EUROPEAN JOURNAL OF COUNSELLING THEORY, RESEARCH AND PRACTICE
Vol 4, Article 3, 2020
ISSN 2398-5607
www.nationalwellbeingservice.com/journals

TECHNIQUES, INTERVENTIONS AND STRATEGIES

Process-based chairwork: Applications and innovations in the time of COVID-19

Matthew Pugh[1], and Tobyn Bell[2]

Abstract

Recent years have seen the emergence of process-based therapies which seek to target evidenced-based psychological processes through the application of evidence-based procedures. Chairwork represents an increasingly popular collection of experiential methods which utilise chairs, their positioning, movement, and dialogue to bring about change. In an effort to bridge and bring coherence to this school of interventions, this paper describes the core principles and processes of chairwork. How this process-based approach to chairwork informs clinical practice is illustrated using the example of COVID-19 and the delivery of 'tele-chairwork' when face-to-face sessions are not possible. Examples of how digital platforms can enhance chairwork are also provided. The paper concludes with the proposal that a broader, 'dialogical' form of psychotherapy, which integrates dialogical processes and practices such as chairwork within a single framework, could hold promise.

Keywords: Chairwork, COVID-19, empty-chair, two-chair, role-play, teletherapy

Abstrait

Ces dernières années ont vu l'émergence de thérapies basées sur les processus qui visent à cibler les processus psychologiques fondés sur des preuves par l'application de procédures fondées sur des preuves. La chaise représente une collection de plus en plus populaire de méthodes expérientielles qui utilisent les chaises, leur positionnement, leur mouvement et leur dialogue pour provoquer le changement. Dans un effort pour jeter un pont et apporter de la cohérence à cette école d'interventions, cet article décrit les principes et processus de base de la chaire. La manière dont cette approche basée sur les processus du travail à la chaire informe la pratique clinique est illustrée à l'aide de l'exemple de COVID-19 et de la prestation de «télésiège» lorsque les séances en face à face ne sont pas possibles. Des exemples de la façon dont les plates-formes numériques peuvent améliorer la présidence sont également fournis. Le document se termine par la proposition selon laquelle une forme plus large et «dialogique» de psychothérapie, qui intègre des processus et des pratiques dialogiques tels que la présidence dans un cadre unique, pourrait être prometteuse.

Mots clés: *Chaise, COVID-19, chaise vide, deux chaises, jeu de rôle, téléthérapie*

Corresponding author
Matthew Pugh,
Vincent Square Eating
Disorders Service,
1 Nightingale Place,
London, SW10 9NG
Email: matthewpugh@nhs.net

Affiliations
[1] Central and North West London NHS Foundation Trust, London, UK
[2] Greater Manchester Psychological Therapies Training Centre, Manchester, UK

Copyright
© National Wellbeing Service Ltd

Funding
None declared

Declaration of conflicting interests
The first author receives royalties from a textbook related to the topic of this paper.

Acknowledgments
None declared

INTRODUCTION

The COVID-19 pandemic has brought about significant changes in the ways that talking therapies are delivered. Social distancing, shielding, and stay-at-home directives have meant that, for many therapists, face-to-face interventions are simply not possible during this crisis (Taylor, Fitzsimmons-Craft, & Graham, 2020). Consequently, clinicians have needed to embrace tele-health and become proficient in the use of digital tools at a rapid pace. This has led to creative adaptations in the

delivery of psychotherapies, while maintaining their quality and ethos (e.g. Waller et al., 2020). Chairwork is a well-established, experiential psychotherapeutic method which is utilised in several evidenced-based therapies. Factors such as adequate working space, access to additional seats, and the ability to move between locations are assumed in face-to-face chairwork, but are often frustrated when working online. This, combined with limited guidance as to how chairwork is delivered in tele-therapy, has meant that therapists are sometimes inclined to abandon these methods when working remotely. What frameworks can clinicians use to navigate the challenges and barriers to facilitating chairwork in this new, digital world?

