

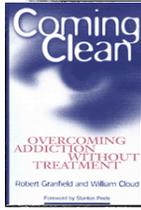
RECOVERY COUNSELING AND EMOTIONAL SOBRIETY

Allen Berger, Ph.D. - Hazelden
Author and Clinical Director of the
Institute for Optimal Recovery and
Emotional Sobriety

*“Recovery counseling is a model for the treatment of the individual and family who suffers from alcohol and other drug problems. This is a **process focused experiential** approach to helping individuals and families develop and use both external and internal resources to initiate and sustain recovery for alcohol and other drug problems.”*

Allen Berger, Ph.D. - 2018

RECOVERY CAPITAL



Robert Granfield and William Cloud (1999) defined the concept of “recovery capital” as:

“...the **volume** of internal and external assets that can be brought to bear to **initiate and sustain recovery** from alcohol and other drug problems.”

External and Internal Recovery Capital

Family Involvement	Meeting Attendance	Professional Licensing Board
Relationship with Sponsor	Awareness Open Minded Willingness	Fellowship
Psychotherapy	Relationship with the Mystery Self-Support Honesty	Intervention
Medical Complications	Emotional Sobriety Relationship with Addict Self Nourishing Attitudes Commitment	Service Work
Impending Divorce	Surrender	Legal Trouble
	Pressure from Work	

*“Recovery is defined as the **discovery of new possibilities.**”*

Allen Berger, Ph.D. - 2018

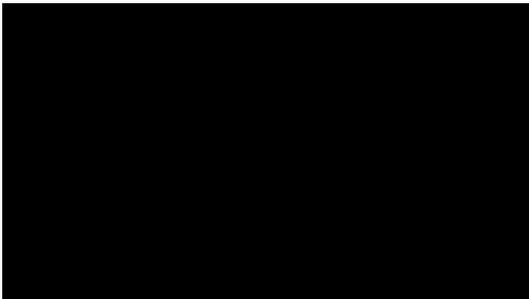
*“This approach **optimizes recovery through the promotion of awareness, emotional sobriety, and self-realization.**”*

Allen Berger, Ph.D. - 2018

*“The ideal therapist-patient relationship is one which **encourages** an existential encounter with the immediate.”*

Allen Berger, Ph.D. (2018)

Not All Trouble is Created Equally



PRINCIPLES OF RECOVERY
COUNSELING

Addiction is
**symptomatic of
psychological and
biological issues** but
once expressed
becomes **pathogenic
itself** (primary disease).

**Recovery progresses
through several
overlapping Stages.**



Earnie Larsen

*"Recovery is and demands change. Recovery means things have to be different than they were. It means that I have to be different than I was (p.46 - 1985) **Stage II Recovery.**"*

Stage I: Freedom from addiction (Breaking the bond of addiction).

Earnie described Stage One Recovery as breaking the hold of our primary addiction.



Earnie Larsen

"Abstinence may get you out of a bad place, but getting out of a bad place just gets you out; it is not the same as getting to a good place (p.10)."



Earnie Larsen

*“Victims of dry drunks have made a First Step relative to their addiction, but have not made a First Step relative to the **living problems that underlies all addictions and ultimately limits their ability to function in loving relationships.**”*



Fred Holmquist - The Lodge at Hazelden

*Emotional sobriety is the cure for **sober suffering.***

Stage II: Personal growth and maturity (emotional sobriety - learning to have healthy relationships).

Earnie described Stage Two Recovery as **"...rebuilding of the life that was saved in Stage One."**



Earnie Larsen

*"...Stage II Recovery gets at the **underlying patterns and habits that caused us trouble in the first place.** And if nothing changes, then nothing changes...the same results will pop up through our whole life."*



Earnie Larsen

*"I believe that **learning to love (mature love) and to make relationships work is at the core of full recovery** (p. 15)."*



Stage II Recovery is **contingent on emotional sobriety.**

**Stage III: Optimal
Living**

**Self-Realization:
Becoming what we
can be.**

THE MEANING OF
SUFFERING

While the source of our emotional suffering begins in childhood experiences, in practice we operate from the notion that our emotional suffering is sustained and exacerbated by our current way of functioning.

