Shadow Work for the SUD Clinician

Illuminating the Hidden Self

Psychological Safety

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Part 1 · About this workshop

Illuminating the Hidden Self to Enhance Clinical Practice

"One does not become enlightened by imagining figures of light, but by making the darkness conscious." — Carl Jung

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Part 2 · How to Use This Worksheet

Set aside dedicated time in a private, comfortable space

Answer honestly—this is for your growth, not evaluation

Notice resistance—it often points toward shadow material

Consider sharing insights with a therapist or supervisor

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Part 3 · Introduction

Why Shadow Work Matters for Clinicians

As substance use disorder clinicians, we are trained to help others examine their hidden motivations, unacknowledged patterns, and suppressed emotions. We guide clients through the uncomfortable work of self-discovery and transformation. Yet how often do we turn that same compassionate scrutiny inward?

Carl Jung introduced the concept of the "shadow" to describe the unconscious aspects of our personality that the conscious ego does not identify with. These are the parts of ourselves we have disowned, denied, or simply failed to recognize—not only our darker impulses but also our unexpressed gifts and potentials.

"One does not become enlightened by imagining figures of light, but by making the darkness conscious."

— Carl Jung

For clinicians, unexamined shadow material doesn't simply disappear. It shows up in our clinical work through countertransference reactions, blind spots, burnout patterns, and the projections we place onto clients. When we haven't done our own deep work, we risk unconsciously acting out our unresolved issues in the therapeutic relationship.

The Clinical Imperative

Shadow work is not merely personal development—it is clinical competence. When we understand our own shadow, we can sit more fully with a client's darkness without flinching, without projecting, and without unconsciously steering them away from material that triggers our own unresolved issues.

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Part 4 · Part 1: Understanding Your Shadow

How Your Shadow Formed

Our shadow forms in childhood as we learn what is acceptable and what must be hidden. In families, schools, and communities, we receive messages about who we should be. The parts that didn't fit get pushed into the shadow.

Early Messages Reflection

What messages did you receive growing up about expressing anger? How has this shaped your relationship with anger in yourself and in clients?

What emotions or behaviors were considered unacceptable in your family of origin? List as many as you can remember.

What traits or behaviors did you learn to hide in order to be accepted or loved?

What were you told (explicitly or implicitly) about showing vulnerability? About needing help?

Reflection Note

Notice any resistance that comes up as you answer these questions. Resistance often points toward shadow material. You may want to return to these questions after completing other sections.

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Part 5 · Part 2: The Helper's Shadow

Shadow Patterns in Helping Professionals

Those of us drawn to helping professions often carry specific shadow patterns. Our desire to help may mask shadow elements that, unexamined, can compromise our clinical effectiveness.

Helper's Shadow Assessment

Rate how strongly each statement resonates with you (1 = Not at all, 5 = Very strongly):

I sometimes feel resentful when clients don't follow my recommendations

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

Not at all · Somewhat · Very much

I tend to take on too much responsibility for my clients' outcomes

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

Not at all · Somewhat · Very much

I have difficulty setting boundaries with clients in crisis

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

Not at all · Somewhat · Very much

I feel uncomfortable when clients express gratitude toward me

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

Not at all · Somewhat · Very much

I struggle to receive help or support from colleagues

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

Not at all · Somewhat · Very much

I feel superior to my clients in some way

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

Not at all · Somewhat · Very much

I avoid certain topics with clients because they trigger me

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

Not at all · Somewhat · Very much

I sometimes use my helping role to avoid my own issues

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

Not at all · Somewhat · Very much

I feel like an imposter despite my training and experience

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

Not at all · Somewhat · Very much

I judge clients who relapse more harshly than I admit

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

Not at all · Somewhat · Very much

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Review your highest-rated items. What shadow material might these ratings reveal? Write freely about what comes up.

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Part 6 · Part 3: The Projection Mirror

Seeing Your Shadow in Others

Projection is the primary mechanism through which shadow material appears in our conscious experience. We see in others what we cannot see in ourselves. For clinicians, this creates both risk and opportunity—our reactions to clients can illuminate our own shadow.

"Until you make the unconscious conscious, it will direct your life and you will call it fate."

— Carl Jung

The Difficult Client Exercise

Think of a client who particularly frustrates, irritates, or challenges you. Without using identifying information, describe what specifically bothers you about them.

What traits or behaviors does this client exhibit that you find most difficult to sit with?

