Transformational Chairwork and The Four Dialogues

Northern Tide
By Tim Wallace

Scott Kellogg, PhD

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Four Orienting Principles

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Four Orienting Principles

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2. It is healing and transformative for people to give voice to these different parts.
3. It is also healing and transformative for people to enact or re-enact scenes from the past, the present, or the future
4. The ultimate goal of Chairwork is the strengthening of the Ego, the Healthy Adult Mode, or the Inner Leader.

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History and Background

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Jacob Moreno, MD

Created the Chairwork Technique

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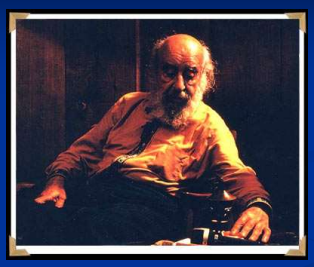
Frederick "Fritz" Perls, MD

Taken by Stanislav Grof, MD, PhD



Developed Chairwork into a Psychotherapeutic Art Form

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The Four Dialogues

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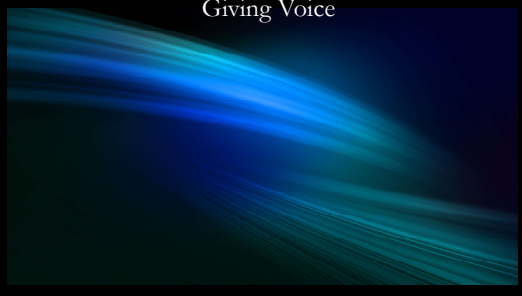

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Giving Voice

"I would like to invite you to move to this chair and I would like you to speak from your heart and speak from your pain."

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Giving Voice

- This approach might be considered when patients say such things as:
  - "There is a deep grief within me."
  - "I am feeling very agitated right now."
- Gestalt Awareness and Voice Dialogue

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Giving Voice: The Paradoxical Theory of Change

- Conceptualized by Arnold Beisser in 1970
- "The way to change is to more deeply be yourself.
- Giving voice is the heart of the work; nothing else is needed." (Kellogg, 2014, p. 172)
- "The curious paradox is when I accept myself just as I am, then I can change." – Carl Rogers

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The Suffering Chair

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Existential Intentionality

"That was the day, the first time ever in my life, that I made a commitment to being alive. Not the first time that I said that I wanted to live, or dreamed about living; it was the first time that I made a *commitment*, that I gave myself my word."

– Meri Nana-Ama Danquah
Willow Weep for Me

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"At the heart of any therapeutic encounter there is always a story."

Roberts & Holmes, 1999

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Telling the Story

"I sense that holding this secret inside for so long has been a terrible burden. If you're willing, I'd like you to move to this chair and tell me the story of what happened."

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Telling the Story

- This approach might be considered when the patient says things like:
  - "There are stories within me that have never been shared."
  - "I told a few people about the accident when it occurred, but I do not feel I ever really talked it through."

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Internal Dialogues

"You seem to be of two minds about the project. I wonder if you would be willing to go to this chair and speak from the part that wants to go forward with it and then to this chair and speak from the part that is having second thoughts."

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Internal Dialogues

- This approach can be considered when patients say things like:
  - "I am of two minds about this situation."
  - "I have a deep fear of elevators. I am afraid that I will be trapped in one and die there.
  - "I have this voice in my head that keeps telling me how bad I am."

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Internal Dialogues

- The work with the Parts, Modes, or Selves will usually take one of three forms:
  - The Parts *co-exist*
  - The Parts *engage* with each other
  - One Part *witnesses* the others

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Relationships and Encounters

"I sense that you are still very stuck – even though the relationship ended two years ago. I would like to work with this, if I may. I'd like you to imagine her sitting in this chair and I would like you to talk to her and tell her what you are feeling."

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Relationships and Encounters

- This approach can be considered when patients say things like:
  - "I know that it has been three years, but I am still grieving the death of my mother."
  - "My father was very cruel to all of us when I was growing up. I am still very angry about that."
  - "My sister is just impossible. I feel responsible for her but she is driving me crazy."

