

ORIGINAL ARTICLE

Chairwork in cognitive behavioral therapy and schema therapy: Options in practice

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Abstract

Chairwork is a creative and emotionally charged technique that enhances therapeutic progress. It is based on the assumption that if individuals become aware and express their inner beliefs or conflicts, it would help them understand and choose solutions more freely than if they act unaware and automatically. When used within the conceptualization of the client's problems, it can liberate clients' intense emotional pain and change their maladaptive cognitions. This article shares the clinical experience using the chair techniques by describing and illustrating typical examples of chairwork in cognitive behavioural and schema therapy. Additional recommendations on how to do chairwork and consider the pace, tone of voice, or location of the chairs are also provided.

INTRODUCTION

Chairwork originally came from psychodrama and gestalt therapy (Moreno 2012; Perls 1969) and lately has become adopted by other psychotherapeutic schools. Moreno assumed that action on the stage could bring new insights into the subject. Moreno's original work was later modified by Perls, who preferred chair techniques (Perls 1969). A range of psychotherapeutic schools rekindled the interest in these techniques, especially schema therapy (Young *et al.* 2003; Rafaeli *et al.* 2011; Dadomo *et al.* 2018; Roediger *et al.* 2018), emotion-focused therapy (Greenberg *et al.* 1993;

Paivio & Greenberg 1995; Heatherington *et al.* 2005; Greenberg & Pascual-Leone 2006), and cognitive behavioural therapy (CBT) (Pugh 2020).

Chairwork has based on the assumption that if individuals become aware and express their inner beliefs or conflicts, it would help them understand and choose solutions more freely than if they act unaware and automatically (Kellogg 2007). It encourages individuals to confront their internal reality more directly, to replay past and present experiences, and imagine future scenarios to enhance coping (Perls 1969; Paivo

& Greenberg 1995; Young *et al.* 2003). Under the therapist's guidance, the clients can create a dialogue between parts of themselves or other individuals in their life. This presents a unique opportunity to process experiences and emotions and learn to assert themselves or understand different perspectives. It also allows them to forgive or demand the fulfilment of their needs and hold themselves and others accountable regarding interpersonal responsibility (Kellogg 2004).

BASIC APPROACHES OF CHAIRWORK

There are five basic approaches to using chairwork (Yalom 1970; Blatner 1997; Kratochvil 2002; Kellogg 2007). We add a sixth approach, which comes from narrative psychology.

- **External dialogues** involve situations where the client's growth and vitality are blocked by continuing associations with events or relationships that occurred in the past. These are usually situations of trauma or loss. When reworking past traumatic situations or abuse, clients imagine the offender sitting in the chair opposite to them and then may express their anger at how they have been treated, their grief at what it is costing them, and their determination not to let it affect their life (Goulding & Goulding 1997). These dialogues can also be used to protect and express love for the mistreated past self. This type of chairwork is often combined with imagery.
- **Internal dialogues:** The therapist focuses on the client's internal conflicts. These different parts are first recognized and named as modes in schema therapy (Young *et al.* 2003). During this chairwork, the client often confronts their Critic, presenting a harsh voice in the client's mind. The client places their and speaks in their words and tone. Then, the individual switches back and opposes the Critic.
- **Gestalt approach:** According to Perls (1969), the therapist allows the client to discover what they need, the missing part they have lost and left behind. The means is understanding and re-enacting the situation in which the client re-identifies with these alienated parts. According to Polster & Polster (2000), role-playing in Gestalt therapy dramatizes some aspects of the client's existence in the therapeutic stage. The authors select four examples where replay can add poignancy and authenticity to human experiences: (1) Replaying a past unfinished event, (2) Replaying a current unfinished situation, (3) Playback of personal characteristics, (4) Playback of polarity. The gestalt therapy chair technique thus helps people express repressed, censored, or ignored aspects of themselves.
- **Dreamwork:** Based on psychoanalytic, Jungian, and humanistic concepts, Perls argued that emotional disorders stem from clients accepting certain aspects of their experiences while dissociating or projecting others outside themselves. Healing requires inte-

grating these separate parts; the dream is one means of recognizing, realizing, and integrating these parts (Perls 1969). For Perls, every part of a dream is an aspect of a person. He asked clients to embody these images by speaking from the point of view of each of the characters in the dream (Perls 1969; Baumgardner 1975; Miller 1992).

- **Corrective dialogues:** Here, the client's distorted cognitions or maladaptive schemas are clarified and verbalized on one chair. The therapist and client carefully create counterarguments (Young *et al.* 2003). The client then sits on a chair, where they say distorted thoughts and attitudes, then moves to another chair, from which they express more adaptive and rational perspectives. This work's dramatic and emotional quality helps to cope with the problem of clients who say they understand reframing their thoughts intellectually but do not feel them to be true emotionally (Goldfried 1988).
- **Role-playing:** Chairwork can also help practice assertiveness and problem-solving communication, understanding the needs of oneself and the partner, and learning how to express them. A significant other can be placed in one chair, and the client is taught to speak to them in a way that could be successful and would address both parties' needs.
- **Telling the story:** Clients may enter psychotherapy because they struggle with their own life story – it has shattered, brought pain, or stopped being meaningful. These may be stories of abuse, mistreatment in childhood or now, reports of separation, grief, or guilt; they may also include ideals or hopes that have been lost or never pursued (Kellogg 2004; Prasko *et al.* 2010; Prasko *et al.* 2012a). Rehearsing and reworking these stories can help in healing. Retelling the present stories with the help of dialogues and direct speech helps better to elaborate the patterns of the individual's experience. Working with chairs is a good way to approach this.

CHAIRWORK IN CBT

For CBT work, when working with chairs, the most important thing is to work with automatic thoughts and schemas and practice social skills. The chairwork is also helpful in CBT supervision (Prasko *et al.* 2022).

Role-playing

Chairwork can also be essential and valuable for practising communication and assertiveness when dealing with relationship problems (Segrin 2008). Bargaining and compromise usually involve several steps (Jacob & Pelham 2005): (a) briefly explain one's point of view; (b) listen to the other person's point of view; (c) repeat the other person's point of view; (d) propose a compromise. It allows clients to understand their own needs and the needs of others and teaches them how to express these needs adequately. Opposite the client,

Tab. 1. Steps and instructions for three chairs cognitive reconstructing

Steps	Chair A	Chair B	Client's initial chair
	Represents evidence supporting the negative cognitions	Represents evidence opposing the negative cognitions	
Initial Instruction	Imagine these chairs represent the evidence that supports your core beliefs/NATs [introduces Seat A] and the evidence that does not support your core beliefs / NATs [introduces Seat B]		
1. step	"Tell [individual's name] the reasons why these core beliefs/ NATs are true [points to the client's initial chair] on the negative/critical side."		
2. step			[The clients return to his original chair]. "How do you feel after hearing that evidence?"
3. step	The therapist invites the client to move to Chair B and consider alternate views on the data offered. "Please move to the chair symbolizing the healthy side," Let us examine the evidence presented by the negative/critical side. "How is it prejudiced, false, or unhelpful?"		
4. step	The client remains in Seat B. Therapist: „Now that we have some strong counterarguments, let us answer to the negative/ critical side," Tell why it is false and useless [speaks to Seat A]."		
5. step	The client remains in Seat B. Therapist: „Let us focus on [client's name] [point to the client's initial chair. What do you believe (s)he is thinking right now? How do they feel? What do they require to feel better? Say it to them.		
			The client returns to the original chair and reflects on the experience of being defended and soothed.

a person imaginatively sits on an empty chair, to whom the client needs to communicate important things, and the client expresses their needs or requests. For a better understanding, the client can then be asked to sit in the other chair and realize how the other person may feel and react to the client's expression (Vyskocilova & Prasko 2012).

Three-chair cognitive restructuring

Three-chair cognitive restructuring aims to restructure automatic thoughts and core beliefs (Pugh & Bell 2020). The chair work can be helpful to automatic thoughts or cognitive schemas, where the client always tells the evidence for and against the automatic thought or schema from different chairs (Table 1). A third chair can also be added, communicating the result of cognitive restructuring - a more balanced view (Prasko et al. 2022).

This method adds a third 'experiencing' chair that allows the client to feel the emotional impact of negative automatic thoughts and core beliefs, which encourages reconstructing at a deeper level.

Role reversal

When working with two chairs, the therapist asks the client to move between the chairs representing different persons, perspectives, or parts of themselves. The client sits on one chair and conducts a fictitious dialogue with a family member or other person sitting on the opposite chair. Changing or reversing roles is one of the most frequently used strategies. The goal for the client is to understand better how the other person feels, with whom they have a problem or do not know how to communicate their needs, and how the client's words affect them. If the client can empathize with another person's reality and honestly experience it, they will better understand and appreciate that person's point of view. Also, role reversal could be used for new behavioural rehearsal. One of the most helpful role reversals is when the client assumes the role of the person with whom the client has conflicts (Moreno 1989; Kratochvil 2002).

