Chapter # 2

THE SAVIOR-RESCUER PARADOX: NAVIGATING RECOVERY AND RELAPSES AMONG PEER SUPPORTERS IN DRUG ADDICTION TREATMENT

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ABSTRACT
This study explored the experiences of relapse and recovery among peer supporters recovering from drug addiction. While relapse has been extensively studied in general, limited attention has been paid to individuals in recovery who simultaneously support others while facing their setbacks. Participants were 13 trained men and women with histories of addiction and criminality who held formal peer support roles in therapeutic settings for drug recovery in Israel. Data were collected through semi-structured, in-depth interviews and analyzed using thematic content analysis. Key findings indicate that disengagement from 12-step programs and recovering peer networks often precedes relapse, illustrating the "savior-rescuer" paradox. While empowering, the dual identity of peer supporters with troubled pasts exposes unresolved personal issues that undermine recovery. Nevertheless, when effectively processed, the relapse experiences can foster greater resilience and strengthen one's commitment to recovery. These findings frame relapse not as a failure but as a potential learning opportunity, underscoring the importance of social and recovery capital in sustaining long-term recovery. Grounded in the convict therapy perspective, the study contributes to a deeper understanding of relapse dynamics and offers practical insights for relapse prevention in addiction recovery.

Keywords: peer support, convict therapy, positive criminology, drug addiction, recovery, 12-step program.

1. INTRODUCTION

In recent years, peer-based programs, also known as peer work or peer-to-peer support, have been increasingly recognized as strengths-based interventions in criminology and addiction recovery. These initiatives, led by reformed individuals with lived experiences of crime, addiction, and incarceration, foster rehabilitation by transforming personal struggles into sources of empowerment and social inclusion (Elisha, 2022; Sells et al., 2016). Implemented across prisons and community settings worldwide, peer-based interventions designed to assist individuals seeking life change and recovery (LeBel, Richie, & Maruna, 2015; Perrin, 2022). By promoting prosocial attitudes and behaviors, peer support enhances the likelihood of long-term recovery and desistance for both aid providers and recipients (Buck, 2021; Maruna, 2001; White, 2000; White & Evans, 2013).

Peer support encompasses mentoring, counseling, and guidance, utilized by reformed individuals to support others' rehabilitation efforts (Bellamy, Rowe, Benedict, & Larry, 2012; Buck, 2021). This approach aligns with the developing framework of Convict Therapy (Elisha, 2023), which integrates theories of desistance and positive criminology to highlight the role of "wounded healers", that is, reformed former convicts and recovering

individuals, who transform their carceral capital into assets for rehabilitation and recovery, based on their lived experiences.

Studies worldwide highlight the numerous advantages of peer support, especially for the aid providers, which manifests in the development of strengths and a sense of competence (e.g., Buck, 2018; Elisha & Shachaf-Friedman, 2023, 2024; LeBel et al., 2015; Lopez-Humphreys & Teater, 2020; Woods, 2020).

However, peer support is not without risks, particularly the potential for relapse (Perrin, 2022; White & Kurtz, 2006). Yet, while many studies focused on relapses among recovering individuals in general, there remains a significant gap in understanding relapse experiences among professional peer supporters in the field of drug recovery. This study aims to fill that gap by exploring the perceived factors and triggers linked to relapses among recovering individuals who formally held peer support roles, and examining how they navigate their return to recovery.

Alongside the widespread reliance on AA (Alcoholics Anonymous) and NA (Narcotics Anonymous), which continue to represent the dominant recovery approach in addiction treatment programs worldwide, as well as in Israel, the literature also points to alternative peer support models. Recovery Colleges, developed primarily in the UK, provide educational and collaborative settings where professionals and individuals with lived experience learn together, emphasizing equality and empowerment (Parsa, Towle, & Macdonald, 2025). Recent studies have shown that Recovery Colleges enhance connectedness, personal growth, and empowerment among students (Parsa et al., 2025; Whish, Huckle, & Mason, 2022). In addition, secular programs such as SMART Recovery or LifeRing are based on cognitive-behavioral principles and self-management strategies, offering a non-spiritual alternative for those who resist the religious or spiritual framing of 12-step fellowships (Tom & Fruitman, 2024). Evidence suggests that integrating SMART Recovery into treatment programs improves outcomes in substance use, health, and social connectedness (Manning, Roxburgh, & Savic, 2023). Similarly, Recovery Dharma, a Buddhist-inspired secular approach, has been found to enhance recovery capital through meditation and peer support (LeBelle, Hastings, Vest, Meeks, & Lucier, 2023). In Israel, however, such models are less common, and the dominant recovery frameworks remain AA and NA. This context highlights the uniqueness of the current study, which examines the Israeli experience and the challenges specific to peer supporters embedded in these frameworks.

