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CASE REPORT

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Chairwork and the therapeutic relationship: Can the cart join the horse?

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Abstract

"Chairwork" is a collection of experiential methods that utilize movement between chairs and dialogue with parts of the self to bring about change. Because of their emotionally intense nature, therapists often assume that a robust therapeutic relationship is a prerequisite for these tasks. However, it could be said that chairwork also supports the development and strengthening of the alliance. This article presents a single-session, chairwork-centered treatment with an individual experiencing social anxiety. Verbatim extracts and post-intervention feedback illustrate the reciprocal and reinforcing roles of client participation, therapist facilitation, and the therapeutic bond during chairwork. Moreover, the case demonstrates that relationship and technique are intimately bound when using experiential methods, suggesting that therapists do not always need to privilege the former to implement the latter.

KEYWORDS

chairwork, experiential, self-multiplicity, single-session, therapeutic relationship

1 | INTRODUCTION

Chairwork is not only a powerful therapeutic method but also a medium for practising psychotherapy. Spanning over 100 years, chairwork can be traced back to Jacob Moreno's pioneering use of group-based action methods (Moreno, 1946) and, several years later, Fritz Perl's infamous demonstrations of the healing power of the "hot seat" (Perls et al., 1951). Since then, chairwork has been incorporated into an array of therapeutic approaches (Pugh, 2019), as well as coaching and supervisory framework (Passmore & Leach, 2022; Pugh & Margetts, 2020). It has also been suggested that chairwork might constitute a therapeutic modality in its own right (Kellogg & Garcia Torres, 2021).

The growing popularity of chairwork also raises challenges. For example, can its diverse usage be captured in a single framework? Is integrating such a disparate collection of interventions even possible? To help synthesize and simplify its application, chairwork has been reconceptualised in terms of the basic "forms" it takes (e.g., single-chair vs. two-chair interventions) (Kellogg, 2019) and the "processes" it utilizes (e.g., identifying, animating, and interacting with parts of the self) (Pugh & Bell, 2020). Recently, a four-component "pillars" model has been presented, which describes the central principles, processes, procedures, and facilitative process skills that constitute chairwork (Pugh et al., 2021).

1.1 | Principles (SIT)

Chairwork is first and foremost grounded in the notion of *self-multiplicity*: that the self contains a variety of "mindsets," "modes," "subpersonalities," or "I-positions." Whether these parts of the self represent autonomous subselves (the hard multiplicity view), transient states of mind (the modest multiplicity view), or are purely metaphorical (the soft multiplicity view) is hotly contested. Nonetheless, these parts of the self are capable of meaningful *information exchanges*. For example, self-criticism describes a conflictual interaction between parts of the self, wherein one part of the self attacks and coerces other parts (Gilbert & Irons, 2005). Finally, parts of the self and their dialogical relationships are believed to play a role in many forms of psychopathology (Dimaggio et al., 2010; Lazarus & Rafaeli, in press). Working directly with parts can, therefore, bring about *transformation*.

1.2 | Processes (SAT)

The principles of chairwork beget three complementary processes when facilitating chairwork. First, relevant parts of the client's self are placed in different chairs (*separation*). Next, these parts are brought to life (*animation*) either through embodiment (the client changes seats and enacts the part, speaking in the first-person) or personification (the client imagines the part is held in an empty chair and relays its statements in the third-person). Finally, these parts are encouraged to converse with one another or the therapist to bring about change (*talk*).

1.3 | Procedures

Procedures describe the various "forms" or "styles" of chairwork used in therapy. They include:

- Interviews: the client changes seats and is questioned as a part, for example, the client is interviewed in the role of the self-critic.

