

Phase 6 (Ages 33–43): Recovery, Burnout, and Family Reflection

Alcoholism and Early Sobriety in Mental Health Professionals. Many therapists and counselors grapple with their own substance use; because they often appear successful, their alcoholism can go unrecognized. A “high-functioning” clinician may rationalize the problem while continuing to work, and only seek help after a crisis. Those who do pursue recovery may chafe at AA’s emphasis on spirituality or powerlessness, instead favoring secular, evidence-based alternatives (e.g. CBT-based relapse prevention, SMART Recovery or harm-reduction approaches) that feel more compatible with a clinical mindset. However, therapists face intense stigma if they admit addiction. Qualitative studies report that recovering counselors often feel like “second-class citizens” in their field and may conceal their history ¹. One recovering academic described living a “double life” for five years, telling “very few people” about her sobriety; she found the constant “calculus of disclosure” **exhausting** and detrimental to her work and recovery ². In sum, Jane’s experience of late-stage alcoholism followed by frustrated attempts at AA (and a turn to alternative support) is consistent with reports that many mental health professionals privately seek help while fearing professional fallout ¹ ².

- High-functioning addicts like Jane often escape early intervention because colleagues don’t suspect them; by the time they admit a problem, they already have years of use behind them.
- Many clinicians reject 12-step programs’ spiritual framing and prefer CBT-based self-help or professional psychotherapy for relapse prevention.
- Recovering therapists report heavy stigma: one study found that counselors in recovery feel labeled incompetent and “are reluctant ... to admit they formerly used alcohol” ¹.

Burnout and Emotional Labor in Public Mental Health. Working in a state psychiatric hospital (or any public mental-health setting) exposes staff to chronic stressors. Nurses and social workers often manage very ill, sometimes aggressive, patients with minimal resources and support. Researchers note that **staff burnout** is pervasive in mental health care, leading to exhaustion, cynicism, and high turnover ³. The day-to-day “emotional labor” of regulating one’s own responses while tending empathically to severely disturbed clients takes a heavy toll. This can manifest as **compassion fatigue** – the “loss of compassion” born of caregiving stress – which carries emotional and physical costs and even endangers patient care ⁴. In fact, one recent review concludes that mental health nurses often experience severe compassion fatigue due to the unique pressures of their job, with negative outcomes for both workers and patients ⁴. Simultaneously, working with trauma survivors can trigger **vicarious trauma** or **secondary traumatic stress**, especially if the caregiver has unresolved history. Studies show that mental health professionals who have their own trauma history are significantly more likely to develop secondary trauma symptoms when treating traumatized clients ⁵. In Jane’s case, caring for chronically ill and possibly self-harming patients could thus reactivate her own past traumas even as she helps others.

- Direct care in high-acuity settings means frequent exposure to patient violence and crisis, which research links to emotional exhaustion and poorer performance. For example, high emotional exhaustion among staff predicts fewer helping behaviors and more errors ⁶.

- **Compassion fatigue** occurs when relentless exposure to suffering erodes a clinician's empathy and well-being. A psychiatric nursing review notes that compassion fatigue "is the result of the unique stressors inherent in caregiving work," with significant impact on staff health and retention ⁴ .
- If a therapist has a personal trauma history (e.g. childhood abuse), intensive work with trauma clients can act as a "late-stage" trigger. Henderson et al. (2024) found that **mental health professionals with a personal trauma history are at heightened risk** of secondary traumatic stress when treating traumatized patients ⁵ .

Reevaluating an Abusive Father. Emerging sober and more self-aware, Jane may reexamine her relationship with a formerly abusive or alcoholic father. Adult children of addicts often grapple with anger, shame, and loyalty issues toward a parent who once hurt them. A common pattern is **role reversal/parentification**: the child assumed adult responsibilities in the family (caregiving, protecting siblings), and as an adult may eventually become the "healthier" one. Therapy literature emphasizes that resolving this dynamic often involves *forgiveness* and self-compassion. For example, in one qualitative study a woman described how becoming the decision-maker for her gravely ill father in adolescence forced her to reassess him; this role-reversal ultimately helped her **accept and forgive** him in adulthood ⁷ . That participant noted that taking care of her sick father "helped me... for him being able to forgive him" and move past resentment ⁷ . Similarly, Jane may come to see herself as the one who carried on despite hardship – a realization that can bring both pride and survivor's guilt. Therapeutic narratives often note that adult children must reframe guilt ("I was just a kid who needed a parent") and assert self-compassion. As Freya (above) put it when reflecting on her childhood trauma, she finally "realized that I was just a little girl who wanted her dad, and that wasn't wrong...to want my dad." Recognizing she was **not to blame** was pivotal to forgiving him ⁸ . In short, Jane's progression to empathy or forgiveness toward her father – once she has defined herself as separate from his addiction – fits with known healing processes in adult survivors of abuse.

