

‘Suddenly you are King Solomon’: Multiplicity, transformation and integration
in compassion-focused therapy chairwork

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Abstract

Chairwork is a psychotherapeutic method that frequently focuses on self-multiplicity and internal relationships. Compassion-focused therapy (CFT) uses chairwork to generate and apply compassion towards threat-based aspects of the self. This study explores self-multiplicity in a CFT chairwork intervention for self-criticism. Twelve participants with depression were interviewed following the intervention and the resultant data were analyzed using Interpretative Phenomenological Analysis. Three super-ordinate themes were identified: differentiating selves; mental imagery of selves; and integrating and transforming selves with compassion. The results highlight how the intervention enabled clients to differentiate internal aspects of themselves in a way that was accessible and helpful, increasing self-complexity and introducing the potential to observe and change patterns of self-to-self relating. The process of bringing compassion to self-criticism was shown to integrate both aspects of the critical dialogue, transforming the ‘critic’ by understanding its fears and function. The use of mental imagery was also shown to facilitate clients’ experience of self-multiplicity and to symbolize the kind of changes generated by the exercise. Implications for clinical practice are discussed.

Keywords: Compassion-Focused Therapy, Compassion, Self-Criticism, Chairwork, Interpretative Phenomenological Analysis, Integration

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Introduction

Compassion-focused therapy

Compassion-focused therapy (CFT) is an evolutionary-based psychotherapeutic model that integrates the science of compassion and care into the therapeutic process. CFT originated from a number of related insights when working with clients with high levels of self-criticism and shame. When using a standard cognitive approach, Gilbert (2009) noted that whilst such clients could generate 'logical and evidence-based' coping thoughts, these alternative perspectives did not always produce helpful changes in feeling and emotion (a phenomenon known as rationale-emotional dissociation, Stott, 2007). When asked to verbalize the way they 'heard' those thoughts in their mind, clients frequently expressed them with emotional textures of detachment, contempt and hostility. However, when inviting clients to change the emotional tone of their thoughts to ones of genuine care, warmth and friendliness, clients found this to be difficult and aversive, rather than reassuring (Gilbert, 2010).

These insights led to the development of CFT and its psychotherapeutic aims, which include: the cultivation of compassionate states of mind, support in accessing specific emotional and feeling states linked to safeness and soothing, and the targeting of blocks, fears and resistance to these ways of relating and feeling (Gilbert, 2010). With its roots in evolutionary science, attachment theory and affective neuroscience, CFT highlights how mammals evolved to be regulated through affiliative and caring social relationships and shows how the experience of care is integral to both physiological maturation and psychological well-being (Gilbert, 2005; Siegel, 2001). CFT is therefore interested in both the giving and receiving of compassion and care, and the ability of individuals to generate this same orientation towards their own difficulties and needs. In acknowledging the often harsh, cold and abusive histories of people with high self-criticism and shame (Schoore, 1998), CFT also focuses on how the frustration of core attachment needs can create both inter- and intra-personal threats and protective strategies that make the experiencing of such compassion and care so difficult (Gilbert, 2010).

Gilbert (2019) has frequently called for a pluralistic, cross-disciplinary and consilient approach to psychotherapy: an approach integrated by evolutionary science. In practice, CFT has developed as a multi-modal integrative therapy that builds upon a range of psychotherapeutic interventions, contemplative practices and relational approaches with an explicit focus on cultivating and applying compassion. As a psychotherapy for clinical populations, CFT has been found effective for difficulties such as personality disorders (Lucre & Corten, 2013), eating disorders (Kelly & Carter, 2015), traumatic brain injury (Ashworth et al., 2011) and psychosis (Braehler et al., 2013). An early systematic review of CFT (Leaviss & Uttley, 2015) found the approach had particular promise for clients with high levels of self-criticism.

Multiple minds in CFT

CFT highlights how the human brain has evolved to create a 'multi-mind', formed of complex, and often conflicting, motivations, emotions and cognitive competencies. Gilbert and Irons (2005) also focused on how different motives give rise to very different mindsets and archetypal potentials in the pursuit of particular biosocial goals. For example, when compared to a competitive mindset, the compassionate mind (a mind orientated to bringing care to suffering) recruits very different cognitive, affective and behavioural patterns when interacting

with others (Gilbert, 2010). Gilbert (1989) developed the concept of 'social mentalities' to highlight how such motive-specific modes of mind form interactive dances between self and other to meet the biosocial goals of reproduction, care, competition and cooperation. Gilbert and Irons (2005) further described how such social mentalities not only shape, regulate and texture external relationships but are also incorporated into relating styles with the self. Aspects of the self can therefore be self-criticised and dominated or related to with care and self-support. CFT focuses on switching between such social mentalities, so that both internal and external relationships can be based on care and compassion rather than rank and hostility.

Rather than viewing the 'self' as static and singular, CFT shares a widely held view of the self as formed of various patterns, states and potentials (Ornstein, 1986). CFT also adopts a common therapeutic strategy of differentiating such patterns into namable 'parts' or 'selves', allowing them to be embodied, personified and engaged with in dialogue (Rowan, 2010; Watkins & Watkins, 1997; Hermans, 2004). In CFT the 'compassionate self' is intentionally cultivated and used as a 'secure' base from which to engage with, and integrate, various other parts or patterns of experience that can become segregated and disowned as part of threat-based processing (Gilbert, 2005). As highlighted by Gilbert (2017), the use of compassion to create a sense of safeness and a capacity for inner exploration and coordination links closely to the role of attachment in creating the neurobiological and emotional context for mentalization, mental integration and pro-sociality (Mikulincer & Shaver, 2017).

Multiplicity in chairwork

Chairwork has been defined as a 'collection of experiential interventions which utilize chairs and their relative position for therapeutic purposes' (Pugh, 2017, p.16). Whilst chairwork has its roots in the methods of psychodrama (Moreno, 1948), gestalt therapy (Perls, 1973), and emotion-focused therapy (EFT) (Greenberg et al., 1993), the approach has become integrated into various psychotherapy modalities, including CFT, for various therapeutic aims. Chairwork has been categorized as facilitating external dialogue (i.e. speaking to figures and forces external to the self) and internal dialogue (i.e. speaking to parts and patterns of one's own self) (Kellogg, 2015). The internal dialogue of chairwork allows for the exploration of 'self-multiplicity' which is regarded by Pugh (2019) as one of the key overarching principles of chairwork implementation.