1.1. Convict Therapy: Recovery Through Lived Experience

Given the recognized value of peer support in promoting recovery and rehabilitation, peer-based programs for individuals with criminal and addiction histories have been developed worldwide over the past few decades, in both prison and community settings (Elisha, 2022). These programs are grounded in the concepts of the wounded healer and the helper therapy principle (Reissman, 1965), which posit that individuals derive psychological and emotional benefits from helping others who face similar challenges. These benefits are rooted in their insights and personal experiences, referred to as *lived experience* (Sells et al., 2016).

Elisha (2023) has conceptualized these foundations under the term Convict Therapy, integrating relevant theories and approaches, such as crime desistance and positive criminology, into a cohesive framework. This model emphasizes the benefits of peer support efforts, whether delivered by paid staff or volunteers, for aid providers and recipients. Peer supporters draw on their lived experiences to build authentic, empathetic relationships with others (Woods, 2020). These experiences serve as powerful tools in the

recovery process, offering hope and motivation to those currently struggling, while positioning the supporters as role models and sources of inspiration (Elisha & Shachaf-Friedman, 2023; LeBel et al., 2015; Snoek, McGeer, Brandenburg, & Kennett, 2021).

Peer support is most prominently demonstrated in self-help and mutual aid groups for individuals with addiction, such as AA (Alcoholics Anonymous) and NA (Narcotics Anonymous) (Bellamy et al., 2012; Kelly & Yeterian, 2011; Ronel, 1998). In these settings, individuals in recovery provide support and guidance, voluntarily, to newcomers while reinforcing their sobriety and personal growth (Perrin & Blagden, 2016; Ronel, 1998). Research indicates that peer support contributes significantly to improved mental health and reduced recidivism among peer supporters (Kavanagh & Borrill, 2013; Sells et al., 2016). It fosters both personal and social transformation—critical elements in the recovery and reintegration process (Buck, 2021; LeBel et al., 2015; Maruna, 2001)—by building resilience, instilling a sense of purpose and agency, and shaping a positive, prosocial identity (Woods, 2020).

Furthermore, peer support programs create dynamic growth reciprocity, wherein both the provider and the recipient of support experience mutual growth (Buck, 2021; Owen-DeSchryver, Ziegler, Matthews, Mayberry, & Carter, 2022). This reciprocal relationship nurtures the development of key desistance-related traits, including self-esteem, hope, faith, and prosocial attitudes (Buck, 2018; LeBel et al., 2015; Lopez-Humphreys & Teater, 2020).

1.2. Social and Recovery Capital in Peer Work

The primary advantages of peer support are the acquisition of social and recovery capital, both essential for promoting and maintaining long-term recovery (Portes, 2000). Social capital involves establishing connections with individuals and organizations that provide reformed individuals with pro-social networks, relationships, and community ties offering support throughout recovery (Best & Laudet, 2010). Peer support programs enhance these networks by connecting individuals and providing emotional, informational, and tangible support necessary for maintaining sobriety (Best et al., 2011; Woods, 2020). Laudet and White (2008) demonstrate that individuals with strong social networks report higher rates of successful recovery, suggesting that social capital serves as a protective factor against relapse.

Recovery capital refers to the development of personal strengths among recovering individuals, such as resilience, motivation, and coping skills (Cloud & Granfield, 2008). According to Laudet and White (2008), individuals with diverse recovery capital are better equipped to manage mental health and substance use challenges. The peer support role contributes significantly to personal recovery capital by offering guidance and sharing experiences, reinforcing that recovery is achievable (Best & Aston, 2015).

Alongside its benefits, some studies have highlighted challenges that may jeopardize the recovery process of peer supporters in the criminological field, potentially increasing their risk of relapse. These challenges include emotional strain and burnout due to continuous exposure to others' suffering (Simpson, Oster, & Muir-Cochrane, 2017). Additionally, professional conflicts, countertransference, and role confusion may further disrupt their efforts (Elisha, 2022; Elisha & Shachaf-Friedman, 2023; White, 2000). Therefore, peer support should be viewed with a balanced perspective, acknowledging its advantages and limitations. Despite its importance, this topic remains underexplored. The current study aims to address this gap by examining the triggers for relapses among professional peer supporters with histories of crime, incarceration, and addiction (i.e., carceral capital), as well as their subsequent return to the path of recovery.

