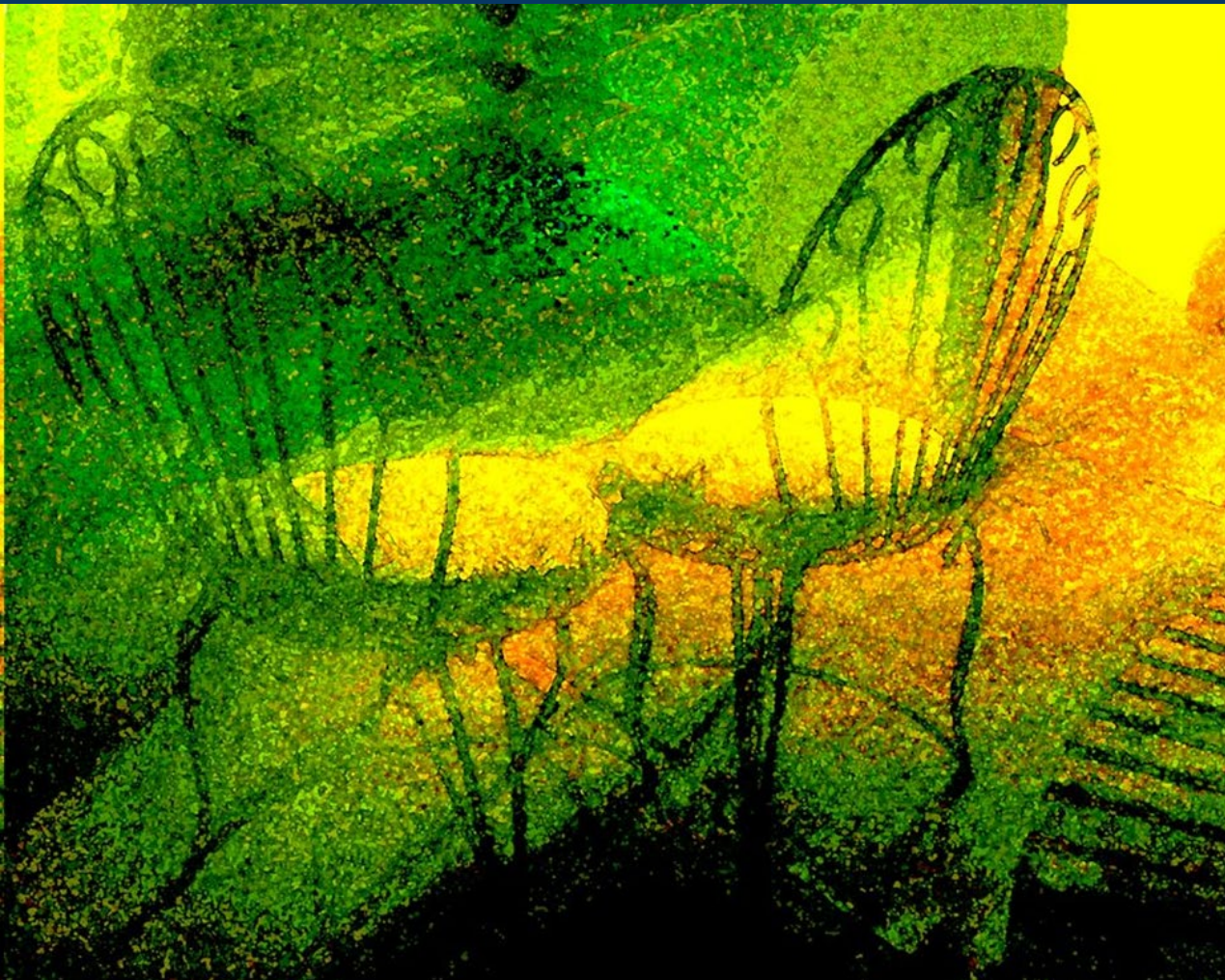


Using Chairwork Psychotherapy and The Four Dialogues in the Treatment of Trauma



Northern Tide
By Tim Wallace

Scott Kellogg, PhD
Amanda Garcia Torres, LMHC



Four Orienting Principles

Jane Uitti – Two Chairs

Four Orienting Principles

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

Four Orienting Principles

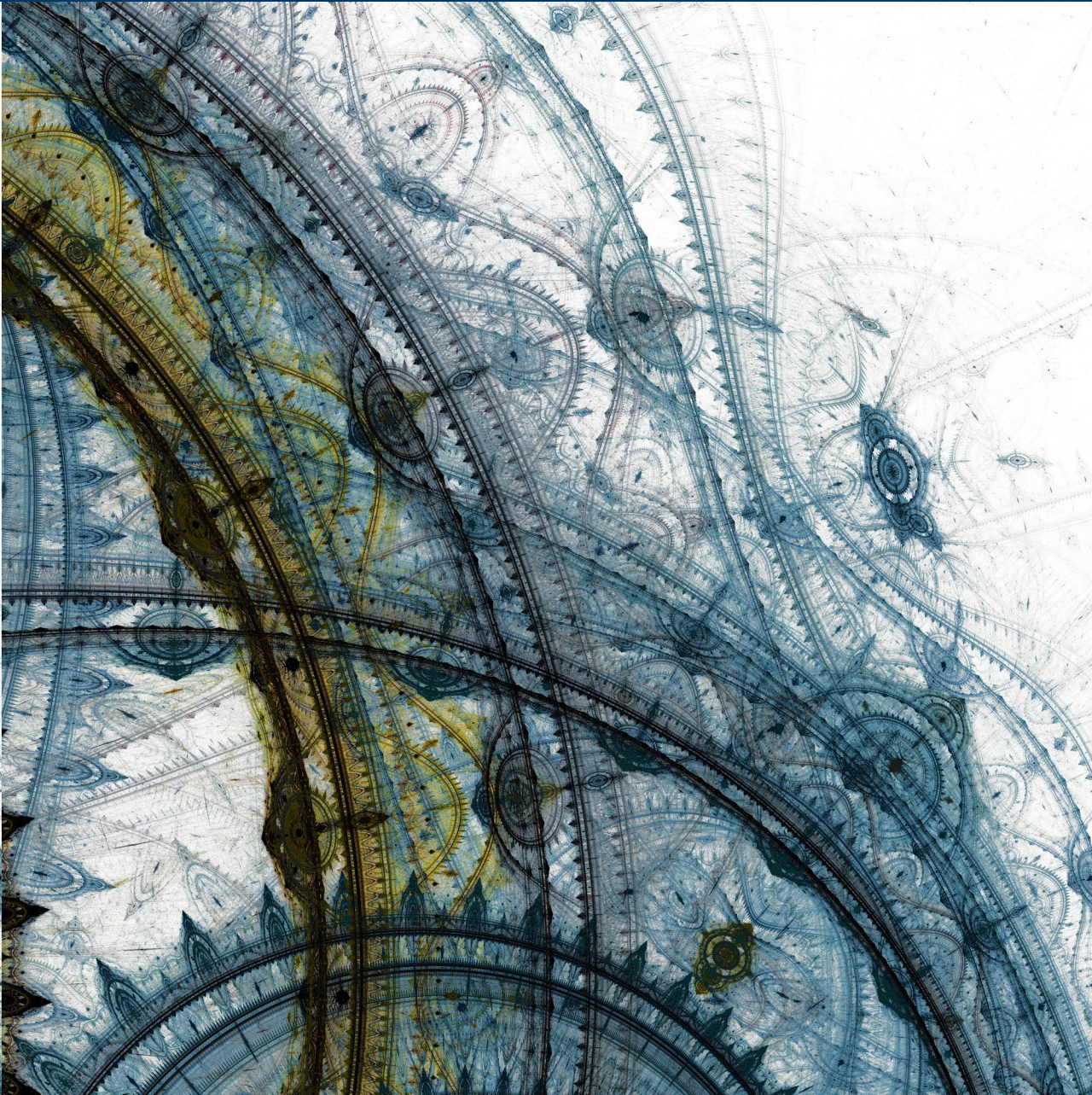
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2. It is healing and transformative for people to give voice to these different parts.

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.

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.

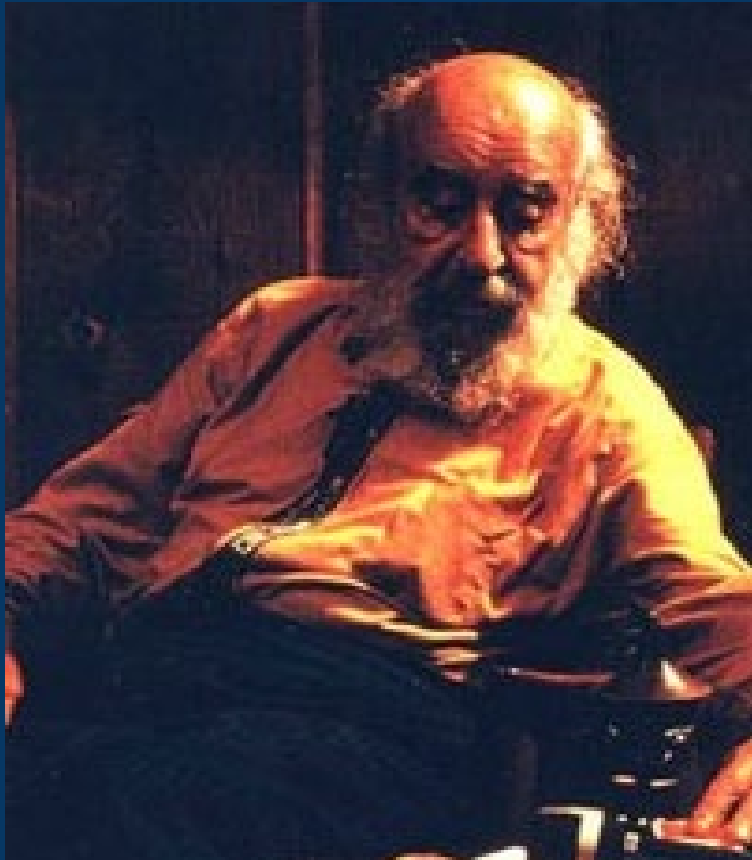


History and Background



Jacob Moreno, MD

Creator of Chairwork




Frederick “Fritz” Perls, MD

Developed Chairwork into a
Psychotherapeutic Art Form



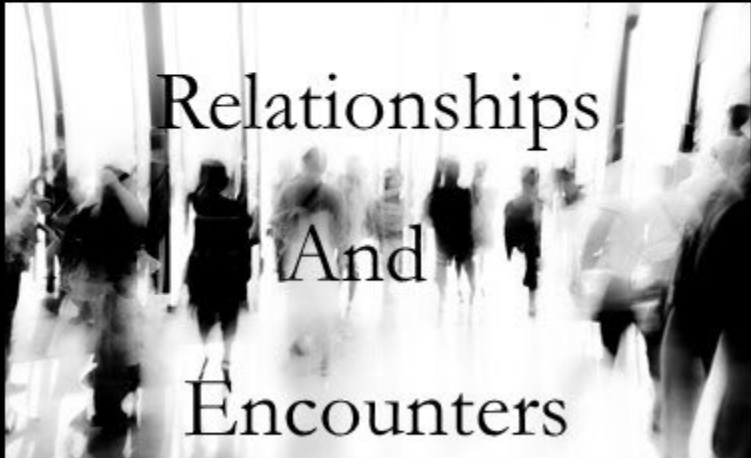
Giving Voice



Storytelling



Internal Dialogues



Relationships

And

Encounters

The Four Dialogues™





*“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.”*

“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.”
 - “There is a part of me that wants to cut myself as soon as I leave the session.”
- Gestalt Therapy and Voice Dialogue

The Paradoxical Theory of Change

- The way to change is to more deeply be yourself.
- Giving voice is the heart of the work; nothing else is needed. (Beisser, 1970)
- The experiencing of “despair may well lead to the deepest insight and the most valuable change.” – Dr. Rollo May
- *Deeply experiencing and expressing an emotional state – by itself – can lead to change*



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 I said I wanted to live, or dreamed about living;

It was the first time I made a *commitment*, that I gave myself my word.”