The information obtained from a dialogue in the exchange of roles is often far more valuable than the results of a discussion with the client regarding quan-

Box 1. Case vignette – Using role reversal

Therapist: Okay, Zaiga. We have agreed that you will try to tell your manager that you want a higher salary.

Client: Yes, I'm slightly excited about this chair work.

Therapist: It sounds well, and I believe you will do great. Let's start. Try to tell what you want to imagine, that in this chair in front of you is sitting your boss Laila.

Client: Hi, Laila. Do you have time for a conversation?

Therapist: Great, please now move to Lail's chair and try to answer.

Client: You know Zaiga, I'm swamped. Next time.

Therapist: O.k., please come back now and try to answer assertively, as we spoke before.

Client: Laila, it's a critical but not time-consuming conversation. I need your attention.

Therapist: Well done; please change the chair again.

Client: Ok, Zaiga. Sorry that I reacted with withdrawal. You are a good worker, and sometimes I use it too much. Please tell me what happened.

Therapist: Please, come back to your chair.

Client: Laila, I want a higher salary. I know we have limited resources, and it's a difficult question for you. But I've been working here for five years without any changes in my income, doing much additional work. I want that we would find a solution together.

Therapist: It sounds very assertive; please change the chair.

Client: Ok, Zaiga. Let's discuss it; it's fair enough.

Therapist: Excellent. Could we take some pause here? Please return to your chair, and let's discuss your feelings and thoughts now.

tity and quality. The client can then think about what can be changed in their behaviour or communication. Similarly, the client may place a part of oneself on the other chair and then move back and forth between the two chairs, speaking from different aspects of oneself. For example, one chair may represent the client's part that wants to change something, and the other may represent the part that does not want to change anything about the situation. Alternatively, one chair may represent the client's emotional side and the other his rational side. The client repeatedly moves between the chairs and can converse with an imagined person or dialogue with different parts of themselves.

CHAIRWORK IN SCHEMA THERAPY

When working with chairs in schema therapy, we can use classic psychodrama techniques, as described by many authors (Moreno 1950; Holmes 1991; Moreno 2012; Kratochvil 2002), and more specific schema therapeutic dialogues of modes. The client and therapist identify a problem or source of distress that they want to talk about or alleviate. The therapist then sets two or more chairs, and the client uses them as bases for dialogues with persons or characters from the past, present, or future. Alternatively, they may have internal conversations with critical voices, modes in which they experience distress, escape, criticize themselves, or conversely be kind to themselves or find constructive solutions.

Through this work, the therapist helps the client so that the client dares to allow themselves to have an emotionally intense experience.

It is also possible to work with small chairs for dolls and place small figurines, puppets, dolls, or animals on them, representing individual persons or modes.

Monologue

The client thinks about an important topic they discuss from many sides, and the therapist supports

this process. This monologue helps the client express hidden thoughts, attitudes, and beliefs. The monologue is a way to become aware of automatic thoughts, which can then be processed by usual cognitive methods and clarify the deeper attitudes and beliefs associated with the client's thoughts.

Empty chair

In this work with chairs, two chairs are placed opposite each other. The protagonist imagines their antagonist sitting in an empty chair opposite the client, acting as if the person were there. The client sits on one chair and imagines a significant person from their life. It can be a person from the past, present, or future. He then speaks to that person as if they were sitting there. For example, a client grieving a loss can "talk" to a loved one who has died, expressing his feelings, love, anger, and grief. With the empty chair technique, the client can have an emotional conversation with some aspects of oneself, which the client places on the empty chair or puts an object there, symbolizing a specific part of oneself. The client can then switch chairs and speak for the amount of oneself that was talking before or for the person that passed away.

High chair

The protagonist's chair is elevated, increasing the sense of power to master and overcome his enemy in the game or the parts of oneself that overpower, suppress, over-criticize, or reject him in everyday life.

The two-chair method

In the two-chair method, the client moves from one chair representing one of his modes (for example, Vulnerable Child or Critical Parent) to another, which means another person or another mode. The therapist or the client can play another mode of another person in the interaction; when the client plays both sides, he moves between the two chairs, each representing one

Box 2. Case vignette – Using monologue

Therapist: Tom, you were telling me about changing your career. I could sense that you feel inner tension and mixed feelings about it. Like part of you wants this change, the other part either tries to discourage you or push yourself too harshly. Is that right in what I am perceiving?

Client: Yes, indeed. I am confused that I cannot make up my mind.

Therapist: Okay, Tom. I want to help you a bit with that. We will need some additional chairs, and I will ask to sit on some of them. Is that okay with you?

Client: I trust your methods, so let that be. Which chair should I sit on? (shows the chairs in front of them)

Therapist: Great, I appreciate you trusting me and the process. Could you please sit on this chair and be that part of you that is very critical? The one that I saw last time in our session, remember? What does it say about your ideas to change your career path?

Client: (sits on the chair) Tom, you are still young, only 26. You can still make yourself and your family proud. Instead of this local manager job at the store, you should get your Master's in Political Economics and move to a prestigious European city like London or Paris. You know that location is everything. Earn good money, work hard, get a lovely wife, and get disciplined, for God's sake. Start running, wake up at 5 AM, and get your life together. You might not have a second chance... You... (the client keeps adding the information)

Therapist: Wait, wait. Could you stop for a moment now? You did a good job, but I need to stop you here. I sensed it was pretty intense and coming from your Critic. He sounds a bit like your father, right? Like the tone of voice and the high demands on you.

Client: Yeah, indeed... though I believe this is all true. I feel that my time is running out...

Therapist: I imagine it is hard for you to think this way. No surprise you feel intense anxiety and pressure to succeed with this voice in your head.... Let's look at the other modes that trigger that anxiety. The young part of you (referring to the Vulnerable Child) was being told all those demands when he was small, and the one is hearing them right now from the Demanding Parent Mode. Could you sit on this chair next to me and reflect on how you feel?

Client: Well (gets slightly emotional)... I feel anxious and overwhelmed, and then I do not feel like doing anything; I want to give up.

Therapist: Huh, that must be tough, Tom. If I were listening to this voice in my head, with all this tone, giving all these commands, I would also feel the same. Though I want you to know that I am here with you, I am on your side. Tom, what happens then? When do you feel like giving up? Can we move to a different chair?

Client: (switching chairs) What's the point...I always fail at what I do; waking up at 7 AM is already a struggle for me... I will never find what I want to do and never achieve anything in life; I feel completely lost and hopeless... No one can help me...

Therapist: I hear you. Tom, that sounds like capitulating due to these intense demands. Can we call this side of you the Surrenderer?

Client: Yeah...that's how this feels, and I want to capitulate to a different planet and hide from the world.

Therapist: Hey, could you stop for a moment here? When you say hide from the world, it feels familiar to me. Remember when you told me that sometimes when you are overwhelmed, you take marihuana or alcohol? Does it feel that one more side of you tries to deal with it, like Self-Soother who wants to avoid the situation? Is that right?

Client: Yeah, that's a good point. I had not thought of it before, and it gets me too much. Then I want to distance myself from everything and be without thinking about tomorrow.

Therapist: It is brave that you admit this, which might take much work. Can you try this Self-Soother chair as well?

Client: (client moves to a different chair again) Ah, whatever, life is too short. It is better to enjoy this moment, not think about tomorrow, and feel good as often as you can. All of us die anyways. This is fine, and I can live with this job as well. F*k it all. I do not care. Really.

Therapist: That sounds relieving, Tom, for a moment... I could see how this mode helps you release the tension. However, from your personal story, you usually feel worse the next day. It seems like a temporal, though effective, relief, right?

Client: Yeah, exactly. Yet, I do not know any other way to relieve the stress that this issue is causing me; I feel so dumb and stupid, disgusting, and weak.

Therapist: This is harsh. It feels like something new, like a Punitive part attacking you. Could you switch to the next chair and be this Punitive side of you for a moment?

Client: That's no problem! (moves to a different chair) Tom, you a piece of s*. What are you doing right now? Sitting at the therapist's office? Really? Playing this dumb game? Get a job! Put yourself together! Grow up! Stop being lazy, weak, and stupid. I am ashamed of you! Instead of working on your career, you cry like a little girl in the therapist's office! Disgusting!

Therapist: Okay, okay, okay. Please stop here. This is intense. What does the Vulnerable Child Mode feel when he hears these words?

Client: I am not a child. I do not have this side (the Angry Protector gets triggered by the word "child" after the punitive parent took place)

Therapist: Ok, ok, Tom. Let's keep it a Young side of you. How about that? Can you be in this mode?

