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Abstract

Recent years have seen increased interest in the use of experiential techniques within CBT. Chairwork techniques such as empty-chair and two-chair interventions are popular therapeutic interventions which originate from the psychodrama and gestalt schools of psychotherapy. Despite a growing body of evidence, however, such techniques are seldom incorporated into CBT. This article provides an overview of key cognitive behavioural chairwork (CBC) techniques used for addressing maladaptive patterns of thinking, feeling and behaving. Chair-based methods for restructuring distressing cognitions, resolving ambivalence, generating metacognitive awareness, bolstering self-compassion and improving emotional regulation are outlined. Evidence for the clinical effectiveness of CBC is then reviewed and possible mechanisms of action are discussed with reference to theories of cognitive science. The paper concludes by discussing the limitations associated with chairwork and provides guidelines for introducing, conducting and consolidating CBC.

Keywords: CBT; Chairwork; Empty-chair; Experiential; Multiplicity; Two-chair

Introduction

Whilst CBT is undoubtedly effective, dissatisfactory rates of non-response and ambiguities regarding its mechanisms of action have fuelled calls for the development of novel, theoretically-informed and empirically-supported interventions (Longmore & Worrell, 2007). Experiential techniques represent a burgeoning area of interest in CBT and have demonstrated clinical utility (Holmes, Arntz & Smucker, 2007). An assembly of overlapping interventions, chair-based techniques (or “chairwork”) utilise chairs and their relative positions within the therapeutic space for curative purposes (Pugh, 2017). Such interventions have been incorporated into many mainstream talking therapies and are regarded as being amongst the most powerful available to clinicians (Young, Klosko & Weishaar, 2003): an assertion which has been supported by multiple studies highlighting the efficacy of chairwork as both a single intervention and as a component of psychotherapy (Greenberg & Watson, 1998; Shahar et al., 2011).

Chairwork techniques were first actualised within group psychodrama (Moreno, 1948) and developed further popularity within gestalt therapy (Perls, 1970) before being more vigorously evaluated and explicated within emotion-focused therapy (EFT) (Greenberg, 1979). Broadly speaking, chairwork techniques as a collective are grounded in three overarching principles: multiplicity (that the self is multifaceted and that relevant ‘self-parts’ can be differentiated through placement in separate chairs), embodiment and personification (that self-parts can be made ‘human-like’, either through imagery or enactment by the client, so as to facilitate exchanges of information) and, lastly, dialogue (that self-parts should be encouraged to speak to one another, to the client, or to the therapist in order to ameliorate distress and/or resolve conflicts) (Pugh & Hormoz, 2017).

In practice, three core forms of chairwork are used by therapists (Kellogg, 2015; Pugh, 2017). During empty-chair exercises, the client engages in a dialogue with an imagined “other” (past, present, or symbolic) which is placed in an empty chair. In two-chair exercises, the client moves back and forth between two or more chairs representing different perspectives or parts of the self. In chairwork role-plays, particular interactions are imagined, re-created or rehearsed by the client and the therapist. Accordingly, chairwork may be used to facilitate dialogues between aspects of the self (‘internal’ dialogues) or with specific individuals (‘external’ dialogues) (Kellogg, 2004). Lastly, chairwork interventions have been differentiated according to their task focus and the therapist’s role. In directive chairwork, an active therapist stance is advocated to help guide dialogues towards specified outcomes (for example, the restructuring of problematic cognitions). In contrast, exploratory chairwork exercises require a facilitative stance so that discovery-oriented dialogues can emerge (for example, interviewing the ‘inner critic’ in relation to its intentions and underlying motivations).

Notions of a ‘dialogue’ between parts of the self may at first seem alien to cognitive behavioural therapists; in being an information-processing based approach, CBT would seemingly ascribe to a unitary model of self. Conceptualisations of the self as multifaceted, rather than indivisible, have a long history within both philosophy and psychotherapy (Hermans, Kempen & van Loon, 1992) including person-centred and psychoanalytic approaches (Greenberg, Rice & Elliott, 1993; Hillman, 1975). Within CBT, multiple parts of self have been conceptualised as polarised schemata, behavioural motivations, and associated affects (Clark, 2016; Stiles, 1999; Teasdale & Barnard, 1993). This multifarious model of self has been embraced more explicitly within third-wave cognitive therapies. For example, dialectical behavioural therapy (Linehan, 1993) differentiates ‘rational’, ‘emotional’ and ‘wise’ mindsets, whilst schema therapy has described multiple and dynamic states of mind termed ‘schema modes’ (Young et al., 2003). If multiplicity is consistent with the principles of CBT -

and cognitive theory would suggest it is (Teasdale & Barnard, 1993) - then experiential methods for facilitating interaction, integration and resolution of functional and dysfunctional ‘self-parts’ may have utility. Informative methods for eliciting, labelling and socialising the client to self-multiplicity have been described elsewhere (see Hermans & Dimaggio, 2004; Rowan, 2010; Shahar, 2015).

