

Clinical Section

TWO CHAIRS, SELF-SCHEMATA AND A PERSON BASED APPROACH TO PSYCHOSIS

Paul Chadwick

University of Southampton, UK

Abstract. Greenberg, Rice and Elliott (1993) elaborate in detail different applications of the two-chair method within an experiential therapy framework. In the present paper we present an adapted two-chair method for use in cognitive therapy. The principal aims of the adapted method are to elaborate a positive self-schema that has an emotional (“lived”) quality, and to use this experience to create a new model of self as emotionally and cognitively varied and changing. Procedurally, the first two steps are to (1) summarize the negative self-schema (Chair 1) and (2) draw out a positive self-schema (Chair 2). In Steps 3 and 4 the client remains in Chair 2 and is encouraged to accept the two self-schemata, and to integrate them both within a broader, more diverse metacognitive model of self. We present key themes from analysis of two clients’ reflections on the method, which highlight issues of generalization and the process of change, and conclude with clinical and research implications.

Keywords: Two chairs, self-schemata, metacognitions about the self.

Theoretical overview: From a symptom model to a person model of psychosis

Chadwick, Birchwood and Trower (1996) conclude their book on cognitive therapy of delusions, voices and paranoia, by asserting the need to move from a symptom model of psychosis to a person model; that is, these authors call for the developments made working with symptoms to be placed in a broader therapeutic and theoretical context. They argue that the unifying concept within a person model of psychosis is the self. Chadwick et al. follow a long tradition in arguing that the self is not an entity, but rather is an ongoing process of self-construction through interpersonal experience (Maslow, 1954; Rogers, 1961; Shotter & Gergen, 1989).

One of main reasons Chadwick et al. called for this shift lay in their formulation of the link among symptoms (delusions, voices, paranoia), distress and underlying beliefs about

Reprint requests to Paul Chadwick, Department of Clinical Psychology, Department of Psychiatry, Royal South Hants Hospital, Southampton SO14 0YG, UK. E-mail: paul.chadwick@wht.nhs.uk

A therapy transcript of the two-chair process described in this paper is available online in the table of contents for this issue: <http://journals.cambridge.org/jid BCP>

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the self. They argued that these positive symptoms of psychosis are a problem only if they are associated with distress, behavioural problems, or both. They further argued that if emotional/behavioural problems are experienced, then there will exist the same functional relationship between cognition and emotion/behaviour as in neurotic difficulties. Thus, there will not only be delusional beliefs (inferences about how the world is and one's place in it) but also negative person evaluations (equivalent to unconditional schemata) and underlying rules or assumptions. They give case examples of how to use the downward arrow method to move from delusional beliefs to these deeper evaluative beliefs about the self – a procedure that has been empirically demonstrated (Close & Garety, 1998).

Chadwick et al. argue that this experience of self has the phenomenological quality of feeling both global and stable. That is, when the unconditional negative self-schema is actuated, it is as if the experienced self is “one dimensional” – globally (i.e. the whole self) and inescapably (i.e. stable, cannot change) bad, flawed, etc. This experience of self is “hot” emotionally and has a significant impact on the self-construction process. Understandably, the more a person's interpersonal experience is characterized by a negative emotional experience of self, so too the person's metacognitive model of self becomes ever more fixed, simplified and negative. Our experience is that very many clients with psychosis have just such a model of self, although of course it is experienced as *the* self, and not a construction.

In the present paper we argue that a fundamental challenge of working within a person model is to help a person move away from a model of the self as fixed, simplified and emotionally negative (a negative self-schema), towards a new metacognitive model of the self as complex, contradictory, changing and emotionally varied. This is clearly consistent with the important work of Padesky (1994, 2001), who in her work with personality disorders places great emphasis on drawing out and consolidating a positive self-schema. In our practice there are four crucial steps in this process. First, the client relives for a few minutes a negative emotional experience of self (the negative self-schema), and the therapist draws out the implicit quality of globality and stability. Second, the therapist facilitates the client experiencing and articulating an emotionally charged positive experience of self (positive self-schema). Third, the therapist encourages the client to accept in a Rogerian sense both experiences of self. The aim is not to get the client to reject as “irrational” the negative self-schema. Rather, as the fourth crucial step makes clear, the aim is to see the negative self-schema as simply one experience of self, not *the* self. The therapist uses the client's “discovery” of the positive self-schema as experiential proof that the self is neither globally nor forever bad or flawed. From here the client is encouraged to explore a model of self as complex, changing and emotionally varied. Therapists emphasize that the client then has real choice: to continue to live by the negative self-schema, or to take risks to develop the positive experience of self.

