Recovery Counseling: A New Paradigm for Alcohol and Drug Counselors

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Recovery counseling is based on a new paradigm for alcohol and drug counseling. But before I explain this new concept let’s discuss the model that has dominated the field for over eighty years.

The paradigm that has dominated the field views the person suffering from alcoholism and other drug addictions as one self. This model is based on the notion that the person who is an alcoholic or an addict has been infected by some biologic disease-causing process. A version of this idea is voiced in the doctor’s opinion of the book of Alcoholics Anonymous where Dr. Silkworth describes alcoholism as “an allergy of the body coupled by an obsession in the mind.”

The disease-causing process alters or changes the person into an alcoholic or an addict. The results of brain studies are interpreted as validating this notion. NIDA talks about the brain being hijacked by addiction. “Over time, a person’s ability to choose not to take a drug is compromised. This, in large part, is a result of the effects of prolonged drug use on brain functioning, and thus on behavior. Addiction, therefore, is characterized by compulsive drug-craving, seeking, and use that persists even in the face of negative consequences.”

Two of the major tasks of the alcohol or drug counselor is to educate the alcoholic or addict and their family about the “disease” and to counsel them to enter into life-long recovery. The current thinking is that it is best to approach treating addiction as a chronic illness like hypertension instead of viewing it as an acute medical problem like a broken leg or traumatic head injury.
It follows then that recovery is about developing, integrating and implementing a “program” that would help the person manage their ongoing vulnerability to addiction. Various counseling techniques and approaches have been developed to achieve this goal.

- Motivational interviewing was developed as a way of helping the person develop the motivation necessary to do the “work.”
- Traumas work was focused on resolving painful childhood experiences that dysregulated the person.
- Attendance and participation in Twelve Step or mutual help groups was encouraged to provide ongoing support and a methodology to do the “work.”
- Gender responsive treatments were developed to address the unique challenges that men and women face in recovery.

We have come a long way from the Barbaric treatment in the early 1900’s that was based on public humiliation, ice baths, injections of gold, sanitariums or shock treatment. But we are still far from achieving the kind of outcomes we’d like. Maybe recovery counseling will add one more missing piece to the puzzle.

Recovery counseling has a very different premise about the nature of people. We agree with the premise that addiction is a disease, but we think of people in a very different way. We believe that people have multiple-selves instead of a single self. This difference is quite important and has several implications for our work as alcohol and drug counselors. Let me elaborate on this concept of a population of selves.

**Personality Development**

We are born with a large number of possible characteristics and possible selves. We have the capacity to experience a wide arrange of emotions and mental states. We can cry or rage. We can be loving and hateful. We can be brilliant or quite stupid. We can be creative and flexible or fixed and rigid.
When these characteristics become woven or grouped into a cluster they become selves. Our selves can manifest themselves in many different ways. They can be loving or gentle or selfish and self-centered. They can be the A-student or the class clown, the jock or the nerd. They can be the life of the party self or the shy self. Our selves can be the sexy or puritan. We can be the Ghandii like or impatient, generous or a stingy, vindictive or forgiving. We can be a brave self or cowardly self, a risk taker or a conservative self. The list can go on and on and on. How can all these selves exist in the same person without driving them nuts? This is an important question that must be answered.

All these selves can live together if they can live in harmony rather than in conflict. Mental health, therefore, is best understood as the coordination of all that we are. So a healthy person is one who has coordinated and found harmony among all of his or her possible characteristics and selves. We can say that a person who has achieved this mental and emotional state is truly at peace with himself. Unfortunately this rarely happens. Instead of integrating and coordinating all of these characteristics and selves into a whole, fully functioning person, we become fragmented and conflicted. Fragmentation happened early in life.

At sometime in our youth we made a decision to shift the focus of our growth away from self actualization towards actualizing a concept of who we should be. We redirected our growth away from becoming the self that we truly are to becoming an idealized-self. We believed this new direction would give us the best chance of belonging, of being loved and accepted. We imagined this would ensure our emotional security and the like, that we would always feel like we belonged rather than feel a part from or alone or isolated.

