Title: Delivering tele-chairwork: A qualitative survey of expert therapists

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Abstract

Objective: Recent years have seen a significant and rapid increase in the provision of tele-therapies. Chairwork methods such as empty-chair dialogues and role-play represent a 'common' category of therapeutic interventions which are utilised in many psychotherapeutic approaches. However, guidelines for facilitating chairwork in tele-therapy are currently lacking. The aim of this study was to survey expert providers regarding how chairwork is best provided in internet-delivered psychotherapy. **Method:** 40 experts were recruited from a range of therapeutic backgrounds including cognitive behaviour therapy, compassion focused therapy, emotion focused therapy, psychodrama, schema therapy, and voice dialogue. Participants completed a brief questionnaire survey exploring the delivery of tele-chairwork. Responses were analysed using thematic analysis. **Results:** Five themes where identified: (i) divided opinion; (ii) convergence between therapy and home; (iii) disconnection and depth; (iv) practical impediments and benefits; and (v) revising and revisioning chairwork. Overall, results indicate that chairwork can be successfully incorporated into tele-therapy, but requires adaption and special considerations. **Discussion:** Despite challenges, tele-chairwork appears to be a feasible method of psychotherapeutic intervention. Preliminary guidelines for initiating, facilitating, and concluding tele-chairwork are presented, alongside future directions for research.

Keywords: chairwork, COVID-19, role-play, tele-health, tele-therapy.

Introduction

There has been a significant rise in the provision of internet-delivered talking therapies over recent years, not least during the COVID-19 pandemic. Tasked with providing psychological treatments in a time where face-to-face appointments are either not possible or not preferred, therapists of every orientation are increasingly making use of telephone and tele-conferencing platforms. While this has led to creative adaptations in the ways that therapies are provided and supervised (e.g. Tarlow et al., 2020; Waller et al., 2020), a great many therapists remain uncertain about delivering 'online' psychotherapy most effectively. This likely relates to a combination of factors including limited experience, a lack of technological expertise, and negative expectations of remote therapy (MacMullin et al., 2020). Moreover, guidance for delivering specialist therapeutic interventions in tele-therapy are particularly lacking, not least experiential methods. 'Chairwork' represents one such method intervention, which involves here-and-now 'dialogue' or 'witnessing' of parts of the self which are concretised using chairs. In light of changes in how psychotherapies are delivered, and given the limited guidance currently available to clinicians, there exists a need to establish a consensus regarding how online- or 'tele-chairwork' is delivered most safely and effectively within and across the therapeutic orientations. The aim of this study was to survey experts regarding factors which support and obstruct the use of chairwork in tele-therapy, and to explore the adaptations these methods require in online environments.

Chairwork

Chairwork refers to a collection of experiential interventions which utilise chairs, their positioning, movement, and dialogue to bring about change, principally through the facilitation of here-and-now interactions with parts of the self. First utilised within psychodrama (Moreno, 1985), chairwork was later popularised by the gestalt approach (Perls, 1969), before undergoing rigorous empirical scrutiny in the context of emotion focused therapy (Greenberg

& Goldman, 2019). Chairwork is now regarded as a 'common' therapeutic method (Tschacher et al., 2014), which has been incorporated into a variety of therapeutic approaches including cognitive behavioural therapy (Pugh, 2019), compassion focused therapy (Gilbert, 2010), ego state therapy (Emmerson, 2003; Watkins, 1978), internal family systems therapy (Schwartz & Sweezy, 2020), schema therapy (Young et al., 2003), the voice dialogue approach (Stone & Stone, 2007), and many others. Whether these methods might be subsumed into a superordinate 'dialogical' category of psychotherapy or coaching has recently become a focus of renewed discussion (e.g. Kipper, 1986; Kellogg, 2019; Pugh & Bell, 2020; Pugh & Broome, 2020).

As a therapeutic method, chairwork can be conceptualised as being grounded in four 'pillars' relating to its principles, processes, procedures, and the use of process-based facilitative skills. Beginning with the overarching principles of chairwork, these refer to self-multiplicity (that the self is composed of multiple parts or 'I-positions'; Hermans, 2002), information exchange (that I-positions are capable of engaging in meaningful communicative acts), and transformation (that forms of interaction between parts of self are capable of adjusting psychological experience). These principles are in turn linked three complimentary procedural processes: separation (situating I-positions in different chairs or locations), animation (enlivening I-positions through embodiment or personification), and the facilitation of dialogues between I-positions, or between I-positions and the therapist. How the process of dialogue unfolds is largely dependent upon the application of process skills, which are informed by therapists' therapeutic frameworks, idiosyncratic styles of facilitation, and a growing body of process-related chairwork literature (e.g. Greenberg & Malcolm, 2002; Muntigl et al., 2017; Pascual-Leone, 2018).

At the typological level, chairwork has been differentiated into a number of core 'tasks', 'dialogues', 'forms', and 'simulations' (Elliott et al., 2004; Kellogg, 2019; Kipper, 1986; Pugh, 2019) (Table 1). These chair-based procedures relate to questioning the client in the role of

Table 1

Common Procedures in Chairwork

Horizontal procedures	Description
Interviews	Questioning the client in the role of I-positions
Dialogues	Encounters and conversations between I-positions
Dramatisations	Enacting scenes from the perspective of past, present, or future I-positions
Depictions	Representational mapping and measurement of I-positions and their relationships
Disclosures	Recounting or describing events from alternate I-positions
Vertical procedures	
Compassionate Witnessing	Compassionate observation of I-positions and task engagement
Dispassionate Witnessing	Self-distanced observation of I-positions and task engagement

I-positions, including personifications and internalised representations of other individuals ('interviews'; e.g. Blatner & Blatner, 1991; Dillard, 2013; Stone & Stone, 2007); encounters between I-positions ('dialogues'; e.g. Gilbert, 2010; Greenberg & Malcolm, 2002; Perls, 1969); mapping and measuring relationships between I-positions ('depictions'; e.g. Pugh, 2020; Roediger, Stevens, & Brockman, 2018); enacting past or future scenes ('dramatisations'; e.g. Arntz & Weertman, 1999; Beck et al., 1990; Moreno, 1985); and the retelling and revisioning of personal narratives ('disclosures'; e.g. Kellogg, 2019; Polster, 1987). At a broader level, chairwork has been divided into those methods which aim to facilitate interactions with or between I-positions ('horizontal' procedures) and those which support decentred observation of I-positions ('vertical' procedures) (Drucker, 2013; Pugh & Broome, 2020).

