Post-Traumatic Growth in Recovery

Building something real from the rubble

Printable worksheet · 9 parts

Name _____ Date _____

The Recovery Files

Post-Traumatic Growth

in Recovery

"You do not choose your wounds. But you choose, every day, whether to let them define your limits or your direction. Post-traumatic growth is not about finding silver linings — it is about building something real from the rubble."

Growth Score

Not Yet Assessed

Assessment

Complete

Overall Progress0 sections complete

PTG OrientationNot Yet Assessed

Part A: PTG AwarenessUnderstanding & Recognition

Part B: Growth in PracticeDaily Integration & Action

About This Intensive

Post-traumatic growth is not the denial of suffering. It is what becomes possible when suffering is faced fully, processed honestly, and allowed to transform the person who survived it. For people in recovery, PTG offers a framework for understanding not just what was lost but what has been and can yet be built from the wreckage.

Sheamus Moran, CSC-AD

www.TheRecoveryFiles.com

Contents

- Part 1 · What Is Post-Traumatic Growth?

© The Recovery Files

- Part 2 · Trauma & Addiction
- Part 3 · The Struggle as Seedbed
- Part 4 · 5 Domains of PTG
- Part 5 · Barriers to Growth
- Part 6 · Practices That Facilitate Growth
- Part 7 · Self-Assessment
- Part 8 · PTG Worksheets
- Part 9 · My PTG Action Plan

© The Recovery Files

PART 1 OF 9

What Is Post-Traumatic Growth?

The Research · The Distinction · The Promise · The Honesty Required

How to Use This Section

Read each section slowly. PTG is a concept that is easily distorted in either direction — either into toxic positivity or into skepticism that forecloses real possibility. The goal is honest engagement with what the research actually shows and what your own experience actually contains.

Beyond Survival: Defining Post-Traumatic Growth

Post-traumatic growth — the term coined by psychologists Richard Tedeschi and Lawrence Calhoun in the mid-1990s — describes a specific phenomenon that has been observed across cultures, populations, and types of adversity: the possibility that people not only survive profound struggle but emerge from it in ways that are genuinely, measurably changed for the better. This is not optimism. It is not the claim that trauma is good for you, or that suffering has a silver lining. It is the more careful and more honest observation that for a significant proportion of people who face genuinely devastating circumstances — serious illness, loss, violence, addiction, natural disaster — the struggle produces, alongside and sometimes because of the real damage it causes, a transformation of the person's relationship to themselves, to other people, and to the nature and meaning of their life. Growth does not occur in everyone who faces adversity, and it does not occur automatically or easily. But it occurs with sufficient frequency and in sufficient depth that it represents a genuine possibility — one that can be facilitated, supported, and cultivated.

1. In your own words — not the textbook definition, but your genuine understanding — what does post-traumatic growth mean? And have you seen it? Have you seen it in yourself, in someone in your recovery community, or in someone whose story you know well? Describe what you witnessed.

2. Is PTG something you believe is genuinely possible for you specifically — given your specific trauma history, your specific addiction story, your specific recovery? Or does the concept feel abstract or applicable to others but not to you? Be honest about where you actually stand.

PTG vs. Resilience: An Important Distinction

One of the most important distinctions in the PTG literature is the difference between post-traumatic growth and resilience. Resilience is the capacity to withstand adversity and return

to baseline — to survive the storm and remain fundamentally the person one was before it hit. Post-traumatic growth is something different. It is not a return to baseline — it is a movement beyond it. The person who experiences PTG does not return to who they were before the trauma; they become someone genuinely different, and that different person is, in specific measurable ways, operating at a higher level of functioning, connection, meaning, and wisdom. The distinction matters because it raises the standard of what recovery can aspire to: not merely returning to the pre-addiction state, but becoming something genuinely better than that state. It also addresses the person who was not, before their addiction, particularly well — who was depressed, disconnected, purposeless — and tells them that recovery is not asking them to return to that.

1. Before the addiction, was the life you were living one that you would want to simply return to — or was the pre-addiction life itself a place of disconnection, purposelessness, or pain that the addiction was, in some sense, medicating? What does your honest answer reveal about what PTG offers you specifically?

2. Can you already identify any ways in which you are genuinely different from the person you were before — not just restored, but genuinely changed? Be specific about what is different and in what direction.

The Seismic Metaphor: When the Assumptive World Shatters

Tedeschi and Calhoun use the metaphor of a seismic event to describe the psychological mechanism through which post-traumatic growth becomes possible. Every person operates on the basis of what they call an "assumptive world" — a largely unconscious set of beliefs about how the world works, what can be expected, and how they are positioned within it: beliefs about safety, fairness, self-competence, and life's meaning. When a profoundly destabilizing event makes contact with these assumptions, the result is a "seismic event": a shattering of the assumptive world that cannot be processed through ordinary coping. This shattering is painful and disorienting in ways that go beyond ordinary stress and grief. But it is precisely this destruction that creates the conditions for growth. A house that has been shaken off its foundation cannot simply be repaired — it must be rebuilt. And the rebuilding process, when engaged genuinely, often produces a structure that is stronger and more honest about the nature of the ground it stands on than the original. PTG is the rebuilding.

© The Recovery Files

1. Can you identify the seismic events in your history — the moments when your assumptive world was shattered, when the beliefs you held about safety, fairness, your own competence, or the trajectory of your life were fundamentally disrupted? Name them specifically and describe what they destroyed.

2. What specific assumptions have been most fundamentally altered by your trauma and addiction history — what do you now understand about the world, about people, about yourself, or about life that the pre-trauma, pre-addiction version of you did not and could not understand in the same way?

The Research: What PTG Actually Looks Like

The research base for post-traumatic growth spans more than thirty years of empirical study across dozens of countries, cultures, and types of adversity. PTG is reported by the majority of trauma survivors across most studied populations — not a rare exception but a relatively common outcome of genuine adversity. The relationship between distress and growth is not oppositional — many people report high levels of both simultaneously, suggesting that growth does not require the resolution of distress but can coexist with ongoing pain. Growth tends to increase over years rather than months, and the early period of recovery is more likely to be characterized by distress than by obvious growth. In the addiction-specific literature, studies consistently find that people in sustained recovery report significant PTG across multiple domains — with some of the most striking findings coming from studies of people in twelve-step programs, where the explicit narrative framework of the program provides a structured context for the meaning-making that PTG requires.

1. Does the research finding that distress and growth can coexist — that you do not need to have resolved your pain before growth becomes possible — change anything about how you relate to your current struggles? What would it mean to allow both the pain and the growth to be simultaneously real?

© The Recovery Files

2. The research suggests that PTG is facilitated by social contexts where struggle can be expressed and meaning-making is supported. How well does your current recovery environment provide that context? Where are the gaps?

PTG Is Not Toxic Positivity: Holding the Both/And

One of the most important clinical clarifications about post-traumatic growth is what it is not. PTG is not the insistence that everything happened for a reason. It is not the spiritual bypass of pretending that trauma was a gift. It is not the pressure to be grateful for what destroyed you. It is not the demand that recovery be a linear journey from suffering to joy. And it is emphatically not the silencing of genuine grief, anger, and loss in the name of a forced positive framing. The "both/and" of PTG is this: the trauma was real and devastating, AND something of genuine value has emerged or can emerge from surviving it. The addiction caused real and lasting harm, AND the journey through it and out of it has produced real and lasting wisdom. The losses were genuine, AND what was built in the aftermath of those losses has a quality and depth that would not have been possible without them. This "both/and" is not a comfortable middle ground — it is a demanding and honest holding of the full complexity of a life that has been genuinely broken and genuinely rebuilt.

