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Chairwork Psychotherapy: Using the Four Dialogues in the Treatment of Trauma

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I have been frightened and troubled, at times, by human suffering, and my journey as a psychotherapist has been focused on both discovering core mechanisms of change and transformation (Kellogg & Tatarsky, 2012) and on finding active, effective, and humanistic methods for treatment and healing. As a personal aesthetic, I have long been drawn to what I call the *depth of simplicity*; that is, I seek out simple things and then strive to find the beauty and gifts that are contained within them.

I first discovered Chairwork in 2001 during my training as a Schema Therapist. Chairwork is an experiential psychotherapeutic method that was first created by Dr. Jacob Moreno, the founder of Psychodrama (Moreno, 2019; Z. Moreno, 2012). It was further developed and made famous by Dr. Friedrich "Fritz" Perls, the creator of Gestalt Therapy, in the 1960s (Perls, 1969, 1973). Following Perls' death in 1970, Chairwork was adopted and re-envisioned by a wide range of integrated therapists. Chairwork Psychotherapy, as I have come to practice it, is a crystallization of over 50 years of Chairwork explorations and development[1].

I fell in love with Chairwork at the start – and that relationship has only deepened over time. I began by reading every clinical report and paper that I could find; I was especially interested in case studies. In retrospect, I took a kind of "grounded theory" approach to learning

[1] This includes the work of Patricia Baumgartner, Michler Bishop, David Burns, Paul Chadwick, Tian Dayton, David J. A. Edwards, James and Kathryn Elliott, Robert Elliott, Iris Fodor, Bridgit Dengel Gaspard, Marvin Goldfried, Robert and Mary Goulding, Leslie Greenberg, Robert Landy, Robert Leahy, John Mastro, Jacob Moreno, Zerka Moreno, Claudio Naranjo, Frederick "Fritz" Perls, Erving and Miriam Polster, Eckhard Roediger, Hal and Sidra Stone, Andrew Tatarsky, and Jeffrey Young.

Chairwork; that is, instead of seeking to fit what I was learning into a Schema Therapy framework, I took the perspective of the "chairs". That is, if I viewed a clinical issue or challenge through the lens of the chairs, what would I do? (Kellogg, 2004). This not only proved to be a very effective way to learn, but also it was a very good fit with Schema Mode Therapy – which was beginning to emerge at that time (Young, Klosko, & Weishaar, 2003). In 2008, I created the Transformational Chairwork Psychotherapy Project (Kellogg, 2015), and I began to share what I had learned with other therapists; first in the United States and Europe and then with clinicians throughout the world.

In 2017, I did a training in Voice Dialogue (Gaspard, 2020; Stone & Stone, 1989), and this would set the stage for the breakthrough that I had in 2018. The Four Dialogues came to me as an image during a meditation session; I see this insight as more of a gift that I have been entrusted with than as something I personally discovered (Pressfield, 2002).

The Four Dialogues

What I realized is that all forms of Chairwork can be understood as involving various combinations of four core dialogical stances – *Giving Voice, Internal Dialogues, Telling the Story,* and *Relationships and Encounters*. The *Four Dialogues, then,* are the essential building blocks of all forms of Chairwork Psychotherapy. "*Giving Voice* involves amplifying and giving expression to a feeling, interviewing a part to better understand it, and/or empowering people to claim personal authority and affirm the decisions that they are making in their lives; *Telling the Story* is centered on working with people to express and integrate difficult, painful, or secret narratives; *Internal Dialogues* involves working with the patient's inner parts, modes, or schemas; and *Relationships and Encounters* dialogues are rooted in the interpersonal world"

(Kellogg & Garcia Torres, 2021, p. 171). The other essential component in this model was the understanding that the strengthening of what Freud called the Ego (Freud, 1969), what Schema Therapists call the Healthy Adult Mode (Young, Klosko, & Weishaar, 2003), and what I call the Inner Leader (Kellogg & Garcia Torres, 2021), is a fundamental goal of the psychotherapy. It is the "true north" of the work as the intention of every session and every dialogue is, directly or indirectly, to strengthen this part of the self. With these five tools in hand, I was now had a simple, yet powerful, framework that not only allowed me to listen to patients in a new way, but also provided me with a relatively clear path for intervening and acting. This "discovery" completely changed my way of understanding Chairwork, the way that I worked with patients, and, alongside my colleague and collaborator Amanda Garcia Torres, the ways that we ran our trainings.