Cognitive behavioural therapists may also be surprised to learn that chairwork techniques have been applied in CBT for some time (Arknoff, 1981; Beck, Rush, Shaw & Emery, 1979; Goldfried, Linehan & Smith, 1978). Unfortunately, such interventions have received relatively little attention compared to other experiential techniques. To address this, the following article presents chair-based techniques commonly utilised in CBT. The paper builds upon an earlier review (Pugh, 2017) and provides a practice-focused discussion of chairwork interventions specific to CBT and their mechanisms of action, as well as detailed guidelines for their implementation.

Aims and method for the review

This article has three aims: 1). to explore how cognitive-behavioural chairwork (CBC) has been utilised to modify behaviour, cognition and emotion in CBT, 2). to present and evaluate research examining the efficacy of chairwork in CBT, and 3). to elucidate how CBC achieves therapeutic effects.

This review is a selective one and derives from three sources of information:

- A literature search of Psycinfo (January 1970 - 2016) using the keywords “chairwork”, “empty-chair”, and “two-chair”.
- A manual review of cognitive-behavioural texts.
- Clinical practice and clinical observations.

Chairwork in CBT

Before exploring applications of CBC, it is necessary to distinguish these techniques from chair-based interventions utilised in other psychotherapies. Integrative forms of CBT which incorporate chairwork exercises developed within other psychotherapies have been described elsewhere (see Newman et al., 2011; Thoma & Greenberg, 2015; Pugh, 2017). However, the significant degree of overlap across chair-based techniques is acknowledged (Kellogg, 2015).

As a therapy-specific intervention, CBC has four main purposes: clinical assessment and informing the formulation; modifying maladaptive patterns of thinking, feeling and behaving; elaborating and reinforcing adaptive patterns of thinking and behaving; and assessing clinical outcomes. To achieve these aims, CBC typically adopts a directive rather than exploratory stance, insofar as desired outcomes are clear from the outset. As will become apparent in the following sections, CBC is also a fundamentally socratic process and one which relies on collaboration between therapist and client.

Cognition-focused chairwork

Multifarious forms of chairwork have been used to modify cognition in CBT (Beck, 1995; Leahy, 2003; Young et al., 2003). Broadly speaking, such interventions are organised into three phases of cognitive restructuring, although certain stages may be missed depending upon the client's degree of socialisation to chairwork, level of conviction associated with a cognition, and intensity of associated affect. A two-chair configuration is usually adopted when modifying distressing cognitions. In the first stage of two-chair cognitive restructuring, the client may be asked to provide evidence supporting a thought or belief from a first chair whilst the therapist provides counter-evidence from an opposing chair. In the second stage these roles are reversed insofar as the therapist enacts the negative cognition or a similar belief (chair one),

whilst the client provides counter-evidence (chair two). Alternatively, the client may be asked to alternate between two chairs and sequentially outline confirmatory and disconfirmatory sources of evidence. In the final stage, the client may be asked to provide evidence disproving their cognition from chair one whilst the therapist attempts to undermine these arguments from a second chair (the “devil’s advocate” technique; Goldfried et al., 1978). It is worth noting that this final stage of two-chair cognitive restructuring can be provocative and should be used judiciously with some individuals. If the therapist does adopt this challenging, roling and de-roling chairs is important (Therapist: “To help facilitate this exercise I am going to change seats and adopt a more challenging role than usual, but this does not mean that I agree with the statements I am about to relay to you”).

Compassion-focused therapy (CFT) has highlighted the value of affiliative self-to-self relating in reducing shame and self-criticism (Gilbert, 2010). To this end, techniques for enhancing self-compassion through CBC have been described. Gilbert and Irons (2005) extend traditional two-chair cognitive restructuring for self-critical thoughts by incorporating a third, compassion-focused chair. From this position the client can practice expressing compassion towards both the attacked and attacking parts of the self (Therapist: “From your compassionate side, how would you express care and empathy towards these parts of your self?”). At the end of the exercise, the client is asked to move back into the “attacked” chair so that they are able to experience receiving this self-generated compassion (Welford, 2012).