In terms of internal dialogue, chairwork facilitates the separation and differentiation of various aspects of the self by 'placing' them in different chairs. Once separated, such self-parts can be embodied and enacted (by taking the seat of each self) or personified (by imagining the part in the opposite chair, giving them form and features). Pugh (2019) suggests 'any aspect of the clients' experience can be personified' and embodied' (p.25), including cognitive processes, emotions, specific beliefs and 'ways of being'. Examples include the use of maladaptive coping modes or internalized parent modes in schema therapy chairwork (Arntz & Jacob, 2012), or 'the interrupter' to block self-expression and experiencing during EFT (Greenberg et al., 1993). An essential part of chairwork involves animating such parts of the self, giving them the capacity to speak, listen and engage in dialogue. Such activation and interaction can be used to demonstrate the relative strength and influence of specific parts, to explore and change the relationship between aspects of the self, provide a plurality of voices and perspectives and to consider how internal dialogues might echo external relationships and related memories.

CFT chairwork and self-criticism

CFT chairwork utilizes many of the processes and features above but is unique in its cultivation and application of the compassionate self which acts as an embodiment of compassionate qualities, attributes and motives (Gilbert, 2010). One form of CFT chairwork for self-criticism involves enacting a dialogue between the critical and criticised aspects of the self, on opposite chairs, before using a third chair to access the compassionate self and apply it to both sides of the critical dialogue (see Method section below for details of the intervention). A key feature of the intervention is the use of the compassion to look behind the attack of the critic to identify the threats and distress that drive it, thereby highlighting its function and origin (Gilbert, 2010). The intervention can essentially be conceptualised as the experiencing and switching of social mentalities. In the self-critic exercise an internal rank-based mentality is first enacted as the critic responds to signals of distress with dominance and aggression (frequently creating 'submission' in the criticised self). From the compassionate self (and care giving mentality) the client is then encouraged to identify the distress signal beneath the attack of the critic and to respond with care and support. The critic is thereby transformed in the process from a part or pattern of hostility to one of fear, vulnerability and need.

Other modalities of therapy utilize chairwork to address self-criticism, typically drawing on the 'two-chair' approach from gestalt therapy lineage. For example, EFT incorporates an empirically supported two-chair dialogue for self-evaluative splits which includes the following steps: the client initially expresses criticism from one chair to the other; underlying feelings and needs are identified and expressed in response to the critic; new feelings/experiences emerge which can result in 'self-assertion', 'softening of the critic' or 'negotiation' between sides of the self (Elliott et al., 2015; Shahar et al., 2012). Whilst CFT chairwork for self-criticism shares elements from other approaches (such as the focus on emotional expression during the initial self-critical exchange), it is the compassionate self, introduced via a third chair, that is used to facilitate the integration between conflicting parts of the self. The compassionate self is also intentionally accessed via body-based means (such as slowing the breath) and a focus on the motivation of compassion and its attendant qualities (such as empathy), to support its integrative function.

Research aims

Bell, Montague, Elander, and Gilbert (2019) previously explored client experiences of the CFT self-critic exercise described above, focusing specifically on chairwork process. Theirs is the only research on CFT chairwork and their findings emphasize the role and importance of the following factors: embodiment (to connect and anchor to specific internal patterns), externalization of aspects of the self (allowing for comparison and conflation of inner and outer relating), and emotional activation (to 'feel' the impact of self-criticism and compassion). This current paper utilizes different aspects of the same dataset to explore themes of multiplicity and seeks to answer the following questions: how do clients experience and understand notions of 'self multiplicity' during the chairwork intervention? What is the lived experience of shifting social mentalities when working with self-multiplicity? And what occurs to various internal selves or parts when related to with compassion? The central aim of the research is to learn directly from client experience to improve the application of the intervention and understand how core CFT concepts are transmitted and understood.

Method

Recruitment and eligibility

Twelve participants were purposively recruited from three 'Improving Access to Psychological Therapies' (IAPT) teams within the National Health Service (NHS). To be eligible for the study, clients were required to have scored 10 or above on the Patient Health Questionnaire (PHQ9) (Kroenke, Spitzer, & Williams, 2001) and to have a 'provisional diagnosis' of Major Depressive Disorder' at the start of treatment. A score of 10 or above on the PHQ is utilized as a 'cut off' for clinical depression within IAPT services, whilst attribution of a 'provisional diagnosis' is standard practice for primary care therapists (National IAPT Programme Team, 2011). Participants were required to be receiving CFT and chairwork for self-criticism as part of their routine care. Each participant was identified as appropriate for the study by their therapist. Table 1 below gives the participants' characteristics.

Table 1

Participant characteristics

Participant pseudonym	Gender	Age	Ethnicity
1. Elena	Female	36	White-Bulgarian
2. Anita	Female	39	Asian-British
3. Jenny	Female	26	Chinese
4. Simon	Male	24	White-British
5. Claire	Female	29	White-British
6. Michael	Male	47	White-British
7. Diana	Female	34	White-British
8. Sarah	Female	19	White-British
9. David	Male	22	White-Irish
10. Helen	Female	41	White-British
11. Susan	Female	53	White-British
12. Jean	Female	49	White-British

On the date of the intervention various measures were applied to describe the sample: the Beck Depression Inventory (BDI-II) (Beck et al., 1996), Forms of Self-Criticizing/Attacking and Self-Reassuring Scale (FSCRS) (Gilbert et al., 2004) and Other as Shamer Scale (OAS) (Goss et al., 1994).

The mean results of the BDI-II ($M=25.75$; $SD=12.16$) indicated 'moderate depression' (Beck et al., 1996). The results of FSCRS were: inadequate self ($M=28.83$; $SD=6.44$), hated self ($M=8.25$; $SD=4.09$) and reassured self ($M=15.33$; $SD=3.82$). When compared to a prior study of the FSCRS (Baiao et al., 2015), the participants of this study averaged higher than the clinical population on inadequate self ($M=27.47$; $SD=7.51$) whilst scoring below clinical averages, but above non-clinical averages, for the reassured self and hated self. Participants scored $M=41.17$ ($S=14.43$) on the OAS, higher than the average of a non-clinical sample ($M=20.0$, $SD=10.1$) (Goss et al., 1994).