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EXPRESSING EMOTIONS

LOVE

SORROW/ GRIEF

ANGER

FEAR

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Addiction: Motivation and Complexity

Dancing of the Selves

By Brenda Clews

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Anthony Papa

"The Heart of Addictive Disorders is Suffering"
– Edward J. Khantzian, MD

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"Girl in pain drinks and takes something – anything – to stop the feeling.
Girl wakes up in more pain, is more angry.
Girl does more to block it all out."

(Ruth Fowler, The World Breaks Everyone, *Writers on the Edge)*

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"After a lifetime of depression, and long bouts of self-medicating with alcohol, cocaine, and whatever else was available, heroin was a godsend.

In fact I can truly say that junk is one of the best things that's ever happened to me."

(I. Thaca, *Harm Reduction Communication, 5*)

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Horizontal and Vertical Interventions

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Interventions

- Horizontal Interventions
  - Those focused on controlling and/or discontinuing drug use
- Vertical Interventions
  - Those that are used to address and treat the underlying issues and co-occurring psychopathology
- Wurmser (1978)

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Substance Use Domains

Self-Stimulation Domain
Drug Use to Feel Alive, Experience Pleasure; Access Creative and Spiritual Aspects of Self

Self-Soothing Domain
Drug Use to Treat Inner Anguish, Pain, and Psychopathology

Somatic Domain I
Drug Use to Address Brain Changes, Withdrawal Symptoms and Mood Dysregulation

Somatic Domain II
Drug Use to Cope with Medical Illnesses and Chronic Pain

Social Identity Domain
Drug Addiction Lifestyle; Drug User Identity

Social Justice Domain
Social Oppression: Sexism, Racism, Homophobia, Disenfranchisement; Poverty

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Motivations to Change

Family/Parental/ Relational Threats

Job Loss/ Economic Damage/ Prestige Threats

Existential/Spiritual Concerns and Desires

Health Concerns

Legal Problems

Role Strain

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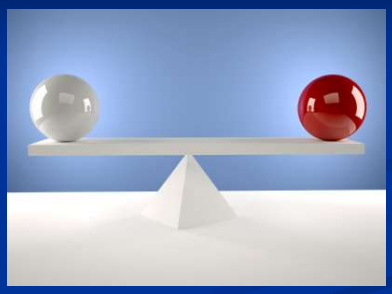
Decisional Balance



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Decisional Balance

- Many patients are ambivalent about bringing their drug use to an end
- The underlying factors can be clarified through the use of a Decisional Balance
  - Assesses the many forces supporting the drug use
  - And the forces favoring change and/or recovery
- The heart of Addiction Psychotherapy

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Decisional Balance

Positives of Drug Use	Positives of Change
Immediate physical pleasure (10) Escape/Feeling more "there" (10) Feels more emotion (10) Reduces social anxiety (6) Shuts out critic (7) People will know "real" self (7)	Feel a greater sense self discipline (9) Would be more productive (10) Help him be more comfortable with self (8) Greater confidence (6)
Negatives of Drug Use	**Negatives of Change**
Feels guilty (7) Others are concerned (6) Not as productive (10) Feels like it a crutch (10) Feels bad (7) Health Problems (7)	Would not enjoy life as much (9) Would be ignoring a part of himself (10) Breaking up with something he loves – a hard breakup (9)

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Motivational Work

- The part that wants to use:
  - Feels more comfortable and alive
  - The Inner Critic is shut off
  - He is able to connect with other people more easily
- The part that wants to change/stop:
  - Embodies his ambitions
    - He has goals that he is not pursuing
  - Feels he is betraying himself
  - Is concerned that he might be damaging himself

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Basic Motivational Dialogue

Desire to Stop, Reduce, Or Change The Pattern

Desire to Continue Using Substances

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Strategic Guidelines

- In concert with the patient,
- Seek out ways to meet the needs of the parts that want to use substances
- Work to strengthen the parts that are oriented toward change and recovery
- Do not argue with the parts that want to use
  - Have the patient engage in the conflict
- *Desire Engages with Desire*