Tele-chairwork: Practically impossible or possibly practical?

Research indicates that face-to-face chairwork is an effective intervention for a range of psychological complaints, including depression, social anxiety, childhood trauma, and voice-hearing experiences (de Oliveira et al., 2012; Greenberg & Watson, 1998; Hayward et al., 2017; Paivio et al., 2010), as well as helping strengthen adaptive psychological abilities such as perspective-taking (Kipper & Ritchie, 2003). Qualitative studies support these findings, highlighting the memorability, depth, and 'felt truth' of changes which are achieved through chairwork (Bell et al., 2020; Chadwick, 2003). Chairwork has also shown an advantage over certain comparison interventions such as problem-solving and pen-and-paper cognitive restructuring techniques (Clarke & Greenberg, 1986; de Oliveira et al., 2012), as well as adding to the curative effects of an empathic therapeutic relationship (Goldman et al., 2006). At the same time, chairwork is recognised as being a demanding intervention, both for the client (Kent et al., in press; Stiegler et al., 2018) and the therapist (Pugh & Bell, under review). Fortunately, task analytic research has begun to identify factors which support and prohibit positive

responses in face-to-face chairwork (e.g. Sharbanee et al., 2019), although much of this literature is currently limited to emotion-focused chairwork.

While the research base for specific internet-based therapies is growing (e.g. iCBT; Hedman et al., 2012; Vingerland et al., 2016), fewer studies have examined the effectiveness of online therapy more generally. Considerably less is known about the efficacy of specific interventions delivered via tele-therapy, including chairwork. Aside from a small number of encouraging clinical descriptions (Hudgins, 2017; Feldman & Liu, 2020; Pugh & Bell, 2020; Simpson & Franceso, 2020), little is known about the adaptations chairwork requires in remote psychotherapy, if any. Client responses to tele-chairwork are equally unclear. Given that many of the supposed prerequisites for chairwork are compromised in online environments (e.g. sufficient physical space, access to additional chairs), more detailed guidance in this area seems pressing, not least because of the increased provision of tele-therapies. Without this, there is a real risk that tele-chairwork is delivered inadequately, unsafely, or omitted from remote psychological therapies altogether.

Given the paucity of research in this area, the aim of this study was to survey expert therapists regarding the delivery of chairwork in tele-therapy. More specifically, the study sought to establish: i). factors which obstruct the use of tele-chairwork; ii). factors which support the use of tele-chairwork; and, iii). strengths and opportunities associated with tele-chairwork. In the line with the trans-modal nature of chairwork, the study aimed to recruit experts from a variety of therapeutic orientations. It was hoped that this would generate a comprehensive account of tele-chairwork and help establish 'best-practices' for delivering these methods across therapeutic modalities.

Method

Research Ethics

The study was reviewed by the Health Research Authority and deemed as not requiring ethical review by an NHS research committee. Accordingly, the study was approved by the first author's local research and development department and information governance department. This study adhered to the principles of the Declaration of Helsinki.

Participants

Participants were expert therapists who were invited to complete a brief email survey. 'Experts' were defined as individuals who had made a significant contribution to chairwork through research, training activities, or a combination of both. In order to keep the data manageable, experts were restricted to six psychotherapy orientations which incorporate chairwork: cognitive behavioural therapy (CBT), compassion focused therapy (CFT), emotion focused therapy (EFT), psychodrama (PD), schema therapy (ST), and voice dialogue (VD). To identify experts, the first and second authors independently reviewed relevant psychotherapy literature and compiled a list of potential participants. Individuals who appeared on both lists were invited to take part.

Of the 88 experts who were contacted, 38 (43%) provided responses. 2 additional individuals were invited to participate by experts in the initial sample. Reasons for non-participation were offered by 8 individuals: 4 had limited experience using tele-chairwork; 2 were no longer practicing; and 2 could not respond within the survey timeframe. 11 participants (27%) were providers of EFT; 9 (22%) provided CFT; 9 (22%) provided ST; 5 (12%) provided psychodrama; 5 (13%) provided VD; and 2 (5%) provided CBT. All participants consented to acknowledgement of their contribution in the manuscript, with one exception. A list of participants is provided in Appendix 1.

Procedure

Experts were asked to complete an email survey which contained four open-ended questions about the delivery of tele-chairwork, namely their personal experiences of providing

tele-chairwork, obstacles arising during tele-chairwork, potential solutions to these challenges, and therapeutic opportunities associated with tele-chairwork. A definition of chairwork was provided at the start of the survey to specify its focus and avoid conceptual confusion. Participants were asked to return their responses within 14 days. All responses were provided in written form, with the exception of one individual who provided an audio recording which was transcribed. The complete survey is provided in Appendix 2.

Data Analysis

The resultant data was analysed using thematic analysis and the stages outlined by Braun and Clarke (2006). To allow for overlap across survey questions, thematic analysis was conducted across participants' responses (i.e. all survey questions), rather in relation to responses to individual questions. The analytic procedure initially involved repeated reading of participant responses to generate initial codes. Codes were then clarified and collated into themes representing patterned responses and meaning within the data set. While the generation of themes was informed by the prevalence of their occurrence across cases, analytical decisions were ultimately made in terms of whether a theme 'captures something important in relation to the overall research question' (Braun & Clarke, 2006, pp.82). Each theme was checked for relevance against the coded extracts and entire data set, before being clustered and organised under superordinate headings. A final written report was produced to summarise the findings, illustrating each theme with direct quotations from the raw data.

