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On Speaking One's Mind: Using Chairwork Dialogues in Schema Therapy

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Introduction

Schema Therapy (Young, Klosko and Weishaar, 2003) is an integrative psychotherapy that utilizes cognitive, behavioral, psychodynamic, and gestalt concepts and techniques in the treatment of severe Axis I and Axis II pathology. One of the distinguishing features of ST is the central importance of experiential techniques – specifically imagery and chairwork dialogues. These gestalt techniques have played an important role in the development of both the schema-focused and the schema mode models. In fact, Jeffrey Young has discussed the central role that his own experiences with a gestalt therapist had on his life and his work (Collard, 2004).

The aim of this chapter is to provide a brief introduction to the use of chairwork in psychotherapeutic practice. Through the use of clinical vignettes and case examples, some of the many ways of using chairwork will be demonstrated and their relevance to schema therapists will be clarified.

History and Background

What is chairwork? At its most essential, there are two basic forms of psychotherapeutic dialogue. In the first, known as the "empty chair" dialogue, the patient is invited to sit in one chair and to imagine a person in the opposite chair. Typically, this is a person with whom they have some kind of "unfinished business" or unresolved emotional connection. In the second form, the patient is often working with inner conflicts. In the case of a decision, they can express a viewpoint in one chair

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and then switch to the one opposite to express the alternative view. This is known as the two-chair dialogue.

Chairwork is most often associated with the Gestalt Therapy of Frederick ("Fritz") Perls, the charismatic and controversial psychiatrist who popularized this way of working during the 1960s (see Shepard, 1975; Gaines, 1979; or Clarkson and Mackewn, 1993 for a full biographical portrait). While he played a significant innovative role, he was not the originator of the technique. In the 1950s, Jacob Moreno, the creator of psychodrama, held a weekly group in New York City and Perls appears to have been a fairly regular attendee (Leveton, 2001). It was Moreno who invented chairwork – something Perls publicly acknowledged in *The Gestalt Approach* (1973).

Invited to California in the early 1960s, Perls discovered the Esalen Institute in Big Sur and decided to make it his home. In an effort to draw attention to his therapy, he first did large-scale demonstrations in which he used the chair technique on stage (Clarkson and Mackewn, 1993). He then moved to the workshop format that would eventually lead to his becoming world-famous. His model was to work with people one-on-one; that is, to do individual therapy in a group setting (Perls, 1969). People who participated in these groups frequently spoke of having life-changing experiences (Gaines, 1979).

The work that he did at Esalen would eventually become known as California gestalt or West Coast gestalt (Naranjo, 1993). In my opinion, he actually created a second version of Gestalt Therapy that really had little to do with the one that had been first outlined in the foundational 1951 volume *Gestalt Therapy: Excitement and Growth in the Human Personality* (Perls, Hefferline and Goodman, 1965). The creative developments of this period are captured in *Gestalt Therapy Verbatim* (Perls, 1969), which contains transcripts of lectures and chairwork sessions that he gave and held at the Esalen Institute. It was here that the basic chairwork structures that are used today were crystallized (Kellogg, 2009b).

Like many of the great figures in the field of psychotherapy, Perls was a very complex man. Seen as a therapeutic genius by some (E. Polster, in Wysong, 1978), he was filled with darkness and light, and engendered strong feelings in most who engaged with him.

After his death, the Gestalt Therapy world was polarized, with many therapists in New York and Cleveland favoring the model outline in the 1951 book. Over time, this faction gained ascendance and there was an increasing rejection of the work that Perls had done in California and of chairwork itself (Naranjo, 1993). As Isidore From, one of the earliest gestalt therapists, put it, "psychodrama . . . is not consistent with the method of Gestalt Therapy" (1984, p. 9).

The paradoxical result was that chairwork, the technique that had come to epitomize Gestalt Therapy, was generally disowned by the Gestalt Therapy establishment (Kellogg, 2009a, 2009b). This "orphaning" process continues today; Woldt and Toman (2005), for example, in a leading textbook, barely mention this way of working.