1. Where have you encountered — in yourself, in your recovery community, or in the broader culture — versions of forced positivity masquerading as PTG? How has that distortion affected your relationship to the genuine PTG concept?

2. Practice the "both/and" with one specific aspect of your own trauma and recovery: name what was genuinely lost or destroyed, AND name what has genuinely emerged or become possible because of surviving it. Hold both sides without letting either cancel the other.

© The Recovery Files

PART 2 OF 9

Trauma & Addiction

ACE Study · Types of Trauma · The Body · Addiction Trauma · Treatment

Understanding the Wound

Post-traumatic growth begins with an honest understanding of the trauma — its type, its impact, its location in the body, and its connection to the addiction. This section is not designed to retraumatize but to clarify. Bring what you find here to your therapist.

The ACE Study: Adverse Childhood Experiences and Addiction Risk

The Adverse Childhood Experiences study — conducted by Kaiser Permanente and the CDC beginning in 1995 and involving over seventeen thousand participants — is one of the most consequential pieces of public health research ever conducted. The study identified ten categories of adverse childhood experiences: physical, emotional, and sexual abuse; physical and emotional neglect; and five forms of household dysfunction. The ACE score showed a dose-response relationship with virtually every adverse adult health outcome studied, including substance use disorders. People with ACE scores of four or more were seven times more likely to develop alcoholism than people with ACE scores of zero. People with ACE scores of six or more had a 4,600% higher lifetime prevalence of intravenous drug use. These findings point toward a mechanism: adverse childhood experiences produce specific neurobiological changes — hyperactivation of the stress response systems, dysregulation of the HPA axis, altered prefrontal development — that make substances an effective short-term solution to an ongoing neurobiological problem.

1. What is your honest ACE score — how many of the ten categories of adverse childhood experience were present in your life before age eighteen? You do not need to share the full details here, but naming the number honestly, even to yourself, is a beginning.

2. How does understanding the ACE research change your relationship to the story of your addiction — does it shift the frame from "I had a weakness or a moral failure" to something more accurate about the relationship between what happened to you and what you turned to? What does that shift feel like?

The Types of Trauma Most Common in Addiction Populations

Trauma exists on a spectrum of types that differ in their mechanism and lasting impact. Big-T Trauma refers to the acute, discrete events that most people recognize as traumatic: violence,

© The Recovery Files

sexual assault, accidents, natural disasters, combat, witnessing death or serious injury. Small-t trauma refers to the chronic, relational, and often less obviously dramatic experiences that may not be recognized as trauma but accumulate into significant neurobiological impact: emotional neglect, chronic criticism, the experience of being consistently invalidated, living with chronically dysregulated caregivers. Developmental or complex trauma — sometimes called C-PTSD — refers to the specific impact of chronic interpersonal trauma beginning in early life. This form of trauma affects not just the trauma response system but the fundamental development of self, identity, emotional regulation capacity, and relational patterning. In addiction treatment populations, all three types are common, and the majority of people presenting for treatment have significant histories of more than one.

1. Which type or types of trauma — Big-T acute events, small-t chronic relational experiences, or complex developmental trauma — are most present in your history? Do you have a clear enough picture of your trauma history to bring it honestly to your clinical work?

2. What is the specific way your particular trauma history connected to your substance use — what was the substance or behavior providing that the trauma-damaged nervous system most needed? Naming the connection precisely is the beginning of understanding what healing must address.

Trauma in the Body: What the Nervous System Remembers

Bessel van der Kolk's foundational work — "The Body Keeps the Score" — established that trauma is not only a cognitive phenomenon that can be addressed solely through talking. It is a somatic phenomenon that lives in the body: in the nervous system's threat-detection settings, in the visceral reactivity to stimuli associated with past danger, in the hyperarousal that prevents genuine rest and genuine safety. Understanding trauma as a somatic experience has specific implications: purely cognitive approaches to trauma processing often produce incomplete healing because the story can be narrated without the body's experience being processed. The body is a primary site of both trauma expression and trauma healing — explaining why somatic practices (yoga, EMDR, Somatic Experiencing, breathwork, physical movement) are not peripheral to trauma treatment but often central to it.

© The Recovery Files

1. Do you experience trauma in your body — the hypervigilance, the startle responses, the somatic reactivity to certain stimuli, the difficulty with genuine physical relaxation or safety? How does this body-level experience of trauma affect your recovery and your daily life?

2. Is somatic or body-based trauma treatment part of your recovery work — yoga, EMDR, Somatic Experiencing, trauma-sensitive bodywork, or any other practice that addresses the body's trauma residue directly? If not, what would accessing that support require?

Trauma Within Recovery: When Recovery Itself Has Been Traumatic

One dimension of trauma in addiction populations that is sometimes overlooked is the trauma that occurred within the addiction and recovery journey itself. The consequences of active addiction can themselves be traumatic: overdoses and near-death experiences, violence connected to the using lifestyle, sexual assault in the context of intoxication, incarceration, the profound shame of specific incidents carried silently, and the accumulated experience of watching one's life contract to something unrecognizable. For many people in recovery, the trauma of the addiction years sits alongside and compounds the earlier trauma that preceded it — creating a layered wound that requires specific, sequential attention. The PTG framework applies to this layer of addiction-specific trauma as much as to the pre-addiction trauma: what becomes possible, after surviving the specific devastation of what the addiction produced, that was not possible before?

1. What specific traumatic experiences occurred during your addiction — not only what preceded it — that are part of the wound you are recovering from? Have these experiences been addressed directly in your recovery work?

© The Recovery Files

2. What specific wisdom or understanding has the experience of the addiction years — however devastating — produced in you that would not have been available through any other route? Name it specifically and honestly, without either minimizing the harm or performing gratitude you do not feel.

Trauma-Informed Recovery: Getting the Treatment Right

The clinical literature on trauma-informed care in addiction treatment is clear: addiction treatment that does not address the trauma history of the person being treated is significantly less effective than treatment that does. The debate in the field between concurrent and sequential treatment has largely resolved toward a both/and answer: the stabilization of sobriety and the nervous system's basic regulation must come first as safety conditions, but trauma-informed work does not need to wait. For people in recovery who have not yet accessed trauma-informed clinical support, the most important message is simple: the addiction and the trauma are not separate problems that can be addressed in sequence. They are intertwined in specific, neurobiological ways that require integrated treatment. The person who has achieved sobriety without addressing the underlying trauma is managing a significant ongoing relapse risk — not because their recovery is weak, but because the wound that the substance was addressing is still present and still painful.

1. Is your current recovery treatment trauma-informed — does your therapist, counselor, or treatment team have specific training in trauma and are they addressing your trauma history alongside your addiction recovery? If not, what would it take to access that integrated support?

2. Where in the recovery process do you feel you currently are in terms of trauma work: stabilization and safety skills, beginning to process specific traumatic memories, or actively integrating what has been processed into a transformed sense of self and life? What does the next step in that progression look like?