The analysis of the data-set was independently completed by the second and third authors. Reflective logs were kept by both and were shared when negotiating differences between analytical categories (such differences predominantly related to clustering at a superordinate level). An additional document was created whereby all data extracts supporting each theme were recorded. This document, and the entire data-set, was subsequently reviewed by the first author to ensure that the themes were justified and grounded in the raw data.

In keeping with similar research on expert opinion (Clark & Egan, 2018), the analysis was undertaken from an essentialist/realist paradigm, with an assumption made that the participants' language reflects and reports their experience and meaning.

Reflexivity

The authors are active therapists and researchers, working within mental health and higher educational settings. They have a shared interest in qualitative research applied to psychotherapeutic processes and interventions, including chairwork, and have backgrounds in cognitive behavioural, cognitive analytic, compassion focused, emotion focused, voice dialogue, and schema approaches. Our shared view that tele-chairwork has therapeutic potential inspired the decision to undertake the study, while our research expertise influenced the decision to adopt a qualitative methodology. The authors continuously monitored their expectations of the data throughout, noting any ways in which the orientation of participants, their expert position, or personal experience of delivering tele-chairwork may have influenced the analysis.

Results

The qualitative analysis yielded five interrelated, superordinate themes (Table 2).

Superordinate Theme 1: Divided Opinion

"Powerful": Positive Experiences for Client and Therapist

Participants predominantly experienced tele-chairwork favourably, with a conviction that its effectiveness equalled face-to-face delivery ("we have found the work to be entirely effective"). While acknowledging prior scepticism, participants were surprised at the ease of online delivery and their capacity to adapt ("[it's] easier than previously thought"). The online format was felt to be a "natural fit" for chairwork, with changes in position and role occurring "organically" and fluidly as they would in person.

Table 2

Superordinate Themes and Sub-Themes

Superordinate Theme	Sub-Theme (Number of respondents for whom the meaning unit occurred)
Divided Opinion	'Powerful': Positive Experiences for Client and Therapist (21) 'Suboptimal': Negative and Neutral Experiences and Associations (11) A Questioning of Terms (6)
Convergence between therapy and home	Intrusion (7) Safe and Settled at Home (7) Practice in the Real World (6)
Disconnection and depth	Disconnected and distant (18) Self-Consciousness (13) Depth of Personal Process (10)
Practical impediments and benefits	Technological Obstacles (18) Practical Constraints (24) Accessibility (12)
Revising and revisioning chairwork	Pre-work: Contracting and Warming Up (17) Moving Chairs: Variations in Chair Placement (13) More than Chairs: Objects, Body, Imagery, and Language (18) De-roling (6) Increased Verbalization: Directions and Empathy (21)

Nine participants had used chairwork and psychodrama methods online, to positive effect, for over a year. For others, COVID-19 had necessitated and accelerated their move to online delivery. Participants suggested the "motivation is high to make things work" for both clients and therapists, with both parties "grateful" and "pleased" that chairwork could continue when face-to-face meetings were not possible. Participants who wrote positively about chairwork also acknowledged a range of technological and practical obstacles (see Theme 4), but asserted that mutual creativity and adaptation were reasons for its success:

It's just a wonderful option in times like Covid-19, where we experience these limitations and yet we can still do some really beautiful work simply by being able to instruct our patients to experience movement.

Many participants noted that client engagement with the experiential and evocative nature of chairwork seemed unaffected by technology. Therapists spoke of trusting in the nature and process of chairwork to create the same "powerful" immersive and emotive experiences:

I have noted, and I've had those I work with comment frequently, that the "screen" poses no barrier to experiencing, conveying, and processing the emotion…The power of the emotional experience supersedes the division of space.

"Suboptimal": Negative and Neutral Experiences and Associations

In contrast, eleven participants shared negative or neutral estimations of tele-chairwork, summarising the method as "in no way comparable" to face-to-face work in terms of effectiveness, emotional activation, and practicability:

It's just basically acceptable but suboptimal in my view.

For these participants, tele-chairwork was less rewarding for both the client and the therapist, as well as less potent in terms of generating compassion and empathy from the therapist. They also suggested that most clients were not open to "deeper" experiential work in

online therapy and had, therefore, resorted to verbal "meaning-making" rather than experiential practices. Three participants also asserted that tele-chairwork was contra-indicated without prior face-to-face contact to build rapport and trust.

A Questioning of Terms

Four participants questioned the term 'chairwork'. One respondent deemed the approach to be a derivative of a "complete method" (i.e. psychodrama), while three other respondents felt that placing an emphasis on chairs detracted from the broader methods and conceptual aims of the psychodrama approach.

We are not comfortable with the term chair work. The work, in our opinion as psychodrama psychotherapists is with role, whether that role is located in a chair, on a cushion or in a small object.

Two other participants echoed this sentiment, stating that "chairwork is not about chairs" but rather a process of giving voice to parts of self or enacting other roles.

Superordinate Theme 2: Convergence between therapy and the home

Intrusion

Participants identified a lack of division between personal and clinical "space" when clients accessed tele-chairwork from their own homes. The "convergence" between the therapy room and the client's home created a two-way intrusion. In one direction, the habits, pressures and associations of home-life blocked access to new therapeutic roles and more effort was needed to access the spontaneity and play of chairwork.

Some patients have expressed that they find harder to feel a sense of a therapeutic space separate from their normal life – as if a subtle sense of many different life associations intrude more on them than when they were coming in person.

In the other direction, accessing new roles within the home could be unhelpfully intrusive and disruptive to the client's everyday life. For this reason, participants were hesitant to process

grief and trauma when clients were required to return directly to their family life after an emotive dialogue. There were similar concerns about addressing "negatively cathected others" (such as an abuser) in the client's own living space, potentially creating unwanted associations with home objects or furniture. As identified in the quote below, clients were deemed to lack the containment of a separate therapeutic setting to "park" their distress with the therapist:

Often there is a need for symbolic 'parking' or leaving of emerging trauma memories or overwhelming feelings in the room and or with the therapist. This is much more challenging to facilitate in an online context... Many patients will struggle to separate from the therapeutic work.