Client: (Tom returns to the Vulnerable Child Mode) I feel lost and anxious. It is hard to listen to these words, and it makes me even weaker. I do not know what I want to study and work for, and I feel humiliated and punished for that.

Therapist: I am hearing you and can only imagine how you feel. This is very important to listen to us both, I think... How much creative energy is taken away from you by these Punitive and Demanding Parent modes? Unsurprisingly, it is hard to decide when you are blocked by these two, even to explore what you feel like doing and where your strengths lie. Tom, is

there a part of you that strengthen you in these times? Like a Healthy Adult with realistic expectations or a Kind Parent with emotional support? Can you try being one in the last chair?

Client: Well... That's hard. Emotional support is only for the weak ones. Nevertheless, I would try to be realistic (the client moved to a Healthy Adult mode). Hey, Tom. Relax for a minute. You do not need to know all the answers now. You had tough days before; you managed it in your bachelor's years. Maybe you will work now as well.

Therapist: Excellent! This is a fundamental mode, Tom, and it will help us a lot in further work together. This will also

help you make the best decisions for you, not your father or others... Though I also firmly believe emotional support and self-compassion are not for the weak but for the strong who sometimes feel weak so they can become even stronger later. You did excellent work today. Thank you for being so open-minded with this exercise. Is it okay to reflect on what happened during this exercise? What do you think?

Client: That was better than I thought it would be (smiling). It was pretty interesting. Furthermore, it helped me better picture what was happening in my head. Yeah, okay, we can talk it through...

The exercise must be repeated until the negative schema is "broken" and the client's Healthy Mode is established and strengthened. The therapist, therefore, asks the clients to repeat their dialogues until they can play the healthy side independently. Some clients say afterwards that they don't trust the Healthy Adult. A therapist might respond to this by saying, for example, "Most clients feel the same way you do at this stage of therapy: they understand the Healthy Adult and his arguments rationally, but they still don't trust him emotionally. However, all I want from you at this point is to say what you know to be logically true. Later, we will work on getting you to accept what you are saying on an emotional level as well."

The two-chair variants can be handled creatively as needed, from the possibility that the client oneself moves between the chairs representing the two modes to the option that the therapist plays one of the modes and the client the other.

Chairwork in modes' dialogues

The method is suitable for identifying and experiencing individual modes by showing them directly, not just talking about them. The client's speech is more authentic, expressed not only verbally but also through facial expressions, gestures, and tone of voice. Usually, when it is done in an experiential rather than only rational way, the therapist can assess more accurately

the content of the individual modes in which the client is stuck in a particular situation and how he fights with them. As mentioned earlier, the method is quite powerful to do the hard work in therapy: to change from an ego-syntonic to an ego-dystonic view of coping and maladaptive parenting modes.

At the beginning of therapeutic work, the chair method helps us identify the problematic mode the client falls into when triggered by underlying schemas outside a therapy session. Its amplification using speech, tone of voice, word selection, and gestures can help us externalize and thus recognize the client's problematic mode, which could be difficult to identify only by the first intake and assessment. This method also allows us to recognize and attune to the vulnerable "feeling" part of the client, who often suffers due to their dysfunctional mode. In the following example, we used another chair and asked the client to sit down. There is an illustration of a conversation with the Punitive/Critical Parent mode.

The therapist in the session can use the chair modes they need for the given situation. The important thing is that it ends up with a client in the chair of a Vulnerable Child (which he then treats) or, even better, a Healthy Adult or Kind Parent, not in Critical Mode, Overcompensator, or Detached Protector.

The correct placement of the chairs in the space can also be important. The therapist and client sit close

Box 3. Case vignette – Using an empty chair

The client, with suicidal ideas and the urge to follow her dead husband, had been admitted to a hospital and died due to a coronavirus infection.

Client: I feel his presence in the evening, and he calls me to follow him. My life without him is senseless. He could do family business, but now it is all gone.

Therapist: I see you miss a significant person and are alone without support, and I suggest telling him about it. Could you imagine his husband sitting against you on the chair? What does he look like?

Client: He has a strict appearance on his face, as if he is blaming me for putting him in the hospital.

Therapist: I am sorry for the death of your husband. Tell him what you feel seeing him in front of you.

Client (sobbing): I missed you very much. I blame myself for your death. I should listen, not let you admit to the hospital; they killed you there.

Therapist: Sit down in his chair and tell me his feelings.
Client (from the husband's chair): I am very sorry too. I know I caused problems for you with me being gone. But I am at peace now.

Therapist: Please sit down on your chair. What do you feel right now?

Patient: I am glad he does not suffer anymore. I feel calm.

Box 4. Case vignette – Using the two-chair method

Therapist: Mirko, maybe we could replay it now. We have two chairs here; your "Critical Parent" will sit on this one, and your "Kind Parent" will sit on this one. Both will comment on the situation you experienced this week when your husband criticized you for having a mess at home. I would first ask you to sit in the "Critical Parent" chair. Is that okay?

Mirka: I'll try, but I don't know if I'll say anything from the "Kind Parent." The husband is right; I am incompetent and messy.

Therapist: So, sit on that "Critical Parent" chair; you've already started with what he's saying.

Mirka: (sitting on the Critical Parent's chair) You are terrible, there is a mess everywhere at home, and you can't bring yourself to clean it up. What these children grow up in, they learn from you, ... that means from me. I'm lazy and unable to organize. So instead, I lie down and cry; I feel sorry, but it's no use. I'm not surprised that Pepa is angry. I deserve it; it's my fault.

Therapist: You are an impeccable Critical parent; your Vulnerable child must be suffering a lot. What do the rest of you think? How can Mirka's Vulnerable Child feel now?

Petra: I know that I can get upset like this, and instead of telling myself that my partner can also help me and that housekeeping is not only my duty, I get upset like this, and it's

useless because then I feel so miserable that I don't want to do anything at all.

Therapist: It seems, Mirka, that more people in the group know a Critical Parent triggered by a similar situation. Would you move to the Kind Parent's second chair now? This is not an easy role, but it can help you if you imagine that a friend of yours or Petra here is criticizing herself in this way, and you want to help her and comfort her. Alternatively, what would someone who likes you and you can trust tell you that they are not just flattering you and mean it? In your case, I think it was your grandmother, as you said last time.

Mirka: That's hard; what would I say to Petra if she criticized herself like that?

Therapist: You can start with that...

Mirka: (sitting on Kind Parent's chair): Mirka, your Critical Parent, exaggerates. She is like mom; what she tells you is not true. You try, but you're depressed, so everything goes slower. Your husband and children could also help you, and cleaning is everyone's business; you can't be their maid. You've been fine all your life, only now it's worse for a while, but you still try and overcome yourself. They should appreciate it. However, you also have the right to their help. Tell them...

together, opposite the chair of the mode; they are coping with or fighting. The way becomes more apparent when we speak to him as another person through the client's expression, gestures, volume, or emphasis they use. The therapist is consistent and persistent when working with the chairs, always turning to the mode the client is attending to, even if it is an empty chair.

Then they discuss together on a more cognitive level what happened and what the client takes away from it. As homework, the client can take notes on the exercises.

The method of several chairs

In the method of several chairs used in schema therapy, the client labels individual chairs with modes, i.e., Vulnerable child, Angry Child, Happy Child, etc. For example, they stick a sticker on the back of the chair with its designation or place a stuffed animal on it that represents the mode. In individual therapy, it is possible to use small chairs bought from a toy store and small figurines of personal fashions to create a stage similar to a puppet theatre. If the client gets into a particular mode, the therapist asks him to sit in that mode's chair or sit on the stage on a mini-chair symbol of that mode and speak for him. This allows the client and the group to see better how the internal conflict between the individual modes occurs.

When the multi-chair method is used in a group, the therapist asks the group members to sit on the chairs of individual modes and tell the protagonist what each mode tells him in a particular situation. The client looks at it from the position of a Healthy Adult and can

comment on each mode. This exercise allows the client to become aware of the complexity and vulnerability of his psyche and how his various psychic modes react to each other (internal conflicts) and other people. It also helps him become aware of his inner needs and how they are suppressed or outright rejected by the parts of his psyche that they represent.

When the method of several chairs is used in individual therapy, the client sits on individual chairs alone and speaks for individual modes. The goal is to map the connection between the modes and the current problems the client is solving and the subsequent discussion between the modes that the client switches to or can be played together by clients in a group. The therapeutic procedure can be divided into several steps:

- (a) Creating a therapeutic atmosphere (safety and control, acceptance, appreciation)
- (b) Warm-up exercise
- (c) A brief description of the situation and the client's response to it
- (d) Determining which modes have been activated in the situation
- (e) Monologue of individual modes
- (f) Dialogue between modes and alternative responses to the situation
- (g) General appeasement, learning, generalization to other situations.

