Transformational Chairwork: The Four Dialogue Matrix

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A central irony of Chairwork is that Chairwork has nothing to do with chairs. Chairwork is based on the belief that there is a healing and transformative power in (1) giving voice to one's inner parts, modes, or selves, and in (2) enacting or re-enacting scenes from the past, the present, or the future.

In light of the many different strategies that have been developed to achieve these goals, one of my central projects has been to distill this method down to its essential dialogical components in hope that these can then be used as building blocks in the therapeutic encounter. To this end, I have counterbalanced the polarity of using one chair (I) or two chairs (II) with the polarity of having an internal dialogue (I) or an external dialogue (E). The result has been the creation of the Four Dialogue Matrix (see Figure 1).

"When a patient expresses a willingness to engage with their history of mistreatment or tragedy, they can be invited to move to a chair and tell the story"

Each quadrant of the matrix embodies a singular and clinically-compelling way of organizing and creating dialogues. Giving Voice (I, I) draws from Gestalt therapy (Perls, 1969) and Voice Dialogue (Stone & Stone, 1989). In this work, a patient is invited to sit in a chair and to either give voice to what they are currently feeling and experiencing, or to specifically speak from one of their modes or parts. 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."

"I was talking with my friend the other day and he was telling me about his new job and the success he is now experiencing. I unexpected blurted out something that was very cruel. I was mortified by what I said and immediately apologized. It is so unlike me to say something like this – I don't know what came over me."

Beisser (1970), in his article "The paradoxical theory of change," sought to sum up Fritz Perl's (1969) work by making the case that change occurs when people strive to be more deeply who they are and not when they strive to become something or someone that they are not. In the first two examples, the patient would be invited to sit in a chair and to speak from their grief or agitation and to go more fully into it. As

deeper levels of emotion are accessed, important stories may emerge that are calling for attention, and/or other modes may eventually become activated that provide differing or alternative narratives. In a similar vein, May (1981) spoke about the therapeutic value of patients experiencing and giving voice to their deep feelings of despair. He felt that there was great creativity latent in despair and that this work should not be feared. Again, anchoring this experience in a chair could serve this process.

The Four Dialogue Matrix

	Internal (I)	External (E)
Chairs I	*Giving Voice*	*Telling the Story*
II	*Internal Dialogues*	*Encounters and Enactments*

Giving Voice: Gestalt Awareness; Voice Dialogue; Heroic Intentionality.

Internal Dialogues: Decision-Making; Cognitive Restructuring; Polarity Balancing; Self-Hatred/Inner Critic Work; Working with Complex Emotions; Self-Compassion.

Telling the Story: Personal Narratives/Life Review; Trauma-based Storytelling/Exposure Therapy.

Encounters and Enactments: The Cycle of Emotions (Love, Anger, Fear, & Sadness); Grief Work; Difficult Relationships; Re-enacting Traumatic or Difficult Memories; Assertiveness Training; Gratitude Expression.

Figure 1. The Four Dialogue Matrix

In the third example, the individual appears to have had some kind of Shadow experience in which a disowned part of the self was triggered and burst through (Zweig & Abrams, 1991). In the Voice Dialogue approach, the patient could be invited to move to a chair and the "cruel" part could be engaged with and interviewed. The themes of the work could include: Where did you come from? What are your hopes, fears, and desires? What do you think of the patient? How do you serve the patient? The ultimate goal is for this "shadow" part to be integrated into the large self so that it can become more regulated and less disruptive. In all of these examples, the goal was to invite the feeling or the part to speak; there was no overt attempt to fix or change anything.

Telling the Story (I, E) can play a central role in the treatment of trauma and other disturbing experiences. 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."

When a patient expresses a willingness to engage with their history of mistreatment or tragedy, they can be invited to move to a chair and tell the story. After they tell the story, I often invite them to get up, walk around the office, and move their bodies so that they can "shake it off." I then ask them to sit down in the same chair and to tell me the story again. We will go through this process three, four, or five times – depending on how the patient is doing and on their willingness to continue.

This can be a highly emotional and, at times, quite painful experience so the patient needs to be monitored closely. Nonetheless, there is a great potential for a cathartic healing to take place. Often these stories have not been told and the storytelling method can serve to facilitate a process of integration. In addition, as the therapist hears the story repeated, he or she can begin to become habituated to it which will allow them to talk about the specific details with more comfort and less anxiety and horror.

The Internal Dialogues (II, I) include a wide range of two-chair dialogue structures that involve some kind of engagement between different parts of the self. This approach can be considered when patients say things like:

“I have a deep fear of elevators. I am afraid that I will be trapped in one and die there.

This fear is interfering with my life and I want to get over it.”

“I have this voice in my head that keeps telling me how bad I am.”

“I feel like I am of two minds about this.”

“My company is relocating to Florida. I have been there for twenty years and I love the work and I love the people. They said that they would help me with the move but all my friends and family are here. I am not sure what to do.”

In Cognitive Restructuring, a dysfunctional schema can be expressed in one chair and a healthy alternative can be expressed in the chair opposite (Rafaeli, Bernstein, & Young, 2011). In the first example, one chair could hold the phobic view of elevators while the other chair could represent a more probabilistic understanding of the dangers of elevators. The patient could shuttle back and forth giving voice to each perspective. This would be a corrective form of dialogue work (Kellogg, 2004).

