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Appendix 1. Paper 1: “A definite feel-it moment”: Embodiment, externalisation and emotion during chair-work in compassion-focused therapy

Removed due to copyright restrictions. Author Accepted Manuscript version of this article that is currently available on UDORA.

Appendix 2. Paper 2: “Suddenly You Are King Solomon”: Multiplicity, Transformation and Integration in Compassion Focused Therapy Chairwork

Removed due to copyright restrictions. Author Accepted Manuscript version of this article that is currently available on UDORA.

Appendix 3. Paper 3: Multiple emotions, multiple selves: Compassion focused therapy chairwork

Removed due to copyright restrictions. Author Accepted Manuscript version of this article that is currently available on UDORA.

Appendix 3. Paper 3: Multiple emotions, multiple selves: Compassion focused therapy chairwork

Appendix 4. Ethics study 1 favourable opinion

Health Research Authority

North West - Greater Manchester Central Research Ethics Committee
3rd Floor
Barlow House
Minshull Street
Manchester
M1 3DZ
Telephone:
0207 104 8009

22 March 2016

Mr Tobyn Bell
Lecturer and PhD Student

Dear Mr Bell

Study title:	**Bringing compassion to self-criticism: client experiences of a compassion-focused therapy intervention for self-criticism**
REC reference:	**16/NW/0199**
Protocol number:	**Na**
IRAS project ID:	**188390**

The Research Ethics Committee reviewed the above application at the meeting held on 14 March 2016. Thank you for attending to discuss the application.

We plan to publish your research summary wording for the above study on the HRA website, together with your contact details. Publication will be no earlier than three months from the date of this favourable opinion letter. The expectation is that this information will be published for all studies that receive an ethical opinion but should you wish to provide a substitute contact point, wish to make a request to defer, or require further information, please contact the REC Manager Miss Amber Ecclestone, nrescommittee.northwest-gmcentral@nhs.net. Under very limited circumstances (e.g. for student research which has received an unfavourable opinion), it may be possible to grant an exemption to the publication of the study.

Ethical opinion
The members of the Committee present gave a favourable ethical opinion of the above research on the basis described in the application form, protocol and supporting documentation, subject to the conditions specified below. .

Conditions of the favourable opinion
The REC favourable opinion is subject to the following conditions being met prior to the start of the study.

<u>Management permission must be obtained from each host organisation prior to the start of the</u>

study at the site concerned.

Management permission should be sought from all NHS organisations involved in the study in accordance with NHS research governance arrangements. Each NHS organisation must confirmthrough the signing of agreements and/or other documents that it has given permission for the research to proceed (except where explicitly specified otherwise).

Guidance on applying for HRA Approval (England)/ NHS permission for research is available inthe Integrated Research Application System, at www.hra.nhs.uk or at http://www.rdforum.nhs.uk.

Where a NHS organisation's role in the study is limited to identifying and referring potential participants to research sites ("participant identification centre"), guidance should be sought fromthe R&D office on the information it requires to give permission for this activity.

For non-NHS sites, site management permission should be obtained in accordance with the procedures of the relevant host organisation.

Sponsors are not required to notify the Committee of management permissions from host organisations.

Registration of Clinical Trials

All clinical trials (defined as the first four categories on the IRAS filter page) must be registered on a publically accessible database. This should be before the first participant is recruited but no later than 6 weeks after recruitment of the first participant.

There is no requirement to separately notify the REC but you should do so at the earliest opportunity e.g. when submitting an amendment. We will audit the registration details as part of the annual progress reporting process.

To ensure transparency in research, we strongly recommend that all research is registered but for non-clinical trials this is not currently mandatory.

If a sponsor wishes to request a deferral for study registration within the required timeframe, they should contact hra.studyregistration@nhs.net. The expectation is that all clinical trials will be registered, however, in exceptional circumstances non registration may be permissible with prior agreement from the HRA. Guidance on where to register is provided on the HRA website.

It is the responsibility of the sponsor to ensure that all the conditions are complied with before the start of the study or its initiation at a particular site (as applicable).

Ethical review of research sites

NHS Sites

The favourable opinion applies to all NHS sites taking part in the study taking part in the study, subject to management permission being obtained from the NHS/HSC R&D office prior to the start of the study (see "Conditions of the favourable opinion" below).

Summary of discussion at the meeting

Social or scientific value; scientific design and conduct of the study

The Committee considered that the study design presented no material ethical issues and

that that it fitted into the category of service evaluation. The Chief Investigator stated that he submitted this study to the Research Ethics Committee as he was mindful that the population that was proposed to be recruited was vulnerable.

Approved documents
The documents reviewed and approved at the meeting were:

Document	*Version*	*Date*
Copies of advertisement materials for research participants [Advertisement leaflet for clients]	1	27 February 2016
Copies of advertisement materials for research participants [Advertisement leaflet for therapists]	1	27 February 2016
Covering letter on headed paper [Covering letter]	1	27 February 2016
Evidence of Sponsor insurance or indemnity (non NHS Sponsors only) [Sponsor insurance (public liability)]	1	20 July 2015
Interview schedules or topic guides for participants [Semi-structured interview]	1	27 February 2016
IRAS Checklist XML [Checklist_29022016]		29 February 2016
Letter from sponsor [Professional liability]	1	20 July 2015
Participant consent form [Client consent form]	1	27 February 2016
Participant consent form [Therapist consent form]	1	27 February 2016
Participant information sheet (PIS) [Participant information sheet for clients]	1	27 February 2016
Participant information sheet (PIS) [Participant information sheet for therapists]	1	27 February 2016
REC Application Form [REC_Form_29022016]		29 February 2016
Research protocol or project proposal [Summary of proposal]	1	27 February 2016
Summary CV for Chief Investigator (CI) [CV for chief investigator]	1	27 February 2016
Summary CV for supervisor (student research) [C.V for supervisor]	1	26 February 2016
Validated questionnaire [BDI]	1	27 February 2016
Validated questionnaire [Other as Shamer Scale]	1	27 February 2016
Validated questionnaire [Forms of self-criticising and self-reassuring scale]	1	27 February 2016

Membership of the Committee
The members of the Ethics Committee who were present at the meeting are listed on the attached sheet.

The Committee is constituted in accordance with the Governance Arrangements for Research Ethics Committees and complies fully with the Standard Operating Procedures for Research Ethics Committees in the UK.

After ethical review
Reporting requirements

The attached document "After ethical review – guidance for researchers" gives detailed guidance on reporting requirements for studies with a favourable opinion, including:

- Notifying substantial amendments
- Adding new sites and investigators
- Notification of serious breaches of the protocol
- Progress and safety reports
- Notifying the end of the study

The HRA website also provides guidance on these topics, which is updated in the light of changes in reporting requirements or procedures.

User Feedback
The Health Research Authority is continually striving to provide a high quality service to all applicants and sponsors. You are invited to give your view of the service you have received and the application procedure. If you wish to make your views known please use the feedback form available on the HRA website: http://www.hra.nhs.uk/about-the-hra/governance/quality-assurance/

HRA Training
We are pleased to welcome researchers and R&D staff at our training days – see details at http://www.hra.nhs.uk/hra-training/

16/NW/0199	**Please quote this number on all correspondence**

With the Committee's best wishes for the success of this project.

Yours sincerely

Signed on behalf of
Professor S J Mitchell
Chair

E-mail: nrescommittee.northwest-gmcentral@nhs.net

Enclosures: *List of names and professions of members who were present at the meeting and those who submitted written comments*

"After ethical review – guidance for researchers"

Copy to: *Mr Tobyn Bell, Na*
Mrs Jennifer Higham, Greater Manchester West MH NHS Foundation Trust

Appendix 5. HPA approval study 1

Health Research Authority

Mr Tobyn Bell
Lecturer and PhD Student

13 July 2016

Dear Mr Bell

Email: hra.approval@nhs.net

Letter of HRA Approval for a study processed through pre-HRA Approval systems

Study title:	**Bringing compassion to self-criticism: client experiences of a compassion-focused therapy intervention for self-criticism**
IRAS project ID:	**188390**
Sponsor:	**Derby University**

Thank you for your request for HRA Approval to be issued for the above referenced study.

I am pleased to confirm that the study has been given **HRA Approval.** This has been issued on the basis that the study is compliant with the UK wide standards for research in the NHS.

The extension of HRA Approval to this study on this basis allows the sponsor and participating NHS organisations in England to set-up the study in accordance with HRA Approval processes, with decisions on study set-up being taken on the basis of capacity and capability alone.

If you have submitted an amendment to the HRA between 23 March 2016 and the date of this letter, this letter incorporates the HRA Approval for that amendment, which may be implemented in accordance with the amendment categorisation email (e.g. not prior to REC Favourable Opinion, MHRA Clinical Trial Authorisation etc., as applicable). If the submitted amendment included the addition of a new NHS organisation in England, the addition of the new NHS organisation is also approved and should be set up in accordance with HRA Approval processes (e.g. the organisation should be invited to assess and arrange its capacity and capability to deliver the study and confirm once it is ready to do so).

Participation of NHS Organisations in England

Please note that full information to enable set up of participating NHS organisations in England is not provided in this letter, on the basis that activities to set up these NHS organisations is likely to be underway already.

The sponsor should provide a copy of this letter, together with the local document package and a list of the documents provided, to participating NHS organisations in England that are being set up in accordance with HRA Approval Processes. It is for the sponsor to ensure that any documents provided to participating organisations are the current, approved documents.