PROCESS-BASED APPROACHES TO THERAPY

There are good reasons why Jacob L. Moreno referred to his methods as 'maddening': learning the full spectrum of interventions which constitute 'chairwork' can feel overwhelming, even for the most seasoned of therapists. Chairwork refers to a collection of therapeutic methods which utilise chairs, their positioning, movement, and dialogue between parts of the self to bring about change (Pugh & Broome, in press). Relevant interventions include empty-chairwork (dialogues which involve speaking with an 'other' held in the empty seat), multi-chairwork (dialogues which involve speaking from two or more chairs representing discrete perspectives or motivations) and role-play (the enactment of past, present, or future interactions). As a psychotherapeutic method, chairwork derives from a variety of approaches including psychodrama, gestalt therapy, emotion-focused therapy, voice dialogue, and several others, resulting in a potentially mindboggling array of enactment procedures. Consequently, accurately categorising the many forms of chairwork remains challenging. Perhaps it should be: creativity and spontaneity, which lie at the heart of chairwork, are therapeutic resources which should not be constrained by taxonomies (Moreno, 1987).

Recent years have seen the emergence of process-based psychological treatments which are grounded in theoretically-informed principles and empirically-supported processes (Hofman & Hayes, 2019), which guide the use of therapeutic methods to achieve treatment goals. Process-based approaches to psychotherapy are believed confer several advantages to both clinicians and researchers, including generating testable models about how therapies and interventions achieve change; reducing competition between schools of therapy and methodological tribalism; increasing person-specific treatments and flexibility in how these are delivered; and enhancing methodological development and creativity in novel contexts, such as tele-therapy.

With these points in mind, a process-based approach to chairwork would seem not only advantageous but also desirable given its diverse forms and applications. What follows is an attempt to delineate the core principles of chairwork and the processes through which these methods achieve therapeutic change. In doing so, we seek to demonstrate how these core principles and processes support a view of psychological distress and treatment which is inherently dialogical in nature. It is hoped that these points will go some towards demystifying chairwork, encouraging methodological assimilation, and, most importantly, support creative practice during the COVID-19 pandemic and the delivery of experiential interventions in online therapy.

PRINCIPLES AND PROCESSES OF CHAIRWORK

Principle 1: Self-multiplicity

Self-multiplicity refers to the notion that the 'self' is composed of multiple agentic parts or voices. The terms used to describe this 'multi-mind' vary across modalities and have included modes, mindsets, mentalities, subpersonalities, and I-positions (the term of reference used henceforth). Conceptually, I-positions refer both to parts of the self (internal I-positions), such as one's 'inner child', and internalised representations of other individuals (external I-positions), such as an introjected 'punitive parent' (Young, Klosko, & Weishaar, 2003). These parts of the self may be either familiar (dominant or well-assimilated I-positions) or unfamiliar (silent or unassimilated I-positions) (Hermans & Gieser, 2012; Stiles, 1999). Various psychological, philosophical, and social theories have elucidated the presence and interaction of these multiple selves (Levine, 2019). From an evolutionary perspective, Gilbert (1989) has suggested that different 'social mentalities' establish and manage social relationships and roles (e.g. care giving and receiving, cooperation, competition and sexual relationships). These mentalities are enacted, both reciprocally and dialogically, in the external world (self-to-other relating) and within the internal world (self-to-self relating): self-criticism, for example, can be conceptualised as a dominant-subordinate style of relating which occurs at an intrapersonal level. From an empirical perspective, self-multiplicity is supported by a growing

European Journal of Counselling Theory, Research and Practice 2020, 4, Article 3, ISSN 2398-5607
© National Wellbeing Service Ltd 2020 • www.nationalwellbeingservice.com/journals

body of neuroscientific and experimental research (Klein & Gangi, 2010; Stemplewska, Zalewski, Suszek, & Koybylinkska, 2012), as well as clinical observations (e.g. Stiles, 1997).

