Radical Acceptance

How do Person-Centred and Experiential Pre-Therapy practitioners experience offering unconditional positive regard to clients experiencing psychotic processes?

A phenomenological study utilising the Duquesne method.

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This research is dedicated to my Grandad who had to endure the stigma and pain of psychotic processes.

Photos of Grandad with my Grandma, sister and I (Perry, 2018a)
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iii. List of Abbreviations

BACP: British Association for Counselling & Psychotherapy
PCE: Person-Centred & Experiential
PCEP: Person-Centred & Experiential Psychotherapy
PCT: Person-Centred Therapy
PTIN: Pre-Therapy International Network
SPTI: Sherwood Psychotherapy Training Institute
UKCP: United Kingdom Council for Psychotherapy
UPR: Unconditional Positive Regard
1. Abstract

This study sought to identify, and gain a deeper understanding of, Pre-Therapy (Prouty, 1976) practitioners’ experiences of offering UPR (Rogers, 1957) to clients experiencing psychotic processes. This qualitative research aimed to capture participants’ lived experiences and discover if there were any recurrent themes regarding UPR when utilising Pre-Therapy with this client group. The rationale for this study was driven by the lack of research into both Pre-Therapy and UPR as well as this area having a personal significance for the researcher due to family experiences of psychotic processes.

This research used a qualitative, descriptive phenomenological method, with data collected via five semi-structured interviews. Participants were PCE Pre-Therapy practitioners from various countries and professional settings who had worked with clients experiencing psychotic processes. Interviews were transcribed and analysed using the Duquesne method (Giorgi, 1985; Giorgi, 2009) to create a final exhaustive description of this experience. Six sub-themes were found which were placed within three overarching categories: theoretical, philosophical and experiential. This study found that although there were differences, particularly in relation to theoretical understandings of UPR, many participants described similarly radical philosophical stances of acceptance towards clients experiencing psychotic processes. Participants also shared profoundly deep, felt experiences when offering UPR to these clients as well as highlighting the enriching yet draining impact of this work. It is hoped that this study can add to the small body of work on Pre-Therapy and shine a light on this under-researched approach.
2. Introduction

“The concept of Pre-Therapy…is one of the most important evolutions in client-centred psychotherapy. Pre-Therapy opens access to people usually labelled ‘not accessible by psychotherapy’” (Portner, 2002, p.xiii).

Pre-Therapy is an extension of PCT offered to those often overlooked or deemed unreachable for therapy, such as those experiencing psychotic processes. It is described as “the theory and practice of psychological contact (Prouty, 2007, p.285) and is an approach for working with clients when there is little or no psychological contact (Rogers, 1957). However, this is an often overlooked and under-researched person-centred tribe (Sanders, 2012) that exists in a similarly under-researched area of PCE practice. Historically, PCT has struggled with psychotic processes, with critics describing it as ineffective, or even harmful, to this client group (Joseph & Worsley, 2005; Sommerbeck, 2014a, 2017). The impact of the Wisconsin Schizophrenia Study (Rogers et al, 1967), which explored the efficacy of PCT with clients diagnosed with schizophrenia and deemed a failure at the time (Kirschenbaum, 2007), could have contributed to these issues: “Schizophrenia has challenged the person-centered approach since the Wisconsin Study in the 1960s.” (Mearns et al, 2006, p.153). However, recent research has shown PCT to be effective with this client group, particularly with the addition of Pre-Therapy interventions (Traynor, Elliott & Cooper, 2011), as Sommerbeck (2014a) argues “even clients regarded as being beyond psychotherapeutic reach are not beyond the reach of person-centred therapy, particularly when it is extended with Pre-Therapy.” (Sommerbeck, 2014a, p.168).
In an influential study by Traynor, Elliott & Cooper (2011), twenty PCE practitioners who worked with clients experiencing psychotic processes were interviewed. Eleven of the twenty practitioners described utilising Pre-Therapy and, of those eleven, 100% found it helpful. Furthermore, participants identified the most important therapeutic condition with these clients as UPR. These findings link with the Wisconsin Study which highlighted the significance of a genuine relationship and UPR for this client group (Rogers et al, 1967). Prouty (2001), in particular, believed UPR could be more important for this client group due to, often, having many conditions of worth and their common experiences of rejection from society (Prouty, 2001). However, there has been very little research, particularly qualitative phenomenological research, exploring the experiences of PCE Pre-Therapy practitioners with this client group and even less exploring the interplay of Roger’s conditions (Rogers, 1957) in this specific way of working. Despite UPR’s potentially significant importance for these clients, it appears to be the least researched of Roger’s conditions, with minimal research exploring it as a separate condition (Bozarth & Wilkins, 2001).

