Addiction Treatment: Using the Empty Chair

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The etiology of addiction includes complex biopsychosocial factors, but conceptualizing addiction as a result of an attachment disorder and consequent relational dysfunction gives psychotherapists a way to understand and treat addictions. This article presents this conceptualization and argues for the use of psychodrama and psychodrama action techniques in the treatment of addictive psychopathology. The author explores, in particular, the use of the empty-chair technique, presenting five common roles useful for our work.
KEYWORDS: Addictions; attachment disorder; empty chair; higher power; psychodrama; relational dysfunction; roles.

THE IMPORTANCE OF ADDICTION TREATMENT

As well phrased by Peele (2010), addictions represent a quest for psychological satisfaction-perhaps an experience of serenity, a sense of security, or a feeling of control, albeit temporary. While offering the illusion of something desirable, over time addictions undermine rather than enhance the user's well-being, leading to psychological, social, and financial decline, along with grave physiologic and medical consequences in the advanced stages of the disease (Jellinek, 1960). Untreated, addiction creates an enormous toll on our society from the loss of work and talent, along with deep suffering for individuals with addictions as well as for family, coworkers, and friends (Korshak, Nickow, & Straus, 2014).

Because the stakes are high in case of relapse, many individuals who are successful in recovery become intentional about developing a sober lifestyle.

Maintaining their place in the family and social community, being actively involved in creative projects, and developing ethical and spiritual values not only create a buffer against the addictive behaviors but also become fulfilling endeavors in themselves. Recovery can generate a transformative experience of everyday life, filled with spirituality, creativity, and joy (Kapleau, 1989; Korshak et al., 2014).

Addiction is a treatable but undertreated disease. With the advent of new technology and the declining influence of religious and family ties, addictions are prevalent and on the rise in our society today, generating an increasing call for therapeutic intervention. Enhanced understanding, enlightened social policy, and effective treatment are priorities for mental health professionals, along with society at large.

UNDERSTANDING ADDICTIONS AND ADDICTION TREATMENT

For most of the last century, sympathetic psychotherapists tended to enable their patients to continue to use, while less accepting therapists shamed their patients; both approaches resulted too often in treatment failure (Freimuth, 2005; Korshak & Delboy, 2013). Many psychotherapists avoided addressing the problem of addiction in their patients and treated them instead for depression, anxiety, and other symptoms according to the orientation of their choice (psychoanalytic, cognitive and cognitive-behavioral, family systems, etc.). Founded in 1934, Alcoholics Anonymous and Twelve Step Recovery was the only effective intervention, and mainstream psychotherapists were relegated to the sidelines (Freimuth, 2005).

When Prochaska and DiClemente 1983) delineated stages of disease that people with addictions generally experience, and Miller and Rollnick (1991) introduced motivational

interviewing, traditionally trained psychotherapists were guided to listen to their patients where they were and reflect back what they had heard, "rolling with resistance."

At last, traditionally trained therapists could address addictions with their patients, recognize the seriousness of their behaviors, and talk with them without blaming, shaming, or enabling them.

Further understanding of addictions has brought significant advances in treatment practices. Khantzian's (1997) self-medication hypothesis of addictive disorders suggests that people with addictions experience varying degrees of unresolved emotional pain, shame, anger, fear, loneliness, and other feeling states, often if not always as a consequence of trauma. According to his hypothesis, people with addictions use addictive processes to modulate their emotional experiences, which is particularly important when their feelings are overwhelming, confusing, or inaccessible (Korshak et al., 2014); habitual ("reptilian") responses to their emotions drive these individuals into using behaviors. Meanwhile, attachment theory notes that human beings require relationships for emotional regulation (Badenoch & Cox, 2010). Flore's (2001, 2004) conceptualization of addiction as a consequence of a person's impaired ability to develop healthy attachments postulates that in predisposed individuals, addictions develop as a substitute for meaningful interpersonal relationships. The corollary that addiction both creates and is created by relationship dysfunction finally has given traditionally trained therapists who are trained in working with developmental, relational, and emotional problems a way to understand and treat addictions.

Individuals turn to addictions to fill what is sometimes called a "god-sized hole" inside, a hole left vacant by disruptions in their most important relationships.

