

Client

“Last weekend was the anniversary of my mother’s death and I’m still very upset about it. I just haven’t adjusted to it.”

Psychologist

“If you’re willing, I would like you to try to imagine that your mother is sitting in this chair here, and I would like you to talk to her about how you’re feeling and how it has been.”



By Dr Scott Kellogg¹

I first fell in love with chairwork in 2001 and I have been studying, practising and teaching it ever since. Through this process, I have come to understand that chairwork is an extraordinarily powerful, creative and beautiful method for therapeutic healing and transformation.

Transformational chairwork

Therapeutic change using the four dialogues

Chairwork was created by Dr Jacob Moreno, the founder of psychodrama (Moreno, 2012), but it was made famous in the 1960s through the work of Dr Frederick 'Fritz' Perls, the creator of Gestalt therapy (Perls, 1969). More recently, it has been adopted and reenvisioned by therapists from a wide range of approaches including schema therapy (Rafaeli, Bernstein, & Young, 2011; Roediger, Stevens, & Brockman, 2018), emotion focused therapy (Greenberg, Rice, & Elliott, 1993) and various forms of cognitive behavioural therapy (Pugh, in press).

Building the four dialogues

Out of my own journey, I have come to realise that chairwork has little to do with chairs per se. It is based on the belief that it is healing and transformative for people to speak from their inner parts, modes, or voices and/or for them to enact or re-enact scenes from the past, the present or the future. This means that a therapist could practice chairwork and never actually use the chairs. I have also come to understand that the ultimate goal of the work is to heal, strengthen, and develop what is variously known as the ego, the healthy adult mode, or the inner leader. This is a therapeutic 'true north' that can always serve to orient the work.

In 2018, I came to the realisation that the practice of chairwork is fundamentally built on the use of four core dialogue structures; structures that may be used in a standalone manner but are more often used in combination with each other (Kellogg, 2018). The four dialogues are: *giving voice*, *telling the story*, *internal dialogues*, and *relationships and encounters*. What the four dialogues provide is a framework and a language for not only listening to patients, but also for creating dialogical interventions.

¹ Dr Scott Kellogg was a keynote speaker at the 2019 APS College of Clinical Psychologists Conference held in Melbourne in May where he provided a two-hour presentation including a demonstration on chairwork.

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The four dialogues of chairwork

Giving voice

Drawing on aspects of both 1960s west coast gestalt therapy (Baumgartner, 1975; Perls, 1969;) and voice dialogue (Stone & Stone, 1989), giving voice is a deceptively simple approach in which the therapist invites the patient to start in centre and then move to another chair and speak from, or give voice to, an inner part, mode or self. For example, Sally Kempton, in an essay on her experience with depression, wrote: “A glass wall separated me from the rest of the world” (Kempton, 2014, p. 180). In a therapeutic setting, she could start in centre and then be encouraged to move to another chair and embody the ‘glass wall’ so that the therapist could interview this part. The goal here is to better understand the part – there is no agenda to change it or to have it speak to other parts. Relevant questions could include:

Glass wall, when did you first come into Sally’s life? What is your role or purpose? How do you feel about Sally? I am wondering if you have an agenda for her; if so, how is that project going? What are your hopes and fears? If there were something you would want me to tell Sally, what would it be?

After this, the patient returns to centre and the experience can be debriefed. For example, the patient could speak about what it was like to be that part and what kind of relationship she or he would like to have with that part of herself going forward.

Inviting a patient to go into a part or an emotion and experience it more deeply or more vividly is a manifestation of Dr Arnold Beisser’s *Paradoxical Theory of Change* (Beisser, 1970). An essential component of gestalt therapy, it maintains that “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 paradox is that speaking from one’s current experience with deep intensity and affect can trigger a catalytic process which results in the person making changes.

Instead of waiting for a patient to bring up an issue or letting one emerge out of the therapeutic process, the clinician can ask the patient if they could talk with a specific part. “May I speak with the part of you that does the cutting?” “May I speak with the part that injects cocaine?” Again, the goal in this approach is to welcome and seek to understand the part – not to admonish or try to change it. A few words of caution though, I would be very careful about inviting the part that wants to die by suicide to speak if I were not working in a controlled environment in which I was certain that the patient would be safe after the session was over.