For non-commercial studies the local document package should include an appropriate Statement of Activities and HRA Schedule of Events. The sponsor should also provide the template agreement to be used in the study, where the sponsor is using an agreement in addition to the Statement of Activities. Participating NHS organisations in England should be aware that the Statement of Activities and HRA Schedule of Events for this study have not been assessed and validated by the HRA. Any changes that are appropriate to the content of the Statement of Activities and HRA Schedule of Events should be agreed in a pragmatic fashion as part of the process of assessing, arranging and confirming capacity and capability to deliver the study. If subsequent NHS organisations in England are added, an amendment should be submitted to the HRA..

For commercial studies the local document package should include a validated industry costing template and the template agreement to be used with participating NHS organisations in England.

It is critical that you involve both the research management function (e.g. R&D office and, if the study is on the NIHR portfolio, the LCRN) supporting each organisation and the local research team (where there is one) in setting up your study. Contact details and further information about working with the research management function for each organisation can be accessed from www.hra.nhs.uk/hra-approval.

After HRA Approval

In addition to the document, *"After Ethical Review – guidance for sponsors and investigators"*, issued with your REC Favourable Opinion, please note the following:

- HRA Approval applies for the duration of your REC favourable opinion, unless otherwise notified in writing by the HRA.
- Substantial amendments should be submitted directly to the Research Ethics Committee, as detailed in the *After Ethical Review* document. Non-substantial amendments should be submitted for review by the HRA using the form provided on the HRA website, and emailed to hra.amendments@nhs.net.
- The HRA will categorise amendments (substantial and non-substantial) and issue confirmation of continued HRA Approval. Further details can be found on the HRA website.

Scope

HRA Approval provides an approval for research involving patients or staff in NHS organisations in England.

If your study involves NHS organisations in other countries in the UK, please contact the relevant national coordinating functions for support and advice. Further information can be found at http://www.hra.nhs.uk/resources/applying-for-reviews/nhs-hsc-rd-review/.

If there are participating non-NHS organisations, local agreement should be obtained in accordance with the procedures of the local participating non-NHS organisation.

User Feedback

The Health Research Authority is continually striving to provide a high quality service to all applicants and sponsors. You are invited to give your view of the service you have received and the application procedure. If you wish to make your views known please email the HRA at hra.approval@nhs.net. Additionally, one of our staff would be happy to call and discuss your experience of HRA Approval.

HRA Training

We are pleased to welcome researchers and research management staff at our training days – see details at http://www.hra.nhs.uk/hra-training/.

If you have any queries about the issue of this letter please, in the first instance, see the further information provided in the question and answer document on the HRA website.

Your IRAS project ID is **188390.** Please quote this on all correspondence.

Yours sincerely

Isobel Lyle | Senior Assessor

Health Research Authority

Room 002, TEDCO Business Centre,Rolling Mill Rd, Jarrow NE32 3DT

Hra.approval@nhs.net or Isobel.lyle@nhs.net

T: 0207 972 2496

M: 07827 984549

www.hra.nhs.uk

Copy to: *Mrs Jennifer Higham, Greater Manchester West MH NHS Foundation Trust*

Appendix 6. Ethics study 2 favourable opinion

Health Research Authority

South West - Frenchay Research Ethics Committee

Level 3, Block B
Whitefriars Lewins Mead, Bristol BS1 2NT
Email: nrescommittee.southwest-frenchay@nhs.net

Telephone: 0207 104 8041

Please note: This is the favourable opinion of the REC only and does not allow you to start your study at NHS sites in England until you receive HRA Approval

18 September 2018

Mr Tobyn Bell
PhD Student; Registered Nurse; Accredited therapist Greater Manchester Mental Health NHS Foundation Trust

Dear Mr Bell

Study title:	**Multiple Selves: working with emotions in compassion-focused therapy**
REC reference:	**18/SW/0215**
Protocol number:	**Na**
IRAS project ID:	**250657**

The Proportionate Review Sub-committee of the South West - Frenchay Research Ethics Committee reviewed the above application on 11 September 2018.

We plan to publish your research summary wording for the above study on the HRA website, together with your contact details. Publication will be no earlier than three months from the date of this favourable opinion letter. The expectation is that this information will be published for all studies that receive an ethical opinion but should you wish to provide a substitute contact point, wish to make a request to defer, or require further information, please contact hra.studyregistration@nhs.net outlining the reasons for your request. Under very limited circumstances (e.g. for student research which has received an unfavourable opinion), it may be possible to grant an exemption to the publication of the study.

Ethical opinion

On behalf of the Committee, the sub-committee gave a favourable ethical opinion of the above research on the basis described in the application form, protocol and supporting documentation, subject to the conditions specified below.

Conditions of the favourable opinion
The REC favourable opinion is subject to the following conditions being met prior to the start of the study.

The regulatory authorities and the Sponsor must be able to see identifiable information, else they'd never be able to check the consent forms etc. – Please amend this statement to remove the word "anonymised".

You should notify the REC once all conditions have been met (except for site approvals from host organisations) and provide copies of any revised documentation with updated version numbers. Revised documents should be submitted to the REC electronically from IRAS. The REC will acknowledge receipt and provide a final list of the approved documentation for the study, which you can make available to host organisations to facilitate their permission for the study. Failure to provide the final versions to the REC may cause delay in obtaining permissions.

Management permission must be obtained from each host organisation prior to the start of the study at the site concerned.

Management permission should be sought from all NHS organisations involved in the study in accordance with NHS research governance arrangements. Each NHS organisation must confirm through the signing of agreements and/or other documents that it has given permission for the research to proceed (except where explicitly specified otherwise).

Guidance on applying for HRA and HCRW Approval (England and Wales)/ NHS permission for research is available in the Integrated Research Application System, www.hra.nhs.uk or at http://www.rdforum.nhs.uk.

Where a NHS organisation's role in the study is limited to identifying and referring potential participants to research sites ("participant identification centre"), guidance should be sought from the R&D office on the information it requires to give permission for this activity.

For non-NHS sites, site management permission should be obtained in accordance with the procedures of the relevant host organisation.

Sponsors are not required to notify the Committee of management permissions from host organisations.

Registration of Clinical Trials

All clinical trials (defined as the first four categories on the IRAS filter page) must be registered on a publically accessible database. This should be before the first participant is recruited but no later than 6 weeks after recruitment of the first participant.

There is no requirement to separately notify the REC but you should do so at the earliest opportunity e.g. when submitting an amendment. We will audit the registration details as part of the annual progress reporting process.

To ensure transparency in research, we strongly recommend that all research is registered but for non-clinical trials this is not currently mandatory.

If a sponsor wishes to request a deferral for study registration within the required timeframe, they should contact hra.studyregistration@nhs.net. The expectation is that all clinical trials will be registered, however, in exceptional circumstances non registration may be permissible with prior agreement from the HRA. Guidance on where to register is provided on the HRA website.

It is the responsibility of the sponsor to ensure that all the conditions are complied with before the start of the study or its initiation at a particular site (as applicable).

Ethical review of research sites
The favourable opinion applies to all NHS sites taking part in the study, subject to management permission being obtained from the NHS/HSC R&D office prior to the start of the study (see "Conditions of the favourable opinion").

Extract of the meeting minutes

- **Social or scientific value; scientific design and conduct of the study**

The Committee asked what would happen if it was found that the sessions were not being correctly or if malpractice or substandard work was uncovered.

Mr Bell assured the Committee that as outlined in the IRAS document, the manager of the service will be contacted if risk was identified which would include risk to the client's health, wellbeing and effective care. The intervention is already given routinely as part of standardized care procedures and all therapists would be supervised by other professional therapists. Mr Bell confirmed that he would be able to give supportive feedback if the intervention could be improved (and the client is not at risk).

The Committee accepted this response.

- **Recruitment arrangements and access to health information, and fair participant selection**

The Committee sought clarification as to why the top age limit was 70.

Mr Bell confirmed that the research would take place within a primary care psychology setting. Clients over the age of 70 were more likely to be treated in older people's services. The age limit only reflects the population that the primary care psychology service caters for. Mr Bell explained that there may be some cross over between service provisions between 65-70 therefore he added 70 as a cut off for pragmatic purposes.

The Committee accepted this response.

- **Care and protection of research participants; respect for potential and enrolled participants' welfare and dignity**

The Committee noted that in A36 in the IRAS form it stated "Such data will be stored in a metal, locked, container at the residency of the principal investigator" The Committee were concerned that the metal containers were not secure and could possibly be picked up and moved and sought clarification on this. It was also noted that it was mentioned again in A41 but it stated anonymised data would be analysed at home. The Committee stated that the sponsor should provide safe storage for the data.

Mr Bell explained that the only written information identifying participants would the consent form. Brief demographic information would be anonymised and kept on a separate sheet. Such identifying information (the consent form) would be transferred to lockable filing cabinets that would be locked in a storage room (designated as a safe space for information storage) at the University of Derby (under the supervision of Dr Jane Montague, head of psychology). Before being transferred to the University of Derby (where they would be stored until destruction), they would be kept in metal, lockable filing cabinets (that could not be moved) and would be transferred via a lockable metal box in person by the Principal Investigator. Mr Bell assured the Committee that any data kept outside of the University of Derby would be fully anonymised (and could be used in published documents as outlined in the consent form).

The Committee accepted this response.

The Committee highlighted that in A36 of the IRAS form, it also stated that "The session (which includes the intervention) will also be audio-recorded to monitor the therapist's application of the intervention (and ensure the intervention is correctly applied). The session recording will only be listened to by the principal investigator and will be deleted immediately (before leaving the NHS building)." The Committee questioned what would happen if it was not correctly applied and whether this would mean that the data would need to be kept for longer.