Using the Four Dialogues in the Treatment of Trauma

Schema Therapy is a trauma-centered form of psychotherapy, and trauma work has been central to this project from the start. Strikingly, each of the Four Dialogues can be used – either as a standalone intervention or in concert with each other – when working with trauma or experiences of interpersonal mistreatment

Telling the Story: Repetitive storytelling can be an effective, if intense, way to begin to work through traumatic or difficult experiences; it can be also be understood as a form of exposure therapy (Bryant, 2008). Here, the patient is invited to move to another chair and tell a difficult story, a fragment of a story, or to recall a particular memory or image connected with their mistreatment or abuse. After doing this, they are then encouraged to stand up, move around, shake things off, sit down, and tell the story again. After the second retelling, they are again

invited to stand up, move around, shake it off, and then sit down and tell the story again. This is a process that will be repeated four or five times; they will then be asked to go back to the Inner Leader chair or center and debrief the experience with the therapist (Kellogg, 2018).

A common occurrence is that, with each repetition, more and more details begin to emerge – which is a sign that an integrative process is taking place – which is a core part of trauma healing. The second advantage of this work is related to the therapist. Not only can it be very difficult for patients to tell their stories, but also many therapists do not actually want to hear them. The repetitive storytelling model can facilitate habituation in the therapist; that is, they become less triggered by and less fearful of the story. This will give them greater freedom and an increased ability to work with the specific details of the trauma (Kellogg, 2018).

In recent years, we have been very influenced by the *Three-Person Storytelling Model* of Roediger, Stevens, and Brockman (2018). Integrating Schema Therapy and Acceptance and Commitment Therapy (Hayes, 2016), they proposed that difficult stories can be told from the first-, second-, or third-person perspective. For example, if a patient named John had been in a car accident, he could work through this story in three ways. In the first, he could move to a chair and tell the story in the first person: "I was in a car accident, and this is what happened to me", which is a form of first-person storytelling. With second-person storytelling, we would use two chairs. He would sit in one chair, imagine himself in the chair opposite, and talk to himself about what he had gone through: "John, you were in a car accident and these are some of the things that happened to you." Here, the structure allows for both emotional intensity *and* some degree of distance. It also provides a platform for the expression of self-compassion (Gilbert, 2010; Neff, 2011). In the third-person form, the patient goes to another chair and tells the story of what

they went through as if they were talking about someone else. In this case, they might say: "John was in a car accident, and these are some of the things that happened to him." We have found that this model provides still greater distance from the story while also allowing for therapeutic levels of emotional arousal. Third-person storytelling is now our standard for trauma and difficult experience processing[2] (Kellogg & Garcia Torres, 2021).

Confrontation Dialogues: Using the *Relationships and* Encounters dialogue structure, patients are encouraged to express their emotions – what we call the *Cycle of Emotions* or Love, Anger, Fear, and Sorrow or Grief. With *non-abusive relationships*, we also do *role reversal* or invite the patient to switch chairs and become the other person – which is an intervention that increase empathy. We do not, however, do this when having a dialogue with an abuser as the *role reversal* might increase the patient's empathy for the person who is mistreated them and make it harder for the patient to fully express their anger.

In this work, we can use multiple chairs and both the patient and the therapist can speak. Not only can Chairwork dialogues take place with the offender, but also they can take place with the mistreated child and with those who knew about the abuse and did nothing to protect the patient when they were a child. It can be very meaningful for the therapist to speak with care and compassion to an abused child who is "sitting" in one of the chairs, as patients often have difficulty being kind to their child selves. When therapists speak in this way, it is a form of *reparenting* – which can have a profoundly healing impact (Young et al., 2003).

[2] To be clear, this is an emotionally intense process, and it is important to be alert to the possibilities of re-traumatization or vicarious traumatization. Some patients may want to begin with only telling the story or a fragment of the story once and this is perfectly acceptable.

