from drug addiction (Guenzel & McChargue, 2020). The National Institute on Drug Abuse (NIDA, 2023) estimates that relapse rates range from 40% to 60% within the first year of treatment. However, rather than viewing relapses as a singular event, it is increasingly understood as a process that unfolds over time (DiClemente & Crisafulli, 2022), varying from brief lapses to a full return to previous patterns of substance use.

The concept of "wounded healers" is rooted in the Convict Therapy perspective, wherein individuals with lived experiences of addiction and incarceration support others in their rehabilitation efforts (Elisha, 2023). This notion is particularly evident in self-help groups such as Narcotics Anonymous (NA), where individuals in recovery guide newcomers while simultaneously reinforcing their recovery (LeBel et al., 2015; Perrin & Blagde, 2016; Ronel, 1998).

Within NA groups, the "helper therapy" principle introduced by Reissman (1965) suggests that individuals derive psychological and emotional benefits from assisting others. Members transition from "help-seekers" to "helpers," fostering reciprocal relationships that promote personal growth. These relationships increase their recovery capital, a crucial resource for sustaining long-term recovery and reintegration (Best & Laudet, 2010; Ronel, 1998).

However, while peer support offers numerous benefits, such as enhancing strengths and fostering a sense of competence among peer supporters (Buck, 2018; Elisha & Shchaf-Friedman, 2023), it also poses risks, including vulnerability to relapse (Elisha, 2022; Perrin, 2022).

### **1.1. Objective**

Grounded in the theoretical frameworks of positive criminology (Ronel & Elisha, 2011), desistance theory (Maruna, 2002; Laub & Sampson, 2001), and Convict Therapy (Elisha, 2023), the primary objective of the study was to examine the perceived triggers associated with relapses among wounded healers who previously served in peer support roles. Additionally, it explores how they navigate their return to recovery. The findings aim to inform relapse prevention strategies and enhance recovery efforts for individuals with addiction issues.

## **2. Method**

This research employs a qualitative phenomenological approach to capture the subjective experiences of wounded healers who have relapsed while serving in peer-support roles (Patton, 2002).

### **2.1. Participants**

Due to the sensitive nature of the study, which focuses on individuals with histories of drug addiction who recovered and later relapsed while formally employed in peer-support roles, recruitment posed challenges. Researchers utilized referrals from participants in previous studies (Elisha & Shachaf-Friedman, 2023, 2024) to recruit appropriate candidates.

The sample consisted of 13 participants from Israel (10 men, 3 women), all with backgrounds of drug addiction and criminal records including arrests and prison terms. Participants ranged in age from 40 to 70 years (average: 53). They reported experiencing relapse after maintaining recovery for one to 14 years while employed in peer-support roles, with subsequent recovery periods ranging from several months to 32 years.

### **2.2. Tool**

A semi-structured interview guide with open-ended, broad questions was developed to facilitate in-depth interviews. Sample questions included: 1. Describe your recovery attempts over the years, including your most recent relapse. 2. What factors led to your relapse while working as a peer supporter? 3. What happened afterward, and what led you back to recovery? 4. What lessons have you learned about relapses and maintaining recovery?

### **2.3. Procedure & ethical considerations**

Strict ethical guidelines were followed to ensure confidentiality and voluntary participation, with Institutional Review Board (IRB) approval obtained. Participants provided informed consent and authorized the recording of sessions. Interviews began with background questions, followed by open-ended discussions on addiction, peer support work, relapse experiences, and the recovery process. Each session lasted approximately one hour and was transcribed by an external service.

### **2.4. Data analysis**

Thematic content analysis was conducted to identify key themes emerging from participants' narratives (Nowell et al., 2017).

## **3. Discussion & conclusions**

*The study* revealed two primary themes: relapse triggers and the cumulative value of recovery. The main relapse triggers included disconnection from NA's 12-step program and recovering peers (Kelly & Yeterian, 2011), role confusion stemming from a "savior-rescuer" mindset (White & Evans, 2013), premature romantic relationships (Permut et al., 2018), and the persistent allure of a criminal lifestyle (Maruna, 2002). Relapses were often preceded by a gradual disengagement from recovery practices (Guenzel & McChargue, 2020).

Despite these challenges, participants viewed their relapses as learning experiences, reinforcing the importance of recovery maintenance (DiClemente & Crisafulli, 2022). Recognizing warning signs, re-engaging with NA's core principles, and building social and recovery capital were key strategies in sustaining long-term recovery (Best et al., 2011; Granfield & Cloud, 2001; Laudet & White, 2008). Participants also viewed recovery as a continuous process with some cumulative value, adhering to NA's "just for today" philosophy (Alcoholics Anonymous, 2001). This mindset encourages individuals to remain alert to potential triggers while cultivating gratitude and avoiding complacency (White & Kurtz, 2006).

Nevertheless, while empowered by their role as peer supporters, participants also acknowledged the vulnerabilities inherent in this role, which exposed them to unresolved personal issues, leading to what was described as the "savior-rescuer" paradox of the wounded healer, expressed through the development of a false sense of omnipotence. The findings underscore the need for structured support for peer supporters, including training in self-care, emotional resilience, and boundary management (Beales & Wilson, 2015).

### 3.1. Practical implications

The research contributes significantly to understanding triggers and pathways leading to relapses and re-recovery among peer supporters. The findings emphasize the vital role of internal motivation, social connections, and resilience in navigating recovery complexities, consistent with Prochaska and DiClemente's (1983) stages of change model.

The study highlights the need for structured interventions tailored to peer supporters managing the complexities of the wounded healer role. Peer supporters should receive continuous training focusing on self-care, boundary-setting, recognizing personal triggers, and developing emotional skills to process past failures (Beales & Wilson, 2015). By reframing relapse as an opportunity for growth, recovery programs can foster factors that sustain long-term recovery.

Integrating insights from convict therapy (Elisha, 2023) into peer support can deepen the understanding of the emotional and psychological aspects of relapse. Recovery programs should include therapeutic interventions addressing unresolved issues related to individuals' criminal pasts, as these conflicts significantly impact recovery outcomes.

### 3.2. Limitations and future research

The study's limitations include potential bias from relying on NA members, which could limit perspectives from individuals outside this specific recovery framework. Additionally, reliance on self-reported data introduces risks of recall bias and social desirability bias.

Future research should consider longitudinal designs to capture the evolving nature of recovery and relapse over time. It should also expand samples to include diverse cultural and socioeconomic backgrounds and conduct comparative studies between peer supporters and non-peer supporters better to understand the unique challenges of the wounded healer role.

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