Mr Bell assured the Committee that if the intervention was not applied correctly, then it would not mean the data would be kept longer. The session would be deleted immediately before leaving the NHS building.

The Committee accepted this response.

- **<u>Informed consent process and the adequacy and completeness of participant information</u>**

The Committee explained to Mr Bell that the PIS should be reviewed to ensure that missing headers were included. A section about how to complain via an independent contact should be added. The Committee suggested further guidance could be found at http://www.hra-decisiontools.org.uk/consent/examples.html

Mr Bell advised the Committee that the Participant Information Sheet had been updated to meet their suggestions and that information pertaining to all the 'suggested' sub-headings had been included in the PIS.

The Committee accepted this response.

The Committee sought confirmation as to whether a copy of the consent form would be placed in the participants medical notes.

Mr Bell explained to the Committee that there was no plan to see, change or add to the participant's medical notes. The participant's care would not change in any way as the intervention would be given as part of routine care. The only addition would be a brief reflective interview about their experience of the intervention.

The Committee accepted this response.

The Committee requested that an item be added to the consent form to advise that the sponsor and, regulatory authorities may look at data. The Committee suggested further guidance could be found at http://www.hra-decisiontools.org.uk/consent/examples.html

Mr Bell advised the Committee that the Participant Information Sheet had been updated to meet their suggestions

The Committee accepted this response.

Approved documents

The documents reviewed and approved were:

Document	*Version*	*Date*
Copies of advertisement materials for research participants [Advertisement for therapist]	1	02 July 2018
Copies of advertisement materials for research participants [Advertisement for client]	1	01 July 2018
Evidence of Sponsor insurance or indemnity (non NHS Sponsors only) [University insurance details]	1	16 July 2018
Interview schedules or topic guides for participants [Interview schedule for clients]	1	02 July 2018
Interview schedules or topic guides for participants [Interview schedule for therapists]	1	02 July 2018
IRAS Application Form [IRAS_Form_17082018]		17 August 2018
IRAS Application Form XML file [IRAS_Form_17082018]		17 August 2018
IRAS Checklist XML [Checklist_29082018]		29 August 2018
Participant consent form [Participant consent client]	1	02 July 2018
Participant consent form [Participant consent therapist]	1	02 July 2018
Participant information sheet (PIS) [Participation information sheet for clients]	2	13 September 2018
Participant information sheet (PIS) [Participation information sheet for therapists]	2	13 September 2018
Research protocol or project proposal [Summary of Proposal]	1	02 July 2018
Summary CV for Chief Investigator (CI) [CV Chief Investigator]	1	02 July 2018
Summary CV for supervisor (student research) [CV academic supervisor]	1	02 July 2018
Validated questionnaire [Other as shamer scale]		
Validated questionnaire [Forms of self criticism and self reassuring]		
Validated questionnaire [BDI (2)]		
Validated questionnaire [Compassionate engagement and action scale]		

Membership of the Proportionate Review Sub-Committee
The members of the Sub-Committee who took part in the review are listed on the attached sheet.

Statement of compliance
The Committee is constituted in accordance with the Governance Arrangements for Research Ethics Committees and complies fully with the Standard Operating Procedures for Research Ethics Committees in the UK.

After ethical review
Reporting requirements

The attached document "After ethical review – guidance for researchers" gives detailed guidance on reporting requirements for studies with a favourable opinion, including:

- Notifying substantial amendments
- Adding new sites and investigators
- Notification of serious breaches of the protocol
- Progress and safety reports
- Notifying the end of the study

The HRA website also provides guidance on these topics, which is updated in the light of changes in reporting requirements or procedures.

User Feedback
The Health Research Authority is continually striving to provide a high quality service to all applicants and sponsors. You are invited to give your view of the service you have received and the application procedure. If you wish to make your views known please use the feedback form available on the HRA website:
http://www.hra.nhs.uk/about-the-hra/governance/quality-assurance/

HRA Training
We are pleased to welcome researchers and R&D staff at our training days – see details at http://www.hra.nhs.uk/hra-training/

With the Committee's best wishes for the success of this project.

18/SW/0215	**Please quote this number on all correspondence**

Yours sincerely pp.

Paul Allen
Alternate Vice Chair

Email: nrescommittee.southwest-frenchay@nhs.net

Enclosures: *List of names and professions of members who took part in the review*

"After ethical review – guidance for researchers"

Copy to: *Dr Jane Montague*
Mrs Jennifer Higham, Greater Manchester West MH NHS Foundation Trust
Mr Tobyn Bell, Greater Manchester Mental Health NHS Foundation Trust
HRA.Approval@nhs.net

Appendix 7. HPA approval study 2

Mr Tobyn Bell
PhD Student; Registered Nurse; Accredited therapist

Email: hra.approval@nhs.net Research-permissions@wales.nhs.uk

05 November 2018

Dear Mr Bell

HRA and Health and Care Research Wales (HCRW) Approval Letter

Study title:	**Multiple Selves: working with emotions in compassion-focused therapy**
IRAS project ID:	**250657**
Protocol number:	**Na**
REC reference:	**18/SW/0215**
Sponsor	**Derby University**

I am pleased to confirm that **HRA and Health and Care Research Wales (HCRW) Approval** has been given for the above referenced study, on the basis described in the application form, protocol, supporting documentation and any clarifications received. You should not expect to receive anything further relating to this application.

How should I continue to work with participating NHS organisations in England and Wales? You should now provide a copy of this letter to all participating NHS organisations in England and Wales, as well as any documentation that has been updated as a result of the assessment.

Following the arranging of capacity and capability, participating NHS organisations should **formally confirm** their capacity and capability to undertake the study. How this will be confirmed is detailed in the "*summary of assessment*" section towards the end of this letter.

You should provide, if you have not already done so, detailed instructions to each organisation as to how you will notify them that research activities may commence at site following their confirmation of capacity and capability (e.g. provision by you of a 'green light' email, formal notification following a site

initiation visit, activities may commence immediately following confirmation by participating organisation, etc.).

It is important that you involve both the research management function (e.g. R&D office) supporting each organisation and the local research team (where there is one) in setting up your study. Contact details of the research management function for each organisation can be accessed here.

How should I work with participating NHS/HSC organisations in Northern Ireland and Scotland?
HRA and HCRW Approval does not apply to NHS/HSC organisations within the devolved administrations of Northern Ireland and Scotland.

If you indicated in your IRAS form that you do have participating organisations in either of these devolved administrations, the final document set and the study wide governance report (including this letter) has been sent to the coordinating centre of each participating nation. You should work with the relevant national coordinating functions to ensure any nation specific checks are complete, and with each site so that they are able to give management permission for the study to begin.

Please see IRAS Help for information on working with NHS/HSC organisations in Northern Ireland and Scotland.

How should I work with participating non-NHS organisations?
HRA and HCRW Approval does not apply to non-NHS organisations. You should work with your non- NHS organisations to obtain local agreement in accordance with their procedures.

What are my notification responsibilities during the study?
The document "*After Ethical Review – guidance for sponsors and investigators*", issued with your REC favourable opinion, gives detailed guidance on reporting expectations for studies, including:

- Registration of research
- Notifying amendments
- Notifying the end of the study

The HRA website also provides guidance on these topics, and is updated in the light of changes in reporting expectations or procedures.

I am a participating NHS organisation in England or Wales. What should I do once I receive this letter?
You should work with the applicant and sponsor to complete any outstanding arrangements so you are able to confirm capacity and capability in line with the information provided in this letter.

The sponsor contact for this application is as follows:

Name: Jane Montague
Tel: 01332593044
Email: j.montague@derby.ac.uk

Who should I contact for further information?
Please do not hesitate to contact me for assistance with this application. My contact details are below.

Your IRAS project ID is **250657**. Please quote this on all correspondence.

Yours sincerely

Andrea Bell Assessor

Email: hra.approval@nhs.net

Copy to: *Dr Jane Montague – Sponsor contact*
Mrs Jennifer Higham, Greater Manchester West MH NHS Foundation Trust – Lead NHS R&D contact

Appendix 8. Example of initial hand-written notation

Participant 9 (study 1): Exploratory notes and emergent themes (stage 2 and 3)

Emergent themes	Original transcript	Exploratory notes
	R: The first questions is your experience during it, what you thought, felt or experienced? P: It was nice to see them as separate entities and kind of made you realize what they are and the different drives that each one has, sort of thing, instead of it being all tied up in one sort of thing, in one character, person, and made it all sort of rational, logical definition, it is clear cut once you start sitting in each chair R: What was helpful in particular about having them outside of your head in the chairs? P: It was helpful being able to directly kind of speak from one to the other, sort of thing, and trying to speak to yourself and then yourself kind of relpying, being able to isolate one being able to direct some thoughts towards that…so it's coming back and once you are sitting in the compassionate chair you are obviously the self-critic can't speak sort of thing R: Is that one thing that struck you? P: Yeah, pretty much, that they are kind of separate entities inside of me and you kind of take on that persona or that compassionate….. R: And what was it like when (therapist name) brought it up about moving between chairs or the idea of it? P: I found it quite entertaining. It felt like a nice, fun way, yeah, it is nice to have a bit of comedy, a nice funny way of looking at things, rather than being serious all the time	

Appendix 9. Example of reflective diary when developing themes for a single case

Participant 1, Study 1, Stage 3: Developing emergent themes (ideas and reflections)