Process 1: Separation

Chairwork begins by identifying which I-positions will form the focus of the intervention and situating these in different locations. Aside from concretising I-positions and their interactions (Process 3), separating parts of the self plays a number of other therapeutic roles. These include encouraging disidentification from distressing I-positions (e.g. one's 'inner critic'), whilst also allowing 'space' for avoided, unconscious or underdeveloped aspects of the self to be contacted and explored (e.g. the client's 'compassionate self'). Differentiating and externalising I-positions also serves to bring order and coherence to representations of the mind insofar as self-parts become literal 'positions' which the client can occupy, witness, or re-arrange. Furthermore, the concrete form of chairs and their spatial relationships provide symbolism: moving, leaving, or discarding a chair enables shifts in affect, meaning, and perspective (Bell, Montague, Elander, & Gilbert, 2020). Finally, movement between discrete locations allows for an intentional modulation of self-immersion and self-distancing, while also facilitating decentered reflection and meta-observational 'witnessing' of I-positions (Barbosa et al., 2017; Chadwick, 2003).

Principle 2: Information exchange

The second principle of chairwork is that I-positions are capable of exchanging information or 'dialoguing' with one another in meaningful ways. Dialogical self-theory (Hermans, 2002) suggests that developmental processes such as joint attention, conversational turn-taking, and internalised self-other interactions serve to establish a mind which is fundamentally dialogical (Bertau, 2004). Supporting these points, research indicates that individuals often experience thoughts and feelings as dialogical events which 'speak' to the self (e.g. Moritz, Klein, Berger, Laroi, & Meyer, 2019) and that emotional disorders are characterised by stereotyped interactions between I-positions (e.g. conflicted internal dialogues between submissive and dominant I-positions in depression) (Osatuke, Stiles, Barkham, Hardy, & Shapiro, 2011). Based upon these findings and observations, a number of archetypal 'dialogical dysfunctions' have been described (Pugh & Broome, in press) (see Table 1).

Process 2: Animation

To facilitate exchanges of information in the here and now, I-positions must be animated in order to 'speak' and 'listen' to one another, as well as to feel and 'see' the implicit communications in the 'body' of each I-position. Animating I-positions is achieved in two ways during chairwork: embodiment (inviting the client to change seats and 'speak as' an I-position) or personification

Table 1: Forms of dialogical dysfunction

Dialogical dysfunction	Within-session marker	Exemplar client statement
Monolithic dialogues	Internal dialogues dominated by singular I-positions, e.g. persistent self-criticism.	"I've never been able to recognise my achievements. All I do is put myself down."
Uniform dialogues	Movement between a very limited number of stereotyped I-positions.	"My relationships are extreme - either I push people away or I desperately cling to them."
Barren dialogues	An absence of I-positions in the dialogical mind.	"When I think about my life, all I feel is emptiness."
Conflictual dialogues	Persistent conflict between polarised I-positions.	"I know I need to cut down on drinking, but I don't want to stop partying with my friends."
Disorganised or cacophonous dialogues	Internal dialogues which are confused, unclear, or perplexing.	"My emotions don't make sense. I feel sad, then I'm angry, then I'm terrified."
Dissociated dialogues	Avoidance, denial, or disownment of I-positions.	"People say I ought to feel angry about what my wife did, but I don't. What's the point?"
Silent stories	I-positions which are unvoiced or unexpressed.	"I've never spoken to anyone about being abused."
Disrupted dialogues	Unresolved internal dialogues, e.g. grief, resentment, and unexpressed hurts.	"I wish I'd been able to make amends with my son before he died."