© The Recovery Files

PART 3 OF 9

The Struggle as Seedbed

Why Difficulty Is Necessary · Rebuilding · Narrative · Community

The Conditions of Growth

This section examines what the struggle itself contributes to growth — not to romanticize it, but to understand it honestly enough to mine it for what it genuinely contains. Bring what you find here to your sponsor.

Why Comfort Does Not Produce Growth

Post-traumatic growth literature is unambiguous: growth of the kind PTG describes does not occur in the absence of genuine struggle. The research consistently shows that mild adversity does not tend to produce the fundamental revision of assumptive world, the deepened compassion, the enhanced appreciation of life, and the transformed relationship to meaning that characterize genuine post-traumatic growth. These more profound changes appear to require a level of disruption that exceeds the ordinary coping capacity — that breaks through the routines, defenses, and habitual frameworks through which most people navigate daily life. Addiction and its consequences frequently produce exactly this level of disruption. The person who has watched their marriage end because of their drinking, who has woken from an overdose in a hospital room — that person has been broken open in a way that, while devastating, creates the possibility of a rebuilding that goes deeper than any repair of an undisturbed life could reach. The struggle is the seedbed. Not because suffering is good, but because certain seeds can only germinate in soil that has been thoroughly turned.

1. What specific aspects of the devastation your addiction produced — the losses, the consequences, the breaking points — have you come to understand as the conditions that made a genuinely different life possible? Name them specifically and honestly.

2. Is there any part of you that is genuinely grateful — not performatively, not because you feel you should be, but actually — for some element of the struggle that brought you to where you are? What is it, and what did it make possible?

The Rebuilding Process: What Gets Reconstructed

When Tedeschi and Calhoun describe PTG as a rebuilding process — the reconstruction of the assumptive world after a seismic event has destroyed it — they are pointing toward a specific and consequential process of cognitive and spiritual reconstruction. The person whose assumptive

© The Recovery Files

world has been shattered does not simply replace the destroyed assumptions with new ones of the same quality. They go through a period of genuine cognitive and existential instability during which the old framework is gone and no new framework has yet been built. In recovery, this period often corresponds to early sobriety. What gets rebuilt in the PTG process is not the same house on the same foundation. It is a different structure on a more honest foundation — one that takes into account the actual nature of the ground it stands on: that life is not fundamentally safe; that self-competence has genuine limits; but also — and this is where the growth lives — that other people are more available than the pre-trauma person knew, that the self is more capable of surviving than it believed, and that there is something available on the other side of genuine loss that could not have been reached without the loss.

1. What specifically is being rebuilt in your recovery — what new assumptions about yourself, about other people, and about the nature and meaning of life are replacing the ones that the addiction and trauma destroyed? Name them specifically.

2. What is the most significant thing you now believe — about yourself, about others, about life — that you could not have believed before the struggle? What did the struggle teach you that no amount of ordinary life experience could have produced?

Productive Rumination: The Thinking That Leads to Growth

One of the most significant findings in PTG research is the distinction between two very different forms of rumination. Intrusive rumination — the involuntary, repetitive, unwanted mental replay of traumatic events — is associated with ongoing distress and is a feature of PTSD rather than a facilitator of growth. Deliberate or reflective rumination — the intentional, purposeful engagement with the meaning of what happened, the lessons it contains, the changes it has produced, and the implications for how to live going forward — is one of the strongest predictors of post-traumatic growth. The difference is between being haunted by the trauma and actively engaging with what it means. The person who can engage deliberately — who can ask "what does this experience tell me about who I am, what I value, what I am capable of, what matters?" — is engaging in the specific cognitive work that PTG research identifies as a primary facilitator of growth.

© The Recovery Files

1. Which type of rumination is most characteristic of your current relationship to your trauma and addiction history — intrusive (involuntary, unwanted, distressing) or deliberate (purposeful, meaning-making, reflective)? Do you have sufficient treatment support to manage the intrusive dimension while developing the deliberate one?

2. Practice deliberate rumination: Choose one specific event or period from your addiction or trauma history and engage with it reflectively — not to replay it but to extract from it: What did this teach me about myself? What did I discover I was capable of that I didn't know before? What did it change in how I understand life, relationships, or what matters?

The Role of Narrative: Making a Story That Holds Both

One of the most powerful mechanisms through which post-traumatic growth is facilitated is the construction of a coherent narrative about the traumatic experience and its aftermath — a story that holds both the genuine suffering and the genuine growth. Narrative psychologist Dan McAdams identifies the "redemptive narrative" — the story in which a painful or shameful chapter becomes the turning point of a larger story that moves toward meaning, contribution, and genuine flourishing — as one of the most powerful predictors of both wellbeing and generativity in adulthood. In twelve-step communities, this narrative work is built into the program's structure. The PTG dimension of this work is the explicit integration of what has grown from the rubble into the telling of the story, so that the story becomes not just a record of what happened but a guide to what is being built.

1. What is the current shape of your recovery narrative — how do you tell the story of your addiction and recovery, and what does that story make central? Is the growth dimension present in how you tell it, or does the story emphasize primarily the damage without yet integrating what has been built from it?

© The Recovery Files

2. Write the redemptive arc of your story in one paragraph — not the full story, but the arc: where you were, what happened, what the turning point was, and what direction the story is moving now. Be honest about where you actually are on that arc — not where you wish you were.

Suffering That Is Witnessed: The Role of Community in PTG

A consistent finding across the PTG literature is that growth is more reliably facilitated in social contexts where the experience of struggle can be shared and witnessed than in isolation. Psychologically, the sharing of a traumatic narrative with a compassionate witness produces the specific experience that is most corrective of trauma's damage to the sense of self: the experience of being fully known, including in one's worst moments, and being met with compassion rather than rejection. The recovery community provides an extraordinary context for both of these PTG-facilitating processes. The meeting room where stories of genuine devastation are shared and met with recognition — "I know, I have been there, I am still here" — is one of the most powerful witnessed-suffering experiences available to people in recovery. The person who attempts to navigate the growth process in isolation — who keeps the struggle private, who shares the managed version of their story — is working against the conditions that growth most requires.

1. Is your struggle genuinely witnessed in your recovery — do the people who matter most to your growth know the full story, the complete truth, the unmanaged version of what you have been through? Or is the struggle being carried in isolation?

2. Who in your recovery has provided the experience of being fully known and met with compassion — the specific person whose witness of your story produced the specific healing that comes from being genuinely seen in one's worst and one's most vulnerable? What did that witnessing produce?

© The Recovery Files

PART 4 OF 9

5 Domains of PTG

5 Domains of Post-Traumatic Growth

Strength · Possibility · Connection · Appreciation · Meaning

Where Growth Actually Lives

Tedeschi and Calhoun's five domains are not abstract categories — they are specific areas of your life where genuine transformation is already present or becoming possible. This section asks you to locate the growth specifically in your own experience.

Domain 1 — Personal Strength: "I Am More Capable Than I Knew"

The first and most commonly reported domain of post-traumatic growth is the discovery of personal strength — specifically, the recognition that one has survived something that was not known to be survivable, and that the survival itself is evidence of a capacity, a resilience, and an inner resource that was not previously visible. This discovery is particularly powerful in the context of addiction recovery, where the addiction years typically produce the opposite experience: the accumulated evidence of failed attempts to stop, of promises broken, of consequences that arrived regardless of good intentions. Recovery, particularly sustained recovery through genuinely difficult periods, systematically challenges that inadequacy narrative. The person who gets through a major trigger without using, who stays sober through the loss of a relationship or a loved one, who makes an amends that required enormous courage — that person is accumulating evidence of a strength that was present all along but that the addiction's framing rendered invisible.