Initial theme ideas	Reflections, descriptive and interpretative notes and keywords
Strangeness-weird- difficulty	The notion of difficulty and weirdness was repeated. This had a link with the theme below (the strangeness as block). The strangeness was linked with splitting different aspects of self and also the differentiation or break from day-to-day experiencing. They reported it was 'constant' in normal experiencing- so what was then unusual? Was it having it externalised and acknowledged rather than enacted and normalised? Link here with theme below. Also stated 'difficult to do that initially' so spoken about in past tense, worked through ('it was okay'- ultimately). Weirdness changing with exposure to task and material? 'So I am talking to myself now am I?' strangeness of doing this out loud (but acknowledged doing it internally constantly). Strangeness as part of the process. Strange being observed (see below)
Externalising the internal- difficulty but also benefit BLOCKS	As above, strangeness of saying out loud (always talking to yourself in your head- criticism- as opposed to verbalising out loud). 'Completely different thing verbalising it and putting it into words'- interesting, does sometimes the critic express itself not in words, but in just feelings or image (didn't ask). Sense of it being 'easier in your head' (unsure why- is this out of fear of expressing or more just a difficulty in hearing or articulating?). Saying out loud heightens the impact ('you realise how harsh you are')- this was repeated. Some contradiction here as the participant says it is completely different and then says it is the same- perhaps meaning the experience is completely different but the content is the same. The importance given to putting the critic into words and saying it out loud to realise the impact. See below in terms of holding back and letting go- the fear of externalising the critic, then I can't pull it back, or the fear of being witnessed (becoming real?)- in being witnessed does it change it- worse or better here? Difficulty reported about taking internal aspects (personified) and making it talk. Perhaps feelings of exposure. The Critic wanting the internal anger out- 'throwing it' out. Internal arguments between parts (critic and criticised) should be focused outward (to external situations). Some difficulty in accessing/externalising the critic (as it happens at random times and can 'just take it out')
PRESENCE OF THERAPIST AS FACILITATOR AND INHIBITOR (LINKED TO ABOVE- fears of externalising to a person; LINKS TO BELOW- ability to let go)	Spoke about random person watching (fear of not really knowing therapist). Talked about in terms of being able to let go in the session (in the presence of another- other as variable). Does this theme then over-lap with the above? The therapists drive was important in getting the participant to do the work (which wouldn't do if on her own). Sense of it being strange ('funny') to be 'observed' (linked to shame/earlier fears in interview?)- but again this is seen as part of the

	process and as part of therapy. Positive in terms of learning 'you are not alone'. Importance of not being passive, but active in directing. Importance of the encouragement of the therapist (and empathy- see where you are coming from). Likes active aspect of the therapy. The success of the therapy believed to rest with the clinician, modelling compassion and care (and that being present during the exercise), also being active. Learning/benefit seen to be more related to the therapists than the modality/intervention- how 'the therapist approaches it'. Personally didn't expect relationship factors to feature so strongly? Unsure why- but have become to focused on task related factors (focusing on the method) perhaps and not paying enough attention to relationship with the therapist, as much as relationship between the clients parts (could they perhaps overlap- other and self to self and self= would make sense in terms of social mentality theory)- NOTE: to consider relational factors in forthcoming interviews
Recognising automatic responding, day-to-day life=HELPFULNESS in RECOGNISING automatic responding (leading to choice/ability to step out).	Contrast between normal 'day-to-day' life and splitting away from such constant experiences (of the critic)- spoken about like a break away. Participant spoke about 'always talk to yourself in your head' (bringing more awareness to this- not explicitly stated, but implied)- sense of it being always there. Importance of exercise in recognising automatic responding (and providing the chance to be 'stepping out' of automatic pilot- said as the main helpful learning experience 'it might help you recognise'. Two parts- recognise and step out. Repeats- 'you just get into that self-criticism' and then a sense of 'what can I do' (sense of automatic/powerful nature) as if finding it there and feeling 'hopeless' and powerless. Previous sense of the criticism as unavoidable. Participant asserts too that 'you don't even….' highlighting that it you don't have a chance- only by stepping into compassionate mind (see below). Now can 'realise what I am doing'. States 'so it is just a matter of recognising when you are doing it'- dismissive and critical in terms of the just? Some downplaying? But highlights that this is the singular action needed. Externalising/verbalising the voice brings emotional connection and realisation ('you realise exactly how harsh you might be'). The main learning point/take home was that there was the potential to recognise when in self-critical 'mode' (talked about as a mindset)- recognition allowing switch. Spoke about recognising 'episodes' of criticism. Difficult recognising the critic outside of chair work as all experienced as one voice (no distance/'space' in your head')
STEPPING OUT of mental process LINKED TO PHYSICAL MOVEMENT (of exercise) (linked to above), IMPORTANCE OF MOVEMENT BETWEEN CHAIRAS	Sense of recognising then actively stepping out- stepping out as a physical move (linked to physical movement of the exercise????. Step out as a very active move. Use of physical language 'if you can just somehow **jump** from that chair' (as part of recognise and step out of automatic responding- as above). Mentioned 'switching'. Compassion as providing 'the opportunity of stepping out of that role and into the other one' (see below). As above- sense of distancing (moving from and moving to). Physical language of stepping into shoes of different self. Movement between selves linked to

	movement between chairs. Repeated phrase- stepping out. Stepping to the compassionate self as a 'place'. Also spoke about moving around (behind) the self criticism (set in spacial terms). Movement language in terms of being able to turn to, access and reach (the compassionate self). Spatial element to description of compassion- like 'home' Moving between chairs helped to create the feeling of different parts allowing the view of self in different parts and holding them together
Importance of SWITCHING MINDS (linked to above) but switching from and to something. SWITCHING MODES TO COMPASSION…SWITCHING ROLES	As above, sense of recognising, choosing to actively step out but then the importance of switching and moving to something- the Compassionate mind-set or 'compassionate mode as opposed to the self-critic'. Mention of making a 'switch' which 'might be helpful'. Gives a place to move to. Compassion as a new possibility to move to. Compassion as providing 'the opportunity of stepping out of that role and into the other one' (compassion framed as the key to being able to step out of and break the automatic responding). First comes recognising and then 'attempting' to step over- some use of tentative language such as 'might' and 'attempting'. Change in use of energy of the critic like a switch- but the compassionate mind/self framed as a redirecting force rather than the force itself? Stepping out and into (repeated). Mentioned as key learning point- to be able to swtich to compassionate self (after recognising) 'that will help on its own'. The exercise has allowed access to the compassionate self= allowing it to be easier to react and turn to…..importance of differentiating between parts as without, in general life, you wouldn't be able to 'step out of this and into this'
Splitting the mind- fears about mental illness-hearing the talking in my head	This was framed as a concern for others, people who have anxiety and depression (but seemed for self?). Associations with schizophrenia and cultural stigma? 'A split personality'. Sense of 'actually splitting'- perhaps demonstrates realness of the multiple sense of self. Quite violent language of being broken apart (linked with fears). Repetition and link with sense of unity when discussing day to day mind. Concern it could make others 'even worse' but for self 'it was okay', sense of defining oneself as being strong/confident as opposed to fearful (but fears her own??). Deeper fear about losing control/mental illness? Sense of being more aware of critical voices 'makes you feel more insane' (laughs)- said as a joke but serious fears about mental illness and fears during session? Again, joked 'so I'm talking to myself' (laughter way of managing fears/anxiety) about fears of madness?
HOLDING BACK VERSUS LETTING GO Sense of letting go and going for it, active choice. Requiring risk taking. Holding back relating to fears	'I went for it'. There was a sense of active choice, a leaning in and letting go. Discussed in terms of fears of what it might be like (for other) but for self 'I'm a bit more confident than that'. Sense that you, as a client, could chose otherwise and not engage. Requiring active risk taking (noted the fears but did anyway). Also a sense of holding back and not sharing internal experiences- 'how much can I let out'- linked to fears and shame (not explicit). Reports 'I don't think I gave it enough' and that is more critical internally. Why not shared?

Acting the part to get into role (as keeping a distance)- it becoming role-play	Mentioned difficulty thinking of words and situations but acknowledged that part of her doesn't want to 'always have it out there where someone else can witness it'. Sense of it being always out there after being released. Report how much can I let out- sounds like a wild animal being released that can't be returned (my association) and whether it can be let out in stages. Witness like witness in a crime? (My association). Some things are held back unconsciously ('things…you wont even admit to yourself'). Participant reports that she said it all but it was 'generalised' as a means to manage it. There were blocks reported in terms of time (enough to share completely) but acknowledged it was hard to share and she had to 'make it talk' in terms of the critic. Being able to let go discussed as being important in connecting to the parts, but was mediated by the presence of the therapist (see above)- therapist both as facilitator and inhibitor of letting go. Having to act the part as not able to feel or access or allow out To potentially collapse into themes of blocks above
Self as multiple- self as set of different parts and relationships between VERSUS self experienced as singular (see also fears above) CRITIC AND CRITICISED LIKE CHILDREN (linked to personification?) SAME AS BELOW- differentiation and integration	'Saying it out loud to another part of yourself'= experiencing the self as multiple and capable to conversation and relation? Sense of parts that are unknown (and can't even admit to in yourself). Parts that are strong, energetic etc…(the critic)….and parts that have no strength and are 'just miserable' (criticised). Relationship between compassionate self and critic (compassionate part as advising to redirect energy). 'Those two parts': critic and criticised part as children fighting 'out of fear' – children as in requiring care and guidance, as being immature and childish? Parts working together (repeated)- to build a sense of wholeness, rather than splitting and fighting. Could see self as split into three (as different parts). Importance of differentiation so able to move between (outside of exercise). In daily life= experience self/mind as singular ('one mind')- which makes it difficult to recognise and notice (in your head 'it is all the same')
Personification of critic and compassionate part (same as above???). Differentiated but still me.	Spoke about taking part of self and making it talk- sense of forcing, unwillingness. Critic becomes an 'it', that has certain qualities (see below). Critic and criticised both personified and differentiated. …Personified as children fighting (critic and criticised)- could work together. Compassionate self becomes something that advises the other part. Compassionate self compared to a creature (not quite), given human qualities as if separate- 'still you'. As if a different person. As a spirit guide. Physical language- step into the shoes of one part. Critic seen as bully and compassionate part seen as 'the real you'. Personification (calling it or imagining it) makes it easier to access, turn to and become. Mentioned that compassionate self was a 'being' that she could feel with her (in her?) but like coming home (couldn't see or hear- rather feel)