© National Wellbeing Service Ltd 2020 • www.nationalwellbeingservice.com/journals

Table 2: Forms of dialogical transformation

Transformation	Definition
Assimilation	Recognition and integration of I-positions which are avoided, suppressed, or disowned
Consolidation	Strengthening existing I-positions which support adaptive functioning
Cultivation	Purposeful development of new and adaptive I-positions
Internalisation	Conscious introjection of adaptive I-positions which are modelled by the therapist and others
Reconciliation	Establishing cooperative dialogues between conflicted I-positions
Innovation	The spontaneous emergence of new I-positions as a consequence of the aforementioned transformations

(asking the client to visualise an I-position as if it were held in the empty chair). Objectification offers an alternative dialogical method, in which inanimate objects such as figurines are imbued with the voices of I-positions (Chesner, 2019). Embodied dialogues are often favoured due to their immersive and evocative qualities. Indeed, research highlights the therapeutic value of embodiment during chairwork: changes in posture and other bodily experience support individuals in accessing, deepening, characterising, and differentiating I-positions, as well as providing insights into their nature and functions through body-based feedback (Bell et al., 2020; Whelton & Greenberg, 2005). In line with theories of embodied cognition, experimental studies have also highlighted the ways in which body states influence thought, feeling, and memory both positively and negatively (e.g. Nair, Sagar, Sollers, Consedine, & Broadbent, 2014).

Principle 3: Transformation

The final principle of chairwork is that the aforementioned exchanges of information between I-positions are capable of transforming the dialogical mind. Indeed, theories of cognitive science suggest that enactive interventions are particularly effective in generating cognitive-affective change due to their emotive, multisensory nature (Epstein, 2004; Teasdale & Barnard, 1993). Empirical studies ratify this position, demonstrating that changes in I-positioning are related to therapy outcomes (Detert, Llewelyn, Hardy, Barkham, & Stiles, 2006). Task analytic studies, for example, indicate that expressions of sadness from the 'criticised self' (chair one) will often cause the 'critical self' to soften (chair two) during emotion-focused chairwork (Greenberg, 1980). Forms of dialogical transformations achieved through chairwork are summarised in Table 2.

Psychotherapies vary as to which transformations are prioritised in chairwork. CBT, for example, tends to use chairwork to reinforce clients' 'rational thinking' (consolidation), whereas schema therapy emphasises the therapist's modelling of the healthy adult mode through chair dialogues (internalisation). Often, the central aim of dialogical transformation is to assimilate I-positions – not to create a homogenous 'self', but rather to enhance self-complexity, establish new intrapersonal relationships, and stimulate innovation in the dialogical mind.

Process 3: Dialogue

Dialogue represents the engine of chairwork. Chair dialogues take two principle forms: 'horizontal dialogues' which involve exchanges of information between I-positions[1], and 'vertical dialogues' in which meta-observing perspectives on the dialogical mind are established (e.g. surveying one's I-positions, represented by chairs, from a self-distanced perspective). This distinction marries neatly with other psychological concepts, such as 'self-as-content' (horizontal dialogue) versus 'self-as-context' (vertical dialogue) described in relational frame theory and acceptance and commitment therapy (Hayes, Strosahl, & Wilson, 2012). Inviting the client to stand and adopt a 'compassionate witness' perspective at the conclusion of a dialogue, for example, typifies the meta-observational, vertical positionings utilised in chairwork (Drucker, 2013). How the process of dialogue unfolds during chairwork depends largely on therapists' use of process-based skills, which are in turn informed by the therapeutic frame in which chairwork is applied (see Pugh, 2019a; Pugh & Broome, in press). For example, psychodramatic dialogues make considerable use of doubling (e.g. the therapist voicing the implicit messages of I-positions). In contrast, schema-focused dialogues emphasise therapist intervention during chairwork (e.g. silencing the 'punitive mode' on behalf of the client). Moreover, research indicates that process-skills have a direct bearing on how clients respond to chairwork (Sutherland, Perakyla, & Elliott,

European Journal of Counselling Theory, Research and Practice 2020, 4, Article 3, ISSN 2398-5607
© National Wellbeing Service Ltd 2020 • www.nationalwellbeingservice.com/journals

2014) and so are vital to the dialogical process.

