Transformational Chairwork and The Four Dialogues

Four Orienting Principles

1. **Multiplicity of self** – it is clinically useful to understand people as containing different parts, modes, voices, or selves.

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.
History and Background

Jacob Moreno, MD
Created the Chairwork Technique

Frederick “Fritz” Perls, MD
Developed Chairwork into a Psychotherapeutic Art Form

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.”
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

Gestalt Awareness and Voice Dialogue

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

The Suffering Chair

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

Roberts & Holmes, 1999

Existential Intentionality

“When the time comes to die, 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
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.”

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.”

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.”

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.”

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
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.”

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.”

EXPRESSION EMOTIONS

LOVE

SORROW/ GRIEF

ANGER

FEAR

Addiction:
Motivation and Complexity

“The Heart of Addictive Disorders is Suffering”
– Edward J. Khantzian, MD
“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)

“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)

Horizontal and Vertical 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)

**Substance Use Domains**

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

- **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

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

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

**Motivations to Change**

- Family/Parental/Relational Threats
- Job Loss/Economic Damage/Prestige Threats
- Existential/Spiritual Concerns and Desires
- Health Concerns
- Legal Problems
- Role Strain
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.

**Decisional Balance**

<table>
<thead>
<tr>
<th>Positives of Drug Use</th>
<th>Positives of Change</th>
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<tbody>
<tr>
<td>Immediate physical pleasure (10)</td>
<td>Feel a greater sense of discipline (6)</td>
</tr>
<tr>
<td>Escape/Feeling more “there” (10)</td>
<td>Would be more productive (10)</td>
</tr>
<tr>
<td>Feels more creative (10)</td>
<td>Help him be more comfortable with self (8)</td>
</tr>
<tr>
<td>Reduces social anxiety (6)</td>
<td>Greater confidence (6)</td>
</tr>
<tr>
<td>Shows out critic (7)</td>
<td>People will know “real” self (7)</td>
</tr>
<tr>
<td>People will know “real” self (7)</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Negatives of Drug Use</th>
<th>Negatives of Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feels guilty (7)</td>
<td>Would not enjoy life as much (9)</td>
</tr>
<tr>
<td>Others are concerned (6)</td>
<td>Would be ignoring a part of himself (10)</td>
</tr>
<tr>
<td>Not as productive (10)</td>
<td>Breaking up with something he loves – a hard breakup (9)</td>
</tr>
<tr>
<td>Feels like it a crutch (10)</td>
<td></td>
</tr>
<tr>
<td>Feels bad (7)</td>
<td></td>
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<tr>
<td>Health Problems (7)</td>
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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
  - He feels he is betraying himself
  - He is concerned that he might be damaging himself

**Basic Motivational Dialogue**

- Desire to Stop, Reduce, Or Change The Pattern
- Desire to Continue Using Substances

**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
Internal Dialogues

Fear and Hatred

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

Healthy Adult Mode and Inner Critic Encounter

“This is my life; it is not yours.”

Inner Complexity
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)

Giving Voice

Interpersonal Mistreatment

Telling the Story

Trauma-Centered Storytelling: The Power of Repetition

<table>
<thead>
<tr>
<th>Voice</th>
<th>Intensity</th>
<th>Narrative</th>
<th>Chairs</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Person</td>
<td>Higher Intensity</td>
<td>“I was in a car accident. These are some of the things that happened to me.”</td>
<td>One Chair</td>
</tr>
<tr>
<td>Second Person</td>
<td></td>
<td>“John, you were in a car accident. I understand that these are some of the things that happened to you.”</td>
<td>Two Chairs</td>
</tr>
<tr>
<td>Third Person</td>
<td>Lower Intensity</td>
<td>“John was in a car accident. These are some of the things that happened to him.”</td>
<td>One Chair</td>
</tr>
</tbody>
</table>
Catharsis

“…Every True Second Time Is A Liberation From The First”

- Dr. Jacob Moreno

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.

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

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.”
**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, & Dalup, 1991, pp. 180-182)

**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

**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
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)

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

Can I Use Chairwork With “This Kind Of Patient”? Chairwork can be used with any patient who has a problem that is suitable for a Chairwork dialogue!
Resources

- Transformational Chairwork:
  http://transformationalchairwork.com/

- Gradualism and Addiction Treatment:
  http://gradualismandaddiction.org/