Now the harder question: Where might these same traits exist in you, perhaps in a different form or hidden from view?

What does your strong reaction to this client tell you about your own unfinished business?

The Admired Client Exercise

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We project not only our negative shadow but also our "golden shadow"—the positive qualities we've disowned or failed to develop in ourselves.

Think of a client you particularly admire or are drawn to. What qualities do you see in them that you wish you had more of?

What prevents you from expressing or developing these qualities in yourself?

How might your admiration affect your clinical objectivity with this client?

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Part 7 · Part 4: Countertransference Patterns

Recognizing Your Recurring Reactions

Countertransference is the clinician's emotional reaction to a client, often containing projected shadow material. Recognizing patterns in our countertransference illuminates recurring shadow themes.

Common Countertransference Patterns

Check all that apply to you, even occasionally:

- ☐ I sometimes find myself wanting to 'rescue' certain clients
- ☐ I catch myself giving advice instead of facilitating client discovery
- ☐ I feel defensive when clients challenge my interventions
- ☐ I find myself thinking about certain clients outside of work
- ☐ I avoid confrontation with some clients because I want them to like me
- ☐ I feel angry with clients who don't 'try hard enough'
- ☐ I feel anxious when clients express strong emotions
- ☐ I sometimes talk too much in sessions to manage my own discomfort
- ☐ I find myself competing with other treatment providers
- ☐ I feel guilty when clients relapse, as if I failed them
- ☐ I avoid topics related to my own past substance use or trauma
- ☐ I find some clients boring and have to work to stay present
- ☐ I feel special when clients idealize me
- ☐ I feel hopeless about some clients' prognosis
- ☐ I experience physical symptoms (fatigue, headache) after certain sessions

Review the items you checked. What patterns do you notice? What shadow material might be revealed?

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Part 8 · Part 5: The Wounded Healer

Your Personal Connection to Addiction

Many clinicians in the SUD field are themselves in recovery or have been deeply affected by addiction in their families. This "wounded healer" dynamic can be a source of profound empathy and connection—or a vulnerability to shadow acting-out. The wound that drew us to this work requires ongoing attention.

Your Relationship to Addiction

What is your personal connection to addiction? (Personal recovery, family history, traumatic exposure, etc.) How has this shaped your choice to work in this field?

What aspects of addiction do you understand 'from the inside'? How does this experiential knowledge help your clinical work?

What aspects of addiction remain foreign or difficult for you to understand, even with training and experience?

If you are in personal recovery: What aspects of your own recovery journey remain tender, unresolved, or still in process?

Healer's Wound Assessment

Answer honestly about your current experience:

I have fully processed the trauma/pain that drew me to this field

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

Not at all · Somewhat · Very much

I am clear about where my story ends and my client's story begins

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○ 1 ○ 2 ○ 3 ○ 4 ○ 5

Not at all · Somewhat · Very much

I have adequate support (therapy, supervision, peer support) for my own healing

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

Not at all · Somewhat · Very much

I can listen to relapse stories without being triggered

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

Not at all · Somewhat · Very much

I maintain my own recovery program separate from my clinical work

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

Not at all · Somewhat · Very much

I can hold hope for clients without needing them to recover for my own wellbeing

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

Not at all · Somewhat · Very much

What does this assessment reveal about the state of your own healing? What needs attention?

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Part 9 · Part 6: Shadow in Relationships

Power, Control, and Relational Patterns

The therapeutic relationship is the primary vehicle for change in treatment. It is also where our shadow material is most likely to emerge and affect outcomes.

The Rescuer-Victim-Persecutor Triangle

This classic drama triangle describes roles we may unconsciously assume with clients. Most people have a "home" position they default to under stress.

Which role do you most often find yourself in with clients: Rescuer (over-functioning, doing for), Victim (feeling helpless, overwhelmed), or Persecutor (critical, frustrated, blaming)? Give specific examples.

What triggers you to shift into this role? What shadow material does this role protect you from feeling?

How does this pattern affect your clients and their recovery?

Power and Control

The therapeutic relationship involves an inherent power differential. How we relate to our own power—our comfort with it, our shadow relationship to control—affects our clinical work.

How comfortable are you with the power inherent in your clinical role? Do you tend to minimize it, abuse it, or hold it appropriately?

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What is your relationship to control? Do you tend to over-control sessions and treatment planning, or abdicate appropriate structure?