While gestalt therapists were jettisoning chairwork from their armamentarium, many other therapists were trying to incorporate it into theirs. These would include Robert and Mary Goulding in their Redecision Therapy (Goulding and Goulding, 1997), Arnold Lazarus in his Multimodal Therapy (Lazarus and Messer, 1991), and

Leslie Greenberg (Greenberg, Rice and Elliott, 1993) in his Process-Experiential/Emotion-Focused Therapy. Marvin Goldfried (1988; Samoilove and Goldfried, 2000) and Dave Edwards (1989) both explored ways of integrating it with cognitive behavioral therapy, and Jeffrey Young would, of course, make it a central component of Schema Therapy (Young *et al.*, 2003).

External Dialogues

In much of the clinical and research literature, psychotherapeutic dialogues are referred to in terms of furniture arrangements, i.e., "two-chair" and "empty" chair. It is, perhaps, time to let go of this convention and organize our use of these therapeutic encounters in terms of whether they are "external" or "internal"; that is, did the therapist ask the patient to dialogue with a person or object outside of him- or herself or with an internal force or experience? (Kellogg, 2004). As psychotherapists gain confidence with this way of working they will want to flow back and forth between the internal and external realms; in addition, they may find it helpful to use more than two chairs at any given instance.

For Perls (1969; Perls *et al.*, 1965) the phrase "unfinished business" covered much of the interpersonal work that he did with patients. This would include ongoing difficulties with significant others, imagined conflicts in the future, and losses and traumatic experiences from the past. Engaging with these situations psychodramatically allowed the patient to move from "talking about" to "talking to" (Perls, 1969). In terms of past events, future anxieties, or situations that occurred outside of the therapy session, it allowed for a process of "presentification" in which everything could be worked through in the here and now (Naranjo, 1993).

Clinically, three of the more common external dialogues involve grief, trauma, and assertiveness. In terms of grief and loss, patients may be blocked or stuck in the past in a variety of ways. To encounter patients in practice who are having difficulty overcoming a romantic loss or who seem to be trapped in a state of mourning after a death is, perhaps, not that uncommon. Patients, however, may be struggling with other, less obvious losses as well. A man or woman may lose a job or position that they had for a long time or one that they had worked hard to achieve. Other people may have had ambitions that they were never able to fulfill, and some may need to say goodbye to geographical locations that were important to them (Goulding and Goulding, 1997). Each of these may benefit from a process of working through and letting go, and chairwork can play a vital role in this process.

Tobin (1976) has laid out a classic gestalt structure for "saying goodbye." When a patient wants to do this, he or she is invited to put the grieved other in the "empty chair," which is placed opposite to where they are seated. The therapist encourages the patient to try to "see" the lost or missing person in the other chair. "What does he look like? How is he dressed? What are you feeling as you look at him?" These questions help to deepen the experience and engage the patient in the dialogue.

Gestalt therapists have consistently emphasized the importance of balance and patients are encouraged to express the emotion that first emerges as they view the imagined other in the opposite chair. Ultimately, they should be invited to express the love, anger, fear, and grief that they feel for the person (Perls, 1973).

This process may take a single session or it may take several. At some point, however, the patient will be invited to formally say goodbye. In some cases they will agree to do this, in others they will not. The latter are now seen as having made an existential decision to remain actively connected to a person who is no longer in their life, which means that they are no longer a "victim" of a grief process (Tobin, 1976).

A woman and her husband were told that their 13-month-old baby had a heart defect and, in consultation with their physician, chose surgery as a remedy. Unfortunately, the baby died and the mother had been blaming herself for 16 years. The therapist first asked her to imagine the baby sitting in the chair opposite and to speak with her about what happened and how she was feeling. After conveying her guilt and grief, the therapist then invited her to switch seats and now speak from the perspective of the baby. What emerged was that the "baby" said that she, too, had wanted a full life and that if she had been able to, she would have chosen the operation as well. In essence, the "baby" told the mother that she did the right thing. With this, an enormous load was lifted from the mother and there was some resolution of her grief and loss (Stevens, 1970).