2. OBJECTIVES

This study seeks to increase our knowledge regarding the triggers leading to relapses among professional peer supporters with carceral capital in the field of drug recovery. Specifically, it investigates how recovering individuals in peer support roles experience, interpret, and navigate relapses, as well as the strategies they employ to re-engage in recovery. By focusing on the "savior–rescuer paradox" - the tension between one's troubled past and one's role as a recovery guide - the study aims to contribute to a deeper understanding of relapse as both a risk and a potential catalyst for growth.

3. DESIGNED

This study employed a qualitative phenomenological design to examine the lived experiences of relapse among peer supporters in drug addiction recovery. The approach provided in-depth insights into the interplay between recovery, relapse, and the peer support role (Patton, 2002), focusing on how participants perceived the challenges, interpreted the triggers, and integrated these experiences into their ongoing recovery process.

4. METHODS

4.1. Sample

Given the sensitivity of the topic, reaching suitable interviewees was challenging. To address this, we utilized the help of participants from our previous studies on peer support (Elisha & Shachaf-Friedman, 2023, 2024), through which we recruited suitable participants for the current study, using snowball sampling. In total, 13 participants from Israel were recruited, providing sufficient data for thematic saturation.

The group comprised 10 men and 3 women, all with a history of criminality and drug addiction, some also struggling with alcohol addiction. Their criminal record included arrests and prison sentences for drug-related offenses, theft, fraud, and violence. Their ages ranged from 40 to 70 years (average: 53), with formal education spanning 6 to 12 years. Despite this, all had completed professional training relevant to peer support, including group facilitation, the 12-step program, and psychotherapy.

Participants reported relapses occurring after recovery periods of one to 14 years, during which they were employed in peer support roles within addiction treatment settings in prisons or the community. Some returned to recovery within a year, while others faced prolonged relapses, the longest lasting up to 15 years. Currently, some remain in peer support work, while others have transitioned to other fields.

4.2. Measures

Data were collected using semi-structured, in-depth interviews guide developed by the researchers. The guide included broad, open-ended questions designed to elicit participants' reflections on relapse and recovery. Examples of questions included: 1. In your view, what factors led to your relapses while working in peer support? 2. What happened afterwards? 3. Reflecting on your recovery journey, what lessons have you learned about relapse and recovery?

4.3. Procedure

The study received approval from the Institutional Review Board (IRB) of the first author. Before each interview, all participants signed an informed consent form. Interviews were conducted via Zoom, lasting approximately one hour each.

Recordings were transcribed verbatim and analyzed by the researchers, using thematic content analysis (Nowell, Norris, White, & Moules, 2017). The study followed established steps of data encoding, theme identification, and iterative comparison, ensuring that recurring patterns and key insights were systematically captured.

5. FINDINGS

The participants' accounts revealed two central themes. The first focuses on their efforts to rationalize their relapses. The second underscores the cumulative value of recovery and the lessons learned from past relapse experiences. These themes are presented below, illustrated with direct quotes from the participants' reports, using pseudonyms.

5.1. Explanations for Relapses

5.1.1. Disconnecting from Recovering Peers and the 12-Step Program

All participants cited disconnection from NA members (i.e., recovering peers), followed by neglecting the 12-step program principles, as the primary cause of their relapses. Paradoxically, they attributed this to the success they achieved in their professional and personal lives, which fostered a false sense of self-sufficiency and self-competence ("I can manage on my own"). For example:

> *I had financial success, got married, had children, and rehabilitated myself. From the outside, it seemed like I had everything... My deterioration began when I became financially successful. I stopped attending NA meetings, distanced myself from 'clean' addicts, and stopped working the 12-step. Then, a crisis at home overwhelmed me, and that's when I fell back into drugs.* (Shiri)

Another participant described the downhill spiral, explaining that when a recovering individual abandons the core principles of recovery – specifically, those of the 12-step program – relapse is almost inevitable:

> *Once you start giving up on some things, you gradually let go of others too. You stop connecting with peers, begin hanging out with active drug users, and go to problematic places. You think that because you've been clean for 20 years, you can handle it, but suddenly you find yourself using drugs again*. (Avi)