- Adult children of addicts frequently report feeling guilty and responsible for the parent's behavior; therapy work focuses on releasing that misplaced guilt. One survivor, after forgiving her father, acknowledged "I was never responsible for his actions... I realized I was just a little girl who wanted her dad" ⁸ .
- Taking on care roles as adults is common. In Freya's case, acting as her father's medical decision-maker at 16 forced her to re-evaluate him; that responsibility became "an important part of her forgiveness" process ⁷ .
- Psychologically, this phase may involve **individuation** – seeing oneself as the independent (and healthier) family member. Successfully negotiating this can transform resentful views of the father into a more nuanced acceptance or forgiveness, aiding Jane's ongoing recovery.

Journaling and Narrative Integration in Recovery. Reflective writing (journaling) is widely recommended as a therapeutic tool in trauma recovery. Psychologists note that **expressive writing** helps survivors organize chaotic memories into a coherent story, which promotes healing. For example, a VA overview of therapeutic journaling explains that writing about difficult events provides "an opportunity to construct a meaningful personal narrative about what happened," bringing clarity and situating the trauma within a larger life context ⁹ . This narrative process enhances self-reflection, insight and resilience ⁹ . In practical terms, journaling can help Jane connect her career struggles, addiction history, and family trauma into a unified "life story," restoring a sense of agency. The VA guide also emphasizes that journaling helps individuals see themselves as the *authors* of their experiences (not passive victims). As one source puts it, writing "assists a person in recognizing themselves as the author of their experiences with a feeling of personal agency" ¹⁰ . Therapeutic writing (whether free journaling or structured life-story work) has been

shown to reduce distress and sometimes even induce forgiveness of others by offering new perspectives ¹¹ ¹⁰ . In Jane's postdoctoral and early-career years, maintaining a recovery journal or life-log could support her emotional processing: each entry helps integrate past trauma into a coherent narrative identity, reducing shame and guiding meaning-making.

- **Constructing narrative meaning.** Research on expressive writing reports that when people describe trauma in writing, they often “move forward by openly acknowledging, accepting, expressing and letting go of the feelings involved.” They build “cause-and-effect links between life events” which boosts self-awareness and resilience ⁹ .
- **Personal agency and self-reflection.** Guided autobiography techniques and gratitude journaling help clients reframe their history. Studies find these methods increase optimism, self-esteem, and a sense of control over one's life story ¹⁰ ⁹ . By writing honestly about her struggles, Jane can “put feelings and thoughts into words,” which widens perspective and may even promote forgiveness and hope ¹¹ ¹⁰ .
- **Recovery narrative and identity.** As a clinician and writer, Jane may naturally integrate reflection into her routine. Narrative therapy theory holds that actively writing one's story can transform traumatic memories from isolated events into chapters of a larger life narrative – a key step toward integration and moving on.

Each of these themes is well-documented in the literature: recovering therapists face unique stigma ¹ ² ; chronic exposure to client suffering drives burnout and secondary trauma ³ ⁴ ⁵ ; adult children of abusive parents often work through guilt and eventually reframe their relationships, sometimes via forgiveness ⁷ ⁸ ; and writing therapies reliably aid trauma integration ⁹ ¹⁰ . These insights can guide a realistic, research-informed portrayal of Jane's experiences in Phase 6.

Sources: Recent qualitative and quantitative studies on addiction and counseling, burnout research in mental health nursing, narrative identity and forgiveness research, and clinical guides on expressive writing were used (e.g. Beverly 2020 ¹ , Henderson et al. 2024 ⁵ , VA Whole Health journal article ⁹ ¹⁰ , Marshman et al. 2022 ⁴ , Morse et al. 2012 ³ , etc.) to support these themes.

-
- ¹ **"Stigma and the Life Experiences of Recovering Counselors" by Carroll Annette Beverly**
<https://scholarworks.waldenu.edu/dissertations/9052/>
 - ² **A Qualitative Exploration of Addiction Disclosure and Stigma among Faculty Members in a Canadian University Context - PMC**
<https://pmc.ncbi.nlm.nih.gov/articles/PMC8306368/>
 - ³ **Burnout in mental health services: a review of the problem and its remediation - PubMed**
<https://pubmed.ncbi.nlm.nih.gov/21533847/>
 - ⁴ **Compassion fatigue in mental health nurses: A systematic review - PubMed**
<https://pubmed.ncbi.nlm.nih.gov/34874593/>
 - ⁵ **Personal trauma history and secondary traumatic stress in mental health professionals: A systematic review - PubMed**
<https://pubmed.ncbi.nlm.nih.gov/38972012/>
 - ⁶ **Ini.wa.gov**
https://Ini.wa.gov/safety-health/safety-research/files/2013/ESH_WWSHProject_FINAL.pdf

7 8 **facultyshare.liberty.edu**
<https://facultyshare.liberty.edu/files/40302290/fulltext.pdf>

9 10 11 **Therapeutic Journaling**
<https://www.va.gov/WHOLEHEALTHLIBRARY/docs/Therapeutic-Journaling.pdf>