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RESEARCH ARTICLE

Therapists' experiences of chairwork with children and adolescents: A qualitative interview analysis

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ABSTRACT

Objective: Chairwork describes a set of experiential techniques where different parts of the self or representations of others are placed into chairs and given a voice. Using chairwork, individuals can practice self-reflexivity, address internal conflicts, and develop greater acceptance of their self-parts. There is a dearth of research regarding chairwork with young people and little is known about how therapists perceive and implement chairwork with this population. This study aims to explore therapists' experiences of chairwork with children and adolescents.

Method: Twelve qualified therapists from seven countries who were trained in and had facilitated chairwork with young people were recruited using convenience sampling. Semi-structured interviews were conducted online and analysed using reflexive thematic analysis.

Results: Six themes were generated: "Playfulness and Creativity", "Working with the Developmental Needs of the Young Person", "Contextualizing the Young Person in their Relational World", "Facilitating Insight and Integration of the Self", "Overcoming Fear of Failure- Therapists' Professional Development", and "Therapist Agency and Confidence".

Conclusion: Therapists should seek to facilitate chairwork more effectively with young people by incorporating playful and creative methods, tailor the work to the young person's developmental stage, consider those in their relational system, and address therapist hesitations through peer support and supervision.

Clinical or methodological significance of this article: There is limited understanding on therapists' experiences of chairwork with children and adolescents, and a lack of guidance for therapists wishing to practice chairwork with this age group. This article offers guidance on how to tailor chairwork to children and young people, highlights the barriers to facilitating chairwork with this age group, and proposes methods of overcoming those barriers.

Introduction

Chairwork describes a set of experiential, psychotherapeutic techniques where different parts of the self or representations of others are placed into chairs and given a voice (Perls, 1973). Self-parts can be understood as independent modes of being, each with their own emotions, behaviours, motivations, and views of the world (Noricks, 2011; Schwartz, 1997; Watanabe, 1986; Watkins, 1978). Chairwork was first developed within psychodrama

(Moreno, 1946) and was later expanded upon in the context of gestalt therapy (Perls, 1973), voice dialogue (Stone & Stone, 1989), and various schools of contemporary psychotherapy (Bell, 2022; Goldman & Goldstein, 2022; Pugh, 2017).

Mechanisms of Change

Across the various orientations of therapy in which it is incorporated, chairwork is grounded in two core

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principles: self-multiplicity, referring to the notion that the self is multifaceted and composed of numerous self-parts (Suszek, 2007), and, in several approaches, holding a primary goal of strengthening particular aspects of the self, such as one's "ego", "healthy adult mode", or "compassionate self" (Gilbert, 2020; Kellogg & Garcia Torres, 2021; Young et al., 2003). Therapeutic change is enacted through the use of chairs, their positioning, movement, and the dialogue between an individual's self-parts (Pugh et al., 2021a).

Chairwork begins by differentiating and separating an individual's various self-parts by concretizing and projecting their existence onto physical chairs. An individual is then guided to embody their self-part by sitting in the chair of the self-part, or by personifying their self-part through visualizing that self-part sitting on an empty chair (Pugh et al., 2021a). By separating, reflecting on, and integrating their self-parts, a sense of self-immersion and self-distancing can be achieved, enabling the process of reflection and a more meta-observational witnessing of their self-parts (Barbosa et al., 2017; Chadwick, 2003).

Chairwork invites the individual to embody, explore, and express their emotions rather than engaging with problems on a purely cognitive level, thereby circumventing the rational-emotional dissociation that may occur in more cognitive approaches (Stott, 2007). Additionally, chairwork facilitates communication between an individual's self-parts, whereby an individual will speak to one self-part while embodying another self-part. For example, an individual may embody a loving, healthy self-part while they confront a persecutory, punitive self-part or soothe a vulnerable child self-part. Such confrontations enable the individual to directly face painful internalized experiences, and are highly effective in bolstering ego strength and establishing healthier relationships between self-parts (Pugh et al., 2021a). The physical enactment of stepping into the shoes of one's self-part also leads the individual to adopt and experience the changes in posture and bodily experience of that self-part. This facilitates greater insight into the function and motivations of the self-part as the individual immerses themselves into the experiences of their self-part through body-based feedback (Bell et al., 2020; Whelton & Greenberg, 2005).