Integration of the two-chair method with cognitive therapy

In practice, we have found that these four steps are facilitated by using an adaptation of Greenberg et al.'s (1993) important and pioneering work on the use of two chairs in experiential therapy. Integration of the two-chair method and cognitive therapy is possible because of shared practical emphases on a therapeutic relationship that is collaborative. Both are also true to Rogers (1961) concept of acceptance, whereby therapists strive to show a con-

sistent, genuine, uncritical interest and tolerance of all aspects of the client. Moreover, both approaches place an emphasis on learning through guided (emotional) experience; this is the very substance of experiential therapy, and of methods such as homework, exposure, imagery work and behavioural experiments within CBT. Again, in both approaches the process of change is facilitated through guided discovery. The two-chair process is fundamentally Socratic: that is, guided discovery is used to draw out clients' own experience. Whenever possible therapists' summaries, questions and reflections use the clients' own words, metaphors and imagery.

Integration is also supported by shared theoretical emphases. First, there is the central importance both approaches place on the subjective perception of self, and how this links to emotional distress and conflict (beginning in CBT with Beck's cognitive triad: Beck, Rush, Shaw, & Emery, 1977). The word scheme in Greenberg's approach is very close to the cognitive concept of a schema – both are deep and fundamental meaning structures (with cognitive, emotional, physiological and behavioural attributes) that guide action. The content of schemes is clearly close to that of a schema in cognitive therapy. Both contain core unconditional evaluations of self (I am utterly bad) and underlying assumptions.

Also, from our own perspective, schemata (negative or positive) are invariably interpersonal, and it is crucial to make this explicit. Person evaluations, for example, can be in one of three directions: other-self (you experience me as utterly bad), self-self (I am utterly bad), or self-other (I experience you as utterly bad). In practice, the therapist asks in both chairs an open prompt such as "How does it feel to be with other people when you experience yourself in this way?" before narrowing down to explore the three directions of person evaluative thinking.

There is a second fundamental and common theoretical emphasis. This is that both approaches place a fundamental emphasis on self-construction. Greenberg's approach has perhaps done more to embrace the potential for working directly with the process of self-construction as a means to ameliorate emotional distress; but CBT has always argued that beliefs about the self (indeed all key cognitions within the CBT model) are constructions of experience (Meichenbaum, 1992). Greenberg's approach and CBT share a commitment to a view of self as process, rather than self as entity, and both approaches are premised on the potential for transformation through harnessing of the self-constructive process. The two-chair method embodies this perspective.

Using the two-chair method

In practice the two-chair method occurs at stages 5 and 6 of an 8-stage process of person based cognitive therapy for psychosis. These steps are (1) establishing an open and collaborative therapeutic relationship, (2) assessment, (3) symptom based interventions, (4) case formulation, (5) formulating a positive self-schema, (6) acceptance and integration of negative and positive self-schema in new metacognitive model of self, (7) risk ("relapse") management, (8) ending the relationship. Typically, clients will go through the two-chair method two or more times.