Experiences with trauma and abuse are tragically common in psychotherapy practice and ST is particularly focused on the processing and working through of experiences of mistreatment and abuse. Chairwork can be used to create a kind of "psychotherapeutic theater" (Gaines 1979) in which many important conversations and dialogues can take place. For example, patients and therapists can speak with and nurture the abused child while also confronting the abuser and those who knew about the mistreatment yet did not protect the child.

Looking at the work of Goulding and Goulding (1997), a helpful dialogue structure emerges from their practice. They "put" the visualized perpetrator in the opposite chair and then asked the patient to verbalize the following aspects of his or her experience: 1) "This is what you did to me," followed by the details of the abuse; 2) "This is how it affected me at the time" – i.e., "I felt damaged, ashamed, dirty, and humiliated"; and 3) "This is how I have lived my life since then" – i.e., "I have not trusted others," "I have used drugs and alcohol destructively," or "I have allowed others to misuse me."

The goal of this work is for the patient to make a decision to no longer live in the shadow of the mistreatment, to make a decision that they will live in *defiance* of what has been done to them. This is called a *redecision*. The next step would be for them to say: 4) "I am no longer going to live my life this way. I will act and relate to myself and others in ways that reflect my taking control of my life and treating myself with love and respect." Examples of these kinds of redecisions include: "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 and Goulding, 1997, p. 248). This work has clear parallels to the process of fighting the maladaptive schema and its origins.

In an example concerning emotional abuse, a woman put her grandmother in the opposite chair and said to her: "I hate being here with you. You constantly talk about dying and death, death, that's it, every day, every day. . . . 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 and Dalrup, 1991, pp. 180–182).

In this scenario, the patient is given an opportunity to say the things that she probably could not have said as a child or teenager. She is also being given an opportunity to claim authority and speak with anger and forcefulness. At the end of the encounter, the patient told her grandmother, "I feel stronger. I'm in control, not you" (Engle *et al.*, 1991, p. 182).

Assertiveness training and behavioral rehearsal come from the behavioral tradition. In fact, Wolpe (1982) originally called this way of working "Behavioristic Psychodrama." In a way, assertiveness training can be seen as helping people to find their voice, to claim their voice, to access power, and to defend themselves. It gives them both the right and the ability to say "yes" or "no" and to engage with the world in a stance of respectful desire. In this regard, chairwork can help all kinds of patients become more positively forceful in their lives; it may be particularly helpful to those who have traditionally had more limited access to power, such as women and disenfranchised or marginalized groups.

In my practice, a patient complained that her boyfriend was critical of her beliefs and esthetic choices, and she was particularly upset that he criticized her taste in music. I asked her to imagine him sitting in the opposite chair and to tell him that she did not like this behavior, that she had the right to listen to the music that she liked, and that she wanted him to stop. We worked on this repeatedly so that she would feel more comfortable using stronger language and claiming ownership of her feelings and desires. We also worked on the tone and volume of her voice. She went home and confronted him and he apologized and agreed to stop the behavior. This was a powerful moment in the therapy and it led to a general shift in their relationship because she now felt that she could ask for what she wanted.

Internal Dialogues I

In a ST framework, chairwork dialogues can function as either a cognitive technique or an experiential technique (Young *et al.*, 2003; Kellogg and Young, 2006; Kellogg, 2009a). In the external dialogues, chairwork served as an experiential technique in the grief and abuse scenarios and a mixed experiential/cognitive function in the assertiveness work.