Therapy was further complicated when members of the household featured in a chairwork enactment.

Safe and Settled at Home

Despite such cautions, participants also found the home-setting of tele-chairwork to be advantageous in terms of creating safeness and containment. The familiar "safe space" of home helped reduce the sense of "exposure" for clients with high levels of shame, while also enhancing personal agency:

Clients are in their own 'space' or 'territory' and therefore can feel that they have more ownership over the therapeutic processes and interactions.

Participants also experienced clients as more focused on the chairwork task and free from the "superficial distractions" of the clinic. Tele-chairwork also found to reduce the disjuncture caused by clients leaving the clinic and returning to another environment, which was sometimes jarring and disorientating when compared to practising at home.

Practice in the Real World

In contrast to the initial sub-theme above, participants also identified benefits to the convergence between home and the therapy room. One such benefit was the chance for clients

to practice new enactments within their "natural" and "real world" environments. This offered novel opportunities, such as transferring the therapeutic effects of chairwork directly to interactions with significant others:

Some clients felt that the chairwork done in their "real world" was more "real" - they could apply some role-playing immediately after the session - they felt that their work was more immediate.

The immediacy of working "live" within the client's home also allowed clinicians' to assess their relationships with their environment and to even include other members of the household in the chairwork process.

Superordinate Theme 3: Disconnection and Depth

Disconnected and distant

A number of participants identified the presence of a digital "wall" which created a disconnection between client and therapist. This was felt as an absence of the "raw energy" of face-to-face chairwork, with "screen contact" replacing true interpersonal connection. Such distancing was coupled with a general loss of deeper emotional engagement, both in the relationship and in the chairwork task due to the "barrier of the camera":

Clients tend to look into the camera instead of diving into the feelings related to the chair they are sitting on.

Frustrated by the "screen" and geographical distance, some participants voiced a desire for greater physical proximity and connection to their clients when facilitating chairwork. The language used to describe this impulse demonstrated a linking between physical and psychological intimacy: a desire to move closer and create a "holding" environment for the client during chairwork:

There is a sort of emotional distance that is clearly present… When the client is doing

chair-work it seems like he or she needs the therapist closer, almost to physically hold

him/her.

Similarly, other therapists spoke of wanting to sit or kneel next to the client during the chairwork, and felt unable to lean into the client's process with their usual capacity for attunement and alignment. The therapeutic space in online therapy was experienced by many as being less affiliative, making it harder to use their own "presence" to sooth and regulate. Participants also described a loss of bodily information ("I lose touch") when unable to see the client's whole physical presence. This sometimes led to more "head-level", cerebral processing, disconnected from the experiential, "heart-level" nature of chairwork.

The information goes primarily into my "head"… I miss the other sensory channels. Thus,

my perception of the client is less "rich" compared to in-person sessions…I miss the

whole-body engagement and the somatic signals.

To compensate for this, detail was sought through increased tracking of the client's other non-verbal cues, which was found to be more tiring than face-to-face work. Participants also acknowledged interpersonal disconnection when missing cues and misreading emotions due to the online format of tele-chairwork.

Self-consciousness

Clients were reported to feel more self-conscious, awkward, and embarrassed during tele-chairwork. Such self-consciousness created a reluctance to engage in the physically enactive elements of the approach (such as movement and embodiment), with clients finding these aspects "silly" without the immediacy of face-to-face contact.

They may comply in the beginning but soon become resistant because it felt silly to them

when they couldn't experience the power of the chairwork.

Client self-consciousness and withdrawal was related not only to the novel mode of delivery, but also the presence of a camera and their reflected image. Participants also noted the potential for shame and self-consciousness when the client's home environment was revealed during the movement of chairwork.

Depth of personal process

In contrast to the problems noted above, such "distance" was associated with increased depth of the client's own personal processing. Tele-chairwork was found to provide a beneficial separation from the therapist, reducing the attentional demands of being in the physical presence of another person. Participants described the digital divide as creating "safety" through distance or establishing a "boundary" that restored a sense of "spaciousness" for the client. In reducing the emphasis on physical connection between therapist and client, participants identified the potential for deeper psychological and empathic intimacy during chairwork:

I believe that the online work can somehow strengthen this energetic connection between facilitator and client, and enhance the client's ability to delve down deeper in the energies/sub-personalities that are coming up

Participants noted the increased emphasis on their voice as the primary means of connection with the client. During the chairwork practice, this emphasis allowed participants to be less obtrusive to the client's own process and required therapists to "join with", "enter" and "double" their client's internal working in ways that respected their frame of reference. The nature of the therapeutic relationship was therefore felt to be more facilitative in nature, with clients having both greater agency and absorption in the work:

I prefer experiential or chair work over telehealth to straight talking, particularly when I am trying to facilitate or deepen emotional exploration. I find that I can go into a different mode, which is that of a facilitator of an internal process that they can have

completely on their side and is less dependent on my empathy being transmitted across

the air waves.

Superordinate Theme 4: Practical Impediments and Benefits

Technological Obstacles

The primary obstacles raised were technological in nature. For many participants, these were the sole limitations of tele-chairwork. Such issues included poor or intermittent internet connection, resulting in slowed, distorted, or mismatched imagery and audio. Other obstructions included reductions in volume when the client addressed a chair or movement out of the therapist's screen view when shifting positions. The main impact of these issues was a loss of empathic connection between the client and therapist:

The voice coming out of the laptop is not clear enough and not able to really 'enter' the

inner world of the client.

A lack of proficiency and confidence in the technology, for both client and clinician, was also cited as reducing spontaneity and immersion in chairwork tasks.