1. What specific experiences in your addiction and recovery history have produced the discovery of a strength you did not previously know you had — a capability, a resilience, or an inner resource that was not visible until the struggle made it necessary? Name the experience and the specific strength it revealed.

2. How has your understanding of what you are capable of changed as a result of your recovery journey? What do you now know about your capacity for survival, endurance, and genuine change that you could not have known without the specific challenge your addiction provided?

Domain 2 — New Possibilities: "My Life Can Go in Directions I Had Not Imagined"

© The Recovery Files

The second domain of PTG is the opening of new possibilities — the recognition that the destruction of the old life, while devastating, has also cleared the field for a genuinely different kind of life. The person who has begun to experience PTG in this domain notices something different: that some of the things the addiction destroyed were not worth rebuilding, that some of the paths the pre-addiction life was traveling were not genuinely the person's own, and that the disruption — however brutal — has created the specific conditions for a genuinely different kind of life to become possible. For many people in recovery, this domain produces the most surprising growth: the discovery of a vocation for service; the recognition of a capacity for genuine intimacy; the willingness to take risks that the carefully managed pre-addiction life would never have tolerated; or the simple and profound recognition that the life being built in recovery is genuinely more the person's own than anything that came before it.

1. What genuinely new possibilities have opened in your recovery — not the restoration of what existed before, but the emergence of directions, identities, vocations, or ways of living that were not available or not visible before the struggle? Name them specifically.

2. Is there something in your pre-addiction life that the addiction destroyed that, in honest reflection, does not need to be rebuilt — a direction that was not genuinely yours, a life that was organized around others' expectations rather than your own truth? What would genuinely new possibilities look like for you?

Domain 3 — Relating to Others: "I Can Connect in Ways I Could Not Before"

The third domain of post-traumatic growth is the transformation of the capacity for genuine connection with other people. Addiction typically produces a progressive narrowing and distortion of relational capacity: the dishonesty required to maintain the addiction, the self-preoccupation that addiction demands, the shame that prevents genuine disclosure. Recovery, at its best, produces the specific conditions in which genuine relational capacity can emerge: the willingness to be honest, the experience of being known without being abandoned, the specific compassion that comes from having suffered in ways that allow genuine identification with others' suffering. Many people in recovery report that their capacity for genuine intimacy — with a partner, with their children, with friends, with members of their recovery community — is qualitatively deeper in recovery than anything they experienced before.

© The Recovery Files

1. How has your capacity for genuine connection with other people changed through your addiction and recovery? Are you more or less capable of honesty, of emotional availability, of genuine compassion, and of being genuinely present with another person than you were before the struggle? Name specific ways in which your relational life is genuinely different.

2. What specific relational capacity — the ability to be vulnerable, to tolerate another person's pain without fixing it, to ask for help, to offer genuine compassion — has most expanded through the recovery process? And what produced that expansion?

Domain 4 — Appreciation of Life: "I Notice What I Once Took for Granted"

The fourth domain of PTG — appreciation of life — is perhaps the simplest to understand and, for many people who have survived genuine brush with death or complete loss, one of the most consistently reported. The person who has emerged from overdose, from the complete destruction of the life that was being lived, or from the specific desolation of the final stages of active addiction occupies a relationship to ordinary life that is qualitatively different from the relationship of the person whose life has never been genuinely threatened. The coffee in the morning. The ability to sleep without withdrawal. The presence of a child who is willing to be in the same room. These are not small things to the person who lost them and got them back. This appreciation is not gratitude as performance. It is the specific attentional quality that becomes available when the proximity to loss has been genuine enough to permanently alter how the present is perceived.

1. What specific ordinary things — experiences, relationships, capacities, or dimensions of daily life — do you appreciate in a genuinely changed way because of the journey through addiction and recovery? Name the specific things, and describe what the appreciation actually feels like rather than what you think it should feel like.

© The Recovery Files

2. Has the proximity to loss — to the genuine destruction of what you had, to near-death, to the bottom — permanently altered how you perceive what is present? In what specific ways does your perceptual relationship to ordinary life differ from what it was before the struggle?

Domain 5 — Spiritual and Existential Change: "I Understand What My Life Is For"

The fifth and often most profound domain of post-traumatic growth is the change in spiritual or existential understanding — the shift in one's relationship to the deepest questions about meaning, purpose, mortality, and what makes a human life well-lived. This domain does not require a specific religious commitment. It does require genuine engagement with questions that the ordinary, undisturbed life rarely makes truly urgent: Why am I here? What genuinely matters? What do I owe to others? What does it mean to have suffered as I have suffered and to have survived? In recovery communities, this domain of PTG is frequently present in the stories of long-term recovery: the person who found their vocation in service to others who are suffering as they suffered; the person who developed, through the specific path of addiction and recovery, a relationship to the meaning of their own life that has a depth and an urgency that the comfortable life never produced. This is the domain in which the recovery story most explicitly becomes a story of what was found.

1. Has your understanding of what your life is for changed through the journey of addiction and recovery? What do you now understand about meaning, purpose, and what genuinely matters that the pre-addiction version of you could not have understood in the same embodied, experiential way?

2. What specifically do you now believe your life is for — not what you think you should believe, but what the actual experience of the struggle and the recovery has taught you about your own purpose and your own place in relation to other people and to something larger than yourself?

© The Recovery Files

PART 5 OF 9

Barriers to Growth

Barriers to Post-Traumatic Growth

Avoidance · Toxic Positivity · Grief · Closure · Shame

Naming What Blocks Growth

Growth does not happen automatically after trauma. Understanding which specific barriers are most active in your recovery is the first step to addressing them. Bring what you identify here to your therapist — these barriers are workable, but not alone.

Avoidance: The Enemy of Growth

Avoidance — the systematic steering away from the internal experience, the memories, the emotions, and the relational contexts associated with trauma — is the single most reliable inhibitor of post-traumatic growth. The person who has organized their life around not thinking about the trauma, not talking about it, not feeling the emotions it left in the body, is successfully managing distress in the moment. They are also preventing, with equal effectiveness, the processing of the traumatic experience that growth requires. PTG does not occur through avoidance because avoidance keeps the traumatic material unprocessed — frozen in the form in which it was experienced, rather than integrated into the ongoing narrative of a life that has continued beyond the trauma. In recovery, the primary forms of avoidance that block PTG include: avoiding the Step Four and Five process of honestly examining the full history; avoiding honest disclosure with the sponsor or therapist; and avoiding the specific grief and anger and shame that the trauma years produced.

1. Where is avoidance most actively operating in your current recovery — what specific traumatic material, which relationships, which memories or emotions are you most systematically steering clear of? Name the avoidance specifically.

2. What has avoidance cost you in terms of growth that would have required the contact it is preventing? And what would it take — what safety conditions, what clinical support, what relational context — to make genuine contact with the avoided material possible?