With the internal dialogues, these two approaches are more clearly delineated. Both Cognitive and Schema Therapists have used chairwork dialogues as a way of challenging problematic beliefs and schemas. The belief can be stated in one chair and the evidence to the contrary can be presented in the other. For example, the patient can express their belief and fear that they will fail a test in one chair and then switch to the other chair and make the case that, with proper preparation, he or she has always passed (Leahy and Holland, 2000). These *corrective* dialogues can involve the development of a counter-script as a way to prepare a comprehensive argument (Kellogg, 2004).

In *Schema Therapy*, there is a case in which Young works with a woman named Ivy, whose problem is her relationship with a friend named Adam (Young *et al.*, 2003). The fundamental issue is one of inhibition – she listens to his problems but feels blocked when it comes to sharing the details of her life. While a part of her would like to redress this situation, she has a Self-Sacrifice schema that tells her that she does not have the right to speak up and express her needs and desires because that would be selfish.

Working with Young, she is able to have a dialogue with the schema where she gets angry about the damage it has caused her while also affirming the new healthy schema that prizes reciprocity. After successfully challenging the schema, she does imagery work and is able to confront her mother, who was the source of the schema. All of this gets crystallized when she says to the mother, "It cost me too much to take care of you. It cost me my sense of self" (p. 148). She eventually has a meeting with Adam and is successfully able to speak about personal matters.

On a technical level, gestalt therapists encourage patients to give voice to both sides in a strong and vigorous manner. When they say the new perspective, they are making it more vital and meaningful. When they argue for the old schema, they are taking possession of it. In this way it becomes less automatic and more under their control (Perls *et al.*, 1965).

Furthering the link between chairwork and cognitive therapy, Bishop (2001) has affirmed that the thoughts of cognitive therapy can be re-envisioned as voices. Edwards (1989) felt that the processes involved in both chairwork and imagery were forms of cognitive restructuring, and Goldfried (1988) spoke about the importance of "hot cognitions" and how chairwork could help create them. The psychodramatic quality of this way of working would be beneficial as it would more likely lead to neurobiological activation and, therefore, more lasting change.

The mode model anchors ST within a broader effort to integrate concepts of multiplicity of self into psychotherapeutic practice. As Stiles has written, "An emerging understanding considers people not as separate, unitary individuals, but rather as mosaics or communities of different voices" (1999, p. 3).

In schema mode work, one of the central goals is the creation and/or strengthening of the Healthy Adult mode. This mode, which may develop in part from the internalization of the assertive qualities of the therapist, also develops from ongoing dialogues with other modes such as the Punitive Parent, the Demanding Parent, the Impulsive Child, the Vulnerable Child, and the Detached Protector. This kind of engagement is a process that takes time and it involves work outside the session.

However, using the idea of modes more generally, it is fine to say that at the heart of many patients' problems is a conflict between a part that wants to do something (Desire) and a part that is afraid (Fear). Another version of this includes a third voice that judges (Critic) and often inhibits the desire part through challenging his or her right to act. The Critic and Fear voices are, in fact, often connected in some way.

The Decision paradigm is perhaps the most basic of the internal dialogues. When a patient is faced with a choice – "Should I stay in my marriage or leave?" "Should I pursue the job opportunity or continue with my company?" – it is helpful to start by doing a Decisional Balance (Marlatt and Gordon, 1985). With this technique the patient clarifies the positives and negatives of one course of action and the positives and negatives of the other. Using this as orienting information, one voice can be

created that embodies both the positives of that perspective and the negatives of the opposite, and vice versa. The therapist can then integrate this as he coaches the patient through the dialogue. (It should be noted that more than two voices may emerge in this process, which would then require the use of more than two chairs.)

One of my patients had been wrestling with job unhappiness. He had previously run his own company for a number of years, but due to economic shifts, he had to close it and was now working for a large firm. He was very unhappy with the commute and did not like reporting to others and meeting their needs and requirements. This part of him wanted to leave and re-engage in some kind of entrepreneurial activity. Another part, however, was very worried about money. He felt that as he was getting older he needed financial security. The result of this conflict was frequent states of anger, anxiety, and depression.