We have found the two-chair method supports the elaboration of a positive self-schema, and facilitates a move away from a simplified one-dimensional metacognitive model of the self, towards a model of self as complex, changing, contradictory and emotionally diverse. Crucially, as is to be expected given the origins of the two-chair method in experiential

Table 1. Adapted two-chair process in 10 steps

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1. Isolate the marker for 2-chair work (e.g. person overwhelmed by negative self-schema).
 2. Reflect this back to the client.
 3. Briefly explain 2-chair method and rationale, and seek consent.
 4. Brief reiteration of negative self-schema (NSS), including global and stable quality.
 5. Empathic summary of distressing and disabling nature of this experience of self.
 6. Invite client to move to 2nd chair, emphasizing that NSS stays in 1st chair.
 7. Client in second chair articulates and “lives”, without time limit, a positive self-schema.
 8. Therapist facilitates Rogerian acceptance of both schemata.
 9. Global and stable quality of NSS challenged.
 10. Explore new model of self as complex, changing and emotionally varied.
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therapy, the positive self-schema needs to have an emotional quality (what Greenberg calls being “lived”); this avoids the risk of a dry intellectual creation of a positive self. The two-chair process involves 4 steps. These are (Step 1) reiteration of the negative self-schema, (Step 2) elaboration of a positive self-schema, (Step 3) acceptance of the two as having equal phenomenological validity, and (Step 4) integrating both within a new metacognitive model of self as complex, changing and emotionally varied.

The method is introduced in a simple way. Clients are asked if they are willing to try an exercise for about 20 minutes; it is emphasized that it is fine for them to say “no”. The rationale offered is that the procedure offers a space to explore different emotional experiences of self, by creating space for positive experiences that might otherwise be lost. Clients are told it involves them moving between two chairs. If the person agrees, the therapist would check if the person has any concerns about doing it. Occasionally, a client finds the idea of moving between two chairs a little silly or strange. If this occurs it is helpful to normalize any such reaction as an understandable feeling. Ordinarily, Steps 2, 3 and 4 take place in the second chair. When the client does return to Chair 1 it is useful to check with the person that there is no residue of having enacted the negative self-schema.

Our application of the two-chair method has necessitated a number of adaptations of the Greenberg approach; these adaptations reflect differing conceptual aims, and in no way reflect weaknesses with Greenberg’s work. In Step 1, the principal adaptations are that the negative self-schema (what Greenberg calls the Critic) is experienced as “I am . . .” rather than as in Greenberg’s method, where the Critic speaks to the second chair “You are . . .” The second adaptation during Step 1 is that the Critic is brief. Step 2, elaborating a positive self-schema in the second chair, is in itself a new development. During Step 3, which is straight from Greenberg, we place far less emphasis on dialogue between the two chairs. Step 4 is a new development in that the therapist facilitates new learning about the self that relates to the goals of our cognitive therapy practice (see above). Table 1 presents a 10-point summary of the two-chair method presented in this paper. In the following four sections we describe how two chairs are used to facilitate each step, and draw particular attention to adaptations or new developments of the Greenberg approach.

Step 1. Experiencing the negative self schema

The first adaptation of the Greenberg method is that in Chair 1 the negative self-schema is experienced in the *first person* (“I am . . .”) and not in the third person (“You are . . .”).

The main reason behind this adaptation is theoretical – it is fundamental to our two-chair method that both the negative and positive self-schema be enacted as emotionally grounded experiences of self. This is crucial to the subsequent realization that the self is complex and varied (Step 4 below). This adaptation has a further practical advantage. For the majority of our clients the Critic is expressed not only through their own thinking, but also in the form of auditory hallucinations, or voices (a name preferred by most clients). Whatever professionals may believe about the origin of voices, people who hear them experience them as being “not me” – indeed, this is definitional to the experience (Aggermaes, 1972) – and ordinarily have an interpersonal relationship with them (Benjamin, 1989). Asking a client to articulate the negative self-schema in a “You are . . .” form would place them unwittingly in the same role as their voices (outside the two-chair method this can be a useful role-play strategem when teaching clients to dispute some of the voice’s negative messages).

The second adaptation is that we endeavour to restrict the experience of the negative self-schema (Critic) to around 5 minutes. This brevity is possible because the two-chair method is enacted after the negative self-schema has been collaboratively formulated and shared. Five minutes is sufficient because ordinarily the critic is very present and lived, both in and outside sessions, and supported by experiences such as derogatory voices and memories of abuse. Much less than 5 minutes is probably insufficient to meet Greenberg’s requirement that the person “live” the Critic, and not merely talk about it, and might lead a client to infer that the therapist underestimates or even fears the negative experience of self. This balance thus seems to satisfy Goulding’s (1992) advice that planned experiencing of negative emotions, like visiting a dentist, should occur only when necessary, and be as brief as possible.

