Therapists' Experiences of Facilitating Chairwork with Children and Young People

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DClinPsy thesis (Volume 1), 2025

University College London

UCL Doctorate in Clinical Psychology

Thesis declaration form

I confirm that the work presented in this thesis is my own. Where information has been derived from other sources, I confirm that this has been indicated in the thesis.

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Overview

Chairwork describes a set of psychotherapeutic, experiential techniques where different parts of the self or representations of others are externalised onto separate chairs and given a voice. This three-part thesis examines therapists' experiences of facilitating chairwork with children and young people (CYP).

In part one, the conceptual introduction begins by establishing the concept of self-multiplicity as one perspective of the self in a live field of debate. Self-multiplicity and self-parts are then further defined and therapeutic techniques to work with self-parts are reviewed. Chairwork, a set of experiential techniques that utilise the chair in working with self-parts, is then further explored and the dearth of literature around chairwork with children and adolescents is highlighted.

Part two is a qualitative study exploring therapists' experiences of facilitating chairwork with CYP. Twelve one-to-one semi-structured interviews were conducted with therapists and analysed using reflexive thematic analysis. Three themes were generated: 'CYP are not adults – tailoring chairwork for CYP', 'The locus of power – where should it be located?', and 'Falling, failing, and then flying – from fear to freedom'. The themes are discussed in the context of existing literature, with implications and areas for future research noted.

Part three is a critical appraisal on the process of research design, collection, and analysis. The influence of one's epistemological stance and research interests on the design of the study are reflected upon, in addition to the influences and considerations made during the process of data collection and analysis.

Impact Statement

Chairwork denotes a set of experiential techniques that are practiced across a range of therapeutic modalities, from Gestalt therapy to Cognitive behavioural therapy. Its efficacy has been demonstrated in addressing complex difficulties such as resolving internal conflicts, addressing unresolved emotional experiences with significant others, and reducing symptoms of distress, anxiety, and depression in adults. The current study has expanded on the applications of chairwork across the lifespan, exploring the practice of chairwork with children and young people (CYP).

This thesis is the first of its kind to qualitatively explore therapists' experiences of facilitating chairwork with CYP. Practice-based evidence was generated by gathering insights from qualified therapists across seven countries. This study hopes to support future research on chairwork's applicability with CYP, for example by exploring CYP's perspectives of chairwork, the efficacy of chairwork with CYP, and potential differences on the efficacy, suitability, and feasibility of practicing chairwork across the various stages of childhood and adolescence. After completion of this thesis, the research will be submitted for publication with a relevant journal.

Furthermore, this study hopes to provide insight and encouragement for therapists seeking to use chairwork in their own therapeutic work with CYP. This research consolidated the knowledge from therapists who had experience practicing chairwork with CYP and highlighted the therapeutic benefits of chairwork with this age group. This research also acknowledged the current challenges of facilitating chairwork with CYP, the ways to tailor chairwork for this age group, and the scaffolding that should

be put into place to support therapists to practice chairwork with CYP. Recommendations included more resources and trainings on chairwork tailored to CYP, supervision, and peer support. The findings of this study have been disseminated to therapists in an international chairwork research group and have received positive response on its value to therapists' clinical work.

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Acknowledgements

I would like to express my gratitude towards my research supervisors, Dr Matthew Pugh and Dr Tobyn Bell, for their time, expertise, and guidance throughout the course of this research project. I would like to thank Dr Melissa Snaith for her role as the co-producer, as her considerations and reflections have been invaluable to the work. I would also like to thank all the therapists who took part in the interviews, offering their knowledge, experience, and interest in the research topic. This piece of research could not have been completed without everyone's assistance and I wish to express my sincere thanks for all your support.

I would also like to thank my family and friends who have accompanied me on my training journey over the years. In particular, I would like to thank my mum, who had a ten-year plan in mind and encouraged me to apply for UCL in my undergraduate because they had excellent postgraduate options, even though "I only planned for a Masters, I never thought you'd get into the doctorate!" To those less familiar with Chinese culture, this is the equivalent of saying "I am so proud of you!"

Part 1: Conceptual Introduction

Debates about the Self, Self-Parts, and Chairwork Across the Lifespan

Abstract

The concept of the self has been a source of debate tracing back from ancient Greek philosophers such as Plato and Aristotle to more current perspectives in the postmodern era. This conceptual introduction will begin by highlighting this live field of debate, recognising the multitude of perspectives regarding the concept of the self, before moving on to consider one perspective of the self: the multiple self. Self-multiplicity will be discussed, in addition to the various conceptualisations of self-parts. Several therapeutic techniques to work with self-parts will be reviewed, in addition to the use of objects such as dolls and chairs to facilitate such techniques. Chairwork, a set of experiential techniques that utilise the chair in working with self-parts, will then be further explored in regard to the cognitive, emotional, and metacognitive or self-referential abilities required to engage in it. The efficacy of chairwork will be reviewed, and the dearth of literature around chairwork with children and adolescents will be highlighted. This topic will be further elaborated on in the empirical study, which will aim to explore therapists' experiences of facilitating chairwork with children and adolescents.

Introduction

From ancient Greece to the postmodern era, various attempts have been made to define the self, highlighting a field of longstanding, ongoing debate. For example, people in ancient Greece viewed the self primarily through the language of the soul, with the soul holding a vital role in philosophy, ethics, and medical practice (Filippou, 2024). Even amongst ancient Greek philosophers, there was debate around the definition of the self. For instance, Plato proposed that the true self of a human being was their reason and intellect which formed their “rational soul”, separable from the body, while Aristotle argued that human beings were a composite of both body and soul, each inseparable from the other (Sihvola, 2008).

In contrast, a more current, postmodern perspective defines the self as a sociocultural condition shaped by waves of economic and cultural forces (Baumgardner & Rappoport, 1996). The postmodern world is characterised by a scepticism and rejection of universal truths; instead, knowledge and reality are understood to be socially constructed (Farhan, 2019). Under such perspectives, theories of the self have also shifted to become more culture and society inclusive.

The Self in Psychology

In addition to the philosophical, intellectual, and cultural influences of the time, the concept of the self has also been examined through various lenses such as psychology, art, literature, and religion (Bigunova, 2025). Within each lens, further divisions exist between various conceptualisations of the self. For example, within the discipline of psychology, one contemporary perspective of the self is Winnicott's (1960)

theory of the True and False Self. Winnicott (1960) defines a person's True Self as an authentic, confident, and spontaneous sense of self that develops when an infant experiences good enough parenting from a responsive caregiver, resulting in a belief that their basic needs and desires are acceptable and will be met. In contrast, the False Self develops when an infant does not have their needs met and learns that their basic needs and desires are unacceptable and will not be managed. Under such circumstances, they may adjust their behaviour to protect themselves by living as their False Self. Winnicott, a paediatrician and psychoanalyst, thus focused on the importance of the relationship between an infant and their caregiver in the development of the self.

Another perspective, from Baumeister and Twenge (2012), contextualises the self in the framework of the social world, where others affect the individual self and the individual self affects others. In their chapter on the Social Self, Baumeister and Twenge (2012) state that the self is inherently interpersonal and serves as a construct to aid connection with other members of the social group. In addition to the interpersonal self, they posit that the other main aspects of the self include the experience of reflective consciousness, referring to one's awareness and concept of their self, and the executive function of the self which controls one's decisions and actions.

A third, differing conceptualisation of the self is Hermans' (2001) Dialogical self theory (DST), which proposes that the self is culture-inclusive and culture is self-inclusive. DST posits that the internal self and the external world are connected through an individual's internal positions which are felt as part of the self and their external positions which are experienced as part of the environment. For example, the internal

position of ‘I as a parent’ and the external position of ‘my child’ derive relevancy from each other in the sense that ‘I am a parent because I have a child’. DST thus defines the self as a dynamic multiplicity of various independent I-positions, where such I-positions can establish dialogue with each other to co-produce a cohesive narrative of one’s self and identity (Hermans, 2001). These I-positions are understood to have accumulated over the course of one’s lifespan, are built upon by the experiences of day-to-day life, and are adapted for certain circumstances or situations (Greenberg, 2015). Under DST, the self is understood not as one unitary concept but rather as a multitude of parts.

Overall, there have been various attempts to understand and conceptualise the self, with the above examples illustrating the breadth of theories proposed across history and within disciplines. The current state of research does not offer one absolute truth regarding the definition of the self. Within psychology, one contemporary perspective of the self that factors in the internal self, the external world, and the cultural context is that of self-multiplicity. This conceptual introduction will next explore, in greater depth, the concept of self-multiplicity and self-parts within the field of Clinical psychology.

Self-Multiplicity and Self-Parts

Self-multiplicity posits the presence of multiple parts of the self that have evolved and adapted to the needs of an individual’s life environment, cultural context, and general social world (Suszek, 2007). The notion of self-parts can be observed across various models and theories within Clinical psychology, with each iteration having their

own language to refer to self-parts, such as subpersonalities, modes, and I-positions (Cantor & Kihlstrom, 1987; Freud, 1923; Hermans, 2001; Lazarus & Rafaeli, 2023). The term ‘self-parts’ will be primarily utilised throughout this paper to refer to the various parts of the self.

Across the various theories and therapies in Clinical psychology that ascribe to the notion of self-multiplicity and self-parts, there are conceptual differences between their definitions of self-parts. Such nuances can be distinguished by classifying the definitions of self-parts into three perspectives: self-parts as discrete personalities, self-parts as metaphorical anthropomorphism, and self-parts as states of mind (Rowan & Cooper, 1999). Next, these perspectives will be explained and exemplified using frameworks from psychological theories and theory-practice links will be drawn using aligned therapeutic modalities.

Self-parts: Discrete Personalities

The concept of self-parts as discrete personalities can be noted in a multitude of psychological theories and models such as DST and the Internal Family Systems model (Hermans, 2001; Noricks, 2011; Schwartz, 1997; Watanabe, 1986; Watkins, 1978). For example, in DST, an individual is seen as the sum of a number of self-parts, with each self-part possessing its own characteristics, emotions, and perspectives (Dimaggio & Stiles, 2007). The portrayal of each self-part as having its own independent mental systems and in possession of their own emotions, mannerisms, behaviours, motivations, and views of the world can be best exemplified by the analogy of having multiple discrete personalities within an individual’s self (Rowan & Cooper, 1999).

Within DST, self-parts are seen as organic structures that are created by the lived experiences of culture and day-to-day life (Greenberg, 2015). These self-parts are dynamic and will adapt themselves based on the connection between the internal self-parts and the external world. DST also ascribes a voice to each self-part and posits that self-parts will communicate with each other to create a complex, flexible, and narratively structured sense of self and identity (Hermans, 2001).

The presence of multiple self-parts within an individual, each with their own emotions, motivations, and views of the world, creates the potential for both harmony and conflict amongst self-parts. Internal conflict between self-parts is a central paradigm when considering the application of theory to practice, for example in Gestalt therapy. Gestalt therapy is a humanistic, experiential form of psychotherapy that utilises a dialogical approach to address internal conflicts between self-parts (Perls, 1973). This is done by bringing an individual's self-parts to their conscious awareness, supporting the individual to understand the conflict between their self-parts, and helping them reach a resolution between their self-parts (Hermans, 2001; Perls, 1973). Through dialogue, phenomenological focusing, and experimentation, Gestalt therapy supports individuals to build personal awareness and interpersonal relationships, allowing them to identify with an accurate and unified sense of their current self and of others (Yontef, 1998).

DST and Gestalt therapy offer an example of how understanding self-parts as discrete personalities can be framed and utilised in clinical practice. This perspective is beneficial when considering diagnoses such as dissociative identity disorder (DID), as viewing self-parts as discrete personalities can aid individuals to demystify internal conflict caused by chronic interpersonal trauma, provide a language to communicate

between self-parts, and facilitate recovery through self-part integration (Cornelius, 2023). Proponents of this perspective also argue that therapists who understand self-parts as discrete personalities will be encouraged to listen to them with the genuine curiosity, respect, and compassion afforded to a human, in contrast to those who see self-parts as mental states (Schwartz, 1995; Schwartz & Falconer, 2017).

However, this perspective does present with some limitations. Moskowitz and van der Hart (2020) noted that by labelling self-parts as distinct personalities, their permanence and separateness are reinforced, resulting in a greater resistance towards the therapeutic goal of self-part integration. The language of self-parts as distinct personalities does not fully reflect the fluidity of self-parts and their true nature of being ‘of the moment’ rather than ‘of the essence’ (Rowan, 2018). Additionally, the language of self-parts as discrete personalities may fall fallacy to the effects of compartmentalisation, where positive and negative beliefs of the self are separated into distinct self-parts, resulting in primarily positive or negative self-parts (Showers et al., 2015). Such compartmentalisation can result in individuals being more prone to deny or avoid negative feedback if they are inconsistent with their preferred positive self-parts, creating a defensive response and fragile high self-esteem (Showers et al., 2015). Therefore, while there are benefits to understanding self-parts as discrete personalities such as in the context of certain diagnoses, other theories and therapies have also utilised alternative frameworks to conceptualise self-parts.

Self-parts: Metaphorical Anthropomorphism

An alternative understanding of self-parts is one of metaphorical anthropomorphism, where the term self-part is employed as a metaphor to anthropomorphise the inner workings of the mind and simplify the concept of self-multiplicity. This perspective of self-multiplicity sees self-parts not as discrete personalities, but rather metaphorically categorised based on various aspects such as hierarchy (Schwartz & Sweezy, 2019), temporal space (Markus & Nurius, 1986), or those that reside in the conscious versus unconscious (Suszek, 2007). Under this definition of self-parts, positive and negative attributes are combined under one self-part.

Within Clinical psychology, one therapy modality that conceptualises self-parts as a metaphor is Acceptance and commitment therapy (ACT). ACT describes self-parts as organic, relational activities rather than an entity, meaning that individuals are not so much ‘a self’ in its noun form but rather ‘self-ing” as a verb (Hayes et al., 2012; Villatte et al., 2016). ACT defines the whole self as an integrated set of relational, behavioural patterns, which include the conceptualised self, the knowing self, and the observing self (Wilson et al., 2012). The conceptualised self describes an individual’s existential beliefs about their identity, informed by the narratives of who they are and who they think they should be (Hayes et al., 2006). The knowing self refers to one’s awareness of their moment-to-moment experiences, including one’s thoughts, feelings, and physiological sensations (Moran et al., 2018). The observing self encompasses a repertoire of awareness and perspective-taking where an individual can take a step back to view their situation from an observer’s position (Twohig, 2012). These self-parts are informed by relating different stimuli across a range of dimensions, including social and

contextual cues, resulting in learned, abstract patterns of relational responding, or relational frames (Barnes-Holmes et al., 2001).

The primary aim of ACT is to build a flexible sense of self, where one can appreciate the present moment and live life according to one's identified values (Harris, 2019). According to Harris (2019), when an individual is psychologically inflexible, they are unable to be fully present in the moment, live unaligned with their values, and present with rigidity in their thoughts, attitudes, and beliefs. The goal of ACT is to introduce psychological flexibility, for example by strengthening the knowing self. This can be facilitated by attuning to the present moment with a direct, non-judgemental stance, building increased flexibility in one's behaviour, and strengthening the alignment between one's actions and values (Brown & Ryan, 2003; Hayes et al., 2006). An over-adherence to the conceptualised self can also result in a lack of psychological flexibility, and ACT aims to shift an individual's positioning from their conceptualised self to their observing self through aligning one's actions with their values (Wilson & Murrell, 2011). By bringing awareness to the idea that one is not defined by their conceptualised self, one can develop stronger psychological flexibility and a mindful awareness of their self (Godbee & Kangas, 2020; Hayes et al., 2012).

One benefit of understanding self-parts through metaphorical anthropomorphism is that it can be a more intuitive understanding of the self as it offers a familiar framework of relating to something that was previously intangible. This familiarity allows individuals to explain complex internal conflicts, improve communication about their self-parts with others, and interact with their self-parts more effectively (Epley et al., 2007; Mithen & Boyer, 1996).

One potential disadvantage of using metaphorical anthropomorphism to view self-parts is that while such self-parts are metaphorical, they do have a part in the real nature of the conscious and unconscious mind (Barnden, 2005). Barnden (2005) argues that if an individual holds a particular metaphorical view of a self-part at any given time, the mind can be influenced to become more similar to how it is portrayed by that metaphorical view. That view can then act as a self-fulfilling prophecy, strengthening that self-part and working against the goal of self-part integration.