*(a) Creating a therapeutic atmosphere
(safety, acceptance, appreciation)*

First, the client or group needs to be calmed down. It is possible to do this by relaxing together, meditating,

or just controlled breathing, or imagining a safe place or bubble in which everyone feels well. When the client comes up with a specific aversive or stressful situation that they would like to process, it is important to appreciate them for this and express understanding that it is challenging (not even individually, let alone in a group).

(b) Warm-up exercise

We can suggest a warm-up exercise if we perceive the client's uncertainty that playback is unusual for him. It involves replaying simple situations from life. Alternatively, we replay some neutral situations with parents from the past. These exercises can also serve us to understand better what happened in the family and show the client's ability to put oneself in his role. At the same time, it serves as a warm-up exercise.

(c) A brief description of the situation and the client's response to it

We let the client describe the situation that happened to him. What triggered strong emotions, what was going on in their head, how did they react physically, and what did they do? What were the feelings that came up, and how intense were they? What thoughts ran through their head? What did they say about the situation to themselves and others, what reviews ran through their head, what did they feel physical, and how did they behave in the given situation?

(d) Determining which modes were activated in the situation

It is essential to describe the individual modes activated in the situation, their gradual alternation, and the chain that followed as they transformed. The client experienced something different in each mode, and the modes alternated.

(e) Monologue of individual modes

Work with chairs continues with a monologue of individual modes. The therapist asks the client to gradually move to the chairs representing the separate modes and speak for them. Suddenly, the client sees the situation plastically from other sides. He may experience intense emotions, especially when speaking for a Vulnerable Child or an Angry Child.

(f) Dialogue between modes and alternative responses to the situation

Suppose the client has sufficiently described the reaction of the individual modes, and the situation is already well understood. In that case, the therapist will genuinely praise the client, express understanding, and encourage them to conduct a dialogue between the modes. He adds two more chairs and asks the client to address the other modes present in the situation, from the Kind Parent mode or Healthy Adult mode. Here, abreaction can occur with calming when a Kind Parent speaks to a Vulnerable Child or an Angry Child.

Box 5. Case vignette – Using chairwork in modes' dialogues

<p>Therapist: Here is your Critical Mode chair. Please sit on the chair and say all she thinks about you. (The client sits on the parent-mode chair.)</p> <p>Client: You still need to finish your studies... now you're having problems at work... you need help understanding more... you look like a fool in front of others if you keep asking questions... You are not up to the job...</p> <p>Therapist: I see. That's criticism that cuts into a person... how is your Vulnerable Child feeling right now? (Adds another chair)</p> <p>Client: Helpless and weak. He also feels anxiety... he is afraid that the job will not continue and he will be fired... what will he say at home... what will he say to his wife?</p> <p>Therapist: As you say, you can feel the helplessness and anxiety... these are unpleasant experiences... Now I will ask, here is the side that protects you (points to the other chair). What does this side say?</p> <p>Client: I have to try hard... to do everything to manage and not get fired... at home, I also have to help my wife with everything... make her happy... otherwise she will leave me...</p> <p>Therapist: What were your modes?</p> <p>Client: First the Hypercompensator... that I have to try, and then the Critical Mode jumped in for a while... that she would leave me, such a dark thought...</p> <p>Therapist: What would happen if the Hypercompensator wasn't here?</p>	<p>Client: I would try less... after all, I've only been at work for three months, and I don't have to be able to do everything... maybe I'd even joke with people... for now, I'm trying and feel tense, so I don't make a mistake... I'd also behave more naturally at home; my wife can't even respect me when I keep giving way to her...</p> <p>Therapist: And what would happen if the Critical Mode disappeared?</p> <p>Client: Well, I can't imagine that... I'd probably get wild...</p> <p>Therapist: What would it look like if you got wild?</p> <p>Client: I would do whatever I want. I would quit my job, and look for something I can do and enjoy more. I wouldn't be afraid to tell my wife that even if I don't work for a while, nothing will happen, we have some money saved, and I don't want to do what I don't enjoy. Furthermore, I would stand up to her too. She can't keep making scenes and pestering me. Let her be mad, that's her business, but I don't want her to keep venting it on me...</p> <p>Therapist: Those seem like pretty healthy ideas. What do you think? Could it be your Healthy Adult who has spoken up?</p> <p>Client: I guess so; I hadn't thought of that.</p>
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Box 6. Case vignette – Using chairwork for identification of modes – 1

Therapist: You say your mother told you that you look like a bulldog...

Client: Yeah, she pissed me off. When I came home, I was already tired from work, and she immediately gave me a hard time. She said I look like a bulldog, and I can't find a guy when I am like this. She was yelling at me, so we were yelling at each other. Then I went to my room and cut myself on the thigh... then it was quiet. I cried on the bed and blamed myself for not being able to cut myself again...

Therapist: I understand. You came home from work angry, and your mom criticized you. Then you fought and went to your room, where you cut yourself. I'll start from the beginning: What did you think when your mom told you that you look like a bulldog?

Client: I don't know.... probably... what's wrong with me..!

Therapist: I understand... something else crossed your mind...

Client: That she doesn't like me, that she's doing this to me on purpose, she sees that I'm already stressed, and she kicks me again... then when I scolded her, I thought I was behaving like an idiot, I criticized myself terribly... then I was so tense that my whole body was vibrating... I thought I was going to cut myself, so I cut myself on my thigh... it was a relief. In my entire body and mind... I just cried a little; I was sorry that I couldn't control myself again, that I was such a cripple, that I just kept cutting myself, just a deviant.

Therapist: Emotions and thoughts have shifted significantly during the last night. Could we clarify it with the mods we talked about last time?

Client: I can try if it helps...

Finally, the therapist helps the client find an alternative response from the Healthy Adult mode. It is a reasonable response that resolves the situation, often to the benefit of both the client and others.

(g) General calming, learning, and generalization to other situations

Subsequently, the therapist and client discuss the entire experience. Focusing on those moments that helped play with each chair's modes is essential. The therapist helps the client discover how the knowledge of the individual role-playing part can be transferred to life and how they can now meet the needs of their Vulnerable Child. If he has the Healthy Adult mode built up enough, he can enter the fantasy and care for the Vulnerable Child.

Since the manifestation of modes is usually quite distinct in terms of language, tone, internal cognitive/emotional experience, and behaviour, it is essential first to understand them and then separate them into

different chairs. It is also important to remember that the modes can change unexpectedly and respond to this “switch” during the session (e.g., a Healthy Adult can switch to a Demanding Parent, and the client may not be able to realize it. Thus, the therapist has to interfere). Each chair represents a different mode, and it is possible to have conversations between modes that allow you to understand and resolve the internal conflict. By externalizing psychic contents and placing them on individual chairs, modes become more ego-dystonic. Thus, the possibility of choosing an appropriate response increases. At the same time, the resistance to therapeutic goals may decrease, especially those with which the Inner Critic disagrees (e.g., engaging in pleasant and meaningful experiences) (van der Wijngaart 2019).

Using several chairs, we can clarify to the client what triggers his discomfort and what modes are involved in experiencing it.

Box 7. Case vignette – Using chairwork for identification of modes – 2

Therapist: You say your mother told you that you look like a bulldog...

Client: Yes, she saw that I had already become tired of a job where the boss is horrible, but I can't say anything to her... pure helplessness...

Therapist: What is this mode?

Client: Most likely the Surrenderer. I am destroyed; I cannot resist it; I have accepted that I am an unfree slave. That's exactly how I felt when I got home...

Therapist: Like helpless? What happened then when your mother told you what you looked like...

Client: I got angry... that's an understatement, but I don't want to be rude in front of you... So Angry Child. I also screamed at her senselessly, but I couldn't stop it for a while. Nevertheless, at first, I was sorry. Before that, I was a Vulnerable child for

maybe a few seconds. Then I threw a tantrum in Angry Child and immediately cut myself, i.e., Critical Parent. I told myself that I was acting like an idiot, that my mother was right, that I was so aggressive that no guy would want me... I just blamed myself... until I started to feel down, like I was worthless... like self-pity, sadness, hopelessness... I got into the Vulnerable Child again... the feelings were unbearable, so I took a razor and cut my thigh sharply... then I looked at the blood. I'm far from everything... suddenly I don't care about anything... that that lasted at least five minutes... just a Detached Protector... and then I started blaming myself again... that I was unable to change it, I cut myself again, I won't be able to wear a swimsuit in the summer.

Therapist: I admire you, Marketa, for how well you are capable of self-reflection...

Box 8. Case vignette – Using chairwork for identification of modes – 3

Therapist: We can now, Marketa, spread out the chairs and occupy them with individual modes. We stick a sticker with the name of the mode on each one... here are the stickers and a marker. Which modes did we have there?