It might appear that Step 1 is an untherapeutic stage, where client and therapist simply “wallow” in misery. This is a mistaken view. Whilst it is true that therapists do not at this stage dispute what is said, or try and bring to mind mood-enhancing counter-evidence, they have specific therapeutic goals in mind. First, in talking openly about the experience, they communicate acknowledgement of how this experience is a day-to-day reality for clients. They also communicate that, at least in their minds, the experience is not so powerful as to be avoided or feared. Second, through Socratic language, therapists leave questions hanging in the air. When, for example, a client says “I have no good left in me” a therapist reflection might be “so at those times, your experience of your self is that you have no good left in you”. This reflection raises the idea that this is an experience of self, not the self, and that it might not apply at all times. Third, therapists reflect back the extreme, absolute nature of the experience. Of particular importance to Step 1, they make explicit what often remains implicit – that at a phenomenological level, a negative self-schema is experienced as global and stable (“When you experience your self in this way, does it feel like a part of you is rotten, or you as a person?” and “Does it feel like this could be different in the future?”). It really is like ink colouring the whole glass of water. Fourth, therapists validate the person’s behaviour (avoidance, self-harm, etc) by linking it to the rules: “So there’s a really powerful rule, which is saying that you’ll never be able to do anything good or of value, and very understandably you don’t try things – why would you if you are convinced it’s not going to be any good”.

Step 2. Elaboration of a positive experience of self

A significant adaptation of the Greenberg method has been to use two chairs to elaborate not only a negative self-schema (Critic) but also a positive self-schema. In the Greenberg

method, the goal is to integrate two conflicting aspects of the self; therefore the client begins in the second chair by articulating what it is like to be on the receiving end of the Critic (who has already addressed this second chair in the “You are . . .” mode). In our adaptation, the client instead begins in the second chair to articulate fully – and usually for the first time – a positive self-schema. This process is grounded in a positive *emotional* experience of self. Again, the first person form is used. In our use of the two-chair method, both chairs are therefore experienced as “I am”. Again, as when elaborating a negative self-schema, it is important to avoid a logical or intellectual construction of a positive self-schema, what we call “I must be good because . . .” reasoning. The client’s experience in the second chair also needs to be “lived” and founded in *emotion*.

At this stage, the therapist tries periodically to encourage a Mindful awareness of the first chair, whilst keeping the two experiences separate (“So in this chair being with others is a warming experience – when you are in the other, being with people is isolating and cold”). This avoids either the negative experience flooding the client and overshadowing the positive experience, or the client feeling that the negative self-schema has been lost in some way (they are valued by clients). In Step 2 we limit dialogue between the two chairs as the primary conceptual and therapeutic task is to elaborate a positive self-schema. Full elaboration may take two or more uses of the two-chair method. Crucially, experiences in Chair 2 need to be realistic, not “puffed up” (see Table 2).

Step 2 can be challenging because in psychosis the experience of self is so often overwhelmingly negative. From the outset of therapy, therapists are vigilant for cues for possible two chair enactments (markers) – normally fleeting positive emotional experiences, which are perhaps stifled by voices, or by clients themselves (a similarity with Greenberg’s self-interruptive split). Markers from within the session, and even involving the therapeutic relationship, can be especially effective. A common mistake when looking for markers is to focus on *any* emotionally happy experience. The key conceptual point is that the marker relates to and contradicts the negative self-schema, almost like opposite sides of a coin. In this regard, it is useful to have in mind Beck’s distinction between two domains of interpersonal concern, sociotropy and autonomy (Beck, 1983). Markers should mirror the interpersonal domain of the negative self-schema. Sociotropy essentially concerns issues of attachment. Negative schemata might relate to experiences of the self as unlovable or repugnant to others, and a suitable marker for a positive self-schema might be an experience of feeling warmly accepted and liked by others. Autonomy relates to success and also a sense of self-efficacy. If a negative schema concerned experiencing the self as forever failing and being utterly inadequate, then a suitable marker for a positive self-schema might be a fleeting sense of achievement and self-worth. With this in mind, therapists may even draw out markers for the positive self-schema (e.g. “John, all that you have said so far relates to feeling that others hate you, don’t want you around. Have you ever had an experience, even for a few moments, when it’s felt that someone wanted to be with you?”)