Therapist eligibility and characteristics

Eligible therapists were required to have undertaken specific training in the chairwork intervention in addition to an introductory training in CFT (usually 3 days in length). The eight therapists involved in the study included: six females and two males; seven White-British and White-Irish; and an age range of 30-60 (M=41). All therapists practiced CBT, in addition to CFT, as their main modality of therapy. Four therapists were accredited CBT therapists without prior profession, three therapists were social workers and one a nurse. The mean number of years practicing as a therapist post-qualification was 6.33.

Table 2

Outline of the chairwork intervention

Core stages of the CFT chairwork intervention for self-criticism (if the critical voice is not that of an abusive other)	
1	A recent incident of self-criticism is identified
2	The client embodies and enacts their 'critic' in one chair and expresses their criticism to an empty chair (imagining that in this chair is a part of themselves they want to criticise). The client is encouraged to connect to the voice-tone, emotion and motivation of the critic
3	The client changes chair and responds as the recipient of the criticism (becoming the 'criticised self'). The client is encouraged to explore the experience of being criticised
4	This client can then be asked to repeat the above process: moving back to critic position to re-engage with the thoughts and feelings of the critic (responding to the reaction of the criticised self) before returning to the criticised self and the kind of experiences this creates
5	The client then takes up a third chair and is encouraged to reflect on the nature of the interaction they witnessed and experienced
6	In the third chair, the client is supported to access and embody their 'compassionate self' (using body posture and soothing-rhythm breathing to create a sense of groundedness and change physiological state; using compassionate imagery to re-connect with the intention and qualities of the compassionate self)
7	As the compassionate self, the client relates compassionately to the criticised self: demonstrating empathy, care and support in contrast to the critic's attack
8	As the compassionate self, the client relates compassionately to the critic: recognising the fears and unmet needs that drive the critic and the protective function it serves. Questions for the client include: 'what does your critic want?' 'What is it trying to protect you from?' Or 'what does the critic fear might happen to you if it wasn't there?'
9	The exercise is reflected on and de-briefed

Intervention

The chairwork intervention took place during a single, one hour, session. CFT is a process-driven psychotherapy and there are not yet evidence-based guidelines for treatment length, or intervention sequence, for clients with depression. The intervention therefore occurred at varying session numbers between cases, ranging from session 6 to session 17 (M=11.08). Prior to the chairwork intervention, participants were required to have undertaken 'compassionate

self' practices as part of broader compassionate mind training (see Gilbert, 2010). Such practices include guided imagery for creating this version of the self, body-focused exercises such as soothing-rhythm breathing, and the integration of method-acting techniques to aid enactment in everyday life (Matos et al., 2017). Audio recordings of the chairwork intervention were reviewed to ensure they included the stages set out in table 2 above.

Data collection

A face-to-face, semi-structured interview was undertaken with all participants immediately after the session. The interviews were audio recorded and transcribed verbatim. An interview schedule (see table 3 below) was used flexibly and responsively, but the core question areas were addressed at each interview.

Table 3

Interview schedule

Interview schedule and examples of questions
Introductory question Can you tell me about your overall experience of the exercise?
Questions regarding the 'critic' part of the exercise For example, how would you describe what it was like being your critic?
Questions regarding the 'compassion' part of the exercise For example, what was it like to bring compassion to different parts of yourself?
Questions regarding chairwork For example, overall, how did you find using different chairs to explore different aspects of your 'self'?
Questions regarding the exercise overall For example, have your experiences during the exercise influenced the way you understand compassion or self-criticism? If so, how?

Data analysis

The six-stage process described by Smith, Flowers and Larkin (2009) was used to analyse the data. This initially involves case-by-case notation and thematic labelling whereby super-ordinate themes are identified by analytic processes such as subsumption, abstraction and numeration (Smith et al., 2009). Such themes were collated and further developed to create cross-case super-ordinate themes for the group. The final step involves the production of a narrative account of the final themes with illustrative extracts from the participants' data.

In accordance to IPA's acknowledgement of the analyst's interpretative role and commitment to reflexivity (Smith et al., 2009), the lead author maintained a reflective diary to identify, manage and monitor the interaction between personal expectations and beliefs and the analytic findings. Throughout the analysis the reflective diary was verbally discussed with the second and third authors who were independent from the interviews and primary analysis. These authors also audited written transcripts, notation and thematic development across a variety of cases. Additional comments and reflections from these authors were integrated into the first author's analysis and any disagreements were decided by consensus. An additional

step of gathering all textual evidence for each master theme and sub-theme was undertaken to demonstrate and ensure such themes were grounded in the data.

Ethics

The study protocol was approved by the NHS Health Research Authority (IRAS no. 188390) and the University of Derby Psychology Research Ethics Committee.

Results

The analysis generated three interconnected super-ordinate themes relating to self-multiplicity and internal relationships. These themes, and related sub-themes, are shown in Table 4.

Table 4
Summary of themes

Superordinate themes	Sub-themes	Participants per theme
1. Differentiating selves	Singular to multiple	12/12
	New selves, new potential	9/12
2. Mental imagery of selves	Seeing selves	10/12
	Past selves (memory and imagery)	6/12
3. Integrating and transforming selves with compassion	From conflict to integration	12/12
	Transforming the critic: fears and function	12/12

Theme 1: Differentiating selves

Singular to multiple

All participants reported an expanded sense of ‘self’ during the exercise: an experience of the self as formed of multiple parts and elements that could be separated and differentiated. With one exception, this was experienced as a novel phenomenon, one at odds with participants’ ‘everyday’ perception of their self as singular, stable and fixed.

‘It did feel weird because on a daily basis you just have the one mind’ (Elena)

Whilst Elena experienced this process as ‘weird’ other participants found the idea of multiplicity helped them to rationalise experiences they had previously found ‘illogical’ and confusing: i.e. their experience of the self as inconsistent, contradictory and variable. In this way, participants spoke of becoming ‘enlightened’ to their own nature and existing complexity, as well as being reassured that their lived experience of having multiple aspects of themselves was a shared and normal human experience.