Individuals with addictions in early recovery are guided to focus on building a network of support; in later recovery, they are encouraged to address the interpersonal patternsiona create dysfunction in their relationships. Psychotherapists treating addictions now recognize key areas of focus for their work, including educating patients about addictions, developing motivation to decrease and cease the using behavior, encouraging the development of social supports and improved interpersonal functioning, teaching emotional regulation and coping skills, bridging patients to healthy and gratifying nonaddictive pursuits to replace the addictive processes, and fostering the development of spirituality (Rounsaville, Carroll, & Back, 2009, p. 774; Weiss, Jaffee, de Menil, & Cogley, 2004). Further discussion of the use of psychotherapy and, in particular, group psychotherapy in addiction treatment may be found elsewhere (Korshak & Delboy, 2013).

Because group work relies on relationships, if addictions are a disorder of attachment it follows that group forums would be particularly effective treatment for addictive disorders. The cohesion in the group creates a reliable holding environment for the individual in recovery, fostering an experience of community and belonging (Höfler & Kooyman, 1996; Korshak & Delboy, 2013). The web of relationships becomes a source of emotional regulation and a stabilizing influence (Badenoch & Cox, 2010), rendering the addictive process unnecessary. Members attach to their therapist, each other, their therapy, and the group as a whole, creating a template for building relationships outside of the group (Daley, Douaihy, Weiss, & Mercer, 2009). Recovery is not, as some might think, a transition from dependency to independence, but rather a movement from "immature dependence to mature interdependence" (Flores, 2006, p. 15) and from the appearance of self-reliance to meaningful involvement with others (Korshak & Delboy, 2013). As Yalom and Leszcz (2005) proposed, the primary work of the group is to teach

the members how to establish enduring and nurturing relationships, and the group psychotherapist is in a unique position to help patients identify and amend relational problems (Korshak et al., 2014).

For the purposes of this article, addictions potentially include not only substance addictions such as alcohol, heroin, cocaine, and prescription drugs, but also arguable potential process addictions such as rage, self-injury, gambling, addictions to money and what money can buy (shopping, buying, hoarding, and kleptomania), overeating, codependency, romance, relationship, coaddiction, hypersexuality (compulsive masturbation, pornography, promiscuity, and pros-titution), technology (computers, the Internet, online and off-line video games, and smartphones), work, and religion, as well as the anorexias (such as eating, sex, and work) (Korshak et al., 2014).

This article contends that psychodrama and psychodrama action techniques are effective if not powerful for exploring and amending the relationship dysfunction that underlies addiction and trauma, along with a range of impulsive, compulsive, and other maladaptive coping mechanisms and mental health problems; I find the lens of addiction medicine useful for a wide array of psychological syndromes. Psychodrama techniques teach patients to access, release, and integrate emotion-particularly important for those with addictions who have used addictive substances and processes for emotional regulation, and who may become overwhelmed with emotion, particularly in the early stages of abstinence (Freimuth, 2005). Dayton (2000) and others have demonstrated the use of psychodrama for the treatment of trauma and addictions. This article specifically explores the use of the empty chair, a particular technique in the repertoire of psychodrama action techniques, for this work.

FIVE ROLES OF THE EMPTY CHAIR

Before focusing on the application of psychodrama action techniques to addiction treatment, I suggest that there are five roles for the protagonist as he or she moves through the work, roles that emerge in addiction work again and again, although not every role is used in every exercise. The first role may be called the explorer (A. Blatner, personal communication, May 8, 2016), the residuary protagonist or "the rest of the protagonist" when other protagonist roles are identified-the same role as used in classical psychodrama. The next is the antagonist role, called in this article the challenger, which is often the addiction or its consequences, or sometimes a parent or partner who is criticizing the protagonist, hoping he or she will cease using. The challenger can also be a part of the protagonist who would like to stop engaging in the addiction but has difficulty doing so, or a part of the protagonist who would like to continue to use when the protagonist is committed to stopping. The challenger creates tension with the explorer.

Working with the empty chair technique, I have noticed that the hungry child is a role that represents the part of the protagonist that desires something. The hungry child accesses the natural desires of the individual, such as the desire for gratification of needs and wants, but mistakenly thinks that the addiction is the answer. The hungry child is not wise. Often a historical figure in the role of the pedagogue or teacher, a fourth role useful in empty chair work, taught the protagonist maladaptive coping mechanisms and perhaps engagement in the addiction. The role of helper or helping entity, a fifth useful role, is often necessary to help the protagonist choose more wisely.

One does not need to be explicit about these five roles in order to do effective chair work, and spontaneous modifications are encouraged, but some psychodramatists, particularly those new to this work, may find it useful to reference these five common roles.

