

Two-Chair Work: A Creative Experiential Technique

Solutions to the technique's recurring pitfalls

A 1-day CPD-workshop at Fulcrum House, Bristol, with Michael Soth

Saturday, 23 May 2015 – 10.00 – 17.00 - £85

When it comes to shifting the focus of therapeutic interaction from 'talking about' to 'exploring the experience', there are few techniques more useful than 'empty-chair' or 'two-chair' work (this applies to therapy as well as supervision).

However, when therapists attempt using the technique, it often does not produce the intended or intuited results. Having started with what seemed a burning, vibrant issue, the spark gets lost, and the interaction 'goes flat' or starts going round in circles.

This CPD day aims to engender both detailed knowledge and skill as well as confidence, whatever level of experience you are currently bringing to this type of work. It is designed as a comprehensive summary of my experience with the technique, (and thus suitable for those who have participated in previous workshops on this topic, aiming at rounding this off into a whole).

I am confident that in terms of the nitty-gritty detail of *technique* (what you actually do and say as a therapist and in what sequence), these days will be amongst the most specific and useful you will ever do. It's as close to a 'recipe book' of therapeutic intervention as is feasible when we are interested in the aliveness and spontaneity of the client-therapist interaction.

The 'empty-chair' technique or 'two-chair work' is one of the best-known and widely-used humanistic methods. It invites/allows the client to psychodramatically enact, role-play and externalise particular relationship difficulties they feel caught in.

One of the advantages of the technique is that it can be applied fluidly to both external and internal relationships, often helping the client to not only *see*, but *feel* the parallels and connections between internal and external ways of relating which are at the root of what perpetuates unsatisfying, polarised or destructive relationships.

Undoubtedly, the technique has many therapeutic uses and benefits, and can facilitate powerful, transformative experiences. But when attempting to use it, therapists frequently report in supervision that it did not work, that it 'went flat', or that the client self-consciously refused to 'perform'. How can we anticipate and deal with these recurring obstacles?

This 1-day workshop is an opportunity to comprehensively enhance your confidence in using the technique, by understanding and familiarising yourself with its inherent pitfalls and recurring stumbling blocks. As the use of any technique is very much about the detail of the therapist's actual delivery as well as the underlying principles, we will proceed sequentially during the course of the workshop, addressing the various stages of two-chair work:

1. perceiving the polarities,
2. setting up the dialogue,
3. directing it and
4. facilitating resolution, including the possibility of taking a third position.

Discussion of the principles and theory will alternate with skills practice in 2's or 3's.

To allow sufficient space for each participant, the maximum group size is restricted to 12 participants.

Hand-outs and detailed paper, containing many of the ideas/principles of the workshop will be available.



Some more comments in response to questions asked about this workshop:

You want to be told how to work as a therapist, in detail?

"It's not uncommon for therapists to say to me: 'yes, yes, I understand the relational dilemma, I get the dynamic, so just tell me: what do I DO?'"

There are many good reasons NOT to answer that question in the way it is phrased. It's a well-recognised feature of my approach to both supervision and training that I very rarely tell therapists 'what to DO', with varied reactions ranging from desperation to relief. But it may be of interest to those of you with slight OCD tendencies, that when it comes to the two-chair technique, this CPD day will get quite detailed (not to say: finicky), didactic and instructional."

But doesn't relational work operate without such techniques?

"Especially in embodied-relational work, where my own being and presence and spontaneity as a therapist are crucial, the idea of 'technique' (and 'strategy') is sometimes considered a bit of a dirty word. But in my opinion, this is based on a misunderstanding and a misconception of relationality. As illustrated by the famous TV show 'In Treatment', where the therapist Paul works entirely in the relationship, staying in the conversation, without any use of therapeutic tricks or gimmicky interventions, we can recognise both the glory and the fallacy of such a 'pure' stance, that eschews the use of techniques altogether. In many cases and episodes, the 'treatment' does not work that well for the 'patients'.

Many of you know that I have argued for an integration of the 'medical model' modality into the relational framework (rather than a dogmatic and principled opposition to it). So, if we are going to use interventions or instructions from a directive therapeutic stance, let's prepare ourselves to make sure our techniques, directions and suggestions work well."

Taking care of implicit pitfalls by understanding their necessity and anticipating them

"Rather than setting ourselves (and the client) up for the pressure of the technique having to produce a 'good' outcome, let's understand the inherent principle of the technique and how the dialogue is actually bound to 'go flat'.

Based on that understanding, we can then pay attention to HOW it goes flat and make that awareness useful for the particular dialogue we have set up in the first place. This kind of stance takes care of the usual 'performance anxiety' associated with the use of the technique, and helps therapists maintain the exploratory intention inherent in the approach."

A broad-spectrum integration

Although the technique arises from within a Gestalt paradigm (which is something that these days does get forgotten, 70 years on) and fits and belongs with the principles of that approach, it has been taken up and is being used by a wide variety of other therapeutic schools, often without practitioners even know knowing about its origins. But in order to address the inherent pitfalls and difficulties of the technique, the perspectives and paradigms of other approaches are very useful, especially body-oriented and psychoanalytic perspectives, but also, for example, NLP and CBT. Because I bring this broad-spectrum perspective to the technique, the workshop should be suitable for practitioners from across the modalities and orientations.



About Michael Soth

Michael Soth is an integral–relational Body Psychotherapist, trainer and supervisor (UKCP), living in Oxford, UK. Over the last 25 years he has been teaching on a variety of counselling and therapy training courses, alongside working as Training Director at the Chiron Centre for Body Psychotherapy.

Inheriting concepts, values and ways of working from both psychoanalytic and humanistic traditions, he is interested in the therapeutic relationship as a bodymind process between two people

who are both wounded and whole.

In his work and teaching, he integrates an unusually wide range of psychotherapeutic approaches, working towards a full–spectrum integration of all therapeutic modalities and approaches, each with their gifts, wisdom and expertise as well as their shadow aspects, fallacies and areas of obliviousness.

He has written numerous articles and is a frequent presenter at conferences. Extracts from his published writing as well as hand–outs, blogs and summaries of presentations are available through his website for INTEGRA CPD: www.counsellingpsychotherapycpd.co.uk as well as at www.soth.co.uk.

broad–spectrum integration of a wide variety of therapeutic approaches:

Here is a list of approaches I draw from and include, vaguely in sequence of my own training and exposure to them over the last 30 years:

- drawing on all the schools of the Body Psychotherapy tradition (Reichian, vegeto, bioenergetics, biosynthesis, biodynamic, somatic psychology, somatic trauma therapy, etc)
- wide range of humanistic–integrative approaches, incl. Gestalt, Process–Oriented Psychology, breathwork & rebirthing, Transactional Analysis, Psychodrama, and others; also existential perspectives
- psychoanalytic: object relations, self psychology, intersubjectivity & relational perspectives
- systemic: both in terms of Bert Hellinger's family constellations and the systemic approach, as well as systems theory, complexity theory and integral and fractal perspectives
- transpersonal: Jungian and archetypal psychology, psychosynthesis, Wilber, mindfulness
- constructivist, including NLP (NeuroLinguistic Programming) and hypnotherapy (Erickson)
- cognitive–behavioural models and techniques
- somatic trauma therapies, including Rothschild, Levine (Somatic Experiencing), Ogden (sensori–motor) and EMDR

Many of the above are being combined these days into new hybrid forms, so I aim to keep updated with these ongoing developments.

Michael Soth

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