‘So I think that is just the normal function of your brain to have different roles, so it is okay, so it makes it a bit more normal.’ (David)

Whilst reassuring for some participants, the process of encountering multiplicity was extraordinary for others, with four participants using spiritual terms, such as being a conduit or 'a bloody medium' (Jean), channelling the voices of something hidden or beyond their normal awareness. In these descriptions their 'self' was experienced as mouthpiece for something 'other', to whom they were allowing access. Similarly, the various parts of the self were frequently perceived to be functioning autonomously like 'separate entities' (Michael). They were often described as different 'voices' and were frequently personified and imagined (see theme 2).

Participants also identified that by undoing what had previously been 'tied up' in their notion of self, they were able to examine and explore its composition in more detail. Others described a more active process of 'splitting' and 'separating' the self into parts (as if the 'normal' conception of the self required a degree of forceful opening) which increased their ability to clarify and organize their internal experiences. Two participants used the analogy of separating the self into smaller 'boxes'. The boxes analogy captures the process of containing, naming and providing structure for experience, even as the sense of self was expanded and multiplied. For Simon this created a new sense of pride in self-organization, and managing the 'conglomerate mess' of his mind:

'It develops your understanding, you have got a lot of different emotions and inclinations and, you know, there's lots pulling you in different directions and the self is very messy...I feel like I'm doing well to organize such complex thoughts now, there is a sense of pride in that I guess.'

New selves, new potential

The identification of different 'selves' also created (in nine participants) a sense of expanded potential, as if new options or ways of being were introduced into their repertoire. Participants particularly identified the potential to change 'role' or switch 'modes' as an alternative to enacting their self-critic. In this way, separating aspects of the self allowed for certain parts to be given voice whilst at the same time quietening others. A shared metaphor involved the changing of clothes to the changing of self, capturing the sense of choice and agency over what self was picked up and put on:

'it is a lot easier to jump into it, like jumping into another outfit or something and then you can quickly and more effectively deliver some compassion and then you can obviously when you isolate when you criticise yourself, I can recognize that, oh it is just that part and set it aside.' (David)

Participants reported 'relief' at 'shedding' the part of the critic, highlighting the 'temporary' nature of each self and the way in which they had over-identified with a particular version of the self. For Elena, the identification of alternative, distinct parts of the self offered choice where no prior option had been recognized:

'Because then if you didn't differentiate between those parts then you might not even think that you could try and step out of this and into this'

Similarly, Susan identified that the active process of separating the 'self' into multiples cleared new potential paths and a space to reflect and make choices:

'For so long I've been so muddled, I've got all these things jumbled up, a mess in my head, and it is like being in a forest, you can't make your way through it, but all of a sudden, I'm able to chop away at it. I can make a pathway for myself. I can think better'

The creation of such space where separate aspects of the self are given form, position and voice also allowed participants to discover the relationships between selves, and the potential to choose or change such relationships (see theme 3)

Theme 2: Mental imagery of selves

Seeing selves

Participants reported spontaneous mental imagery of their different selves when looking towards the various empty chairs or when picturing themselves in each role. The imagery frequently took the form of 'versions' of the self: the self as younger or older, taller or smaller, in specific bodily positions (e.g. *'hunched'*) or as emotional personifications of each self (*'me but a very angry me'*, Simon). Such imagery became a means of differentiating each self as they occurred in contrasting but connected forms, often as opposites, which allowed for clear distinction and comparison. Claire, for example, described the contrast of ages in her images:

'When I did the critical me, I kind of visualized me a bit older but when I was doing the criticized me I kind of felt like I could see, maybe it was like a younger child almost'

Whilst the imagery was frequently identifiable as the participants' 'self' in form and features, other imagery was of a fantastical nature: as monstrous, metaphorical or caricatured. Simon, for example, experienced vivid imagery of figures that symbolized and personified the nature and function of each self:

'I imagined it as this sort of cave man, this was the sort of character. A well-meaning but thick person with a club, fending off all of these threats'

Such spontaneous imagery acted to capture and extend the participants' experience of each self: offering both a manifestation of metaphorical and implicit meaning and a means to reflect on such meaning (e.g. the cave man's primitive and undeveloped 'defenses' were linked by the participant to evolutionary and developmental insights). Similar realizations into the nature, impact and role of each self were generated when *seeing* the critical self variously as a teenage 'bully', a 'school marm', a 'shadow' and a 'devil' or evil 'creature'. In contrast, the criticised self was imagined as a child (either one's self or another) by five of the participants, whilst Helen pictured herself as a *'curled up hedgehog'*. Similarly, the compassionate self was visualized in a way that embodied its qualities and attributes. This included imagery of Jesus, a 'motherly figure' and a large sculpted angel, with most participants picturing the

compassionate self as altered version of one's self: as older, stronger and wiser (looking like *'the full version of myself'*, David).

Linking to theme 3 (which focuses on the theme of compassion as means of integration and transformation), it is of note that participants' imagery transformed, involuntarily, when the critical and criticised selves were related to with compassion. For example, Jean's imagery of the critic as a large bully turned into a frightened child, with its actions and appearance changed (no longer *'sniggering in the corner'*). These interrelated shifts in imagery, mindset and motivation, again highlights how participants' mental representations both symbolized and supported wider psychological processes and change. Simon particularly captured how his imagery transformed in parallel to changes in self-to-self relating and inner emotional tone:

'I think I just saw myself in this very idyllic setting, helping someone up and as I was helping them up they kind of turned into me, I was looking at myself, and I was, I felt kind of strong and looked very shiny'

As in Simon's example, imagery facilitated a greater capacity to focus and express emotions and motivations, as the recipient of their criticism or compassion became life-like, 'real' and human. Seeing oneself, or the personification of oneself, in an externalized imaginal form increased participants' capacity to mentalize, 'be objective', empathise and generate compassion with themselves whilst also increasing emotional connection:

'Because until you see that vulnerable self, you don't realise how sad you are when you are listening to that self-critic' (Sarah)

Both quotes above highlight how the use of imagery acted to blur the sense of self and 'other', seeing and being seen, speaker and listener (*'you visualize it like you are a different person'*, Claire). In the context of the exercise, this allowed for the flow of compassion outwards, 'as if' to another, to be focused back towards the self.