We pay a huge price for this shift in our growth force. As Dr. Karen Horney noted the development of the phony self is always at the expense of the true-self. We lose ourselves to protect ourselves and to ensure or existence. What a paradox.

In order to actualize the concept of who we should be we emphasize some personal characteristics or selves at the expense of others. Some selves are essential in organizing our personalities along the lines delineated by
the concept who we should be. Other selves or characteristics might be desirable but non-essential and still other characteristics or selves will be disowned and rejected because they are unwelcome guests.

This means that the goal of therapy is to liberate the constructive forces of the real self which will result in a more integrated, more appropriately organized personality that functions better under any condition whatsoever.

Let’s see what happens when a person becomes an alcoholic or addict.

**The “Alcoholic or Addict-Self” and “Recovery-Self”**

Brain research has clearly demonstrated that the brain is hijacked by addiction. This means that all of the various functions of the brain are recruited to support the use and abuse of drugs. As the brain conspires to support the addiction it reorganizes the personality to include a self that drinks or uses. As the disease progresses this drinking or using self becomes crystallized into the alcoholic or addict self.

The “alcoholic or addict-self” is how the disease manifests itself in the personality. Once the alcoholic or addict self ascends to the top dog position in the personality it runs the entire show. The “alcoholic or addict-self” decides to drink or use regardless of consequences. It is the addict-self that drives the person to go to any lengths to get high and will fight to protect the right to drink or use. Upon being confronted, the addict-self turns reality around to create confusion and doubt in others, much like the octopus uses ink as a defense. The addict-self is toxic, scheming, manipulative and dishonest. It’s major purpose is to ensure the addict’s access to its drug of choice.

What happens is that the person quickly loses sight to the other selves that the addict self has deemed as non-essential. At some point in the progression of the disease the alcoholic or the addict loses sight of the fact that he or she is more than his or her disease. A complete identification with the addict self occurs. Therefore any threat to the alcoholic or addict self feels like a threat to one’s very existence. It would be most accurate to say that the person suffering from addiction has lost themselves to the addict self, that their personality has been hijacked by addiction. This is the why we define recovery as the recovery of the lost, true-self.
The “recovery-self” is the antithesis of the “addict-self.” This is the part of the person who wants a better life and to be a better person. This is the healer, the compassionate one, the wise self, the seeker, the “healthy-self.” This part will help recover the lost, true self, if it is integrated into the client’s personality. This part seeks wholeness, integrity and spirituality.

The “recovery-self” is focused on and committed to getting well, and to taking whatever action is necessary for the restoration, redemption and salvation of the lost, true-self. The recovery self reinstates the process of self actualization.

**Some Implications for Counseling**

One of my first things I try to do is to form a therapeutic alliance with the “recovery-self.” I facilitate this alliance by introducing these concepts to the client and by encouraging them to try and experiment that creates a dialogue between the addict-self and the recovery-self.

Needless to say timing is critical when proposing an experiential intervention like this. I rarely enter a session with this agenda in mind. Rather I see my job as following my clients, tracking where they are going or where they need to go. I lead from behind.

I tell my students to listen to what the client is unable to say. This provides an answer to the question, “What is missing.” What is missing in the client’s presentation is a clue to what is need. Fragmentation creates fixed and rigid responses. These fixed and rigid responses decrease a person’s possible responses to a problem. What the person can’t do reflects who they are not. This is the working point I search for during our encounter.

Usually the opportunity to introduce this particular intervention, the addict self - recovery self dialogue, arises when the client presents with an urge to drink or use.

After I provide a very brief introduction to the exercise they are going to do I pull out two chairs and have them face each other. Then I ask the client to decide which chair is going to be for the addict self and which chair will be
the recovery self. Once the selves are assigned to the chairs I tell the client that they are going to have a discussion between these two parts of themselves. I further explain that this will help them become aware of how these two selves are currently getting along, and how they are relating to one another. (This is the first phase of the process, to promote an awareness of the nature of the relationship that exists between these selves.)

Once they begin the dialogue I closely monitor what they are saying from each respective self. When a question is asked from one side to the other I encourage them to change and answer. I want them to be fully present and fully engaged during the exercise and interrupt or challenge any avoidant or encounter diminishing behavior.