The therapist is alert throughout the elaboration of the positive experience of self for any negative self-criticism, which belongs in the first chair. With psychosis, an interruption can even take the form of a derogatory voice that asserts negative judgements associated with the negative experience of self. When this occurs, the therapist makes a judgement about what to do. This judgement adheres to Greenberg’s rule of thumb about when to follow and when to direct. If the client is experiencing and expressing important positive experience, and the Critic intrudes, then the therapist typically points this out and encourages the person

not to be diverted by the intrusion, which belongs in the other chair and can be articulated later. If, however, the positive self-schema is no longer live, then the therapist observes that the Critic has just spoken and says something like “I notice that your last comment belonged in the first chair – the critical chair. Did you notice that? Would you like to return to that chair and spend a little time on this? Or would you prefer to remain here and experience the positive self?”

Step 3. Acceptance of the positive and negative schemata

One of the many strengths of Greenberg’s work is his emphasis on Rogerian acceptance of different parts of the self, including the Critic. This remains crucial to our adapted method. In Step 3, the therapist therefore facilitates discussion of how both the negative and positive experience of self are enactments of the person’s own, emotionally lived, experience of self. In this regard they have an equal validity, or reality. This step draws heavily for its power on Greenberg’s preference for experiential enactment of parts of the self, rather than reason alone. Another virtue of the two-chair method is that the two experiences of self literally sit beside each other, embodying a broader definition of self. Therapists stress that both self-schemata have importance, are grounded in the person’s own experience, and share an experiential validity.

For this to work, therapists have to demonstrate genuine acceptance of the negative experience of self. It helps to bear in mind a distinction between an experience of self and a metacognitive model of self. The kind of negative experience of self lived in the first chair is, indisputably, an important part of the person’s ongoing experience of self, and will almost certainly remain so for some time to come. So it is accepted as a valid, important experience of self (e.g. there are many times when I *experience* myself as totally and inescapably bad). It is not accepted as an adequate metacognitive belief about the self (e.g. I *am* totally and inescapably bad), because it denies other parts of the self (such as that seen in Chair 2) and the inevitability of change.

By accepting the validity of the negative self-schema, therapists thereby reduce psychological reactance (Brehm, 1962) and help clients to accept the value and importance of the positive one. As Greenberg observes, clients do have an investment in the negative self-schema and do not wish to lose it altogether. Therapists therefore explicitly accept both experiences, and would typically say that they are not trying to eliminate the negative self-schema. (From a practical point of view, it is doubtful whether cognitive structures can be eliminated). Indeed, there is no direct challenge to the negative self-schema.

This emphasis on acceptance is very much in tune with, and complementary to, the important work of Padesky (1994; 2001) on cognitive therapy for personality disorders. She places considerable emphasis on the creation and consolidation of a positive self-schema, as opposed to the more traditional attempt to deconstruct a negative one. Also, an emphasis on acceptance of the negative construction and guided positive self-construction reframes the problem as being not so much the presence of the negative self-schema, as the absence of a positive one. The important work of Fennell illustrates how self-esteem is really a balance of positive and negative constructions of self (Fennell, 2002). As the positive self-schema emerges, so the negative self-schema is brought more into balance, but likely remains an important part of the person’s life.

In Step 3 we place less emphasis on dialogue between the two chairs than does Greenberg,

reflecting our somewhat different conceptual aims. However, dialogue can be useful, and at these times we very much endorse Greenberg's methods. So, for example, the person in each chair might reflect on how it feels to listen to the other self-schema being expressed. Also, each chair might articulate what it would like to say to the other. Again, the therapist encourages the client to explore what is good (advantages) and not so good (disadvantages) about each schema. Negative self-schemata have advantages, usually in the form of some kind of self-protection through avoidance (safety behaviour).