Self-parts: States of Mind

Moving away from viewing self-parts as personalities or relational activities, another perspective of understanding self-parts is as states of mind. This perspective posits that each individual possesses a specific pattern of connections between areas of the brain that are activated or inhibited under specific circumstances (Bachkirova, 2011). Such connections are built through learned experiences with the external world and one's self-parts can be understood as an amalgamation of learnings from such experiences. These learnings then present as patterns of behaviour in response to encountered situations. Under this definition, an individual's authentic self is one with relatively coherent patterns of speech, bodily movements, expressions, moods, and emotions, each flowing freely and in harmony with each other to function across various situations (Chefetz, 2015; Horowitz, 1988). Difficulties arise when such fluidity is replaced by a rigid multiplicity of self-parts, resulting in maladaptive patterns of behaviour (Bromberg, 1996).

The conceptualisation of self-parts as states of mind can be observed across various therapeutic models in Clinical psychology, including Cognitive behavioural therapy, relational psychoanalysis, and Schema therapy (Beck, 1996; Moskowitz & van der Hart, 2020; Young et al., 2003). For example, Schema therapy defines self-parts as state-like manifestations of personality that operate cohesively as an organisational unit (Lazarus & Rafaeli, 2023). Schema therapy theorises the existence of schemas within each individual, defined as core themes and patterns of behaviour that one holds regarding themselves and their relationships with others (Martin & Young, 2010). These schemas are developed in childhood, elaborated on throughout the lifespan, and perpetuated through various coping styles known as modes, or in other words, self-parts. As an individual is exposed to and interacts with the stimuli in their surroundings, they integrate their understanding and learning of the world under pre-existing self-parts or develop new self-parts built from the context of a novel experience (Smith & Greenberg, 2007).

At any given moment, having activated a certain combination of schemas and coping styles, an individual's state can be categorised under a schema mode, of which there are four main categories: the Child modes, the Maladaptive Coping modes, the Dysfunctional Parent modes, and the Healthy Adult mode (Young et al., 2003). These modes, or self-parts, can then be further categorised, for example into the Vulnerable Child mode or the Angry Child mode. These self-parts can be understood as operational units, with each self-part being activated or inhibited at any given moment, each presenting in a specific way, and each serving a different function.

The principal goal of mode work in Schema therapy is to strengthen the Healthy Adult mode and use it to respond to the other modes, for example by nurturing the Vulnerable Child mode, setting limits for the Angry Child mode, and moderating or combating the Dysfunctional Parent and Maladaptive Coping modes. This work is executed through cognitive techniques such as schema flashcards, behavioural techniques such as rewarding adaptive behaviours, and experiential techniques such as chairwork (Martin & Young, 2010; Young et al., 2003).

One benefit of understanding self-parts as states of mind is that it avoids the reification of self-parts. In contrast to understanding self-parts as discrete personalities or from the perspective of metaphorical anthropomorphism, observing self-parts as states of mind allows the abstract to remain abstract. As summarised by Stiles (1997), observing self-parts as states of mind allows for them to be looked upon as a response to a situation rather than as homunculi inside an individual, meaning that they are seen not as a fixed entity but rather a momentary, flexible position that can be activated and inhibited. This increased flexibility aids in the therapeutic goal of integrating one's self-parts (Moskowitz & van der Hart, 2020).

However, there have been detractors of this perspective who argue that "we do not understand ourselves as concatenations of affects, cognitions, and conations, however reasonable it may be under some circumstances to describe our minds in these terms. Instead, we sense our fragments as characters" (Stern, 2004, p.11). Therefore, it may be harder for individuals to intuitively conceptualise self-parts as states of mind, as compared to understanding them from the perspective of

metaphorical anthropomorphism or as discrete personalities. Within the therapy room, self-parts have also been observed to present with their own physiological characteristics such as in their posture and voice, and often offer different interpretations of the world (Cataldo, 2008). Without the language of self-parts as having their own personality, personhood, and physiological characteristics, these nuances may be lost in the therapy room.

Overall, there are varying perspectives regarding the conceptualisation of self-parts. There is no absolute truth regarding which perspective is right or wrong; however, across the various interpretations of self-parts, one constant is the goal of self-part integration. Self-part integration refers to the therapeutic goal of identifying with a unified and accurate sense of self by strengthening collaboration and coherency between self-parts (Cataldo, 2008). For example, Gestalt therapy aims to support individuals to understand and resolve internal conflicts between self-parts (Hermans, 2001; Perls, 1973). ACT aims to develop stronger psychological flexibility between self-parts and a mindful awareness of the self (Godbee & Kangas, 2020; Hayes et al., 2012). In Schema therapy, the goal is to utilise the Healthy Adult mode to respond to and collaborate with other modes (Martin & Young, 2010; Young et al., 2003). As noted by Mitchell (1993) and Stern (2004), the idea of health is the ability to tolerate conflict between self-parts, rather than to merge all self-parts into a blended whole.

Descriptive, Projective, and Experiential Techniques in Working with Self-Parts

The common aim of self-part integration across various therapies has resulted in a convergence of techniques. Every technique begins with the identification of a

singular characteristic in an individual, for example a role, a trait, or a body part. Related characteristics are then drawn together through various mediums to form an identifiable self-part, which are then given a space, form, or voice. Such mediums can be categorised into three types: descriptive techniques, projective techniques, and experiential techniques (Rowan & Cooper, 1999).

Descriptive Techniques

Descriptive techniques describe the methodology of acknowledging the existence of various self-parts through verbal or written description. Such techniques allow an individual to tap into the self-parts that they are conscious of and bring them into existence through written or verbal form. These self-parts may also be named, adding a descriptor to that aspect of the self to facilitate further coherency and dialogue. One example of a descriptive technique is the “Who am I?” technique (Rowan, 1993), where an individual is asked to answer the question of who they are, responding to it with as many answers as they wish, after which similar responses are grouped together and compiled into a self-part.

Projective Techniques

At times, it may be difficult to write or verbalise self-parts that are not fully in one’s conscious awareness. In such situations, it can be beneficial to practice more projective techniques where an individual is allowed to express their self-part indirectly. For example, in guided visualisation (Ferrucci, 1982), an individual is first asked to choose a specific trait or attitude. They are then guided to build an awareness of that

part of themselves and create an image in their mind to represent that self-part. That self-part is named, given a voice, and encouraged to speak. Projective techniques offer creativity in the visualisation of the self-part, with its form being given the freedom to manifest in the image of a person, animal, or non-living item.

Another example of a projective technique is Sandplay therapy, where an individual is given a sand tray and the freedom to create a miniature world in the tray, for example by adding natural landscapes and creatures to inhabit their world (Ryce-Menuhin, 1992). While figurines are often utilised to represent characters and objects, the sand itself is also utilised as an open, changing medium, allowing for the creation of a narrative over time in contrast to a single snapshot (Hancock et al., 2010). One can infer, through the creations, additions, and directions from the individual onto their miniature world, the marks indicative of their self-parts and the representations of their thoughts, feelings, and actions (Castellana & Donfrancesco, 2005).

Experiential Techniques

In contrast to projective and descriptive techniques where an individual is asked to externalise their self-part through a medium such as the written word or an image, experiential techniques require the individual to give a voice to their self-part, with the aim of processing the internal conflict from the inside out (Greenberg et al., 1998). This can be done by engaging in dialogue with the self-part to bring to light its attitudes, feelings, and purpose (Rueffler, 1995).

One example of an experiential technique is voice dialogue, where self-parts are demarcated into primary and disowned selves, each presumed to possess discrete patterns of expression, outlook, and agenda (Berchik et al., 2016; Stone & Stone, 1989). An individual's dominant identities, their conscious definitions of who they are, and how they define themselves to the world are labelled as their primary selves, while the repressed parts of their identity and personality are labelled as their disowned selves. Voice dialogue seeks to resolve inner conflict and tension by bridging the polarity between the primary and disowned selves (Stone & Stone, 1989). After identifying the self-part they wish to address, individuals are asked to physically move into the space where their self-part is, facilitating their identification and expression of their self-part. They then respond to exploratory questions from the facilitator, answering as their self-part. Through identifying, conversing, and separating from the primary self-parts that dominate the internal discourse, one can also discover and acknowledge the disowned self-parts, enabling awareness and acceptance to all parts of the self.

Using Tools and Objects to Facilitate Self-Parts Work

In both projective and experiential techniques, tools and objects are utilised to assist in reconnecting, reexperiencing, recreating, and revealing emotional situations from past or present relationships (Greenberg et al., 1989). For example, in Sandplay therapy, individuals manipulate miniature objects representing their self-parts on a sand tray symbolising their internal world, allowing for the somatic exploration, connection, and experiencing of their self-parts (Hancock et al., 2010). Next, several examples of objects will be explored in the context of their application to self-parts work.

Figurines and Dolls

Figurines and dolls are commonly utilised in psychodynamic therapy with children and young people (CYP) as a method to express and explore their self-parts (Krystyniak, 2020). Especially with children who may struggle with more descriptive techniques, the usage of objects such as dolls can offer a unique way to access their internal states, phantasies, their understanding of themselves, and their relationships with the world through play (Yanof, 2013).

Nilsson (2000) chronicled a case study where the processes and interpretations of using dolls and the doll's house were explored in the context of psychoanalytic psychotherapy with a four-year-old girl. In the paper, Nilsson (2000) likened the doll's house to the child's inner world, with each room possessing its own atmosphere, value, and somatic association. For example, the kitchen, a space for feeding which was core to the maternal body, was interpreted to represent maternal love and care. Within the earlier therapy sessions, Nilsson construed the child's actions of filling the kitchen cupboards with sand to represent a self-part that wished to be filled, driven by a need to receive love and care and feel 'full'. In the later stages of therapy, Nilsson noted the child's increased sense of security when she guided one doll to invite another doll to eat spare-ribs in the kitchen. In this scene, the child's self-part demonstrated the increased security it had been feeling over the course of therapy in being able to invite another into her core to share the existence of something filling. In this way, the therapeutic work was facilitated by the child's use of the dolls and doll's house, within which the

kitchen represented a self-part that sought to, and was able to, be filled with love and care.

Masks

Aside from figurines, more metaphorical objects such as masks have also been utilised in both projective and experiential techniques to represent one's self-parts (Rowan & Cooper, 1999). For example, in Art therapy, the usage of a crying mask could represent a scared, child self-part, while an angry mask could represent a critical parent self-part. The choice of a mask provides an advantage in self-parts work, as its mimicry of one façade of the human face allows individuals to naturally draw parallels between self-parts. Individuals can swap between masks to represent how different self-parts surface under different conditions, and the veneer of anonymity behind the mask can also create a disinhibiting effect to the individual, allowing them to bring their self-part to the forefront while protecting their 'real' self (Rowan & Cooper, 1999).

Found Objects

Objects employed in self-parts work do not have to hold resemblance to a human form as natural or man-made objects, carrying significance or meaning, can also be utilised to relate to the self (Brooker, 2010). Brooker (2010) described an Art therapy case study of a woman in her mid-30s, who avoided using the art materials initially provided due to a sense of not being 'good enough' for them. She was thus encouraged to forage for items that she identified with in the external world. The found objects were bought into the therapy room and acted as a conduit for her to share her experiences,

with the nature of such displaced objects in the external world reflecting the individual's own feelings of displacement in her internal world. For example, a small, broken leaf stem amongst her found objects acted as a representation of the individual's vulnerable child self-part. As the sessions progressed, more found objects were introduced and at times merged with each other or combined with more traditional art tools. Through the medium of found objects, the individual was able to identify with the various self-parts within her internal world and sit with their associated experiences and feelings in a more tolerable manner.

The Chair

Another representational object utilised in some experiential techniques is the chair. Chairwork, a collection of techniques originating from psychodrama, uses chairs, movement, positioning, and dialogue to resolve inner conflict (Pugh et al., 2021). In chairwork, the chair serves to concretise an individual's embodiment of their self-part, in contrast to the function of a mask or a doll, which are objects aimed to enhance self-expression (Bell et al., 2020). The presence of the chair is symbolic of the presence of the self-part in the therapy room, and as the individual positions themselves on the chair, they embody that self-part. The movement of the individual towards and away from the chair acts as a representation of their embodiment of and separation from their self-part, enabling the individual to shift their perspective, meaning, and affect (Bell et al., 2020; White, 2023). Seating self-parts onto chairs and moving between them also allows individuals to gain psychological space and distance from their self-parts, aiding

an experiential change of mind through decentred self-reflection and the meta-observational witnessing of one's self-parts (Bell et al., 2020; Pugh & Bell, 2020).

The positioning of the chair itself also holds symbolism, for example in Schema therapy, where a therapist may place a wall of chairs between the individual's chair and their vulnerable child self-part chair to represent how their coping mode is blocking the feelings and needs of the vulnerable child from being met (Pugh & Rae, 2019). Another example emphasising the physicality and positioning of the chair is during goal depiction tasks in chairwork, where the distance between the individual and the chair represents how near or far the individual feels in terms of their goal completion (Pugh & Bell, 2022). This conceptual introduction will next provide a developmental contextualising of chairwork and an exploration of its potential efficacy across the lifespan.

Chairwork

Chairwork describes a set of psychotherapeutic techniques that are used across various therapeutic modalities in Clinical psychology, including psychodrama (Moreno, 1946), Gestalt therapy (Perls, 1973), voice dialogue (Stone & Stone, 1989), Schema therapy (Fassbinder et al., 2016; Young et al., 2003), Emotion focused therapy (Goldman & Goldstein, 2022; Greenberg et al., 2008), Cognitive behavioural therapy (Beck et al., 2005; Edwards, 1989), and Redecision therapy (Goulding & Goulding, 1997).

Grounded in the concept of self-multiplicity (Suszek, 2007), chairwork ascribes to the belief that each individual holds within them distinct components of their self. The

self is conceived as a larger system that incorporates various self-parts, each with their own cognitions, emotions, values, and beliefs. Within the therapy room, chairwork aims to promote awareness and acceptance of one's self-parts by encouraging the individual to embody their self-parts, engage in here-and-now interactions between their self-parts, and address internal conflicts between self-parts (Bell et al., 2021b).

Engaging in chairwork requires individuals to possess certain cognitive, emotional, and metacognitive or self-referential abilities. Firstly, individuals are required to have a structured sense of self. Sense of self, or self-concept, refers to an individual's idea of their self, constructed from their beliefs about themselves and from the reactions of others (Pos & Greenberg, 2012). Chairwork requires individuals to identify their self-parts, embody their self-parts, navigate between their self-parts, and converse from the position of their self-parts. Without a clear sense of self, individuals may struggle to hold in mind which self-part is being embodied, resulting in confusion, distress, and cognitive disruption (Pos & Greenberg, 2012). For example, individuals with an inconsistent sense of self such as those with borderline personality disorder may struggle to engage with chairwork and find the technique demanding and overwhelming (Pos & Greenberg, 2012).

Individuals engaging in chairwork also require reflective functioning and mentalisation capabilities, meaning the ability to recognise and reflect on one's thoughts and feelings. Individuals with a weak capacity to recognise and reflect on their own states of mind may struggle to identify the conflicts between their self-parts, resulting in

feelings of confusion and a loss of control when attempting chairwork (Pos & Greenberg, 2012).

Chairwork also requires individuals to have sufficient emotion language and emotion regulation capabilities. Bell and colleagues (2020) noted how individuals engaging in chairwork must be able to access and express their emotions, as each self-part is realised through one's internal sensations and external expressions such as the physical vocalisation of the self-part's feelings. In addition, Pos and Greenberg (2012) described how individuals must have the capacity to regulate their emotions enough for optimal experiencing without overwhelming their reflective capacities in order to engage in chairwork.

Chairwork with Adults

For individuals who possess sufficient cognitive, emotional, and metacognitive or self-referential abilities, chairwork has been shown to be effective for a range of presenting difficulties including self-criticism, depressive symptoms, and emotion regulation difficulties (Kroener et al., 2024; Lafrance Robinson et al., 2014; van Maarschalkerweerd et al., 2021). For example, Kroener and colleagues (2024) assessed the efficacy of three sessions of chairwork on seven participants with diagnoses of depression. The study utilised a pre-post A-B design with two post-treatment assessments, one week and one month post-intervention. Symptomatic change was evaluated using the Beck Depression Inventory II (BDI-II), the Emotion Regulation Questionnaire, the Forms of Self-Criticizing/Reassuring Scale, the Self-Compassion Scale, and the Rosenberg Self-Esteem Scale. The study noted significant

improvements in participants' depressive symptoms, self-compassion, and emotion regulation scores one week and one month post-intervention. Participants also demonstrated significant improvements in their self-esteem scores one week post-intervention, although these effects declined from one week post-intervention to one-month post-intervention. While this study demonstrated the efficacy of chairwork on adults with depression, there were several limitations. The study did not include a control group, hence no conclusions could be drawn about the efficacy of chairwork compared to other treatments. The small sample size also meant a lack of generalisability in the conclusions. Additionally, the effects of the study were followed one month post-intervention, meaning that longer term impacts of chairwork could not be assessed.