In decision making, the patient is typically confronted with two different scenarios. The most common choice is between continuing to do what they are already doing versus choosing something new and different. Do I stay in my job or do I leave? Do I stay in this relationship or do I end it? The other decisional challenge can occur when the status quo is coming to an end and the patient must choose between two or more new options. It is in this dialogue that the clarification of values, the importance of relationships, and the capacity for courage will often come to the fore. For example, when a person graduates from college, they may be confronted with the decision as to whether to go to graduate school or go out into the world and find a job.

Perls (1969) saw many difficulties in life as reflecting conflicts between polarities. Many conflicts can be understood to be a rooted in the tension between the polarity of safety, security, boredom, and stagnation, on the one hand, and the polarity of growth, creativity, risk and fear, on the other. Perls believed that in the dialogical encounter between these two parts, a creative solution, a third option, could emerge that would respect the needs, desires, and values of both polarities. A woman was wrestling with the dilemma of trying to meet the needs and demands of her aging

mother and the needs and demands of her husband and children. This was very stressful for her. After we did the two-chair dialogue work, she seemed quite shifted. She now felt that it was not only possible for her to find a creative solution, but also that she could do it from a position of power and authority. This meant that she would decide how, when, and where to allocate her energy and resources; she would no longer be and the beck-and-call of her family members.

The fourth dialogue structure is Encounters and Enactments (II, E). These dialogues encompass the world of interpersonal experience. This would include grief work, the challenges of difficult relationships that cannot be easily resolved, re-engaging with and working through of memories of interpersonal abuse and mistreatment, and developing the capacity for assertiveness and the claiming of personal authority and power. The deaths of loved ones can be quite complicated. The actual death itself might have traumatic qualities and issues of guilt and anger may also serve to interfere with the normal grieving process. Inviting the patient to sit in one chair and to imagine the deceased person in the chair opposite provides an opportunity for the expression of love, fear, anger, and grief. The patient can be invited to switch chairs and to embody and "channel" the deceased person. I will often interview and dialogue with the "deceased" person to get a sense of how they see things. I will also be the "defense attorney" for the patient (de Oliveira, 2016) to help ensure that the deceased does not treat the patient unfairly. The level of resolution that can come from this work is often quite profound.

The Four Dialogue Matrix provides both a framework for listening to patients and a structure for developing experiential interventions. In some cases, the therapist may want to use one dialogue structure, while in others, they may want to use various combinations of the four structures. For example, an entrepreneur that I worked with had a very serious drug problem. His heavy drug use had dominated the work for much of the treatment. When there was, finally, a pause in the use, I invited him to sit in a chair and to speak from his entrepreneur self (I, I) and to tell the story of how he first chose business and finance as a path and then decided to start his own company. This work involved in-depth questioning and explorations with the Entrepreneur self that took up most of the session. This engagement with his creative energy was especially important as it

has the potential to play a central role in his recovery journey. He reported to me later that the session helped him to return to his business with a renewed sense of energy and determination.

With patients who have lived through experiences of mistreatment or abuse as children, I often use a combination of dialogue structures. I will begin by inviting them to choose a difficult memory and then go to a chair and tell me the story (I, E). As was discussed before, I will want them to go through this story several times. With some patients, I may serve as a witness to what they are saying and maintain a stance of compassionate silence; with others, I will seek to draw them out and get more details as way to both support then and to help them elaborate their narrative. In either case, providing a safe place for patients to "share the unshareable" can be healing.

Next, I would ask them to speak to the person or persons involved in their mistreatment (II, E). It is important to create safety and a wall of chairs can be set up to either isolate the abuser or protect the patient. Again, the patient is encouraged to say whatever they wish to say and express all of the complex emotions that may be evoked through the re-living of the mistreatment. These can include anger, fear, grief, and love. If the patient is having difficulty speaking, the therapist can model what to say or they can actually speak together so that the patient can incorporate the strength of the therapist. In cases of serious mistreatment, I do not give voice to the abuser.

Another important interpersonal dialogue is for the patient to take another chair, bring it quite close, and then speak to the child self. While some find this to be emotionally compelling, I have found that many find it to be quite difficult. Again, the therapist can model healthy dialogue work through the expression of compassion. This would involve speaking with the child directly and acknowledging what he or she went through, expressing of anguish over that suffering, and affirming the goodness and value of the child in the face of these experiences.

In the final phase, the adult patient can be asked to identify the schemas or messages that they have internalized because of the mistreatment. The patient may say that they were taught that "I am unlovable and stupid." The Healthy Adult mode can, in turn, claim power in the other chair and affirm: "I am good at what I do and there are people in my life who love and care for me." Each schema can be anchored in a chair and the patient can go back and forth between the two chairs (II, I) expressing the dysfunctional schema in one and the healthy alternative in the other. I encourage the patient to do this numerous times. In addition, it is very important that the patient clearly and powerfully express both the problematic schema and the healthy alternative with strength and power. This kind of dialogue may need to be revisited a

number of times as it can take a major effort to shift schemas that are so deeply rooted.

For those who are drawn to the use of Chairwork or other experiential interventions, the Four Dialogue Matrix can serve as a useful and empowering paradigm. It can not only enable clinicians to track the processes at work in their sessions, but also facilitate the creation of dialogue strategies to help patients speak their truth, re-balance their internal energies, and work through and resolve the suffering that they are experiencing from traumatic, difficult, or tragic interpersonal difficulties. It is my hope that it will help us to do our work with increasing levels of elegance and power.

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