Client: Well, the first one was the Surrenderer; I'll put him here (sticks a sticker on the back of the chair) ... Here will be the Vulnerable Child. It hurt me when my mother greeted me with a straight throwdown. Furthermore, here's Angry Child screaming at mommy. Here is the Critical Parent, how I criticize myself for it, and here is the Detached Protector when I cut myself.

Therapist: Absolutely. Can you sit in each of the chairs and speak for each mode?

Client: Yeah, I'm the Surrenderer now (sits on the Surrenderer's chair). Life sucks, I'm sick of the job, but I can't leave; I don't have another job, and I'm not grateful to my mom for supporting me. All I have to do is suffer the boss who criticizes me, doesn't recognize me, and prefers my colleague instead... but I can't do anything now but take it.

Therapist: Absolutely... what's next....?

Client: Now I'm going to the Vulnerable Child (sits down). She (mom) doesn't like me, but she's right, I'm fat, and I still look stupid (Critic)... and now on to Angry Child (Sits down). What does she think of herself? She only criticizes and humiliates me, and she has never helped me. I yell at her: What the hell is wrong with me? You never helped me; you just put me down.

You're to blame for all of this. You put your dad off, and no guy could last with you. It would have helped if you didn't make me since you've only been torturing me all my life...

Therapist: Yeah, that's hard. The Angry Child needs to express everything that is bothering the Vulnerable Child and needs a shout-out....

Client: (crying)... so now I go to the Critical Parent, he says: you're exaggerating again, you're hurting mom, you're ungrateful, she'll cry because of you, you're mistreating her.

Then, I'm going to Vulnerable Child... I don't deserve anyone because I'm wrong... I can't behave... I'll be left alone... I'm not surprised that no one stayed with me... I'm crazy. My head is starting to hurt. I'm so nervous...

(Switches to the Detached Protector) I'm going to distance myself from my feeling. I have to be strong. Emotions make me weak and unstable. It'll be good, and I'll feel better. I screw up everything. I don't want to think about anything anymore. I do not care.

Also, Critical Parent (sits back to Critical Parent) You can't do anything better than cut yourself. You are incompetent and useless, and your thighs are scared.

Therapist: I liked how you played out the whole story of the individual modes. How was it for you?

Client: You saw me cry... but it was good. I realized what was happening in such a short time...

Working with several chairs that represent individual modes can also be used to transcribe events that happened in the past and still have an impact on the client's experience.

Working with Dysfunctional Parent Modes

In this position, these modes can appear as unbearable demands on oneself and others. The individual communicates their high standards for themselves and that these standards are natural and obvious; otherwise, he would be unacceptable to himself and others. Becoming aware and then weakening the Punitive/Critical and Demanding Parent modes is one of the main goals of schema therapy. The therapist's task is to identify abusive messages of the Punitive Critic Mode, the Demanding Critic mode's excessive demands, or the Anxiety-Inducing mode's catastrophic scenarios. The therapist explores the Punitive Critic mode by asking the client to sit in another chair. Then the client is asked to try to be in the Critic mode. Then the therapist asks the client in the Critic chair: "What don't you like about...?" says the client's name and points to the empty chair. When the essence of the mode is clear to him, the therapist stops the client. He can then ask the client to sit in the chair next to him and ask what emotions the criticism evoked in him. He can also identify with the client the historical roots of critical messages to make the Critic more ego-dystonic. At the same time, therapists use strate-

gies such as the empty chair or the method of two or three chairs to enable individuals and the whole group to fight with the Punitive or Demanding Critic mode not only on a rational level but also on an emotional level. Group work dramatically enhances this process. Most clients can gradually, willingly, and sensitively enter Kind Parent and Healthy Adult modes to help protect the Vulnerable Child in other group members from their Punitive / Demanding Critic Mode. Before individuals internalize the Kind Parent, the Critic Mode turned towards the group tends to be a potent trigger of the Angry Child in other group members and leads to quick and sometimes difficult-to-manage conflicts in the group. In these cases, the group has an advantage over individual therapy. A group of strong, healthy adults can stand up to the Critic Mode more quickly than the client alone.

Another exercise that can be used in a group is to create a Critic out of cardboard or fabric, on which members can write negative messages they have received from their Critic modes. This effigy can then be placed on a chair to represent Critic mode literally. Using such a symbolic representation evokes many emotions, starting at times with apprehension and turning into anger and rejection. The effigy can then be locked in a closet, symbolically burned, or thrown into the trash. If a chair is used, it can be taken out of the therapy room.

Box 9. Case vignette – Using chairwork to the dialogue between modes

Therapist: If I were to add the Kind Parent chair here... What could he say about the individual modes? Sit in his chair.

Client: (sitting on Kind Parent's chair) ... after a while, she turns to the Angry Child: I understand you very well, you were already exhausted from work, and mom hit you like this. It's understandable that you then blamed her. Maybe a little more, but she didn't spare you either. However, you are not a bad girl; you often think about her and feel for her.

Therapist: Nice... what about other modes?

Client: (turning to the Critical Parent) - Shut up. I don't want to hear this anymore. Self-criticism has never helped me. Shut up and don't show yourself anymore because your talk always drowns me. I understand that you want me to be better. Nevertheless, when you put me down and torture me with criticism, you prevent me from being better and weaken me.

Therapist: Very nice... can you address another mode?

Client: Sure, Vulnerable Child... Mom is wrong... you look tired and worried, maybe even angry from work... where it's hard for you, but you still manage it all... you are honest, fair... you deserve to be praised... not criticized ... you are a good girl. You deserve love, and I wish a nice man falls in love with you because you are valuable.

And now for the Surrenderer... I understand how hard it is at work and sometimes at home with mom, so you have no choice but to resign... but I wish you find the strength because you have it inside you. Look for another job and try to go out among people, don't just sit at home... you have to not close yourself off only at home and at work... you have a job for which you have an education... you don't have to perform below your level... although I understand that you are afraid of emotional injury, I know you are also courageous... persistent...and competent...person.

Therapist: I would support Kind Parent a lot... it's nice how well he knows your strengths. He's right that you have more than your Critical Mode tells you. I would also like to ask how else you could react as a Kind Parent or a Healthy Adult to your mom when you come home from work tired and she tells you that you look like a bulldog.

Client: Mom, please stop. I'm exhausted from work, and maybe I look bad because I had much stress today. My face doesn't belong to you. On the contrary, I was looking forward to chatting over coffee with you. Although we sometimes argue because we are always together, sometimes we talk very nicely. Furthermore, I love you, so you know...

Working with the Angry and Impulsive/
Undisciplined Child

Especially at the beginning of group schema therapy, the Angry Child mode is triggered relatively often in some group members, who angrily attack fellow clients and therapists. The source of anger is often strong dissatisfaction or frustration when emotional needs are unmet (e.g., acceptance or attention). Therefore, it is easily triggered in a group when the client feels he is being overlooked or criticized and has a sense of injustice or unfairness. This mode can manifest in insulting or inappropriately criticizing others, jumping into the conversation or ignoring another group member, acting capriciously yet denying anger, and sometimes even running out of the group and slamming the door. Angry Child mode can also manifest itself in defiance. The individual is furious but does not express it directly, but it is evident to others because he resists or is passive-aggressive.

Another type of dysfunctional child mode is the Impulsive/Undisciplined Child mode. A person in the Impulsive/Undisciplined Child mode expresses solid emotions and acts according to his immediate wishes and sudden needs, which naturally change in various ways, regardless of the possible consequences for oneself and others. A person in this mode then, for example, prefers short-term satisfaction of needs over long-term adverse effects and then regrets it.

Role-play is especially useful when exploring this mode, as many potential "actors" in the group can take on the Angry or Impulsive/Undisciplined Child role. One therapist can play the Punitive Critic role

to process the raw anger and frustration of the child whose needs have not been met. In this case, speaking to the empty chair rather than the client is preferable. However, there is a risk of rapid transference, so it is better if the client plays the Punitive Critic himself and then he changes the role. Then, the other therapist plays the role of a Kind Parent mode. The strength of the group and the emotional presence of many people can help the client not to feel isolated and calm down when others express support and understanding as he vents his Angry Child feelings. In the role of the Angry Child, the client vents his anger best on an empty chair or an object representing the Punitive/Critical or Demanding Parent Mode.