Another study by Lafrance Robinson and colleagues (2014) utilised a mixed-methods design, exploring the efficacy of a nine-session weekly chairwork group on adults referred for anxiety and depression. The study evaluated six participants using the BDI-II, the Beck Anxiety Inventory (BAI), and the Difficulties in Emotion Regulation Scale, in addition to a follow-up semi-structured interview. The study measured pre-intervention, post-intervention, and at 12-month follow-up, and found a significant decrease in emotion regulation difficulties from pre-intervention to the 12-month follow-up. While there were no significant differences in the BDI-II and BAI scores over time, the effect sizes were notable and clinical differences emerged, with both scores falling from pre-intervention to the 12-month follow-up. The qualitative interviews also suggested improvements in participants' mood, anxiety, and emotion regulation. While this study better demonstrated the long-term effects of a chairwork intervention, the

small sample size and low statistical power hindered any firm conclusions about its efficacy. In addition, the group setting of the chairwork intervention meant that the study could not distinguish between the effects of chairwork and the processes of group therapy.

Research by van Maarschalkerweerd and colleagues (2021) also explored the efficacy of chairwork. Their study utilised a counterbalanced, crossover design, comparing one chairwork session to one Cognitive behavioural therapy session in 20 participants with a diagnosis of borderline personality disorder who had started Schema therapy. Participants were asked to rate the valence of their Punitive Parent mode-associated core belief using the 9-point valence scale of the Self-Assessment Manikin, in addition to how much power participants felt they had over their punitive core belief. They were also asked to rate the credibility and power of the punitive core belief using a visual analogue scale. Participants completed the ratings before and after each of the two sessions. Semi-structured interviews were conducted after participants completed the chairwork and Cognitive behavioural therapy sessions. The study concluded that both the chairwork and Cognitive behavioural therapy sessions resulted in significant reductions in the power and credibility of participants' punitive core beliefs and a significant increase in participants' sense of power over their punitive core beliefs. Through thematic analysis of the semi-structured interviews, the study also reported participants' preference for chairwork as they felt it was better at eliciting feelings during the session. However, the study was limited in its sample size and its lack of follow-up design, meaning that the results could not be easily generalised and the longer term impacts of chairwork could not be assessed.

Results from the previously cited studies seem to advocate for the efficacy of single-session chairwork, multi-session chairwork, and group chairwork. However, the studies all faced limitations due to small sample sizes, and one way of increasing statistical power is by conducting a meta-analysis. Pascual-Leone and Baher (2023) conducted a quantitative meta-analysis on 28 studies, reflecting data from 774 patients and 251 therapists. The meta-analysis included studies on both single-session chairwork and multi-session chairwork on adults, and compared studies using standardized mean difference scores and standard error scores. The meta-analysis concluded that single-session chairwork was more effective in deepening patient experiencing compared to empathic responding on its own. The study also found that repeated use of chairwork over an ongoing course of treatment compounded the benefits to generate a more pronounced effect, with a small to medium effect size. However, reporting and methodological shortcomings in the literature hindered further conclusions on the efficacy of chairwork. Nonetheless, this study was able to provide an analysis on how chairwork leads to positive therapeutic change.

Qualitative studies have also explored the experience of chairwork in addressing various presentations in adults, including anorexia nervosa and self-criticism (Bell et al., 2021b; Ling et al., 2022). Bell and colleagues (2021a) conducted a qualitative study to explore experiences of a single-session chairwork intervention. Nine adults with diagnoses of depression, who had started Compassion focused therapy, were given the single-session chairwork intervention then interviewed immediately afterwards using a semi-structured interview design. The data was analysed using interpretative phenomenological analysis and three themes were identified: appreciating emotional

complexity, the role of chairwork processes, and compassionate integration. The study noted the benefits of the chairwork intervention on participants' acceptance of their own self-multiplicity and appreciation of their emotional complexity. It also reported on how chairwork allowed participants to move between self-parts through the physical movement between chairs, facilitating decentred self-reflection. In addition, the study found that chairwork allowed participants to personify their emotions, which facilitated stronger self-compassion, mentalisation, and integration. The study noted its limited sample size, its uncertainty around whether the benefits of the chairwork intervention could be maintained over time, and its inability to conclude on whether the chairwork intervention led to any empirical change in symptom reduction or measures of emotional differentiation.

Chairwork with CYP

The majority of research on chairwork is focused on adult samples that possess the cognitive, emotional, and metacognitive or self-referential abilities required to engage in the technique. There is a dearth of research on chairwork with CYP, and one reason may be that therapists and researchers are unsure of whether CYP possess the cognitive, emotional, and reflective capabilities required for chairwork.

One requirement to practicing chairwork is having a structured sense of self, or self-concept. A study by Dapp and Roebers (2018) explored self-concept in children using the Pictorial Self-Concept of Attainment Scale and found that children's self-concept developed much earlier than previously assumed, with kindergarten children from 6-years old already showing an organised, multidimensional self-concept. Harter

(2015) also mapped the trajectory of developing a sense of self and observed that in very early childhood (ages 2-4), children cannot distinguish between their real and ideal selves, present with all-or-nothing thinking, and demonstrate a lack of coherency in their self-concept. In early to middle childhood (ages 5-7), children begin to demonstrate the ability to draw rudimentary links between representations of the self, recognise and introject other's evaluations of their self, make temporal comparisons with their younger self, and make comparisons with their peers. In middle to late childhood (ages 8-10), children are able to make global evaluations of their worth, understand their self according to their abilities and interpersonal characteristics, hold both positive and negative evaluations of their self, and make social comparisons for the purpose of self-evaluation. In adolescence, self-concept takes on more abstract characteristics, with adolescents basing their sense of self on their beliefs, wishes, emotions, and motives.

Reflection and mentalisation skills are also required to engage in chairwork, and basic reflective functioning capabilities have been observed in children from early childhood (Köber et al., 2019). Research has shown that by the age of 3, children can distinguish their internal experiences from the external world, while theory of mind emerges from the age of 4 (Fonagy & Target, 1996; Wellman, 2014; Wellman et al., 2001). From middle childhood throughout adolescence, complex metacognitive abilities such as perspective taking and interpersonal understanding are established (Gurucharri et al., 1984). Köber and colleagues (2019) conducted a longitudinal study on 114 children, adolescents, and adults and found that reflective functioning capabilities increased with age from middle childhood (age 8) to adolescence, before stabilising in adulthood (age 18+).

Chairwork also requires individuals to have emotion language and emotion regulation capabilities. The development of emotion regulation skills can be observed even in infancy (Cole et al., 2018; Riediger & Bellingtier, 2022). As noted by Riediger and Bellingtier (2022), emotion regulation in infancy is often supported by a caregiver who models emotion regulation skills and responds sensitively to the child's emotional needs. Children begin to exercise more deliberate control over their emotional regulation and can demonstrate knowledge about the effectiveness of various emotion regulation strategies from the age of 4. A study by Waters and colleagues (2010) also explored emotion regulation and emotion language abilities in children and found that 4-year old children were better able to converse about their negative emotions when they were in secure attachments and when their caregiver validated their perspective. Children's emotion regulation skills tend to become more active and less avoidant as they develop, with children in middle childhood tending towards anger-related emotion regulation and avoidant coping strategies, children in late childhood moving towards more active coping strategies such as social support seeking, and children in early adolescence preferring coping strategies such as problem solving and media use (Eschenbeck et al., 2018). Emotion regulation capabilities continue to improve throughout adolescence, although not in a linear manner. Riediger and Bellingtier (2022) noted that emotion regulation capabilities will often temporarily decrease during the period of adolescence and compared to children and adults, adolescents tend to be more reactive and fluctuate more in their emotional experience.

In considering the evidence for children's cognitive, emotional, and metacognitive or self-referential capabilities, research has demonstrated that children from early to

middle childhood can demonstrate an organised, multidimensional self-concept, can draw links between representations of their self, and can recognise and introject evaluations of their self from others. Children also begin to develop reflective functioning and mentalisation capabilities from very early childhood all the way into adolescence. Additionally, studies have shown that children begin to develop emotion regulation and emotion language skills from very early childhood, with emotion regulation skills evolving over time from more avoidant strategies to more active ones. However, the process of emotion regulation development is not linear, with adolescence often introducing a period of reduced emotion regulation. The evidence suggests that chairwork would be a viable technique to use with children from early to middle childhood. Therapists facilitating chairwork would be required to assess each individual's capacity for self-concept, reflective functioning, mentalisation, emotion regulation, and emotion language before engaging in the technique and, if needed, scaffold the child in these domains to ensure meaningful engagement in chairwork. For example, research has shown the benefits of having a secure attachment with a validating caregiver in developing emotion regulation and emotion language skills (Waters et al., 2010). In a similar manner, therapists could build trust, emotional safety, and a strong therapeutic alliance with a child to foster better engagement with chairwork.

There is a significant dearth of research regarding chairwork with CYP, with no qualitative studies having been conducted. A quantitative study by Trijayanti and colleagues (2019) explored the efficacy of a chairwork intervention on reducing feelings of guilt in three adolescents who had attempted abortions and were at a high risk of

suicide. The study utilised a pre-post A-B design and found a decrease in the average scores of guilt from baseline to after the intervention. However, there were significant limitations of the study: the ages of the adolescents were not specified, there was no control group, and there was no mention of how the feelings of guilt were measured. Overall, there is very limited research regarding chairwork with CYP. More research is required to explore the facilitation of chairwork with CYP in regards to its strengths, limitations, and the methods of tailoring chairwork to this age group.

Summary

Chairwork describes a set of psychotherapeutic, experiential techniques where different parts of the self or representations of others are externalised onto separate chairs and given a voice (Perls, 1973). Chairwork is rooted in the concept of self-multiplicity, which denotes the experience of having multiple parts of the self existing within one body (Suszek, 2007). There have been multiple attempts to define the self, with each definition coloured by the philosophical, intellectual, and cultural influences of the time, in addition to the lens through which the self is observed. Self-multiplicity is one such attempt at understanding the self from the lens of Clinical psychology. Across the various theories and therapies in Clinical psychology that ascribe to the notion of self-multiplicity and self-parts, conceptual differences exist between their definitions of self-parts (Rowan & Cooper, 1999). However, the common aim of self-part integration across the various therapies has resulted in a convergence of techniques, including the use of tools and objects to facilitate self-parts work. One such object is the chair, utilised in chairwork as a representational object to guide embodiment of one's self-part.

Engaging in chairwork requires individuals to possess certain cognitive, emotional, and metacognitive or self-referential capabilities (Bell et al., 2020; Pos & Greenberg, 2012). For adults who possess such capabilities, chairwork has been shown to address a variety of psychological difficulties such as self-criticism, depressive symptoms, anorexia nervosa, and emotion regulation difficulties (Bell et al., 2021b; Kroener et al., 2024; Lafrance Robinson et al., 2014; Ling et al., 2022; van Maarschalkerweerd et al., 2021). However, there is a lack of understanding and research around chairwork's applicability with CYP, with one quantitative study supporting the viability of utilising chairwork with adolescents (Trijayanti et al., 2019) and no qualitative papers available. Research has shown that children begin to develop the necessary cognitive, emotional, and metacognitive or self-referential capabilities for chairwork from early to middle childhood (Fonagy & Target, 1996; Harter, 2015; Waters et al., 2010; Wellman, 2014; Wellman et al., 2001), suggesting that children as early as 5-7 years old may benefit from chairwork.

The following empirical paper will explore therapists' experiences of facilitating chairwork with CYP under the age of 18, with the aim of gaining a better understanding of chairwork's applicability with this age group. The study will consider the following research questions:

1. How do therapists find introducing and facilitating chairwork with CYP?
2. When would therapists choose or not choose to practice chairwork over other techniques with CYP, and why?
3. What are the benefits and opportunities of practicing chairwork with CYP?

4. What are the obstacles and challenges of practicing chairwork with CYP?
5. What could be put into place to support therapists to practice chairwork with CYP more or better?

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Part 2: Empirical Paper

Therapists' Experiences of Facilitating Chairwork with Children and Young People

Abstract

Aims: Chairwork is defined as a set of experiential techniques where different parts of the self or representations of others are externalised onto separate chairs and given a voice. Research has shown the efficacy of chairwork with adult populations; however, there is a dearth of research on the applicability of chairwork with children and young people (CYP). This qualitative study aims to explore therapists' experiences of facilitating chairwork with CYP. **Method:** Participants were recruited across various email directories and social media sites. Twelve one-to-one semi-structured interviews were conducted online with therapists who were trained in and had facilitated chairwork with CYP. The interviews were analysed using reflexive thematic analysis (Braun & Clarke, 2022). **Results:** Three themes were generated: 'CYP are not adults: tailoring chairwork for CYP', 'The locus of power: where should it be located?', and 'Falling, failing, and then flying: from fear to freedom'. **Conclusions:** Chairwork is experienced as a useful technique that can be facilitated with CYP between the ages of 5-18. Methods of tailoring chairwork for CYP and supporting therapists to facilitate chairwork with CYP are addressed. Implications and areas for future research are explored.

Introduction

Chairwork describes a set of experiential, psychotherapeutic techniques where different parts of the self or representations of others are externalised onto separate chairs and given a voice (Perls, 1973). Therapeutic change is enacted through the use of chairs, their positioning, movement, and the dialogue between an individual's self-parts (Pugh & Broome, 2020). The concept of chairwork was first evident in Moreno's (1946) psychodrama, and was later expanded upon in the context of Gestalt therapy (Perls, 1973) and voice dialogue (Stone & Stone, 1989). It has since been incorporated into various schools of contemporary psychotherapy, including Schema therapy (Fassbinder et al., 2016; Young et al., 2003), Emotion focused therapy (Goldman & Goldstein, 2022; Greenberg et al., 2008), Cognitive behavioural therapy (Beck et al., 2005; Edwards, 1989), and Redecision therapy (Goulding & Goulding, 1997).

Across the various orientations of therapy in which it is incorporated, chairwork is grounded in the principle of self-multiplicity: the notion that the self is multifaceted and composed of numerous self-parts (Suszek, 2007). Chairwork observes self-parts as independent modes of being, each with their own emotions, behaviours, motivations, and views of the world (Pugh, 2021). Chairwork begins by differentiating and externalising an individual's various self-parts by concretising and projecting their existence onto physical chairs. The individual is then guided to embody their self-part through the physical movement of sitting in the chair of the self-part, or by personifying their self-part through visualising that self-part sat on an empty chair (Pugh, Bell, & Dixon, 2021). Through chairwork, the individual is supported to acknowledge conflicting

self-parts or identify previously suppressed self-parts, create a dialogue between the self-parts to resolve conflict or build resilience, and establish healthier coping mechanisms moving forward (Greenberg & Higgins, 1980; Mann, 2020).

Processes and Efficacy of Chairwork

Chairwork has been found to be beneficial in addressing a range of presenting difficulties including self-criticism, depressive symptoms, anorexia nervosa, and emotion regulation difficulties in adults (Kroener et al., 2024; Lafrance Robinson et al., 2014; Ling et al., 2022; van Maarschalkerweerd et al., 2021). For example, Kroener and colleagues (2024) conducted a quantitative study exploring the efficacy of chairwork on treating self-criticism in adults diagnosed with depression and found significant improvements in participants' depressive symptoms, self-compassion, and emotion regulation scores one week and one month post-intervention. The study also noted significant improvements in self-esteem scores one week post-intervention. The study found chairwork to be beneficial in enacting change on both an emotional and cognitive level; this conclusion aligns with other research showing that chairwork guides individuals to embody, explore, and express their emotions rather than engage with problems on a purely cognitive level, circumventing the rational-emotional dissociation seen in more cognitive approaches and resulting in better therapeutic outcomes (Stott, 2007). The limitations of Kroener and colleagues' (2024) study included a small sample size resulting in a lack of generalisability in the conclusions and the absence of a control group. Additionally, the effects of the study were followed one month post-intervention, meaning that longer term impacts of chairwork could not be assessed.