While we have presented the principles and processes of chairwork as separate elements, they are, in practice, fluid, interactive, and mutually supportive. Embodiment, for example, enables both animation and exchanges of information between I-positions, while also ensuring they are differentiated and 'known' by their somatic markers. Each chairwork process ultimately augments the other: dialogue requires a degree of separation between I-positions, while animating I-positions through personification allows the client to relate to these aspects of the self using the same social-relational skills they would apply in the external world (Pugh, 2019a).

TELE-CHAIRWORK: APPLYING THE PROCESS-BASED APPROACH DURING THE COVID-19 PANDEMIC

To illustrate the process-based approach to chairwork, we now describe how this framework has informed our delivery of 'online' chairwork during COVID-19. With few exceptions (Feldman & Liu, 2020; Hudgins, 2017; Simpson & Francesco, 2020), guidelines for facilitating tele-chairwork are lacking. Accordingly, we have found that returning to these 'core principles' of chairwork has helped navigate these changes in clinical practice (Pugh, & Bell, 2020). While challenging at times, we have found that internet-based chairwork also confers therapeutic opportunities. For example, rather than chairwork taking place on a single 'stage' (i.e. within the consulting room), tele-chairwork allows therapists to work in three dimensions: within the client's 'space' (the most evocative stage for chairwork), the therapist's 'space', and the digital platform itself (the least evocative stage). Our experience has been that while working on these stages require a degree of methodological adjustment, the core processes of chairwork remain applicable and relevant to each.

Separation redux

Separation of I-positions in tele-chairwork is achieved by introducing chairs into either the client's space, the therapist's space, or inviting the client to re-position their occupied seat (Simpson & Francesco, 2020). Similarly, moving around the fixed position of the client's computer screen allows for the differentiation of I-positions: the client shifts their chair to one side of the screen to enact an I-position, before returning to the centre point of the 'experiencing self'. For more elaborate multi-voiced dialogues, interactive digital mediums such as the 'white-board' function allow for any number of I-positions to be separated and concretised using different shapes or pictorial markers. Moreover, these representations can be moved, resized, or coloured to help represent salient characteristics including their relative dominance ('big' versus 'small' shapes), emotional tone ('hot' versus 'cold' colours), and inter-relations (placement 'in front' versus 'behind' other icons).

Animation redux

Much like face-to-face chairwork, animating I-positions through embodiment involves the client moving to a new location within the view of their webcam and speaking from the perspective of that self-part. Embodied animation of I-positions is also achieved using real-time self-imagery, namely the client's digital video picture (also known as 'picture-in-picture'; PIP). Inspired by evidence-based procedures using mirrors (Petrocchi, Ottaviani, & Couyoumdjian, 2017), we have found that inviting the client to dialogue with I-positions using their PIP is a particularly useful medium for cultivating self-compassion. In contrast, personifying I-positions during tele-chairwork involves the client imaging that self-parts are held in empty chairs located in either the therapist's space or their own space. Placing parts of the self in the therapist's space is particularly helpful when chairwork is used to dialogue with highly threatening I-positions (e.g. an abusive parent). Finally, objectification is achieved by asking the client to identify objects in their home environment which represent I-positions. If appropriate items are not available, the client is asked to simply visualise suitable objects. Dialogues between I-objects are then facilitated by either holding or placing a finger on the item while speaking from the perspective of that I-position.

Dialogue redux

Dialogues between I-positions remain much the same in face-to-face and tele-chairwork. However, the manner in which these dialogues are facilitated may require adjustment in online settings. Process skills refer to the moment-by-moment interventions which therapists use to ensure that chairwork is immersive, emotionally evocative, and meaningful (Pugh, 2019a). These skills have been comprehensively summarised elsewhere (Pugh & Broome, in press). Some of the ways in which these skills are adapted in tele-chairwork include the following:

- **Doubling:** Therapists are encouraged to make greater use of doubling to soften clients' emotional detachment, which can be more pronounced during tele-chairwork (Feldman & Liu, 2020).