Toxic Positivity: Growth's Counterfeit

One of the most damaging barriers to genuine post-traumatic growth is the cultural and sometimes clinical pressure toward toxic positivity — the insistence that recovery be a uniformly

positive and grateful experience, and that the expression of ongoing grief, anger, or ambivalence is a form of negativity that needs to be corrected. Toxic positivity is PTG's counterfeit because it has the surface appearance of growth without the genuine internal process that growth requires. Real PTG includes genuine grief alongside genuine growth. It includes the full acknowledgment of what was lost before the building of what is being found. It includes the rage at what happened as well as the meaning that has been made from it. Recovery communities can, at their worst, function as toxic positivity environments — where the rule is gratitude, and the complexity of the "both/and" is reduced to the requirement of the "only and" of positive framing. The PTG literature is clear: growth that bypasses genuine grief and anger is not genuine growth.

1. Where has toxic positivity — forced gratitude, pressure to find the silver lining, the performance of recovery's benefits — operated as a barrier to your genuine engagement with what the trauma actually cost you? How has this pressure affected the authenticity of your recovery narrative?

2. What emotions or dimensions of your experience have you been unable to fully express in your recovery community because of — implicit or explicit — toxic positivity norms? What would it mean to find a context where the full truth of your experience could be expressed and witnessed without the pressure to reframe it positively?

Unprocessed Grief: The Weight That Blocks Forward Movement

Grief — genuine, acknowledged, fully expressed grief for what was lost through trauma and addiction — is not an obstacle to post-traumatic growth. It is a necessary phase of the process through which growth becomes possible. People who allow themselves to fully grieve the losses associated with their trauma tend to show greater PTG over time than people who bypass grief in the name of moving forward. Unprocessed grief, by contrast, does become an obstacle — not because grief is the problem but because grief that has not been adequately acknowledged and expressed tends to accumulate in the body and the psyche as a weight that prevents genuine forward movement. The person who has not grieved the lost years, the harmed children, the damaged relationships, and the life that might have been lived is carrying that unacknowledged weight into every forward movement, and it tends to pull them back.

© The Recovery Files

1. What losses from your addiction and trauma history have not yet been fully grieved — the specific things that you have acknowledged intellectually but not yet fully allowed yourself to feel the weight of? Name them honestly.

2. Is there a space in your recovery — with your therapist, your sponsor, your home group, or a trusted peer — where genuine grief, as distinct from gratitude and positive reframing, can be fully expressed? If not, what would it take to create or find that space?

Premature Closure: When "I'm Over It" Prevents Growth

Premature closure — the declaration, often unconscious, that the processing of a traumatic experience is complete before it actually is — is among the more subtle barriers to PTG, partly because it can look like successful recovery from the outside. The person who has declared themselves "over it" may have accomplished genuine stabilization without completing the processing and meaning-making that growth requires. This distinction between stabilization and growth is clinically important. Stabilization — the reduction of acute distress, the establishment of basic safety and functioning — is necessary and valuable and is an appropriate early recovery goal. Growth goes further: it requires the continued engagement with the meaning of the experience, the integration of what was learned into an ongoing and evolving life narrative. The person who has sealed the chapter prematurely is often recognizable by a specific flatness in how they talk about their trauma history: the account is composed and controlled but somehow thin, as if they are reporting events that happened to someone else.

1. Have you prematurely closed any chapter of your trauma or addiction history — declared it finished or dealt with before the genuine processing and meaning-making were complete? How does that premature closure show up in how you talk about those experiences now?

© The Recovery Files

2. Is there a specific chapter of your history that your recovery has stabilized you enough to now revisit more deeply — to move from stabilization into genuine growth? What would that deeper engagement require, and what clinical support would it need?

Shame: The Specific Barrier to the Growth Conversation

Shame — the felt sense of fundamental defectiveness, of being too damaged, too harmful, or too far gone for growth to be genuinely available — is the specific barrier to PTG that is most common in addiction populations. The shame narrative says several specific things that are directly antithetical to the PTG framework: "What happened to me does not deserve to produce growth — I caused too much of it myself." "What I did during my addiction disqualifies me from the kind of transformation PTG describes." "My trauma was ordinary — other people had it worse — and I have no right to claim that I grew from it." Each of these shame-based narratives forecloses the PTG process in a specific way. The shame that is shared and met with genuine understanding begins to release. The shame that is protected by silence continues to block access to the growth that the courage of disclosure would make possible.

1. What specific shame narratives are most actively blocking your access to the PTG framework — which versions of "I don't qualify for growth because of [X]" are most present in your internal landscape? Name them specifically.

2. Have you shared the most shame-generating dimensions of your trauma and addiction history with another person — in a context where the sharing was met with compassion rather than judgment? What happened when you did — or what is preventing you from doing so?

© The Recovery Files

PART 6 OF 9

Practices That Facilitate Growth

Writing · Disclosure · Meaning · Service · Somatic & Spiritual

Growth Requires Practice

Post-traumatic growth does not occur by waiting for it or by thinking about it. It occurs through specific, sustained practices that engage the cognitive, relational, somatic, and spiritual dimensions of the person simultaneously. This section identifies those practices and asks how genuinely present they are in your recovery.

Expressive Writing: The Practice That Changed the Research

James Pennebaker's research on expressive writing — begun in the 1980s and replicated hundreds of times — is among the most robust and most practically accessible findings in the trauma processing literature. In its basic form, the Pennebaker paradigm asks participants to write continuously for fifteen to twenty minutes on three to four consecutive days about their deepest thoughts and feelings about a traumatic or difficult experience — not a factual account, but a genuine emotional exploration of how the experience felt, what it meant, and how it has affected their life. The outcomes of even this brief writing intervention are measurable and significant: reduced physician visits, improved immune function, reduced depressive symptoms, and measurable growth across the five PTG domains. The specific mechanism involves the conversion of the fragmented, sensory, emotional material of traumatic memory into coherent narrative form. For people in recovery, expressive writing is accessible, private, and directly relevant to the work their program already asks of them — the Step Four inventory is, in essence, an expressive writing practice.

1. Have you engaged in expressive writing in your recovery — writing that addresses the emotional content and meaning of your experience rather than simply narrating facts? What has it produced when you have done it? What prevents more regular practice?

2. Choose one specific experience — from your addiction, your trauma history, or your current recovery — and write about it for twenty minutes without stopping, going as deep as possible into the emotional content, the meaning, and what it has changed in you. What did the writing produce that thinking about it alone did not?

Honest Disclosure: The Relational Practice That Processes What Writing Begins

© The Recovery Files

If expressive writing begins the processing of traumatic material by converting it into coherent narrative form, honest disclosure — the sharing of that narrative with another person in a relationship of genuine trust — completes a dimension of the processing that writing alone cannot reach. The specific healing that occurs when a traumatic narrative is shared with a compassionate witness is not simply the relief of unburdening. It is a neurobiological event: the co-regulatory experience of having one's activated nervous system met by a regulated nervous system, producing the specific calming and integration that the traumatized system cannot achieve alone. In the twelve-step program, the Fifth Step is the formal practice of honest disclosure, and its clinical power is consistent with what the PTG literature shows: being fully known, including in one's worst moments, and being met with acceptance and understanding rather than abandonment, is among the most growth-facilitating experiences available.

1. What is the most important honest disclosure you have made in your recovery — the moment of greatest vulnerability and greatest courage in bringing your full truth to another person? What happened when you did, and what did that experience produce?

2. What is the most important honest disclosure you have not yet made — the thing that remains in the silence because the shame or the fear of what disclosure would produce has been too great? What would making that disclosure require, and what might it produce?