This lack of research in a challenging area of PCT, as well as the possible impact of UPR for this specific client group, stood out as an area for unique research to expand the field of PCE research and practice. This qualitative, phenomenological study, therefore, aims to address this gap by exploring the question ‘How do Person-Centred and Experiential Pre-Therapy practitioners experience offering unconditional positive regard to clients experiencing psychotic processes?’. 
The aims of this study are:

- To gain a deeper understanding of PCE Pre-Therapy practitioners’ experiences of offering UPR when working with clients experiencing psychotic processes
- To identify any recurrent themes regarding UPR when utilising Pre-Therapy with this client group
- To add to the small body of work on Pre-Therapy and shine a light on this under-researched approach

As well as being an under-researched area of PCE theory and practice, this research topic is also an area of personal passion. My grandad, William, suffered with psychotic processes and his experiences drove me to want to challenge the stigma surrounding mental health, particularly psychosis. Pre-Therapy was a significant reason I chose to train as a PCE psychotherapist, however I struggled to find information or research about this approach. I feel driven by my grandad’s experiences, and the lack of research into Pre-Therapy, to be part of a movement for greater discussion into therapeutic approaches to working with this client group. I hope that this study can help to highlight Pre-Therapy and encourage and support those who are interested to find more literature, research and support in this area.
3. Literature Review

3.1 Literature Search

“My deepest hope is that Pre-Therapy opens up a new way of understanding psychosis...This approach is offered to suffering people to bring them help.” (Prouty, 2002a, p.55-56). Despite Pre-Therapy’s ground-breaking approach to understanding and working with people often deemed ‘unreachable’, it still remains a relatively unknown, and under-researched, tribe of the person-centred approach. This lack of research around Pre-Therapy made my search for literature a challenge. I started by looking for relevant books, journal articles and dissertations in the SPTI library. I read the core Pre-Therapy textbooks (Prouty, 2008; Sanders, 2007; Prouty, Van Werde & Portner, 2002) as well as a Pre-Therapy special edition of the Person Centred and Experiential Journal (Van Werde, Sommerbeck & Sanders, 2015). I found two dissertations in the library on Pre-Therapy (Moulding, 2003; Nadkarni, 2001) but neither explored my research question. There was little literature or research from this search to base my literature review on. I, therefore, expanded my search to focus on books and articles exploring both UPR and psychotic processes (Bozarth & Wilkins, 2001; Freeth, 2007; Joseph, 2017; Pearce & Sommerbeck, 2014). As well as the library, my main search processes were through Google and Google Scholar, Research Gate, online journals such as the International Society for Psychological and Social Approaches to Psychosis (ISPS) journal ‘Psychosis’, Staffordshire University library pages, as well as through the PTIN who sent across relevant articles. I searched terms including ‘Pre-Therapy’, ‘Unconditional Positive Regard’, ‘Psychotic Processes’, ‘Wisconsin Study’ and ‘Person-Centred therapy
and psychosis’. Although a wealth of interesting avenues opened up, this literature review and research project will stay within the boundaries of my core research question: ‘How do Person-Centred and Experiential Pre-Therapy practitioners experience offering unconditional positive regard to clients experiencing psychotic processes?’ Therefore, I will explore the current literature and research on Pre-Therapy, psychotic processes and UPR.