*“Where a person experiences a loss or trauma in childhood that undermines his sense of security and self-acceptance, he (or she) would **project** into his (or her) image of the future the **requirement** that it **reverse** the experiences of the past.”*



Alexander Lowen, M.D.

*Lowen, A. (1975). **Bionergetics**. Penguin Book.*

“Desperation creates Illusions - illusions create desperation.”



Alexander Lowen, M.D.

**Changing Our
Perspective of What
Trouble Means**

**Trouble doesn't mean
something is wrong,
quite the contrary, it
means the something is
right about us - it is a
signaling process.**

**It is what is right about
us that we ignore that is
at the roots of our
suffering.**

**We possess a biological
and psychological
imperative (growth force)
that move us towards
self-actualization
(wholeness or integrity).**

**Change is forged in the
heat created by discord,
suffering, anxiety, grief
or pain .**

**THERAPEUTIC
PERSPECTIVES**

**The problem is never
the problem.**

**The problem lies in
how we react to or
cope with the
troubling event.**

**Define a patient's problem in a
way that creates space between
the patient and their problem. In
that space lies new possibilities
in coping and growing.**

The proper digestion of personal experiences is the key to growth and recovery - bringing new awareness and new possibilities.

We focus our attention on process more than content.

We listen to what the patient is unable to say (this helps us identify the working point).

**The working point
represents the
unrealized next or
what is missing.**

THERAPEUTIC
TECHNIQUES

*“Therapy at its greatest moments provides masterful examples of a **sequential imperative**, the sense of the irresistible sweep into nextness. Experience appears to be seamlessly and inevitably interconnected, forming a sequential fit.”*



E. Polster, Ph.D. (1995).

“Provide your clients with as much support as necessary, and as little as possible.”

Laura Perls, Ph.D.



Suppressive Interventions

Goal: Interrupt avoidance strategies.

**Challenge
impersonal
language.**

**Interrupt
philosophizing and
qualifiers like
maybe or possibly.**

**Promote an
awareness of
shoulds and
experiment with
the opposite.**

**Challenge
evaluations and
judgments.**

Expressive
Interventions

**Goal: Authenticity -
to encourage a
person to be fully
who and what he or
she is in the
moment.**

**Initiating action -
maximizing initiative, risk
taking, and overt
expression in action and
language.**

**Completing emotional
expressions - recognizing
blocked emotions and
encouraging their
expression.**

Expressive Interventions

- * Simple Repetition
- * Exaggerate what is or isn't.
- * Identifying conflict and enacting it (chair work).
- * Pointing out incongruence between what is said and how it is said or between verbal and non-verbal.
- * Encouraging directness.

Integrative
Interventions

Goal: To facilitate personality integration between disharmonious parts of the self and to reorganize the self parts into a more coordinated and healthy functioning whole.

**Assimilation projections
- reformulating the projected experience as one's own.**

**Addressing Pathological
Introjections**

Rejecting the Introject

Digesting the Introject

**Chair work is a
very useful
intervention to
promote
integration.**

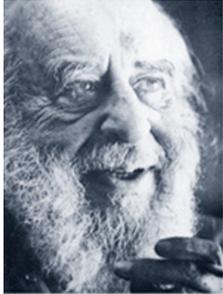
CHAIR WORK IN
RECOVERY COUNSELING

Chair Work in Recovery Counseling



Fritz Perls, M.D.

Co-founder of Gestalt Therapy introduced chair work into therapy. His work was influenced by many prominent therapists of the times.



CLINICAL INFLUENCES ON GESTALT THERAPY

Chair Work: Fritz's Professional Influences

Unlike Sigmund Freud, Sandor Ferenczi advocated a more active role for the analyst. He believed the "**empathic response**" was the basis of clinical work and focused his attention on the **subjective experience** of the patient. He viewed the analyst as a "**co-participant**" in the therapeutic encounter. He also experimented with having his patients **enact** situations in the office that they were having difficulty with in their lives.



Sandor Ferenczi, M.D.

Chair Work: Fritz's Professional Influences

Fritz's developmental concepts seem to have been influenced by Karen Horney's theoretical orientation. She opined that we all suffered from a **basic anxiety** which propelled us on a search to resolve these feelings. This search ended with establishing a "**false-self**" to resolve our worse fears - that we wouldn't be loved, accepted or belong. This means we **fragmented** ourselves to find a solution for our anxiety. **Awareness** of how this was influencing a patient's current functioning was critical to the therapeutic process.