Meaning-Making: The Deliberate Construction of the "Why"

Meaning-making — the cognitive and narrative process of constructing a coherent account of why the traumatic experience happened, what it means, and what purpose it serves in the larger story of one's life — is one of the most directly studied and most consistently supported facilitators of PTG in the research literature. Crystal Park's meaning-making model identifies two primary levels: situational meaning-making (the specific sense one makes of this particular event) and global meaning-making (the integration of the experience into one's broader system of beliefs about how the world works and what life is for). The specific contribution that PTG adds to the already-present recovery work is the deliberate, explicit attention to what has grown from the struggle — the insistence that the meaning-making not stop at "here is what went wrong and why" but continue to "and here is what has become possible because of it."

© The Recovery Files

1. What meaning have you made of your addiction — not the platitude version, but the genuinely worked-through, honest account of why you think the addiction happened, what it served, what it cost, and what role it plays in the larger story of your life? How developed is this meaning-making?

2. At the global meaning level: how has the addiction and recovery experience changed your fundamental understanding of what life is for, what you are here to do, and what relationship your particular journey has to the lives of other people? What has the struggle produced at the level of life meaning?

Service and Altruism: Growth That Flows Outward

One of the most powerful and most consistently reported PTG-facilitating practices is service to others — specifically, service that emerges from and is organized around the specific experience of having survived the adversity that one is serving. The person in long-term recovery who sponsors newcomers, who tells their story in treatment facilities, who advocates for people who are still suffering — that person is engaging in a form of service that research consistently identifies as among the most growth-producing activities available. This is the explicit content of Step Twelve — carrying the message to others who are suffering — and it is supported by multiple lines of research: the "helper therapy principle" (helping others with a problem one has overcome tends to benefit the helper as much as the helped). For many people in recovery, service to others who are still suffering is the specific PTG practice that most clearly reveals the transformation of the experience: the moment in which the worst thing that happened to them becomes the most useful thing they have to offer.

1. What service to others — specifically connected to your experience of addiction and recovery — is currently part of your recovery life? How does this service affect your experience of the meaning of your own journey?

© The Recovery Files

2. What specific form of service — what population, what context, what type of giving — would most directly convert your specific experience of suffering and recovery into something genuinely useful to others? What prevents you from offering it, and what would it take to begin?

Somatic and Spiritual Practices: Growing the Whole Person

The most complete approach to facilitating PTG addresses not only the cognitive and narrative dimensions of growth but the somatic and spiritual dimensions as well. Somatic practices — yoga, meditation, breathwork, body-based mindfulness, Somatic Experiencing, EMDR — address the body-level storage of traumatic memory and facilitate the nervous system integration that cognitive processing alone cannot reach. Spiritual practices — prayer, meditation, engagement with sacred community, reading of wisdom literature — address the existential and meaning-making dimensions of PTG at their deepest level. The research on the relationship between spiritual engagement and PTG is among the most robust in the field: across cultures and traditions, genuine spiritual engagement is one of the most consistent predictors of growth following adversity. For people in recovery, the spiritual dimension of the twelve-step program is one of the primary mechanisms through which the growth that PTG describes becomes accessible.

1. What somatic practices are currently part of your recovery — practices that address the body's experience of trauma rather than only the cognitive narrative about it? How are they affecting your nervous system, your capacity for genuine safety, and your experience of being in your body in recovery?

2. What is your genuine spiritual practice in recovery — not what the program requires you to say you have, but what actually occurs and what it actually produces in your experience of meaning, connection, and the larger arc of your life? Where is the growth most alive in the spiritual dimension of your recovery?

© The Recovery Files

PART 7 OF 9

Self-Assessment

PTG Self-Assessment

40 Questions · Two Domains · Your Growth Profile

How to Use This Assessment

Rate each item honestly based on your actual current experience — not the PTG you aspire to, not the growth you think you should have, but what is genuinely present right now. An honest low score is more useful than a performed high one.

Combined ScoreNot Yet Assessed

Part A: PTG Awareness0/20 answered

Part B: Growth in Practice0/20 answered

0% of assessment complete

Part A — PTG Awareness

Rate 1 (Rarely) to 5 (Always) based on your genuine current experience

I understand that post-traumatic growth is distinct from resilience — not a return to baseline but genuine transformation beyond it.

○ 1 Rarely ○ 2 Occasionally ○ 3 Sometimes ○ 4 Often ○ 5 Always

I can identify the specific seismic events in my history that shattered my assumptive world and created the conditions for rebuilding.

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

I understand the relationship between my trauma history and my addiction — the specific neurobiological and emotional mechanism that connected them.

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

I can distinguish PTG from toxic positivity — I understand that genuine growth includes the full acknowledgment of loss rather than bypassing it.

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

I can identify growth in my own experience across at least two of the five PTG domains — personal strength, new possibilities, relating to others, appreciation of life, and spiritual/existential change.

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

I understand the difference between intrusive rumination (being haunted) and deliberate rumination (meaning-making) and can recognize which I am engaging in at any given time.

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

© The Recovery Files

I understand the "both/and" of PTG — the possibility that the trauma was genuinely devastating AND something of genuine value has emerged or can emerge from surviving it.

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

I can identify the specific barriers that most block my PTG — whether avoidance, toxic positivity, unprocessed grief, premature closure, or shame.

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

I understand the role of narrative in PTG — how the construction of a coherent story about the trauma and its aftermath facilitates growth.

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

I understand why the struggle was necessary for the specific growth I have experienced or am experiencing — not that the suffering was good, but that the rebuilding it required is producing something real.

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

I understand that PTG requires genuine contact with the traumatic material — that avoidance prevents the processing that growth requires.

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

I understand how service to others — particularly service rooted in my specific experience of addiction and recovery — is a primary PTG-facilitating practice.

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

I understand that trauma is a somatic experience and that body-based practices are often necessary for complete trauma processing and PTG.

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

I understand the role of honest disclosure in PTG — how being fully known and met with compassion is a specific neurobiological healing experience.

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

I have an honest understanding of my ACE score and the connection between my adverse childhood experiences and my addiction.

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

I understand the concept of the "redemptive narrative" and can identify where my own recovery story contains or is moving toward a redemptive arc.

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

I understand that PTG in addiction recovery often involves discovering that something new is possible — not just recovering what the addiction destroyed.

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

© The Recovery Files

I can identify at least one specific experience in my recovery that represents genuine personal strength — surviving something that was not known to be survivable.

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

I understand that spiritual engagement is one of the most consistent predictors of PTG and can articulate how my own spiritual practice relates to my growth.

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

I understand that growth is more reliably facilitated when suffering is witnessed in community — and I can identify the specific community that is witnessing my recovery.

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

Part B — Growth in Practice

Rate 1 (Rarely) to 5 (Always) based on your actual current practices and experience

I engage in expressive writing — writing that explores the emotional content and meaning of my experience, not just factual narration — as a regular recovery practice.

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

I have made honest disclosures in my recovery — sharing the full truth of my experience with at least one person who has received it with compassion.

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

I actively engage in meaning-making — asking what my experience means, what it has taught me, and what it is for — rather than treating the past as simply past.

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

I engage in service that is rooted in my specific experience of addiction and recovery — service that converts what I went through into something useful to others.

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

I maintain a somatic or body-based practice that addresses the body's experience of trauma rather than only the cognitive narrative about it.

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

I have a genuine spiritual practice in recovery — one that actually occurs and that produces something in my experience of meaning and connection.