Methodology

Chairwork methods have been categorized in various ways (Elliott et al., 2004; Pugh et al., 2021a). For example, chairwork techniques can be differentiated across two axes: using one or multiple chairs, and

across the internal-external orientation. This framework has led to the development of the "Four Dialogues": Giving Voice, Telling the Story, Internal Dialogues, and Relationships and Encounters (Kellogg & Garcia Torres, 2021). In Giving Voice, individuals utilize one chair to express the concerns, feelings, and intentions of a self-part through interviewing them. In Telling the Story, individuals utilise one chair to engage with particular narratives, such as recounting a traumatic experience from first, second, and third person perspectives, to explore and process the event. In Internal Dialogues, individuals utilise two chairs to converse with their self-parts, for example by challenging a critical self-part or speaking with a compassionate self-part. In Relationships and Encounters, individuals utilise multiple chairs to engage in dialogue with individuals in their past, present, or future.

Chairwork with Children and Adolescents

While chairwork has been shown to address complex difficulties such as resolving internal conflicts and reducing symptoms of anxiety and depression in adults (Kroener et al., 2024; Paivio & Greenberg, 1995; Pascual-Leone & Baher, 2023), there is general lack of systematic research around chairwork with children and adolescents. Available research regarding the applicability of chairwork with children and adolescents are few and far between, with limited sample sizes (Dyastuti, 2012; Trijayanti et al., 2019). While chairwork is used in several therapy models for children and adolescents such as schema therapy (Loose, 2020), little is known about how therapists perceive and implement chairwork in their therapy with young people.

It is conceivable that therapists would see the benefits of chairwork with children and adolescents by drawing on the same underlying processes that other experiential therapies are grounded in. The nature of play that is embedded within experiential therapies lends itself well to working with young people when it is delivered in a developmentally appropriate design, as it offers a way for children and adolescents to connect abstract thoughts with concrete experiences (Wethington et al., 2008). Additionally, it enables children and adolescents to be creative when engaging in self-exploration and communication (Behr et al., 2013).

The efficacy of play-based interventions with young people has been documented across a range of emotional difficulties (Ray et al., 2001), and the parallels in the experiential methodologies of play therapy and chairwork hint at similar processes of change. Both methods encourage a young person to identify

the problem as physically separate from themselves, then communicate with the separated self-part to promote a more positive self-identity, for example by addressing their inner conflict and unresolved emotions in an experiential manner (Turns & Kimmes, 2014). While creativity in play therapy may look like the externalization and expression of a young person's self-part through the medium of a doll, creativity in chairwork involves using the physical movement between chairs to delineate between different self-parts, facilitating communication between them to resolve inner tensions (Landreth, 2001).

Experiential therapies that enable the client to separate from the problem can also help to reduce feelings of ambivalence in addressing painful topics. Using chairwork, therapists can support children and adolescents to process their inner conflicts in a less threatening way, by projecting them out onto a chair (Blom, 2006). By locating painful physiological and emotional experiences to a bodily-located safe place, an "experiential haven" is created where the client can feel safe enough to engage in chairwork (Missiaen, 2016; Vanhooren, 2018). In conclusion, while the literature establishes a promising precedence and theoretical grounding for the use of chairwork with children and adolescents, the general dearth of research highlights a need to further explore the perception and implementation of chairwork with children and adolescents. As such, an exploratory study based on therapists' experiences was deemed appropriate.

Study Aims

This study aimed to explore therapists' perceptions of chairwork with children and adolescents, the ways to tailor chairwork for young people, the benefits and challenges of facilitating chairwork with this age group, and the scaffolding that should be put into place to support therapists to practice chairwork with children and adolescents. The study aimed to address the gap in literature by conducting a qualitative study on therapists' experiences of chairwork with children and adolescents under the age of 18. The study sought to answer two main research questions: what are the opportunities and challenges of practicing chairwork with children and adolescents, and what could be put into place to support therapists to practice chairwork with children and adolescents more or better?

Method

Research Ethics and Funding

This study was conducted as part of a Doctorate in Clinical Psychology thesis and received ethical

approval (26561/001) and funding from the first author's training institution.

Participants

Participants were accredited therapists who, at the time of the study, were registered with an appropriate professional body and had completed specialist chairwork training, or had been accredited in a therapy modality that incorporated chairwork in its training, for example schema therapy or emotion focused therapy. Participants were required to have practiced chairwork in their therapeutic work with at least one child or adolescent, defined as a person under the age of 18, be able to speak English fluently, and be able to engage in a 60-minute one-to-one interview either through a video or telephone call.