For example, the "five chairs method" has worked best for us: chairs for the Critic, the Angry Child, the Vulnerable Child, the Kind Parent, and the Healthy Adult. We ask the client to sit in the Critic mode's chair and express critical messages or requests to the empty Vulnerable Child chair (or we can put a client with a similar problem on it), and then the protagonist sits in the Angry Child's chair. Then, we place another group member in the Vulnerable Child's chair. We ask the group to empathize with the Angry Child and the Vulnerable Child. Then we asked if someone from the group would try the role of Kind Parent or, if necessary, one of the therapists could play it. Finally, we asked another group member to try to play the part of the Healthy Adult (yet, it is essential to reflect that the therapist usually plays the role of the Healthy Adult the first time). If we want to intensify the situation emotionally, we can let individual modes speak simultaneously or

Box 10. Case vignette – General calming, learning, and generalization

Therapist: I liked how you played all the modes nicely... how do you feel now?

Client: I'm pretty well... you saw how I cried... and I was relieved... I didn't blame myself, which is fine because I usually blame myself when I get upset...

Therapist: I liked how you were kind to yourself in Kind Parent mode... then also to mom... I was touched by how nicely you talked to her...

Client: I felt perfect about it. It was nice to realize that everything plays a role... how I run in those modes... it helped me understand more. Thank you so much for that... although I was initially worried about why we would need so many chairs, it was very nice.

Therapist: Would it be possible to transfer it from therapy to life?

Client: Yes, with mom, for sure. I could try that today, say something nice to her when I get home...

Therapist: What could you say? From a Kind Parent... or a Healthy Adult...

Client: Mom, I'm finally home... I was looking forward to seeing you... how was your day?... that would be the Kind Parent and

the Healthy Adult question... when I'm interested in her, she's happy... perhaps she needs my attention more than I do.

Therapist: Great... what else can you think of where this understanding could be applied?

Client: Well, definitely at work. Nevertheless, I am still in Overcompensatory mode, and when the boss doesn't praise me or notice me, I fall into a Vulnerable Child. Also, often an Angry child, but I'm just boiling inside. Then come the Detached Protector when I think it's all in my head. Nevertheless, it's not... I'm just kidding.

Therapist: Marketa, hats off to you... you're outstanding... next time, we'll try a situation from work with chairs. What do you think?

Client: Well... I'll think about it more at home...

Therapist: Yeah, what could be helpful? What do you say? What could you do as exercise at home?

Client: I will write down the modes as we played it on the chairs so that I will be more aware of it, and then I will write down in advance what the individual modes say in a particular situation at work... then we can replay it next time...

Therapist: Absolutely, I'm writing it down as your homework...

advise the actors to try to be louder than others. This usually has a significant emotional effect and can help change the client's cognitive set-up. Then, we let the group members discuss their feelings and opinions and then ask the protagonist to sit in the Kind Parent's chair and, from this mode, meet the Vulnerable Child's needs and express empathy for the Angry Child. Then he will also try the role of a Healthy Adult. The group then discusses the entire process, and the therapist finds out if anyone in the group has a similar situation and how the scene appeals to them. Next, the group discusses the best Healthy Adult strong response that individual group members can act out, and finally, we ask the protagonist to do so. Expressing the emotions of an Angry Child is important because clients often resist expressing anger because they fear punishment. Therapists encourage the client to express their anger and then help them cultivate their behaviour so that they can express their anger in a way that does not negatively affect their relationships.

Working with chairs while accommodating coping modes

According to van der Wijngaart (2019), clients must understand their function when dealing with coping modes (Overcompensator, Avoidant Protector, and Compliant Surrender). The therapist helps him with questions such as: How does it help you? How did this mode help you in the past? What would happen to you if you did not react like this? The purpose is to link these modes with the Vulnerable Child mode and to discuss their advantages and disadvantages. Chair work with coping modes is precious in situations where the clients need help evaluating the mode's strengths and weaknesses (Arntz & Jacob 2012).

A strong Detached Protector

The therapist should always remember that what they are dealing with is a mode. It is essential to validate the coping mode and recognize its value in the client's past when it is relevant to the client's situation (Arntz & Jacob 2012). After talking with the coping mode about its functions, it is also necessary to put on the Vulnerable Child mode chair and study how the client feels. Suppose it is difficult for the client to switch themselves at the initial stage of therapy. In that case, a therapist can sit in the Vulnerable Child's chair and "bring" their emotions into the situation. In Child's mode, they adopt a child's visual perspective and speak authentically about their feelings. The therapist then asks the client to sit in the Vulnerable Child chair and repeat the expressed emotions. The role-play ends at the Healthy Adult position, where the client is encouraged to try healthier coping strategies, and the Vulnerable Child is given the message that they will not be left alone and that the Healthy Adult will be there to help (Arntz & Jacob 2012). Therapists can also use some of the psychodramatic techniques we mentioned. Bypassing the Detached Protector mode usually results in a significant shift in therapy. Often, clients may respond to the offer to explore a coping mode with activation of this mode (Arntz & Jacob 2012). Clients may say, "I'm not an actor." "I'm not going to do this. It's stupid" "You do this with every client?" "How can it help me if I sit in a different chair?" Alternatively, these modes are manifested in non-verbal behaviour such as devaluing smiles, smirks, sighs, etc. This behavior can trigger the therapist's schemas. The therapist's anxiety, shame, helplessness, and hopelessness can trigger Defectiveness/shame

Box 11. Case vignette – Working with Critical mode chair

Client: I was very sick yesterday. I laid in bed all morning, and afterwards, I blamed myself. However, I couldn't bring myself to do anything. Then I snapped at the dog, so he was shaking all over. I nearly hit him, even though he wasn't to blame.

Therapist: Let's try to go back to the beginning of this discord; how did it start yesterday morning?

Client: I slept severely at night; I was exhausted in the morning.

Therapist: What happened during the night? What were you thinking about?

Client: That my boyfriend left me. I thought about how I messed up the relationship, how no association ever worked for me, and how men always abandoned me.

Therapist: It sounds like you struggled at night and felt sleepy in the morning. Did the torment continue in the morning?

Client: Yes, I kept returning to it, and then I blamed myself for not doing anything and just lying there. I'm useless if I can only lie down and not even bring myself to go outside with the dog.

Therapist: Could we break this experience down into individual modes to better understand what is happening and try to find ways to deal with it in a way that could relieve and help you?

Client: Hmm, I didn't think of that. Even though I've already talked about modes, it didn't occur then. I am trying to figure out how it could help me, and I'm useless.

Therapist: I understand you are criticizing yourself, Katka. Which mode could it be?

Client: It's Critical Mode. It is very strong for me.

Therapist: Here is the Critical mode chair. Can you sit on it and say in the present tense what everything is saying to you that night and morning?

Client: (sitting on the chair) You are incompetent. You can't even keep a boyfriend, and everyone always leaves you. That's because you have no value. You couldn't even finish your studies, and you can't impress them.

You constantly bullied them. You deserve it, and no one can praise you. You're just wrong—thoroughly bad since you were a child.

Therapist: These are powerful critical words. How does your Vulnerable Child feel after this criticism? Please sit on this second chair, the Vulnerable Child's chair.

Client: (moving to the other chair) I feel sorry; I feel alone. I feel sick with such pressure in my chest and stomach. Nausea, as if I am going to vomit. I am helpless. I tell myself that the Critic is right about everything.

Therapist: I see. It must be challenging for the Vulnerable Child to be bullied by a Critic like this. What would your child need most right now?

Client: I don't know (pause). Maybe for someone to protect me? To stop the infernal criticism. Maybe to feel that I'm not that bad. That would be good enough, I think. I need someone to like me...

Therapist: Here we have the Healthy Adult chair. What could a Healthy Adult say to Critical mode to stop it? And then there was the chair of the Kind Parent, who could try to understand and protect the Vulnerable Child. Which chair would you like to go to first?

Client: (sitting on the Healthy Adult's chair) Here. I don't know what to say to Critic, and I still feel like he's right.

Therapist: You told me the other day that your uncle was very rational and stood up for you often against your critical mother. What would your uncle, as a Healthy Adult, say if he heard that criticism of Critic? Try looking at the Healthy Adult chair with your uncle's eyes for a moment. What does he say to Critical Mode?

Client: (turning to the Critic chair) You are mean to her. You are exaggerating, and it's not true what you tell her, and it doesn't help her at all. Leave her alone...

Therapist: (joins in) ... You're not helping her; you're harming her... leave her alone... get out of her life.

Client: Yes, get out of my life. I don't want to hear you anymore.

Therapist: Excellent. How do you feel?

Client: I feel better. I'm just a little shaky.

Therapist: What else would you need?

Client: Knowing I'm not evil, even though my Critical Mode said so.

Therapist: Try sitting in the Kind Parent's chair. Remember your grandmother, who was always kind to you. That was such a prototype of a Kind Parent for you. What would you say to little Katka from the role of a Kind Parent? How would your grandmother speak to you?

Client: (sitting on the Kind Parent's chair) Katka, you are a very clever girl. You've been kind and intelligent all your life. You studied very well, always helped others, and thought of others a lot. You deserve people to like you.