5.1.2. The Savior-Rescuer Paradox: Role Confusion in Peer Support

The most significant aspect of the peer supporter paradox emerged in participants' descriptions of developing a "savior-rescuer" self-perception. They linked this mindset to unresolved personal issues, fostered a false sense of omnipotence, and a belief that they could manage everything by themselves. This dynamic reflects a form of role confusion, arising from their dual identity—as individuals in recovery with troubled pasts and as peer supporters in positions of influence. This powerful role can erode feelings of superiority and overconfidence, which may become unmanageable. Quote:

Not being a savior-rescuer is imperative for me because I need to surrender. I feel outside of myself when assisting others. There's nothing better than seeing addicts recover. But you must be careful about what mode you're in – am I a teacher or a savior? I was unaware of the unresolved issues in me, so I put myself in situations I shouldn't have, and won't do that again. (Mira)

This savior-rescuer paradox illustrates a fundamental tension within the peer support role. The very experiences that qualify reformed individuals to assist others, that is, their lived experiences with addiction and recovery, can also make them vulnerable to relapse if they develop an inflated sense of their healing power and capabilities.

5.2. The Cumulative Value of Recovery: Lessons Learned

When asked whether their lived experience—encompassing addiction, recovery, relapse, and re-recovery—adds value to their current recovery, all respondents answered affirmatively. They described cumulative benefits, including an enhanced ability to recognize and overcome relapse warning signs and maintain long-term sobriety through the daily practice of the 12-step principles, primarily by giving and receiving peer support within NA groups.

5.2.1. Recognizing Warning Signs for Relapses

One key lesson drawn from past experiences was identifying relapse warning signs and avoiding risk factors that could jeopardize recovery. Participants specifically reflected on personal character flaws, such as self-centeredness, dishonesty, pride, and manipulation, which fostered a sense of superiority over other recovering individuals and led to their disconnection from support networks. This self-awareness reinforced the realization of the need for continuous peer support and the daily practice of 12-step principles in sustaining recovery. Quote:

In addicts, the destructive part is large, and our defense mechanisms are fluid. Today, I am aware of the importance of these recovery actions… I once left the program because I didn't want to be with those 'whiners' in the groups. Today, they serve as an example for me, like a warning sign. (Omer)

5.2.2. Strengthening Recovery Through NA's Four Pillars

Reflecting on their last relapse experience while formally engaged in peer work, all participants expressed their strong commitment to what they described as the four pillars of recovery in NA: attending NA meetings, serving others, practicing spirituality through the 12-step program, and both giving and receiving peer support. Quote:

Today, I have faith in God, a permanent NA group, I practice the 12-step daily, and I do service by voluntarily supporting others in NA groups. These are the four pillars of recovery, and if you follow them, sobriety is guaranteed. (Yossi)

6. DISCUSSION

This study explored relapses among professional peer supporters in the field of drug addiction recovery and their subsequent recovery. At the core of our findings is the "savior-rescuer paradox", a dynamic stemming from respondents' struggle to reconcile two conflicting identities: their troubled past and their restored identity as recovering peer

supporters. This tension played a significant role in their relapses. Participants described how their dual identity, as individuals in recovery and as peer supporters, fostered role confusion and overconfidence, leading to disengagement from support systems such as NA groups and the 12-step program. This disengagement reflected a loss of social and recovery capital, which had previously served as protective factors.

Participants linked this paradox to unresolved character flaws, including self-centeredness, dishonesty, pride, and manipulation. These traits fostered a false sense of omnipotence and self-efficacy (White, 2000) as they navigated their dual identities. Their perceptions of authority and efficacy as peer supporters intensified this internal conflict.

Looking back, however, participants reframed relapses not solely as a failure but as an opportunity for learning. They emphasized the importance of recognizing personal "warning signs," maintaining connections with recovering peers, and adhering to NA's four pillars: meetings, service, spirituality, and mutual support. These insights demonstrate that relapses, when effectively processed, can strengthen resilience and deepen commitment to recovery, aligning with perspectives from positive criminology and desistance theory. Notably, no substantive differences were observed among participants' accounts, regardless of the length of their recovery or the duration of their relapse.