A mixed-methods study by Lafrance Robinson and colleagues (2014) studied more longitudinal effects of chairwork and explored the efficacy of a chairwork group on adults referred for anxiety and depression. The study found a significant decrease in emotion regulation difficulties from pre-intervention to the 12-month follow up and the semi-structured interviews also noted improvements in participants' mood, anxiety, and emotion regulation. Participants voiced becoming more emotionally competent throughout the group's duration and identified several factors that were essential to the success of the therapy, including the ability to observe and learn from others' strategies. This finding correlates with research on the benefits of how modelling chairwork to an individual can offer a template for their own self-to-self relating (Bell et al., 2023). Limitations of Lafrance Robinson and colleagues' (2014) study included its small sample size, lack of control group, and low statistical power.

Another mixed-methods study conducted by van Maarschalkerweerd and colleagues (2021) utilised a counterbalanced, crossover design, comparing one chairwork session to one Cognitive behavioural therapy session in 20 adults with a diagnosis of borderline personality disorder who had started Schema therapy. The study found that both the chairwork and Cognitive behavioural therapy sessions resulted in significant reductions in the power and credibility of participants' punitive core beliefs and a significant increase in participants' dominance over their punitive core beliefs. Analysis of the semi-structured interviews also found that participants expressed a preference for chairwork as they felt it was better at eliciting feelings during the session. This finding aligns with other studies on chairwork that note how stepping into the shoes of a self-part allows the individual to better adopt and experience the changes in

posture, emotions, and bodily experiences of their self-part, which in turn facilitate greater insight into the emotions, functions, and motivations of their self-part (Bell et al., 2020; Whelton & Greenberg, 2005). The study by van Maarschalkerweerd and colleagues (2021) was limited in its sample size and its lack of follow-up design, meaning that the results could not be easily generalised and the longer term impacts of chairwork could not be assessed.

While the previously cited studies all struggled with a small sample size and small statistical power, a meta-analysis of 28 studies by Pascual-Leone and Baher (2023) demonstrated the efficacy of single-session chairwork and multi-session chairwork on a sample of 774 patients and 251 therapists. The meta-analysis found that single-session chairwork was more effective in deepening patient experiencing compared to empathic responding alone. The study also found that repeated use of chairwork over an ongoing course of treatment compounded the benefits to generate a more pronounced effect, with a small to medium effect size. A six-step general model of chairwork was identified that causally connected chairwork to positive therapeutic change: activating the problem state, exploring one's inner reaction, enacting the specific core concern, expressing emotion in the service of an unmet need, a change in perspective on the original problem, and negotiating future engagements. The findings of the study align with other research; for example, in regard to enacting the specific core concern, studies such as Pugh, Bell, and Dixon (2021) have shown that chairwork facilitates individuals to speak to one self-part while embodying another self-part, allowing them to directly face painful internalised experiences. Such confrontations are

highly effective in bolstering ego strength and establishing healthier intrapersonal relationships.

Qualitative studies have also highlighted the experience of chairwork in adults; for example, Bell and colleagues (2021) conducted a qualitative study to explore clients' experiences of a chairwork intervention. Semi-structured interviews from nine adults with diagnoses of depression were analysed using interpretative phenomenological analysis and three themes were identified: appreciating emotional complexity, compassionate integration, and the role of chairwork processes. The finding on the role of chairwork to facilitate separation of self-parts aligns with previous research showing how chairwork facilitates embodiment and separation from self-parts, allowing for decentred reflections and a more meta-observational witnessing of self-parts (Barbosa et al., 2017; Chadwick, 2003). Bell and colleagues (2021) noted their paper's limited sample size and its lack of longitudinal design.

Chairwork with Children and Young People

Research on the processes and efficacy of chairwork have focused on the adult population and there is a significant lack of research on chairwork with children and young people (CYP). There are no qualitative studies of chairwork with CYP and only one quantitative study of chairwork with adolescents. Trijayanti and colleagues (2019) explored the efficacy of a chairwork intervention on reducing feelings of guilt in three adolescents who had attempted abortions and were at a high risk of suicide. The study utilised a pre-post A-B design and found a decrease in the average scores of guilt from baseline to after the intervention. However, there were significant limitations of the

study: the ages of the adolescents were not specified, there was no control group, and there was no mention of how the feelings of guilt were measured. This study did demonstrate an attempt at facilitating chairwork with CYP and the results were supportive of the technique's viability and efficacy in reducing guilt with at-risk adolescents.

Research on child development suggests that chairwork may be a viable technique to use with CYP. Engaging in chairwork requires individuals to possess a structured sense of self, reflective functioning and mentalisation capabilities, and emotion language and emotion regulation skills (Bell et al., 2020; Pos & Greenberg, 2012). Research has shown that CYP begin to develop a structured sense of self from early to middle childhood (age 5-7), while capabilities such as reflective functioning, mentalisation, emotion language, and emotion regulation present from very early childhood (age 2-4) and develop throughout adolescence (Fonagy & Target, 1996; Harter, 2015; Köber et al., 2019; Riediger & Bellingtier, 2022; Waters et al., 2010; Wellman, 2014; Wellman et al., 2001). Such research suggests that chairwork could be a viable technique to use with CYP from early to middle childhood, who possess the cognitive, emotional, and metacognitive or self-referential abilities required to engage in the technique. Therapists may also support CYP to develop these capabilities before engaging in chairwork, adapting the technique to offer a developmentally appropriate design.

Potential methods of adapting chairwork for CYP include using objects such as cards, drawings, or dolls. Such adaptations are often utilised in Schema therapy for

CYP, for example in the usage of schema flashcards, mode sketches, and in chairwork (Loose et al., 2020). Cards such as schema flashcards provide a template for CYP to identify their emotions, develop an understanding of their self-parts, and find a language to express their self-parts (Loose et al., 2020). Using such cards, CYP can be supported to develop their emotion language capabilities and establish a stronger self-concept, thereby aiding their ability to engage in chairwork. Another developmentally appropriate adaptation is to have CYP draw out an image of their self-part before beginning chairwork. The act of drawing out their self-part facilitates greater working distance between the CYP and their self-part, allowing them to explore and process their inner conflicts in a less threatening way (Blom, 2006; Missiaen, 2016; Vanhooren, 2018). Additionally, the use of dolls aids CYP to connect their abstract thoughts with concrete experiences, allowing for greater self-exploration and communication between self-parts (Behr et al., 2013; Wethington et al., 2008).

Another developmentally appropriate adaptation is informing and involving the parents of the CYP in chairwork (Loose et al., 2020). Parental attributions and engagement play a large role in three aspects of a CYP's treatment, namely help seeking, engagement, and retention, which in turn impact on CYP's treatment outcomes (Morrissey-Kane & Prinz, 1999). As such, one way of adapting chairwork for CYP is to include their parents, for example by exploring parental attributions or by addressing any internal conflicts between a parent's self-parts that may have an impact on their CYP's help seeking, engagement, or retention abilities (Loose et al., 2020). Parental reflective functioning is also associated with improved mentalisation capabilities in CYP

(Camoirano, 2017); consequently, working with parents to support their reflective functioning capabilities can in turn strengthen CYP's capabilities to engage in chairwork.

Overall, research has demonstrated that chairwork may be a viable technique to practice with CYP who possess the required cognitive, emotional, and metacognitive or self-referential capabilities. These capabilities begin to present during different stages of child development, hence a CYP may possess some but not all of the required capabilities at the start of therapy. Therapists can support CYP to develop these capabilities and adapt chairwork to offer a developmentally appropriate design, for example by involving the parent, utilising cards such as schema flashcards, drawing out the self-part, and including the use of dolls (Loose et al., 2020). The literature establishes a promising theoretical grounding for the use of chairwork with CYP and would benefit from research directly exploring the applicability of chairwork with this age group.

Research Aims

The current study aims to explore the gap in literature by conducting a qualitative study on therapists' experiences of facilitating chairwork with CYP under the age of 18. The following research questions are considered:

1. How do therapists find introducing and facilitating chairwork with CYP?
2. When would therapists choose or not choose to practice chairwork over other techniques with CYP, and why?
3. What are the benefits and opportunities of practicing chairwork with CYP?

4. What are the obstacles and challenges of practicing chairwork with CYP?
5. What could be put into place to support therapists to practice chairwork with CYP more or better?

Methods

Ethics

This study received UCL ethical approval (Appendix A). A minor amendment was submitted and approved to allow for the interviewing of clinicians from the international chairwork community.

Recruitment

A non-probability sampling method was selected as the research sought to gather the views of a targeted set of people, namely therapists who had experience facilitating chairwork with CYP, rather than a general perspective. Convenience sampling was chosen to maximize accessibility to the target population and to ensure that the process of data collection remained feasible within the study's time and monetary constraints (Golzar et al., 2022).

An online advert for the study was posted across multiple listserv and social media platforms (Appendix B), including LinkedIn, the International Society of Schema therapy Listserv, the Emotion focused therapy mailing list, the Compassion focused therapy mailing list, Schema therapy groups on Facebook, and the chairwork group and

page on Facebook. Potential participants voiced their interest by responding to the online advert via email.

The sample size was decided upon based on the concept of information power, in which the aims of the study, the sample specificity, the quality of the dialogue, and the analytic approach were taken into account (Malterud et al., 2016). Factoring in the time and resource constraints of the study, a sample size of 10-17 was proposed to facilitate the collection of suitable data. Previous qualitative studies on chairwork have utilised a range of sample sizes, from nine participants to 16 participants, to obtain rich and complex data (Chua et al., 2022; Halls, 2023). Recruitment for this study ended after the 12th interview, when no further participants came forward and the researcher decided that enough suitable data had been gathered for a rich analysis of themes.

Inclusion and Exclusion Criteria

Recruited participants were required to be accredited therapists who, at the time of the study, were registered with an appropriate professional body and had completed specialist chairwork training, or had been accredited in a therapy modality that incorporated chairwork in its training, for example Schema therapy or Emotion focused therapy. Participants were required to be between the ages of 22 and 70, as it was deemed unlikely for therapists to have at least a bachelor's degree and further qualifications such as the BABCP accreditation or chartered membership as a Clinical Psychologist before the age of 22. The upper age limit allowed for the inclusion of therapists who were actively practicing at the time of the study or who had recently retired. Participants were also required to have practiced chairwork in their therapeutic

work with at least one CYP, defined as a person under the age of 18, be able to speak English fluently, and be able to engage in a 60-minute one-to-one interview either through a video or telephone call.

Participants

A co-producer was first recruited from the participant population to share the power, responsibility, information, and decision-making regarding the study (Mayer & McKenzie, 2017). An online advert for the study was posted on LinkedIn, seeking a co-producer to take a consultative role in co-designing the interview schedule to ensure that the questions asked were helpful to the community, and to engage in collaborative coding of the data to enhance understanding, interpretation, and reflexivity (Braun & Clarke, 2022). One therapist registered their interest and, after confirming their eligibility to the inclusion criteria, joined the study in a consultative capacity.

Fifteen therapists registered their interest in participating in the study via email. Two therapists did not participate due to not responding to further emails, and one did not participate due to not having met the inclusion criteria. Twelve participants completed the interview, with Table 1 showing the full breakdown of their sociodemographic information. The mean age of participants was 45.9 years old (SD = 8.98, range = 31-63). The mean years of having facilitated chairwork with CYP was 9.2 years (SD = 4.93, range = 2-20). Many participants held multiple qualifications across various therapeutic modalities, as illustrated in Table 1 below. Additionally, five participants voiced their qualifications as certified supervisors in their modality. The age

ranges of participants' clients were also identified and categorised based on Harter's (2012) substages of self-development.

Table 1

Sociodemographic Characteristics of Participants (N = 12)

Demographics	*n*	%
Gender		
Female	7	58.33
Male	4	33.33
Non-binary	1	8.33
Age		
30-40 years	3	25
40-50 years	5	41.67
50-60 years	3	25
60-70 years	1	8.33
Country of Residence		
Australia	1	8.33
Canada	2	16.67
England	2	16.67
Netherlands	4	33.33
Singapore	1	8.33
United States of America	1	8.33
Wales	1	8.33
Profession		
Clinical Psychologist	3	25
Cognitive Behavioural Therapist	2	16.67
Compassion Focused Therapist	1	8.33
Counsellor	2	16.67
Counselling Psychologist	1	8.33
EMDR Therapist	4	33.33
Educational Psychologist	1	8.33
Emotion Focused Therapist	4	33.33
Professor	1	8.33
Psychotherapist	3	25
Schema Therapist	5	41.67
Social Worker	1	8.33
Years Facilitating Chairwork with CYP		
1-5	3	25
6-10	6	50
11-15	2	16.67
16-20	1	8.33
Age Ranges of Participants' Clients		

Early to middle childhood (ages 5-7) to age 18	1	8.33
Middle to late childhood (ages 8-10) to age 18	2	16.67
Early adolescence (ages 11-13) to age 18	5	41.67
Middle adolescence (ages 14-16) to age 18	4	33.33

Procedure

After participants registered their interest via email, the participant information sheet (Appendix C) and consent form (Appendix D) were sent to them. Participants were required to confirm their eligibility for the study and complete the consent form prior to the interview. A one-to-one video interview was then arranged and held over Microsoft Teams. The semi-structured interviews consisted of a series of questions and lasted for 45-60 minutes each (Appendix E). Prior to the main interview, the sociodemographic information of each participant and verbal consent for each interview to be recorded was obtained. Participants were offered opportunities to ask questions before and after the main interview. Upon completion of the interviews, a £260 donation to UNICEF's Children's Emergency Fund was made in the names of the participants and co-producer.

Interviews

The interview schedule was designed by the researcher and revised after discussion with the two supervisors and co-producer. The questions in the interview schedule centred around the study's aims of exploring therapists' experiences of facilitating chairwork with CYP, including the process of introducing the technique, how the work may be experienced by CYP and therapists, the benefits and challenges of facilitating chairwork, and the potential areas of support for therapists moving forward.

The interviews were designed in a semi-structured format, which allowed the researcher to focus on the main research questions while having the autonomy to explore pertinent themes that arose over the course of the interview (Adeoye-Olatunde & Olenik, 2021). Two pilot interviews were conducted with a supervisor and the co-producer to obtain feedback on the interview schedule design and implementation. This feedback then informed further revisions of the interview schedule.

Data Analysis Informed by Therapist Positioning

An ontological position of relativism was taken by the researcher, reflecting the belief that there is no singular reality that exists independent from human observation. A relativist approach perceives the 'truth' of the knowable world to be produced and constructed by the data and process of analysis, where the participants and researcher influence and are influenced by their realities (Braun & Clarke, 2022). This positioning connected with a constructionist epistemology, with the researcher holding the belief that no essential or material foundation for knowledge is pre-assumed and that research practices will produce instead of reveal knowledge (Willig, 1999).

Holding a relativist-constructionist stance, the researcher recognised the impact of their perspectives and influences on the knowable world, and their own inevitable partiality in the process of designing the study and analysing the data. The importance of reflecting on one's biases clarified the need to engage in reflexive thematic analysis (TA). Using reflexive TA allowed the researcher to develop, analyse, and interpret patterns in the data while including critical reflections on their role and positioning in the process of knowledge generation.

Within the process of reflexive TA, an inductive-deductive hybrid stance was taken (Proudfoot, 2023). Beginning with observations to generate patterns in the data, an inductive approach was taken to develop broader generalisations and themes from specific observations. Recognition of the researcher's own prior knowledge and preconceptions facilitated a more deductive element, with such top-down influences being incorporated and recognised in the process of data analysis.

The Six-Phase Approach to Reflexive Thematic Analysis

The six-phase approach to reflexive TA acted as the framework for data analysis (Braun & Clarke, 2022). The process was not practiced linearly, as the researcher moved back and forth between the phases in a recursive manner throughout the process of inquiry and interpretation (Terry et al., 2017). Analysis was conducted via multiple modes, using both paper and pen, and NVivo, with each change in medium offering different perspectives and fresh interpretations.

The first phase of familiarisation involved transcribing each interview verbatim. The interviews were then printed out, and the researcher continued to familiarise themselves with the dataset using pen and paper. The initial process of familiarisation was primarily inductive, with general insights and initial interpretations handwritten on each printed interview (Appendix F).