Convenience sampling was used to recruit one co-producer in addition to 12 participants, using an online advert which was posted across multiple listserv and social media platforms. The co-producer was recruited from the participant population to share the power, responsibility, information, and decision-making regarding the study (Mayer & McKenzie, 2017). This included taking a consultative role in co-designing the interview schedule to ensure that the questions asked were helpful to the target audience of therapists wishing to facilitate chairwork with young people, and to engage in collaborative coding during data analysis to enhance understanding, interpretation, and reflexivity (Braun & Clarke, 2022).

The participant group included one non-binary, seven female, and four male therapists. The mean age of participants was 45.9 years old ($SD = 8.98$, range = 31–63). The mean years of having facilitated chairwork with children and adolescents was 9.2 years ($SD = 4.93$, range = 2–20). Participants were located across seven countries: Australia, Canada, England, Netherlands, Singapore, United States of America, and Wales. Participants also held the titles of Clinical Psychologist, Cognitive Behavioural Therapist, Compassion Focused Therapist, Counsellor, Counselling Psychologist, EDMR Therapist, Educational Psychologist, Emotion Focused Therapist, Professor, Psychotherapist, Schema Therapist, and Social Worker. Many participants held multiple qualifications across various therapeutic modalities and five participants were certified supervisors in their modality.

Procedure

The interview schedule was designed by the first author and revised after discussion with the other authors (see Appendix). The interviews were designed in a semi-

structured format, which enabled the first author to focus on the main research questions while having the autonomy to explore pertinent themes that arose over the course of the interview (Adeoye-Olatunde & Olenik, 2021). The questions in the interview schedule centred around therapists' experiences of chairwork with children and adolescents, including the process of introducing the technique, how the work may be experienced by young people and therapists, the benefits and challenges of facilitating chairwork, and the potential areas of support for therapists moving forward. Two pilot interviews were conducted with the second and third authors to obtain feedback on the interview schedule design and implementation. This feedback then informed further revisions of the interview schedule.

Interested therapists were required to confirm their eligibility for the study and complete a consent form prior to the interview. A one-to-one video interview was then arranged and held over Microsoft Teams. The interviews lasted for 45–60 min each. Prior to the main interview, the sociodemographic information of each participant and verbal consent for each interview to be recorded was also obtained.

Epistemology

An epistemological position of constructionism was taken by the first author, which reflects the notion that reality and meaning are constructed through language, social interaction, and experience (Braun & Clarke, 2022). This constructionist perspective, translated into research, presupposes that no essential or material foundation for knowledge is pre-assumed and that research practices will produce instead of reveal knowledge (Willig, 1999). Additionally, it recognizes the influence of human bias and perception on the produced knowledge, both from participants and the researcher themselves.

Holding a constructionist stance, the first author recognized the impact of their perspectives and influences on the knowable world, and their own partiality in the process of designing the study and analysing the data. The importance of reflecting on one's biases led the first author to choose reflexive thematic analysis (TA) for this study. Using reflexive TA enabled the first author to exploratively examine therapists' accounts of their experiences with chairwork and develop new topics from the data.

Data Analysis

The six-phase approach to reflexive TA acted as the framework for data analysis (Braun & Clarke, 2022). The process was not practiced linearly, as the first

author moved back and forth between the phases in a recursive manner throughout the process of inquiry and interpretation (Terry et al., 2017). The first step of familiarization involved transcribing each interview verbatim, with general insights and initial interpretations handwritten on each printed interview. After the transcriptions were imported into NVivo, coding commenced. Specific and detailed initial codes were first generated and organized into preliminary themes based on their meaning. The codes were then reorganized into more specific themes that aligned with the research questions, then joined across interviews depending on their meaning into overarching themes. Next, the codes were reviewed with the other authors for consistency within the themes. The data was also collaboratively coded with the co-producer (Braun & Clarke, 2022), who reviewed the interviews, the codes, and the themes, with the aim of identifying vague descriptions, over-emphasized or underemphasized points, biases and assumptions made by the first author, and any contradictions in the data or process of analysis. The themes were then revised using the feedback from collaborative coding. Lastly, each theme was defined with a brief synopsis and labelled with a concise, informative title, then woven together in an analytic narrative evidenced by data extracts.

Reflexivity

A core tenement of reflexive TA is the valuation of the author's own subjectivity and perspective as an integral aspect of the data analysis process (Braun & Clarke, 2022). The first author was a Chinese, heterosexual female in her late twenties, and was positioned as a trainee Clinical Psychologist who had completed chairwork training and had facilitated chairwork before with young adults. Their clinical experience led to their belief that the technique would translate well to working with children and adolescents.