Inspired by Franz Kafka’s “The Trial”, trial-based cognitive therapy (de Oliveira, 2008; 2015) has outlined a sophisticated process of chair-based cognitive restructuring analogous to a courtroom trial. Here, the client is first asked to adopt the role of the “accused” who has been charged with a specific belief or “self-accusation” (for example, being unloveable). The client is then asked to switch chairs and adopt the role of the internal “prosecutor” and outline evidence supporting the aforementioned belief. The internal “defence attorney” is then enacted

in chair three, providing disconfirmatory counter-evidence. In the fourth and fifth stages, both the prosecution and defence roles are enacted once more so that secondary “pleas” (i.e. additional evidence) can be entered and previous arguments refuted. Finally, both the client and the therapist adopt the roles of objective “jurors” (chairs four and five) who weigh the consistency, accuracy and persuasiveness of evidence presented.

Given that negative schemas are typically experienced as fixed and global, Chadwick (2003) has outlined a two-chair method for fostering more complex self-conceptualisations. In contrast to two-chair cognitive restructuring and the trial-based method, this intervention is aimed at developing positive self-beliefs and enhancing metacognitive insight rather than modifying distressing self-beliefs. The procedure is divided into three stages. In the first stage, the client expresses the negative schema from chair one (“I see myself as worthless because...”). Using socratic questioning, the client is then asked to elaborate and express an alternative, more positive self-belief from chair two, again in the first person (Therapist: “Can you describe any moments where you have experienced yourself as something other than worthless?”). Stage three aims to reinforce this more complex representation of the self: remaining in chair two, the client is encouraged to reflect upon on how both the positive and negative schemata can be simultaneously accurate and valid. This intervention can be particularly helpful when working with self-beliefs which are resistant to cognitive restructuring or when the client struggles to identify positive self-related data.

Chairwork has additionally been used to address the origins of pathological cognitions. If a thought or belief is linked to messages conveyed by a particular individual, the client may be asked to imagine this other (or the belief itself) in an empty-chair and challenge these messages directly (Therapist: “Tell your mother why she was wrong to call you worthless as a child”) (Leahy, 2003). Historical role-play (HRP) (Arntz & Weertman, 1999; Beck, Freeman, & Davis, 2004) provides an alternative means to modify negative beliefs associated with

autobiographical interactions. HRP is divided into three stages. In stage one, the client (enacting their child self) re-enacts the original event with the therapist (playing the role of the antagonist) (the “enactment” phase). Client-therapist roles (and seats) are then reversed and the interaction repeated in stage two (the “new perspective” phase). By reversing roles, the client is able to acquire insights into the behaviours, motivations and/or validity of communications by antagonists whilst the therapist able to begin challenging these toxic messages from the position of the child self. In the third and final stage, the client enacts their child self once more and is encouraged to respond to the antagonist in adaptive ways (the “rescripting” phase). As Arntz and Weertman (1999) note, HRPs can be particularly helpful for modifying external and stable attributions for parental behaviours (“My father ignored me because he disliked me”).

Last of all, CBC can be employed in work with ‘cognitive polarities’ and ambivalence (Arknoff, 1981). If indecision is apparent, the client may be asked to outline the perceived advantages (chair one) and disadvantages (chair two) of a particular choice, shuttling back and forth between these perspectives, until a resolution is achieved (the “two-chair decisional balance” technique¹). Alternatively, Linehan (1993) suggests that encouraging the client to argue in favour of change (chair one) whilst the therapist presents reasons for not changing (chair two) can help elicit and strengthen commitment to change. Again, therapists are encouraged to use a different chair when adopting a challenging position such as this to help demarcate a change in their role. In other cases, conflicting ‘approach’ versus ‘avoid’ motivations may prevent the client from testing out fears and hamper the use of behavioural experiments. To overcome such obstacles, chairwork dialogues can be facilitated between the client’s ‘rational side’ (“I need to face my fear”) and ‘emotional side’ (“I want to avoid my fear”) (de Oliveira, 2016). When using chairwork to resolve polarities or ambivalence, it is

¹ The two-chair decisional balance technique is based upon the two-chair technique for conflict splits, which was originally developed within gestalt therapy (Perls, 1970) and later incorporated into EFT (Greenberg, 1979).

often helpful to conclude the exercise by moving the client to a third ‘observing’ chair where the arguments for and against change are weighed and a final decision is made.

Metacognitive chairwork

Chairwork has been applied at both cognitive and metacognitive levels. Two-chair interventions such as the decisional balance technique (outlined earlier) can be effective in exploring and modifying conflicting metacognitive beliefs about psychological processes such as worry, rumination and self-criticism (Dugas & Robichaud, 2007). Gilbert and Irons (2005) and Chadwick (2003) have outlined alternative methods for enhancing metacognitive awareness and restructuring metacognitive appraisals about self-criticism. To provide an example, the client may be asked to change seats and deliver typical self-critical thoughts to their vacated chair in the second person (Client: “You are such an idiot”). Switching back into this empty chair, the client is then encouraged to express the emotional, cognitive and physical consequences of receiving self-attacks. Lastly, the client is asked to move to a third ‘observing’ or metacognitive chair and reflect upon the process of generating and accepting self-criticisms. Not only can this exercise help develop awareness and decentring, but it also serves as a powerful demonstration of the deleterious effects of self-denigration.