After the transcriptions were imported into NVivo, the second phase of coding commenced. The interviews were reviewed in a different order from the previous phase to aid the researcher in remaining freshly engaged with the data; this step was repeated

for all following phases. Specific and detailed initial codes were generated, including both latent and semantic information, which were then organised into preliminary groups based on their meaning (Appendix G). Repeated codes relevant to the research questions were then created and collated into candidate themes in the third phase of generating initial themes.

The fourth phase of developing and reviewing themes involved discussion with the supervisors and co-producer, who aided the researcher in refining the themes through collaborative coding (Braun & Clarke, 2022). The process aimed to enrich and strengthen the validity of the findings by incorporating a variety of perspectives. The initial themes were reorganised to better reflect the entire dataset and relevant codes were combined to create meaning-based, interpretative themes. In the fifth phase of refining, defining, and naming the themes, each theme was further defined through a brief synopsis and labelled with a concise, informative title.

The final phase of writing up involved the researcher weaving together the analytic narrative through the presentation of coherent themes, evidenced by data extracts. The narrative aimed to answer the research questions and, in doing so, address the needs of the target population, who were therapists who wished to facilitate chairwork with CYP.

Researcher Reflexivity and Ensuring Thoroughness in Conducting Reflexive Thematic Analysis

A core tenement of reflexive TA is the valuation of the researcher's own subjectivity and perspective as an integral aspect of the data analysis process (Braun & Clarke, 2022). The researcher was a Chinese, heterosexual female in her late twenties, and was positioned as a trainee Clinical Psychologist who had completed specialist chairwork training and had facilitated chairwork before with adults.

The researcher ensured rigour in their technique through regular reflective meetings with both supervisors and correspondence with the co-producer, where their positioning, subjectivity, and reflections were considered in the context of participants' background and the information they provided. For example, similarities in the cultural context between the researcher and one of the participants were noted and reflected upon during the process of data analysis.

A journal was also used to support the researcher's reflexive thinking, incorporating the researcher's own introspections and evolving perceptions alongside discussions with the supervisors and co-producer. The aim of the reflexive journal was to enhance the researcher's creative and critical thinking, in addition to facilitating their process of reflection, which included the three stages of awareness, critical analysis, and new perspective (Thorpe, 2004).

Results

The reflexive TA generated three themes, each containing three subthemes (see Table 2).

Table 2

Summary Table of Themes and Subthemes

Theme	Subtheme
1. CYP are not adults: tailoring chairwork for CYP	a. The importance of playfulness and creativity b. Moving from the abstract to the concrete c. Working with, not against, the CYP's developmental stage
2. The locus of power: where should it be located?	a. Contextualising CYP in their relational system b. Building CYP's agency c. Recognising the power of chairwork with CYP
3. Falling, failing, and then flying: from fear to freedom	a. Fearing the fall: lacking resources and feeling hesitant b. Spreading your wings and taking the plunge: just do it c. Flying high: therapist agency and confidence

Theme 1: CYP are not adults: tailoring chairwork for CYP

Subtheme 1a: The importance of playfulness and creativity

Participants voiced how CYP often demonstrated an acceptance to play and creative methods such as chairwork, and how they tended to be "a bit less sceptical than when I do it with adults" (P10). Participants attributed this to CYP's familiarity with role-play and acting, which was often introduced in drama classes and activities within the school environment. Within these settings, CYP were often encouraged to play and be creative without judgement.

> There's a dialogue with role-playing, acting, and speaking out lines, it's familiar to kids and adolescents in the way, to some extent, even if they're not part of a drama, but like in school. They know what's happening and I think to that extent,

> it's kind of giving them this familiarity that "Oh, I'm just acting, you know, I'm being myself." (P7)

Being in an environment where role play, creativity, and embodiment were normalised likely supported CYP to practice chairwork techniques without the fear of judgement and scepticism observed in adults. Participants also commented on how adults held stronger views on what therapy should look like, and how this resulted in resistance towards techniques that did not fall within their expectations of therapy. In contrast, CYP's familiarity with play and creativity likely promoted their acceptance towards more creative methods of psychological treatment.

> [CYP] are so much less constricted by what therapy is or what their ideas or their notions of how a therapy session should go. And many kids are so much more in tune with their creative side and they're less rigid about what they're willing to do or try in a therapy session. (P8)

Participants also spoke about the value CYP placed on play when tailoring chairwork to them. They voiced the importance of modelling chairwork and injecting creativity, for example by talking to their own self-part to demonstrate chairwork to the CYP or by having the CYP draw images of their self-parts. In modelling chairwork, participants described how they used themselves to demonstrate transparency, honesty, and sharing a part of themselves as a human being.

> It helps in a sense to be on the same level. It's a real levelling thing because I can use some personal disclosure, some general stuff, and then you're thinking

> “Oh, yeah, we both got tricky minds here,” like “This is being human. This is what it's like.” (P1)

This self-disclosure likely reduced the power imbalance between the CYP and the participant, strengthening the therapeutic alliance. It also supported CYP’s understanding and acceptance of the technique, providing a smoother transition for them to begin the chairwork dialogue.

Subtheme 1b: Moving from the abstract to the concrete

When tailoring chairwork to CYP, participants voiced their considerations regarding CYP’s ability to grasp the abstract nature of chairwork. Especially for young children and neurodiverse CYP, participants were at times hesitant to introduce chairwork due to their belief that “it’s relatively harder for them to articulate their emotions in the first place and…more guidance would be needed for them to switch that perspective and imagine how it feels in other people's shoes” (P7).

Such hesitations were linked to concerns that CYP might not be able to grasp the technique. In fearing CYP’s potential confusion and distress if they were unable to grasp the technique, participants sometimes refrained from introducing chairwork. However, while participants spoke of their hesitancies towards facilitating chairwork with CYP due to its abstract nature, they also noted ways of increasing the accessibility of chairwork for CYP, for example by including the use of objects to add more concreteness to the work. For example, Participant 9 “used cards with adolescents and I put these on the

chair so that we know who we're talking to and with children I would use puppets or things."

Participants emphasised the need for the chairwork dialogue to be appropriately scaffolded so that CYP could adapt to the abstract nature of chairwork and develop their understanding of their internal world. The use of objects scaffolded CYP's understanding of abstract concepts such as self-parts by allowing them to identify their self-parts in physical objects that they felt connected to. This likely resulted in stronger emotional anchoring to their self-part, facilitating the process of chairwork.

Subtheme 1c: Working with, not against, the CYP's developmental stage

Participants voiced how some CYP demonstrated ambivalence towards practicing chairwork due to self-consciousness, shame, or if "they are in one of their moods, OK, nothing to do with their emotional regulation, but just the sake of adolescence" (P3). It was important for participants to hold in mind the developmental stage and needs of the CYP in accordance with their age.

One way that participants held the CYP's developmental stage in mind was through their use of language. Participants sought to match their language with the CYP for the purpose of co-creating a shared meaning and reality with them. This was illustrated in the excerpt below about a participant mirroring the CYP in their use of swear words.

> It gives them a bit of liberty then to speak a bit more freely and use the kind of language that they're used to…what they typically say to themselves is often

> likely to include some swear words so…I want to allow them- enable them to speak as freely as possible. And so sometimes, when I have used a swear word in that context, it's almost like a "pfffff." It almost feels like it bonds us quite a bit. (P1)

Through mirroring the CYP's language, participants were better able to understand the CYP's perspective, co-create a shared reality, and build a connection with them, thereby strengthening the therapeutic alliance. Apart from the choice of words and the language used, a shared understanding was also fostered through tailoring the way the information was given according to the needs of the CYP. Participants noticed that when introducing chairwork to a CYP, too short an introduction often increased their anxiety as they struggled to understand what the technique entailed. However, too long an introduction would similarly increase anxiety and feel off-putting.

> I realised when I first started doing it and then they have a lot of questions and I try to prepare them, like overly prepare them, they tend to have a lot more anxiety about the way they do chairwork and they would often check in with me, like "Am I doing this right?" (P3)

Participants attempted to offer a good-enough introduction that was detailed enough to provide a clear understanding of chairwork, while also being concise enough to retain engagement by not becoming "too intellectual or head-y" (P8). By tailoring the introduction to the CYP's developmental stage, a safe space was created in which the CYP could connect with the participant and begin the chairwork dialogue.

Theme 2: The locus of power: where should it be located?

Subtheme 2a: Contextualising CYP in their relational system

Most participants stressed that “if you work with a child, you also work with the system, you also work with the family” (P6). Regarding working with parents and carers, a split was observed in participants regarding whether a caregiver should be included in the work, and if so, how they ought to be included. For example, when supporting a CYP to address unresolved emotional experiences with a significant other using chairwork, several participants acknowledged how the difficult relational figure in the CYP’s world may be their caregiver. In such circumstances, it was considerably harder for participants to facilitate chairwork with the CYP as unresolved feelings towards the difficult relational figure could not be easily resolved.

> With adults I could put the actual parents in the chair and send it away, as in chairwork. Whereas with adolescents I wouldn't do that because the patient is often still living with the parents, are still dependent on the parents, and I need to work with these parents. So not even in the chairwork imagery, I can't send them away. (P9)

Participants expressed how the power a caregiver held over their CYP meant that it would be harder for the CYP to separate from the caregiver within the chairwork exercise and in their physical reality. This dynamic was different with adults, as they were often physically separate and no longer dependent on their caregiver. The caregiver’s power also extended into their therapeutic relationship with the therapist, as

participants stated how a rupture in this relationship could impact the caregiver and, by extension, the CYP's attendance to therapy. Participants explored different ways they included caregivers in the work while balancing the power dynamics, for example by asking the CYP whether they wanted to inform the caregiver about chairwork, or bring the caregiver into the therapy room, or even have the participant parallel the work done with the CYP with their caregiver.

> They have a choice whether they want to share or not to share what they do in therapy. And I have two opposites. I have a girl who is very enmeshed with the mother, and a young lad who is very standoffish and would not talk to his parents at all. He was like "They have to sort out their own shit." And I was like "OK. Sounds like a reasonable suggestion." (P4)

Participants offered CYP the choice to include people in their relational system. By giving the choice to the CYP, the locus of power then shifted to a more balanced position. The inclusion of the caregiver also offered opportunities for the caregiver to understand and connect with their CYP, strengthening their attachment bond. Therefore, by working with the CYP's relational system, participants were able to support the caregiver to support the CYP.

Subtheme 2b: Building CYP's agency

One method that participants used to build CYP's agency was by supporting their emotion regulation and expression, empowering them to disentangle their internal conflicts and process unresolved emotions. Participants' awareness of CYP's emotion

regulation abilities was demonstrated in the excerpt below, where it was understood in the context of evolution and child development.

> From an evolutionary perspective, that's sort of ages where people might be moving from birth family onto marriage…beginning to have more independence, move away and so wanting and needing to be accepted by peers is such an important need and that can sometimes- it's not switched on and off, it can just be a sort of blanket response of like, this just feeling incredibly awkward and uncomfortable and self-conscious. So actually taking risks, internal risks, at that point can feel a lot. (P2)

By supporting CYP's abilities to regulate and express their emotions, participants aided CYP to engage in chairwork more meaningfully, building a stronger sense of empowerment and achievement. Additionally, building CYP's agency involved choosing the right moment to begin chairwork. Participants expressed how beginning the work too early could result in CYP feeling insufficiently prepared to regulate and express the intense emotions evoked in chairwork, resulting in a sense of overwhelm and a lack of control and agency. Too late an introduction could also result in feelings of anxiety and confusion over what chairwork is and what they ought to do.

> I don't want to wait too long for it because otherwise they get the feeling this is a talk therapy and I don't want to make it too much a talk therapy. I want to be active in therapy. I want them to feel things, to experience things, and if I wait too long with it, they get a wrong idea of what therapy is. (P5)

Subtheme 2c: Recognising the power of chairwork with CYP

By strengthening a CYP's sense of agency, participants sought to position the CYP in the locus of power, enabling them to take greater ownership in the process of enacting change. This process was encouraged by empowering CYP to understand themselves and address their "curiosity of their relationship to that part of themselves" (P2). Through building CYP's awareness of their emotions and thoughts within each self-part, chairwork separated and strengthened their desired self-parts. As Participant 11 stated: "I've seen it enough to know that emotion shifts emotion." Those desired, and perhaps 'healthier', self-parts were then used to address and integrate previously fragmented self-parts, building a stronger, more cohesive, integrated self.

Participants noted the power of chairwork on enacting behavioural, emotional, and relational changes in CYP. One participant described the impact of chairwork on an adolescent who had previously struggled to sleep at night once the lights were turned off:

> [The adolescent] is connecting that his behaviour, the fear of the lights [being turned off], actually is related to what's going on in the family and I feel like that insight, that realisation somehow clicks something…And then the next session he come in, that behaviour- that kind of fear, is gone…he seems to formulate his fear into something that he can relate to in his real life and maybe he just came to terms with it. (P7)

Theme 3: Falling, failing, and then flying: from fear to freedom

Subtheme 3a: Fearing the fall: lacking resources and feeling hesitant

Participants voiced how the lack of available training and resources on chairwork with CYP impacted on their confidence to practice chairwork with this age group. This lack of confidence was observed in their preference for more evidence-based and concrete methods such as CBT or the use of dolls in play therapy.

> We do it in play much more than we say to a child “Now you sit in that chair and now you come out of the chair. You go to that chair, which is that side of you.” That is not how we do it with these young children, we mostly do it with play mobile, for example, or with puppets or with materials. (P6)

The lack of available research potentially led to an assumption that concrete methods were more age appropriate for CYP, resulting in uncertainty around the suitability of more abstract methods such as chairwork. Such hesitations reduced the likelihood of participants facilitating chairwork with CYP and led to feelings of frustration around the lack of specialised guidance and training. This feeling was captured in the below extract, where a participant voiced their concerns about adapting chairwork for CYP based on research and training for adult clients:

> I think it's kind of dreadful and often it produces really bad outcomes in my experience, because children aren't just mini-adults or adults with less developed vocabulary, they really do experience the world differently and they’re so much more embedded within a family and their regulation is embedded in a community in ways that most adults would probably benefit from. (P10)

Participants noted that the difficulty of addressing one's own reservations was at times further compounded by the need to push past the reservations of their supervisor or team. As Participant 8 stated: "When I first started working with [my supervisor], he said: I know nothing about kids. He was like: I can't do this. And I was like: We're going to do this!" As such, the onus was placed on the participant to justify and promote chairwork to their supervisor or team.

Subtheme 3b: Spreading your wings and taking the plunge: just do it

While feelings of hesitation could impede on the therapeutic work, it also drove therapists to seek ways of resolving their frustrations. Participants regularly described how they took agency in their choice to facilitate chairwork with CYP and sought support through supervision, training, and peer support.

> I have an intervision group, so we come together once every five to six weeks and talk about clients' processes, and our own processes, and supporting each other with doing this sensitive work in a world and in workplaces where we have to work really hard. (P12)

Through supporting and being supported by others, participants built a community of like-minded peers, addressed their hesitations and uncertainties, and developed a better understanding of how to facilitate chairwork with CYP. Participants did note that such support was not easily acquired. It was often actively sought out and, at times, created by participants themselves. In recognising the momentum required to facilitate chairwork with CYP, several participants also noted their own role in

supervising other therapists who wished to facilitate chairwork with CYP. At times, such support entailed modelling chairwork with the supervisee in supervision.

> In supervision…I also use it when they are having a conflict within themselves, even thinking about "Oh should I change jobs or should I stay?" "OK, there's a side of you that wants to change and there's a side of you that wants to stay and let's put them in a chair and see what happens." (P9)

By modelling chairwork with their supervisees, participants normalised the technique and allowed their supervisees to experience the power of chairwork. From the supervisee's perspective, practicing chairwork from the client's standpoint helped them learn how to facilitate it and troubleshoot areas of potential stuck-ness. Such experiences reduced participants' hesitancies around practicing chairwork and increased their agency around facilitating it with CYP.

Subtheme 3c: Flying high: therapist agency and confidence

Participants expressed their agency in facilitating chairwork with CYP through their confidence in their work. They described a seamless integration of chairwork across therapeutic modalities, with one participant expressing how "it just comes naturally" (P4). Their fluidity in incorporating chairwork into their therapeutic repertoire demonstrated their familiarity and confidence with the technique. In some participants, such confidence also manifested in a sense of confusion when asked why they might not choose to practice chairwork.