As the dialogue unfolds it becomes quite obvious how the selves are connected and organized. In early recovery the addict self is in charge and the recovery self often pleads with the addict self to leave them alone or takes a more aggressive approach and demands that the addict self leave them alone. Both of these responses are ineffective. Pleading with the addict self nor demanding that the addict leave will create change. Once again change will be forthcoming when these two selves are better coordinated. This means that recovery starts with acceptance that the addict self is there to stay and that the problem has been that the person has abdicated responsibility for their life to this part of themselves. This becomes a very powerful realization. Once a person accepts that this is a part of them that they will have to deal with the remainder of their lives then real change and recovery can begin. This is the paradoxical theory of change that is at the heart of this approach to counseling. Briefly stated it means that we change when we accept who we are and what we are doing rather than try to be someone we are not.

I have summarized the protocol for this intervention in the table below.

**Protocol for the Recovery-Addict Self Dialogue**
<table>
<thead>
<tr>
<th>Task</th>
<th>Description</th>
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<tbody>
<tr>
<td>Laying the Groundwork</td>
<td>• Initially I describe in quite general terms the notion that we all have a population of various selves that exist within and most importantly that mental health is the coordination of all that we are.</td>
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<td></td>
<td>• Once this groundwork is laid I then speak more specifically to the concept of an alcoholic or addict self and recovery self and the importance of learning to deal with the addict self.</td>
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<tr>
<td>Negotiating Consensus</td>
<td>• This is very important in establishing a therapeutic alliance.</td>
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<td>• To accomplish consensus I ask the client if they are willing to try an experiment.</td>
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<td>• If they express any hesitation I ask them to discuss what is causing this reaction to see if I can help them work through their resistance.</td>
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Introducing and Describing the Experiment

- If the client agrees to try the experiment I then describe the specific details of what I had in mind. (Don’t think of these first three tasks as independent, they are not. When you are doing the first task you are also describing the experiment. The important thing to keep in mind is to tell the client exactly what you want them to do).
- Introduce the two chairs that the client will shuttle between and ask them to identify the chair that will represent their addict-self or recovery-self.
- Then identify the other chair as representing the other side of the dialogue.
- Next I ask the client to tell me which side they want to begin the exercise from. Have them occupy the chair that represents that self.
- I tell the client that I want them to have a dialogue between these two parts of themselves to help them become aware of how they relate to one another. “Just write a script between them spontaneously. I’ll tell you when to change chairs but after a few moments you may decide when you want to shift and answer from the other side of you.”
- These first three steps don’t take a lot of time although they might. Use as much time as needed but as little as possible. You want to move into doing rather than
continuing to talk about as soon as possible.
<table>
<thead>
<tr>
<th>Enacting the Experiment</th>
<th>This step involves moving into action. I have the client begin the exercise.</th>
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<td>Once they have made a statement from the first position or asked a question to the other side I have them change and respond.</td>
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<td></td>
<td>Don’t be over anxious about having them change. Make certain they have expressed what is most important before changing to respond from the other side.</td>
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<td></td>
<td>On the other hand don’t let the client have long winded monologues either.</td>
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<td></td>
<td>You want to encourage and stimulate a lively interchange.</td>
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<td></td>
<td>Knowing when to have them change sides will find a natural rhythm as the experience unfolds.</td>
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Focusing Awareness

- The goal here is to promote awareness.
- Remember the obvious won’t be so to the client.
- After several exchanges I may ask the client to hit the pause button and ask them what they are aware.
- I can also inquire if I see a client having a strong reaction that they are ignoring, I might say something like, “What are you experiencing right now? or Can you put some words to what is happening in your eyes or throat or (fill in the blank).
- Many of the Gestalt interventions that are directed at either suppressing avoidance or encouraging expression are useful during this phase of work.
| Identifying What is Missing | • What I am concerned with here is identifying what I call the working point. The working point relates to that issue or process that has come to the foreground. This issue is related to what is missing and reveals the hole in the client’s functioning. In the background of my mind I am constantly asking myself what is missing or what does this client need to do to take better care of themselves or resolve the current dilemma or conflict.  
• At the right time, meaning after the client has established the working point, I ask the client if I can share with them my observations.  
• This often leads to another experiment in which I have them try on different attitudes or strategies that have the intent of adding what is missing.  
• When I introduce an experiment within the experiment I am constantly checking in with the client to see what their experience is telling them about what they are doing.  
• Learning is discovering new possibilities. In this particular case it is learning new ways of dealing with the alcoholic or addict self.  
• Often the problem they are having in their recovery is that they have deferred to the addict-self and become very |
passive in dealing with this part of themselves.
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<th>Facilitating Integration</th>
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<td>- At this point in the session I am thinking about integrating or helping the client reorganize themselves so that these two selves are better coordinated.</td>
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<td>- This is an essential step if the person is able to establish a stable long term recovery from their addiction.</td>
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<td>- Integration occurs when the parts are no longer polarized.</td>
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<td>- Oftentimes exaggerating the polarization will organically lead to integration.</td>
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Debriefing and Closure