– Meri Nana-Ama Danquah



The Suffering Chair

Giving Voice

1. Amplify and give expression to a feeling
 - a. Envision the feeling as a *separate part*

Giving Voice

1. Amplify and give expression to a feeling
 - a. Envision the feeling as a *separate part*
2. Interview a part to better understand it

Giving Voice

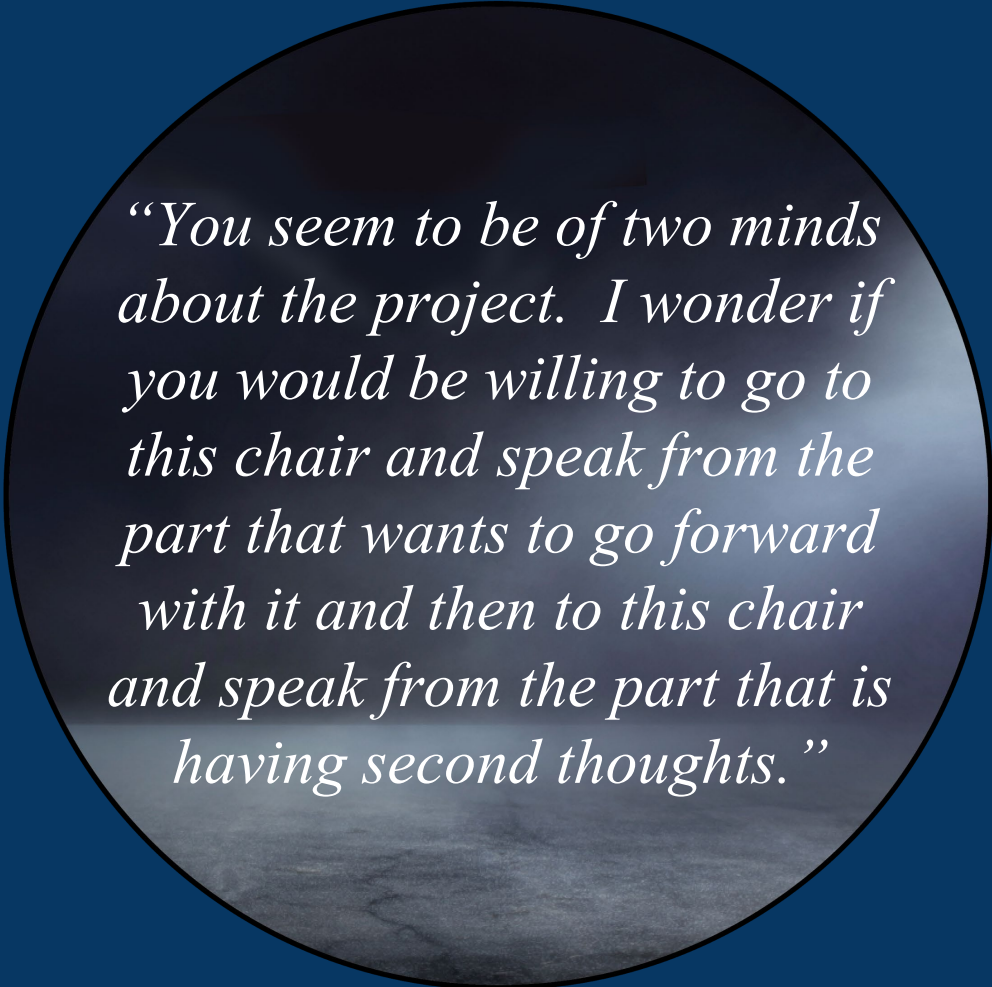
1. Amplify and give expression to a feeling
 - a. Envision the feeling as a *separate part*
2. Interview a part to better understand it
3. Empower people to claim personal authority and affirm the decisions that they are making in their lives



Internal Dialogues™



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 conflicted 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:

- Polarity Dialogues
- Alternative Dialogues
- Mode Dialogues





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

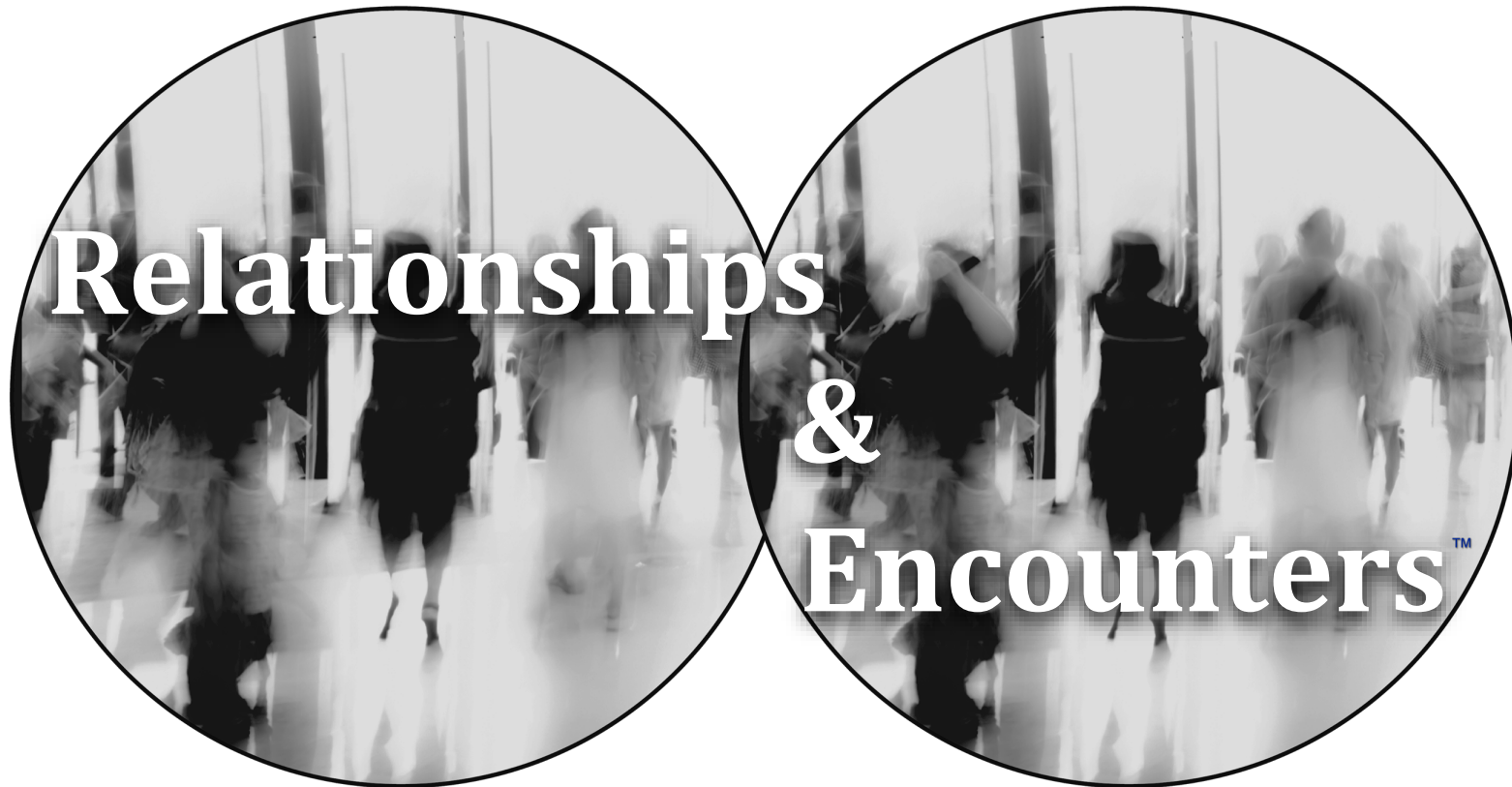
Roberts & Holmes, 1999



“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.”





“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.”