Karen Horney, M.D.

Chair Work: Fritz's Professional Influences

Wilhelm Reich originated body work. He believed we armored ourselves against the experience of painful emotions. This was called **muscular or body armor**.

His therapy was focused on **addressing the resistance to the experience of painful emotions**. Resistance needed to be addressed first before change could occur. This was called "**characterological rigidity**."



Wilhelm Reich, M.D.

Chair Work: Fritz's Professional Influences

Moreno recalled an encounter with Sigmund Freud in 1912. *"I attended one of Freud's lectures. He had just finished an analysis of a telepathic dream. As the students filed out, he singled me out from the crowd and asked me what I was doing. I responded, 'Well, Dr. Freud, I start where you leave off. You meet people in the artificial setting of your office. I meet them on the street and in their homes, in their natural surroundings. You analyze their dreams. I give them the courage to dream again. You analyze and tear them apart. I let them act out their conflicting roles and help them to put the parts back together again.'"*



Jacob L. Moreno, M.D.

Chair Work: Fritz's Professional Influences

Dr. Moreno's psychodrama provided "...an opportunity to **get into action** instead of just talking, to **take the role of the important people in our lives** to **understand them better**, to **confront them imaginatively in the safety of the therapeutic theater**, and most of all to **become more creative and spontaneous human beings.**"



Jacob L. Moreno, M.D.

Similarities and Differences between Psychodrama and Chair Work

Psychodrama	Chair Work
Movement from talking about to enactment.	Movement from talking about to enactment.
Confront issues in the safety of the theatre (psychodrama).	Creates a safe emergency in confronting issues.
Promotes Empathy towards self and others.	Promotes Empathy towards self and others.
Promotes spontaneity, creativity and experimentation.	Promotes spontaneity, creativity, and experimentation.
Therapist is an active participant guiding, designing and creating an experiment.	Therapist is an active participant guiding, designing and creating an experiment.
Audience participation in role playing.	Patient plays all roles.

Summary of Clinical Implications

- Therapist focuses on understanding and exploring the subjective experience of the patient in the here and now.
- Process is more important than content.
- Therapist moves quickly from talking aboutism to enacting and experimenting.
- Experimentation is used to increase a patient's awareness, increase creative problem solving abilities, and spontaneity.
- Pay attention to the patient's body and other non-verbal information.
- Therapy concerns resolving intrapsychic and interpersonal conflict.
- Therapist stays in close contact with the patient.
- Therapist identifies the working point and designs interventions appropriately.

THERAPEUTIC EFFECT OF CHAIR WORK



*“When there is a psychological disturbance these selves are **alienated** from each other, leading to **fragmented living.**”*

E. Polster, Ph.D. (1995).



Dr. Fritz Perls (1969) defined mental health as *“an appropriate balance of the coordination of all of what we are.”*



Dr. Erving Polster indicated that the goal of psychotherapy is "...to **merge** the disharmonious aspects of the person so that they [can] become **joint contributors** to the person's **wholeness**."



This means that helping a client **integrate** their different self-parts into a **unified whole** is critical to establishing stable and longterm recovery.

CHAIR WORK PROTOCOL

Protocol for Setting Up Chair Work

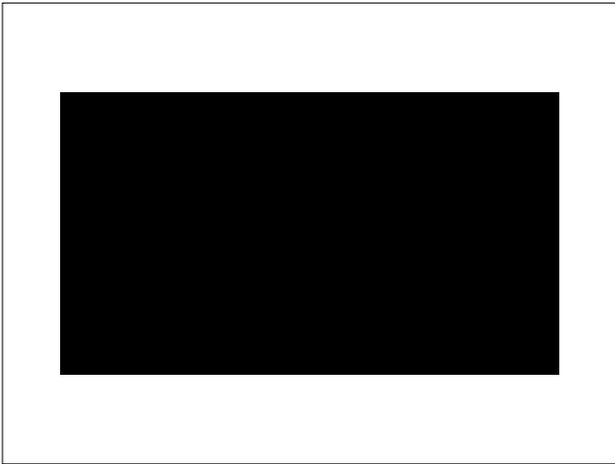
1. Lay the ground work for chair work - explain the purpose of this exercise.	2. Describe the experiment and starting point.
3. Negotiate consensus.	4. Enact the experiment.
5. Identify the working point by focusing on process.	6. Focus awareness on what is happening.
7. Identify what is missing in the dialogue, suppress avoidance, and encourage expression.	8. Experiment with new possibilities.
9. Integrate the ones that work.	10. Debrief and closure.