The first author reflected upon these biases through regular reflective meetings with the other authors, where their positioning, subjectivity, and reflections were considered in the context of the participants' background and the information they provided. A reflective journal was also used to enhance the first author's creative and critical thinking, in addition to facilitating their process of reflection, which included the three stages of awareness, critical analysis, and new perspective (Thorpe, 2004).

Results

The reflexive TA generated six themes, of which the first four explored factors relating to the young

person and the last two explored factors relating to the therapist: "Playfulness and Creativity", "Working with the Developmental Needs of the Young Person", "Contextualising the Young Person in their Relational World", "Facilitating Insight and Integration of the Self", "Overcoming Fear of Failure- Therapists' Professional Development", and "Therapist Agency and Confidence".

Playfulness and Creativity

Participants voiced how children and adolescents often demonstrated an acceptance to play and creative methods such as chairwork, and how they tended to be "a bit less sceptical than when I do it with adults" (P10). Participants attributed this to children and adolescents' familiarity with role-play and acting, which was often introduced in drama classes and activities within the school environment. Within these settings, children and adolescents were often encouraged to play and be creative without judgement.

There's a dialogue with role-playing, acting, and speaking out lines, it's familiar to kids and adolescents in the way, to some extent, even if they're not part of a drama, but like in school. They know what's happening and I think to that extent, it's kind of giving them this familiarity that "Oh, I'm just acting, you know, I'm being myself". (P7)

Being in an environment where role play, creativity, and embodiment were normalized likely supported children and adolescents to practice chairwork techniques without the fear of judgement and scepticism observed in adults. Participants also commented on how adults held stronger views on what therapy should look like, and how this resulted in resistance towards techniques that did not fall within the neat box of talking therapies. In contrast, children and adolescents' familiarity with play and creativity likely promoted their acceptance towards more creative methods of psychological treatment.

[Children and adolescents] are so much less constricted by what therapy is or what their ideas or their notions of how a therapy session should go. And many kids are so much more in tune with their creative side and they're less rigid about what they're willing to do or try in a therapy session. (P8)

Participants also spoke about the value children and adolescents placed on play. They voiced the importance of modelling chairwork and injecting playfulness and creativity, for example by talking to their own self-part to demonstrate chairwork to the young person, or by having the young person draw

images of their self-parts. By modelling chairwork, participants used themselves to demonstrate transparency and honesty, and share a part of themselves as a human being.

It helps in a sense to be on the same level. It's a real levelling thing because I can use some personal disclosure, some general stuff, and then you're thinking "Oh, yeah, we both got tricky minds here", like "This is being human, this is what it's like". (P1)

This self-disclosure likely reduced the power imbalance between the young person and the participant, strengthening the therapeutic alliance. It also supported children and adolescents' understanding and acceptance of chairwork, providing a smoother transition for them to begin the chairwork dialogue.

Working with the Developmental Needs of the Young Person

Participants voiced how some children and adolescents demonstrated ambivalence towards engaging in chairwork due to self-consciousness, shame, or if "they are in one of their moods, OK, nothing to do with their emotional regulation, but just the sake of adolescence" (P3). It was important for participants to hold in mind the developmental stage and needs of the young person in accordance with their age.

One way that participants held the young person's developmental stage in mind was through their use of language. From a constructionist epistemology, the ways of talking and communicating serve a function not only to reflect reality, but also to create reality. It was understood that participants sought to match their language with the young person for the purpose of co-creating a shared meaning and reality with them. This was illustrated in the excerpt below about a participant mirroring an adolescent in their use of swear words.

It gives them a bit of liberty then to speak a bit more freely and use the kind of language that they're used to ... what they typically say to themselves is often likely to include some swear words so ... I want to allow them- enable them to speak as freely as possible. And so sometimes, when I have used a swear word in that context, it's almost like a "pfffff". It almost feels like it bonds us quite a bit. (P1)

Through mirroring children and adolescents' language, participants were better able to understand their perspective, co-create a shared reality, and build a connection with them, thereby strengthening the therapeutic alliance. Apart from the language used, participants also noted the importance of tailoring the timing and introduction of chairwork according to the young person's needs. For example,

participant 5 expressed: “I don’t want to wait too long [to introduce chairwork] because otherwise they get the feeling this is a talk therapy and I don’t want to make it too much a talk therapy”. Participant 5 also noted: “when I first started doing [chairwork] and then they have a lot of questions and I try to prepare them, like overly prepare them, they tend to have a lot more anxiety about the way they do chairwork”.