Step 4. A new metacognitive model of self

The fundamental cognitive change facilitated by the two-chair method is that the negative self-schema goes from being experienced as *the* self to being viewed as but one experience of self. In the second chair the person experiences (lives) and magnifies a positive self-schema, usually for the first time. The crucial point is that the negative and positive self-schemas have the same experiential reality. The two-chair exercise shows, in the person's own words and grounded in the person's emotional experience, that the negative experience of self is not the whole story. There is positive experience of self, of being with others, of achieving things. Of course, it can still get lost at times, drowned out by the force of the negative experience of self. But it is there, and the person enacted it in the presence of another.

Again, clients usually acknowledge that whilst presently the negative experience greatly outweighs the positive, there is no fixed reason why this balance might not shift in the future. Indeed, the therapist would suggest that the two-chair process itself is for many people an example of how experience can change the perception of the self. Similarly, the therapist may bring to mind how the negative self-schema was established and consolidated through traumatic experiences in the past, a further example of experience altering the sense of self. In short, the two-chair method challenges experientially the assumption that there is one self, and that it is fixed.

In literally (physically) as well as psychologically distancing themselves from the negative self-schema, clients develop a new *metacognitive* relationship with it. They see clearly the personal and interpersonal impact (see Table 2). Also, in Step 1 the person will have expressed the global and stable quality of the negative self-schema (that it is the whole self that is flawed and that this cannot change). During Step 4 the person accepts that this is the "felt sense" of the negative self-schema, but has an overarching metacognitive belief that this is inaccurate, and not a sound basis for a model of self. This is the second metacognitive shift. The method supports a new metacognitive belief that the self is not a unitary entity but a collection of complex, contradictory, emotionally diverse and changing experiences of self.

It can be useful to explore with the client the origin of the positive and negative schemata. Often what emerges is that the positive experience feels more authentic, in the Rogerian (1961) sense that the client feels more the "author" of it. The negative schema is experienced as having been imposed by others, through unwanted experiences with others. In contrast, whilst the positive self-schema is more fragile, it has a strong subjective sense of being created here-and-now by the person, through current relationships. The more the positive self is experienced as authentic, the more the person is motivated to value and develop it (Maslow, 1954; Rogers, 1961).

Thematic analysis of two clients' subjective experience of the two-chair method

To provide some preliminary insights into clients' subjective experience of the two-chair method, and processes of change, two clients agreed to write about their experience. Both had long-standing paranoia and voices. One main prompt was supplied: "What was it like to use the two chairs?" and participants were encouraged to include positive and negative reflections and feelings. Clients wrote in their own time. Content analysis revealed six themes. These are listed in Table 2, along with their definitions and verbatim examples. To assess reliability of the coding manual two clinicians independently rated the transcripts blind; inter-rater reliability was 100%.

Clinical and research implications

We have used the two-chair method with clients with psychosis who experience distressing and persistent positive symptoms, and for whom the negative self-schema is dominant. Clearly, this method is intended to supplement and not replace existing schema change methods (e.g. Young, 1994). At this stage, we are reluctant to exclude certain people from being offered the two-chair method. We use the method with people with longstanding, multiple and distressing symptoms of psychosis, and so far no one has found it harmful. If therapists think it might be helpful for a client, but have concerns about its application for that person, we would urge them to discuss these openly, and if needs be to put in place some management strategies. It is then the person's choice.

To support generalization, the positive self-schema that is elaborated in Step 2 is invariably further consolidated and refined over time. Part of this is to repeat the two-chair enactment. Once the method is familiar to a person, it can be shortened. Also, the work of Padesky is invaluable. We encourage clients to keep a data log of experiences, however fleeting, when part or all the positive self-schema was operative. Also, therapists explore with clients how they might access the positive self-schema, and the learning from the two-chair method, at times of difficulty. One client originated just such a technique. As soon as he became aware of the negative self-schema becoming dominant, he would rub a chair of any kind (e.g. sofa, seat on bus). This physical prompt brought to mind positive emotions, and a more balanced sense of self. However, negative emotional experiences of self will still occur. It is important not to invalidate these, but rather to continue to apply Rogerian acceptance, questioning only the belief that the negative self-schema is the whole, fixed self.