Practical Constraints

Additional practical constraints included restrictions in movement within the client's space or camera view, and a lack of additional chairs. Navigating these impediments sometimes caused "disruption" and detracted "from the flow and pace" of the session. The lack of physical space for movement also diminished the psychological distance between parts and chairs, which was sometimes a concern for participants:

The greater obstacle when I'm working online… is sometimes dealing with the very

punishing or abusive internalised caregiver mode. That can feel scary when I'm not right

there in the room, or the space isn't large enough to really separate it or contain it.

Limitations in movement were amplified when clients used small spaces for therapy sessions, such as their cars. Privacy in general was an issue for clients living with other

individuals, particularly due to the emotive nature of chairwork and the potential for raised affect and vocalization:

> *A client who lives with another person or people may feel fine about a normal talking session, where their voice is likely to remain reflective and under control, unobtrusive. However, the power and immediacy of working with role may evoke tears, shouting or other vocalisations that are unwelcome in the domestic setting.*

Accessibility

Despite such practical obstacles, a salient benefit of tele-chairwork was its accessibility to clients who were otherwise restricted by geography or health-related factors. When comparing tele-chairwork to the face-to-face alternative, participants identified the following benefits: reduced financial, environmental and time costs associated with travel; more flexibility in scheduling meetings; and continued therapy provision during the COVID-19 lockdown. While participants acknowledged such benefits might apply to online therapy in general, tele-chairwork was identified as the only means for some clients to access chairwork due to the limited psychotherapy provisions in their local area.

> *We cover a very wide geographical area with limited resources, working remotely in these ways has opened up schema therapy and EFT to a broader number of patients across our county.*

The same point was raised for clinicians wanting to access to specialist chairwork training and supervision. Cultural and stigma-related factors were also given as reasons why clients might prefer tele-chairwork to face-to-face appointments with local clinicians.

Superordinate Theme 5: Revising and revisioning chairwork

Pre-work: contracting and warming up

In addressing the various obstacles above, participants reported a variety of adaptations and revisions of chairwork, drawn from their clinical experience. Primarily, this involved an

increased emphasis on preparing and "setting-up" the session. Such preparations included a verbal contracting of the chairwork tasks and a focus on establishing practical solutions to technical problems which might arise. Contracts incorporated the use of headphones, ensuring good lighting, and a plan for phone contact if internet connection failed. Participants emphasised the importance of being explicit and detailed in such discussions, as well as acknowledging the obstacles of that can arise during tele-chairwork.

> *Therapists should be transparent about their process and not shy to set things up*
> *properly in advance, explaining the potential issues to the client. It is essential that I be*
> *able to see and hear the client as well as possible and that can be explained in advance.*
> *It is possible to do this!*

Trial sessions were suggested to check the quality of auditory and visual connections. Clarifying the chairwork "procedure" during the prior session, followed by emailed documentation, was also recommended by some experts. This preparatory work was framed as an integral part of the therapeutic process which helped establish a "safe space". One therapist suggested that the client's efforts to ensure privacy within the family home was a key therapeutic task in developing healthy "protective boundaries". An emphasis was placed on negotiation and collaboration with the client, specifically as a means to build motivation and shared ownership of tele-chairwork:

> *Chair work needs to be negotiated at the best of times. If the rationale makes sense to a*
> *client then they will be willing to try. So, agreement on the goal and any specific task is*
> *essential.*

The preparatory process also involved "warm up" exercises close to the initiation of chairwork. These included the use of imagery and the body (see sub-themes below).

Moving chairs: variations in chair placement

The most common form of tele-chairwork required clients to have a second chair in their room. Where possible, participants sought to recreate their typical, clinic-based, constellations of chairs on the client's side of the screen, with an emphasis on having the chairs facing one another.

During the session when we need to do chair work, I will ask them to turn to the other chair and now they are facing each other and I'm seeing them from the side. This position is just like what we do in our therapy room and they are more engaged in chairwork.

Participants noted the serendipitous benefit of the client having different types and heights of chairs to choose from within their home. These physical variations allowed for the symbolisation of different parts, qualities, and relationships, and prompted useful reflection on the client's choices.

Other participants suggested (often from necessity) that the client use the same, single chair and move this to different positions in the room to delineate different roles. Similarly, clients were reported to have enacted transitions between self-parts by moving between sides of a bed. There was an emphasis on whole-body movement to create a physical and psychological "shifts" and "switches" in the client between roles. Clients were also encouraged to utilise all the "space" captured by their camera, moving backwards and forwards (as well as side-to-side), in order to explore which mode or self-part was "up front".

Sometimes [the client] doesn't even have to change chairs because, you know, the screen is only so big and we're looking at them online. I'll ask them, "just slide to the right, move to the left, perhaps back up your chair now in this mode, bring your chair forward in this mode"

Another adaptation involved using additional chairs on the therapist's side. Two practitioners mirrored the client's placement of chairs on their own side to help model the process of movement and focusing. Three other practitioners encouraged clients to imagine

aspects of themselves on chairs in the room of the therapist. This second approach provided the client with "distance" from distressing parts, whilst also containing these on the therapist's side of the digital wall:

> *You can increase the impact of de-fusion from less healthy modes (e.g. coping modes, Inner Critic) by putting these sides on a chair in the therapist's room… The client can feel more power fighting back against schema messages (Inner Critic) that is placed on a chair that they see on a screen (in the therapist's room) compared with fighting the Inner Critic that is 'consuming' space and energy in their own room.*

When using this placement of chairs, participants suggested an increased emphasis on separating client material from the therapist to avoid contamination or merging.

More Than Chairs: Use of Objects, Body, Imagery, and Language

One way to support the separation of different parts or roles during tele-chairwork was the use of symbolic objects. While there were examples of using pillows and pieces of fabric simply to "mark" a place or position, participants were often playful and creative in selecting objects which symbolised the nature and qualities of particular parts or roles. A range of objects were suggested, including: puppets, small figures, "stuffed animals", balloons, Lego and drawings. Photos were also used to access "child modes", while the memories of significant others were stimulated by items of their clothing. Objects were arranged to represent internal and external relationships, and animated by speaking from, and to, the different items.