> Would I go “I'm just not up to doing chairwork today?” You know what I mean, like just going “I'm not sure if I'm in the frame of mind?” I can't say I'd find it that hard, to be honest. I think it's not that hard a process to encourage. (P11)

While a strong sense of confidence was noted across participants, a sense of measure in their confidence was also observed. Facilitating chairwork required participants to be active and fully present in the therapy room and participants were candid on the emotionally demanding nature of the work. They spoke of times when they chose not to facilitate chairwork, or when they felt tired and emotionally taxed from facilitating it.

> I think it is more demanding emotionally. I think I do leave the sessions with a sense of, wow, that was great in some ways, what happened there, but also I need to have maybe a bit more downtime, afterwards. (P1)

Participants’ agency and confidence was understood through their recognition of their limitations and their continued desire to practice chairwork. A sense of fulfilment in practicing chairwork was noted, with participants appreciating the power of chairwork on enacting change in CYP. Several participants also seemed caught off guard at how well chairwork worked, with Participant 5 voicing how “I'm always surprised because though I do this for a long time, every time it's still a surprise for me how this works so wonderfully.”

Discussion

This study aimed to explore therapists' experiences of facilitating chairwork with CYP. Three themes were generated: 'CYP are not adults: tailoring chairwork for CYP', 'The locus of power: where should it be located?', and 'Falling, failing, and then flying: from fear to freedom'.

CYP are not adults: tailoring chairwork for CYP

This theme demonstrates CYP's greater acceptance to playful and creative methods such as chairwork compared to adults, aligning with research on the different attitudes to therapy between CYP and adults. Diamond and Lev-Wiesel (2017) noted how adults focus more on goal attainment in regard to therapy while CYP place greater value on immersion in fun and play. This theme notes the benefits of incorporating playful and creative techniques to tailor chairwork for CYP. One such method is having the therapist model chairwork to the CYP to support their understanding of self-parts and the chairwork technique, in addition to utilising self-disclosure to strengthen the therapeutic alliance. This theme corresponds with research showing how modelling chairwork to a client can aid the therapeutic process by providing a template for the client's self-to-self relating (Bell et al., 2023). This theme is also consistent with research showing that therapists can use themselves and the therapeutic alliance as a source of soothing and emotion regulation for their clients, with therapeutic alliance being a significant predictor of treatment outcome (Krupnick et al., 1996). Therefore, modelling chairwork to a CYP may support the therapeutic alliance, facilitate CYP's self-to-self relating, and aid treatment efficacy and outcome.

This theme also highlights the benefits of using objects such as drawn images of the CYP's self-part, cards, and puppets to scaffold CYP's understanding of their self-parts and of the chairwork technique. The methods noted in this theme align with those used in Schema therapy with CYP to provide a template for CYP to identify their emotions, develop an understanding of their self-parts, and find a language to express their self-parts (Loose et al., 2020). Additionally, this theme corresponds with previous research demonstrating how drawing out one's self-parts can introduce greater working distance between an individual and their self-parts, enabling them to explore and process their inner conflicts in a less threatening way (Blom, 2006; Missiaen, 2016; Vanhooren, 2018). It also corresponds with research highlighting the use of objects to connect abstract thoughts with more concrete experiences, allowing for greater self-exploration and communication (Behr et al., 2013; Wethington et al., 2008).

In designing a developmentally appropriate approach to chairwork, this theme also underscores the benefits of mirroring CYP's language and providing a good-enough introduction. This theme supports previous research showing how mirroring clients and strengthening their understanding of the therapeutic work can increase therapeutic engagement and support the overall comprehensiveness of the therapy (Podolan & Gelo, 2024; Yu et al., 2022). The findings suggest that mirroring a CYP and providing a good-enough introduction to chairwork can benefit the therapeutic alliance and strengthen their engagement in the chairwork technique.

The locus of power: where should it be located?

The second theme demonstrates the relational embeddedness of CYP in their microsystem (Bronfenbrenner, 1977). It notes the importance of working with caregivers while offering agency to the CYP to choose how their caregiver is included in the work. This can present as informing the caregiver about the work, bringing the caregiver into the therapy room as an observer, or paralleling the work done with the CYP with their caregiver. This theme aligns with previous research showing how caregiver involvement can improve caregiver understanding about their impact on their child, strengthen the caregiver-child attachment relationship, and maximise the benefits of the therapeutic work (Fernandez, 2007; Malhotra & Chauhan, 2020). Parental engagement is also linked to CYP's help seeking behaviours, engagement in therapy, and therapy retention, which impact on CYP's treatment outcomes (Loose et al., 2020; Morrissey-Kane & Prinz, 1999). Therefore, the research suggests that parental involvement in chairwork can strengthen CYP's therapeutic engagement and outcome.

This theme also highlights the importance of supporting CYP's emotion regulation and expression skills to strengthen their sense of empowerment and agency. This theme aligns with previous research demonstrating that CYP experiencing a lack of emotion regulation capabilities may avoid, distrust, or experience cognitive disruption when faced with emotional experiences (Pos & Greenberg, 2012). Chairwork can be used to scaffold CYP's experiences, expressions, and reflections of their emotions, allowing them to better engage in self-reflective processes, mentalisation, and self-integration, resulting in the strengthening of their metacognitive capability, sense of agency, and positive self-identity (Landreth, 2001; Pos & Greenberg, 2012).

Lastly, this theme notes the impact of chairwork on enacting behavioural, emotional, and relational changes in CYP. This finding correlates with both quantitative and qualitative studies on adults that have demonstrated similar effects of chairwork on improving emotion regulation, strengthening self-compassion, bolstering ego strength, and establishing healthier intrapersonal relationships (Bell et al., 2021; Kroener et al., 2024; Lafrance Robinson et al., 2014; Pugh, Bell, & Dixon, 2021). This theme suggests that the impact of chairwork on enacting behavioural, emotional, and relational changes is similar across both the CYP and adult populations.

Falling, failing, and then flying: from fear to freedom

The third theme highlights therapists' hesitancies around facilitating chairwork with CYP, stemming from a lack of specialised training and available research. This theme aligns with research showing how a lack of specialised training and resources in facilitating chairwork with CYP has resulted in therapists feeling deskilled and hesitant to practice chairwork with this population (Pugh, Bell, Waller, et al., 2021).

This theme also demonstrates therapists' self-agency in pushing past their reservations to facilitate chairwork with CYP, for example by attending trainings, having a robust peer support network, and seeking supervision from a qualified chairwork practitioner. By attending trainings and having a robust peer support network, therapists can reduce their hesitancies through seeking guidance, sharing knowledge, and finding support from a community of peers. This theme aligns with research showing the benefits of supervision in supporting therapists' understanding and engagement on the therapeutic use of self, in addition to increasing agency and self-confidence (Knight,

2012). The findings suggest that participating in trainings on chairwork for CYP, having a robust peer support network, and receiving supervision from a qualified chairwork practitioner can increase therapists' confidence and agency in practicing the technique. Additionally, by engaging with chairwork as the client in supervision or in personal therapy, therapists can experience the power and effect of chairwork, thereby increasing their agency and confidence to facilitate it as the therapist (Macran et al., 1999).

This theme shows how therapists' confidence in facilitating chairwork manifests in their ability to integrate it seamlessly into their work. This theme also notes therapists' appreciation of the positive impact of chairwork on CYP and their feelings of fulfilment in practicing it. This finding aligns with previous research linking perceptions of therapist confidence to client satisfaction, stronger therapeutic alliances, and better therapeutic outcomes (Johnson & Caldwell, 2011; Podolan & Gelo, 2024).

Clinical Implications

Based on these findings, it appears that chairwork is a useful technique that can be facilitated with CYP from the ages of 5-18 to strengthen their emotion processing abilities, improve their understanding of their internal world, and build an integrated sense of self. Therapists should seek to facilitate chairwork more effectively with CYP by incorporating playful and creative methods, such as using objects, drawings, and modelling chairwork to the CYP. Additionally, therapists should hold in mind the developmental stage of the CYP and tailor the work and language according to the individual needs of the CYP. When working with CYP, therapists should also consider

the people in their relational system and seek to build the CYP's agency by offering choice, for example in whether to include their caregiver in the work.

Therapists require a level of determination and agency to practice chairwork with CYP, and there should be an awareness of the barriers they may face in facilitating chairwork with CYP. The barriers may come from the CYP's system, such as an imbalanced power dynamic between the CYP and their caregiver, or from the therapists' system, for example a lack of support from their team and peers.

Therapists would benefit from more specialised trainings on how to facilitate chairwork with CYP to increase their confidence in the technique. Peer support and supervision are also key to building robust support networks and ensuring rigour in the therapeutic work. By building a stronger sense of agency, therapists can develop greater self-confidence in practicing chairwork with CYP. Therapist confidence and trust is an integral factor to the therapeutic alliance, which in turn impact therapeutic efficacy (Krupnick et al., 1996; Podolan & Gelo, 2024).

Research implications

This study focuses on therapists' experiences of facilitating chairwork with CYP and explores CYP's experiences of chairwork only through the lens and language of the therapist. It would be beneficial to research CYP and their caregiver's perspectives of chairwork, including their perceived benefits and challenges of the technique. This could provide a more comprehensive narrative about the experience of chairwork from the therapist, the client, and the caregiver positions.

Additionally, while this study explored the experiences and applicability of practicing chairwork with CYP, additional research needs to be done to measure the efficacy of chairwork on this population. Such studies could be more quantitative in nature and should consider both the immediate and longer-term impact of chairwork, for example exploring whether chairwork with CYP could maintain the same treatment efficacy rates over time as studies with adults have shown (Paivio & Greenberg, 1995). Task analysis studies may also help to clarify whether the process of change during chairwork differs between CYP and adults (Greenberg & Foerster, 1996).

Strengths and Limitations

A strength of this study is the transferability of its findings, meaning the degree to which the findings can be applied and transferred to other contexts (Braun & Clarke, 2022). The concept of transferability is preferred over generalisability in qualitative research and includes considerations around the study's applicability, resonance, and theoretical engagement, dependent on study methodology and project goals (Stalmeijer et al., 2024). The breadth of the participants' demographics, spanning seven countries, a range of modalities, and having between 2-20 years of experience facilitating chairwork with CYP, serve to increase the study's applicability across therapists and contexts.

Transferability is also considered in the context of the findings' resonance to the target population, who are therapists that wish to facilitate chairwork with CYP. The co-producer for this study was recruited using the same criteria as the participants and was requested to share their reflections of the results. Resonance is achieved in their

feedback that the results align with their knowledge and experience of practicing chairwork with CYP, suggesting that the results are of good relevance and application for therapists who wish to facilitate chairwork with CYP.

One limitation of this study is the lack of information about participants' cultural backgrounds and the impact it may have on their work. Participants hailed from seven different countries and it is possible that cultural differences, for example in how therapy is understood or how CYP are perceived in their country, will introduce culture specific differences to the experience of facilitating chairwork. The proverb that children are meant to be seen and not heard originates from English culture, while the ideology that children must respect their elders is often seen in East Asian cultures. Such beliefs will likely have an impact on CYP's engagement with chairwork, for example in their ability to confront a difficult relational figure if the difficult relational figure is an elder. Therefore, future research could seek to explore these cultural differences and its impact on how chairwork is understood and practiced with CYP across different countries.

Another limitation is the age range of CYP that participants reported working with. While this study sought to explore therapists' experiences of facilitating chairwork with CYP under the age of 18, participants only reported working with CYP between the ages of 5-18 and no information was gathered regarding children between the ages of 0-4. Research has shown that a structured sense of self begins to develop from early to middle childhood (ages 5-7), suggesting that chairwork may not be a useful technique for children between the ages of 0-4 as they have not yet developed a structured sense

of self (Harter, 2015). Additionally, there are known biological, cognitive, social, and emotional differences between the various stages of adolescence (Singleton, 2007), and future research is needed to explore the impact of such developmental differences on the efficacy, suitability, and feasibility of practicing chairwork.

Conclusion

Chairwork is observed to be a useful technique that can be facilitated with CYP between the ages of 5-18. The current study explores the ways chairwork can be tailored to CYP and the importance of working with CYP's developmental needs. CYP are also considered in the context of their systems and the power they hold in those systems. Ways to support the agency of CYP are discussed, in addition to ways of supporting therapists to build confidence in facilitating chairwork with CYP. Overall, this study hopes to encourage future research around exploring the feasibility and efficacy of practicing chairwork with CYP. This study also aims to provide greater insight into the subject area to offer awareness and encouragement for therapists seeking to use chairwork in their own therapeutic work with CYP.

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Part 3: Critical Appraisal

Introduction

This critical appraisal will offer insight into my process of research design, collection, and analysis. I will begin by reviewing my research design, reflecting on how my epistemological stance and previous experiences influenced the design of my study. I will then move onto the reflections that informed and, in some areas, modified my choices throughout the process of data collection. Such considerations included my decision to interview international participants, the way I chose to design my interview schedule, and the influence of social GRACES and power during my interviews with participants (Burnham, 2012). Lastly, I will provide reflections on the process of data analysis. I will offer greater detail regarding the process of theme creation and how my background and culture coloured the lens with which I interacted with the data.

Reflections on Research Design

Epistemological Stance

In considering the factors that led me to this research topic and the perspective in which I approached it, the overarching principle that influenced my decisions was my epistemological stance. I take a constructionist perspective of the world and believe that as humans, we influence and are influenced by the external world around us. In this sense, reality and meaning are constructed through language, social interaction, and experience (Braun & Clarke, 2022). This constructionist perspective, translated into research, presupposes that no essential or material foundation for knowledge is pre-assumed and that research practices will produce instead of reveal knowledge (Willig,

1999). Additionally, it recognises the influence of human bias and perception on the produced knowledge, both from participants and the researcher themselves.

My constructionist epistemology informed my preference towards more inductive research methodologies, which emphasise a bottom-up approach where the researcher begins with specific observations and works towards the creation of new theories (Azungah, 2018). Furthermore, I am drawn towards inductive research methods which factor in the researcher's own perceptions and assumptions in the process of designing and analysing research. All this was reflected in my previous experiences of research, which skewed towards more inductive, qualitative approaches.

Previous Research Background and Research Interest

One recurring topic across my previous research experience is the theme of child development. This interest began before I embarked on my bachelor's degree, informed my decision to study a Master's in Developmental Psychology and Clinical Practice, and paved the way for my research topic in my doctoral training. Throughout my training journey, I found myself greatly drawn to exploring the ways children and young people (CYP) understood and interacted with the world. In researching this, I also developed a greater awareness of how CYP were understood by the world.

In the field of child development research, I noticed the assumptions adults made about how CYP understood the world, how they interacted with the world, and what they could and could not achieve in the world. I observed how these assumptions influenced the design of child development research and how the results of such research influenced the design of CYP's realities. I read, and conducted research myself, on how

those assumptions were at times incorrect when CYP demonstrated abilities that they were previously presumed incapable of. For example, from the initial belief that children could not understand difficult scientific concepts, research has since shown that by adapting the teachings of a molecular level concept to a macroscopic level, children are able to grasp concepts that were previously considered too abstract or difficult for them to grasp (Schmidt, 2021). Such underestimation of CYP's abilities have impacted on how their world is designed for them, from their teaching curriculums to their access to resources such as therapy.

In considering how resources are designed for children, another error in thinking is the assumption that CYP are small adults. CYP differ from adults in their biological, developmental, and psychological characteristics, and also demonstrate unique physical and cognitive developmental trajectories (Larcher, 2015). As such, the extrapolation of research from adults onto CYP have resulted in an injustice regarding the resources offered to CYP. For example, previous research around language lateralisation using adult samples suggested that language was lateralised to the left hemisphere of the brain from birth. This informed medical training on neurological disorders, the refinement of diagnostic tools, and the design of therapeutic approaches. However, more recent studies with CYP have demonstrated that language is distributed more symmetrically in early life (Olulade et al., 2020). It can therefore be surmised that the medical trainings, diagnostic tools, and therapeutic approaches informed by the adult brain, then adapted for CYP, have not always been properly calibrated for CYP, impacting on their access to resources and the quality of their care.

My motivation to rectify our misconceptions and underestimations of the young brain fuelled my research and training interests, and this collided with my clinical work when I was first introduced of chairwork. I began with facilitating chairwork with young adults and was immediately drawn to its play, creativity, and imaginative style (Landreth, 2001). Whilst I was unable to find much literature on its application with children, my previous clinical and research experience with CYP led me to believe that this experiential and play-based technique would translate well with this age group. My interest in this technique was further encouraged through attending the chairwork training, during which a question was raised by a participant around chairwork's applicability with CYP. It highlighted not just my own, but also other therapists' interest in facilitating chairwork with this age group.