EXPLORING THE ADDICTION AND ITS TREATMENT

The patient in the role of the explorer, who has given his or her power to the addictive process, may be instructed to imagine his or her addiction or the addicted part of him- or herself in an empty chair in the role of the challenger. When the explorer reverses roles, during the role reversal he or she experiences and owns the power held by the addiction; as the exercise is repeated, he or she has the opportunity to become accustomed to carrying that power and masterful at wielding it. If the protagonist identifies a helping entity, he or she can reverse roles and access help and healing. (Note that in the following examples, all names and identifying details have been changed to protect confidentiality.)

> Kathy was in pain when her boyfriend ended their relationship, and during her individual psychotherapy session she said she wanted help with how she was compulsively texting him. Directed to show the therapist her problem, she showed herself as the explorer obsessively texting her ex-boyfriend eight and 10 times and more for many hours of the day, whether or not he was returning her texts. She was then directed to see the part of herself obsessively texting her boyfriend in an empty chair; this is the role of the challenger.
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> Reversing roles, in the role of the challenger she became large and powerful, and expressed a desire to be connected, loved, and understood. Kathy was directed to set up a chair for the role of the hungry child for the part of her that has these healthy desires, and to reverse roles with this newly identified entity. In the role of the hungry child she was asked how those needs could best be met. She was directed to set up a chair for the role of the helping entity, which she imagined to be the 12-step community. Reversing roles

with the helping entity allowed Kathy to access the soothing and understanding available within the recovery community, and unavailable from her ex-boyfriend or from texting. When Kathy, as the explorer, realized that her needs could be better met in the 12-step community than from her boyfriend, her obsession with texting abated.

Through the empty chair work, the patient can get in touch with the needs he or she was attempting to gratify though the addiction. If the person can meet those needs in other ways, the addictive behavior is rendered unnecessary.

AMENDING RELATIONSHIP DYSFUNCTIONS

With the technique of interviewing, patients can often pinpoint when they began their addictive behavior-the time and the place. Who was in their life at the time?

What was going on? What is the status of those relationships now? Can there be repair? If a psychodrama is held in a group session, group members can play the roles of auxiliaries as well as resonate with the protagonist so that the protagonist does not feel either alone or ashamed.

Barbara was addicted to smoking, and she could not stop. When she set up a chair for the challenger, the part of her that wanted to smoke, she was asked when the smoking began and what was going on at the time. She remembered being a teenager and wanting attention from her mother; this was the role of the hungry child. Barbara described her overworked mother of five children who saw Barbara, a middle child, as a burden; she was not available to meet Barbara's needs. Barbara recognized that she had wanted more from her mother.

Barbara (in the explorer role) was directed to set up a childhood scene of one time when she wanted her mother's attention. In that scene, her girlfriends (challengers) were

mean to her at school and she came home looking for comforting from her mother. Her mother was busy cooking and unavailable to Barbara. In this scene, her mother is a pedagogue who taught Barbara that she needed to go elsewhere for comfort. Using surplus reality to create a conversation she had never had, Barbara expressed her anger and screamed at her mother, accessing anger she had not known she held. She was directed to choose someone from the group to play her emotional double and to scream with her and then for her (in the role of a hungry child). After the screaming, Barbara became sad; she cried for a few minutes. She then felt available to forgive her mother; she talked to her mother, and reversed roles to answer. As her mother she responded, "I didn't understand that you needed me. I love you, and I will always love you." When she returned to the explorer role in the original scene, for that moment she had lost interest in smoking.

If addictive processes are created and exacerbated by interpersonal problems, addressing and repairing interpersonal problems-restoring the experience of loving and being loved-can alleviate the need for addictive engagement.

Psychodrama is well suited to examine and amend relationship dysfunctions.

Jim was addicted to cocaine, an amateur marathon runner and real estate broker; he was married and the father of two boys. At the therapist's direction in a session of group psychotherapy, he set up a chair for the part of himself that was planning to use cocaine that evening on his way home from work. In another chair, another part of himself in the role of the hungry child expressed the desire to have love and attention; that part was feeling angry with his wife. As directed by the therapist, Jim then set up a chair for his

wife as the challenger, and he talked with her from the role of the hungry child about the things that angered him.