> *Patients can find household objects to represent modes and then asking them to speak for the mode. Objects can then be brought out, placed, or put away by the patient outside of session depending on their needs to engage or re-direct away from a pattern as needed.*

Indicated by the quote above, items offered portable access to different aspects of the self outside of the session or acted as "transitional objects" which captured the "therapist-patient emotional connection and bond".

Participants also used bodily gestures to represent the separation and interrelation of client parts. This involved using each hand to represent or "indicate a specific chair", while use gestures to signal which part has voice. Clients were also encouraged to use their own bodies to identify where they "incarnate that part". Suggestions were made for clients to close their eyes and "dive deep" into the sensory and kinaesthetic aspects of their experience to "discriminate" between each role.

Imagery was also emphasized in tele-chairwork to help differentiate and enliven each part or role. Clients were typically invited to imagine the personification of each part "with more detail" than in face-to-face work to increase their immersion in the task. Some participants also used imagery as a substitute for chairs:

We use "imaginary chairs" in our head to work through chairwork.

Using imagery in this way offered additional flexibility and freedom in the positioning of parts, enabling elements of fantasy to be added. For example, one participant reported the self-critic being "put outside the window" to increase separation.

Many participants also reported greater use of writing to support tele-chairwork. This included the use of post-it notes to name and concretise parts ("verbal markers"), with the benefit of being movable within the workspace. Participants emphasised the externalising function of writing to provide psychological distance and reflection:

Sometimes when they name something I write it down and show it to them on the video.

It's another way of externalizing – I attune to them, help them name it and then take it

from them so they have some space. I keep it around me in some concrete form

The use of writing to capture dialogue (in tables or shared documents) also allowed for easier sharing post-session.

Increased Verbalisation: Directions and Empathy

Given the practical difficulties and physical distance of tele-chairwork, participants tended to increase their verbal interventions compared to face-to-face enactments. This included more directive prompts and guidance through the practical steps of chairwork, with language providing a verbal "structure" to demarcate space and movement in the absence of non-verbal cues. Summaries, repetitions, and reflections on the nature of different parts or roles were used more frequently to help orientate, differentiate, and add emotional depth to each voice. There was also an emphasis on directing the client's focus back to the opposite chair, rather than the screen, to increase immersion and investment during chairwork.

Repeating and reinforcing that in an encouraging and caring way, really helps. For example, really making it clear that the client should turn their body to face the empty chair, reminding them to speak to the chair and not the camera, encouraging their progress, etc. all seem more important online.

Similar to above quote, participants recommended increased verbal encouragement and reinforcement of the client's engagement with the task. Participants were also more "explicit" and demonstrative in their verbalised empathy to counteract losses in non-verbal expression or relational intimacy.

I am aware of deliberately amplifying my communication to try to compensate for the deficits provided by telehealth. This means relying more on my verbal representation of empathy as I know that my body language is only partially seen or felt. I think I make more verbal utterances to represent and communicate empathy.

Participants also recommended acknowledging and validating the client's anxiety when commencing tele-chairwork, as well as naming any digital "obstacles" which interrupted relational attunement and connection. Such empathic affirmation of present moment experience was deemed important for both engagement and modelling the spirit of the chairwork process.

De-roling

To manage issues related to the convergence of therapy and homelife, participants stressed the importance of de-roling after tele-chairwork.

> *There is an extra importance to de-roling, leaving behind the symbolic significance of the chair, cushion, cloth or small object as the piece of work is closed. It could be psychologically unhygienic and potentially overwhelming to underestimate the importance of this process at the end of the work. It takes a little longer online.*

Re-acclimatisation was facilitated by encouraging the client to schedule personal time following the session, journaling, and post-session "soothing" activities. Closing and leaving roles was also supported by verbal and bodily methods ("shaking it off" or "spinning" on the spot). If symbolic objects were used during tele-chairwork, thought was paid to how these items might be stored or positioned after the session.

Discussion

This is the first study to explore the delivery of chairwork in tele-therapy, as reported by expert therapists, and the first to investigate these procedures within a pluralistic framework. Experiences of tele-chairwork were variable amongst therapists, partly reflecting the wide variety of practices which constitute chairwork. The results suggest that online chairwork is associated with both therapeutic opportunities and obstacles, necessitating adaptations to its form and facilitation. Generally speaking, the majority of experts regarded tele-chairwork as a valuable therapeutic method, which retained much of the therapeutic power as its face-to-face counterpart.

Despite initial reservations, most experts experienced tele-chairwork as feasible and productive. Other research has identified positive attitudes towards tele-therapy amongst therapists, even in the context of forced transitions to digital platforms (Bekes & Doorn, 2020). Many experts were surprised by the ease with which chairwork could be adapted to online

therapy and its equivalence to in-person enactments. While technique comparison studies remain limited, a growing body of literature has identified similar therapy outcomes in digital versus face-to-face psychotherapies (Backhaus et al., 2012). Moreover, experts felt that clients were generally satisfied with tele-chairwork and responded favorably, echoing the high levels of satisfaction associated with internet-delivered therapies more generally (e.g. King et al., 2009).