By tailoring the timing and introduction of chairwork according to the young person’s developmental needs, a safe space was created in which the young person could connect with the participant and begin the chairwork dialogue. Participants also voiced their considerations regarding children and adolescents’ ability to grasp the abstract nature of chairwork. Especially for neurodivergent young people, participants were at times hesitant to introduce chairwork due to their belief that “it’s relatively harder for them to articulate their emotions in the first place and ... more guidance would be needed for them to switch that perspective and imagine how it feels in other people’s shoes” (P7).

Participants voiced concerns about whether neurodivergent young people would struggle to articulate their emotions or grasp abstract concepts and, in fearing their potential confusion and distress if they were unable to grasp the technique, at times refrained from introducing chairwork. However, while participants spoke of their hesitations around facilitating chairwork with neurodivergent young people, they also noted times when they did practice chairwork with this population, in addition to ways of increasing the accessibility of chairwork in accordance with their needs, for example by including the use of objects to add more concreteness to the work. For example, Participant 9 “used cards with adolescents and I put these on the chair so that we know who we’re talking to and with children I would use puppets or things”.

Contextualising the Young Person in their Relational World

Most participants stressed that “if you work with a child, you also work with the system, you also work with the family” (P6). This position reflected the relational reality of children and adolescents, who often psychologically resided within their family system and physically resided with their caregiver. Participants explored different ways to include caregivers in the work, for example by asking the young person whether they wanted to inform their caregiver about chairwork, or bring the caregiver into the therapy room, or even have the participant parallel

the work done with the young person with their caregiver.

They have a choice whether they want to share or not to share what they do in therapy. And I have two opposites. I have a girl who is very enmeshed with the mother, and a young lad who is very standoffish and would not talk to his parents at all. He was like “They have to sort out their own shit”, and I was like “OK. Sounds like a reasonable suggestion”. (P4)

In some cases, a split was observed in participants regarding whether a caregiver should be included in the work and, if so, how they ought to be included. For example, in practicing Relationships and Encounters dialogue (Kellogg & Garcia Torres, 2021), several participants acknowledged the reality that sometimes, the difficult relational figure in the young person’s past or present was their caregiver. In such circumstances, it was considerably harder for participants to facilitate chairwork with the child or adolescent as their unresolved feelings towards the difficult relational figure could not be easily resolved.

With adults I could put the actual parents in the chair and send it away, as in in chairwork. Whereas with adolescents I wouldn’t do that because the patient is often still living with the parents, are still dependent on the parents, and I need to work with these parents. So not even in the chairwork imagery, I can’t send them away. (P9)

Overall, participants offered children and adolescents the choice to include people in their relational system in chairwork. The inclusion of the caregiver also offered opportunities for the caregiver to understand and connect with their child, strengthening their attachment bond. Consequently, by working with the child or adolescent’s relational system, participants were able to support the caregiver to support their child.

Facilitating Insight and Integration of the Self

Participants expressed how chairwork enabled children and adolescents to take greater agency and ownership in the process of enacting change. This process was encouraged by empowering them to understand themselves and address their “curiosity of their relationship to that part of themselves, or to that other person” (P2). Through building young people’s awareness of their emotions and thoughts within each self-part, chairwork separated and strengthened their desired self-parts. As Participant 11 stated: “I’ve seen it enough to know that emotion shifts emotion”. Those desired, and perhaps “healthier”, self-parts were then used to

address and integrate previously fragmented self-parts, building a stronger, more cohesive, integrated self.

Through empowering children and adolescents to understand and integrate their self-parts, participants also noted the power of chairwork on enacting behavioural, emotional, and relational changes in children and adolescents. One participant described the impact of chairwork on an adolescent who had previously struggled to sleep at night once the lights were turned off:

[The adolescent] is connecting that his behaviour, the fear of the lights, actually is related to what's going on in the family and I feel like that insight, that realisation somehow clicks something ... And then the next session he come in, that behaviour—that kind of fear, is gone ... he seems to formulate his fear into something that he can relate to in his real life and maybe he just came to terms with it. (P7)

Overcoming Fear of Failure- Therapists' Professional Development

Participants noted a lack of chairwork training and resources tailored to the child and adolescent population, with the absence of specialized training impacting on their confidence in practicing chairwork with young people. This lack of confidence was observed in their preference for more evidence-based and concrete methods such as cognitive behavioural therapy or the use of dolls in play therapy.