- Dialogues: the client moves back and forth between two or more chairs, speaking and responding from the perspective of different parts, for example, the client switches between two seats to facilitate a conversation between (a) the demanding part that pushes for perfection and (b) the part that is pressed to be perfect.
- Depictions: chairs are used as compositional objects that portray the relationships between parts of the self, for example, in depicting the relationships between different emotions, anger might be placed in front of the chairs representing anxiety and sadness, which are interrupted by the client's overwhelming hostility.
- Dramatizations: the client and therapist use chairs to enact actual or imagined events from the client's life, for example, the client (chair one) recreates a difficult conversation with a colleague (enacted by the therapist in chair two) to practice assertive communication.
- Disclosures: the client uses two or more chairs to recount or revise self-related narratives, for example, the client outlines a "same old story" about themselves in chair one ("I've always failed in life"), before elaborating a "new story" about themselves in chair two ("sometimes I've succeeded in life").
- Witnessing: the client stands and relates to parts of their self (held in different chairs) from a decentered perspective, for example, after re-enacting the process of self-criticism using two chairs, the client stands and reflects on the antagonistic relationship between their "critical" and "criticized" from a distanced, observer's perspective.

1.4 | Process skills

Process skills describe the "micro-interventions" that support the facilitation of chairwork, many of which derive from psychodrama and gestalt therapy (e.g., Greenberg, 1979; Moreno, 1946). These include "listening in surround" (e.g., identifying and naming parts as they emerge in the client's speech), proxemics (e.g., collaborative decision-marking regarding how near or far chairs should be placed from one another), imagery (e.g., visualizing salient features of a part before initiating a dialogue with it), and role reversal (e.g., adopting the perspective of a part or person by moving into its chair).

1.5 | Evidence base

Such is the plethora of methods that constitute chairwork that conclusions about its overall effectiveness are difficult to make. Nonetheless, studies indicate it has therapeutic value (Elliott et al., 2004; Pugh, 2021a). For example, two-chair dialogues have been shown to ameliorate self-criticism (e.g., van Maarschalkerweerd et al., 2021), indecision (e.g., Clarke & Greenberg, 1986), problematic anger (e.g., Conoley et al., 1983), interpersonal distress (Paivio & Greenberg, 1995), and symptoms associated with childhood trauma (e.g., Paivio et al., 2010). Other studies indicate that dramatizations are an effective way to modify distressing thoughts and beliefs (e.g., de Oliviera et al., 2012) and develop behavioral skills such as assertiveness (Lazarus, 1966). Interview methods have received comparatively less attention but have produced promising results such as increased insight, motivation, self-compassion, and positive relationships with distressing inner voices (Chua et al. 2021; Longden et al., 2022). Finally, studies suggest that interventions using chairwork are not only effective in the context of psychotherapy but also as a stand-alone intervention (e.g., Trachsel et al., 2012).

1.6 | Single session chairwork

There has been a growing interest in the use of brief therapeutic interventions, including single-session therapy (SST). SSTs are predicated on the observation that a proportion of individuals want and make good use of single

therapeutic appointments (Hymmen et al., 2013). This is not to say that medium- and long-term therapies can be condensed into single meetings or that one appointment is appropriate for all difficulties. Rather, SSTs are sufficient and satisfactory for some individuals seeking help (Hymmen et al., 2013). It follows, then, that various evidence-based therapies have adopted the single-session frameworks as one model of delivery, including systemic therapy (Westwater et al., 2020), cognitive behavioral therapy (Dryden, 2022), and solution-focused therapy (Perkins, 2006). However, experiential approaches to SST are limited.

Research suggests that chairwork provided during one appointment is feasible and effective (Conoley et al., 1983; de Oliveira et al., 2012; Kramer & Pascual-Leone, 2016; Lee & Tratner, 2021; Traschel et al., 2012). Accordingly, a single-session approach to chairwork appears to have merit. Single session chairwork (SSC) is a newly developed SST which aims to provide individuals with a focused experience of chairwork. Alongside typical procedures such as two-chair dialogues and client-therapist dramatizations, SSC incorporates additional structures to maximize informed choice, collaboration, emotional containment, and consolidation of learning (see Pugh, 2021b). Whilst SSC has received positive feedback, the approach has not yet undergone evaluation with a clinical population. As such, it remains unclear whether SSC is suited to a particular context, client group, or presentation.

1.7 | Chairwork and the therapeutic alliance

SSC raises interesting questions about the role of the therapeutic alliance in chairwork. The conservative view has been that chairwork is dependent on a robust therapeutic relationship. For this reason, it is sometimes recommended that therapists avoid using chairwork during initial sessions or until an alliance has been established (Elliott & Greenberg, 2021). If they do not, chairwork is likely to unproductive or potentially counter-therapeutic (i.e., distressing, exposing, or destabilizing for the client). This would imply chairwork is not suited for SSTs. Should chairwork be limited to longer-term psychotherapies?