Tele-chairwork was not without challenges, however. The majority of experts identified a number of practical impediments, namely, technological faults, restricted space, and limited access to chairs. That said, not all experts reported feeling obstructed in their delivery of tele-chairwork, suggesting that while practical factors may complicate action methods, they do not necessarily compromise them. As has been reported in other tele-therapy literature (Roseler, 2017), attending to clients' non-verbal communications and emotional experiencing was particularly challenging, depriving experts of the vital 'bodily-' or 'psychosomatic language' which is central to chairwork (Perls, 1969; Pio-Abreu & Villares-Oliveira, 2007). A significant proportion of experts also identified the presence of a 'digital wall' in tele-chairwork, resulting in reduced emotional activation, interpersonal connection, and client engagement with tasks. These issues not only challenged experts' ability to regulate and track the client during tele-chairwork, but sometimes resulted in misattunement, unproductive enactments, and limited post-task cognitive-affective change. Both theoretical models and practice-based research have underscored the importance of somatic and emotional involvement in chairwork (Bell, Montague, Elander, & Gilbert, 2020; Greenberg & Foerster, 1996) and psychotherapy more generally (Greenberg & Pascual-Leone, 2006; Samoilov & Goldfried, 2000; Young, Klosko, & Weishaar, 2003). Experts utilised a number of strategies to adjust for these losses, such as warm-up exercises, closer monitoring of clients' bodily expressions, and increased use of process-based interventions to amplify emotion during chair tasks (e.g. doubling,

encouragement, reflection, and repetition) (Pugh, 2019). These findings confirm the importance of therapists' facilitative actions during chairwork, which help clients enter, fully participate in, and complete these experiments (Muntigl et al., 2017). Indeed, the majority of experts regarded the use of process-based interventions as being the most vital adaptation in internet-delivered chairwork.

Interestingly, the obstacles encountered in tele-chairwork were often associated with therapeutic opportunities. For example, some experts experienced physical distance from the client as problematic, yet their reduced presence supported clients' absorption in the task. Indeed, task-focus and level of immersion appears to play a role in the efficacy of chairwork (Robinson, McCague, & Whissell, 2014). Other experts reported that distanced facilitation enabled some clients be more involved and emotionally expressive during enactments. While the cyberpsychology literature has identified both positive and negative emotional disinhibition effects in online environments (Suler, 2004), experts in this study experienced clients' increased emotional responsiveness in tele-chairwork as largely productive. Maintaining interpersonal connection is often a concern in tele-therapy (Rees & Stone, 2005) and the same was true of experts in this study. Yet, the mediated nature of 'virtual' interactions helped some clients escape the trappings of real-world interactions and better enter into the 'surplus reality' of chairwork (Moreno, 1965). Finally, situating chairwork in clients' personal environments was both problematic and profitable: reduced privacy was, concurrently, an invitation for clients to establish protected therapeutic space(s) for themselves. In this way, the overlap between tele-chairwork and clients' personal lives not only provided rich material for enactments, but also ensured that therapeutic gains were quickly translated into 'real world' changes post-session.

Initiating, facilitating, and consolidating chairwork is often demanding for clinicians (Pugh & Bell, under review) and involves multiple, complex client-therapist interactions

(Muntigl et al., 2020). Tele-chairwork was associated with additional demands and considerations, such as how to manage some clients' increased levels of self-consciousness during enactments. Expert therapists demonstrated an ability to deliver tele-chairwork inventively and responsively to both the needs of client and the goals of the task. As noted previously, reverting to the core principles and processes of chairwork appeared to inform many of these spontaneous adaptations, as well as bolstering experts' confidence in the therapeutic utility of action methods within virtual therapeutic spaces (Pugh & Bell, 2020).

Based on the findings of this study, preliminary guidelines for delivering of tele-chairwork are presented in Table 3. Prior to commencing tele-chairwork, therapists are encouraged to advise clients about the optimal settings for engaging in these methods, such as limiting potential distractions, ensuring there is adequate lighting and privacy, and making additional chairs available, if possible. Agreeing contingencies in the event of a loss of connection during enactments is also recommended, such as the therapist making contact using the telephone. In addition, clients' anxieties about engaging in tele-chairwork should be discussed, validated, and managed at the outset. Regarding facilitation, therapists should approach tele-chairwork flexibly and collaboratively. In procedures which incorporate only a small number I-positions, clients are invited to shuttle between chairs in their space, or move a single chair to different locations. That said, clients may prefer to situate highly threatening I-positions in the therapist's quadrant during tele-chairwork (e.g. an empty chair representing an abusive 'other'), although this may preclude opportunities for role-reversal. If tele-chairwork involves multiple I-positions, it is often more feasible to represent these using household objects, which are selected and arranged by the client in front their webcam. Ensuring that the client remains immersed in the dialogical process can be particularly challenging when facilitating chairwork within the client's home environment. To maximise task engagement, clients should be prompted to focus on the 'action' rather than the therapist's digital image

Table 3

Preliminary Guidelines for Delivering Tele-chairwork

Contract and collaboratively problem-solve:

- Consider using 'trial sessions' to evaluate the quality of auditory and visual connection.

- Advise on optimal environments for tele-chairwork (e.g. private space, limited distractions).

- Develop a shared plan for loss of connection (e.g. therapist will telephone).

Experiment with chair placement:

- When multiple chairs are impractical or unavailable, direct client to re-orientate their occupied seat (e.g. left-right, forwards-backwards).

- Consider locating chairs in the therapist's quadrant when dialoguing with threatening I-positions (e.g. an abuser or punitive self-critic).

- Solicit client feedback on chair placement.

Exploit the client's context:

- Use the home environment to reinforce safeness during and after tele-chairwork.

- Promote client agency regarding how space, furniture, and objects are used during enactments.

- Explore how tele-chairwork will be transferred into the client's 'real-world' post-enactment.

Maximise immersion:

- Encourage the client to focus attention on the enactment rather than the therapist's digital image.

Retrieved from: www.chairwork.co.uk/resources

- Maintain connection with the client through verbal contact during enactments.

- Refer to the therapist's supportive presence during tele-chairwork, though (s)he is not physically present.

Verbal direction and empathy:

- Increase use of verbal directions to structure and guide tele-chairwork.

- Increase verbalised empathy and validation to manage the loss of other senses.

Support separation and externalisation (gesture, imagery, objected, and writing):

- Concretise distinctions and the separation of I-positions using therapist-led gestures (e.g. use of hands, nods, etc.).

- Consider using objects to symbolise different I-positions, particularly if these are multifarious.