	Able to visualise parts (Below?)- seeing that critical and that 'whining little thing there'
IMAGINATION as connecting (on a felt level) and helpful	Spoke about use of imagination to access and connect with the compassionate self. Creating the selves in an image allows to access/reach it. The participant stated she couldn't see or hear the 'being' but could feel it (the feeling of the being). Visualising the different parts as people- see above
NEGATIVE IMPACT/NATURE OF CRITICISM CRITIC EVIDENT IN SPEECH	Seeing it as automatic (as above), as creating feelings of powerless and hopelessness ('what can I do' and 'you feel all hopeless'). Criticism as creating a 'vicious cycle'. Compassion defined 'as opposed' to criticism. 'Obviously you will feel bad about it'- sense that the critic is obviously negative in impact. Saying out loud heightens the impact ('you realise how harsh you are'). 'Harsh' repeated as a description of criticism. Critic described as experienced as being very powerful, strong, angry and also energetic (sense of neutrality in energy description). Wanting it 'all out' 'just throwing it'. Violence of language used. Repetition building a sense of energy in her speech when describing the critic. Negative direction of the energy of the critic to be transformed (see below) but critic noted as 'not helping yourself'. Critic seen dismissively as 'little bully' (childlike terms again). Often critical in speech- strictness of tone, shoulds, some judgements. Criticism as 'destructive force'. Critic as winning little thing (some contradiction/difference from all powerful)
REDIRECTION: CHANGE IN CRITIC (see above) USE OF ENERGY IN NEW CHANNEL- COMPASSION….from destructive to use creative and useful …TO REDIRECT OUT COMPASSION PUT TO WORK	Moving from 'blaming yourself' for doing or saying the wrong thing and as 'harsh' to….From an 'it' The energy of the critic can be transformed and can be used helpfully rather than the critic which is recognised as unhelpful, energy used to create, to drive rather than destruct….sense of wanting to use the critics 'tremendous power' and not lose the energy of it, but wanting to redirect it. Compassion part wants the critic (that part) to use energy in different way – to 'build'. Seeing the criticised and critical part as children fighting and the potential to be re-directing energy outwards again- taking the fight out. Energy used in a way that is supportive and helpful, linked to drive and achievement, but also, not letting slip. For the participant there was a repeated emphasis on work and making things work- very drive based (and fear of letting 'slip') but there was evidence that she thought compassion could be used to maintain and encourage such drive (making it work and being productive by being supportive). Work towards a better outcome 'and not against yourself'. The critic was the 'wrong way to go about things' and mention of using the critic's energy (framed almost neutrally) to work outwards. The energy needs 'giving the right direction'. There is 'potential there' and it 'needs to be used the right way'. Criticism understood (or associated with) wanting to succeed/drive, also as anger and suggestion about how that energy can also be used and re-directed. To motivate. Compassion as direction- to find a way out. Almost seen as two options- redirect energy or step out fully.

COMPASSION AND THE CRITIC WORKING TOGETHER NO NEED FOR **INTERNAL FIGHTING** (same as above???) Integration of selves	Noticing that fear underpins the fighting together- focusing the fight out- the fight should be with the world where needed not between the two- 'should be working together' and should 'get together' and work to sort out the problem…Seeing the potential. Self-criticism as a distraction almost from the real fight (outwards). In the past created feelings of helplessness. Real focus on working together Feeling like the compassionate self is as if a different person but also a return to wholeness, a sense of knowing……(see below)….Insights about the need to 'figure' the internal fight out to work together. 'Whole' as opposed to 'splitting and arguing and fighting'. Suggested productiveness/potential of this. Sense of being non-judgemental between. Compassionate self as love (rather than fear which creates fighting between critic and criticised).General focus on interconnectedness
EXPANDED SENSE OF COMPASSION/DEVELOPMENT OF THE COMPASSIONATE SELF IMPACT ON FELT SENSE COMPASSIONATE AS RECONNECTION (to authentic self)	Able to step into the compassionate self (as above)- importance of emotional connection- feels right (felt that way)- associated with feeling calm and wise. Compassionate self as a different person to move to- a sense of reconnecting of wholeness, a sense of 'knowing you will be okay'. Compassionate self as the 'best of you'- but still me. Connection with wider beliefs (spirit and guidance)- sense of being different (not quite a creature) but 'still you'. Self as whole and integrated (as opposed to splitting etc… Sense of not being other, but as something re-discovered and accessed and re-found. A return to. A sureness, A wider/deeper trust. Experienced as reassuring/calming- experienced bodily (focus on felt sense). Compassionate self as a 'place' to be, to move to. Sense of answer being 'out there' (repeated-sense of being an answer)- not quite there yet- but still a sense of sureness. Thoughts that if she was able to calm down she would see it (the answer)- sense that she has the answers herself (authority) The compassionate part as the 'real' self and the critic as an other- a bully (compassionate self not as separate). Focus on caring and supportive capacity- to do the needed work. Sense of wanting it to be the compassionate self 'most of the time' (slight criticism that she is not?). Compassion is framed both as creating relaxation and calm but also as something that achieves and works and is active (drive). Compassion as 'pure love' compared to the critics fear. Compassion also as wise and rational. Belief that it is a part of her (that she has always known and is returning to)= exercise allows access. Compassionate self as linking to the 'source' and part of god, with a focus on wider interconnectedness: **'it feels like home'**

Appendix 10. Example of initial superordinate themes developed for a single case

Participant 11 Stage 4: Single case superordinate themes (finding connections across emergent themes)

Initial summary

Theme A: Agency
-Able to reply to critical voice (answer back)
-Taking a new path
-Given a new tool (utility/applicability of exercise)
-Breaking out of stuckness
-Belief in agency and potential for action

Theme B: New awareness/insights into nature of criticism and its impact
-Realising nature and impact of criticism (linked to new sense of agency above)
-Realising frequency and long-standing presence

Theme C: Chairs-movement between, spatial relations, shifting positions, physical points of referral
-Having different/separate chairs to focus on allows relating
-Chairs allowing symbolising/accessing/connection with different parts (when exercise ended)
-Importance of shifting between, moving away and to
-Opening different views/sides by moving around
-Moving mentally between imagined chairs
-Making the exercise memorable

Theme D: Emotional intensity
-Level, depth and intensity of emotion reported (surprise)
-Awareness increased via embodiment/physical signs of emotion
-Use of body-based strategies to manage negative emotion
-Intensity of emotion 'good'

Theme E: Memorable learning experience

Theme G: Expended/new sense of self (selves): self as multiples; separating and clarifying
-Self as selves (multiple); accessing different aspects
-Different perspectives, different sides
-Separate to relate (relating to different parts, relating from and relating to)
-Separating to clarify (muddle made clear)
-Some fear of multiples/split personality
-Moving between in the mind

Theme H: Compassion: as understanding and making things understandable; as refocusing, taking new perspectives, focusing forward
-Focusing forward of potential for change
-Taking a different point of view and new perspectives

-Taking in a wider context
-Re-focusing on achievements and positives
-Understanding and empathy to self and experiences
-Prioritising (not neglecting) self

Theme I: Facing fears, deepening self-reflection
-Depth of self-questioning (new insight/enlightening)
-Facing demons and 'raking the coals'
-Surprise/newness at ability to look at self/past

Theme J: Non-blame and responsibility taking
-Acknowledging personal mistakes and problems
-Taking responsibility without criticism and blames
-Understanding personal problems/difficulties in context

Theme K: Initial difficulty/reaction/surprise and working through
-Fears of split personality
-Surprise and strangeness (going along)
-Initially rejecting
-Emotionally strong/draining (see above theme)
-All framed positively: 'interesting' 'good' and 'helpful'