- You will have a clear sense of when integration or a better rearrangement of the selves have occurred. After I sense this shift I explore what the experience means to the client. What they have learned about themselves and what they need for their recovery.
- Sometimes I might explore how the addict-self might sabotage the experience.
- If I sense that there is a strong possibility of sabotage I might actually ask the client to be the addict-self and tell us how he or she is going to sabotage the work.
- The important thing here is for me to feel complete and check in with the client to see if they feel this way too.
- If not, and there is time, we have more work to do.

Several points to keep in mind when you are monitoring this exercise.

- **Challenge incongruities** - keep an eye open for discrepancies between what a person says and what they are doing. For instance, if someone says they are “angry” and they say it matter of fact, point this out. Ensure that the music matches the words. Say something like, “You say your angry but you don’t sound angry.” This will then lead to a discussion which will help you identify what you need to do next.

- **Exaggerate the issue when a person is stuck** - when a person is at an impasse during this work you can intervene by having them exaggerate
their current posture or behavior. For instance, if someone responds in a very low voice make them aware that they are whispering and ask them to exaggerate their response and whisper even more softly. This will typically move them into a greater presence and make their feeling even more accessible.

- **Search for the missing response** - it is extremely important to be aware of what is not happening at the same time you are paying attention to what is happening in the session. It’s amazing how what seems to be conspicuously absent is not at all obvious to the client. That is because they have a blind spot. They can’t see what they don’t know or they might not want to see it. In either case, pointing out what is missing can be a very powerful intervention and can open up a set of new possibilities. For example, if during a dialogue between the “alcoholic-self” and the “recovery-self” you see the client avoiding the “alcoholic-self”, point it out. Say something like, “I want you to be aware of how you are avoiding what your alcoholism is saying to you.” Later in the session if they are continuing their avoidance you might introduce the opposite, “I’d like you to experiment with something, respond to what your alcoholism is saying and let’s see what happens.” An alternative to this intervention is to have the client exaggerate their avoidance like I described above, “Tell your alcoholism that you are avoiding him, and that you don’t want to deal with him.” This is also extremely effective.

- **Ask for what you want** - be direct and clear in your requests or direction. Don’t fall in to the trap of assuming that your client knows what you want. If they look towards you during the interaction with a part of themselves, redirect them to “tell that part of you what you just said to me.” Be tenacious in your position and don’t let therapy turn into a social conversation.

- **Flow with what is happening, don’t force it, trust the process and allow it to unfold naturally as you monitor what the client is doing from one moment to the next** - what is happening right now is the most important
issue to focus on and deal with in therapy. Change occurs by dealing with what is happening right now.

**Remember this is an experiment and there is no right or wrong result.** Focus on learning from what is happening rather than get hung up on expecting a particular outcome.

**A secondary benefit of doing this experiment is to help a client loosen up.** The more open and willing a client is the better chance he or she will have in discovering a solution to their addiction.

**Have fun.**

**Be persistent.**

The goal of recovery counseling is the coordination of all that one is to work towards establishing the internal resources to manage one’s ongoing vulnerability to the addict self as well as the reinstatement of self-actualization. In this article I have discussed one of the interventions that are designed to facilitate this process. In future articles I will discuss other implications that this model has for alcohol and addiction counseling.

References


Dr. Berger’s Article  
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