On interview, Jim revealed that as a child he was quiet and withdrawn, never expressing any anger to his narcissistic, alcoholic mother; she was the pedagogue who had taught him to repress rather than express his wants and needs. Jim was directed to set up a scene from his childhood, and he re-created his mother's self-absorption in an empty chair. He told the self-absorbed part of his mother what he had never said but wanted to say as a child: "Notice me! Love me!" With vociferous doubling from the group, he yelled at her, and finally screamed, "I'm angry!"

Having expressed his anger with his mother openly, Jim then returned to the scene with his wife and told her, "You often sound like you are talking down to me, telling me what to do around the house. You don't give me credit for taking out the garbage, going grocery shopping, or dosing other things for the family: He reverein goes and in the role of his wife apologized, acknowledging her love for him. When he reversed back to the part of himself wanting to use cocaine, he had lost his desire.

Sessions only rarely go as well as the ones described here, but for many, if not all, individuals with addictions, there is a correlation between unmet relational needs and using behavior.

DEVELOPING TRUST IN A HIGHER POWER

People with addictions have difficulty trusting, and it is often helpful if not essential for them to define some entity more powerful than themselves that they can use to replace the addictive process. This entity can help them self-soothe, especially in difficult times. The entity can be a

higher power (commonly called God), goodness, Grandma Sarah, a beloved fourth-grade teacher, love, beauty, truth, or any reliable entity that the individual can learn to trust, even as a leap of faith and even tentatively.

In a group setting, the group members can be directed to each imagine their trusted entity in the empty chair for the role of helper. They can be directed one by one to reverse roles: They may come up and, from the role of the higher power, tell the story of their relationship. In this way, group members teach each other to use surplus reality to establish and develop a relationship with a higher power, something that is difficult for many of us living in our contemporary secular society.

Susan reverses roles with her higher power:

> Susan never thought much about me until her brother died in a car accident-the other driver was drunk-8 years ago. After that, she began praying to me most days for help with her pain. I guided her to begin a campaign in her community against drunk driving. Now she prays to me daily, and trusts me to get her through difficult times.

Some participants use qualities as their higher power. Rachel reverses roles with hers:

> Rachel developed the idea that I am the Truth in her life. When she was angry with her husband, thinking him selfish and mean, she often turned to me and recognized that his selfishness was merely a defense he used to cover his insecurity, which she knew was his real problem.
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> Being
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> in touch with this wisdom again and again restored her compassion, and she became able to talk with him and work out resolutions to their disagreements. She has found that when

she turns to me for deeper understanding about her relationships, her anger abates and her conflicts resolve.

Rachel is happier today than she ever has been. She uses me for soothing and clarity. Her relationships are harmonious rather than full of conflict, and she feels secure knowing she can turn to me to gain perspective whenever she is upset.

This next vignette illustrates the use of a higher power in the role of helper in an empty chair scenario.

Meagan came to her individual psychotherapy session wanting help for her codependency, She was angry with her husband who falled to discipline their son when he punched his father, In her codependency, she had said nothing, afraid her husband would be angry with her if she spoke up, but she was also afraid of her son's escalating behavior and tired of being the sole disciplinarian.

Meagan played out the scene in the therapy session with her husband and son. She was asked by her therapist who or what could help her with her frustration. Using surplus reality, Meagan set up a chair for her higher power, asked her for help, and reversed roles. As her higher power in the role of the helper, she ingeniously said, "In consultation with Michelle Obama, I suggest a 5-year plan. You may not intervene every time your husband fails to discipline your son, but over time you can talk with your husband and your son, and you will be able to get your point across." Meagan reversed roles back to being the explorer and thanked her higher power. She recognized that the chair work had restored her perspective and creativity, and that her anger had temporarily abated. She felt empowered to use the chair work at home between sessions when she became upset, and

she also began using the empty chair at home as a warm-up before talking with her husband on a regular basis about her concerns.

CLOSING DISCUSSION

Developing healthy relationships with ourselves, other people, and a higher power creates the attachments necessary for all of us; healthy attachments are particularly important for individuals who are vulnerable to engaging in addictive substances and processes when their human attachments are insufficiently developed. In the conceptualization presented in this article, the individuals turn to addictions to fill what is sometimes called a "god-sized hole" inside, a hole left vacant by disruptions in their most important relationships. Psychodrama and psychodrama action techniques can bring healing and repair, teach people skills for gaining emotional mastery, and guide them in establishing and maintaining functional and gratifying relationships. This article suggests five roles for empty chair work: the explorer, the challenger, the hungry child, the pedagogue, and the helper. The empty chair, a simple technique-with or without being explicit about these five particular roles— can be invaluable in the process.

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