By the way, many people like you too! You have a friend you get along with. Your sister also likes you very much, and her children love you. You also always had female friends who wanted you. The fact that your boyfriend has decided to break up with you is sad, but it does not mean that you are not lovable. Instead, I believe he is selfish. He is a workaholic who only wants a woman to serve him. You had the right to tell him that you wanted him to be with you more than with the turbines. You didn't criticize him excessively; you just occasionally expressed your displeasure. You have a right to that. It's good that you stood up for your needs. You will find a man who will respect you. I know you can do it.

Therapist: Absolutely; it seems your Kind Parent is quite supportive. Please try to say the three most important messages the Kind Parent says and write them here on this card (hands the card to Katka).

Katka: First of all, I'm a pretty good person (writes it down). Second, I have the right to stand up for my needs. Thirdly, I can find a man who will deserve and respect me.

Therapist: Absolutely. Now sit on the Healthy Adult's chair and try to say three main messages for Katka and write them down.

Katka: (sitting on the Healthy Adult's chair) There's no point in criticizing yourself; you're good enough the way you are. You don't have to try so hard to please others. Do the things you love to do. (writes it down on a card)

Therapist: Very lovely. Now read me the Kind Parent and Healthy Adult messages, and tell me how much you believe them now.

Box 12. Case vignette – Working with several chairs

Therapist: Please sit on this chair. It's the Punisher mode chair. What does your Punishing Parent tell you when it kicks in?

Client: (Says unpleasant things): I'm mad at you! You are an irresponsible slacker! You will not do anything well, and you will only destroy everything! You deserve nothing but pain.

Therapist: Now, please sit in the Vulnerable Child's chair. How do you feel in this chair when you hear what Critical Mode is telling you.... What do you need at this moment?

Client: I'm sad. I'm afraid, and I want someone to hug me.

Therapist: I understand when Critic tyrannizes you like this, you feel bad and need protection...

Let's see if we can find other modes of experience... Here is another chair, and it's an Angry Child's chair. When you get angry, what do you feel like saying to that Critic that keeps criticizing you?

Client: F*ck him! He talks like my dad... he's always buzzing, and he's up to no good... I want to get rid of him, so he doesn't abuse me like that... F*ck you! I hate you! You are ruining my whole life! I suffer because of you, you bastard!

Therapist: I can see that the criticism hurts so much that it upsets you. It's good not to be controlled by your Critical Mode. Realize that he has no power over you and drive him out!

Client: I feel the energy in me to expel it...

Therapist: Absolutely.... Let's look at the other modes you get into... Here we have the Hypercompensator chair... that's the mode that tries hard... to prevent Critic from starting. Please sit on his chair... what is he saying... what is he doing?

Client: He says: When I try, it's good. When I do things perfectly, others will appreciate me! Moreover, I check everything to ensure it is perfect and only sleep at night to get everything done. Furthermore, I also try to please everyone.

Therapist: It probably won't be your child, but your Overcompensator. Try to talk about what he does in the third person; we will reserve the first person, if possible, for children's modes.

Client: He is a striver, a nerd; he wants to please everyone. To show the whole world how perfect and hardworking he is. I'm sick of him; he's completely exhausting me, and I still don't have time for anything. I don't enjoy anything because of him chasing me.

Therapist: What would you like to do with him?

Client: I would prefer to get rid of him and stop trying at work and to please people...

Therapist: Completely?

Client: Probably not; I'd like to do it sensibly, ...

Therapist: That sounds nice. What mode could this be? What does this say...? Here is his chair...

Client: That's a Healthy Adult. He tells me to do things naturally and rest when I get tired. It's not worth beating yourself up like that; it's unhealthy. Even if you say no, the others won't get hurt... He says, above all, to get a good night's sleep. It's

nice to do things well, but there's no point in rushing too much. You also have the right to rest and do pleasant things...

Therapist: That sounds very good... Let's try another mode... look at their drawing here... which one do you recognize? (adds another chair)

Client: The Surrenderer. I know him well too. I'm lying there telling myself that it's all worth the same sh*t... that nothing is worth it.... I can lie like this for half of the day or the whole day and ask myself, how did I turn out? That nothing is worth anything... that what the devil Critic says is true, that I am useless, no one likes me anyway, and nothing good awaits me anymore... I'm depressed when I'm in it, and I can dig into it....

Therapist: You described it well.... Can you think of a mode that could help you?

Client: Well, I don't know... A Healthy Adult doesn't help me much... although sometimes a little... if I tell myself that it will be worse if I lie down, that it's better to get up and do something small... that helps me... but sometimes the Critic is more robust, and it drowns the Healthy Adult.

Therapist: So sometimes a Healthy Adult will help with a sensible suggestion... that's good to know, even if Critic can silence him for now, and then you get into Surrenderer... can any other mode help?

Client: When I get furious, it gives me energy, and I stop lying down. This sometimes works when someone pisses me off. Then I get into Angry Child, I get angry...

Therapist: Absolutely, you have already discovered the second mode that sometimes helps you from the Surrenderer.... Let's try some more...

Client: The Kind Parent. However, I can't do that very well... instead, when someone is kind and tolerant towards me, they tell me that I don't have energy when I'm depressed, so I shouldn't try to overdo it and do only as much as I have power for. Also, he tells me that I'm a nice girl and have achieved a lot in my life. When my brother-in-law tells me that, I quite believe him, and then it occurs to me - I guess he can trigger my Kind Parent...

Therapist: Absolutely. You've found three modes to help you recover from the Surrenderer. We still have one more way to talk about today... we need the important one...

Client: Detached Protector...

Therapist: Excellent. This is a complex mode, that is, difficult to realize when we are in it... how it manifests itself within you... here I will give you another chair, that is his chair...

Client: Mainly avoiding... when I avoid people, and I tell myself that I feel better... or when I tell myself that nothing is happening and I pretend to myself and others that nothing is happening... when I speak to my wife that everything is fine, that I feel fine... and at the same time that's not true... but I'm lying to myself too... for example, I draw a thick line behind everything and start again... but it's not true.

or Failure schemas. The therapist's Self-sacrifice or Subjugation schemas can lead to giving up the chairwork. Activating the Unrelenting Standards schema leads to anger, irritability, and a tendency to fight and dominate (van der Wijngaart 2019). To handle these situations, it requires the therapist to:

- (a) *Understand the situation:* Therapists should acknowledge feelings and become aware of schemas associated with them. It's normal for it, and they appear; even a therapist is only human.
- (b) *Give hope:* Gradually, as the chairwork develops, the client gets better, understands more, and almost always benefits.
- (c) *Challenge critic and maladaptive coping modes:* Just because the therapist doesn't feel well doesn't mean he's done something wrong. Even though it might be harder initially, he should continue the chairwork.

Ways to react when clients do not want to work with chairs (van der Wijngaart 2019):

- Remain calm, do not take it personally, and de-escalate the situation, for example, with a quiet tone of voice.
- Explain the meaning and possibilities of this procedure more rationally.
- As a client, sit in the chair for a particular mode, model the behaviour, sit in another chair and have a dialogue with the mode.
- Even if the client is in one of the coping modes, the other modes are usually "listening," including Vulnerable Child and Critic. Therefore, working with the available mode can affect different modes.
- Reformulate the client's responses into a mode. For example, "This would be a stupid thing to say" can be rephrased as "Now you are speaking like a forceful and firm guy."
- Don't be discouraged. A healthy adult says what is needed.

Telling the story

When treating clients with a history of childhood adversities, painful experiences, trauma, maltreatment, and failure, the therapist often begins with retelling, preferably while sitting in a chair. In this chair, the client sees it from one point of view. The therapist then invites the client to sit in another chair and, from that chair, tell a harrowing story from another point of view (Kellogg 2007). The therapist then can ask the client to tell the story repeatedly. It can be the view of another person who has also experienced the story, or the opinion of some part of themselves, especially if the client sees the story in a contradictory way and experiences inner divisiveness or conflicts concerning it. With each repetition, the story grows and becomes more complex while gradually integrating.

We can work similarly with a client who is suffering from complicated grief. He can remember a close person whom he lost from the position of an abandoned person or an angry person, and also recognize

the moments that were pleasant and fulfilled together. For each of these positions, the therapist may ask the client to use a different chair or a different body position (sitting on the chair, standing over the chair and leaning on the back of the chair, squatting down to the chair and holding it by the seat, etc.). With repeated exposure, the client gets used to the story, sees it more comprehensively, and embraces more complex parts. This gives them more freedom to explore and work with the intricate details of the story.