We did a two-chair dialogue in which he strongly, clearly, and emotionally made the case for each perspective. He went back and forth a number of times until he felt that he had fully expressed the energy that was contained in each voice. The outcome was that he was able to more fully commit to staying in his current job since he was now much less conflicted and more at peace. A year after the therapy ended he was still working in that position.

It is important for the therapist to be as thorough as possible when working with a decision. This means that the therapist may want to question and challenge the perspectives that are being embodied in each of the chairs. One additional technique is to go to the future and have the patient imagine how their life is at that time and how they feel about the decision they made (Fabry, 1988). For example, starting in one chair, the patient can be asked: "Ten years ago today, you made the decision to leave your wife and end your marriage. How are you doing today? What is your life like? What was it like in the first few years after you left her? How do you feel about having made the decision to leave?" The patient then switches to the other chair, and the therapist continues: "Ten years ago today, you were in a state of crisis. Despite the difficulties you were going through, you decided to stay with your wife and reaffirm your marriage. How are things today? What is your life like? How did things go after you made that decision? How do you feel about having decided to stay?" In this way, the many facets involved in the choice are considered.

Internal Dialogues II

There is another way to approach internal phenomena that is not currently a part of ST, but is, nonetheless, quite powerful. Perls (1969), in a synthesis of psychodynamic, humanistic, and Jungian thinking, emphasized the importance of inner polarities and their integration (Polster, 1987). He believed that either through direct injunctions, cultural norms, or unfortunate circumstances people learn that some aspects of themselves are acceptable while others are not. The parts that are not acceptable are then disavowed, repressed, and, frequently, projected onto the world (Baumgardner, 1975).

For example, patients may have gotten the message that it is acceptable to be intellectual but not aggressive, financially oriented but not artistic, nurturing but not sexual, social but not ambitious, or aggressive but not tender. The result is that people

suffer from a form of emotional crippling in which they do not have access to all of their inner resources. From this perspective, the conflict between the acceptable and unacceptable parts of the self is seen to be at the root of many patients' problems with depression and anxiety.

For Perls (1969), the answer lay in reclaiming the disowned polarity, giving voice to it, and integrating it in a creative and useful way. His way of discovering and re-owning these projections involved the enactment and embodiment of difficult life situations and the creation of polarity dialogues based on dream imagery.

Erving Polster worked with a minister in the 1960s. The minister wanted to give a sermon on the conflict in Selma, Alabama – a place where the police had used dogs to attack Civil Rights marchers. While this was an issue that he felt quite disturbed by, he was afraid that his sermon would not be effective. Polster invited him to practice this in the session and found that it was, in fact, lacking in passion and interest.

Going to the opposite polarity, he asked the minister to stand up and tell the story of Selma as if he were one of the policemen. As he did this, he spoke with much more emotion and energy. His voice was louder, he clenched his fists, he told stories, and was generally more confident. Polster then asked him to give the sermon again, but this time he should say it in the manner of the policeman. This time the sermon was quite compelling and it resonated with Polster and, ultimately, with his congregation.

As they explored the issue of forcefulness and aggression, it turned out that the minister had always looked up to the bullies in his school. He had admired their energy and confidence, even though they had attacked him and called him a sissy. The polarity that he had developed was that bullies were vital, but bad, while victims were moral and good, but lacked aggression. Through this work, he was able to claim his own vitality and strength while holding on to his moral center. The result was that he could become both forceful *and* righteous (Polster and Polster, 1973).

An Integrated Example

A striking example of chairwork that utilizes both external and internal techniques comes from the work of Xu Yi Ming. In 1999 there was a catastrophic earthquake in Taiwan that led to many deaths and much upheaval. Ming led a grief and bereavement team to various schools and villages where they used psychodrama to help the survivors process their grief and trauma.