EXPRESSING EMOTIONS



LOVE

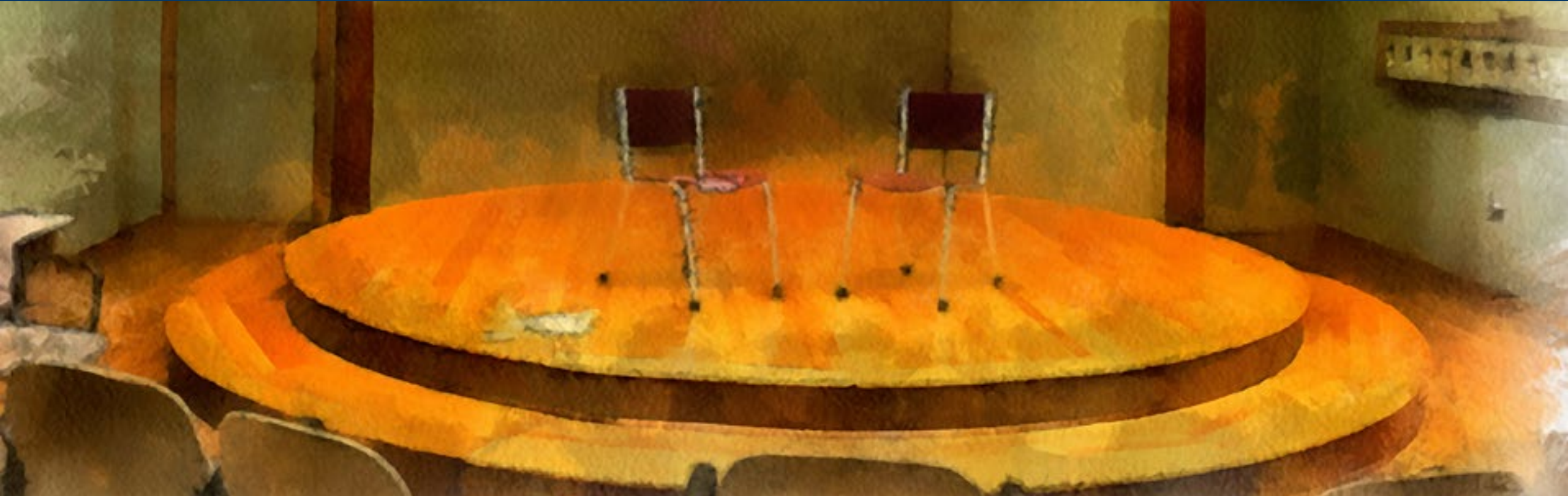
SORROW / GRIEF

ANGER

FEAR

Role Reversal

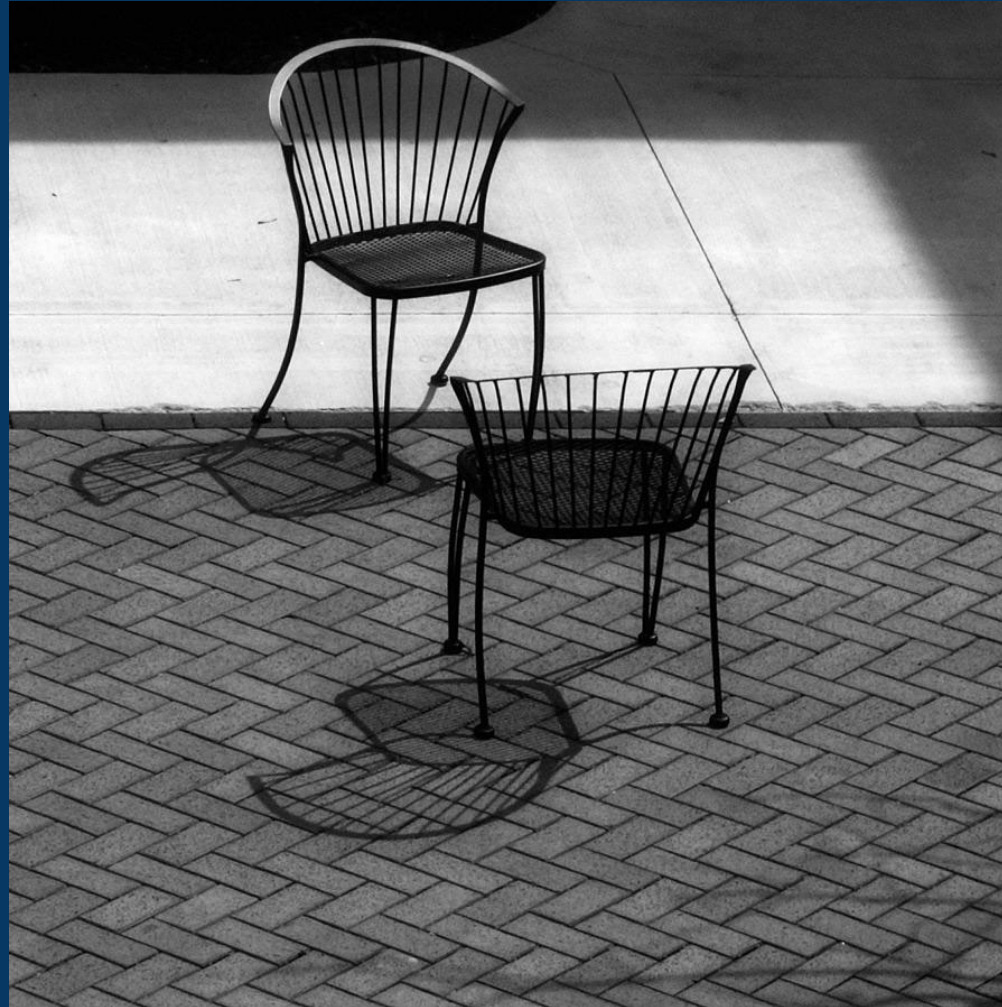
The Essence of Psychodrama



“Role Reversal allows us to temporarily leave the self and experience the position of ‘the other.’”

Tian Dayton, PhD

Deepening Techniques



Dialog

©Arif Nammari

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

Existential Language

- Encourage them to use phrases like:
 - “I want”
 - “I am deciding to”
 - “I am choosing to”
 - “I will”
 - “I will not”

Existential Language

- Instead of phrases like:
 - “I must”
 - “I should”
 - “I need to”
 - “I can’t”

Deepening Techniques

- Keep the voices clear
 - Interrupt /block the patient when the voices cross
- Repeat things that are important / meaningful
- Increase the volume / Decrease the volume
- Propose something that they might say (“Feed them a line”)

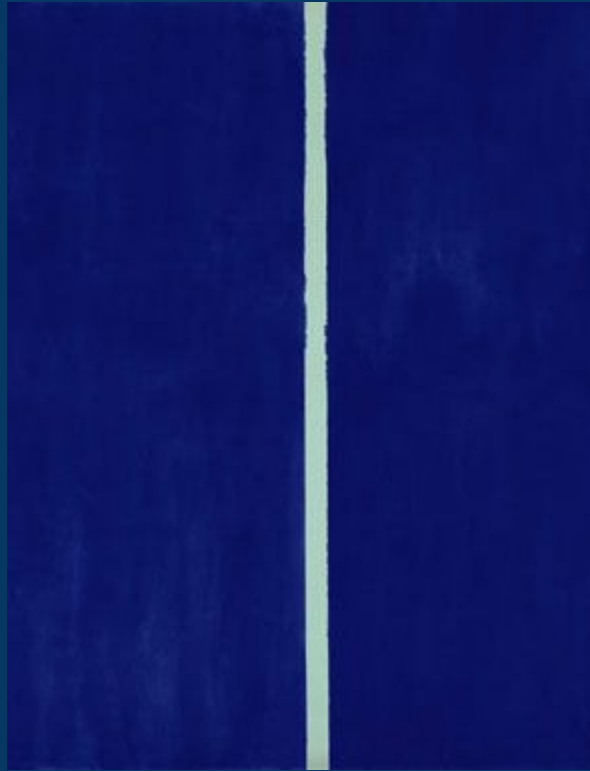
“Say this once and then you can change it.”

“If this feels right say it: if it does not feel right, do not say it.”

Therapist Dialogues

- Speak to and dialogue with a schema or an abuser (Modeling)
 - Where necessary, defend the patient / challenge the schema
 - They hear you defend them / Reparenting
- Dance among the Four Dialogues

Therapeutic Alliance



Barnett Newman – Onement VI

Therapeutic Alliance

- (1) Empathic Listening
- (2) Authenticity
- (3) Therapeutic Optimism
- (4) Courageous Willingness to go into the Pain and the Darkness
- (5) Perseverance
- (6) Love



Love

“Love is the active concern for the life and growth of that which we love.”

- Erich Fromm

Robert Sawyer

Flickr: <https://www.flickr.com/photos/sawyeriii/8002395556>

Group Activity and Confidentiality



Trauma and Interpersonal Mistreatment



Emotional Trauma
By Woody Hansen



“In our stories lies our salvation.
Finding the courage to tell our stories will save lives.”

- Glenn Close



Trauma-Centered Storytelling

The Power of Repetition

Catharsis

“...Every True Second Time is a
Liberation from the First”

- Dr. Jacob Moreno

Voice

Intensity

Narrative

Chairs

First Person

Higher
Intensity

*“I was in a car accident.
These are some of the things that happened
to me.”*



Second
Person



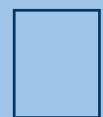
*“John, you were in a car accident. I
understand that these are some of the
things that happened to you.”*



Third Person

Lower
Intensity

*“John was in a car accident. These are
some of the things that happened to him.”*



Third-Person Storytelling

- Move to a storytelling chair
- Third-person voice
 - Lower emotional intensity

“John was in a car accident. These are some of the things that happened to him.”

instead of

“I was in a car accident. Some terrible things happened to me.”

Working With Unintegrated Stories

- Difficult experiences are difficult because they are *unintegrated*
 - Trauma
- Positive experiences may also be unintegrated because they are *disowned*
 - Moments of success, triumph, or joy

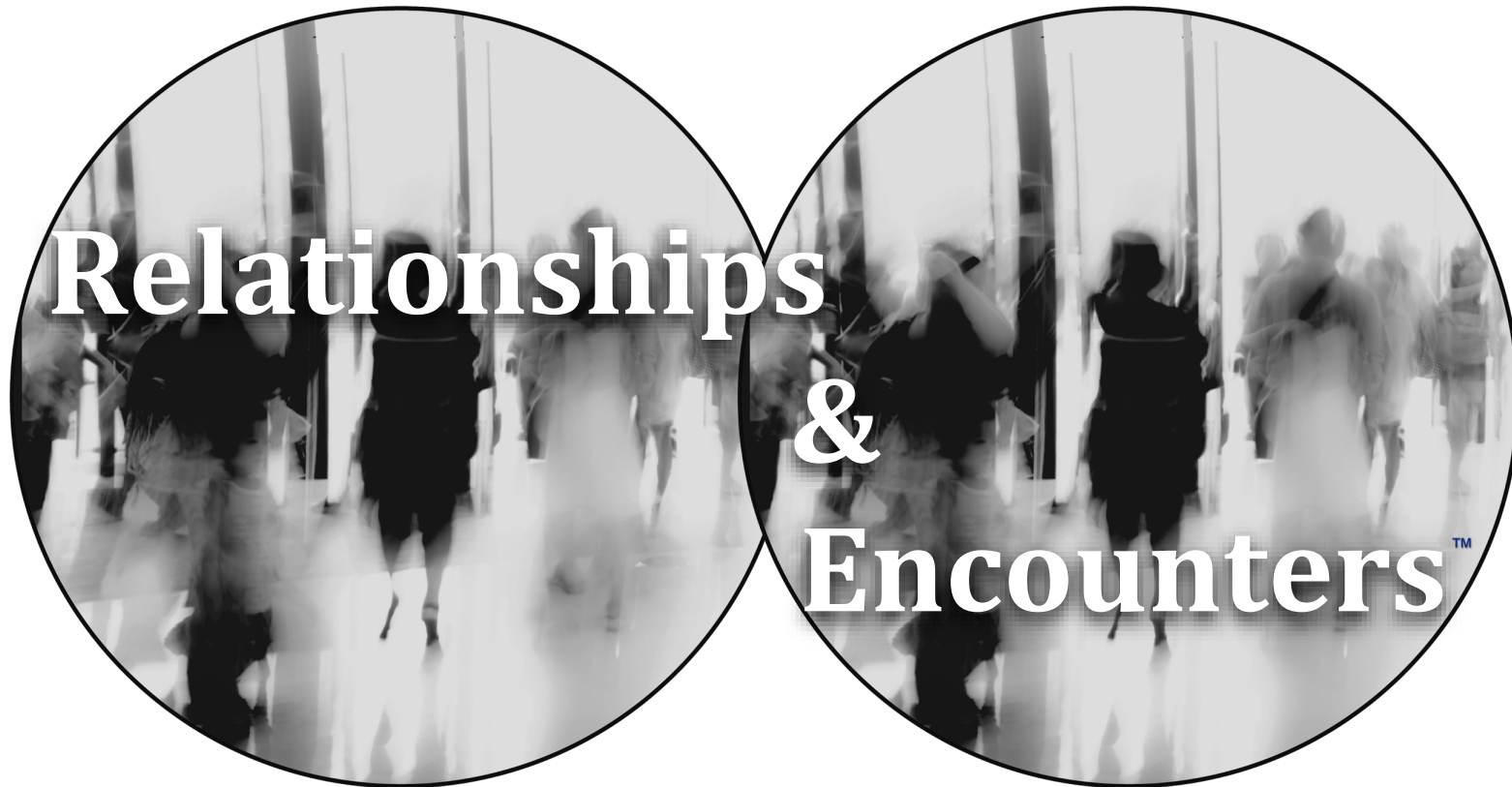


Storytelling Demonstration & Practice

Third Person Storytelling Practice

- A patient's difficult story
- Your own difficult story
- Your own positive story