Whilst mental imagery was most frequently experienced as spontaneous in nature, participants also reported a more intentional and active use of imagery to connect with the 'self' they were enacting. This included participants picturing themselves as the critic or compassionate self when speaking from that position, visualizing the character they were trying to create in the chair (modelling themselves on its postures and gestures), and then, for Anita, *'looking through its eyes'*. Imagery was also intentionally used to access compassion when language proved unhelpful or inadequate, with two participants reporting to imagine the 'touch' and 'physical support' from compassionate figures.

Past selves (memories and imagery)

Six participants identified their imagery as directly linked to either distinct memories or amalgamations of life events. Such imagery was linked to experiences of shame and criticism from specific others (for example, being laughed at during a school play). The feeling of being child-like and *'at my most vulnerable'* (Jean) was frequently cited and related to the timescale of the memories recalled (predominantly in childhood or early adolescence). The presence of

imagery, linked to memory, intensified the emotional impact of the exercise, whilst creating a vivid felt sense of re-experiencing the past. This was captured by Sarah, who describes the interaction between imagery, memory and emotion:

'Memories come up, so you're thinking of things that happened that made you angry and made you sad and whatever, and you are picturing yourself as that memory, as a child, as a teenager, everything that was going round in my head I could see, I could visualize it and it was fuel to the fire, it made it ten times worse, you didn't picture yourself as how you look everyday, your sort of normal self, you were small'

Whilst distressing and intense in nature, such associations were identified as useful and helpful in clarifying the relational context in which specific self-parts developed. For some participants the links between historic events and current self-criticism were novel and surprising. Diana notably experienced auditory imagery of her self-critic as a male voice during the chairwork, providing new insight into the interpersonal origin of her self-to-self relating.

Theme 3: Integrating and transforming selves with compassion

From conflict to integration

The exercise, in framing the self as comprised of inter-related 'self-parts', also highlighted the kind of relationships that existed between such parts. Participants were shocked at the intensity of internal conflict when externalized and enacted between chairs, referring to the self-criticism as a form of 'fighting', 'battling' and 'attacking'. Anita initially compared this experience to *'two people having a fight in the street'* before expanding her description to emphasize the animalistic, primitive nature of such exchanges:

'It's ridiculous, I put it akin to two animals fighting, say like a tiger and a bear, and they continue. So have you seen Game of Thrones? At the beginning of the Game of Thrones there's a spinning thing and it gives a history of all the Games of Thrones, and it's like that with two animals constantly going round and round for all eternity'

Anita's description also captures the repetitive nature of such conflict, here portrayed as two forces locked in an internecine, unwinnable war, cyclical to the point of tragedy or parody. For other participants, the conflict resembled that of an abusive relationship between adult and child, bully and bullied, taking the dynamic of dominant to subordinate with the criticised self scared, defeated and appealing.

The compassionate self was initially experienced as form of external position away from such conflict but with an internal 'viewpoint' back towards the struggle. Participants reported the compassionate self was the only self *'that could see them both'* (Claire) and gain a *'total view'* (David). This observational capacity, or reflective space, allowed participants to re-engage with the conflict but with an alternative way of relating to each self. The compassionate self was experienced as parental in its caring intention, differentiated from the critical interactions by its motivation and emotions:

'It is just how it felt being the compassionate one, it just felt like, you know, wise and knowing and love, pure love. Whilst those two were fighting out of fear, the compassionate self was just pure love and so wise. A wise part of me' (Elena)

In Elena's description the compassionate self also embodied specific qualities that supported its care for the other selves. Such qualities frequently included wisdom and authority, with participants comparing the compassionate self to a judge adjudicating on disputes, demonstrating a capacity for reason and balance.

'Then as the compassionate self, you know, because you feel so strong and confident, you can talk to the person over there in the critical chair and you talk to the person over there in the criticised chair: it's almost like suddenly you are King Solomon' (Simon)

As in the above extract, participants stressed the compassionate self's willingness to open dialogue with the other parts: to listen, learn and respect their contributions whilst maintaining benign strength and oversight. There was a repeated desire for integration and inclusion, to 'work together' rather than reject or exclude, which was captured in a linguistic shift from 'I' to 'we'. This motivation extended to a wish to provide physical comfort and connection to the conflicted selves by means of a 'group hug' or soothing touch. The integration between selves appeared to be supported by (or perhaps represented by) the identification of profound similarities between the core fears and needs of the criticised self and the critical self.

'Actually they overlap and become the same voice.' (Simon)

As identified by Simon, such apparent 'opposites' were transformed in the process of integration, as if clarified into a single 'voice' of fear, shame and disappointment. Such transformation highlighted a degree of unity beneath the internal conflict and hinted at the potential for self-compassion to foster a deeper coherence of self.

Transforming the critic: fears and function

The transformation described above was most striking when relating to the critic from the compassionate self. The critic's attack was ultimately recast as a signal of fear and distress by identifying the fears driving the critic and understanding the function it serves. Participants universally reported an ability to see the critic as a protective reaction to threat: specifically, the threat of being 'vulnerable' to external criticism, rejection or harm. The critic was understood as blaming, attacking and scrutinizing the self for potential signs of weakness with the function of reducing external exposure and increasing self-control:

'The intention is to protect myself, so if I say it first whatever you say is not going to...I've already prepared myself for it so that's fine' (Helen)

Half of all participants also identified the use of the critic to motivate and maintain personal performance and standards, yet there was a clear acknowledgement that the critic

was focused on preventing or avoiding performance failure (and its feared consequences) rather than promoting a value, aspiration or positive attribute. Having understood the critic's protective function, four participants were able to make links to its origin, providing further contextualization and increasing empathy:

'Actually a reasonable response based on situations that I've been in before. I've been in a similar situation where something bad has happened so naturally I'm going to be, my defense system is going to be kicking in, so in that sense, it was helpful in legitimizing the voice' (Simon)

Participants were able to balance such validation for the distress driving the critic (and the adaptive role it once served) whilst also acknowledging it was now *'the wrong way to go about things'* (Elena). Consequently, the critic's presence was ultimately reappraised as a prompt to 'switch' to the compassionate self to address this need for safeness and support. As introduced in theme two, by viewing the critic in this empathic way, the critic was transformed from attacker to 'injured' and from aggressive 'enemy' to 'someone that needs help':

'When you are looking at it from your compassionate side you see where it comes from and what it is trying to do, you see it is part of you, you see it is kind of just like a kid almost, like a kid who grew up with a bunch of negative experiences to deal with stuff and you are there like, it is fine, I'll help you out' (David)

As in David's example, four participants described how the critic metamorphosized into an archetype of vulnerability, a child in distress, providing a unique means and focus for self-compassion that linked both personal and universal, self and other, past and present-day needs.