We do it in play much more than we say to a child "Now you sit in that chair and now you come out of the chair. You go to that chair, which is that side of you". That is not how we do it with these young children, we mostly do it with play mobile, for example, or with puppets or with materials. (P6)

The lack of available research potentially led to an assumption that concrete methods were more age appropriate for children and adolescents, resulting in uncertainty around the suitability of more abstract methods such as chairwork. Such hesitations reduced the likelihood of participants facilitating chairwork with children and adolescents and led to feelings of frustration around the lack of specialised guidance and training. This feeling was captured in the below extract, where a participant voiced their concerns about adapting chairwork for children and adolescents based on research and training for adults:

I think it's kind of dreadful and often it produces really bad outcomes in my experience, because children aren't just mini-adults or adults with less developed vocabulary, they really do experience the world differently and they're so much more embedded within a family and their regulation is embedded in

a community in ways that most adults would probably benefit from. (P10)

Participants noted that the difficulty of addressing one's own reservations was at times further compounded by the need to push past the reservations of their supervisor or team. As Participant 8 stated: "When I first started working with [my supervisor], he said: I know nothing about kids. He was like: I can't do this. And I was like: We're going to do this!" As such, the onus was placed on the participant to justify and promote chairwork to their supervisor or team.

While feelings of hesitation could impede the therapeutic work, it also drove therapists to seek ways of resolving their frustrations. Participants regularly described how they took agency in their choice to facilitate chairwork with children and adolescents and sought support through supervision, training, and peer support.

I have an intervision group, so we come together once every five to six weeks and talk about clients' processes, and our own processes, and supporting each other with doing this sensitive work in a world and in workplaces where we have to work really hard. (P12)

Through supporting and being supported by others, participants built a community of like-minded peers, addressed their hesitations and uncertainties, and developed a better understanding of how to facilitate chairwork with children and adolescents.

Therapist Agency and Confidence

Participants expressed a confidence in their facilitation of chairwork with children and adolescents in their seamless integration of chairwork across therapeutic modalities, with Participant 4 expressing how "it just comes naturally". Their fluidity in incorporating chairwork into their therapeutic repertoire demonstrated their familiarity and confidence with the technique. In some participants, such confidence also manifested in a sense of confusion when asked why they might not choose to practice chairwork.

Would I go "I'm just not up to doing chairwork today"? You know what I mean, like just going "I'm not sure if I'm in the frame of mind"? I can't say I'd find it that hard, to be honest. I think it's not that hard a process to encourage. (P11)

While a strong sense of confidence was noted across participants, a sense of measure in their confidence was also observed. Facilitating chairwork required participants to be active and fully present in the therapy room and participants were candid on the

emotionally demanding nature of the work. They spoke of times when they chose not to facilitate chairwork, or when they felt tired and emotionally taxed from facilitating it.

I think it is more demanding emotionally. I think I do leave the sessions with a sense of, wow, that was great in some ways, what happened there, but also I need to have maybe a bit more downtime, afterwards. (P1)

Participants' agency and confidence was understood through their recognition of their limitations and their continued desire to practice chairwork. A sense of fulfilment in practicing chairwork was noted, with participants appreciating the power of chairwork on enacting change in children and adolescents. Several participants also seemed caught off guard at how well chairwork worked, for example Participant 5 noted: "I'm always surprised because though I do this for a long time, every time it's still a surprise for me how this works so wonderfully". This feeling of surprise was perhaps a reflection of children and adolescents' own feelings of amazement regarding the positive impact of chairwork.

Discussion

This study aimed to explore therapists' experiences of chairwork with children and adolescents. Six themes were developed: "Playfulness and Creativity", "Working with the Developmental Needs of the Young Person", "Contextualising the Young Person in their Relational World", "Facilitating Insight and Integration of the Self", "Overcoming Fear of Failure- Therapists' Professional Development", and "Therapist Agency and Confidence".

The first theme highlights the value of play and creativity when facilitating chairwork with children and adolescents, with young people's familiarity of creative activities, such as drama classes in school, connecting to a greater acceptance of the creativity embedded in chairwork. In establishing ways of tailoring chairwork for young people, this theme notes the benefits of using creative methods such as encouraging the young person to draw an image of their self-part and modelling chairwork in the session. This theme aligns with the findings of Bell et al. (2023), who found that modelling chairwork with a client can provide a template for the client's own self-to-self relating and self-compassion, suggesting that such modelling could also scaffold young people's ability to practice self-compassion and self-soothing. Additionally, creative methods such as drawing images of one's self-parts can introduce greater working distance between a young person and their self-parts, enabling them to

explore and process their inner conflicts in a less threatening way (Blom, 2006; Missiaen, 2016; Vanhooren, 2018).