3.2 Pre-Therapy

Pre-Therapy is rooted in the person-centred approach whilst bringing a new direction and expansion to its theory and practice, as Prouty described “Pre-Therapy is an evolution in person-centred thinking and practice.” (Prouty, 2002a, p.15). Pre-Therapy focuses on establishing psychological contact, the first of Rogers six necessary and sufficient conditions (Rogers, 1957), which is defined as “two people are to some degree in contact, that each makes some perceived difference in the experiential field of the other.” (Rogers, 1957, p.96). Despite being his first condition, Rogers did not explore what to do if there is little or no psychological contact. Hence, Prouty created Pre-Therapy from his desire to find a more humane and respectful way to work with out-of-contact or pre-expressive (Prouty, 1976) clients. This approach aims to help clients restore three types of contact; their contact with self (affective), others (communicative) and the world (reality) (Prouty, 2002a; Peters, 1999). Pre-Therapy has five different types of ‘contact reflections’ (Prouty, 1976) to help establish contact between therapist and client. These are situational, facial, body, word-for-word and reiterative reflections. Often described, in Buber’s (1964) words, as “pointing at the concrete” (Buber, 1964, p.547), these different literal contact reflections allow the
client the opportunity for relatedness as well as supporting a possible move from a pre-expressive to a more expressive state where psychotherapy could begin.

However, little research has been carried out specifically looking at Pre-Therapy, as Proctor (2015) highlights “It is shocking how little research there has been on pre-therapy” (Proctor, 2015, p.332). This need for research was reiterated at the 2017 PTIN meeting I attended and numerous calls for further Pre-Therapy research have been made over the years, such as “we encourage a broad range of practitioners to publish process and outcome findings on Pre-Therapy in particular.” (Dekeyser, Prouty & Elliott, 2008, p.52). There are studies showing the efficacy of Pre-Therapy (Dinacci, 1997; Hinterkopf et al, 1979; Prouty, 1990, 1994; Prouty & Cronwall, 1990), including two quantitative, small sample randomised controlled studies and three single case studies, which all showed positive outcomes and client gains, such as changes in communicative contact (Prouty, 1990). However, these studies were lacking statistical power and no group studies with samples larger than ten have been carried out. More research is, therefore, required to support and highlight the work of Pre-Therapy and I hope this research, although also small scale, can add to this need. There are gaps in the Pre-Therapy literature, particularly practice-based, qualitative experiences of person-centred Pre-Therapy practitioners. Although the literature includes transcripts of Pre-Therapy sessions (Sommerbeck, 2014b; Van Werde, 2002), there is very little capturing the essence of working in this way or how specific person-centred conditions are experienced with this specific client group. Although efficacy studies are lacking, so too are qualitative studies exploring
practitioners’ experiences of using Pre-Therapy with certain client groups. Therefore, this is a gap that my research could make original contributions to.

3.3 Psychotic Processes
Although Pre-Therapy has been developed to work with a range of client groups, including those with learning difficulties, dementia and brain injury, for this small scale research the focus is specifically on its application when working with clients experiencing psychotic processes. To step away from labels, this research will use the term ‘psychotic processes’ rather than psychosis, using the following definition, informed by Traynor, Elliott & Cooper (2011) and Warner (2001): ‘clients who experience psychotic processes may hear voices, experience hallucinations, delusions, paranoia, or exhibit behaviour and thinking deemed culturally unusual or disturbed’ (Perry, 2018). Person-centred understandings of these processes stem back to Rogers (1959) personality theory, particularly the impact of excessive exposure to conditions of worth (Rogers, 1959); as Holdstock & Rogers (1977) described: “if experiences are extremely incongruent with the self-concept, the defense system will be inadequate to prevent the experiences from overwhelming the self-concept. When this happens the self-concept will break down, resulting in disorganization of behavior. This is conventionally classified as psychosis when the disorganization is considerable.” (Holdstock & Rogers, 1977, p.136). The past few decades have seen a growth in PCE understandings of psychotic processes (Prouty, 1994, 2002b, 2008; Van Werde, 2008), including Warner’s (2001) influential work on difficult processing styles. Here, Warner extends Rogers theory, particularly for more severe forms of distress, to include processing capacities as well as conditions of worth. However,
due to word constraints, this literature review will move from PCE understandings of psychotic processes to focus on criticisms and current research.