© National Wellbeing Service Ltd 2020 • www.nationalwellbeingservice.com/journals

• **Gesture:** Rather than relying on the introduction of chairs to represent the client's I-positions, therapists make greater use of gesture to differentiate parts of the self, e.g. using one hand to represent the client's 'critical self' and the other to represent the 'criticised self'.
• **Proxemics:** The therapist moves closer to their webcam when speaking with vulnerable parts of the client to help build connection, intimacy, and safety (van der Wijingart & Bogels, 2020).
• **Roling and deroling:** Rather than changing seats, the therapist moves out and back into the frame of their webcam to indicate that they are changing roles during role-play (Mark Hayward, personal communication).
• **Scene-setting:** In order to transport clients out of familiar home or office environments during chairwork, setting the scene in which imaginal encounters will take place is lengthier and more elaborate.
• **Self-doubling:** Rather than standing behind their chair (which risks loss of eye contact and connection with the therapist), the client is asked to move their chair backwards one or two inches to symbolise movement into deeper levels of emotional experiencing.

A DIALOGICAL APPROACH TO PSYCHOTHERAPY?

Motivated by the COVID-19 pandemic and the changes in how talking therapies are delivered, this article has outlined some of the ways chairwork in which chairwork is applied in tele-therapy. The premise of this paper is that chairwork is grounded in several theoretically-informed and empirically-supported principles (self-multiplicity, information exchange, and transformation; 'SIT') and therapeutic processes (separation, animation, and dialogue; 'SAD') which can guide practice in both 'traditional' situations (face-to-face therapy) and novel contexts (online therapy). We believe that a process-based conceptualisation of chairwork offers clinicians a number of other theoretical and practical advantages, including:

• Clarifying the common ingredients of chairwork
• Enabling integration of chair-based procedures across therapeutic orientations
• Generating testable models of how chairwork achieves therapeutic effects
• Increasing flexibility in how chairwork is delivered

Using the example of COVID-19, the article has provided illustrations of how a process-based approach informs the delivery of tele-chairwork. We are aware that there are a great many therapists who are highly experienced providers of online therapy, for whom these suggestions may appear obvious. Nonetheless, it is hoped that the ideas presented here will support and encourage the provision of chairwork at a time when experiential methods might be deprioritised, as well as stimulating further innovations in practice.

To conclude, the process-based approach to chairwork emphasises the change mechanisms underlying the attainment of treatment goals (e.g. here-and-now dialogue between I-positions) rather than the instruments used to reach those goals (e.g. particular forms of chairwork). Given that facilitating dialogical interactions between I-positions is not restricted to the use of furniture, readers may well agree 'chairwork' and its derivatives are better described as 'dialogical work'. This leads to the conclusion that a broader and superordinate 'dialogical approach' to psychotherapy, which bridges dialogical processes and practices (including chairwork), could hold promise in terms of the continued evolution of these methods and psychotherapy more generally. Research is now needed to test the assumptions of the process-based model, establish the efficacy of tele-chairwork, and identify ways in which these methods might help mitigate the impact of COVID-19 on individuals and within communities. ■

[1] It should be note that horizontal dialogues between I-positions occur both verbally and non-verbally (with information exchanged via gesture, body posture and voice tone). In addition, horizontal dialogues may involve external dialogues wherein the therapist enacts or 'role-plays' representations from the client's world.

© National Wellbeing Service Ltd 2020 • www.nationalwellbeingservice.com/journals

Citation

Pugh, M., and Bell, T. (2020). 'Process-based chairwork: Applications and innovations in the time of COVID-19', *European Journal of Counselling Theory, Research and Practice*, 4, 3, 1-8. Retrieved from: http://www.europeancounselling.eu/volumes/volume-4-2020/volume-4-article-3/

Biography

Matthew Pugh is a Clinical Psychologist, Cognitive Behavioural Psychotherapist, Advanced Schema Therapist, and Voice Dialogue facilitator. He is Co-Director of Chairwork.co.uk, which is an international provider of chairwork-related training, supervision, and research.