Deciding on a Qualitative Approach: Using Reflexive Thematic Analysis

My training in chairwork, my experiences of facilitating chairwork with young adults, and my belief that CYP are often more capable of understanding abstract and difficult concepts than one might initially expect, led to my desire to explore the possibility of practicing chairwork with CYP. I considered the different research aims or questions I could ask around this topic, for example about the efficacy of practicing chairwork with CYP or the feasibility of using this technique within an NHS setting. However, the lack of existing research in the subject area meant that a more exploratory, qualitative approach was better suited as a starting point. My own position as a trainee Clinical Psychologist also meant that I was inclined to explore this research question from the position of a therapist, resulting in my final research aim of exploring therapist's experiences of facilitating chairwork with CYP.

My research question sought to generate patterns or themes in therapists' experiences of facilitating chairwork with CYP. My decision to employ a qualitative design, my focus on generating themes, and my constructionist stance led me to decide on reflexive thematic analysis (TA) as the most fitting methodology. I appreciated the clear process of reflexive TA and its active acknowledgement and engagement of the researcher's own perceptions and assumptions throughout the research process (Braun & Clarke, 2022). My previous experience of using reflexive TA also influenced my decision to use it in the current study, as my familiarity with the process added to my confidence in practicing it.

Reflections on Data Collection

Throughout my research, I kept a reflexive journal detailing my views and considerations behind my decisions. The journal aimed to offer transparency at all steps of the research process and recorded the impact of my self-reflections on the decisions I made (Ortlipp, 2008). These reflections will be further explored below.

Interviewing UK Versus International Participants

My research aimed to explore therapists' experiences of facilitating chairwork with CYP and I intended the target audience of my research to be therapists who wished to facilitate chairwork with CYP. While I initially aimed to collect data from therapists in the UK, I later decided to expand my inclusion criteria to include therapists across all countries.

My initial ethics application only included the recruitment of therapists within the UK due to a misconception that a longer ethics application was needed to recruit international therapists which the time constraints did not allow for. This belief was later disproven, and an amendment was made and approved to allow for the recruitment of international participants. This was done due to two considerations; the first was the lack of available therapists in the UK who fit the inclusion criteria, and the second was to increase the applicability of the results. Limiting the participant sample to UK therapists meant that the results would only capture the experiences of practicing chairwork within the cultural setting of the UK. In order to design a study that was of the greatest benefit to my target population, I amended my study to include therapists from all countries in the hopes of generating themes around the experience of facilitating chairwork with CYP that could be applied across cultures and countries.

Creating the Interview Schedule

After the ethics approval was passed, I began developing my interview schedule, holding in mind my target audience. I considered what questions, when answered, would be most useful in providing therapists the support and encouragement needed to facilitate chairwork with CYP. From the beginning, I also recognised my favouritism towards chairwork and my belief that it could be facilitated with the CYP population. I sought to balance my partiality by being deliberate in the design of my interview schedule, exploring not just the benefits of facilitating chairwork with CYP but also the barriers, challenges, and ways of overcoming those barriers.

Another way I sought to develop a well-balanced interview schedule that held in mind my target audience was through co-producing it with my supervisors and the co-producer. All three were qualified therapists who had trained in, and had facilitated, chairwork in their therapeutic work. I wished to address issues that were of direct importance to my target audience and frame the questions appropriately, in accordance with their language, knowledge, and lived experience (Bell & Pahl, 2018). To this end, I sought the support of my supervisors and co-producer with the belief that those who are impacted by a service are best placed to help design it.

The Interaction Between Cultures

As I began interviewing participants, I recognised how my social GRACES informed my reflections, my interactions with my participants, and my process of data collection (Burnham, 2012). One aspect I considered was the impact of my culture, my participant's culture, and the interactions between them. For example, one participant that I interviewed shared a similar cultural background to myself and voiced very familiar experiences to my own. I found myself resonating with their narrative and had to resist the temptation to divert from the interview schedule to hear more about their general experiences. Reflecting in the moment, I sought to remain grounded in my research questions using the scaffolding of the semi-structured interview schedule (Lavender, 2003). I chose to utilise a semi-structured interview schedule as it offered the flexibility of asking follow-up questions while remaining focused on the topic (Smith, 1995). In this way, I ensured that I offered the same framework of questions to all participants while injecting flexibility for exploration and in-depth data collection, producing a detailed and full picture of experiences.

Power

Apart from culture, other social GRACES were also reflected upon in the context of power. My participants were highly skilled therapists, all older than me, all possessing years of experience with some holding supervisory or trainer positions within their therapeutic modality. I was aware of my dual position as the main researcher for this study but also that of an unqualified, trainee Clinical Psychologist. As the main researcher, I felt that I ought to be knowledgeable in my topic of research. However, I was acutely aware of my lack of experience in chairwork and in working with CYP compared to my participants.

I experienced a clash between my 'researcher' self-part that drew me to ask and explore difficult questions, versus my 'trainee' self-part that wished to purely agree with what the participant said without challenging their perceptions. I sought to integrate my contradicting self-parts by designing my interview questions with careful wording and purpose, making sure to ask them from a place of curiosity rather than confrontation. This integration allowed me to be more confident in my questions and more competent in my questioning during the process of data collection.

I found that most participants also held the power differential in mind when they spoke with me. Several asked about my experiences of facilitating chairwork with CYP and my knowledge of their specific modality. Upon recognising my lack of knowledge in their specific modality, participants actively supported the conversation by explaining specific jargon or double checking whether I understood the terms they used. As I became more familiar with the various terminologies, my confidence and competence

also grew, facilitating the integration of my ‘trainee’ self-part and my ‘researcher’ self-part.

This integration benefitted me in moments of friction and confusion. I experienced one participant who struggled to consider when they would not use chairwork with CYP and questioned why I asked them that question. Reflecting in the moment, I wondered if they interpreted the question as a challenge of their capability to facilitate chairwork with CYP (Lavender, 2003). There was an anxiety from my ‘trainee’ self-part that worried about whether I had offended them with my question; however, I responded from a position of learning and curiosity, encouraging the participant to share only what they felt comfortable sharing. I also alleviated the perception of threat by reframing the question to ask why other therapists may choose not to practice chairwork with CYP. Additionally, I found that emphasising the confidential nature of the interview helped in creating a safe enough space where deeper thinking and reflection could be encouraged without the threat of judgement (Chew-Graham et al., 2002).

Reflections on Data Analysis

Reviewing, Redesigning, and Refining Themes

Throughout the process of data analysis, I held in mind the purpose and target audience of my research, moving recursively through the phases of coding and theme creation as needed. For example, during the third and fourth phases of reflexive TA when I used the research questions to develop and review my themes, I had initially superimposed my research questions onto my themes. This method resulted in the creation of general themes that did not specifically address the particularities of

facilitating chairwork with CYP versus with adults. Themes such as ‘Fostering engagement with the CYP’, ‘Impact of chairwork’, and ‘Presentations of ambivalence in using chairwork’ were generated, which did not offer a strong distinction between practicing chairwork with CYP versus with adults.

Through discussion with a supervisor and the co-producer, the themes were reviewed in the context of the current gaps in literature and what the target audience would find most helpful. For example, rather than simply noting therapists’ ambivalence towards using chairwork, it was deemed more useful to raise awareness of the lack of training in facilitating chairwork with CYP and the need for therapists’ agency and determination to practice it against their own hesitations, as well as the hesitations from their external system. Thus, the themes were reviewed, redesigned, and refined to better reflect the needs of the target audience and address the overarching research question.

However, this second iteration of theme creation resulted in 31 subthemes. As Braun and Clarke (2022) had warned, I had become attached to some of my themes and struggled to refine them down. Through discussion with my second supervisor, I revisited my themes again, this time with a more critical eye. I focused on moving my themes away from descriptive topic summaries to more analytic narratives that captured the nuance, contradiction, and granularity in the data. I also incorporated my interpretations of the data, drawing out salient meanings and points of importance.

Inductive Versus Deductive Explorations

The level of inductive versus deductive exploration was also considered during theme creation, and a pertinent question I held in mind was whether I attuned to a theme because it was relevant or because of my own expectations or hopes from the data. Here, I again had to address my own partiality towards chairwork and my belief that it would translate well to working with CYP. For example, I recognised how I was drawn towards confirmatory evidence that CYP would find chairwork accessible due to the nature of play embedded in it and consciously considered evidence that disproved my expectations or demonstrated evidence of chairwork's accessibility to CYP in different ways.

I ensured rigour in my data analysis by practicing collaborative coding with my supervisors and co-producer (Braun & Clarke, 2022). Through collaborative coding, overemphasized or underemphasized points were pointed out, biases were addressed and reflected upon, and a variety of perspectives were incorporated, enriching and enhancing the results of the study. One consideration that was raised by my co-producer was in how the subthemes were labelled and understood by my target audience. Instead of labelling subthemes using passive language such as 'Agency is needed to practice chairwork with CYP', they suggested that more active and instructional labels such as 'Spreading your wings and taking the plunge – just do it' would better resonate with therapists reading the paper who wished to facilitate chairwork with CYP. The use of active, instructional titles was thus adopted across several sub-themes, with the aim of anticipating the concerns, needs, and receptiveness of the target audience (Mitchell & Clark, 2018).

Cultural Considerations

My considerations around culture also came into play during the process of data analysis. My positioning as a person from Hong Kong who has resided in the UK for more than a decade means that I hold a mix of both Eastern and Western cultures. I was born in Hong Kong when it was still a colony of Britain, grew up in a Hong Kong that was transitioning back to Chinese rule, and came to England when I was 11 years old for my education. Some of my self-parts are informed by my Chinese heritage and some have developed throughout my time in England. Over time, I have sought to address these internal cultural clashes and harmonise my various self-parts into a cohesive, integrated self.

Due to my upbringing, I have always consciously attuned to the social GRACE of culture in both my clinical and research work (Burnham, 2012). My penchant for considering culture manifested in my attunement towards mentions of cultural benefits and barriers when practicing chairwork with CYP. Through reflections and collaborative coding, I was able to acknowledge my subjectivity towards codes mentioning culture, moderate my views, and ensure that the themes I identified were truly reflected in the data (Braun & Clarke, 2022).

Conclusion

The process of reflection has been vital throughout my research journey, and to a certain extent, began before I even embarked on my doctoral training. My culture, research interests, and epistemological stance have shaped the unique lens through which I understand and interact with the world. Therefore, it is with this lens that I conceptualised my study and made choices around its design, data collection, and data

analysis. At times, my reflections have happened organically during conversations with my supervisors, co-producer, and participants. Other times, I set aside time to record my reflections in my research journal, in the hopes of making sense of my thought processes and choices. Overall, I hope that by providing insight into aspects of my identity, thoughts, and reflections, I have produced a more robust and transparent study that can be of benefit to therapists who wish to facilitate chairwork with CYP.

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Appendix A

UCL Ethical Approval

RESEARCH AND INNOVATION SERVICES

UCL

Dr Matthew Pugh
Clinical, Educational and Health Psychology
UCL

Cc: Hei Ling Abigail Ng

29 February 2024

Dear Matthew Pugh

Notification of Ethical Approval

Project ID/Title: 26561/001 | Therapists' experiences of facilitating chairwork with children and adolescents

I am pleased to confirm that your study has been approved by the UCL Research Ethics Committee (UCL REC) until **30 September 2024**.

Ethics approval is subject to the following conditions:

Notification of Amendments to the Research
Please seek the Chair's approval for proposed amendments (to include extensions to duration) to the research for which this approval has been given. Each research project is reviewed separately and if there are significant changes to the research protocol you should seek confirmation of continued ethical approval by completing an 'Amendment Approval Request Form' https://www.ucl.ac.uk/research-ethics/responsibilities-after-approval

Adverse Event Reporting – Serious and Non-Serious
It is your responsibility to report to the REC any unanticipated problems or adverse events involving risks to participants or others. The REC should be notified of all serious adverse events via the Research Ethics Service (ethics@ucl.ac.uk) immediately after the incident occurs. Where the adverse incident is unexpected and serious, the Chair will decide whether the study should be terminated pending the opinion of an independent expert.

For non-serious adverse events, the Chair should again be notified via the Research Ethics Service within ten days of the incident occurring and provide a full written report that should include any amendments to the participant information sheet and study protocol. The Chair will confirm that the incident is non-serious and report to the REC at the next meeting. The final view of the REC will be communicated to you.

Research Ethics Service
Research and Innovation Services
University College London
ethics@ucl.ac.uk
www.ucl.ac.uk/research-ethics/

Final Report
At the end of the data collection element of your research we ask that you submit a very brief report (1–2 paragraphs will suffice) which includes issues relating to the ethical implications of the research (i.e., any issues obtaining consent, participants withdrawing from the research, confidentiality, protection of participants from physical and mental harm etc).

In addition, please:

- ensure that you follow all relevant guidance as laid out in UCL's Code of Conduct for Research;
- note that you are required to adhere to all research data/records management and storage procedures agreed as part of your application. This will be expected even after completion of the study.

With best wishes for the research.

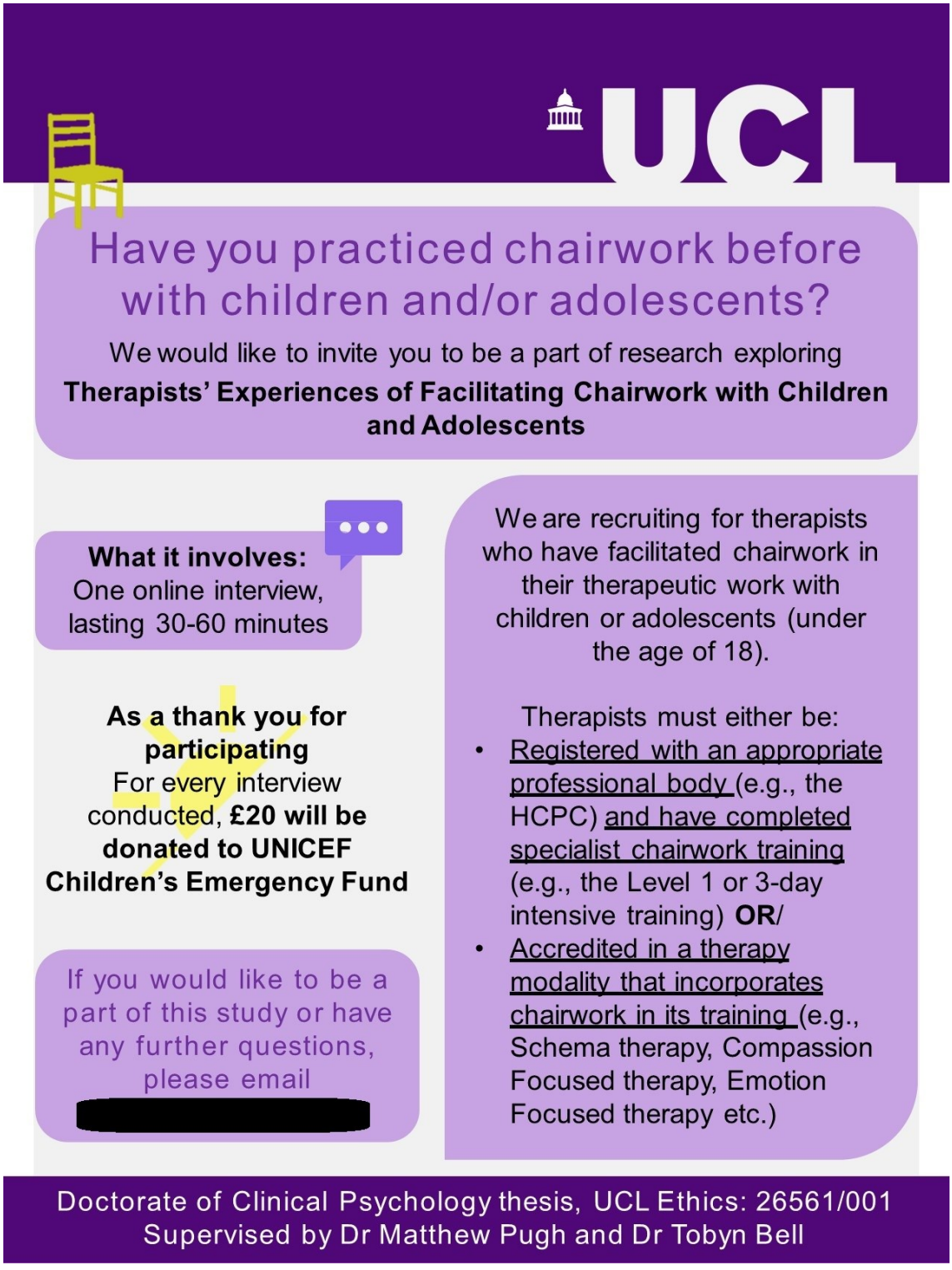
Yours sincerely

Professor Sarah Edwards
Chair, UCL Research Ethics Committee

Research Ethics Service
Research and Innovation Services
University College London
ethics@ucl.ac.uk
www.ucl.ac.uk/research-ethics/

Appendix B

Online Advert



Appendix C

Participant Information Sheet

Participant Information Sheet For Therapists

UCL Research Ethics Committee Approval ID Number: 26561/001

YOU WILL BE GIVEN A COPY OF THIS INFORMATION SHEET

Title of Study: Therapists' Experiences of Facilitating Chairwork with Children and Adolescents
Department: Clinical, Educational and Health Psychology
Name and Contact Details of the Researcher: Hei Ling Abigail Ng[redacted]
Name and Contact Details of the Principal Researcher: Dr Matthew Pugh[redacted]

1. **Invitation**
   You are being invited to take part in a research project. Before you decide, it is important for you to understand why the research is being done and what participation will involve. Please take the time to read the following information carefully. Please contact the researcher if there is anything that is not clear or if you would like more information.