Another way to work with stories is to rewrite them using imagery rescripting or psychodramatic reenactment (Young et al. 2003). After creating a "safe place" image, the client is encouraged to recall a problematic event from the past. After telling their story, they can be invited to share in one chair what he was experiencing in the given situation and what they would need. The person can sit on the second chair as someone who can help the injured child, either the client themselves, an adult, or someone he knows. From this position, the client speaks to the adult who threatened the child to protect it, and then they talk to the child to fulfil their needs. The main goal is to change the story's scenario by protecting the child and fulfilling the basic core needs. Other resources can also come into play to help the child feel protected or strong. These can include the police, guns, other people, or spiritual forces – whatever is necessary to make a child feel safe in their chair (Arntz & Jacob 2012; Prasko et al. 2012b).

ADDITIONAL RECOMMENDATIONS WHEN DOING THE CHAIRWORK

Pace

The tempo intensifies the emotional experience. The problem can be when the pace is too fast or too slow. At a rapid pace, the therapist tries hard, and it doesn't allow enough time to process the experience. To strengthen the emotional experience, providing enough time and stopping at important moments when schemas get activated is necessary. Also, the therapist usually needs to be connected to the client at a faster pace. They can both get lost, and they need better contact. This manifests in boredom, lack of emotions, and loss of interest.

Tone of voice

The adult tone of voice connects with the adult part of the client, and connecting to the child part is more accessible when the therapist's voice is warm, welcoming, and caring. The therapist can use the tone of voice to modulate or trigger emotions, and his representative should be firmer and more mature when discussing critics and maladaptive coping modes. Talking to child modes is usually gentle and full of warm and kind emotions.

Location of chairs

The therapist must be aware of the location of the chairs as well as his position. At the beginning of therapy, the

Box 13. Case vignette – Child work with rescripting the story

Therapist: You said that you sometimes got a B-grade on your math report card at the beginning of the second grade, and your mom yelled at you, telling you that you were stupid and incompetent. Can we go back to that situation in your memories to understand more about what was happening to you and whether it has any consequences for your life?

Client: Mom scolded me terribly then. I felt horrible, like stupid, incompetent. I had a feeling that mom was right. I'm bad at math, which means I am stupid. She told me I was not hers because she had always been good at math. It hurt terribly.

Therapist: I believe you. You said before that you enjoyed school and felt that you were doing well. You were proud of your A's and didn't even have to study... Please sit on this chair, a little Katka chair, then. Try to speak for her about what she is experiencing face-to-face with her mother...

Client: (sitting on the chair) Mom is right. I am stupid, and I don't care about myself. I will never be as good as her, and she won't like me. Nobody likes incompetent people.

Therapist: When you say this to yourself, what do you experience emotionally and physically?

Client: I want to cry, but I'm frozen and stiff; I can't even cry. It hurts inside, like in the chest, lungs, and heart. I am helpless and tense, and I am overwhelmed with regret.

Therapist: That must be painful... I'm sorry you have to go through this... Let's try to look at another little Katka. The one who had only A's so far, everything went well for her; she didn't even have to study, she liked to read, and she had a good friend she trusted. We will put Katka on the second chair. Try to speak up for her in that situation.

Client: Well, it's only B; otherwise, I have all A's. I am okay with everything except the math. Moreover, I'm doing pretty well with that, too, even if the teacher can't explain it well and my mom doesn't have the patience for it. I'll tell grandpa or uncle they're good at math and have patience. Nevertheless, a B is a good grade. Anyway, I have the best grades in the whole class.

Therapist: I see that the smart Katka sees it differently than the downtrodden one. How are you doing on the other chair?

Client: I feel good here. It's all true; I have a perfect report card. Furthermore, the mom can't explain math, nor can the teacher. Nevertheless, I have doubts about what others would be considering the situation.

Therapist: Katka, you said that your grandmother liked you very much and treated you well. If I put grandma's chair here, what would she say about the situation, and then what would she say to mom and you?

Client: (sits on the grandmother's chair and starts talking to the next chair, on which the fictitious mother is seated). Jitka (the mother), stop it! The girl is smart and does well in school. When you're in a lousy mood, hide in the kitchen and don't criticize. You can see how startled she is; she doesn't deserve that. (Then she turns to the chair from which she spoke as if injured) Katka, you are a skilful and clever girl. You are doing well at school. You

have a B, but you can easily catch up. I'll tell Pavla if you want him to talk to you in case you don't understand something. As I know you, you'll catch up very quickly.

Therapist: Sit back on that child's injured chair, and I'll try to repeat the grandmother to you so you can feel it more.

Client: (Sits back on the first chair)

Therapist: Katka, you are a brilliant girl. You are doing very well at school. The B from math doesn't matter; you can quickly improve that. If you don't understand something, I'll tell Pavel, and he'll explain it to you. You will understand it easily and quickly. I also want to tell you that I am proud of you. B is a very good grade; otherwise, you have only A's.

How do you feel now, Katka?

Client: I feel very well. I'm indeed bright, and I'm doing well at school.

Therapist: I would try one more position, we will use this chair that we have already used, but we will turn the back of it forward to symbolize a different role. Try to imagine your mother sitting on it and monologue behind her; what do you think was going on inside then? We can't verify it in any way, but what do you think about it?

Client: (Sits on this "new" chair, facing the backrest) It's hard, but I'll try. Dad didn't have a job then; she was on her own to earn everything. He started drinking, so she wanted me and my sister to be excellent so she could say how good her daughters were. In this case, my B grade was spoiling it. Yeah, what could have been going through her head?

-- How could Katka get a B in mathematics? She's not stupid, after all. Nevertheless, what if she ends up like her father with no job? She doesn't study much, yet she's been doing so well. She embarrasses me, and I need to check on her more. She must not have any Bs in sixth grade by the end of the year.

Therapist: Hmm, it seems that mom is dissatisfied with her life and wants you to be good and make her proud. Do you feel that way?

Client: She is disappointed in her husband because he does not have a job; she is ashamed of him. So, she wants to be proud of the children at least, and it's hard for her too. Since then, I have started studying for better grades and working excessively. Before, I learned more about the joy of being interested. I had straight A's by the end of primary school and honors at grammar school. Nevertheless, it didn't please or amuse me anymore, and it was more about the grades than the fact that I was interested. That excessive effort to not disappoint others has remained with me until now, and I would like to change it.

Therapist: You seem to think of connections with your current life. We can figure it out together. Nevertheless, it sounds like high school went great for you. What do you think? Can stupid and incompetent people graduate from high school with honors? Can mere hard work and excessive study be enough to achieve honors, or does one also need to understand the material? What do you think about yourself?

Client: I wasn't completely stupid.

client does not move to another chair when the therapist talks to critic or maladaptive coping modes, and the Vulnerable Child is placed on the next chair. If the goal is to connect with the child mode, the therapist sits next to him and turns towards him whenever he speaks to this mode. The therapist's chair is closer to the client, and the empty chair where the coping modes are placed is further away from this dyad.

The nature of communication

The therapist's communication can have the character of meta-communication or be focused experientially (van der Wijngaart 2019). The therapist can say, "What would this side that protects you say" or becomes a protector and asks in an appropriate tone of voice: "How does this help you?". Alternatively: "I think I would tell him this: I know you're trying to help him, but what you're doing isn't helping him."

Dialogues between modes should be natural, direct, and dynamic. It is helpful to visualize the modes as real people in the room. For instance, the client can imagine his father sitting on a chair. It helps if the client describes how the person is dressed and their facial expression. Then one can communicate with the mode more personally. Individual people or modes can be represented by effigies, puppets, or stuffed toys, which are less challenging to personify than an empty chair.

CONCLUSION

Chairwork is a creative and emotionally charged method that enables therapeutic change. When used within the scope of the conceptualization of the client's problems, with clinical sensitivity and judiciousness, it has a high potential to fundamentally liberate clients' intense emotional pain.

Modes are bounded complex patterns of emotional experience, cognitions, body sensations, and behaviour activated after triggering early maladaptive schemas. When working with modes, an effective psychodramatic method is to work with chairs, where each chair represents a different mode for which or to which the client speaks. Shifting between chairs is helpful because it allows the client and therapist to identify individual modes better and target the thoughts, experiences, and associated behaviours. When placed on unique chairs, modes become more conscious, and the possibility of choice in how the individual acts and experiences increases.

Chairwork is an emotionally intensive form of therapy. Some clients find it challenging, and the therapist may adjust the tempo and emotional intensity to keep the client within the window of tolerance. So, it is essential to remember that natural healing is often associated with processing painful memories and the courage to change experienced maladaptive patterns of experience and behaviour. Therapies that do not elicit sufficiently high emotions are less effective for old

ways of feeling and behaviour related to aversive childhood events.

Chairwork is one of the most effective strategies in psychotherapy. For clients willing to cooperate, this intervention can help: a) effectively participate and heal their suffering; and (b) support their Healthy Adult mode and satisfy their emotional needs more efficiently.

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