It is clearly important to undertake systematic research into the method. One immediate possibility is to develop the thematic analysis presented here. A sample of similar clients might be interviewed about their experiences of the two-chair method, and transcripts then subjected to systematic analysis (e.g. Grounded Theory, or Content Analysis) in order to determine the common and main variant themes. Alternatively, one or two intensive case analyses, complete with systematic diagnostic, process and outcome data, may reveal the causal role of the two-chair method in the client's change process.

In conclusion, the two-chair method feels very much in line with current trends in CBT for complex cases, which emphasize complex models of self, acceptance of existing belief systems, and creative construction of subjectivity valued belief systems. We have begun using the method with other client groups (e.g. personality disorder), and there is no theoret-

Table 2. Themes identified from transcripts of two clients' reflections on the two-chair method

Theme	Definition	Examples
Impact of negative self-schema	Emotional impact on self. Impact on thinking (e.g. selection bias) and behaviour. Interpersonal impact.	<p>“I realised how badly I felt, how the negative state was no good for me, was not working. Attending only to the negative paralysed me. It was getting me down and eventually it would have worn me away.”</p> <p>“Others often gave compliments which didn't reach me because I just dismissed them and said to myself ‘They are just being nice and do not realise how horrible I really am’. This devalues myself, and the other person who is giving a gift.”</p>
Positive self-schema is “lived” Stepping back	<p>PSS has an emotional force, or impact – a felt sense.</p> <p>By using 2 chairs person gains distance from self, looks on, has space, takes a metacognitive perspective.</p>	<p>“I felt happy in the positive chair and it was important to let this new viewpoint really soak right through me and permeate my thinking.”</p> <p>“Sitting in the new chair helped me to look at myself from the ‘outside’, which is quite an amazing thing to do.”</p> <p>“It helped to physically shift from being in those destructive, negative feelings, to looking at them from an outside point of view.”</p> <p>“It gives you space to look at the other chair. You can see yourself sat there.”</p>
Model of self	Appreciation of complex, multi-faceted and changing nature of self.	<p>“You can separate yourself, and you can separate it into many different parts.”</p> <p>“Once you got one good bit, that's okay, there are always possibilities of other bits. And the negative is not going to be all the time, all my life.”</p> <p>“Earlier on, there seems to be no option but a negative. When the breakthrough happens, it's quite strange. Surprising. I was surprised. Amazed that there are other parts of me.”</p> <p>“I had always thought there was just that one part of me, a negative one. I thought this all my life. It's nice to find this isn't true.”</p> <p>“It [NSS] is a part of me, just not all of me.”</p>
Realism	View of self is realistic, fits with others' views, or with experience.	<p>“The positive view should never be false or puffed-up – it has to be based on solid truth. There is no sense or point in lying to myself in the long-term.”</p> <p>“The two chairs made me look more closely at what others might see in me when they say <i>positive and negative</i> things to me. This is realism, a breakthrough. It brings a much more accurate picture of myself.”</p>
Generalization	Person discusses what it's like outside sessions, and how easily gains from 2-chairs are remembered, used, or applied back in the real world.	<p>“I knew that I would have to go back to ordinary life where problems do occur. I had to face this. I would need to integrate the new way of thinking into my life.”</p> <p>“After sessions, sometimes it still feels like there's good in me; other times out of sessions it seems like the 2-chair thing just doesn't seem real, the 2-chairs, the positive me, that doesn't seem real.”</p>

ical reason why practice or research should be limited to people with psychosis. The two-chair method offers cognitive therapists a further way of accessing positive emotional experiences of self and using these to help a person develop a balanced and flexible metacognitive model of self.

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