Simulated interviews or ‘voice dialogue’ are another creative method for generating metacognitive awareness (Pugh, 2017; Stone & Stone, 1989). This typically involves the client changing seats and playing the role of their “internal critic” or “inner worrier” whilst engaging in an improvised interview with the therapist (Therapist: “Tell me, as the internal critic, where do you come from? What do you hope to achieve? What are your fears about not performing this role?”). Such dialogues not only provide a creative avenue for exploring the origins, underlying motivations and perceived functions of psychological processes, but also help the client gain some psychological distance from these patterns of thinking.

Finally, de-Oliveira (2015) has extended the trial-based method to modify dysfunctional beliefs about self-criticism. Following on from successful “trials”, the client is asked to reflect on the damages caused by the prosecutor’s allegations. Switching chairs and adopting the role of the internal defence attorney once more, the client is asked to charge the prosecutor (i.e. the inner critic) with harassment or other appropriate wrong-doings. Evidence and counter-evidence supporting and refuting these charges brought against the prosecutor are then presented. Once both sides have been fully expressed, the client and the therapist again adopt the role of jurors who rule on the accuracy and utility of the prosecutor’s past attacks. Assuming that the jury rules against the prosecution, the client is asked to take the seat of “judge” and issue the prosecutor with a suitable sentence (for example, reducing future attacks).

Affect-focused chairwork

As an evocative intervention, CBC can be used to help facilitate exposure, processing and amelioration of emotions. In cases where the labelling and expression of affect is impaired, multiple chairs can be used to separate, clarify and facilitate expression of different emotional states (for example, encouraging the client to speak from chairs representing sad, angry, and anxious parts of the self) (Gilbert, 2010; Kolts, 2016). This exercise can be extended by adding an additional chair where the client is encouraged to respond to their distress with validating, compassionate or soothing responses (Therapist: “Can you tell the sad part of your self why it is understandable it feels that way? How would you reassure that side ?”). Alternatively, if affect is avoided, emotive exercises such as the empty-chair technique (see Leahy, 2003) can be used to facilitate exposure to feeling states, as well as affording opportunities to test out fears about connecting more with one’s emotions.

Behaviour-focused chairwork

Chairwork role-plays (CRPs) are a popular method for assessing problematic behaviours, particularly those arising within relationships (for example, passive or aggressive behaviour). As well as highlighting behavioural deficits and eliciting associated cognitions, CRP has been utilised as a measure of change. For example, role-plays can be repeated pre- and post-treatment to assess the extent to which target behaviours have been modified (Kirk, 1989). Lastly, CRP provides opportunities to garner behavioural insights; client-therapist roles can be reversed during enactments so that the client is able to observe and experience the impact of their behaviour upon others (Butler, 1989).

In regards to modifying behaviour, CRP is often used to elaborate and practice new behavioural repertoires (“behavioural rehearsal”) (Beck, Emery, & Greenberg, 1985; Goldfried & Davison, 1976). New skills can be further enhanced through therapist modelling and feedback during role-plays (Dancu & Foa, 1992). Creative methods for generating new behaviours through chairwork have also been described. For example, the client can be asked to enact the behaviour of an individual who exemplifies the repertoire they wish to develop (Beck et al., 1985). Alternatively, the therapist may enact potential behavioural responses in different chairs so that the client can assess their comparative utility (Hawton & Kirk, 1989; Beck, 2005). Encouraging the client to act “as if” within CRP can also be a powerful means to generate and implement adaptive behaviours (Beck et al., 2004).

Conceptualising cognitive behavioural chairwork

Multi-level theories of cognitive science have provided insights into the mechanisms of change underlying CBT. The theory of interactive cognitive subsystems (ICS; Teasdale & Barnard, 1993) is a complex model of information processing which identifies two levels of meaning relevant to psychopathology: a propositional code concerned with explicit, verifiable and language-correspondent information (specific “head-level” intellectual knowledge) and an

implicational code concerned with more intuitive, implicit and holistic information (schematic “heart-level” emotional knowledge). It is theorised that the implicational code is linked directly to emotion and proprioceptive inputs such as bodily feedback, whilst the propositional code is largely restricted to more effortful analytic information processing. Achieving change within the higher-level implicational code (i.e. deeper schematic levels of meaning) has, therefore, been identified as an important target in CBT. If this is not achieved then dissociations between what is known intellectually versus what is known emotionally are likely to occur (a ‘head-heart lag’) (Stott, 2007). Whilst traditional interventions such as psychoeducation and automatic thought records (ATRs) are theorised to exert effects upon the propositional code, it is proposed that experiential interventions represent “a major recent [importation]” (Teasdale & Barmard, 1993, p.242) which bring about modifications within the implicational code via their impact upon multiple schema dimensions (cognition, emotion, behavioural and body) (Teasdale, 1997; Bennett-Levy, Thwaites, Haarhoff & Perry, 2015). Preliminary research has lent support to these suggestions (Bennett-Levy, 2003).