How do you respond when clients challenge your authority or expertise? What shadow material might your reaction reveal?

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Part 10 · Part 7: Specific Shadow Domains

Shame, Anger, Sexuality, Death, Money

Certain areas of life commonly hold shadow material that affects clinical work. This section invites you to explore specific domains that are particularly relevant for SUD clinicians.

Shame

Shame is central to addiction and recovery. Our own relationship to shame profoundly affects our ability to work with clients' shame without colluding, avoiding, or shaming further.

What are you most ashamed of in your life? (This may be difficult to write, but try.)

How do you typically respond when you feel shame? (Hide, attack, withdraw, overcompensate?)

How does your own shame affect your work with clients who carry deep shame?

Anger and Aggression

Many clinicians have been trained to be "nice" and have pushed anger into their shadow. This can make us unable to set firm boundaries or use healthy confrontation.

What is your relationship to your own anger? Can you access it when appropriate? Do you suppress it or express it destructively?

How comfortable are you with clients' anger directed at you? What happens in your body and mind?

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When have you used 'clinical interventions' as a vehicle for your own unexpressed frustration?

Sexuality and Attraction

Sexual and romantic feelings in the therapeutic relationship are normal but rarely discussed. Unexamined, they can lead to boundary violations or avoidance of important clinical material.

How do you handle attraction to clients—your own or theirs toward you? What is your protocol for managing these situations?

What aspects of sexuality are difficult for you to discuss with clients? What shadow material might this reveal?

Death and Mortality

SUD clinicians work with clients at risk of overdose and death. Our own relationship to mortality affects how we hold this reality with clients.

What is your relationship to death and dying? Have you processed losses in your own life?

How do you manage the reality that some of your clients may die from this disease? What do you do with that knowledge?

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Have you experienced client deaths? How did these affect you, and how did you process them?

Money and Success

Our relationship to money, status, and professional success often contains shadow material that affects our work, particularly in a field that is often underpaid and undervalued.

What is your relationship to money? Do you feel fairly compensated? How does this affect your work?

Do you ever feel resentful of clients who have more financial resources than you? How do you manage this?

What does 'success' mean to you as a clinician? What shadow needs might be attached to your definition of success?

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Part 11 · Part 8: Integration & Action

Moving from Awareness to Practice

Shadow work is not about eliminating the shadow—that's neither possible nor desirable. Integration means acknowledging shadow material, understanding its origins, and choosing conscious responses rather than unconscious reactions.

Summary of Shadow Themes

Review your responses throughout this worksheet. What are the three to five most significant shadow themes that emerged for you?

Which of these themes most urgently needs attention? Why?

Which of these themes are you most resistant to examining further? (Resistance often indicates important material.)

Integration Practices

Sustainable shadow work requires regular practice. Check the approaches you will commit to:

- ☐ Personal therapy with a Jungian or depth-oriented therapist
- ☐ Regular clinical supervision that addresses countertransference
- ☐ Journaling about clinical reactions and dreams
- ☐ Mindfulness or meditation practice
- ☐ Peer consultation group for honest reflection
- ☐ Body-based practices (yoga, somatic therapy) to access held material
- ☐ Creative expression (art, writing, movement)
- ☐ Dream work and analysis
- ☐ Regular retreats or intensive personal growth experiences
- ☐ Reading and study of Jungian psychology and shadow work

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Which of these practices will you commit to? Be specific about frequency and timeline.

Action Plan

What is one shadow-related pattern you will work on changing in your clinical practice? Be specific.

What support do you need to do this work? Who will you ask for help?

How will you know if you're making progress? What would change look like?

What is your plan for ongoing shadow work beyond this worksheet?

Self-Compassion Commitment

Shadow work can bring up difficult material. A foundation of self-compassion is essential—we can acknowledge our shadow without being defined by it or consumed by shame.

Write a brief statement of self-compassion—acknowledging your shadow material while affirming your fundamental worth and your commitment to growth.

"The privilege of a lifetime is to become who you truly are."

— Carl Jung

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"Shadow work is not a one-time event but a lifelong practice. As you grow and change, new shadow material will emerge. The willingness to continue looking—with honesty, curiosity, and compassion—is what distinguishes an adequate clinician from a truly transformative one."

Your commitment to this work is itself an act of service to your clients. By doing your own deep work, you become a safer, more effective container for their transformation.

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