A boy at the Pu Li Elementary School, who had lost his father in the quake, was being criticized by others because he was not demonstrating the kind of grief that was expected in Taiwanese culture. When the team spoke with the boy, they came to realize that the father had been a violent and abusive alcoholic who had mistreated both the boy and his mother. The boy was in a state of conflict because while he was relieved that his father was gone, he now feared that his mother could be taken as well. He was also feeling stressed because his mother had become much more possessive.

Ming first invited the boy to sit in one chair and play his father. As he got more comfortable in the role he began to imitate his father's drunken speech. He started

to curse and he acted out the beating of a child. This imagined beating was quite intense and he laughed, cried, and seemed hysterical at times. The therapist then had him go to another chair and speak to his father in the first chair. With encouragement, he was able to express the deep unhappiness and hatred he felt for the father. At the end, he kicked the "father" chair over repeatedly as he expressed his rage.

When this was finished, Ming put two new chairs in front of the boy. One chair was for his anger and hatred and the other chair was for the part of him that wanted to be hugged and taken care of, the part of him that was capable of love and forgiveness. Using the shuttling technique (Perls, 1973; Daniels, 2005), Ming repeatedly asked him to go back and forth between the two chairs – first expressing hatred and then expressing love. At the end, he said to the boy:

> I can see now you feel much better and released. Now you sit on this chair, you are the boy of love and forgiveness. You said to that empty chair that represents your hatred and anger, "Get away. I place all my hatred and anger on you. Now I want to bury you together with my dead father". The boy did so according to the director's advice. He looked tired but peaceful. (Chang, 2005, p. 291)

In this case, Ming utilized several powerful interventions. When the boy played the father, he was able to re-enact the trauma while also sharing it with others. When he switched chairs, Ming gave the boy the freedom to express his anger and hatred in a safe space that was temporarily removed from the disapproving greater culture while also validating the boy's right to have those feelings. In the final two-chair dialogue, he had the boy give voice to his loving and angry parts or modes, and, using the shuttle technique, he worked on affirming the boy's complexity of self. At the end, he encouraged him to bury the angry part with his father. In this way, he created a greater distance between the boy and his angry/hateful mode – perhaps even going so far as to externalize it.

Pitfalls and Tips

Chairwork is a deceptively simple, yet extremely powerful technique. Schema Therapy is, fundamentally, an active therapy and it calls practitioners to a stance of measured therapeutic boldness. This means that therapists, when creating chair dialogues, must work to create appropriately high levels of emotional intensity since this is necessary for the deep and profound healing that they are trying to foster. Since this will lead to some necessary patient discomfort, clinicians must also be careful that they do not push patients too fast or too hard. This balance is, perhaps, something that can only be learned through practice.

The Future

The creative, yet scientifically based use of experiential techniques is one of the great strengths of ST. For many clinicians, imagery and chairwork are the skills with which they have had the least experience; this means that the growth and development of

these techniques within in a ST context will depend on the quality and quantity of training available. In a way, chairwork is a "low-threshold" intervention in that through reading articles and watching DVDs, many clinicians can learn enough to use the technique in a rudimentary, yet effective form. Further expertise can be developed through attending workshops, receiving supervision from Schema Therapists versed in the technique, and using it in a personal therapy context.

As was discussed earlier, the second form of internal chairwork dialogues involves the use of projections and polarities. This is a very profound way to work; however, it is not a method that is currently used under a ST rubric. I believe that the challenge of finding ways to add these kinds of dialogues to the clinical armamentarium is one that is worth taking up because it will add a valuable dimension to the healing work.

Conclusion

Chairwork is a powerful, creative, and effective therapeutic technique that can be used with a wide array of clinical problems. Schema Therapists can specifically use it to rework painful and traumatic experiences, to challenge maladaptive schemas, and to engage in mode dialogues and mode restructuring. It is my hope that the cases presented here have provided therapists with some useful and inspiring examples.

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