Discussion

The present study sought to understand how clients experience self-multiplicity during a CFT chairwork exercise and what occurred when shifting from self-criticism to self-compassion. The results highlight the benefits of differentiating between aspects of the self and how this process can illuminate the relationships between parts of the self, whilst also allowing participants to understand, integrate and ultimately transform internal experience when related to with compassion. This study also demonstrated the role of mental imagery in exploring self-multiplicity in chairwork.

In terms of multiplicity, participants reported an expanded sense of self, one that was contrasted with an 'everyday' notion of the self as fixed, singular or totalized. The majority of participants spoke positively of the scope and potential this provided: specifically, in acknowledging that certain parts of them were not the 'whole', thereby broadening their repertoire of responding and subjective being. Other participants reported connecting to 'voices' that had previously been unheard (such as the vulnerability/hurt at receiving the self-criticism). Such findings support prior theory of how multiplicity and dialogues between 'selves', can mitigate the effects of dominant, inflexible or restricted self-parts that are associated with pathology (Dimaggio et al., 2004). The results also reflect prior findings that the

chairwork process can generate alternative representations of the self, encouraging a richness of self-complexity and plurality (Chadwick, 2003). The current results are striking in suggesting that a relatively brief (one hour) chairwork intervention can influence and elaborate a client's concept and sense of self in this way. What is unclear from this current study is whether such changes are lasting and clinically beneficial in terms of reducing or managing their depression.

Many participants found the concept of the self as conflicted and contradictory to be validating of their lived experience. The exercise proved a helpful experiential means to socialize participants to CFT's concept of the human 'multi-mind' as comprised of various, contrary motives, emotions and competencies derived from different stages of evolution and for different evolved goals (Gilbert, 2010). Such modularity of mind was evident in the participants' accounts of self-parts functioning as if independent personalities, with distinct patterning of cognition, physiology and emotion (see Bell et al., 2019, for a discussion of the role of 'somatic markers' for each self). As one core aim of CFT is to de-shame clients' experiences of such internal conflict and to develop empathy and explanations for such extreme modularity of mind, it is notable that this was evident in participants' subjective reports.

A minority of participants described the experience of multiplicity as a process of channeling or marshalling forces larger than themselves: with the self a conduit for something unknowable or numinous. Whilst such experiences may well provide fertile therapeutic ground to explore spiritual or existential issues (echoing the transpersonal approach of Rowan, 2010) it also highlights the support some clients might need to process these new experiences given their prior belief systems. A limitation of the current study is the lack of negative experiences that participants reported in terms of self-multiplicity. Future research might actively ask for such experiences.

By exploring self-multiplicity, the intervention facilitated the kind of de-centering, inner-reflection and observation found in prior chairwork research (Chadwick, 2003). One mechanism to explain this benefit is the process of externalization (Bell et al., 2019). The current findings suggest that the additional step in CFT chairwork (the introduction of the compassionate self in a third chair) supported the kind of wise, balanced stance that participants viewed as characteristic of judges and 'King Solomon' whilst also providing an agentic sense of inner organization. This reflective, non-reactive observing of inner experience also shares features of mindful awareness, which Siegel (2007) suggests supports the detection, differentiation and 'uncoupling' of automatic elements of the mind, whilst allowing such differentiated elements to be linked in new combinations.

CFT chairwork for self-criticism is unique in 'stepping out' of the critical dialogue to re-engage both sides of the internal conflict with compassion. As described above, this involves switching social mentalities: from the competitive rank-based dominance of the critic, to the care-based responding of the compassionate self. When addressed from a caring mentality, the critic was transformed into an object of vulnerability and distress, facilitating the flow of compassion. Participants reported this transformation was supported by their ability to discern the fears driving the critic (e.g. rejection from others or fears of failure) and the associated protective function it serves (e.g. attacking oneself before others do). In caring for the vulnerable aspect of the critic, participants described a process of psychological integration, a way of tolerating and connecting with unwanted or disowned aspects of the self. Whilst

psychological integration has historically been prized in many psychotherapies, CFT suggests compassion is a key mechanism for both internal and external integration and connection (Gilbert, 2005). This integrative function of compassion is supported by the interpersonal neurobiological approach of Siegel (2016) who suggests that optimally balancing and connecting parts of a complex system, whilst allowing parts to remain distinct and differentiated, is key for the wellbeing and stability of individuals, societies and wider ecosystems.

The above processes were notably facilitated by the presence of mental imagery. Encouraging clients to visualize self-parts or other people in opposite chairs is a core part of chairwork practice (Kellogg, 2015). Reasons for using imagery include its links to symbolic representations and implicit modes of processing and its role in increasing cognitive-affective immersion. As observed by Pugh (2019), clients engage with 'representations of the self and others as real percepts during chairwork' (p.45), with imagery adding to the sense of having a 'real' dialogue with an 'other'. The current research supports the relevance of such factors, whilst also highlighting how imagery might be used to increase clients' capacities to differentiate between self-parts by giving them distinctive features and forms. The research is also notable in demonstrating how clients independently utilized imagery (of various sensory modalities) to deepen their connection to various selves. This included personifying the compassionate self in visual form before 'stepping into' and embodying the image to adopt a new perspective. Such experiences suggest ways in which chairwork and imagery can be combined to access the compassionate self in CFT.

The research also highlighted the phenomenon of fluctuating spontaneous imagery, which acted as marker and measure for psychological change during the intervention. This was most striking when shifting social mentalities with the critical self transforming in image from bully and evil creature to a frightened child when related to with compassion. The imagery often switched between different 'versions' of the self (at different ages or in specific contexts) or took on archetypal forms, such as the compassionate self personified as a caring and wise elder. Again, this highlights how changes in imagery might be actively asked for by clinicians to express, explore and extend shifts in meaning and mentality. As previously identified by Hales et al. (2015), spontaneous imagery is rarely volunteered by clients which, as these findings attest, could prevent reflection on rich internal material and new representations of the self.