- Tell the story in the third person
 - *“John went to work one day and...”*
 - Repeat 3 times



Grief and Loss



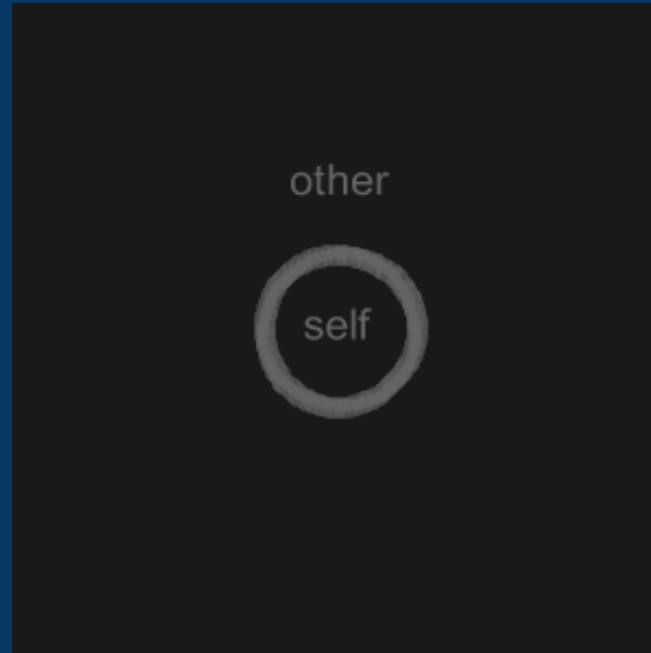
Resolving Grief

- A man was so distraught over the death of his son that he made multiple suicide attempts
- They invited him to sit in one chair,
- Imagine his son in the chair opposite, and
- *Speak from his grief and despair*

Resolving Grief

- Next, the therapists did a *role reversal*
- They asked him to move to the other chair and “be” his son
- When he “became” his son, the son told him to stay alive and to take care of the family
- This encounter was so powerful that the man gave up his suicidal ideas and plans
- And began his journey back to recovery (Bouza and Espina Barrio, 2000)

Confrontation Dialogues



Expressing Anger, Fear, Distress, and/or Sorrow

Sexual and Physical Abuse

- 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*

Interpersonal Mistreatment: Confrontation Dialogue

Put the wrongdoer in the opposite chair:

1. *“This is what you did to me.”*
2. *“This is how my life was immediately changed because of what you did.”*
3. *“This is how I lived my life because of what you did.”* (Goulding & Goulding, 1997)

**The goal is to challenge the pathogenic internalization of the
trauma**

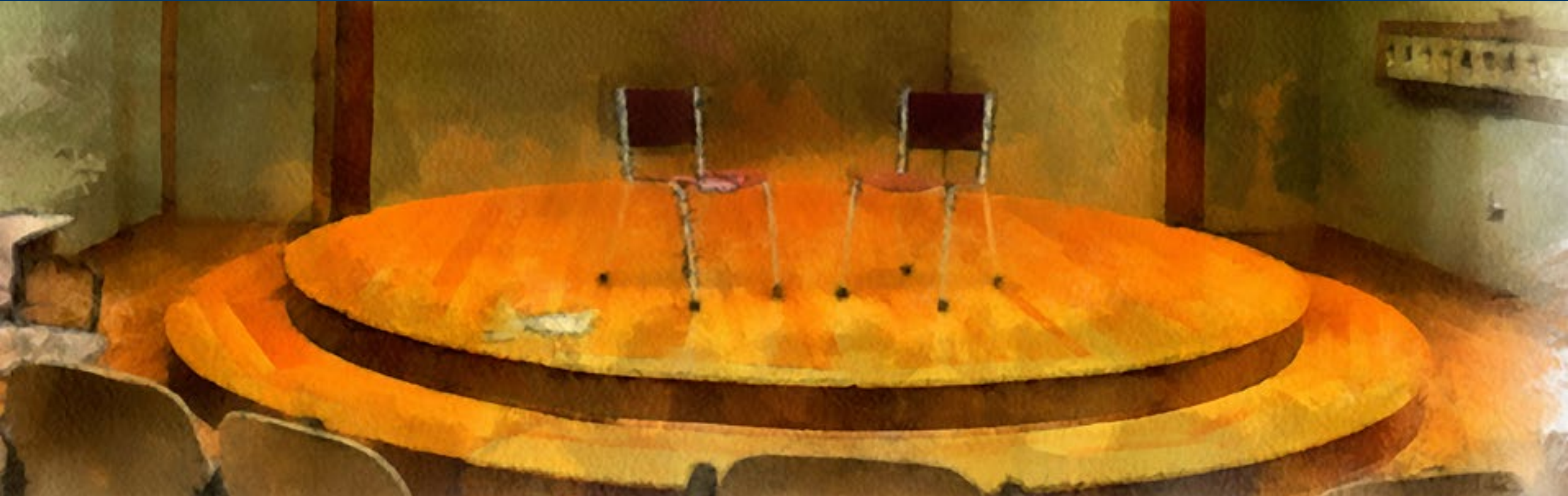
Redecision Therapy

- 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

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)

Relationships and Encounters/Role-Reversal: Demonstration and Practice



Case Consultation and Discussion



Day 2



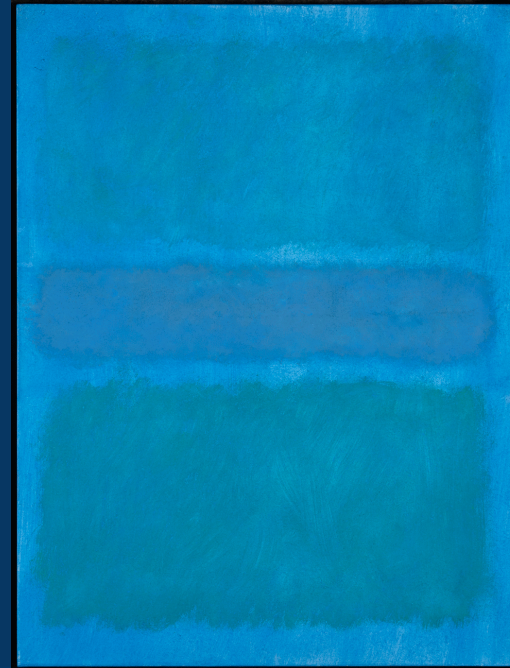


Internal
Dialogues™

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

Cognitive Restructuring/Cognitive Processing Therapy



Mark Rothko

Trauma-based Schema and Healthy/Adaptive Schema

Acute Trauma:
Cognitive Restructuring
Dialogue

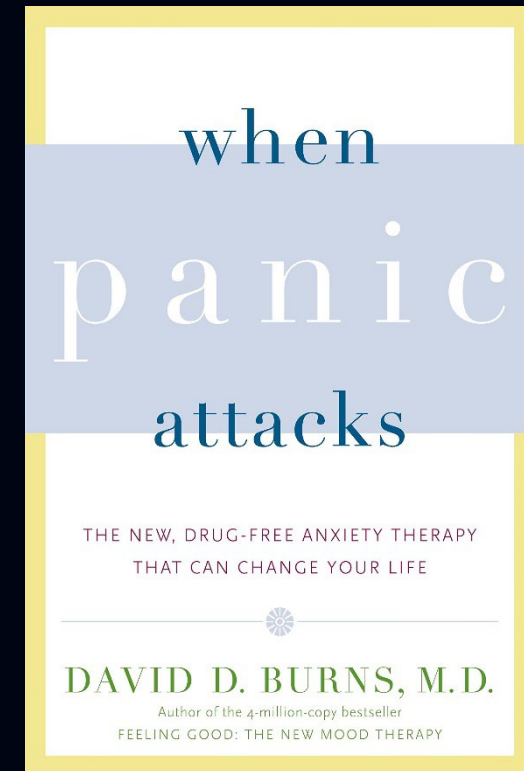
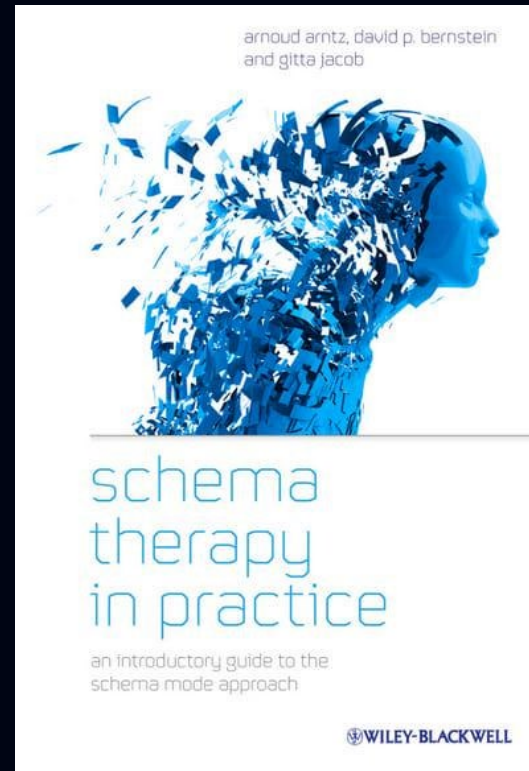
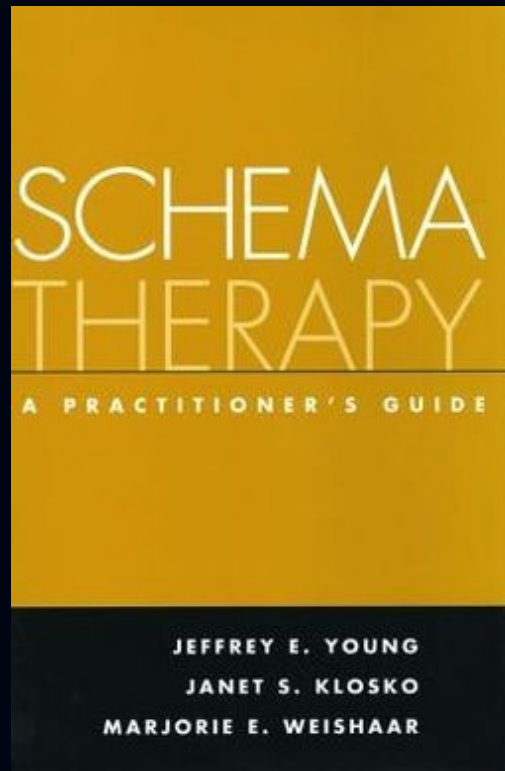
Inner
Leader/
Healthy
Adult Mode

Trauma-
Based
Schema

Pre-Trauma
Schema

1. Make a Script For Both Schemas:
 - a. How They See Themselves and the World Now
 - b. How They Saw Themselves and the World Before the Trauma
2. Go Back and Forth Between the Two Chairs Many Times – Giving Voice To Each Perspective
3. Go To The Inner Leader Chair – Is a Third Schema Emerging?

Working with Schemas and Modes



Schemas and Modes

- These frequently take the form of
 - (1) Perspectives on the Self;
 - (2) Perspectives on the World;
 - (3) Rules or Injunctions about Living; and
 - (4) The Importance of Expressing a Particular Part or Mode.