It has been hypothesised that the therapeutic effects of CBC partly derive from the links these techniques share with the implicational code (Pugh, 2017a; Pugh & Hormoz, 2017). How are the two associated? CBC is often highly emotive, which by definition would imply activation within the implicational subsystem (Goldfried, 1988). In addition, multiple sensory channels associated with the implicational code are exploited by CBC including visual inputs (e.g. imagining one’s inner critic in the empty chair), auditory processes (e.g. raising one’s voice when challenging the inner critic) and proprioceptive cues such as movement and gesture. Consistent with the final point, preliminary research suggests that chair-based techniques produce greater improvements in negative self-beliefs when participants move between chairs rather than remaining stationary (Delavechia, Velasquez, Duran, Matsumoto, & de Oliveira, 2016). Lastly, interventions such as the empty-chair technique are likely to

access the implicational code via activation of affect-laden memory networks (Therapist: “Imagine your father is sat in front of you, tell him how his abuse was wrong”).

Clinical studies lend some support to the hypothesised links between chairwork and the implicational subsystem. It has been reported that positive self-beliefs generated within CBC have a unique “felt truth” (Chadwick, 2003) and that improvements in target symptoms are significantly greater following the use of empty-chair techniques (effecting the implicational code) compared to psychoeducation-based interventions (effecting the propositional code) (Paivio & Greenberg, 1995). Furthermore, adjustments in specific sensory channels associated the implicational code appear to modulate outcomes in chairwork (e.g. softening in the client’s tone of voice when enacting the inner critic being linked to better outcomes) (Greenberg, 1983).

The theory of retrieval competition (Brewin, 2006) has outlined other causal pathways in CBT. According to this account, multiple mental representations compete for retrieval at any one time. In psychopathology, dysfunctional representations are theorised to out-compete their functional counterparts. Accordingly, it has been proposed that psychotherapies achieve therapeutic effects by generating positive competitor representations which win-out during competition for retrieval. Specifically, competitor representations must be sufficiently distinctive and memorable to have such a retrieval advantage.

Consistent with these principles, research suggests that the efficacy of chairwork partly derives from its memorability and the salience of new representations generated therein (Greenberg, 1979; Chadwick, 2003; Robinson, McCague, & Whissell, 2014). What makes CBC particularly especially memorable compared to other talk-based interventions? Factors including the highly evocative nature of chairwork, its dynamic and multisensory format, the novelty of dialoguing with parts of the self and/or others, and its close matching with real-

world situations and interactions may explain why the representations generated in CBC are readily retrieved outside of the therapy room (Pugh, 2017a).

As well as modifying the content of thoughts and feelings, CBC may also help adjust how individuals experience and relate to internal events (Pugh, 2017a). Improvements in metacognitive awareness have been reported following CBC (Chadwick, 2003). How might CBC enhance metacognitive awareness? Two-chair interventions require individuals to repeatedly ‘step in’ and ‘step out’ of states of mind which are held in particular chairs. In empty chairwork exercises, clients are encouraged to externalise and personify internal representations in the empty seat (‘Imagine your anxiety is sat in that empty chair... What would you like to say to it?’). In both cases, mental events are re-perceived as external representations, thereby allowing a more decentred and observing perspective to be established in relation to these contents of consciousness².

Finally, theories of emotion elucidate causal pathways in CBC. Contemporary models of emotion have highlighted the functional and adaptive nature of affect (Nesse & Ellesworth, 2009). For example, the SPAARS model of emotion (Power & Dalgleish, 2008) posits that emotions are appraisal-based, goal-specific, and motivate behavioural and cognitive re-orientations for the acquisition of goals. To illustrate, the creeping anxiety experienced when speaking from the chair representing the ‘reasons not to change’ one’s alcohol consumption conveys important information regarding the need to adjust this behaviour to protect life longevity.