The research also demonstrated how, for half the participants, the spontaneous imagery experienced during the intervention was identifiably related to specific past events, relationships or amalgamations of memory. The association between mental imagery and autobiographical memory is well established and is utilized clinically when engaging with, and transforming, traumatic memories via techniques such as imagery re-scripting (Hackmann, 2005). 'Seeing' past versions of the self during the chairwork intervention was significant in highlighting the time-scale and interpersonal context in which the 'critic' originated, acknowledging its adaptiveness and connecting past and present vulnerability. As highlighted by the work of Pinto-Gouveia and Matos (2011), shame episodes can have the quality of traumatic memories and become 'central' to individuals' sense of self. The identification of specific memories via imagery during chairwork could provide potential targets for imagery re-scripting (which has been found to be effective as a stand-alone treatment for depression (Brewin et al., 2009), or for alternative CFT interventions whereby the 'critic' is identified as an

internalization of an abusive other and is externalized from the self (e.g. via chairwork, Bell, 2019).

In addition to the limitations noted above, it is unclear how insights gained into the function of the critic will be translated into the frequency or intensity with which it occurs, whether its impact will be mitigated, and how wider beliefs or symptoms associated with depression will be influenced. The research also included a broad range of therapists and variance in session number when the intervention was applied. It therefore remains undetermined when the intervention is most effectively introduced and whether (and how) therapist characteristics and training influences outcome. Whilst the number of participants is large for an IPA study (Smith et al., 2009), a greater sample might also demonstrate the robustness of the themes found. It is also acknowledged that the participants were selected by their therapists and therefore might represent 'positive' cases in their engagement with CFT and openness to its concepts and practices.

In conclusion, the CFT chairwork intervention for self-criticism provided experiential insights into self-multiplicity that clients with depression found accessible, insightful and beneficial. Such experiences of self-multiplicity communicated core ideas and processes of CFT, whilst facilitating an active switch between different motivational systems. This shifting to a caring, compassionate mentality, via chairwork, allowed participants to relate to threat-based aspects of themselves in a way that created subjective experiences of internal coherence. The presence of spontaneous mental imagery was also found to be an important, and under-researched, factor in facilitating and tracking internal differentiation and integration during chairwork. Whilst future experimental research into the stand-alone effectiveness CFT chairwork is required, further idiographic case-studies might explore how the processes and insights introduced above might be incorporated into overall courses of CFT treatment.

References

- Arntz, A., & Jacob, G (2012). *Schema therapy in practice: An introductory guide to the schema mode approach*. Chichester, West Sussex: Wiley-Blackwell.
- Ashworth, F., Gracey, F., & Gilbert, P. (2011). Compassion focused therapy after traumatic brain injury: Theoretical foundations and a case illustration. *Brain Impairment*, 12, 128-139. <https://doi.org/10.1375/brim.12.2.128>
- Baiao, R., Gilbert, P., McEwan, K., & Carvahlo, S. (2015). Forms of Self-Criticising/Attacking & Self-Reassuring Scale: Psychometric properties and normative study. *Psychology and Psychotherapy*, 88, 438-52. <http://dx.doi.org/10.1111/papt.12049>
- Beck, A., Steer, R., & Brown, G. (1996). *Manual for the Beck Depression Inventory-II*. San Antonio, TX: Psychological Corporation.
- Bell, T. (2019). *Compassion-focused therapy chairwork*. Workshop, Manchester, UK.
- Bell, T., Montague, J., Elander, J., & Gilbert, P. (2019). 'A definite feel-it moment': Embodiment, externalisation and emotion during chair-work in compassion-focused therapy. *Counselling & Psychotherapy Research*. Advanced online publication. <https://doi.org/10.1002/capr.12248>
- Braehler, C., Gumley, A., Harper, J., Wallace, S., Norrie, J., & Gilbert, P. (2013). Exploring change processes in compassion focused therapy in psychosis: Results of a feasibility

- randomized controlled trial. *British Journal of Clinical Psychology*, 52, 199-214.
<https://doi.org/10.1111/bjc.12009>
- Brewin, C., Wheatley, J., Patel, T., Fearon, P., Hackmann, A., Wells, A., Fisher, P., & Myers, S. (2009). Imagery rescripting as a brief stand-alone treatment for depressed patients with intrusive memories. *Behaviour Research and Therapy*, 47, 569-576.
<https://doi.org/10.1016/j.brat.2009.03.008>
- Chadwick, P. (2003). Two-chairs, self-schemata and a person based approach to psychosis. *Behavioural and Cognitive Psychotherapy*, 31, 439-449.
<https://doi.org/10.1017/S1352465803004053>
- Dimaggio, G., Salvatore, G., & Catania, D. (2004). Strategies for the treatment of dialogical disorders. In H. Hermans & G. Dimaggio (Eds.), *The dialogical self in psychotherapy* (pp. 190-204). London: Routledge
- Elliott, R., Watson, J., Goldman, R., & Greenberg, L. (2015). *Learning emotion-focused therapy: The process-experiential approach to change*. Washington, DC: American Psychological Association.
- Gilbert, P. (1989). *Human nature and suffering*. Hove: Lawrence Erlbaum Associates.
- Gilbert, P., & Irons, C. (2005). Focused therapies and compassionate mind training for shame and self-attacking. In P. Gilbert (Ed.), *Compassion: Conceptualisations, research and use in psychotherapy* (pp. 263-325). London: Routledge.
- Gilbert, P. (2009). *The compassionate mind*. London: Constable and Robinson.
- Gilbert, P. (2010). *Compassion focused therapy*. Hove: Routledge.
- Gilbert, P. (2017). Compassion: definitions and controversies. In P. Gilbert (Ed.), *Compassion: Concepts, research and applications* (pp. 31-68). Abingdon, Oxon: Routledge.
- Gilbert, P. (2019). Psychotherapy for the 21st century: An integrative, evolutionary, contextual, biopsychosocial approach. *Psychology and Psychotherapy: Theory, Research and Practice*, 92, 164–189. <https://doi.org/10.1111/papt.12226>
- Gilbert, P., Clark, M., Hempel, S., Miles, J., & Irons, C. (2004). Criticizing and reassuring oneself: An exploration of forms, styles and reasons in female students. *British Journal of Clinical Psychology*, 43, 31-50. <https://doi.org/10.1348/014466504772812959>
- Goss, K., Gilbert, P., & Allan, S. (1994) An exploration of shame measures: I: The 'other as shamer' scale. *Personality and Individual Differences*, 17, 713-717.
[https://doi.org/10.1016/0191-8869\(94\)90149-X](https://doi.org/10.1016/0191-8869(94)90149-X)
- Greenberg, L., Rice, L., & Elliott, R. (1993). *Facilitating emotional change: The moment-by-moment process*. New York, NY: Guilford.
- Hales, S., Blackwell, S., Di Simplicio, M., Iyadurai, L., Young, K., & Holmes, E. (2015). Imagery-based cognitive-behavioral assessment. In: G. Brown and D. Clark (Eds.), *Assessment in Cognitive Therapy* (pp. 69-93). New York: Guilford Press.
- Hackmann, A. (2005). Compassionate imagery in the treatment of early memories in Axis 1 anxiety disorders. In P. Gilbert (Ed.), *Compassion: Conceptualisations, research and use in psychotherapy* (pp. 352-368). London: Routledge.
- Hermans, H. (2004). The dialogical self: Between exchange and power. In H. Hermans & G. Dimaggio (Eds.), *The dialogical self in psychotherapy* (pp. 13-28). London: Routledge.
- Kellogg, S. (2015). *Transformational chairwork: Using psychotherapeutic dialogues in clinical practice*. Maryland, MD: Rowan and Littlefield.