Rhombic Dialogues

Cost-Benefit Analysis of the Modes

- Affirm that the Coping Modes were historically helpful
 - Question whether their current manifestation is helpful or problematic
- Create a list of the Positives and Negatives of the Coping Mode
- Use this as the foundation for a Chairwork dialogue
- Explores the *Utility* of the Coping Mode
 - (After Arntz & Jacob, 2013, p. 125)

Cost- Benefit Analysis: Nicole's Bully and Attack Mode

Costs	Benefits
“Others are afraid of me; that’s why they don’t like me.”	“Others respect me, as they are afraid of me.”
“I keep getting in trouble with the law; I have problems with the police.”	“I can make sure that no one will abuse and hurt me.”

Nicole's Cost-Benefit Dialogue

Attorney:
Benefits of
the Bully
and Attack
Mode

Nicole
Chair

Bully and
Attack Mode

Attorney:
The Costs
of the Bully
and Attack
Mode

Third Person Dialogue

Evidentiary Dialogues: Schemas

- Looking at their current experience and their personal history
- List all the evidence that supports the schema
- List of all the evidence against your schema
- Create a dialogue between these two perspectives
- Explores the *Validity* of the schema

(Young, Klosko, & Weishaar, 2003)

Evidence For Shari's Defectiveness

- “No one ever loved me or cared for me when I was a child.”
- “I’m awkward, stilted, obsessive, afraid, and self-conscious with other people.”
- “I get too angry inside.”

(Young et al., 2003, p. 95)

Evidence Against Shari's Defectiveness

- “My husband and children love me.”
- “My patients like and respect me.”
- “I’m sensitive to other people’s feelings.”
- “I try to be good and do the right thing.
- When I get angry, its for good reason.”

(Young et al., 2003, p. 96)

Evidentiary Dialogue

Current and
Historical
Evidence
Supporting the
Defectiveness
Schema

Shari

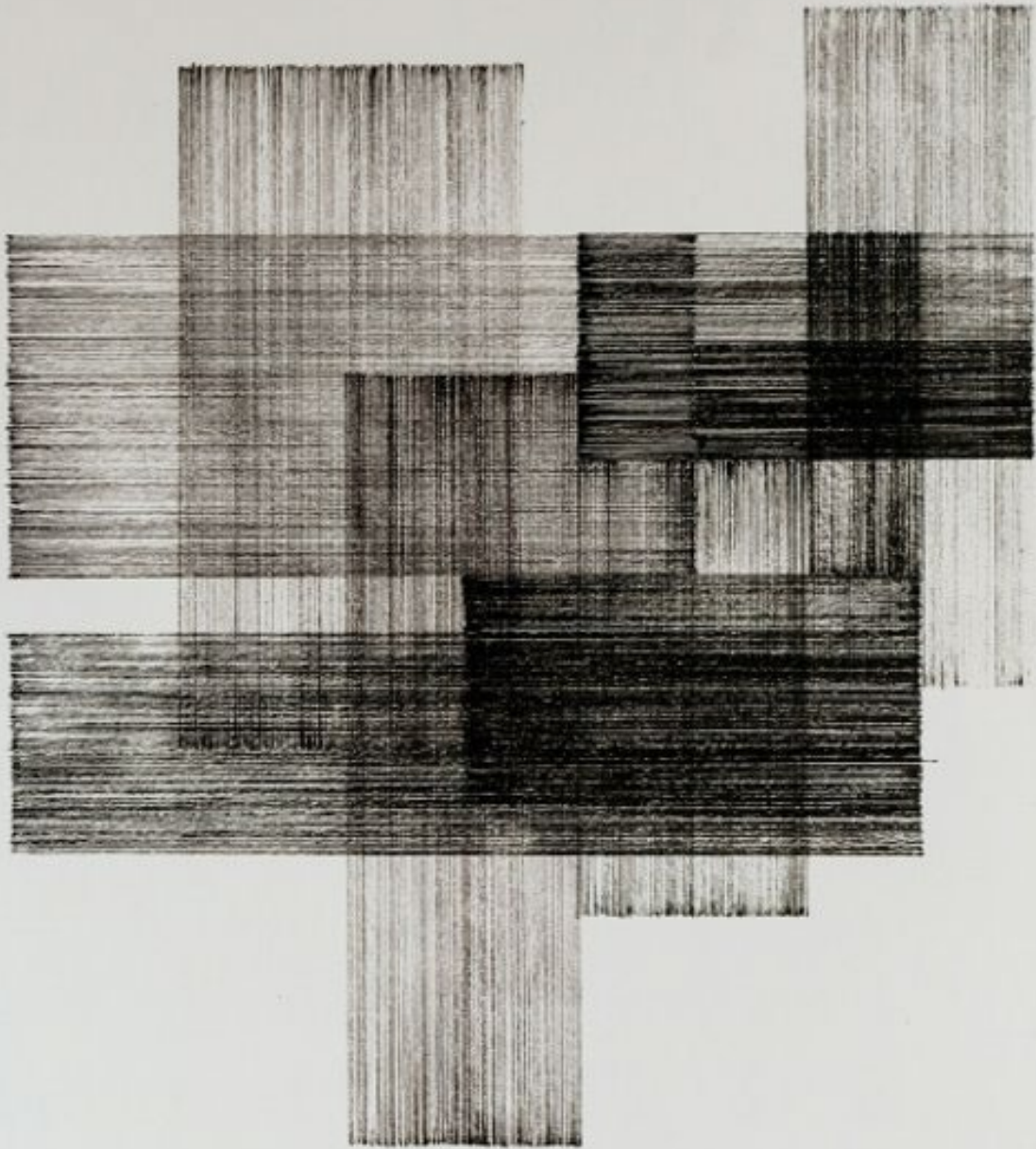
Shari's
Defectiveness
Schema
Affirmation

Current and
Historical
Evidence
Disputing the
Defectiveness
Schema

First Person Dialogue

Evidentiary Dialogues - Strategies

1. The schema was true for her in the past, but it is no longer true.
2. The schema was never true. The evidence did not support it.
3. The schema is true. She can do some grief work and then accept her awkwardness with compassion and look at further developing her strengths.
4. She could acknowledge that there might be some partial truth to the schema, and then decide to make a conscious and concerted effort to:
 - (a) Challenge the childhood origins of the schema; and
 - (b) Learn new and more effective ways of working with the schema.



Challenging Trauma-Based Schemas and Modes Demonstration & Practice

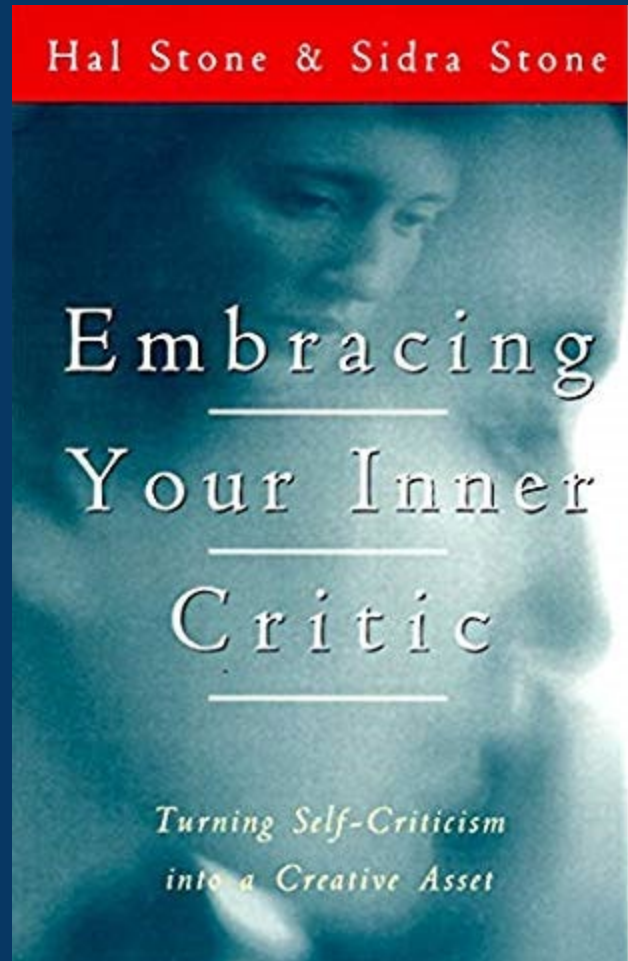
The background of this slide features a series of flowing, ethereal light streaks in shades of blue and teal, set against a dark, gradient background. The streaks appear to originate from the top left and sweep across the frame towards the bottom right, creating a sense of movement and depth.

Giving Voice

The background of this slide is a dark, atmospheric scene. It depicts a dimly lit interior space, possibly a stage or a large room, with a light source from the right casting a soft glow across the floor and walls. The overall mood is mysterious and contemplative.

Internal Dialogues

Inner Critic



Hal Stone & Sidra Stone

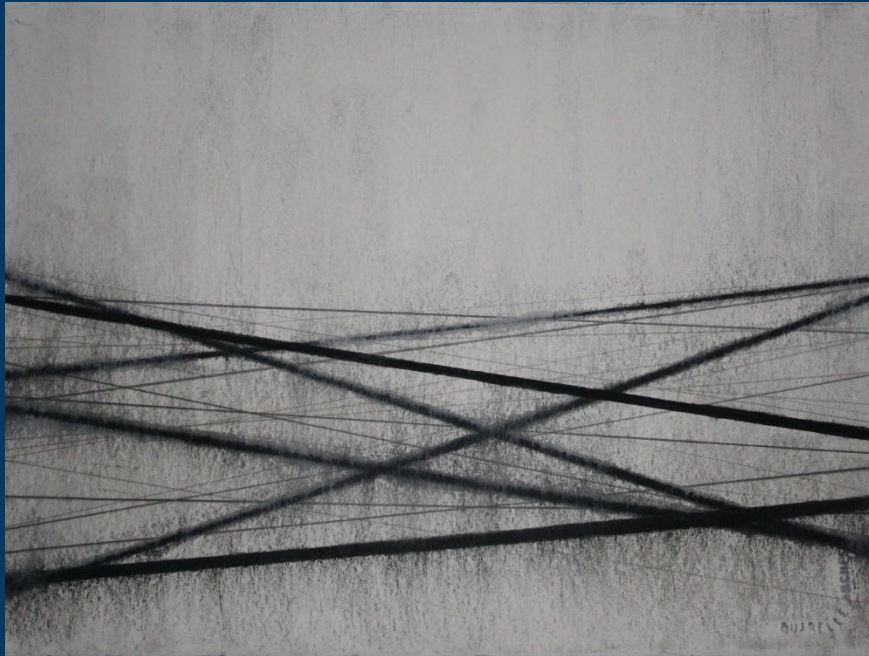
Embracing
Your Inner
Critic

*Turning Self-Criticism
into a Creative Asset*

“...inside of each of us is a negative influence that is responsible for 99% of our psychological problems. That negative influence is the Inner Critic.”