Within the context of CBC, the affect elicited during chairwork may be therapeutic in motivating constructive changes in behaviour, cognition, and how one responds to these internal states. Some support exists for these points. Higher levels of emotional experiencing

² As well as building metacognitive awareness, the process shuttling between chairs may also help facilitate exposure to distressing internal states (Pugh, 2017a).

during emotion-focused chairwork have been associated with better therapeutic outcomes (Greenberg, 1983). In addition, research indicates that clients who express more intense emotions during empty-chair dialogues with significant others (“unfinished business”) are more likely to resolve attachment-related distress and experience greater shifts in relevant cognitions (Greenberg & Malcolm, 2002). Similar positive associations between affective arousal, emotional insight and therapy outcomes have been reported in CBT (Castonguay, Goldfried, Wiser, Raue & Hayes, 1996; Watson & Bedard, 2006). Determining the precise direction of causation between emotional arousal and cognitive modification in the context of CBC remains unclear and represents an important avenue for future studies.

Clinical effectiveness of cognitive behavioural chairwork

Many forms of CBT which incorporate chairwork have demonstrated clinical effectiveness (Butollo, Karl, Konig & Rosner, 2016; Chadwick et al., 2016, Gilbert, 2010; Young et al., 2003,). However, these findings do not provide unequivocal support for CBC. Whilst few studies have tested the effectiveness of CBC directly, preliminary findings are promising.

Direct evidence for CBC relates to studies measuring the effects of specific CBC techniques. Two preliminary studies indicate that the trial-based role-play (de Oliveira, 2008; 2015) is an effective stand-alone intervention for reducing the severity of negative schemata and associated distress (de Oliviera, 2008; de Oliviera et al., 2012a). Qualitative feedback also suggests that the two-chair technique is a powerful method for generating new and convincing positive schemata (Chadwick, 2003), although further studies are needed to ratify this finding.

Technique comparison studies also support the use of CBC. de Oliviera and colleagues (2013) compared the effects of the trial-based chair exercise against the use of seven-column thought records and positive data logging in a sample of socially phobic individuals. The results

indicated greater improvements in fears of negative evaluation and social avoidance in the chairwork condition, whilst levels of social anxiety were equivalent post-treatment (de Oliveira et al., 2012b; Powell et al., 2013). Other research has found the two-chair decisional balance technique to be more effective than problem-solving in resolving ambivalence (Clarke & Greenberg, 1986), although no difference was found between chairwork and costs-benefits analysis in a later study (Trachsel, Ferrari & Holtforth, 2012).

Indirect evidence for CBC relates to studies testing the efficacy of cognitive behavioural treatments which integrate chairwork techniques developed outside of CBT (see Arkhoff, 1981; Thoma & Greenberg, 2015). Based upon the observation that generalised anxiety is often associated with the avoidance of affect, a randomised controlled trial compared the effects of CBT augmented by interpersonal and emotion-processing interventions (including chairwork techniques developed in EFT) against CBT plus supportive listening (Newman et al., 2011). Whilst neither approach was advantageous, non-significant trends favoured the CBT plus chairwork condition in improving anxiety and end-state functioning.

Studies comparing chairwork techniques developed outside of CBT against cognitive interventions provide further indications as to the efficacy of CBC. Research in this area is limited to a single study which found the empty chair technique to be as effective as chain analysis and cognitive restructuring in reducing problematic anger (Conoley, Conoley, McConnell & Kimzey, 1983). However, these results must be accepted with caution given a lack of follow-up data.

Lastly, attention should be paid to studies demonstrating the clinical effectiveness of chairwork techniques utilised in other psychotherapies such as emotion-focused and gestalt therapy. Research suggests that gestalt and emotion-focused chairwork is clinically effective as a single session intervention (Shahar et al., 2011) and as a component of process-experiential

therapy (Greenberg & Watson, 1998), and has been successfully applied to a range of pathologies including depression (Greenberg & Watson, 1998), worry (Murphy et al., 2016), personality disorders (Pos, 2014), childhood trauma (Paivio & Nieuwenhuis, 2001), and attachment-related difficulties (Greenberg & Malcolm, 2002). In addition, dismantling studies indicate that EFT which excludes chairwork is significantly less effective than EFT incorporating chair-based techniques, suggesting that these interventions make a meaningful contribution to the efficacy of this treatment (Greenberg & Watson, 1998; Goldman, Greenberg & Angus, 2006; Paivio & Nieuwenhuis, 2001). However, the relative effectiveness of cognitive-behavioural versus emotion-focused chairwork techniques remain unknown.

Taken together, preliminary findings suggest CBC may be an effective method for modifying pathological cognitions, ameliorating distress and resolving ambivalence. However, many chairwork techniques utilised in CBT are yet to be tested (for example, chairwork role-play and two-chair cognitive restructuring). Further research is needed to determine how chairwork techniques perform against more established interventions in CBT such as imagery rescripting and imaginal exposure. Task analysis and process-related studies would also help identify the curative components of CBC: for example, are the effects of CBC related to the intensity of affect generated during the intervention, the quality of counter-arguments elicited, or the degree of task immersion?