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

I am actively grieving the losses of the addiction years — not bypassing grief in the name of gratitude and positive focus, but genuinely feeling and expressing what was lost.

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

I have experienced growth in personal strength — I am aware of capabilities, resilience, and inner resources I discovered through the struggle that were not previously visible to me.

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

© The Recovery Files

I have experienced growth in relating to others — my capacity for genuine connection, vulnerability, compassion, and emotional availability is genuinely greater than it was before the recovery journey.

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

I have experienced genuine appreciation of life — I notice and genuinely value aspects of ordinary sober existence that I previously took entirely for granted.

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

My recovery narrative includes the growth alongside the damage — I can tell my story in a way that holds both the genuine losses and the genuine transformation without forcing one to cancel the other.

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

I am in genuine, trauma-informed clinical treatment — working with a therapist who understands the relationship between my trauma history and my addiction.

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

I bring the honest truth of my trauma and addiction history to my sponsor relationship — not the managed version, but the full account that the sponsor relationship is designed to receive.

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

I have engaged in deliberate rumination — purposeful, meaning-focused reflection on my experience — as distinct from intrusive, distressing repetition of trauma content.

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

I have experienced growth in new possibilities — directions, identities, or ways of living that are becoming available in recovery that were not available or visible before the struggle.

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

I have experienced spiritual or existential growth — my understanding of what my life is for, what genuinely matters, and what I am here to contribute has genuinely deepened through the recovery journey.

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

My suffering is genuinely witnessed in community — the people who matter most to my recovery know the full, honest account of what I have been through and what I am navigating now.

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

I have addressed — or am actively working to address — the avoidance that is blocking contact with specific traumatic material that growth requires processing.

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

I allow myself genuine grief for specific losses of the addiction years rather than requiring myself to convert all reflection on the past into gratitude.

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

© The Recovery Files

When I look honestly at my recovery, I can identify specific, concrete ways in which I am genuinely different from — and not merely restored to — the person I was before the struggle.

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

© The Recovery Files

PART 8 OF 9

PTG Worksheets

10 Deep-Work Exercises for Facilitating Genuine Post-Traumatic Growth

How to Use These Worksheets

Work these slowly and bring them to your therapist and sponsor. Several of these worksheets engage directly with traumatic material — if significant distress arises, pause and contact your clinical support before continuing. Growth requires genuine contact with the material, but not at the expense of your stabilization.

0 of 10 worksheets complete

Worksheet 1 — My Trauma Timeline

1. Construct an honest trauma timeline: beginning with early childhood and moving through to the present, mark the significant adverse events and chronic difficult experiences that have shaped your psychological and relational life. Include both the obvious Big-T traumas and the quieter chronic small-t experiences that accumulated over time.

2. For each event or period on your timeline: note what specific assumption about the world, about yourself, or about other people was damaged or destroyed by this experience. What did you believe before it happened that you could no longer believe in the same way afterward?

3. Looking at the complete timeline: what patterns do you notice? How did the earlier events shape the vulnerability that the later ones exploited? How did the accumulation of experiences produce the specific conditions that the addiction addressed?

© The Recovery Files

4. Bring this timeline to your therapist. It is not designed to be processed alone — it is designed to provide the map that trauma-informed treatment can use to guide the processing work. Note which events or periods feel most unprocessed and most in need of clinical attention.

Worksheet 2 — The Assumptive World Inventory

1. Inventory the beliefs that organized your assumptive world before the most significant traumas: What did you believe about safety? About fairness? About your own competence and worth? About the reliability of other people? About the trajectory and meaning of your life?

2. For each category of assumption: which ones were shattered by trauma or addiction? Which are still operative despite the evidence against them? Which have been genuinely revised in recovery?

3. What new assumptions — more honest, more nuanced, and more genuinely grounded in your actual experience — are replacing the shattered old ones? Describe each one specifically: What do you now believe about safety, fairness, self-competence, others, and the meaning of your life that you did not believe before?

4. Which assumption is most urgently in need of rebuilding — which category of your assumptive world remains most destabilized, most unresolved, most in need of the ongoing work of reconstruction? What would that rebuilding require?

Worksheet 3 — The Five Domains Deep Inventory

© The Recovery Files

1. Personal Strength: Write a complete inventory of every specific capability, resource, and resilience you have discovered through the addiction and recovery journey — every evidence that you are more capable of surviving what you thought was unsurvivable. Be exhaustive and specific.

2. New Possibilities and Relating to Others: Describe the new directions your life has opened toward that were not available before, AND the specific ways in which your capacity for genuine connection — vulnerability, compassion, honesty, emotional availability — has genuinely deepened. Give specific examples of both.

3. Appreciation of Life: List the specific ordinary dimensions of sober life that you genuinely appreciate in a way that was not previously available — the specific things whose value is visible to you now because of the proximity to losing them. Be specific and embodied rather than abstract.

4. Spiritual and Existential Change: Write your current understanding of what your life is for — not the conventional answer, not the program-appropriate answer, but what your actual experience of the struggle and the recovery has taught you about your purpose, your place in relation to others, and what genuinely matters in the particular life you are living.

Worksheet 4 — The Expressive Writing Practice

© The Recovery Files

1. Day One — The Event or Period: Choose one specific traumatic experience or period from your addiction and recovery history. Write continuously for twenty minutes about its deepest emotional content — not what happened factually, but what it felt like, what it produced in you, what it destroyed, and what it left behind. Do not stop writing, do not edit, do not manage how it sounds.

2. Day Two — The Impact: Write for twenty minutes about how this experience has affected your life — your relationships, your sense of self, your understanding of the world, your choices, your fears, and your possibilities. Go as deep as you can without performing depth.

3. Day Three — The Connection: Write for twenty minutes about the connection between this experience and your addiction — what the substance or behavior was providing in relation to what the experience produced; how the addiction served as the management solution to the problem the experience created.

4. Day Four — The Growth: Write for twenty minutes specifically about what has grown, or could grow, from having survived this experience — the specific wisdom, the specific capacity, the specific understanding, the specific possibility that did not exist before and exists now because of surviving this. Be honest about what is genuinely present rather than what you think should be present.

Worksheet 5 — The Redemptive Narrative

© The Recovery Files

1. Write the full arc of your recovery narrative as a redemptive story: where you were (the depth of the descent, the full weight of what the addiction produced), the turning point (the moment or period when the direction changed), the reconstruction (what has been built since), and the ongoing story (where the narrative is currently heading). This is not a testimonial — it is an honest account of the full arc.

2. What is the central meaning of your story as you currently understand it — not the platitude version, but the genuine meaning that the specific events of your specific life have produced? What is your story actually about?

3. Who needs to hear this story — who, in your specific life or community, would be most helped by hearing the honest, complete version of what you went through and what has grown from it? What prevents you from sharing it with them?

4. What chapter of your story has not yet been written — what is the next movement of the narrative that your current recovery is making possible? Describe it in as much honest specificity as you can currently see.

Worksheet 6 — The Grief Inventory

1. Inventory the losses of the addiction and trauma years that have not yet been fully grieved — every person, relationship, opportunity, version of yourself, decade, and dimension of life that was lost or damaged in ways that deserve genuine mourning. Be exhaustive and specific.