- Kelly, & Carter, (2015). Self-compassion training for binge eating disorder: A pilot randomized controlled trial. *Psychology and Psychotherapy: Theory, Research and Practice*, 88, 285-303. <https://doi.org/10.1111/papt.12044>
- Kroenke, K., Spitzer, R., & Williams, J. (2001). The PHQ-9: Validity of a brief depression severity measure. *Journal of General Internal Medicine*, 16, 606-13. <https://doi.org/10.1046/j.1525-1497.2001.016009606.x>
- Leaviss, J. & Uttley, L. (2015). Psychotherapeutic benefits of compassion-focused therapy: an early systematic review. *Psychological Medicine*, 45, 927-945. <https://doi.org/10.1017/S0033291714002141>
- Lucre, K., & Corten, N. (2013). An exploration of group compassion-focused therapy for personality disorder. *Psychology and Psychotherapy: Theory, Research and Practice*, 86, 387-400. <https://doi.org/10.1111/j.2044-8341.2012.02068.x>
- Matos, M., Duarte, J., Duarte, C., Gilbert, P., and Pinto-Gouveia, J. (2017). How one experiences and embodies compassionate mind training influences its effectiveness. *Mindfulness*, 9, 1224–1235. doi: 10.1007/s12671-017-0864-1
- Mikulincer, M., & Shaver, P. (2017). An attachment perspective on compassion and altruism. In P. Gilbert (Ed.), *Compassion: Concepts, research and applications* (pp. 187-202). Abingdon, Oxon: Routledge.
- Moreno, J. (1948). *Psychodrama (Vol. 1)*. New York, NY: Beacon House.
- National IAPT Programme Team (2011). *The IAPT data handbook: Guidance on recording and monitoring outcomes to support local evidence-based practice (Version 2)*. London: Department of Health.
- Ornstein, R. (1986). *Multimind*. New York: Houghton Mifflin.
- Perls, F. (1973). *The Gestalt approach and eye-witness to therapy*. New York, NY: Science and Behaviour Books.
- Pinto-Gouveia, J., & Matos, M. (2011). Can shame memories become a key to identity? The centrality of shame memories predicts psychopathology. *Applied Cognitive Psychology*, 25 (2), 281-290. <https://doi.org/10.1002/acp.1689>
- Pugh, M. (2017). Chairwork in cognitive behavioural therapy: A narrative review. *Cognitive Therapy Research*, 41, 16-30. <http://psycnet.apa.org/doi/10.1007/s10608-016-9805-x>
- Pugh, M. (2019). *Cognitive behavioural chairwork: Distinctive features*. Abingdon, Oxon: Routledge.
- Rowan, J. (2010). *Personification: Using the dialogical self in psychotherapy and counselling*. London: Routledge.
- Schore, A. (1998). Early shame experiences and infant brain development. In P. Gilbert & B. Andrews (Eds.), *Shame: Interpersonal behavior, psychopathology, and culture* (pp. 57–77). New York: Oxford University Press.
- Shahar, B., Carlin, E., Engle, D., Hegde, J., Szepsenwol, O., & Arkowitz, H. (2012). A pilot investigation of emotion-focused two-chair dialogue intervention for self-criticism. *Clinical Psychology and Psychotherapy*, 19, 496-507. doi: 10.1002/cpp.762.
- Siegel, D. (2001). Toward an interpersonal neurobiology of the developing mind: Attachment relationships, ‘mindsight’ an neural integration. *Infant Mental Health Journal*, 22, 67-94. [https://doi.org/10.1002/1097-0355\(200101/04\)22:1%3C67::AID-IMHJ3%3E3.0.CO;2-G](https://doi.org/10.1002/1097-0355(200101/04)22:1%3C67::AID-IMHJ3%3E3.0.CO;2-G)

- Siegel, D. (2007). Mindfulness training and neural integration: Differentiation of distinct streams of awareness and the cultivation of well-being. *Social Cognitive and Affective Neuroscience*, 2 (4), 259–263. <https://doi.org/10.1093/scan/nsm034>
- Siegel, D. (2016). *Mind: A journey into the heart of being human*. New York: Norton.
- Smith, J. A., Flowers, P., & Larkin, M. (2009). *Interpretative phenomenological analysis: Theory, method and research*. London: Sage.
- Stott, R. (2007). When the head and heart do not agree: A theoretical and clinical analysis of rational-emotional dissociation (RED) in cognitive therapy. *Journal of Cognitive Psychotherapy*, 21, 37-50. DOI:10.1891/088983907780493313.
- Watkins, J., & Watkins, H. (1997). *Ego states: Theory and therapy*. New York: W.W. Norton.