Discussion

Chairwork is a popular therapeutic technique which has influenced many schools of psychotherapy including CBT. Rather than merely “speaking about” the matters which bring the client to therapy, chairwork creates a unique opportunity to begin “speaking to” those issues (Kellogg, 2015). In doing so, dramatic shifts can occur in how individuals relate and respond to their distressing thoughts, feelings, and behaviours (Pugh, 2017b) There exists few

opportunities in CBT to more directly experience new ways of relating to one's internal and external events than through chairwork.

This article has outlined some of the ways in which chairwork has been incorporated into CBT. Preliminary research suggests CBC is an effective method for reducing distress and one which can be applied across both multiple levels of cognition (negative automatic thoughts and core beliefs) and across multiple time points (i.e. troubling early experiences, present-centred distress, and future-orientated dilemmas). Whilst only a small number of studies have tested the efficacy of CBC, existing research suggests that such interventions are effective and could possess some advantage relative to other cognitive-behavioural techniques. Theories of cognitive science have generated hypotheses regarding the potential mechanisms underlying CBC and suggest that the emotive, multisensory and salient nature of such interventions contribute to their therapeutic effects.

Limitations of CBC

Whilst compelling, CBC is not without limitations - most notably a modest evidence base. Spatial constraints may also prohibit the use of CBC; chairwork requires multiple chairs and accordingly more space than usual. Stacking or folding seats can help manage this issue. As is discussed later, therapists are always encouraged to use extra chairs during CBC to maximise its effectiveness (Delavechia et al., 2016). The emotional intensity of CBC can also render it unsuitable for certain disorders. In particular, chairwork should be used judiciously with disorders characterised by under- or over-regulated affect (for example, emotionally unstable and avoidant personality disorders) (Pos, 2014; Pos & Greenberg, 2012). Given that such techniques may possess greater potential for harm than other CBT interventions, therapists should also ensure that they have sufficient competence before applying them.

As with many other experiential interventions, CBC is a dynamic and unfolding process. This has led authors to describe chairwork as both an art and a science (Kellogg, 2015). Outlining standardised procedures for applying these techniques is challenging, therefore. Whilst attempts to do so may be informative, I would echo Kellogg's (2015) suggestion that therapists who are new to these techniques initially go slow and go simple. Chairwork is also a creative and collaborative process: assuming that the basic principles of CBC are maintained, therapists are encouraged to see the interventions which have been outlined as flexible and descriptive, rather than prescriptive.

Unfortunately, there are occasions where implementing chairwork may not seem possible, typically due to client refusal. Experience shows that avoidance or scepticism about CBC often reflects a fear of overwhelming affect or negative evaluation by the therapist. Thorough socialisation, therapist demonstrations, and/or enacting self-parts on behalf of the client (with their direction) can help overcome such hurdles. Facilitating dialogues with parts of the client opposing chairwork can also help overcome blocks (Therapist: "Change seats and speak from the side of your self which doesn't want to try chairwork... Now change seats and respond from your rational / curious side"). A strong therapeutic alliance is also important: if chairwork is refused, therapists can always revisit it once a robust relationship has been established.

Finally, it is debatable whether CBC represents an augmentation (Arknoff, 1981) or integrative approach (Chadwick, 2006) to CBT. Given that many experiential interventions are seen as compatible with the principles of cognitive science (Bennett-Levy, 2003; Teasdale & Barnard, 1993), I would argue that CBC is best conceptualised as an *extension* of CBT and represents a novel medium within which cognitive-behavioural principles can be effectively applied. It is also worth noting that the therapeutic effects of chairwork techniques developed outside of CBT have been linked to cognitive variables, both empirically and theoretically

(Greenberg, 1983; Missirlian, Toukmanian, Warwar & Greenberg, 2005), further underlining that CBC is firmly located within the scope of CBT.

Practice recommendations for CBC

Although research would suggest CBC is clinically effective, a lack of definitive outcome and comparison studies means such interventions might be best viewed as an augmentation, rather than replacement, for standard strategies. When should cognitive behavioural therapists consider using CBC? Experiential techniques are encouraged when change is experienced intellectually (“head-level” cognitive change) rather than affectively (“heart-level” emotional change). CBC may also prove helpful when there is limited response to standard interventions such as ATRs. It has been suggested that interventions such as the empty-chair technique may serve as a viable alternative to imagery-based techniques (for example, imaginal exposure) if these cannot be implemented (Butollo et al., 2016), although further research is needed to confirm this assertion. Lastly, chairwork role-plays may provide a more ecologically valid method of behavioural assessment than discussion alone.