The alternative perspective is that the therapeutic alliance and therapeutic gains are cyclical and reciprocal: that is, positive changes in therapy create a stronger therapeutic alliance, which leads to further improvements as treatment progresses (Tang & DeRubeis, 1999). Moreover, research suggests that client-therapist "agreement" on the goals and tasks of therapy predicts symptom change in structured therapies such as cognitive behavioral therapy (CBT) and so enhance the therapeutic relationship (Brown et al., 2013). In other words, helpful therapeutic tasks not only drive change but also strengthen the alliance. Could this be true of chairwork? Research is yet to provide an answer. However, SSTs that incorporate chairwork (and in which alliance has not been established) may provide some insights.

2 | CASE ILLUSTRATION

A verbatim example of SSC is presented. The client ("Hana"—a pseudonym) reviewed the case illustration and consented to its inclusion in this paper. Hana's session took place via a teleconferencing platform and lasted approximately 90 min.

2.1 | Presenting problem and client description

Hana is a White-British female in her late twenties. Preliminary details regarding her current difficulties were collected via an intake form[1] which she completed 1 week before the appointment. In her form, Hana described symptoms of social anxiety which made it difficult for her to "*speak up*" in groups of people and prevented her from

being her "*true self*" during social interactions. She wondered if her anxiety might be related to distressing events in her childhood, such as "*going completely blank*" during a song recital and feeling "*like an outsider*" in social situations. She identified her goal for the session as being more talkative when socializing with her partner's family. Regarding potential directions for the session, Hana wondered if it would be helpful to work with the part(s) of her that felt anxious so she could better understand their "*purpose/function*" and "*figure out what might help to manage these situations better*."

2.2 | Case conceptualization

Opportunities for case conceptualization are limited in SSC due to the brevity of appointments and the limited information collected before the session. Nonetheless, Hana's intake form was reviewed by the therapist to identify relevant "parts" of herself, their interrelations, and how they might be linked to her difficulties. The therapist developed initial codes for these parts based on patterns observed in Hana's written answers. These codes were then used to develop a preliminary case conceptualization (or "dialogical hypothesis") which would guide how the session was initially approached. The dialogical hypothesis was also informed by problematic dialogical patterns observed in psychotherapy (e.g., Dimaggio et al., 2004). Archetypal patterns (or "dialogical dysfunctions") include "monolithic dialogs" where client feels dominated by a part (e.g., the "depressed mode" in depression) or "conflictual dialogs" in which the client feels caught between polarized voices (e.g., indecision about a course of action).

While reviewing Hana's intake form, the therapist noted that the following parts might be relevant to her difficulties: the "Anxious Child Self," "Outsider Self," "Quiet Self," "True Self," and "Partner's Family." The therapist's tentative formulation was that Hana's social anxiety might relate to conflicts between these parts, most notably her "Anxious Child Self"/"Quiet Self," and her "True Self." Hana's session may, therefore, attempt to initiate a resolution of this split via some form of multi-chair dialogue.

The following section outlines the course of Hana's session, with an emphasis on relational factors that supported the use of chairwork.

2.3 | Course of treatment

Hana began the session by briefly describing her presenting problem and goals. While summarizing these difficulties, the therapist introduced the language of 'parts' and framed these in terms of a dialogical conflict:

> *Hana: I think sometimes I don't think it's important enough to say it.*
>
> *Therapist: So, you're attempted to say something and then another part of you says that's not important, that it's not worth saying?* […]
>
> *P: It's like it closes my mouth.*
>
> *T: Right, okay, so you want to speak and this other part of you closes your mouth?*
>
> *P: Yeah, yeah.*

Dialogical framing, nontechnical terms, and Hana's feedback helped create a shared understanding of her difficulties while also socializing her to core principles and processes of chairwork (e.g., self-multiplicity and dialogical interactions between parts of the self). When explaining how chairwork might go about resolving Hana's

inner conflict, the therapist shared examples of his own self-multiplicity and demonstrated how chairwork could be used to work these parts (e.g., "*I might move my chair over here and I might speak as my demanding side*"). Self-disclosure also sought to normalize and de-pathologise self-multiplicity, whilst illustrating the practical steps of chairwork so Hana could make an informed decision about proceeding.