– James & Kathryn Elliott (2000)

The Internalized Abuser vs. The Protector Critic

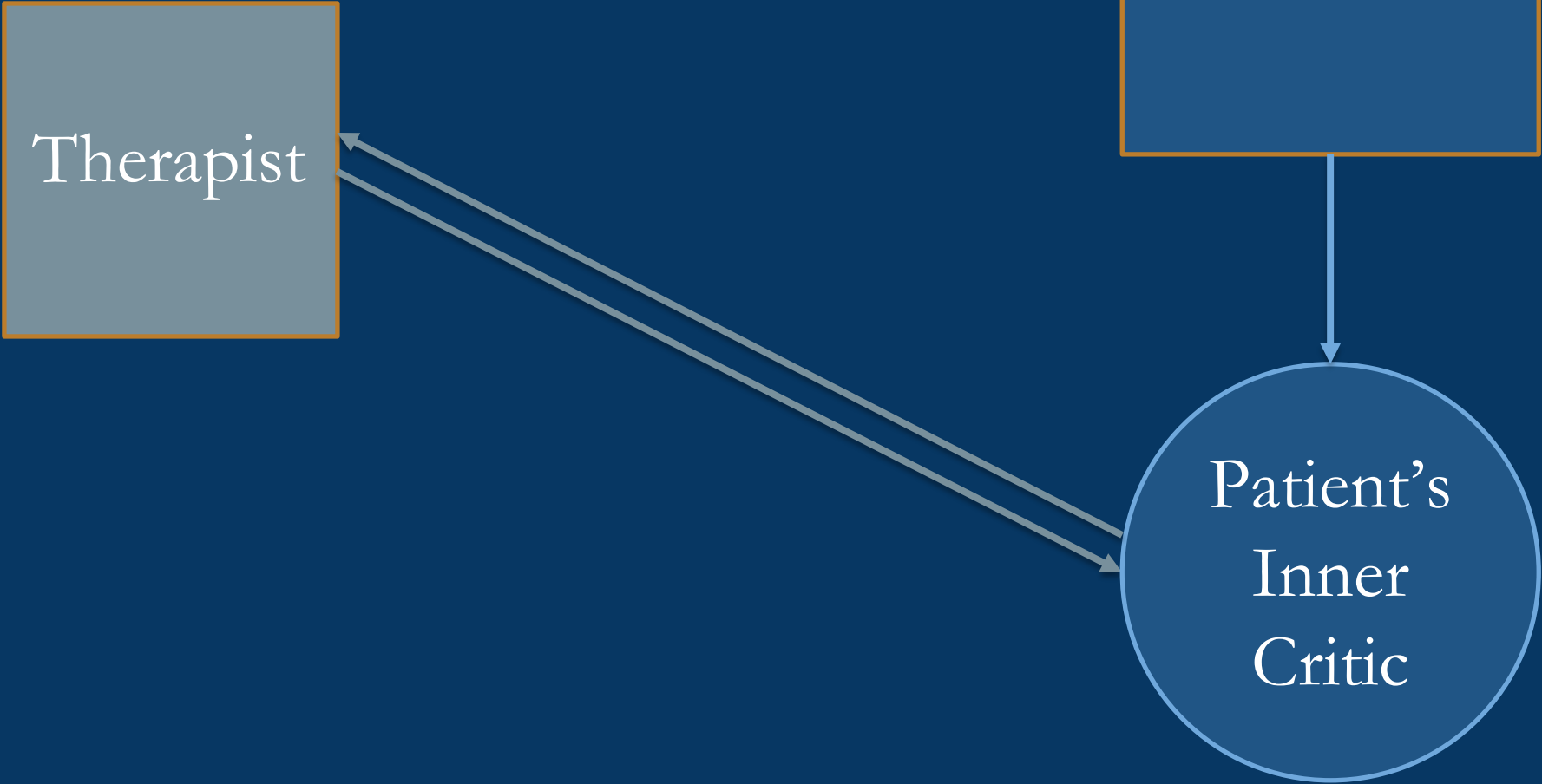


Agnes Martin

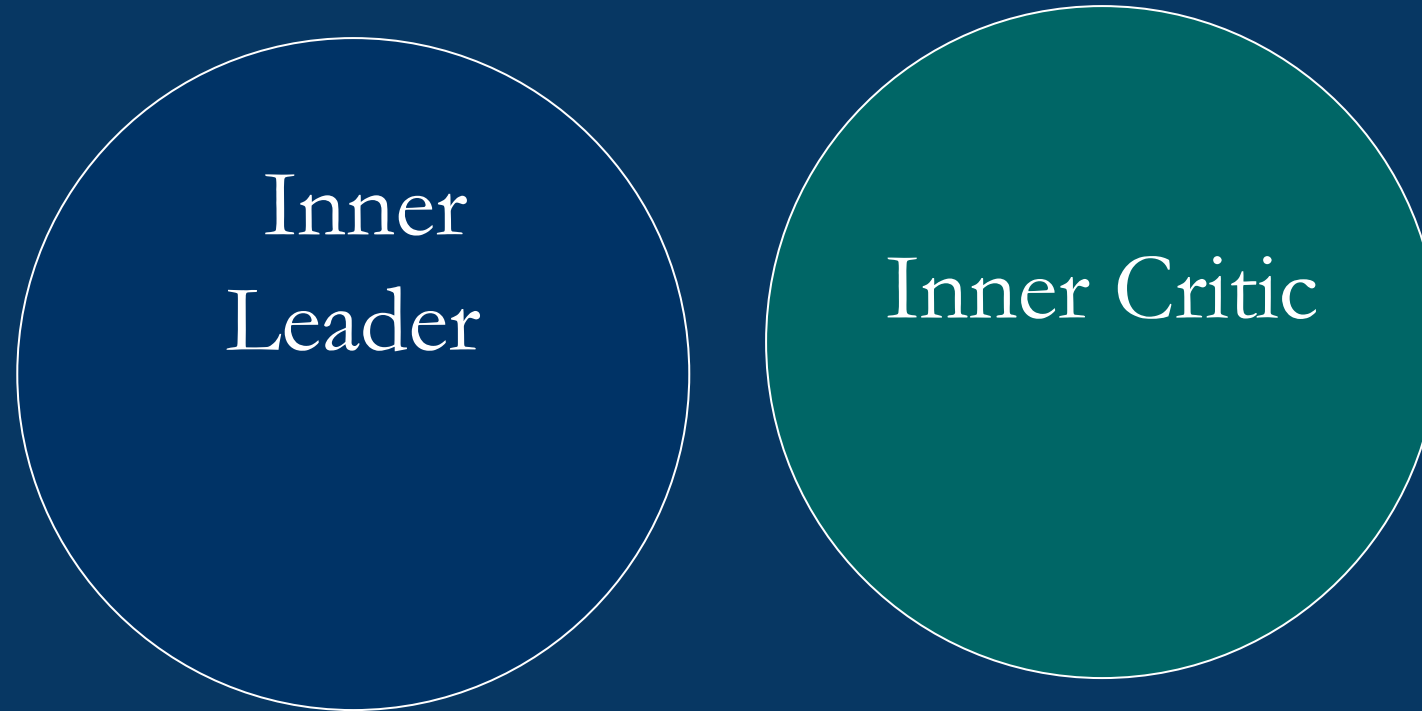
Giving Voice/Critic Interview

- 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

Inner Critic Interview
Giving Voice Structure



Mode Dialogues: Inner Leader and Inner Critic



“This is my life; it is not yours.”

1. Internalized Abuser Inner Critic

Pain and
Suffering
Voice:
This is How
You Hurt
Me

Inner Leader:
“I Reject You
And I Say
No!”

Abusive
Inner Critic

Anger and
Rage at
What You
Did To Me

“This is my life – it is not yours!”

2. Protector Inner Critic

1. Gratitude
and
Positives

Inner Leader

3. Values
Clarification,
Life
Ownership,
New
Relationship

Protector
Inner Critic

2. Negative
Feelings and
Problematic
Experiences

Making the Inner Critic an Ally

Inner Complexity



Russell's Chair by Denise Dumont

Inner Complexity Dialogue

Inner
Leader/
Healthy
Adult Mode

Self-As-Bad
Schema

Self-As-
Good
Schema

1. Make a Script For Both Arguments
2. Go Back and Forth Between the Two Chairs Many Times – Giving Voice To Each Perspective
3. Chairs Face the Same Direction
3. Go To The Inner Leader Chair and Assess the Balance Between the Parts

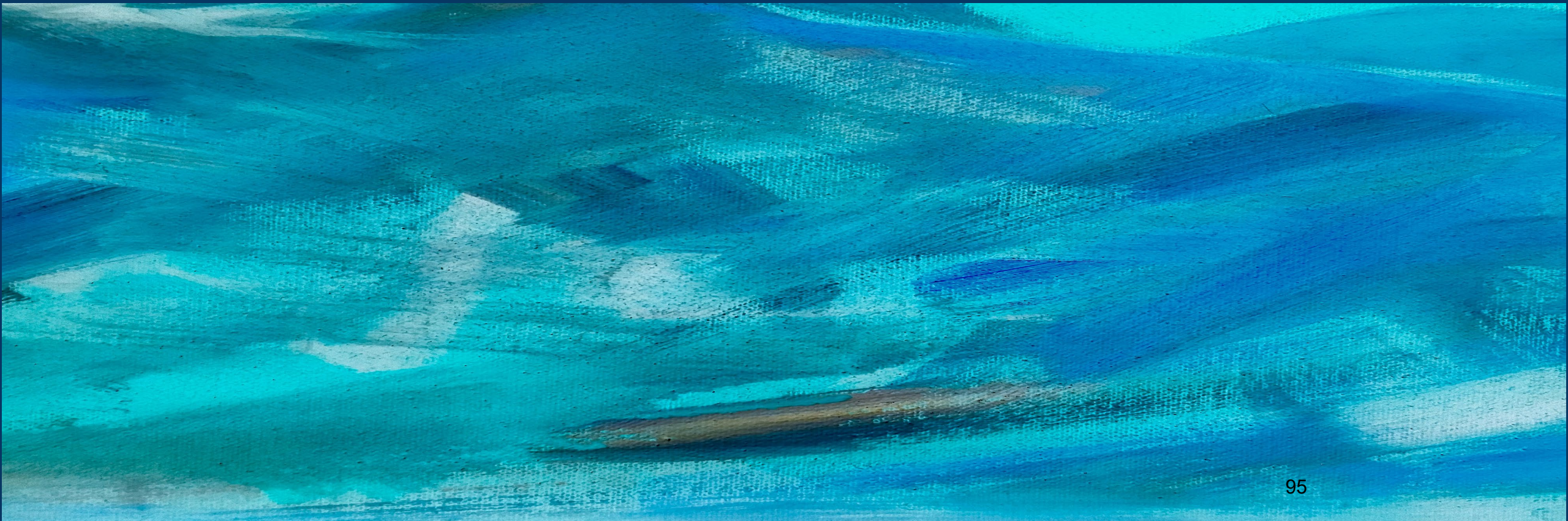
Complexity-of-Self Dialogue

- 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)



Inner Critic Dialogues: Demonstration and Practice

Case Consultation and Discussion



How Does Chairwork Heal?

1. It brings greater clarity to the parts which leads to greater control over them

How Does Chairwork Heal?

1. It brings greater clarity to the parts which leads to greater control over them
2. It facilitates encounters and dialogues among the parts that might not occur naturally

How Does Chairwork Heal?