The Gouldings (1997), in their *Redecision Therapy* model, have some very good ideas about how to structure these dialogues. Three steps that they facilitate are: (1) telling the abuser specific things that they did to the patient – the more details the better; (2) telling the abusing figure what the immediate consequences of their actions were (e.g., "I felt tainted", "I now had to burden of a secret", "I was afraid because you said that you would hurt me if I told anyone", etc.); and (3) delineating the symptoms that they have experienced or carried in response to the mistreatment (e.g., "I get high every day", "I have been promiscuous", "I have been chronically depressed and suicidal", "I cut myself", etc.); this is the start of the therapeutic process.

Making a Redecision: The Gouldings emphasized that people make decisions about how to live their lives in the face of trauma, mistreatment, or abuse – which connects to the idea of the *Early Maladaptive Schemas* (Young et al., 2003). After the therapy has progressed and the stories have been told, the perpetrators have been confronted, and the child parts have nurtured, patients can be invited to engage in a *Redecision* process – a process in which they formally reject the trauma centered belief, schema, or behavior that has played an important part in their life. This can be done using a *Relationships and Encounters* Chairwork form in which they put those involved in chairs in front of them and talk to them about their new life, or using a *Giving Voice* Chairwork structure in which they stand behind a chair and, doing *existential intentionality* work, they claim their new approach to living. The fundamental structure is: *"I am now rejecting the pain & damage that you inflicted, and this is how I am going to live."* Some examples of Redecisions from the people the Gouldings worked with include: (a) "From now on, I am going to find trustworthy people, and I will trust them. Everyone is not like you."; (b) "I enjoy sex today in spite of what you did to me. You are no longer in my bed.;" and (c) "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). The spirit of defiance is an essential element of this process.

Cognitive Restructuring: Goldfried argued that neurobiological activation made cognitive therapy more effective and used Chairwork extensively in his practice (Goldfried, 2006; Samoilov & Goldfried, 2000). There are, of course, many ways of challenging a problematic schema (Burns, 2006; Leahy, 2017). One way is to use perspectives that are connected to different periods of time. "Resick (2001), in her cognitive processing therapy, has argued that adults have a schema or an understanding about the nature of the world, the nature of themselves, and the nature of themselves in the world. When a traumatic event occurs, it can overwhelm the person's current schema system; in response, the person may create a new schema in reaction to the event. This new schema is likely to be very threat-oriented and extreme in its perception of the world will cause deep fear and anger. Resick argued that it is the disconnection between the old schema and the new, more distorted, schema that serves to maintain PTSD symptoms.

Hudgins (2002) tells the story of Andrea, a young woman who was gang-raped just as she began college. Andrea described her situation this way:

> "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" (p. 13).

In a case like this, the first step would be to clarify the nature and content of her current schema and her pre-trauma schema. She would then be invited to speak from two chairs" (Kellogg &

Garcia Torres, 2021, p. 176) – one representing the traumatized, isolating part and the other embodying the happy, vivacious girl that she was before the attack. “If this work is done with sufficient emotional arousal, a third schema may emerge that is an integration of the pre- and post-trauma world views—which will likely contribute to lower levels of fear and greater emotional regulation and stability” (Kellogg & Garcia Torres, 2021, p. 176).

How Does Chairwork Heal?

So how does Chairwork heal? While no one really knows, I currently sense that there are four mechanisms of change at work here. The first is built on the parts model. By understanding people as containing different parts, modes, voices, or selves and by providing patients with the opportunity to experience themselves in that way, they can either gain greater control over them or be less swept away by their activation. Second, Chairwork provides a means for creating encounters among different parts or modes in a manner that is not likely to occur organically. Third, as mentioned before, it can lead to higher levels of affective expression and neurobiological arousal that can contribute to more effective cognitive restructuring work and the resolution of traumatic experiences. Lastly, as Perls (1969) affirmed, when two or more parts engage with each other and really listen to each other, creative solutions can emerge.

In the final analysis, while I may not be able to fully understand how it works, I am deeply grateful that it does.

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