Despite having a theory for personality change, including psychotic processes, a common criticism is that PCT does not have a theory for psychopathology (Cain, 1993; Wheeler in Wheeler & McLeod, 1995) and is, therefore, an approach for ‘the worried well’. This misconception is often driven by a misunderstanding of person-centred theory, philosophy and practice. PCEP does have an understanding of psychotic processes but, as Sommerbeck (2014a, p.159-168) highlights, Rogers (1959) theory of therapy is more relevant, as whether the causes of psychopathology are cultural, biological or psychological, the practice of PCT remains the same. Rogers (1957) believed that PCT was necessary and sufficient to bring about constructive personality change for all levels of client distress, therefore a focus on diagnosis was unnecessary (Rogers, 1951). This links with the distancing of PCT from a disease model towards human potentiality, the de-medicalisation of distress and a ‘positive psychology’ (Breggin, 1994; Joseph, 2006, 2017; Sanders, 2006, 2017; Szasz, 1960). Sanders & Joseph (2016) highlight this when they argue “because of its anti-diagnostic stance person-centered therapy has been mistaken as unsuitable for those with serious psychological conditions” (Sanders & Joseph, 2016, p.437). This move away from diagnosis and labels has fuelled debates around the efficacy of PCT with psychotic processes, with arguments that it can be damaging, even dangerous, for those with more severe mental health issues. There are numerous reasons for these misconceptions, too many to explore in this research piece. However, one influential aspect could be the National Institute for Health and Care
Excellence (NICE, 2014) guidelines that state: “Do not routinely offer counselling and supportive psychotherapy (as specific interventions) to people with schizophrenia” (NICE, 2014, p. 26). These misconceptions around the theory and effectiveness of PCT with psychotic processes could be one reason for the lack of PCEP research in this field. There is a wealth of literature and research into psychotic processes from various theoretical orientations, however, there is strikingly less PCEP research, particularly qualitative research exploring the experiences of PCE practitioners working with this client group. The focus appears to be on evidence-based, efficacy research which, considering the aforementioned misconceptions, could account for this gap in qualitative research.

Nonetheless, there has been a growth in PCEP research into psychotic processes. One of the most well-known studies is the Wisconsin Study in which PCT was offered to clients experiencing schizophrenia with what, at the time, were viewed as disappointing results. Despite this, positive findings were discovered, such as the crucial nature of a genuine relationship and UPR for these clients. Interestingly, Truax (1970) reported on the nine years pre- and post-therapy for the patients in the Wisconsin Study. Although no significant difference between the therapy and control groups was found, a significant trend between those who received high therapeutic conditions and those who received low was discovered. This, like the Wisconsin Study, appears to highlight the important role Rogers conditions can play for these clients. Following this, a large scale and systematic study, known as the ‘Essen study’ (Teusch et al, 1983), explored PCT in a multidimensional therapy model involving sixty patients with a diagnosis of
Evidence of personality change over therapy was found, with 75% of patients showing “a distinct reduction in psychopathology and a distinctly better social adjustment on a global clinical rating” (Teusch, 1990, p.640). These findings are supported by a number of individual case studies (Prouty, 1990, 2002b; Warner, 2002; Peters, 1999) showing positive changes in PCT with clients experiencing psychotic processes. These studies are further supported by meta-analyses by Elliott et al (2013) and Elliott, Greenberg & Lietaer (2004) on the efficacy of humanistic and experiential psychotherapies for various client issues, including psychosis. These analyses found an effect size for psychosis of 1.08, with an improvement effect size of .39 over other therapies which led the authors to conclude “there appears to be enough evidence to indicate that experiential therapies are possibly efficacious and deserving of further investigation in the treatment of severe, chronic problems, including schizophrenia” (Elliott, Greenberg & Lietaer, 2004, p. 16).

However, these studies do have limitations, such as small sample sizes or the possibility of researcher bias or participant allegiance in PCE research conducted by PCE practitioners. Despite these limitations, studies such as these have made the critiques of PCT as ineffective with this client group more difficult to evidence, as Traynor (2014) argues, “Critiques which question the PCT stance as benign at best or, at worst, dangerous, have struggled to evidence their view” (Traynor, 2014, p. 191). In fact, person-centred practitioners are now arguing the counterpoint that PCT, combined with Pre-Therapy, is “the only psychotherapeutic approach that is viable with people whom other approaches regard as being ‘beyond psychotherapeutic reach’” (Sommerbeck, 2017, p.416).
There is a growing body of compelling research showing the efficacy of PCEP with clients experiencing psychotic processes and a call for further investigation, which this research can be part of.