- Invite the client to arrange objects in their personal space to depict internal and external relationships.

- Incorporate mental imagery to personify, enliven, and deepen I-positions during tele-chairwork.

Support de-roling and re-acclimatisation:

- Reinforce de-roling after tele-chairwork through physical motion (e.g. 'shaking-off' I-positions).

- Plan soothing or supportive activities after emotionally demanding enactments.

- Check the client is grounded in their 'real-world' environment before terminating the session.

during enactments, whilst being reassured that the therapist remains available and supportive throughout. Inviting the client to close their eyes when embodying I-positions can further support role immersion. Generous use of process-skills is especially important in tele-chairwork. For example, more explicit use of gestural and verbal directions will help to scaffold procedures from a distance, while increased use of doubling, visualisation of personified I-positions, empathic reflections, and other supportive statements benefits both clients' emotional engagement in the procedure and empathic connection with the therapist. Finally, concluding tele-chairwork requires consideration. Physical acts such as walking around the room and moving chairs concretises the process of de-roling and ensures the client is grounded back in reality, which therapists should check before terminating the session. If the enactment has been emotionally intense, therapists may wish to propose pleasurable, soothing, or reflective activities for the client to engage after the session, particularly those which are readily accessible (e.g. journal writing). Given the preliminary nature of these recommendations, further research is needed to test their feasibility and generalisability, as well as determining any approach-specific variations in how tele-chairwork is best implemented.

It should be highlighted that most, but not all, experts experienced tele-chairwork positively. This raises other important questions for future research. For example, are the variable experiences amongst experts related to the therapeutic frameworks in which tele-chairwork is applied, personal preferences, or length of time delivering these methods? Furthermore, what factors make internet-delivered chairwork more or less productive? Based on our findings, we speculate that the effectiveness of tele-chairwork relates to several issues, including therapist variables (e.g. performance expectancy; previous experience), client variables (e.g. task credibility; task involvement), process variables (e.g. depth of emotional experiencing; immersiveness), and facilitating conditions (e.g. quality of technology). In addition, it should be noted that a small proportion of experts raised more general concerns

about the concept of chairwork. For these individuals, the use of chairs was viewed as secondary to its underlying processes of change (e.g. here-and-now dialogue with parts of self), while others believed that the method could not or should not be divorced from specific theoretical frameworks, such as role theory (Chesner, 2019) or selves psychology (Stone & Stone, 2007). These findings suggest that consensus regarding operational definitions, causal mechanisms, and the conceptual aims of chairwork is emerging but not yet fully shared across orientations. Somewhat fittingly given the intents of these methods, chairwork may well represent a fruitful topic of dialogue and rapprochement between the different therapeutic approaches which utilise these techniques (Goldfried, 2009).

This study has a number of limitations. The survey sample was small and largely composed of therapists of European, North American, and Australian origin. It is unclear whether these results generalise to ethnic minority therapists or individuals working in other regions such as Asia and Africa. Indeed, research suggests that therapists' attitudes towards tele-therapy show cultural variation (Bekes & Doorn, 2020). In addition, the identification of experts was somewhat subjective and restricted to a small number of (unevenly represented) psychotherapeutic orientations. To increase the applicability of findings, future studies should recruit a larger number of clinicians working with a broader range of therapeutic modalities which utilise chairwork, such as gestalt therapy, transactional analysis, and internal family systems therapy. The short time-frame for providing responses, particularly during pandemic conditions, may also have prevented some individuals from participating or supplying lengthier contributions. Interview methods may have provided richer and more informative data. An alternative approach, Delphi Methodology (Jorm, 2015) may go further than this paper in terms of reaching consensus regarding definitions of tele-chairwork and best practice guidelines. While this paper focused on expert therapist opinion, it is equally important that future studies examine both patient and frontline therapists' experiences of tele-chairwork. Finally,

systematic empirical studies are needed to investigate the efficacy of tele-chairwork, its relative

strengths and limitations compared to face-to-face chairwork, and ratify the opinions of experts

presented in this paper, including the practice recommendations these have generated.

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Appendices

Appendix 1

List of experts who contributed to the study

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Appendix 2

We would like to invite you to participate in a paper which explores the application and facilitation of "chairwork" in online therapy settings.

We are conducting a brief survey of identified experts in the field and across a variety of therapeutic approaches. We hope you will agree that clinicians who utilise chairwork would value the opinion of experts in this area during the COVID-19 pandemic, where guidance and empirical research is lacking. We are asking if you would give us a few minutes of your time to answer four brief questions about how you have come to approach the issue of conducting chairwork in individual (one-to-one) tele-therapy. We will identify and acknowledge the assistance of all contributing experts, unless you state otherwise.

By "chairwork", we are referring to the collection of experiential interventions which utilise chairs, their positioning, movement, and dialogue to bring about therapeutic change. These include: empty-chair dialogues (e.g. inviting an individual to speak with a significant other who is held, symbolically, in the empty-chair); multi-chair dialogues (e.g. inviting an individual to speak from different chairs representing parts of the self); role-playing (e.g. the enactment of past, present, and future interactions); and representational dialogues (e.g. using chairs to concretise the relationships between parts of the self and between individuals).

We are interested in your experience of online chairwork and how you have come to approach it in individual tele-therapy. Our specific questions are:

1. What has been your experience of delivering tele-chairwork?

2. In your experience, what have been the primary obstacles that arise during online chairwork?

3. Please briefly explain how you believe each of the above problems is best approached therapeutically.

4. In your experience, what have been the therapeutic opportunities and strengths associated with conducting chairwork online?

Retrieved from: www.chairwork.co.uk/resources

You are welcome to write as much or as little as you like in your reply.

Thank you for taking the time to consider this invitation. If you feel you are in a position to participate, we would be grateful to receive your response within the next 14 days.

Please also let us know if you do or do not consent to your name being included in the list of respondents (we would still welcome your responses if you do not consent). You are under no obligation to list your name in the published paper.