http://orcid.org/0000-0002-8080-058X

Tobyn Bell is a psychotherapist specialising in Compassion Focused Therapy and Cognitive Behavioural Therapy. He works as a psychotherapy trainer and programme lead within the National Health Service (NHS) and is a co-director of Chairwork.co.uk.

http://orcid.org/0000-0001-5535-551X

References

Barbosa, E., Amendoeira, M., Ferriera, T., Teixeira, A. S., Pinto-Gouveia, J., & Salgado, J. (2017). Immersion and distancing across the therapeutic process: Relationship to symptoms and emotional arousal. *Research in Psychotherapy: Psychopathology, Process and Outcome,* 20: 110-121.

Bell, T., Montague, J., Elander, J., & Gilbert, P. (2020). "A definite feel-it moment": Embodiment, externalisation and emotion during chair-work in compassion-focused therapy. *Counselling and Psychotherapy Research*, 20: 143-153.

Bertau, M. (2004). Developmental origins of the dialogical self: Some significant moments. H. J. M. & G. Dimaggio (Eds.), *The Dialogical Self in Psychotherapy* (pp.29-42). Abingdon, UK: Routledge.

Chadwick, P. (2003). Two chairs, self-schemata and a person based approach to psychosis. *Behavioural and Cognitive Psychotherapy,* 31: 439-449.

Chesner, A. (2019). Concretisation and playing with perspective. In A. Chesner (Ed.), *One-to-one Psychodrama Psychotherapy: Applications and technique* (pp. 31-50). Oxon, UK: Routledge.

Detert, N. B., Llewelyn, S., Hardy, G. E., Barkham, M., & Stiles, W. B. (2006). Assimilation in good- and poor-outcome cases of very brief psychotherapy for mild depression: An initial comparison. *Psychotherapy Research*, 16: 393-407.

Drucker, K. (2013). Psychodrama and the therapeutic spiral model in individual therapy. In K. Hudgins & F. Toscani (Eds), *Healing World Trauma with the Therapeutic Spiral Model: Psychodramatic stories from the frontlines* (pp. 225-237). London, UK: Jessica Kingsley Publishers.

Epstein, S. (2014). *Cognitive-experiential Theory: An integrative theory of personality.* Oxford: Oxford University Press.

Feldman, H., & Liu, X. (2020). Schema anywhere: The opportunities and pitfalls of delivering schema therapy online. *Schema Therapy Bulletin*, 17: 6-9.

Gilbert, P. (1989). *Human Nature and Suffering.* London: Routledge.

Greenberg, L. S. (1980). The intensive analysis of recurring events from the practice of Gestalt therapy. *Psychotherapy: Theory, Research & Practice,* 17: 143-152.

Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (2011). *Acceptance and Commitment Therapy: The process and practice of mindful change.* New York, NY: Guilford Press.

Hermans, H. J. M. (2002). The dialogical self as a society of mind: Introduction. *Theory and Psychology*, 12: 147-160.

Hermans, H. J. M., & Gieser, T. (2012). Introductory chapter: History, main tents and core concepts of dialogical self theory. In H. J. M. Hermans & T. Gieser (Eds.), *Handbook of Dialogical Self Theory* (pp.1-22). Cambridge, UK: Cambridge University Press.

Hudgins, K. (2017). Action across the distance with telemedicine: The

therapeutic spiral model to treatment trauma-online. In S. L. Brooke (Ed.), *Combining the creative therapies with technology: Using social media and online counseling to treat clients* (pp.137-168). Springfield, IL: Charles C. Thomas Publisher.

Klein, S. B., & Gangi, C. E. (2010). The multiplicity of self: Neuropsy¬chological evidence and its implications for the self as a construct in psychological research. *Annals of the New York Academy of Sciences*, 1191: 1-15.

Levine, R. (2019). *Stranger in the Mirror: The scientific search for the self.* London, UK: Robinson.