Appendix 11. Example of evidencing themes for a single case

Step 4: Themes and evidence in text for one participant

Participant number: 7

SUPERORDINATE THEMES (and subordinate themes) *-Use one superordinate theme for each section and write the theme in bold* *-Bullet-point related subordinate themes below*	EVIDENCE IN TEXT *-Use** to indicate a textual extract used to evidence more than one theme*
Self-consciousness versus playfulness/freedom	**I felt a bit self-conscious at first, drama school coming back and it took me a while to engage with the emotion, it felt quite outside the emotion to start but once I clicked into it, it was easier to recognise the emotion, once the self-consciousness had dissipated ** At the beginning probably yeah, I think (therapist) had to guide me quite a bit to what I should be doing, not giving me answers but I wasn't fully engaged with it shall we say **: It felt disconnected really, I think that might be because of who I am, a bit disconnected anyway, I struggle to get over the self consciousness at the start, but I am quite self conscious anyway **…I work in quite a factual environment, either it is right or it is wrong whereas this emotion thing is quite new to me ** It was quite strange but quite liberating as well. I work in quite a corporate environment and I have to be professional and it just isn't really me, well, I know I'm not very good at communicating, I am quite airy fairy, I like reading and I like arts, its just like part of me is- not being crushed- but part of me has to pipe down, so it was like getting in touch with my other self, it is frowned upon **I liked that it was different that the usual you know back and forth between (therapist) and I. I did like the role-play when we got into it because it did really allow you to step into the emotion, sometimes in CBT there is a bit of a disconnect, that's just my opinion. It reminds me of a first aid course and you think oh, god, they are going to ask me to stand up and tell me my name and where I come from but by the end of it you are loving doing all the scenarios ** I think because (therapist name) has only just started doing it, she was reading from her notes, so that didn't feel as interactive, and that's not being horrible to her or whatever the word is, but if someone was more experienced it might have felt a bit more natural, but I think she felt a bit reserved about it as well

Observing versus immersion (head and heart)-- -too much immersion with some emotion? **SAME THEME AS ABOVE?**	**I felt a bit self-conscious at first, drama school coming back and it took me a while to engage with the emotion, it felt quite outside the emotion to start but once I clicked into it, it was easier to recognise the emotion, once the self-consciousness had dissipated **At the beginning probably yeah, I think (therapist) had to guide me quite a bit to what I should be doing, not giving me answers but I wasn't fully engaged with it shall we say ** Once you are saying really feel it and how are you feeling in your body what do your hands do, that really helped because it put the physical feeling to the emotion helped a lot. **: It felt disconnected really, I think that might be because of who I am, a bit disconnected anyway, I struggle to get over the self consciousness at the start, but I am quite self conscious anyway **It was really easy to get into anger, going from anxious to anger was really easy, you could just flip a switch and I was right there. And then it was a good lead on to sadness because I find that's how I naturally go anyway- I get really angry and then I get quite sad, that follows my normal emotion **: It was right at the start, so perhaps if it was at the end I might have had a different experience of it. But I just felt quite vulnerable as anxious **Yeah, that I'd feel it that quickly because usually I'm used to something making me angry so to have it just being angry makes me realise that you can think yourself angry really ** It felt like a natural follow on from anger, but I could almost film myself filling up and even though we weren't talking about particular things it just remember how you felt when you were particularly sad, so it is quite easy to recall that feeling **I am really interested in that anyway so it is quite interesting to explore it on the outside and maybe that's why I look at things on the outside rather than actually feeling it I do think that there is a lot of truth, but obviously there is truth, it is hard for me to decipher, I feel all of these things at the same time, hard to pick it all out I just need to filter it a bit more, it that makes sense. I think because I feel everything is like a whirl wind, my brain is like a hurricane, going round at once and you think that growing up that's how it is for everyone and then you realise it is actually not and you are not really experiencing things the same way and that's effecting your life ** I think just to analyse how I am feeling at the time, pulling it all apart, thinking am I not actually angry, am I feeling this instead, whereas before I would think I was angry but actually I wasn't, so it is going to make me thing exactly how I would feel and bring in that compassionate voice, that she had me conjure up a compassionate person and to talk you through how you are feeling. Negative speak is just something I do, I don't even realise it until I think back and actually that was pretty negative the thing that you just thought then. I think I am just too much in my own head ** I work in quite a factual environment, either it is right or it is wrong whereas this emotion thing is quite new to me

	**It was quite strange but quite liberating as well. I work in quite a corporate environment and I have to be professional and it just isn't really me, well, I know I'm not very good at communicating, I am quite airy fairy, I like reading and I like arts, its just like part of me is- not being crushed- but part of me has to pipe down, so it was like getting in touch with my other self, it is frowned upon **Sadness, because I find myself going more into that emotion and it frightens me how I can become so sad….it is just easy to slip into that. To use another image, it feels like swimming and you are just sinking and you can't swim to the top. **I liked that it was different that the usual you know back and forth between (therapist) and I. I did like the role-play when we got into it because it did really allow you to step into the emotion, sometimes in CBT there is a bit of a disconnect, that's just my opinion. It reminds me of a first aid course and you think oh, god, they are going to ask me to stand up and tell me my name and where I come from but by the end of it you are loving doing all the scenarios
Bodily intensity, somatic sensation and emotional connection	**Once you are saying really feel it and how are you feeling in your body what do your hands do, that really helped because it put the physical feeling to the emotion helped a lot. **It was really easy to get into anger, going from anxious to anger was really easy, you could just flip a switch and I was right there. And then it was a good lead on to sadness because I find that's how I naturally go anyway- I get really angry and then I get quite sad, that follows my normal emotion ** I think it gave you a chance to stand up and get rid of all the remnants of what you are feeling before and channel that emotion sat in that chair, shaking it out **Probably that I struggle to decode them and I feel everything is quite jumbled a lot of the time and I'm not really sure if I'm angry or I'm sad, it is good to help identify it. To fully explore it. I know you can do whatever you want in anger because sometimes when I am angry I want to flip a switch, break things, and that's not just me, that's not my personality and I wouldn't do that in a workspace (laughs) **: Yeah, as soon as she was talking me into how are you feeling, my stomach sort of flipped and I felt quite hot especially anger I felt quite hot and my posture changed and I felt quite tense ** It felt like a natural follow on from anger, but I could almost film myself filling up and even though we weren't talking about particular things it just remember how you felt when you were particularly sad, so it is quite easy to recall that feeling ** We were talking before about a particular moment in time and how I felt at that time so going back to it feels quite new even though it was many years ago so it was quite close to the surface. Just holding that in your mind's eye **I think when I'm angry I speak negatively and I know I need to be more kinder to myself in those moment and when I'm sad, but when I'm anxious I just….it is really anxious, there is loads of adrenaline and you can't catch or break, you are in overdrive

	** We did some slow breathing when we came out of the emotions, but other than that we didn't do anything. We imagined how compassion looks, open stance really. ** I tried to imagine myself in each of the chairs and how I looked. And even though the chair was empty you'd still look at it and remember how you were feeling. More of a feeling. **Sadness, because I find myself going more into that emotion and it frightens me how I can become so sad….it is just easy to slip into that. To use another image, it feels like swimming and you are just sinking and you can't swim to the top. **I liked that it was different that the usual you know back and forth between (therapist) and I. I did like the role-play when we got into it because it did really allow you to step into the emotion, sometimes in CBT there is a bit of a disconnect, that's just my opinion.
Dominance/absence of emotions, interactions and flows between emotion	**It was really easy to get into anger, going from anxious to anger was really easy, you could just flip a switch and I was right there. And then it was a good lead on to sadness because I find that's how I naturally go anyway- I get really angry and then I get quite sad, that follows my normal emotion **It was really easy to get into anger, going from anxious to anger was really easy, you could just flip a switch and I was right there. And then it was a good lead on to sadness because I find that's how I naturally go anyway- I get really angry and then I get quite sad, that follows my normal emotion **: It was right at the start, so perhaps if it was at the end I might have had a different experience of it. But I just felt quite vulnerable as anxious ** Definitely sitting in the separate chairs gave it a separateness, it gave it something physical to look at, actually leave that emotion and what you are feeling, you are in anger now, you are not feeling anxious, so it was quite good to have that visual there **At the start I was saying some things which probably were more sadness but I think that's because I feel more anger and sadness than I do anxiety sometimes **Probably that I struggle to decode them and I feel everything is quite jumbled a lot of the time and I'm not really sure if I'm angry or I'm sad, it is good to help identify it. To fully explore it. I know you can do whatever you want in anger because sometimes when I am angry I want to flip a switch, break things, and that's not just me, that's not my personality and I wouldn't do that in a workspace (laughs) ** Yeah, that I'd feel it that quickly because usually I'm used to something making me angry so to have it just being angry makes me realise that you can think yourself angry really ** It felt like a natural follow on from anger, but I could almost film myself filling up and even though we weren't talking about particular things it just remember how you felt when you were particularly sad, so it is quite easy to recall that feeling ** I am really interested in that anyway so it is quite interesting to explore it on the outside and maybe that's why I look at things on the

	outside rather than actually feeling it I do think that there is a lot of truth, but obviously there is truth, it is hard for me to decipher, I feel all of these things at the same time, hard to pick it all out I just need to filter it a bit more, it that makes sense. I think because I feel everything is like a whirl wind, my brain is like a hurricane, going round at once and you think that growing up that's how it is for everyone and then you realise it is actually not and you are not really experiencing things the same way and that's effecting your life ** Maybe slowing down or like you are in the middle so you can pinpoint the bits maybe ** I think just to analyse how I am feeling at the time, pulling it all apart, thinking am I not actually angry, am I feeling this instead, whereas before I would think I was angry but actually I wasn't, so it is going to make me thing exactly how I would feel and bring in that compassionate voice **: I found it easier to bring compassion to anger and sadness. But anxiety I don't really know- there is not really anything when I'm feeling anxious, not much that does any good, even if someone is very reassuring I find it hardest to apply to that one **I think when I'm angry I speak negatively and I know I need to be more kinder to myself in those moment and when I'm sad, but when I'm anxious I just….it is really anxious, there is loads of adrenaline and you can't catch or break, you are in overdrive ** It was quite strange but quite liberating as well. I work in quite a corporate environment and I have to be professional and it just isn't really me, well, I know I'm not very good at communicating, I am quite airy fairy, I like reading and I like arts, its just like part of me is- not being crushed- but part of me has to pipe down, so it was like getting in touch with my other self, it is frowned upon **Sadness, because I find myself going more into that emotion and it frightens me how I can become so sad….it is just easy to slip into that. To use another image, it feels like swimming and you are just sinking and you can't swim to the top.
Chairwork mechanisms -Different chairs, different selves -Standing up and out of emotions -Mapping out in space/position -Externalising in opposite chair	**Definitely sitting in the separate chairs gave it a separateness, it gave it something physical to look at, actually leave that emotion and what you are feeling, you are in anger now, you are not feeling anxious, so it was quite good to have that visual there **I think it gave you a chance to stand up and get rid of all the remnants of what you are feeling before and channel that emotion sat in that chair, shaking it out **We did some slow breathing when we came out of the emotions, but other than that we didn't do anything. We imagined how compassion looks, open stance really. ** I tried to imagine myself in each of the chairs and how I looked. And even though the chair was empty you'd still look at it and remember how you were feeling. More of a feeling. **I liked that it was different that the usual you know back and forth between (therapist) and I. I did like the role-play when we got into it because it did really allow you to step into the emotion, sometimes in CBT there is a bit of a disconnect, that's just my opinion. It reminds