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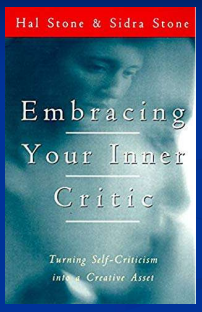
Inner Critic



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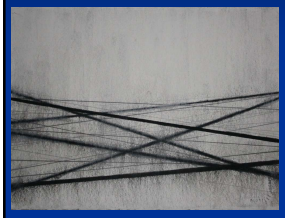
Fear and Hatred



Agnes Martin

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Voice Dialogue/Critic Interview

- Interview the Critic
  - Understand its origin and purpose
  - Identify the Core Value (Greenberg)
  - Work to tap into the underlying fears and anxieties that are driving it
  - Affirm its usefulness and good intentions
    - Clarify where it has missed the mark and is causing problems

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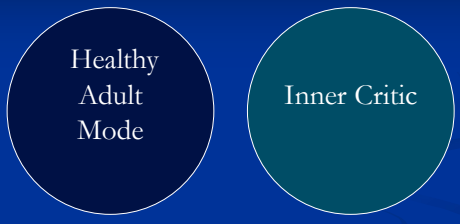
Healthy Adult Mode and Inner Critic Encounter



"This is my life; it is not yours."

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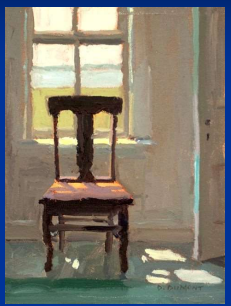
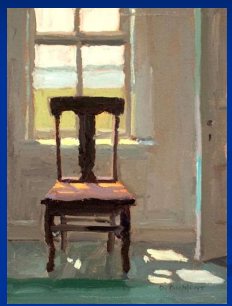
Inner Complexity





Russell's Chair by Denise Dumont

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Complexity-of-Self Dialogue

- Co-create an affirming voice that identifies the good parts of the person
  - Self-as-Bad Self-Statement/Chair
  - Self-as-Good Self-Statement/Chair
  - (Chadwick, 2003)

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Interpersonal Mistreatment

Emotional Trauma
By Woody Hansen

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Telling the Story

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Trauma-Centered Storytelling: The Power of Repetition

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Voice	Intensity	Narrative	Chairs
First Person	Higher Intensity	"I was in a car accident. These are some of the things that happened to me."	One Chair
Second Person		"John, you were in a car accident. I understand that these are some of the things that happened to you."	Two Chairs
Third Person	Lower Intensity	"John was in a car accident. These are some of the things that happened to him."	One Chair

(Roediger, Stevens, & Brockman, 2018)

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Catharsis

"…Every True Second Time Is A Liberation From The First"

- Dr. Jacob Moreno

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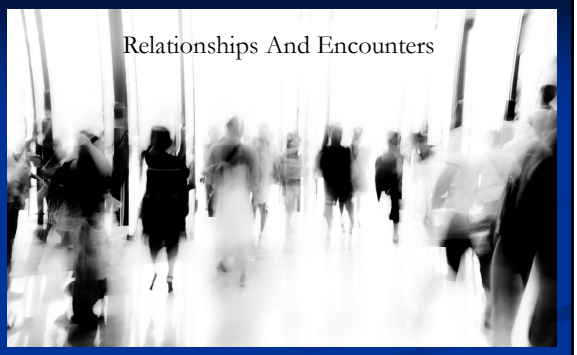

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Chairwork Approach

- Chairwork can be used to:
  - Speak with and nurture the abused child
  - Confront the abuser
  - Confront those who knew and did not protect the child
- Both the patient and the therapist can speak to the person in the other chair
- *It is generally best to not have the person play the role of the abuser.*

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Emotional Abuse

www.duluth-model.org

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Emotional Abuse

- They can
  - Fight back
  - Repudiate the toxic messages that were given to them
  - Affirm themselves and validate the needs they had as children

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Emotional Abuse

- Patient puts her Grandmother in the chair:
- "You are so mean, I hate you. I do love you, but I hate you. ….
- I hate being here with you.
- You constantly talk about dying and death, death, that's it, every day, every day."