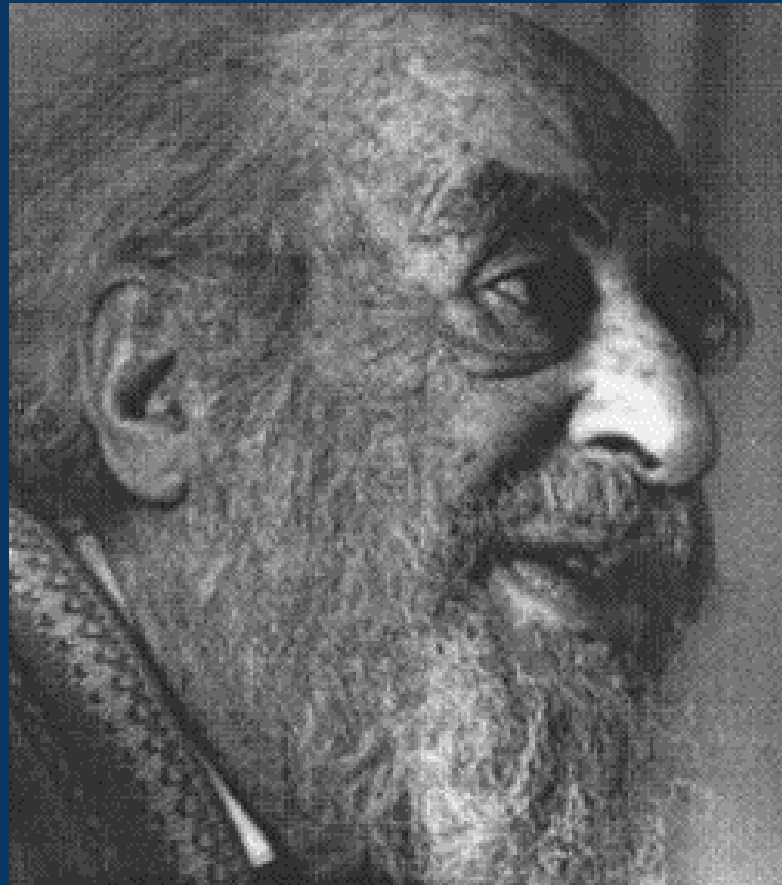
1. It brings greater clarity to the parts which leads to greater control over them
2. It creates encounters and dialogues among the parts that might not occur naturally
3. It promotes high levels of affect and emotional expression which facilitates cognitive restructuring and the resolution of traumatic experiences

How Does Chairwork Heal?

1. It brings greater clarity to the parts which leads to greater control over them
2. It creates encounters and dialogues among the parts that might not occur naturally
3. It promotes high levels of affect and emotional expression which facilitates cognitive restructuring and the resolution of traumatic experiences
4. It can trigger creative processes within the individual that can lead to new life solutions



Jacob Moreno, MD



Frederick "Fritz" Perls, MD



Zerka Moreno

*“Psychotherapy is a sacred encounter between
two people that is based in love and
the skillful use of the therapeutic arts.”*

*"The goals of the work are
personal healing and personal liberation."*

Scott Kellogg, PhD



@TransformationalChairwork



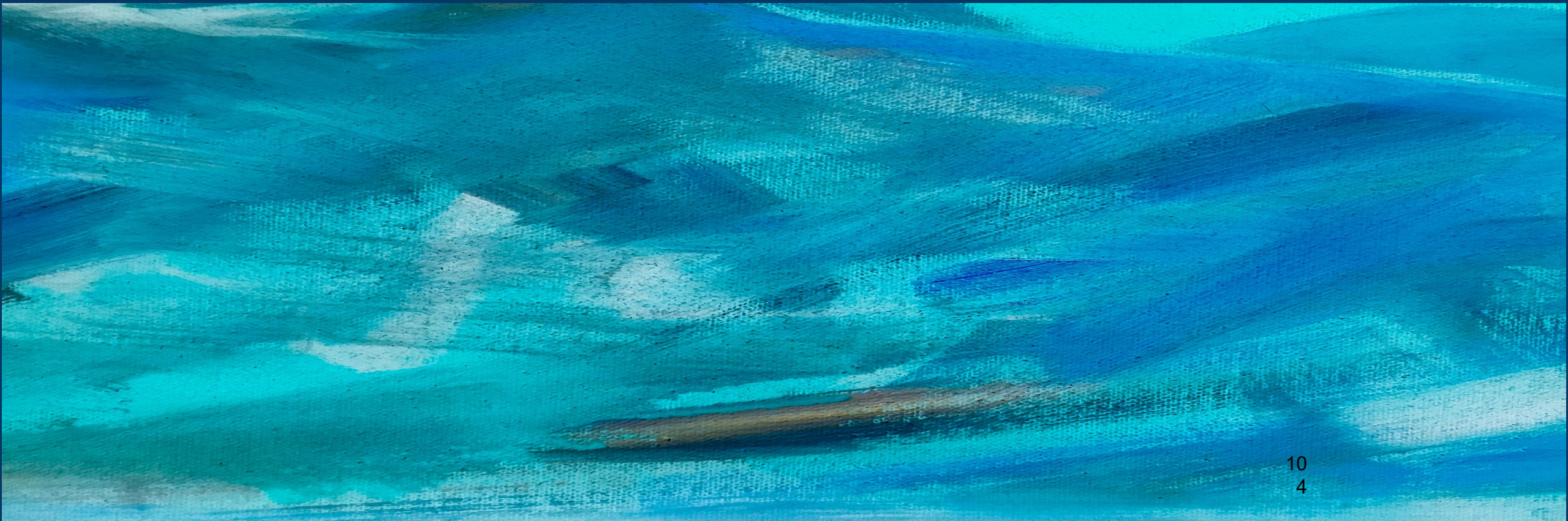
@Chairwork

Email

info@chairworkpsychotherapy.com

chairworkpsychotherapy.com

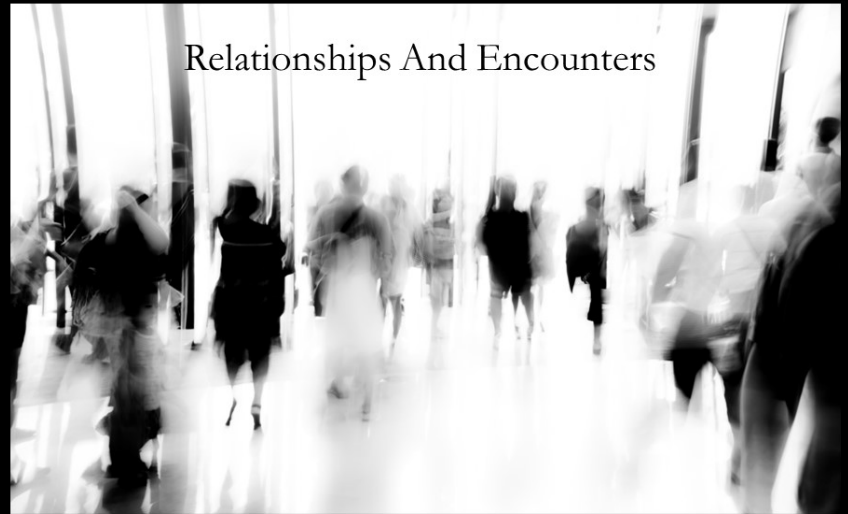
Additional Slides



Internal Dialogues

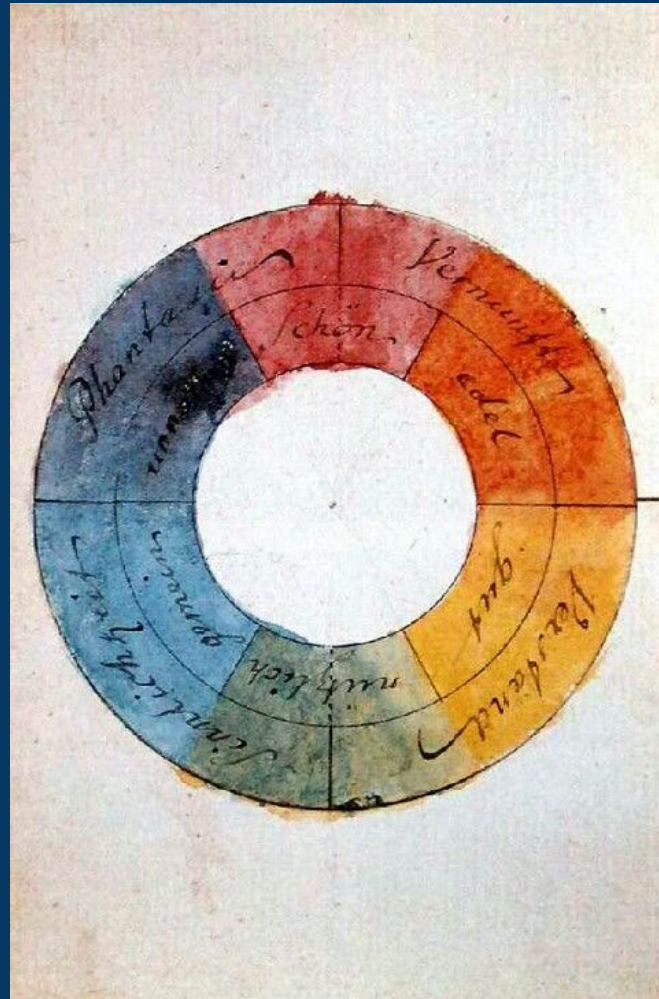


Relationships And Encounters



Complex Emotions

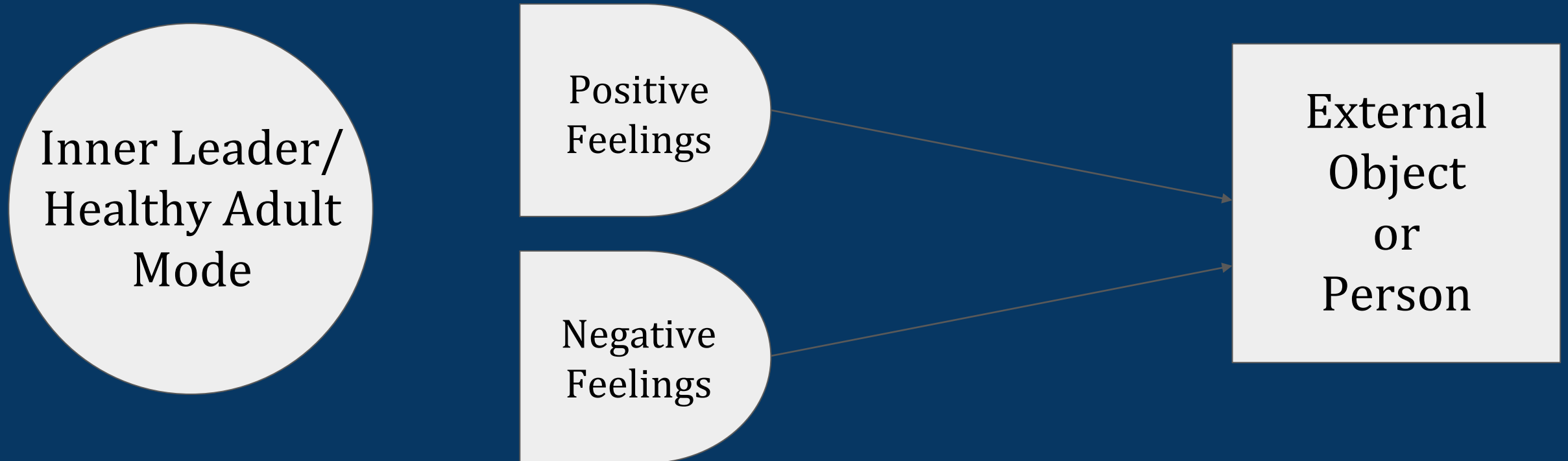
Color and Emotion
Wheel
by Johann Wolfgang
von Goethe, 1809