2. **What is the project's purpose?**
   Chairwork has been extensively studied as an experiential technique across multiple therapies, including Gestalt and Schema therapy. However, there is discrepancy around how well research separates the impact of chairwork from other components of therapy. Even less is known about the practice of chairwork with specific client groups, such as children and adolescents.

   This study aims to explore the gap in literature and address why therapists may choose to conduct chairwork with children and adolescents, their experiences of introducing and using the technique, and its potential benefits and challenges. The study seeks to provide greater insight into the subject area to offer awareness for therapists seeking to use chairwork in their own therapeutic work with children and adolescents. This study forms part of the UCL Doctorate in Clinical Psychology.

3. **Why have I been chosen?**
   This study aims to recruit 10-17 participants. You must be a registered therapist with an appropriate professional body (e.g. HCPC). You must be over 22 years old. You must have completed specialist chairwork training, for example the Level 1 or 3-day intensive training, or be accredited in a therapy modality that incorporates chairwork in its training, for example Schema therapy (including Level 1 Standard or Level 2 Advanced) or Emotion Focused therapy.

   You must have practiced chairwork in your therapeutic work with at least one child or adolescent (under the age of 18). You must also be able to speak English fluently and be able to engage in a 60-minute one-to-one interview either through a video or telephone call.

4. **Do I have to take part?**
   It is up to you to decide whether to take part in this study. If you do decide to take part, you will be given this information sheet to keep and be asked to sign a consent form acknowledging that you have read this sheet and have agreed to participate. You can withdraw your data from this study at any time up to two weeks after your interview without giving a reason. If you decide to withdraw, you will be asked what you wish to happen to the data you have provided up until that point.

5. **What will happen to me if I take part?**
   If you would like to take part, you will first be sent, via email, the consent form and participant information sheet. Your demographic data (initials, age, qualification, job title, email, gender,

years facilitating chairwork with children and adolescents, and current country of practice) will be requested to gather demographic information and to ensure that the inclusion criteria are met. You will also have an opportunity to ask any questions regarding the study. You must respond to the email with your demographic information and confirm that you meet the inclusion criteria by signing and returning the consent form. Once it has been established that you meet the inclusion criteria, you will be invited for a one-off one-to-one interview.

The interview will take place with the researcher over a secure tele-conferencing platform (Microsoft Teams). This interview is estimated to take around 30-60 minutes. During the interview you will be asked a series of questions, including around your experience of introducing and practicing chairwork with children and adolescents, and the benefits and challenges of using chairwork with this age group. For example, you will be asked what considerations you hold in mind when choosing to practice chairwork with children and adolescents and what your experiences have been on introducing chairwork to them?

6. **Will I be recorded and how will the recorded media be used?**
   Your demographic information will be stored pseudo-anonymously, in a separate document from the recordings and transcriptions, on a secure server. This data will be used to provide general demographic information about the study (e.g. gender ratio and age range of participants) and the pseudonymous data will be deleted within one month of the publication of the study.

   The interview will be recorded on MS Teams and stored on a secure server, before being transcribed. Once transcribed, the recording will be deleted and the transcription will be stored on a secure server. The transcripts will be anonymised and any information which might identify you as an individual will be removed from the transcription of your interview. The transcripts will be used for data analysis, and general themes and sub-themes will be drawn from across all participant data. Anonymized quotes from the transcripts will also be presented in the study write up to highlight the themes identified during the analysis and to help ground the study in the data.

   Any information you provide will only be used for the sole purpose of this study. No other use will be made of your interview data without your written permission and no one outside the project will be allowed access to the original recordings or transcriptions. All raw data collected for the purposes of the study will be destroyed within one year of the publication of the study.

7. **What are the possible disadvantages and risks of taking part?**
   There may be a risk that discussing and reflecting on challenging clinical experiences may feel uncomfortable. There may also be the burden of taking the time to participate in the study. Any unexpected discomforts, disadvantages, and risks to participants which arise during the research should be brought immediately to the researcher's attention.

8. **What are the possible benefits of taking part?**
   You may benefit from the process of discussing and reflecting upon your clinical practice. The research seeks to provide greater insight into the subject area and offer greater awareness for therapists seeking to use chairwork in their therapeutic work with children and adolescents. £20 will also be donated to UNICEF's Children's Emergency Fund for every interview conducted.

9. **What if something goes wrong?**
   If you have any concerns about the research or would like to make a complaint, the first person to contact would be the principal researcher or their supervisor. However, if it is felt that this has

not been handled to your satisfaction, the Chair of the UCL Research Ethics Committee can be contacted on [redacted]

10. **Will my taking part in this project be kept confidential?**
    Yes. All interviews will be voice recorded using the built-in recording function on MS Teams and saved directly on the UCL secure server. All recordings will be destroyed once transcription and analysis are complete. Interview transcriptions will have any identifiable information removed and all personal data collected will be kept separate to interview transcriptions. All the information that is collected about you during the research will be kept strictly confidential. You will not be able to be identified in any ensuing reports or publications. Your contact information will not be shared with any third parties.

11. **Limits to confidentiality**
    Please note that your confidentiality will be strictly adhered to unless there are concerns about potential harm to yourself or another person as a result of something you have disclosed. In such cases, the University may be obliged to contact a relevant third party. Your confidentiality will be respected within the constraints of legal and professional guidelines.

12. **What will happen to the results of the research project?**
    The results will be disseminated and presented in the researcher's doctoral thesis, which forms part of the Doctorate in Clinical Psychology. It is hoped that the study will be published within a relevant, peer-reviewed journal. Please note that your personal information will not be reported in any report or publication.

13. **Local Data Protection Privacy Notice**
    The controller for this project will be University College London (UCL). The UCL Data Protection Officer provides oversight of UCL activities involving the processing of personal data, and can be contacted at [redacted]

    This 'local' privacy notice sets out the information that applies to this study. Further information on how UCL uses participant information can be found in our 'general' privacy notice. For participants in research studies, click here

    Your personal data will be processed so long as it is required for the research project. If we are able to anonymise or pseudonymise the personal data you provide we will undertake this, and will endeavour to minimise the processing of personal data wherever possible.

    If you are concerned about how your personal data is being processed, or if you would like to contact us about your rights, please contact UCL in the first instance at [redacted]

14. **Who is organising and funding the research?**
    This research will be funded by the UCL Doctorate in Clinical Psychology Departmental Support Grant.

16. **Contact for further information**
    Any further questions may be directed to the researcher, Hei Ling Abigail Ng [redacted] or the principal researcher, Dr Matthew Pugh [redacted]

Appendix D

Consent Form

CONSENT FORM FOR THERAPISTS IN RESEARCH STUDIES

Please complete this form after you have read the Information Sheet and/or listened to an explanation about the research.

Title of Study: Therapists' Experiences of Facilitating Chairwork with Children and Adolescents

Department: Clinical, Educational and Health Psychology

Name and Contact Details of the Researcher: Hei Ling Abigail Ng[redacted]

Name and Contact Details of the Principal Researcher: Dr Matthew Pugh[redacted]

Name and Contact Details of the UCL Data Protection Officer: Alexandra Potts[redacted]

This study has been approved by the UCL Research Ethics Committee. Project ID number: 26561/001

Thank you for considering taking part in this research. The person organising the research must explain the project to you before you agree to take part. If you have any questions arising from the Information Sheet or explanation already given to you, please ask the researcher before you decide whether to join in. You will be given a copy of this Consent Form to keep and refer to at any time.

I confirm that I understand that by ticking/initialling each box below I am consenting to this element of the study. I understand that it will be assumed that unticked/initialled boxes means that I DO NOT consent to that part of the study. I understand that by not giving consent for any one element that I may be deemed ineligible for the study.

		Tick Box
1.	I confirm that I have read and understood the Information Sheet for the above study. I have had an opportunity to consider the information and what will be expected of me. I have also had the opportunity to ask questions which have been answered to my satisfaction.	
2.	I understand that my participation is voluntary and that I am free to withdraw my data at any time up to two weeks after my interview without giving a reason. I understand that if I decide to withdraw within two weeks, any personal data I have provided up to that point will be deleted unless I agree otherwise.	
3.	I understand that the information I provide about myself and my clinical practice will be used for research purposes.	

4.	I understand that personal information will be collected and will remain confidential. I understand that all efforts will be made to ensure that I cannot be identified, including in any publication.	
5.	I understand that my data will be stored securely and that my contact details will not be shared with any third parties or be used for any purposes except for those I explicitly agree.	
6.	I consent to my interview being audio recorded and understand that the recordings will be destroyed immediately following transcription and analysis.	
7.	I understand that I will not benefit financially from this study or from any possible outcome it may result in in the future. However, a £20 contribution will be made to UNICEF's Children's Emergency Fund as a result of my participation.	
8.	I hereby confirm that I understand the inclusion criteria as detailed in the Information Sheet and explained to me by the researcher.	
9.	I hereby confirm that: (a) I understand the exclusion criteria as detailed in the Information Sheet and explained to me by the researcher; and (b) I do meet the inclusion criteria.	
10.	I am aware of who I should contact if I wish to lodge a complaint.	
11.	I consent to voluntarily participate in this study.	

If you would like to receive a copy of the research paper, please tick 'Yes' below and note your preferred method of contact: _____

	Yes, I would be happy to be contacted in this way	
	No, I would not like to be contacted	

_____	_____	_____
Name of participant	Date	Signature
_____	_____	_____
Researcher	Date	Signature

Appendix E

Interview Schedule

Sociodemographic information:

- Name
- Age
- Gender
- Email
- Job title
- Qualification
- Years facilitating chairwork with children and young people
- Current country of practice

General questions:

1. In general, how do you find facilitating chairwork with children and young people?
2. What have been your experiences of introducing chairwork in your therapeutic work with children and young people?
    - What considerations do you hold in mind when you explain chairwork to your client?
    - How in depth does your explanation go?
    - Does your introduction of chairwork differ when explaining to a child or young person alone, or with their parents?
3. How might a therapist adapt the way they practice chairwork when working with children and young people compared to adults?
    - If you have worked with both below and over 18s before, could you offer any examples of adapting your work for children and/or young people?

Benefits and opportunities around practicing chairwork:

4. When would you choose to practice chairwork over other techniques with children and young people, and why?
    - Are there any other factors that make you more likely to practice chairwork with children and young people?
5. What would you consider are the benefits or therapeutic opportunities of practicing chairwork with children and young people?
6. Could you provide a scenario or anonymised example of when it would be helpful to use chairwork in therapeutic work with children or young people?
    - How do you think the client might have experienced chairwork in that situation?

Obstacles and challenges around practicing chairwork:

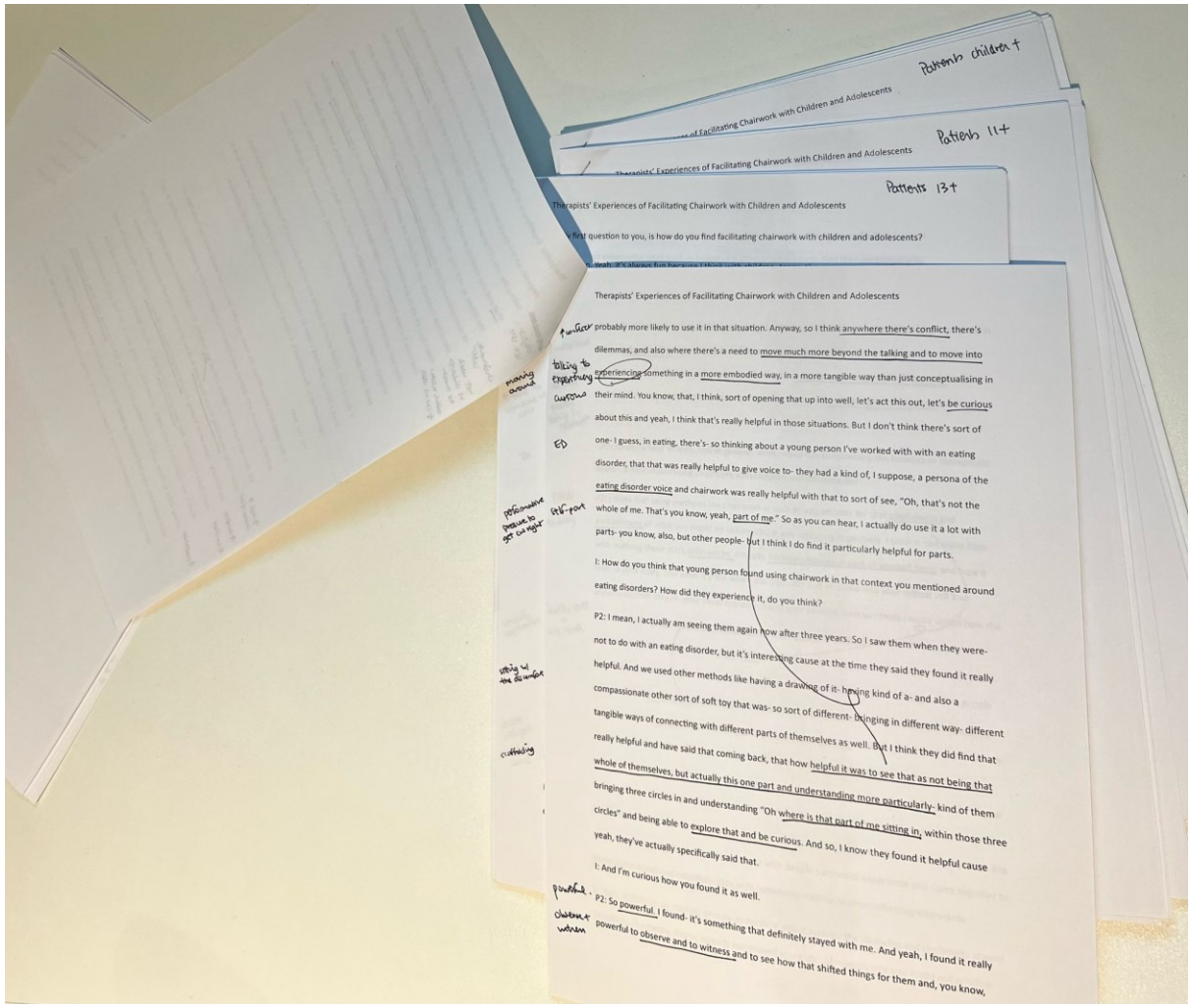
7. When would you choose not to practice chairwork with children and young people and why?
    - Are there any other factors that may lead you to hesitate or weigh up the choice to practice chairwork with a child or young person?
8. What would you consider are the obstacles or challenges of practicing chairwork with children and young people?
9. Could you provide a scenario or anonymised example of when it would be unhelpful to use chairwork in therapeutic work with children or young people?
    - How do you think the client might have experienced chairwork in that situation?

<u>Future change question:</u>

10. What do you think could be put into place to support you or other therapists to practice chairwork more or better?
    - For example, working systemically, engaging in chairwork training, or supervisory considerations?
11. Is there anything else that I have not asked you yet, that you feel would be helpful to share?

Appendix F

Data Familiarisation



Appendix G

Example of NVivo Data Analysis