The second theme demonstrates the importance of working with a young person's developmental needs by mirroring the young person's use of language, timing the introduction to the right time and length, and considering neurodivergence. This theme also notes the benefits of using objects such as cards and puppets to increase the concreteness of the work. These findings align with previous studies that have shown how using objects can help young people connect their abstract thoughts with more concrete experiences, thereby enabling greater self-exploration and communication (Behr et al., 2013; Wethington et al., 2008). Studies have also attested to children and adolescents' abilities to grasp complex, abstract concepts that they were previously thought incapable of, suggesting that young people's true skill level regarding their capacity to grasp abstract concepts has been underestimated (Lehalle, 2007). Furthermore, studies such as Tager-Flusberg (1985) noted no differences between neurotypical and autistic children in their ability to form abstract concepts. As such, holding in mind young people's ability to engage at an abstract and symbolic level to address self-parts and personalizing chairwork according to their developmental needs would likely further improve therapeutic outcomes (Nye et al., 2023).

The third theme demonstrates the relational embeddedness of young people in their microsystem (Bronfenbrenner, 1977). It also notes the importance of working with caregivers while offering agency to the young person to choose how their caregiver is included in the work. This could present as informing the caregiver about the work, bringing the caregiver into the therapy room as an observer, or paralleling the work done with the young person with their caregiver. This theme aligns with previous research showing that caregiver involvement can improve caregiver understanding about their impact on their child, strengthen the caregiver-child attachment relationship, and maximize the benefits of the therapeutic work (Fernandez, 2007; Malhotra & Chauhan, 2020).

The fourth theme explores the benefits of chairwork on promoting insight and self-part integration in children and adolescents. This theme shows that practicing chairwork empowers young people to understand, address, and integrate their self-parts, and enable them to take greater ownership and agency in the process of enacting behavioural, emotional, and relational change. Such increased agency is connected with feelings of empowerment and personal accomplishment that are beneficial to

therapeutic outcomes (Hoener et al., 2012; Ladmanová et al., 2021). Additionally, by developing a better understanding of their internal world, chairwork can improve children and adolescents' ability to relate, perspective take, and enact behavioural change in their external world (Pillow, 1988).

The fifth theme highlights therapists' hesitations around facilitating chairwork with children and adolescents. Such hesitations often stem from a lack of specialised training and available research, which result in uncertainty around the suitability of chairwork with children and adolescents. The theme demonstrates how therapists can address their hesitations through supervision, training, and peer support. It is of great importance to address therapist hesitations, as professional self-doubt is linked to feelings of anxiety and incompetence, decreased expectations of enacting therapeutic change, and can act as a potential impediment to the therapeutic process (Clements-Hickman & Reese, 2023; Connor & Callahan, 2015). Studies have shown how the lack of specialised training and resources regarding chairwork with children and adolescents have resulted in therapists feeling deskilled and hesitant to practice chairwork with this population (Pugh et al., 2021b). Therefore, by attending trainings and having a robust peer support network, therapists can reduce their hesitations through seeking guidance, sharing knowledge, and finding support from a community of peers. This theme also aligns with a study by Knight (2012), who found supervision to be beneficial in supporting therapists' understanding and engagement in the therapeutic use of self.

The last theme shows how therapists' agency and confidence in facilitating chairwork with young people manifest in their ability to integrate it seamlessly into their work. This theme also notes therapists' appreciation of the positive impact of chairwork on children and adolescents and their feelings of fulfilment in practicing it. This theme aligns with previous research linking perceptions of therapist confidence to client satisfaction, stronger therapeutic alliances, and better therapeutic outcomes (Johnson & Caldwell, 2011; Podolan & Gelo, 2024).

Clinical Implications

This study has coalesced its findings into several recommendations for therapists seeking to facilitate chairwork with children and adolescents. Therapists should seek to facilitate chairwork more effectively with children and adolescents by incorporating playful and creative methods, such as using objects

and modelling chairwork to the young person. Therapists should hold in mind the developmental stage of the young person and tailor the work and language according to their individual needs. When working with children and adolescents, therapists should also consider the people in their relational system and seek to build the young person's sense of agency by offering choice, for example in whether to include their caregiver in the work. Additionally, therapists would benefit from specialised trainings on facilitating chairwork with children and adolescents to increase their confidence in their technique. Peer support and supervision are also key to building robust support networks and ensuring rigour in the therapeutic work.