After agreeing the focus for the session, chairwork began by interviewing the part of Hana that served a protective function (what she called her 'Inner Protector') to determine whether it was safe to continue exploring these issues (Stone & Winkleman, 1989). This procedure involved Hana moving her chair to a new space and speaking from the embodied perspective of her Protector. The therapist then acted as 'interviewer', respectfully exploring the concerns, intentions, and autobiography of this part:

> *Therapist: You're the part of Hana that has some concerns about the chairwork being quite emotional tonight?*
>
> *Hana (as Protector): Yeah.*
>
> *Therapist: What are your concerns about this being emotional for Hana?*
>
> *Hana: I think she's not used to showing vulnerability in front of others. I think she tends to hide it from herself anyway. So, I am concerned that she might just become very vulnerable in the session tonight.*

Interviewing the Protector served various functions. Proactively discussing Hana's reservations about chairwork ensured these were recognized and validated, helping to establish collaboration and relational immediacy. At the same time, the therapist attempted to model a new way of relating to parts that Hana struggled to acknowledge and accept. As the interview proceeded, the Protector's origins, supportive qualities, and role in Hana's life were explored. Finally, the Protector was honored for being an significant "*resource*" and its permission was sought to proceed with the session. This appeared to bolster Hana's confidence in the therapist's intention to respect and prioritize her boundaries:

> *Therapist: I really want you to stick around during tonight's appointment, I don't want you to go anywhere. I want you to be here beside her looking after her, if that's ok?*
>
> *Hana (as Protector): I am not going anywhere.*

At the end of the interview, Hana separated from her Protector by moving her chair back to its original position (the "center"). After reflecting on what the Protector had shared, the therapist invited Hana to speak from the part that "*wants to speak up*" (what she called the "Opinionator"). After moving her chair to a new space, the therapist interviewed the Opinionator regarding its history, intentions, and hopes (that Hana would "*open the curtains a little bit and test me out*"). As discussed earlier, a benefit of speaking *as* a part (as opposed to speaking *about* a part) is the unique 'action-insights' this provides into the nature of these mindsets (Kellermann, 1992). Embodiment also provides access to feeling states, thoughts, and memories associated with the part, thereby clarifying its nature. This was evident for Hana: she linked the isolation felt by the Opinionator to a memory of childhood rejection, which helped identify a more vulnerable part connected to social anxiety (the "Unwanted Child").

After returning to the center once again, guided discovery was used to reflect on the parts that had been met so far. While reviewing the dialogical formulation, Hana noted that her Protector had helped maintain her safety but blocked the Opinionator's desire for expression and connection. In turn, this had compounded Hana's sense of being "*alone and unwanted*" (the feelings of her Unwanted Child). Hana also noted that her Protector had sought to avoid attacks from her Inner Critic, which was often triggered when her Opinionator "*spoke up*." During these

reflections, the therapist supported reflection and integration of these insights. Hana seemed to value this process as it helped her "*connect the dots*," such as how her present way of relating to others linked to past interactions.

This collaborative and reflective stance continued when the therapist proposed taking a 10-min break at the mid-point of session so Hana could "*process what's gone on*" and "*think about where we need to go next*." This would also ensure that Hana's insights, needs, and preferences continued to guide the session.

Following the break, Hana felt it was important to work with her Unwanted Child. With her consent, the focus of the session then shifted to facilitating a dialog with this part. The therapist adopted a more directive stance at this point to facilitate this conversation: Hana was asked to reorientate her seat and speak *to* her Unwanted Child as if she were held in a second chair. These prompts appeared to give Hana the containment and direction needed to immerse herself in the task, as well as scaffolding the encounter.