Moritz, S., Klein, J. P., Berger, T., Laroi, F., & Meyer, B. (2019). The voice of depression: Prevalence and stability across time of perception-laden intrusive thoughts in depression. *Cognitive Therapy and Research*, 43: 986-994.

Moreno, J. L. (1987). *The Essential Moreno: Writing on psychodrama, group method and spontaneity.* New York, NY: Springer.

Nair, S., Sagar, M., Sollers III, J., Consedine, N., & Broadbent, E. (2015). Do slumped and upright postures affect stress responses? A randomized trial. *Health Psychology*, 34: 632-641.

Osatuke, K., Stiles, W. B., Barkham, M., Hardy, G. E., & Shapiro, D. A. (2011). Relationship between mental states in depression: The assimilation model perspective. *Psychiatry Research*, 190: 52-59.

Petrocchi, N., Ottaviani, C., & Couyoumdjian, A. (2017). Compassion at the mirror: Exposure to a mirror increases the efficacy of a self-compassion manipulation in enhancing soothing positive affect and heart rate variability. *The Journal of Positive Psychology*, 12: 525-536.

Pugh, M. (2019a). *Cognitive behavioural chairwork: Distinctive features.* Oxon, UK: Routledge.

Pugh, M. (2019b). A little less talk, a little more action: A dialogical approach to cognitive therapy. *The Cognitive Behavioural Therapist*, 12: e47, 1-24.

Pugh, M., & Bell, T. (2020). *Cognitive behavioural chairwork online*. Workshop, online.

Pugh, M., & Broome, N. (in press). An experiential approach to personal and professional development. *Consulting Psychology Journal: Practice and Research.*

Simpson, S., & Francesco, V. (2020). Technology as an invitation to intimacy and creativity in the therapy connection. *Schema Therapy Bulletin*, 17: 11-15.

Stemplewska-Zakowicz, K., Zalewski, B., Suszek, H., & Kobylinska, D. (2012). Cognitive architecture of the dialogical self: An experimental approach. In H. J. M. Hermans & T. Gieser (Eds.), *Handbook of Dialogical Self Theory* (pp.264-283). Cambridge, UK: Cambridge University Press.

Stiles, W. B. (1997). Multiple voices in psychotherapy clients. *Journal of Psychotherapy Integration*, 7, 177.

Stiles, W. (1999). Signs and voices in psychotherapy. *Psychotherapy Research*, 9: 1-21.

Sutherland, O., Peräkylä, A., & Elliott, R. (2014). Conversation analysis of the two-chair self-soothing task in emotion-focused therapy. *Psychotherapy Research*, 24: 738-751.

Taylor, C. B., Fitzsimmons-Craft, E. E., & Graham, A. K. (2020). Digital technology can revolutionize mental health services delivery: The COVID-19 *crisis as a catalyst for change*. International Journal of Eating Disorders. doi:10.1002/eat.23300

Teasdale J. D. & Barnard, P. J. (1993). *Affect, Cognition, and Change: Re-modelling depressive thought*. Hove: Lawrence Erlbaum Associations.

Waller, G., Pugh, M., Mulkens, S., Moore, E., Mountford, V. A., Carter, J., . . . Smit, V. (2020). Cognitive-behavioral therapy in the time of coronavirus: Clinician tips for working with eating disorders via telehealth when face-to-face meetings are not possible. *International Journal of Eating Disorders*. doi:10.1002/eat.23289

Whelton, W. J., & Greenberg, L. S. (2005). Emotion in self-criticism. *Personality and Individual Differences*, 38: 1583-1595.

van der Wijingaart, R., & Bogels, H. (2020, May 18). *Chairwork online.* Retrieved from https://www.schematherapy.nl/shop/chairwork-online-live-webinar.

Young, J. E., Klosko, J. S., & Weishaar, M. E. (2003). *Schema Therapy: A practitioner's guide*. New York, NY: Guilford Press.

© National Wellbeing Service Ltd 2020 • www.nationalwellbeingservice.com/journals