	me of a first aid course and you think oh, god, they are going to ask me to stand up and tell me my name and where I come from but by the end of it you are loving doing all the scenarios
Identifying and separating -To analyse, understand and explore -Slowing down	**I felt a bit self-conscious at first, drama school coming back and it took me a while to engage with the emotion, it felt quite outside the emotion to start but once I clicked into it, it was easier to recognise the emotion, once the self-consciousness had dissipated ** At the start I was saying some things which probably were more sadness but I think that's because I feel more anger and sadness than I do anxiety sometimes ** Once you are saying really feel it and how are you feeling in your body what do your hands do, that really helped because it put the physical feeling to the emotion helped a lot. **: It was really easy to get into anger, going from anxious to anger was really easy, you could just flip a switch and I was right there. And then it was a good lead on to sadness because I find that's how I naturally go anyway- I get really angry and then I get quite sad, that follows my normal emotion **: It was right at the start, so perhaps if it was at the end I might have had a different experience of it. But I just felt quite vulnerable as anxious ** Definitely sitting in the separate chairs gave it a separateness, it gave it something physical to look at, actually leave that emotion and what you are feeling, you are in anger now, you are not feeling anxious, so it was quite good to have that visual there ** I think it gave you a chance to stand up and get rid of all the remnants of what you are feeling before and channel that emotion sat in that chair, shaking it out ** Probably that I struggle to decode them and I feel everything is quite jumbled a lot of the time and I'm not really sure if I'm angry or I'm sad, it is good to help identify it. To fully explore it. I know you can do whatever you want in anger because sometimes when I am angry I want to flip a switch, break things, and that's not just me, that's not my personality and I wouldn't do that in a workspace (laughs) **Yeah, as soon as she was talking me into how are you feeling, my stomach sort of flipped and I felt quite hot especially anger I felt quite hot and my posture changed and I felt quite tense ** Yeah, that I'd feel it that quickly because usually I'm used to something making me angry so to have it just being angry makes me realise that you can think yourself angry really **It felt like a natural follow on from anger, but I could almost film myself filling up and even though we weren't talking about particular things it just remember how you felt when you were particularly sad, so it is quite easy to recall that feeling ** We were talking before about a particular moment in time and how I felt at that time so going back to it feels quite new even though it was many years ago so it was quite close to the surface. Just holding that in your mind's eye

	** I am really interested in that anyway so it is quite interesting to explore it on the outside and maybe that's why I look at things on the outside rather than actually feeling it I do think that there is a lot of truth, but obviously there is truth, it is hard for me to decipher, I feel all of these things at the same time, hard to pick it all out I just need to filter it a bit more, it that makes sense. I think because I feel everything is like a whirl wind, my brain is like a hurricane, going round at once and you think that growing up that's how it is for everyone and then you realise it is actually not and you are not really experiencing things the same way and that's effecting your life ** Maybe slowing down or like you are in the middle so you can pinpoint the bits maybe ** I think just to analyse how I am feeling at the time, pulling it all apart, thinking am I not actually angry, am I feeling this instead, whereas before I would think I was angry but actually I wasn't, so it is going to make me thing exactly how I would feel and bring in that compassionate voice, that she had me conjure up a compassionate person and to talk you through how you are feeling. Negative speak is just something I do, I don't even realise it until I think back and actually that was pretty negative the thing that you just thought then. I think I am just too much in my own head **: I found it easier to bring compassion to anger and sadness. But anxiety I don't really know- there is not really anything when I'm feeling anxious, not much that does any good, even if someone is very reassuring I find it hardest to apply to that one **I think when I'm angry I speak negatively and I know I need to be more kinder to myself in those moment and when I'm sad, but when I'm anxious I just….it is really anxious, there is loads of adrenaline and you can't catch or break, you are in overdrive ** I tried to imagine myself in each of the chairs and how I looked. And even though the chair was empty you'd still look at it and remember how you were feeling. More of a feeling. **Sadness, because I find myself going more into that emotion and it frightens me how I can become so sad….it is just easy to slip into that. To use another image, it feels like swimming and you are just sinking and you can't swim to the top.
Compassion: blocks and flows	**I think just to analyse how I am feeling at the time, pulling it all apart, thinking am I not actually angry, am I feeling this instead, whereas before I would think I was angry but actually I wasn't, so it is going to make me thing exactly how I would feel and bring in that compassionate voice, that she had me conjure up a compassionate person and to talk you through how you are feeling. Negative speak is just something I do, I don't even realise it until I think back and actually that was pretty negative the thing that you just thought then. I think I am just too much in my own head **: I found it really hard, I mean I have experienced it and I try and be more compassionate with other people and its something that if I learn to do more for other people it will come more naturally to myself, but people do test me, I try

	** I just remembered one of my favorite primary school teachers, quite a maternal lady, just how she made me feel quite safe as a child that was the overwhelming thought that whatever you say in compassion she will understand, you are not an awful person, you are just trying to work some stuff out and it should eventually be alright **: I found it easier to bring compassion to anger and sadness. But anxiety I don't really know- there is not really anything when I'm feeling anxious, not much that does any good, even if someone is very reassuring I find it hardest to apply to that one **I think when I'm angry I speak negatively and I know I need to be more kinder to myself in those moment and when I'm sad, but when I'm anxious I just….it is really anxious, there is loads of adrenaline and you can't catch or break, you are in overdrive ** We did some slow breathing when we came out of the emotions, but other than that we didn't do anything. We imagined how compassion looks, open stance really.
Therapist influence and role	-At the beginning probably yeah, I think (therapist) had to guide me quite a bit to what I should be doing, not giving me answers but I wasn't fully engaged with it shall we say **: Yeah, as soon as she was talking me into: how are you feeling? My stomach sort of flipped and I felt quite hot especially anger I felt quite hot and my posture changed and I felt quite tense ** She was guiding me and sometimes I wasn't really sure what she meant about what I was supposed to do, is it this is it that, she wasn't spoon feeding me answers but sometimes I find it hard to interact, sometimes I don't understand the question, I work in quite a factual environment, either it is right or it is wrong whereas this emotion thing is quite new to me. **I liked that it was different that the usual you know back and forth between (therapist) and I. I did like the role-play when we got into it because it did really allow you to step into the emotion, sometimes in CBT there is a bit of a disconnect, that's just my opinion. It reminds me of a first aid course and you think oh, god, they are going to ask me to stand up and tell me my name and where I come from but by the end of it you are loving doing all the scenarios ** I think because (therapist name) has only just started doing it, she was reading from her notes, so that didn't feel as interactive, and that's not being horrible to her or whatever the word is, but if someone was more experienced it might have felt a bit more natural, but I think she felt a bit reserved about it as well

Appendix 12. Example of a single sub-theme from a master-table of superordinate themes (with examples)

Taken from study 1. (one sub-theme from one superordinate theme)

SUPERORDINATE THEME: 1. Physicality: movement, space, and embodiment	
SUB-THEME TITLE	**EXAMPLES**
1.1 Physical movement to shift between selves: stepping out	P1 It might help you find a way to step out of this, and realise what you are doing, it might help you. I don't know yet if it will work but having that other compassionate self, if you can just somehow jump from that chair to that chair, and if you could recognise that situation when that is happening, and you can just switch to a compassionate mode as opposed to the self-critic P2 whilst that is taking a step back or to the side. And she will say ok this is like this because of this but you can look at it this way. There's an alternative meaning to this P3 Because it helped me to further embody that particular self, to actually physically get up and sit there P3 Because like I said before it was weird at first to separate them and seeing it there in front of you because you have to move, you have to try and embody that particular self, so it was hard at first but then I found it really, really useful I think. P4 I think it's, yeah, it was helpful sitting in the chair but it was more helpful getting out of the chair, and realizing that the emotions which weren't from that voice, if you see what I mean, and gaining greater clarity from well…the overlap basically, because there is a sense in which, yeah you've got this criticised person that's feeling certain emotions but there's taking a step back and speaking to both of them equally as equally legitimate voices P4 Yeah, I get a lot more out of, sort of, kinetic learning so it became a lot more concrete basically P5 think it is helpful to me, because it accessed the different other sides of you and moving, I think it was helpful to change, you kind of visualize your changing position so you are changing, you are changing those different parts of you in your brain P5 I do think it helps mainly because, I think it just helps because you are changing positions P6 How physically different I felt when I moved between the chairs, there was a physical manifestation of the different voices, and of course that immediately lends credibility and weight to what is going on so you engage more in it and this positive reinforcing process so the more the conversation between the two chairs took place almost the more value there was because there was the, hang on this is real, P6 Very, very. It was everything, it wasn't just the chair it was the process of standing up and taking a breath, letting go and then okay, that was that mask, here is the new mask, that was that role,