© The Recovery Files

2. For each loss: have you allowed yourself to genuinely feel the weight of this specific loss, or has it been acknowledged intellectually while the full emotional experience was kept at a managed distance? Which losses are carrying the most unprocessed emotional weight?

3. What would it mean to fully grieve the most significant unprocessed loss — to allow the complete emotional experience of the loss rather than managing it to a tolerable level? What conditions would need to be in place for that full grief to be safe?

4. What emerges — what becomes possible, what clarity arrives, what movement becomes available — when genuine grief is allowed rather than managed? Describe the experience of grief you have allowed and what it produced.

Worksheet 7 — The Service Mapping

1. Map the specific dimensions of your addiction and recovery experience that have the most potential to be genuinely useful to others: your specific type of addiction, your specific trauma history, your specific professional or demographic context. What specifically do you know, from the inside, that others going through the same experience most need to know?

2. What forms of service — sponsorship, speaking, writing, advocacy, peer support, professional work, community involvement — would most directly convert your specific experience into something useful to others who are suffering as you suffered?

© The Recovery Files

3. What is the service contribution you are currently making? Rate it on two dimensions: How directly connected is it to your specific experience (1–10)? How genuinely meaningful does it feel — how much does it produce the sense that your suffering has a purpose (1–10)?

4. What is the service contribution you are not yet making but that your experience most equips you to offer? What prevents you from offering it? What would it take to begin?

Worksheet 8 — The Barrier Deep Work

1. Identify your single most powerful barrier to PTG — the one that most effectively prevents the processing, the meaning-making, and the growth that this intensive describes. Is it avoidance, toxic positivity, unprocessed grief, premature closure, or shame? Name it precisely and describe how it operates in your specific recovery.

2. Trace this barrier to its origin: where does it come from? What early experience, what protective function, what learned strategy produced this specific obstacle to growth?

3. What has this barrier cost you in terms of growth that would have been available if the barrier were not present? Name the specific dimensions of PTG that this barrier is most effectively preventing.

© The Recovery Files

4. Write a direct challenge to this barrier — argue against it from the perspective of everything you have learned in this intensive. What would you tell a friend in recovery who had exactly this barrier? Now say it to yourself.

Worksheet 9 — The Both/And Practice

1. Choose the five most significant losses of your addiction and trauma history. For each, practice the genuine "both/and": name what was genuinely lost or destroyed (hold the full weight of this), AND name what is genuinely present or possible now because of having survived it (without letting this cancel the loss). Hold both sides simultaneously.

2. Where is the "both/and" most difficult — where do you find yourself pulled toward either minimizing the loss in the name of growth, or denying the growth in the name of honoring the loss? What would it take to hold both more fully?

3. Write a "both/and" statement about your addiction specifically: name the full reality of what the addiction cost — every person harmed, every opportunity lost, every year not lived — AND name the full reality of what the recovery journey has produced or is producing. Hold both in the same paragraph.

4. Bring this both/and statement to your sponsor or therapist. What is their response? What does their witness of the full complexity of your statement — neither the damage alone nor the growth alone but both together — produce in you?

Worksheet 10 — Letter to Those Who Come After

© The Recovery Files

1. Write a letter to someone who is at the beginning of the recovery journey — someone who is sitting where you sat at your lowest point, who cannot yet see what you can now see from where you are. What do you want them to know? Not what the program tells you to say, but what your specific experience has taught you that would genuinely help this specific person.

2. In this letter, be honest about both the difficulty and the possibility: do not minimize what lies ahead for them, and do not perform a positivity that denies the genuine struggle. Tell them the truth — about the hardness and about what is genuinely available on the other side of it.

3. Close the letter with the most important thing you have learned — the one truth from your journey through trauma and addiction and recovery that you most want to pass on, because it is the truth that most changed you and most clearly came from the suffering rather than despite it. This is the growth. This is what the wound produced that nothing else could have. Say it clearly.

© The Recovery Files

PART 9 OF 9

My PTG Action Plan

Acknowledge · Process · Grow · Share · Sustain

From Insight to Transformation

Everything in this intensive has been preparation for this: building a sustained, clinically supported, community-embedded process of post-traumatic growth that converts the specific devastation of your addiction and trauma history into the specific resources that only that history could have produced. This section converts reflection into committed action.

My Honest PTG Audit

A clear-eyed assessment of where growth is genuinely present and where the process requires more work.

1. Rate your current PTG across the five domains (1–10 each): Personal Strength, New Possibilities, Relating to Others, Appreciation of Life, Spiritual/Existential Change. Which domains show the most genuine growth? Which show the most room for deeper engagement?

2. What is the most important thing this intensive has helped you see about the gap between the PTG that is theoretically possible from your experience and the growth that is currently actually present in your recovery?

3. What specific barrier — avoidance, toxic positivity, unprocessed grief, premature closure, or shame — is most actively preventing the depth of growth that your experience contains the capacity for? Be as specific as possible.

The Priority Work to Begin First

The single most important growth work to begin now.

© The Recovery Files

1. Based on your domain assessment, your barrier identification, and everything explored in this intensive: what is the single most important PTG-facilitating action to take first — the specific practice, disclosure, clinical step, or community engagement that would most directly open the growth that is currently blocked?

2. What specifically will you do — what is the concrete first step, what clinical or relational support does it require, and what is the timeline?

3. Who will hold you accountable to this step? Name the person and commit to sharing this plan with them before the end of this week.

My PTG Practice Commitment

The sustained practices that will make growth an ongoing process rather than a single insight.

1. Design your complete PTG practice commitment: which expressive writing practice, which disclosure relationship, which meaning-making conversations, which service contribution, which somatic practice, and which spiritual practice will constitute your ongoing growth infrastructure? Be specific about frequency, format, and context for each.

2. What is your early warning system for growth stagnation — the specific indicators that will tell you the PTG process is closing off, avoidance is returning, or the practices are becoming nominal rather than genuine?

© The Recovery Files

3. What is your response plan when you detect growth stagnation — the specific steps you will take to re-engage with the growth process before the stagnation becomes chronic?

Protecting and Deepening the Growth

The specific changes that protecting and deepening the PTG process requires.

1. Is there a clinical gap — a trauma-informed therapist you do not yet have, a somatic practice you have been aware of but have not accessed, a trauma processing modality your recovery has not yet included — that you commit to addressing in the next 60 days? What specifically will you do?

2. Is there a specific honest disclosure — a truth about your history that you have not yet shared with the person best positioned to receive it — that you commit to making in the next 30 days? Name the disclosure and the person.

3. Is there a specific service contribution — the one that most directly converts your specific experience into genuine usefulness to others — that you commit to beginning or deepening? Name it and the first step.

My PTG Commitment Statement

A personal commitment to the growth that your experience contains the capacity for.

© The Recovery Files

1. What is the single most important insight from this intensive — the one truth about post-traumatic growth and your own recovery that most changes how you understand what the struggle was for and what the recovery is building?

2. Write your personal PTG Commitment Statement: what you are acknowledging about what the struggle cost, what you are claiming about what the struggle has produced or can produce, what practices you are committing to, and what you now understand your recovery to be for — in your own words, from your own genuine engagement with what the struggle has given you and what you are choosing to build from it.

3. When will you share this statement with your therapist and your sponsor? Name the date and context for each. Growth that is witnessed grows more than growth that is private — and the statement you have written deserves the specific witnessing of the people whose work it is to see you through the transformation it describes.

© The Recovery Files