APPLICATIONS OF CHAIR WORK

Self-Part Conflict



Interpersonal Conflict



Addict Self - Recovery Self Dialogue

Characteristics of Addict Self - Recovery Self

Addict Self	Recovery Self
Manipulative, Dishonest, Deceptive, Calculating, and Disingenuous	Honest, Transparent, Genuine, and Authentic
Unaware, Numb and Dead	Aware, Alive, Curious, Passionate, and Responsive
Closed, Deliberate, and Controlling	Open, Free, and Spontaneous
Disrespect for Self and Others	Respect for Self and Others
Distrust and Cynicism	Trust, Faith and Belief
Toxic	Nurturing

The Shuttle Technique: In Early Recovery

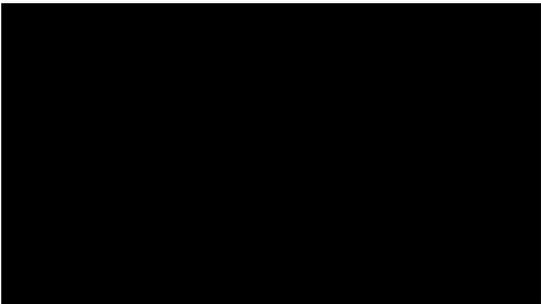


The Shuttle Technique: After 3 Weeks in TX



AA is Like Being Back in High School





Four Variations of the Addict Self - Recovery Self Dialogue

- Shuttle: Addict Self - Recovery Self.
- Shuttle: Addict Self - Recovery Self + Protective Self
- Shuttle: Addict Self - Recovery Self + Higher or Wise Self
- Voice Dialogue: Addict Self - Recovery Self

Note: All variations of this experiment can be overt or covert, enacted or imagined.

Resolving Trauma or Other Unfinished Business

Value of Experiential Interventions



Promotes awareness of who **one is** and even more importantly **who one isn't.**



*“...experiments are used to **expand the range** of the individual showing him how he can extend his habitual sense of boundary...”*



*E. & M. Polster, Ph.D. (1973).
Gestalt Therapy Integrated.*

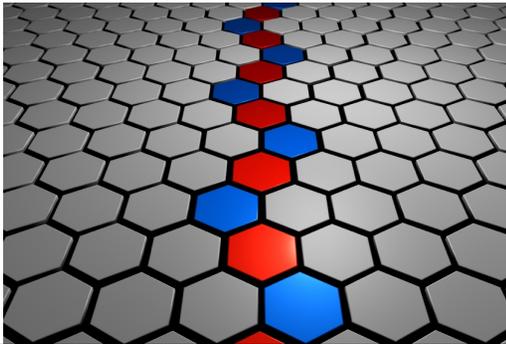
If done right, an exercise or experiment **stimulates** an interest in oneself and facilitates the discovery of new **possibilities.**



We encourage you to follow the **golden thread**.



Reveals **patterns** or **themes** in functioning.



Identifying the working point provides **directionality** and a context to the experiment.



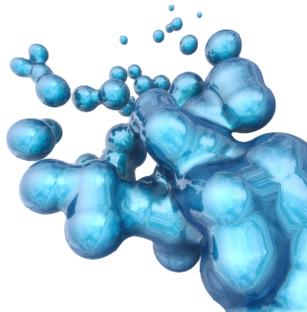
Facilitates awareness through **immediate feedback** and **somatic experiencing**.



Facilitates learning that is integrated both **intellectually** and **emotionally**.



Helps a client loosen up and develop **flexibility** and spontaneity.



Encourages **experimentation** and **creativity** in recovery.



Grade exercises or experiments up or down depending on the individual's or group's level of functioning.

Grading down means to decrease the level of difficulty.

Grading up means to increase
the level of difficulty.

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