	here is the new role, and it is a bit like, I've never taken a drama lesson in my life, but I imagine an actor whose getting into their role and at the end of their scene, they must have some process of stopping being Julius Caesar and back to being Kenneth Brannah, whatever that process is that is what the standing up, taking a breath felt like, right that is me again, another journey, new role, bang, down. P7 I was surprised at how the physical manifestations came, the physical sensations came, surprised how again, standing up there was the weight of that role dissipated and then you sat down into the new role, that, not being an actor and not having done any of those sort of things before in a conscious way, I'm surprised how easily that came, P8 so to see it and play it out it was physical and I could then take those emotions on and realise the difference between being compassionate and being sad, being self critical, whereas usually there are all rolled into one and the only voice I hear is the self P9 It was helpful being able to directly kind of speak from one to the other, sort of thing, and trying to speak to yourself and then yourself kind of replying, being able to isolate one being able to direct some thoughts towards that…so it's coming back and once you are sitting in the compassionate chair you are obviously the self-critic can't speak sort of thing P9 Definitely, I think it is a lot easier to picture once you actually make it, 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 so it makes it a lot easier to not take it on board P9 it is clear cut once you start sitting in each chair P9 it kind of relieves the stress I think, that little bit of humour, having to move chairs and stuff and taking on the different personas P10 That was fine and I think it was important to do it. I don't' think it would have worked for me if I'd stayed in the same place. Because I could actually physically feel the energy differently in the different chairs P10 Just taking a little bit of a time and a breath before moving and not sort of rushing around between the chairs P11 Oh, yeah, the fact that I didn't want to go back in that chair means that I want to move on, that is what I got from it and I thought I'm just stuck, in this, I was stuck in this thought process and really I don't need to be. I can reason this out, I can let myself, which is what I've got. I've got to get out of the past and things that I have, which I think I've done wrong, which, you know, I've got to be reasonable with myself as well P11 I think the whole process has helped me, when I have those thoughts, those critical thoughts, I will jump to the other chair now, because in my mind that is what I'll be doing and then I'll

	be in this chair and thinking right (participant's name) don't think like that any more because that was the situation, you've done this about it, you've improved on that, or you haven't improved on it, but hey, it is a mistake in life and just get, you know, you are here now and you are in a better place. P12 it was, the critical person, yeah, was right, being sat there, that is when I did start feeling emotional, I really did when I sat in the person being criticised, and then when I came over here to the, this is neutral chair, this is the one that was overseeing it, that was when it got me, that was when I realized what I had been doing

Appendix 13. Section of training outlining chairwork steps

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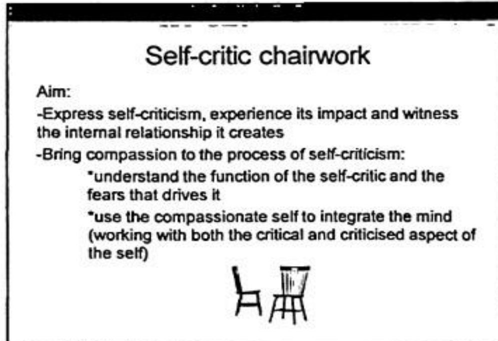

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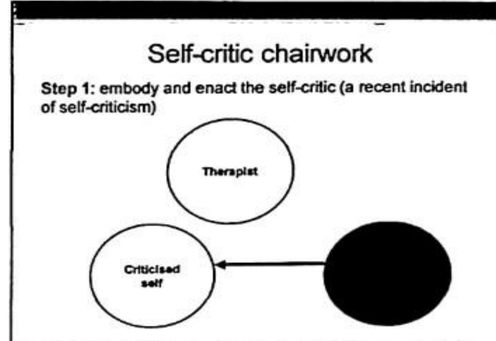

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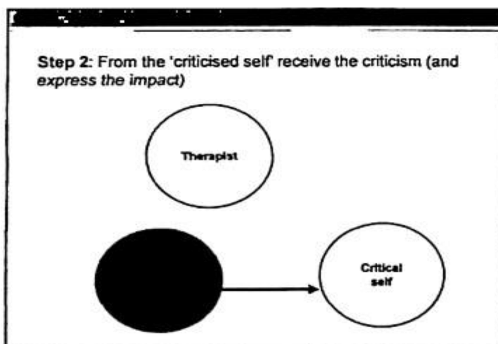

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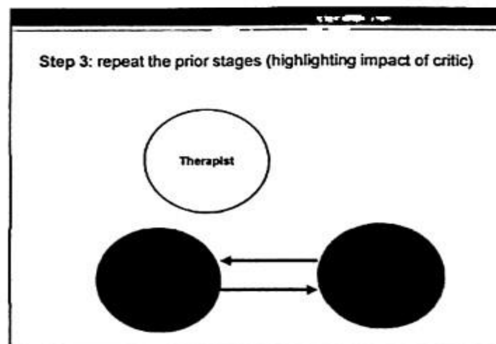

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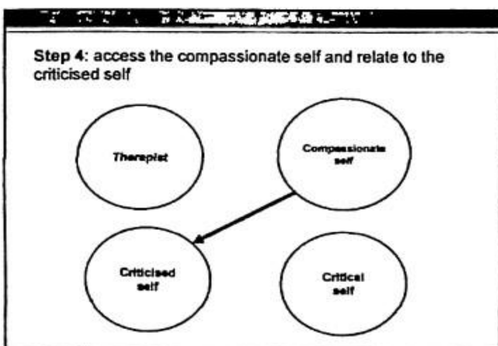

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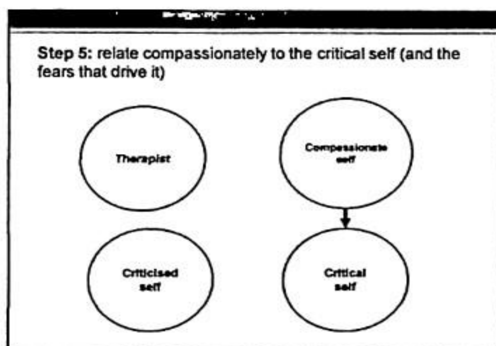

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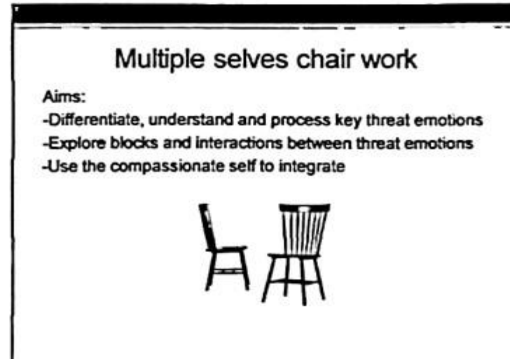

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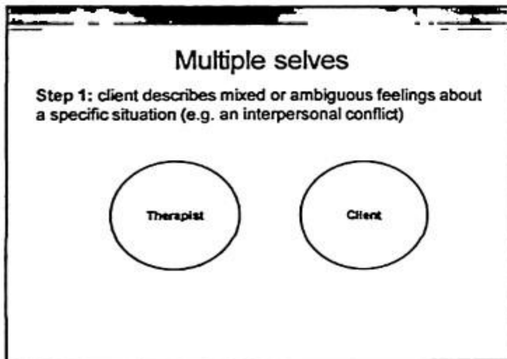

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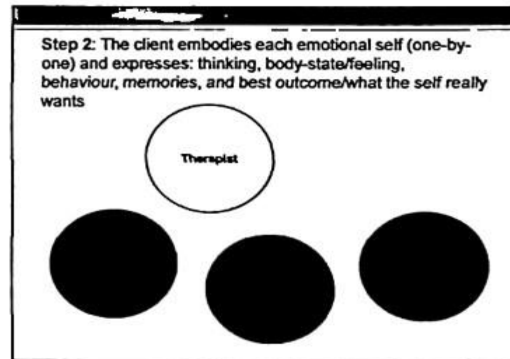

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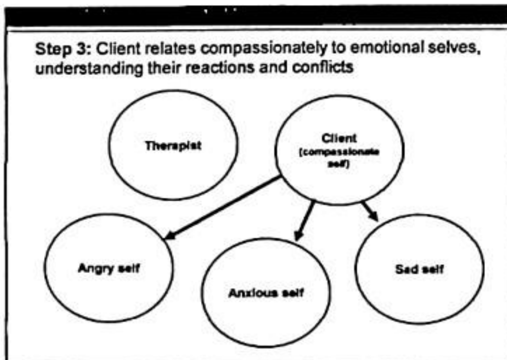

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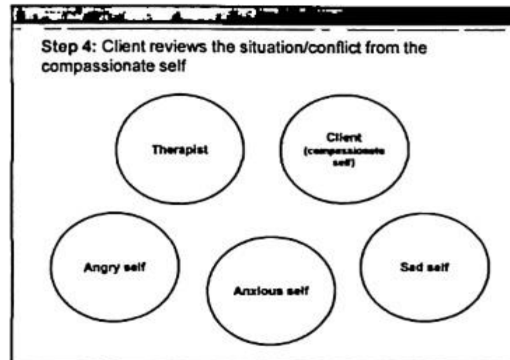

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