6.1. The Savior-Rescuer Paradox

While helping others often provides a sense of purpose, fulfillment, and reinforcement of personal recovery efforts, the helper role can also obscure unresolved personal issues and foster an illusion of immunity (Reissman, 1965). Over-identification with the "savior" role may lead to an exaggerated sense of control and a disconnection from essential support systems, such as NA group members, as reported by our respondents. These dynamics highlight the delicate balance required to integrate the dual identities of being both in recovery and a peer supporter of other recovering individuals (White & Evans, 2013).

From the perspective of convict therapy (Elisha, 2023), engaging in peer support allows individuals to transform their criminal past into a source of strength by leveraging their carceral capital, that is, their lived experiences with crime and addiction, to assist peers. This process fosters emotional healing, enhances empathy and forgiveness, and instills a sense of purpose and self-worth, aligning with the helper therapy principle (Elisha, 2022; Lebel et al., 2015; Reissman, 1965). However, unresolved tensions between the "convict" and "recovering" identities, especially among those who have not fully processed their troubled past, can create a fragile sense of self. This may weaken their commitment to recovery and lead to relapses, as reported by our participants.

This paradox can also be framed as a dilemma of occupational identity. Peer supporters often inhabit a liminal position, that is, a transitional, in-between state where they are neither fully established professionals nor simply individuals in recovery. This ambiguous location generates boundary challenges and role ambiguity (Simpson et al., 2017; Beales & Wilson, 2015). In the addiction recovery fields, this liminality echoes the figure of the wounded healer, whose lived experience is both a source of unique strength and a potential vulnerability. The expectation to represent "successful recovery" may obscure peers' own fragilities and intensify relapse risks, underscoring that these dilemmas are not merely individual struggles but structural features of peer work (White, 2000).

6.2. Disconnecting from Recovering Peers: The Loss of Social and Recovery Capital

Participants emphasized that distancing themselves from NA group members and neglecting the core principles of the 12-step program were key factors contributing to their relapses. This disengagement marked the loss of social and recovery capital (Portes, 2000). Convict therapy (Elisha, 2023) similarly emphasizes the vital role of peer support in building accountability and resilience. Through meaningful connections and consistent engagement in recovery-focused activities, recovering individuals strengthen these forms of capital and enhance their ability to sustain long-term recovery (Best et al., 2011; Laudet & White, 2008; Woods, 2020).

Paradoxically, participants recognized that these actions violated the core principles of the 12-step program, which had previously supported their recovery. They attributed their disengagement to the false sense of self-sufficiency fostered by the personal and professional success they had achieved through their peer support work.

Peer support, a cornerstone of the 12-step program and recovery literature, thrives on reciprocal relationships in which individuals give and receive support. Disengagement from these relationships weakened essential social bonds, eroding external validation and internal motivation to sustain recovery (Kelly & Yeterian, 2011; Ronel, 1998). Strong pro-social ties and supportive relationships, as emphasized in Sampson and Laub's (1993) life-course perspective, are crucial for maintaining recovery.

Similarly, desistance literature underscores the importance of social connections and support networks in sustaining abstinence from both criminal behavior and substance use (Laub & Sampson, 2001). Patton and Best (2024) highlight mutual aid groups as key sources of social capital for individuals in recovery. However, when individuals distance themselves from these recovery-oriented circles, the positive effects may no longer be sufficient to sustain their progress.

6.3. Relapses as a Learning Process

Respondents emphasized that their recovery journey carries significant added value, shaped by lessons learned from past experiences. These insights include recognizing relapse risk factors, referred to as "warning signs", and proactively avoiding them through consistent practice of NA's four pillars of recovery. This approach reflects a deepened commitment to long-term sobriety, aligns with the positive criminology perspective (Ronel & Elisha, 2011), suggesting that individuals can grow through adversity, given the right opportunities (Best & Aston, 2015).

Participants' reflections also align with Prochaska and DiClemente's (1983) stages of change model, which conceptualizes recovery as a cyclical process involving relapse, growth, and renewed commitment (DiClemente & Crisafulli, 2022). Rather than viewing relapses as failures, respondents reframed them as opportunities for insight, learning, and transformation.

Additionally, participants acknowledged that their relapse experiences deepened their understanding of addiction and recovery. This perspective corresponds with the concept of recovery capital (Best et al., 2011; Granfield & Cloud, 2001), suggesting that individuals in recovery accumulate social, personal, and community-based resources that strengthen their ability to sustain long-term sobriety.