The therapist's use of process skills were also important during the two-chair dialogue. One such skill was "doubling": a psychodramatic technique in which the therapist offers first-person statements, which the client repeats, elaborates, or corrects. The therapist introduced this intervention in the following way:

> *Therapist: When we do this dialogue, I'll ask you to speak with parts of yourself. From time to time, I might suggest things for you to say and I'll state them in the first person.*
>
> *Hana: Yeah.*
>
> *Therapist: If they fit with your experience, I would encourage you to repeat them, to say them. If they don't fit with your experience, change them or just ignore them.*
>
> *Hana: Okay, yeah.*

Doubling statements aim to capture emotionally significant material and express what has been implied but not yet acknowledged by the client (Giacomucci, 2021). These lines were offered to Hana tentatively, allowing her to correct and take ownership of them. Doubling also serves other functions during chairwork. These include deepening emotional expression, providing insights, and signaling the therapist's understanding of the client's experience (Cruz et al., 2018). The following extract, taken from the dialogue between Hana's Adult Self and Unwanted Child, illustrates the process of doubling during chairwork:

> *Therapist (offering a doubling statement): I am sad that you're alone. I feel sad for you.*
>
> *Hana (to the Unwanted Child): Yeah, yeah, I feel sad for you, yeah.*
>
> *Therapist: And what happens as you say that, as you talk to that part of you?*
>
> *Hana: I don't know, it just feeds the sadness even more. I can feel kind of a tingling in my face.*
>
> *Therapist: It's okay. Try saying that. When I see you, I almost want to cry.*

Here, doubling sought to amplify Hana's emotional experience and her connection to the Unwanted Child. The therapist also supported the differentiation and expression of emotions by drawing Hana's attention to these feelings and associated bodily sensations. This required close attention to somatic cues, fluctuations in affect, and labeling of emotions. Direct, simple language was also used to help Hana connect with her core affect (i.e., sadness) and prevent intellectualization. For example, Hana was encouraged to '*talk from*' her emotions and share them with

the other parts of her self. Finally, changes in the therapist's pace and tone were used to encourage emotional processing and expression:

> *Therapist: Tell Hana about the hurt, what it really felt like (lowering and slowing voice).*
>
> *Hana (as Unwanted Child): It just felt too much, I am feeling it in my face and my chest is quite tight, and it just feels like just I can't even speak. I just feel unwanted.*
>
> *Therapist: Tell her.*

As in the above quote, Hana was able to share the distress of her Unwanted Child and have this witnessed by her Adult Self after reversing roles. A notable shift was evident when Hana was encouraged to articulate her needs from the embodied perspective of her Unwanted Child:

> *Therapist: What do you need from Hana?*
>
> *Hana (as Unwanted Child): From Hana, I honestly don't know. I think what I needed back then was someone to come over and sit with me. But then I don't know what I would need from Hana.*
>
> *Therapist: If it fits try saying that to her. I need you to come over, I need you to sit beside me.*

The expression of unmet needs is often transformative during two-chair dialogues, allowing for the provision of care-giving and care-receiving as the client reverses roles (Bell, 2022). As the dialogue progressed, Hana adopted a more parental role towards her Unwanted Child—soothing and comforting this part—which resulted in a shift towards greater self-compassion, acceptance, and integration. At the end of the dialogue, Hana reflected on the insights she had gained: although she "*hadn't felt wanted back then*," it didn't mean she had to go through her adult life being so inhibited. Instead, she could choose to take her Unwanted Child self with her and care for her.

The final stage of the session involved Hana adopting a "witnessing" position to help her reflect on and process the work she had undertaken: Hana was asked to "*metaphorically and literally step back*" from the chairs/parts of her self and observe them from a decentered perspective. This involved Hana standing beside her screen as if she was sharing the therapist's viewpoint ("*like we are both looking at the chairs*"). To enhance separation from these parts and attenuate her emotional arousal, the therapist began with a brief grounding exercise in which Hana slowed her breath and connected with the qualities of self-witnessing (curiosity, care, and non-judgemental acceptance). Speaking as a witness to the session, Hana then summarized (in the third-person) what should be taken from the meeting and ways she could support herself going forwards (Hana as Witness: "*She* [Hana] *can put her arms around her* [the Unwanted Child]… *to remember that she has grown up and she's not still that girl, and that the times have changed*").

