

Devil's Advocate Dramatisation

'Devil's advocate' is a dramatisation¹ in which a conversation is set-up between the client's healthy side (voiced by the client) and the client's unhealthy / problematic / obstructive side (voiced by the therapist). This can be a helpful way to strengthen adaptive thinking, commitment to change, or (in the case of schema therapy) the Healthy Adult Mode.

Process of dialogue:

- 1). The facilitator provides a rationale for the dramatisation.

Facilitator: "I think that a role-play might help strengthen the healthy, balanced thought we've been working on today."

- 2). The facilitator explains that they will be adopting the role of devil's advocate during this dramatisation.

Facilitator: "In a moment, I'm going to change seats and play the role of 'devil's advocate'. In other words, I'm going to present the evidence which appears to support the negative thought you brought to the session. In response, I'd like you to present the evidence that supports your healthy thought. Your job is to play the 'healthy side' and defend your new, balanced thought."

- 3). The facilitator changes seats and adopts the role of 'devil's advocate'.

Facilitator: "Are you ready? [Client nods; Facilitator changes seats]. 'Jacob, you're a really lousy father'. As the healthy side, what do you say in response to that?"

- 4). Dialogue between therapist-as-devil's-advocate and client-as-healthy-side is repeated for several rounds or until the client is able to easily defend their healthy thought(s). If the client struggles to do this, roles are reversed.

Facilitator: "I get the feeling its quite hard to counter-respond to this negative thought. [Client nods]. Why don't we reverse roles? You play devil's advocate in this chair and I'll play the healthy side in your chair. This might help us come up with some really compelling evidence that supports your new, healthy thought. [Client and Facilitator switch seats]."

¹ Devil's advocate is regarded as being a dramatisation procedure rather than a dialogue procedure insofar as the therapist plays the role of a part / voice / mode on behalf of the client.

Facilitation notes:

- Devil's advocate requires the facilitator to adopt a provocative role, e.g., speaking as the client's negative thought / belief or advocate for behaviours the client wants to change. In order to avoid the potential for projection, it is important that the facilitator makes it clear that they are enacting a role during this enactment. Ways to do this include the following: (a) the facilitator moves to a different chair when playing the devil's advocate; (b) the facilitator asks the client to confirm the role they will be playing during the enactment (Facilitator: "What part of you am I playing in this other chair?"); and (c) the facilitator reiterates that the statements they will make as devil's advocate not things that they personally believe or agree with.
- Incorporating an empty chair into this dramatisation can be very effective, particularly if the client finds direct dialogues with the devil's advocate confrontational or threatening. For example, the therapist-as-devil's-advocate (chair one) might direct negative remarks towards an empty seat holding the client's vulnerable side (chair two), while the client-as-healthy-side (chair three) observes, interrupts, and defends the vulnerable side (Simpson & Smith, 2020).
- David Burns advises against using role reversal when using this method to strengthen commitment to change. For example, if the client-as-healthy-side struggles to present reasons in favour of changing a problematic behaviour (e.g., reducing their alcohol consumption), this would suggest there is still some ambivalence about change. In this scenario, motivational interventions (e.g., costs-benefits analysis of change) might be more productive.

References:

Pugh, M. (2019). Cognitive behavioural chairwork: Distinctive features. Routledge.

Pugh, M. (2020). A little less talk, a little less action: A dialogical approach to cognitive therapy. *The Cognitive Behaviour Therapist*, 12, e47, 1-24.

Simpson, S., & Smith, E. (2019). *Schema therapy for eating disorders: Theory and practice for individual and group settings*. Routledge.

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