Rhombic Dialogue

- Appreciations and Resentments (Perls, 1969)
- Relational Complexity – Splitting the Self
 - Positive Feelings about the Relationship/ Negative Feelings about the Relationship

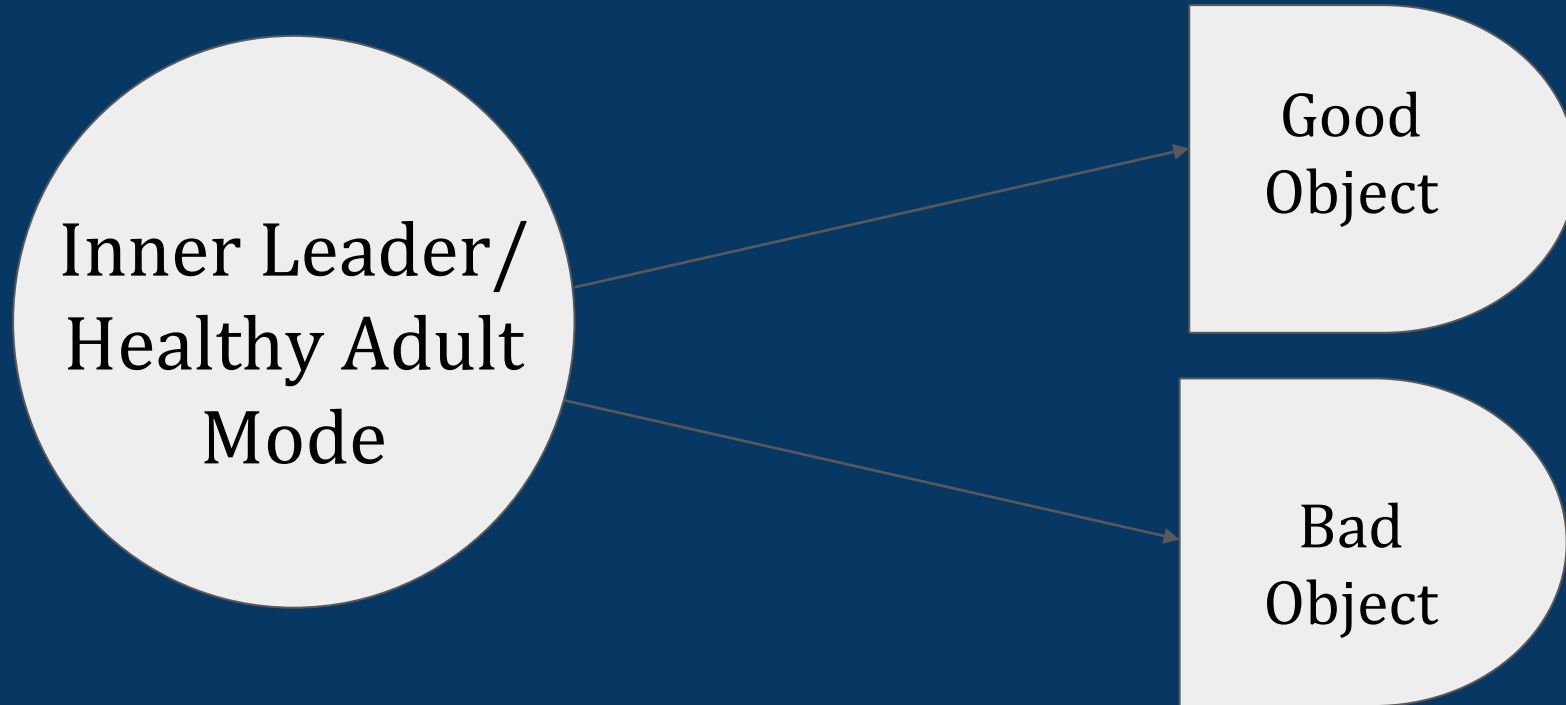
Rhombic Dialogue



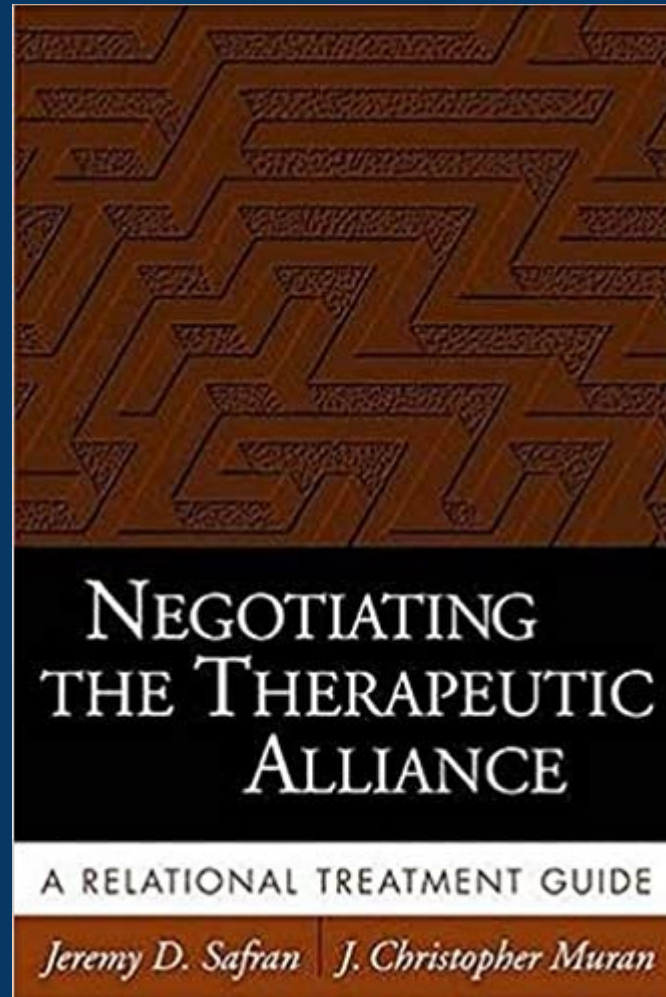
Vector Dialogue

- Appreciations and Resentments (Perls, 1969)
- Relational Ambivalence – Splitting the Object
 - Alcoholic Parent/Sober Parent
 - “Good Food”/“Bad Food”

Vector Dialogue



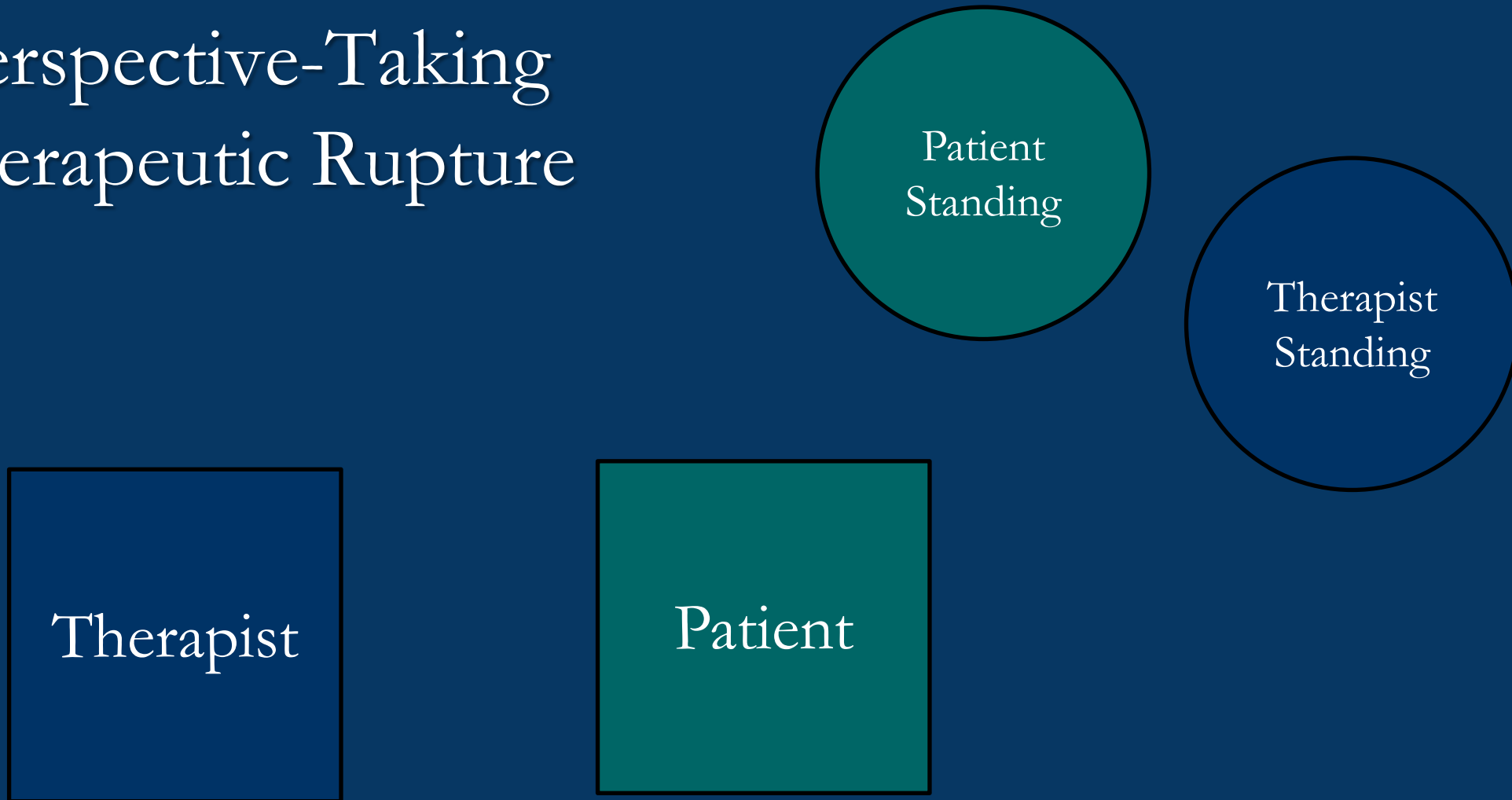
Negotiating Therapeutic Ruptures



Perspective Taking – Therapeutic Ruptures

- When there is a difficulty in the therapeutic relationship
- The Patient and the Therapist can both get up and stand together at the side
- Looking at their respective chairs from a more elevated position
- They can discuss what is going on inside of each of them

Perspective-Taking Therapeutic Rupture



“Talking in third-person language and looking down on the chairs together makes reconnection much easier.” (Roediger et al., 2018, p. 92)