One of the benefits of doing this work is that when a patient starts in centre, goes to a chair and speaks from a part, and is then able to go back to centre and reflect on the experience, the patient is beginning to get more control over the experience – which means that they are less likely to be taken over by it in day-to-day life.

Telling the story

People enter psychotherapy because their life story is no longer working; they also come because the burden of stories has become too great. These may be stories of mistreatment, grief, or guilt; they may also include dreams that were lost or were never pursued. The retelling and re-working of these narratives can bring about profound healing.

When treating patients with histories of childhood or adolescent pain, trauma, mistreatment and failure, I often begin with repetitive storytelling. I start with the patient in centre and I then invite them to go to a different chair and tell me a difficult story. While monitoring how they are doing, I then ask them to tell me the story again... and again... and again. The first benefit of this work is that with each iteration, the story grows in detail and complexity – which is a sign that some integration is taking place. The second is that with repeated exposure, the therapist can begin to habituate to the story so that their initial horror and fear begins to subside. This gives the clinician greater freedom to explore and work with the difficult details of the narrative.

The second way I work with these stories is to use the imagery rescripting method (Young, Weishaar, & Klosko, 2003) to heal. After creating a ‘safe space’ image, I invite the person to bring up the image of a traumatic or difficult memory from their childhood; this time, however, I want them to include themselves as an adult and, if they are willing, myself as the therapist, in the image.

The central goal is to disrupt the narrative and protect the child at all costs. Since this is imagery work, they can bring in

any resources they want or need to feel strong and protected. In the imagery, this can include the police, weapons, other people, or spiritual forces – whatever is necessary for them to feel safe and secure.

Dr Gitta Jacobs (2012) worked with a clinician named Catherine who was having difficulties with a narcissistic patient; the case appeared to be triggering difficult memories from her childhood. Jacobs invited her to sit in the “frightened Catherine chair” and bring up a memory from childhood. She remembered that at age 14 she reported a bully to the authorities. He, in turn, threatened to hurt her and she spent six months living in fear every day that she went to school. In the therapy, “Catherine gets an image in which her persecutor appears in the school and approaches her in a threatening manner. In the rescripting, the movie character of the ‘Terminator’ shows up to help Catherine. He stops and arrests her persecutor and sends him to an adventure-based educational project far away in Canada. This image brings strong emotional relief for Catherine” (p. 468). Catherine was also more effective in her therapy with narcissistic patients after this.



Internal dialogues

Internal dialogue work develops out of the concept of inner multiplicity or the understanding that the internal world of people consists of different parts, modes, voices or selves (Polster, 1995). Within this framework, psychopathology and emotional distress are understood to involve: (1) a mode system that is out of balance; and/or (2) a mode system that is unable to cope with the external stressors that are challenging the patient. In terms of specific dialogue structures, the work with the parts, modes, or selves will usually take one of three forms: (1) The parts co-exist which means that the patient speaks from two different internal parts but the parts do not dialogue with each other; (2) The parts engage with each other directly – which is usually a form of cognitive restructuring or polarity rebalancing; or (3) One part witnesses the others which is more commonly used within a third-wave framework (Baer & Huss, 2008).

Relationships and encounters

This dialogue structure enables patients to engage with others in their relational and social world regardless of whether those relationships exist in the past, the present, or the future. That is, the individual can speak to their deceased grandfather, to their spouse, or to an unborn child. It is a central vehicle for patients to express their love, anger, fear, and grief toward another person. It also provides an opportunity for people to develop their capacity for assertiveness or their voice of respectful desire (Albierti & Emmons, 1986; Kellogg, 2014). Moreno, in his psychodrama work (Dayton, 1994; Moreno, 2012), placed a central emphasis on the practice of role-reversal. This is also a central healing mechanism in chairwork that takes place when the patient switches chairs and ‘becomes’ the other person. By playing and giving voice to the other person, the patient has the possibility of developing a deeper and more empathic understanding of that person, which can be especially helpful when working with certain forms of ‘unfinished business’ (Perls, 1969).

Case for working with difficult memories

The actress Raquel Welch wrote about the deeply painful experiences she had growing up with an emotionally and physically abusive father (Welch, 2010). “All of us were terrified of my father. He was quick to anger and was a stickler for manners and rules in our modest home. I complied” (p. 4). She recounted a pivotal moment that took place when she was 16; her father became enraged at her mother over the food that she had cooked for dinner; he picked up a glass of milk and threw it in her face. As her mother sat there with milk dripping down her face – humiliated and victimised, Raquel got up, went to the fireplace, picked up a poker, and the following occurred:

“If you ever, ever do anything to hurt Mom again, I swear, I’ll kill you!” I said shaking with emotion. He glared at me

and stood his ground. ‘Calm down,’ he said. I glared right back at him.