6.4. Comparisons with Alternative Peer Support Models and Cultural Context

The findings of this study should also be considered in broader international developments in peer support for recovery from addiction. While NA and AA remain the dominant approaches worldwide and in Israel, alternative models have gained prominence elsewhere. Recovery Colleges, developed in the UK and increasingly studied across countries, emphasize empowerment, equality, and collaborative learning rather than spirituality, and have been shown to foster connectedness and personal growth (Parsa et al., 2025; Whish et al., 2022). Similarly, secular programs such as SMART Recovery and LifeRing draw on cognitive-behavioral and self-management strategies, providing recovery options for those less comfortable with the religious or spiritual orientation of 12-step fellowships. Research suggests that SMART Recovery contributes to improved health, sobriety, and social connectedness (Manning et al., 2023; Tom & Fruitman, 2024). Additionally, Recovery Dharma represents a Buddhist-inspired secular alternative that was found to enhance recovery capital through meditation and peer support (LeBell et al., 2023).

In Israel, however, these alternative approaches remain relatively uncommon, and recovery frameworks are still strongly anchored in NA and AA traditions. This cultural context both strengthens and complicates the savior–rescuer paradox. On the one hand, the centrality of NA/AA provides peer supporters with strong recovery-oriented communities and spiritual foundations. On the other hand, reliance on a single dominant model may intensify the risks of disengagement: when individuals distance themselves from NA, they have fewer secular or institutionalized alternatives to sustain their recovery. These cross-national differences underscore the need to interpret the findings of the present study as culturally situated: the Israeli peer support experience reflects both the strengths and vulnerabilities of a recovery system deeply rooted in NA and AA traditions.

7. IMPLICATIONS, LIMITATIONS, AND FUTURE DIRECTIONS

The findings underscore both theoretical and practical implications. Theoretically, it advances the desistance and drug recovery literature (Lebel et al., 2015; Laub & Sampson, 2001; Maruna, 2001) by deepening our understanding of relapses and re-recovery triggers among peer supporters. The findings also support the convict therapy framework (Elisha, 2023), emphasizing the critical role of peer support in fostering and sustaining long-term recovery. This is achieved through developing strong pro-social connections and personal resilience, both of which are crucial for successfully navigating recovery challenges.

At the policy level, the growing trend of institutionalizing peer support roles recognizes lived experience as professional expertise (Best & Aston, 2015; White & Evans, 2013; Patton & Best, 2024). Yet, this process also increases risks of burnout and relapses among peers, who must balance personal recovery with professional demands (Beales & Wilson, 2015; Simpson et al., 2017). Training programs should therefore not only address self-care and boundary management but also explicitly prepare peer workers to recognize and navigate the savior–rescuer paradox. Embedding supervision and institutional support into policy frameworks is essential to prevent burnout and ensure sustainability (Beales & Wilson, 2015; Patton & Best, 2024; White & Evans, 2013).

The study's main limitation is its relatively small and homogeneous sample, primarily composed of NA-affiliated peer supporters, resulting in a predominance of the 12-step worldview in participants' accounts. As such, the perspectives of individuals engaged in alternative recovery models may be underrepresented. Future studies should include more

diverse samples, and adopt longitudinal designs to capture the evolving nature of relapse and recovery. Comparative studies between peer supporters with and without carceral capital could provide deeper insights into the unique challenges and vulnerabilities of each group.

8. CONCLUSIONS

This study highlights relapses as both a risk and a potential catalyst for growth among peer supporters in drug addiction recovery, sometimes referred to as wounded healers (Elisha, 2023). The savior–rescuer paradox demonstrates how lived experience can serve as both a source of strength and a point of vulnerability (White & Evans, 2013). By reframing relapses as learning opportunities and situating them within the framework of recovery and desistance, the study underscores the importance of recovery capital and continuous connection to peers in sustaining long-term sobriety (Maruna, 2001; Cloud & Granfield, 2008; Laudet & White, 2008).

Findings further indicate that relapses are not simply failures but transitional experiences that, when processed constructively, foster humility, resilience, and renewed commitment (Best & Aston, 2015; Beales & Wilson, 2015). Yet, the liminal status of peer supporters, straddling recovery and professional roles (Simpson et al., 2017), creates identity tensions that heighten vulnerability. In Israel, where NA/AA dominate, this challenge is further intensified by the lack of diverse recovery models. To address these challenges, structured training, boundary management, and institutional supervision are essential to support professional peer workers in navigating these tensions and sustaining both their own recovery while effectively supporting others.

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