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Emotional Abuse

- "I resent the times you called me a tramp. …I was never a tramp!
- You always said, "You'll become pregnant."
- I never did things like that. But you always said I was no good, a slut…..
- I resent you for not trusting me, for not letting me be a young person.
- I resent you for dragging me to cemeteries to see dead graves…. I *resent* that… (Engle, Beutler, & Daldup, 1991, pp. 180-182)

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Cognitive Restructuring/CPT

- "I used to be this lively, happy girl, ready to take on the world. I was so excited about starting college…. I knew good things were ahead of me.
- But now… I'm a scared, lonely, and ugly girl inside and out. …. I have no ambition…..
- All I care about is being left alone so I can be safe."
  - Andrea – after being gang-raped

Hudgins, 2002, p. 13; Image: Sonja Mesher

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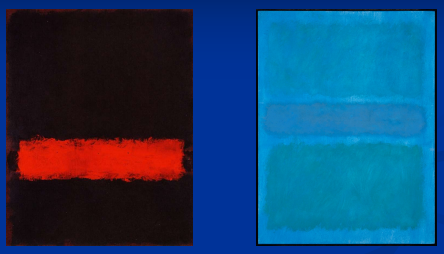
Cognitive Restructuring/ Cognitive Processing Therapy



Trauma-based Schema and Healthy/Adaptive Schema

Mark Rothko

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Redecision Therapy

- The Gouldings emphasize the importance of the patient making a decision to change:
  - I will no longer live this way
  - I will heal from the damage
  - I am now choosing a new, healthier, and more self-affirming way to live
- A way of Claiming Power and Personal Authority
- *This is especially effective in a group setting*

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Examples of Redecisions

- "From now on, I am going to find trustworthy people, and I will trust them. Everyone is not like you."
- "I enjoy sex today in spite of what you did to me. You are no longer in my bed."
- "I can laugh and jump and dance without guilt, because my fun didn't cause you to rape me! It was your perversity!" (Goulding & Goulding, 1997, p. 248)

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Deepening Techniques

Dialog

©Arif Nammari

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A Central Goal is for the Patient to Be Able to Express each Voice as *Distinctly*, *Forcefully*, and *Simply* as Possible!

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Can I Use Chairwork With "This Kind Of Patient"?

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Chairwork can be used with any patient who has a problem that is suitable for a Chairwork dialogue!

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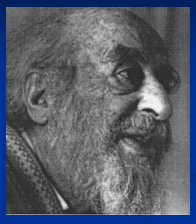
Jacob Moreno, MD



Frederick "Fritz" Perls, MD

Zerka Moreno

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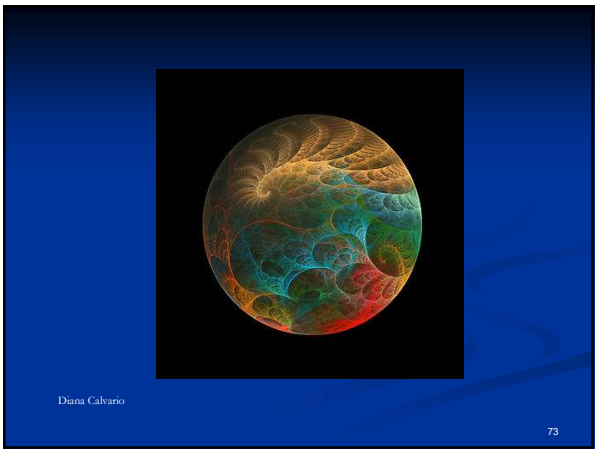

Diana Calvario

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Resources

- Transformational Chairwork: http://transformationalchairwork.com/
- Gradualism and Addiction Treatment: http://gradualismandaddiction.org/

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