Thank God, he backed away. I cannot believe I am telling this about someone I loved so much. Everything I did was to please him. But someone had to stand up to him, and as the eldest, that someone was me” (p. 9).

If I were to attempt to treat this memory using chairwork and the four dialogues, I would begin by inviting Ms Welch to tell me the story four or five times in a row. I would next suggest that we do imagery rescripting. After first asking her to create and inhabit a ‘safe space’ image, I would ask her to go back into the memory as her adult self (big Raquel) and (a) change the story by intervening before her father had the opportunity to throw the milk; and (b) speak with all of the participants – her 16-year-old self (young Raquel), her mother, her father, her brother and her sister. She could begin by continuing to confront her father – only this time as an adult woman – by making it clear that his behaviour is abusive, wrong, and completely unacceptable. In the imagery, she could tie him up, put a shield between him and the family, and/or do anything else that would help her (and them) feel safe while also working to ensure that he was listening to what she was saying.

I would then want her to speak to young Raquel and affirm her courage, beauty, intelligence, strength and goodness; I would also invite her to encourage young Raquel to pursue her greatness and not settle. She could then turn to her mother and siblings and take a moment to not only affirm that she knows what they are going through, but also to express her empathy and grief over the situation that they are living with. Finally, I would encourage her to take young Raquel and, if she wanted, her mother and siblings to a place that is happy, safe, and beautiful. I would conclude by bringing her back to the safe space image. This work involves a combination of telling the story and imagery rescripting.

For the next phase, I would be interested in how these difficult experiences still live in her today – how they are a part of her life at present. In her book, she speaks, at different points, about not only having a strong desire for love and connection, but also having a strong drive for independence. Given that Ms Welch was married four times, this might be a polarity worth exploring. If she were willing, we could then do an internal dialogue with two chairs. In one chair, she could speak from the part that says “I long to love. I long to be loved. My heart is made for love, caring, and intimacy. This is my core and this is who I am.”

In the other, she could affirm, “I have been through bad experiences and I have learned what freedom means. I am fierce and I love my independence. If you try to take it from me, I will fight you to the death.” I would ask her to go back and forth between the two chairs – giving voice to each part as emotionally, powerfully, and simply as possible. After three or four rounds, I would ask her to move to a centre space between

the two polarities and reflect on how they both look to her. In the debriefing, we could explore how she would now like to balance the energies of connection and independence in her life.

In real-life, Ms Welch was able to bring herself to a place of forgiveness with her father. If she were interested in doing more work, I would want to create a vector dialogue with her father. This is a relationships and encounters dialogue that involves having one chair for her father and two chairs facing him a few feet away at 45-degree angles for Ms Welch. In one, she could express her appreciations, and from the other she could express her resentments (Perls, 1969). From the resentments chair, she could look at her father and talk to him about how he had been a bully and a tyrant and how he had mistreated her mother, herself, and her siblings. She could tell him that what he did was wrong and that she was glad that her mother finally left him. She could also tell him that his behaviour had a negative impact on her and that it had taken her decades to overcome the damage.

She could then move to the appreciations chair and talk to him about how much she had loved him and how she knew that he loved her, in his own way. She could also speak about how his high standards helped to nurture her high levels of

ambition, and that she now realises that it must have been incredibly difficult and lonely for him to come to America as a Bolivian immigrant. Lastly, she could tell him that she now knows that he did the best he could. The hope, here, is that this kind of dialogue could lead to a greater integration of her feelings and deeper healing in their relationship. After a few rounds of this, we could move to a neutral place and debrief the experience and see what she was now feeling towards him.

In this imagined therapeutic work with Ms Welch, I have attempted to show how chairwork – in three different forms – could be used to help someone work through difficult memories, integrate polarised cognitions and schemas, and bring greater emotional resolution to a very problematic relationship. I have found this kind of work to be profoundly impactful. I hope that you will consider making chairwork a part of your own practice.

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References available online: psychology.org.au/inpsych*

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