Limited guidance exists as to the implementation of CBC. Drawing upon recommendations outlined in other psychotherapies (Arntz & Jacob, 2013; Greenberg et al., 1993; Kellogg, 2015) and the existent CBT literature (Chadwick, 2006; de Oliviera, 2015; Pugh, 2017a), guidelines for conducting CBC are provided below.

Preparing for chairwork

Traditional pen-and-paper interventions can be a helpful precursor to chairwork. These include ATRs (for chairwork with maladaptive thoughts and self-criticism), pros-cons lists (for work with decision-making and ambivalence) and emotion-focused creative writing (such as ‘no-send’ letters written to relevant individuals). As with other cognitive-behavioural interventions, thought/belief and emotion ratings should be collected before and after

chairwork to determine whether change has been achieved. Movement between seats has also been associated with better responses to chairwork (Delavechia et al., 2016) and so therapists should ensure sufficient chairs are available to facilitate this. Lastly, a generous amount of time should be allocated to chairwork, including space for containment, reflection and de-briefing post-intervention. A rule of thirds (setting aside one third of the session to prepare, conduct, and then review chairwork) can be a useful heuristic for managing time.

Introducing chairwork

Chairwork is likely to be a novel, emotive and (initially) anxiety-provoking intervention for most. A confident introduction is required, therefore. Rationales for utilising CBC include bringing cognitive interventions more to life, getting to know important parts of the client better, and working with both “the head” and “the heart”. Whichever the aim, clients should be reassured that, whilst the therapist guides chairwork, they retain control over the process and are able to pause or end the dialogue if needed. Socialising the client to chairwork can also build a willingness to participate: for example, the therapist may briefly enact parts of the client, moving between chairs and giving voice to these selves, to help demonstrate the dialogical process. Lastly, clients should be instructed to speak from each chair as passionately as possible and always direct statements to the opposing seat. Therapists must also play an active role in ensuring that the boundaries of each ‘voice’ remain clear (e.g. that perceived benefits of a behaviour are only expressed from the ‘advantages chair’ and not the ‘disadvantages chair’) (Kellogg, 2015).

Enhancing chairwork dialogues

Affect is vital to the effectiveness of CBC for three reasons: to gain access and “speak to” the implication code; to construct memorable and attention-grabbing internal representations; and to exploit the motivational aspects of emotion. As with other cognitive-

behavioural interventions, therapists should seek to elicit a high but tolerable level of affect during CBC. Methods for achieving this include the selective repetition of key statements (“say that again”), suggesting changes in tone and vocality (“say that louder”), and movement and gesture (“stand as you say that”). Imagery can also bolster affect: for example, the client can be asked to describe the other who has been imagined in the empty chair (“What are they wearing? What is their expression? How do you feel in their company?”). This also extends to personifying internal representations (“If your inner critic were in that chair, what would it look like?”). Given that intense emotions are likely to impair rational-analytic information processing, therapists can help facilitate dialogues through the use of socratic questions (Therapist: “Can you tell the critic about times when you have demonstrated competence in your life?”) and prompts (“If it fits, try saying...”). In the spirit of collaboration, these suggestions should always be framed as offers rather than directions (“Only if it feels right to you, perhaps try saying...”). Referring back to cognitive interventions completed prior to CBC can also help inform prompts (e.g. information recorded on ATRs).

Concluding chairwork

Debriefing after chairwork is important for assessing outcomes and building metacognitive competence (a ‘decentred’ perspective on internal events). Ideally, the client’s usual chair should serve as the position for building this ‘observing’ position. Valuable areas for discussion after CBC include the client’s degree of task immersion, their thoughts and feelings towards the parts which have spoken, examining the autobiographical origins of these ‘voices’, and assessing the utility of self-parts which have spoken in terms of achieving personal goals and values (Therapist: “Now we have gotten to know your critical voice a little better, do you think listening to it helps you build self-confidence or does it take it away?”). Highlighting the client’s capacity to move in and out of particular perspectives, emotions and states of mind can also help enhance flexibility and metacognitive insight. Regarding

homework, useful assignments include reviewing flashcard summaries or audio-recordings of chairwork dialogues, letter writing (to or from parts / individuals which have been involved in the dialogue) and/or the collection of further relevant information (for example, additional counter-evidence or positive data) which can be incorporated into later dialogues. Finally, therapists should not be afraid of returning to CBC later in therapy: as Chadwick (2006) notes, chairwork is a therapeutic process which often requires repetition to achieve full effects.

Conclusion

Chairwork techniques offer new and exciting directions for cognitive behavioural practice. Preliminary research suggests that CBC is a valuable assembly of experiential interventions which can be applied across behavioural, cognitive and affective domains. Further research is now needed to confirm the efficacy of CBC and ratify hypotheses regarding its mechanisms of action.

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