Future Research

This study focuses on therapists' experiences of chairwork with children and adolescents, while the young person's experiences of chairwork are only touched upon through the lens and language of the therapist. Future research could seek to directly explore young people and their caregiver's perspectives of chairwork, including the perceived benefits, challenges, and applications of the technique. For example, chairwork promotes an individual's ability to separate from and address their self-parts. In addition to separating from their self-parts, young people may also voice a benefit of using chairwork in a similar manner to separate from their caregiver, addressing issues around enmeshment and individuation.

Additionally, while this study explored the experiences of practicing chairwork with children and adolescents, more research is needed to measure the efficacy of chairwork on this population and the factors influencing the efficacy rates. Studies around efficacy should be more quantitative in nature and could consider both the immediate and longer-term impact of chairwork, for example exploring whether chairwork with children and adolescents could maintain the same treatment efficacy rates over time as studies with adults have shown (Paivio & Greenberg, 1995). Task analysis studies would also help to clarify whether the process of change during chairwork differs between young people and adults (Greenberg & Foerster, 1996). Regarding factors that may influence the efficacy rates of chairwork, it may be beneficial to explore the relationship between a young person's cognitive and emotional development on their ability to engage in chairwork, for example whether cognitive or emotional specific traits such as emotional regulation or mentalisation may influence their capacity to engage in chairwork.

Limitations

A limitation of this study is the lack of information about participants' cultural backgrounds and the impact it may have on their work. Participants hailed from seven countries and it is possible that cultural differences, for example in how therapy is understood or how young people are perceived, will introduce culture specific differences to the experience of chairwork. The proverb that children are meant to be seen and not heard originates from English culture, while the ideology that children must respect their elders is often seen in East Asian cultures. Such beliefs will likely have an impact on young people's engagement with chairwork, for example in their ability to confront a difficult relational figure if the difficult relational figure is an elder. Therefore, additional research is needed to explore these cultural differences and its impact on how chairwork is experienced and implemented with children and adolescents across different countries.

Additionally, it is conceivable that there will be differences between how children and adolescents respond to chairwork. While this study did not differentiate between children and adolescents when capturing therapists' experiences of chairwork with young people, a systematic review by Herce et al. (2024) found that for other experiential therapies such as sandplay therapy, the therapy was effective for treating internalizing and externalizing symptoms in both children and adolescents, and had the additional benefit of increasing therapy adherence in adolescents. This increased adherence was attributed to a greater sense of agency in the adolescents. The current study also noted an increased sense of agency in young people practicing chairwork, and it is possible that there would be similar results separating children and adolescents' experiences of chairwork. As such, additional research would be beneficial to explore potential differences regarding the impact of chairwork on children versus adolescents.

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Appendix

Interview Schedule

Sociodemographic information:.

- Name, age, and gender
- Email, job title and qualifications
- Years facilitating chairwork with children and adolescents, current country of practice

General questions:.

1. In general, how do you find facilitating chairwork with children and young people?
2. What have been your experiences of introducing chairwork in your therapeutic work with children and young people?
 - What considerations do you hold in mind when you explain chairwork to your client?
 - How in depth does your explanation go?
 - Does your introduction of chairwork differ when explaining to a child or young person alone, or with their parents?
3. How might a therapist adapt the way they practice chairwork when working with children and young people compared to adults?
 - If you have worked with both below and over 18s before, could you offer any examples of adapting your work for children and/or young people?

Benefits and opportunities around practicing chairwork:.

1. When would you choose to practice chairwork over other techniques with children and young people, and why?
 - Are there any other factors that make you more likely to practice chairwork with children and young people?
2. What would you consider are the benefits or therapeutic opportunities of practicing chairwork with children and young people?
3. Could you provide a scenario or anonymised example of when it would be helpful to use chairwork in therapeutic work with children or young people?
 - How do you think the client might have experienced chairwork in that situation?

Obstacles and challenges around practicing chairwork:.

1. When would you choose not to practice chairwork with children and young people and why?
 - Are there any other factors that may lead you to hesitate or weigh up the choice to practice chairwork with a child or young person?
2. What would you consider are the obstacles or challenges of practicing chairwork with children and young people?
3. Could you provide a scenario or anonymised example of when it would be unhelpful to use chairwork in therapeutic work with children or young people?

- How do you think the client might have experienced chairwork in that situation?

Future change question:.

1. What do you think could be put into place to support you or other therapists to practice chairwork more or better?

- For example, working systemically, engaging in chairwork training, or supervisory considerations?

2. Is there anything else that I have not asked you yet, that you feel would be helpful to share?