2.4 | Outcome

Hana completed a feedback form approximately 7 days after the single session. Overall, she was pleased with the outcome of SSC: she rated the appointment as "exceeding expectations" and "fully meeting my goal for the session." Regarding her broader difficulties with social anxiety, she rated this as 'fairly resolved'. Hana also completed the session rating scale (SRS), which is a brief and well-researched measure of four dimensions of the therapeutic alliance (respect and understanding; relevance of the goals and topics; client-practitioner fit; overall alliance) (Miller et al., 2003). She rated all four items as "10" (the highest score).

Hana's qualitative feedback was equally positive and provided additional insights into her experience of SSC and the therapeutic alliance. Better understanding the nature of her social anxiety, developing new perspectives on her difficulties, and connecting with the emotions associated with them were particularly helpful:

> "*I found it extremely useful in understanding where my problem came from and then being able to adopt a different perspective to the problem. It definitely elicited emotions; the difficult emotions, but also a big sense of hope in moving forwards and slight excitement in being able to practice living life in a different way*."

Regarding specific components of SSC, Hana felt that working with her Protector was informative and supportive insofar as her anxieties about participating in chairwork were acknowledged from the outset:

> "*I found it really helpful to start off the session with the part of me that was nervous about chairwork… This part of me uncovered quite a lot*."

Working with the Protector also felt collaborative and respectful, increasing her sense of safeness during the session:

> "*I really liked how you asked permission from the 'Protector' and also asked the protector to monitor how I felt throughout the session. It felt very safe*."

Hana also seemed to value other collaborative aspects of SSC, such as the co-positioning of chairs, taking breaks, and deciding the direction of the session with her therapist:

> "*I liked then moving on to the part of me that was having the problem and thinking about where the chair would be positioned in relation to myself and other parts of me… I found it very helpful to then have a break to think about the part of me that would really like to get the chance to be heard*."

Finally, Hana was surprised by her unexpected "discoveries" during chairwork, such as recognizing hidden self-beliefs and compassionate parts of herself which could then offer their support:

> "*I… uncovered a core belief that I had hidden very well and was not aware of, which allowed me then to use parts of myself to support me in the recognition of this and then to think about alternatives*."

3 | CLINICAL PRACTICES AND SUMMARY

Most, if not all, therapists agree that the therapeutic relationship is crucial to successful therapy. The same is often assumed of chairwork: without a robust alliance, these methods are likely to faulter or fail. Yet, two observations jar with this account. First, alliance-focused enactments are an effective way to repair ruptures when the therapeutic relationship is compromised (e.g., Moreno, 2006; Roediger et al., 2018). Second, SSTs suggest that chairwork can be effective when an alliance has not been established or is embryonic. How so?

One explanation that places the alliance at the fore would be that two key elements of the therapeutic relationship are established early on in SSTs and SSC, namely agreement on the "goals" and "tasks" of therapy (Bordin, 1979). In Hana's case, goals for the appointment were agreed before meeting (via her intake form) and confirmed at the start. Similarly, chairwork (the "task" of the session) was introduced before the session began (via a

written information sheet) and modeled at the outset. These strategies help the client make an informed decision about participating in chairwork and affirm the goals and tasks of the session before the "action" starts. In other words, a rudimentary alliance exists before chairwork begins.

The alternative explanation is that chairwork itself establishes (or strengthens) the alliance. For example, Hana's initial enactments during SSC sought to acknowledge, validate, and affirm the perspectives of important parts of herself (e.g., the Inner Protector). Similarly, process skills such as doubling during the two-chair dialog communicated the therapist's acceptance and understanding of her experience. In other words, chairwork helps establish an alliance when it is a collaborative, supportive, and productive experience for the client.

Arguably, the most likely account is that relationship and technique are mutually reinforcing during chairwork: a therapeutic alliance enables the client to participate in these tasks, which (assuming it is a positive experience) strengthens the bond and makes additional enactments possible. Either way, chairwork illustrates how the 'cart' of experiential methods can sometimes join (or lead) the 'relational' horse in psychotherapy.

DATA AVAILABILITY STATEMENT

Data sharing is not possible due to the permission gained from the client.

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PEER REVIEW

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ENDNOTE

[1] The SSC intake form can be retrieved from: https://chairwork.co.uk/single-session-chairwork/.

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