### 3.4 Unconditional Positive Regard

UPR is the fourth of Rogers’ necessary and sufficient conditions, described as the therapist “experiencing a warm acceptance of each aspect of the client’s experience being a part of the client” (Rogers, 1957, p.97). Rogers (1986) expanded on UPR’s impact on therapeutic change, describing “When the therapist is experiencing a positive, nonjudgmental, accepting attitude toward whatever the client is at that moment, therapeutic movement or change is more likely” (Rogers, 1986, p.199). This view of the therapeutic healing power of UPR is supported by numerous PCE writers (Mearns & Thorne, 1988; Bozarth, 1998; Wilkins, 2000), however some query the vagueness of Rogers concept (Purton, 1998; Hill, 2007). This could be why UPR appears to be the most misunderstood, questioned and debated of the necessary and sufficient conditions (Schmitt, 1980; Lietaer, 1984). There are differing views on what UPR is, and its sufficiency, from both within and outside PCEP, for example some person-centred writers argue that “Unconditional positive regard is the revolutionary feature of the person-centered approach” (Freire, 2001, p. 152). Both Wilkins (2000) and Bozarth (1998) view UPR as the curative factor in client-centred theory, with Wilkins (2000) describing it as “a major curative factor in any approach to therapy” (Wilkins, 2000, p. 23). This view is supported by Farber & Lane (2002) who argue that, at times, UPR "may be sufficient by itself to effect positive change" (Farber & Lane, 2001, p. 191). However, there are those who
question the efficacy and definition of UPR, for example Hill (2007, p.262) argues that UPR is not clearly defined and overlaps with empathy and congruence (Rogers, 1957). Others label UPR as naïve or impossible (Masson, 1992; Seager, 2003), requiring the therapist to accept all client behaviour. This particular point is an area of contention and confusion, with other PCE practitioners, such as Sommerbeck (2014c, p.171-184), arguing that UPR is for the humaneness of the client, not their behaviour, and that UPR will, of course, fluctuate.

The debate gets muddied further by Rogers (1966) who stated, in relation to the Wisconsin Study, that when working with clients experiencing schizophrenia, a “more conditional, demanding attitude would probably be more effective in building up a relationship” (Rogers, 1966, p.186). This was shocking, however, Shlien (1992) argued that this statement came from a place of disappointment, and the therapists in the Wisconsin Study were unable or unwilling to provide UPR, rather than it being ineffective with this client group. For many PCE therapists who have worked with clients experiencing psychotic processes, UPR appears to be a crucial element of their work. Prouty (2001) suggested that UPR could be more important for this client group as people judged and labelled may “suffer many conditions of worth” (Prouty, 2001, p.78), whilst Sommerbeck (2003) believes that UPR is the primary therapeutic factor for clients in psychiatric settings, seeing the lack of UPR as the major obstacle. Freeth (2007, p.135-136) agrees, describing that UPR is sorely lacking in many clients’ experiences with mental health services. These views are supported by research from Traynor, Elliott & Cooper (2011) who explored helpful factors for person-centred therapists working with clients experiencing psychotic processes. They found that UPR was
the most frequently mentioned important theme; 75% of participants (15 out of 20) saw UPR as especially important compared to 40% who viewed empathy as such.

Despite being one of Rogers necessary and sufficient conditions, UPR is surprisingly under-researched (Bozarth & Wilkins, 2001; Wilkins, 2001), with only one relevant study found (Kilborn, 1996) that explored UPR as a separate condition; as Wilkins (2001) argues, “For whatever reason, unconditional positive regard...has been less examined and is arguably less well understood.” (Wilkins, 2001, p.36). One reason could be the difficulties of researching UPR as a single variable (Barrett-Lennard, 1998) which links back to arguments on the intertwined nature of Rogers conditions (Hill, 2007; Sommerbeck, 2014c). However, for a core part of Rogers’ theory of therapy, and a primary therapeutic healing agent (Rogers, 1959), to be so lacking in attention and literature is a shock. This coupled with more qualitative studies into UPR being deemed essential (Watson & Steckley, 2001) due to the currently small number that exist (Bozarth, 2013), influenced the focus on UPR for this study to address this gap.

3.5 Gaps in the Literature
As this literature review has shown, there are notable gaps in research and literature about Pre-Therapy, UPR, and PCT with clients experiencing psychotic processes, particularly from a qualitative, phenomenological viewpoint. As Prouty (2001) highlighted “little has been written about the interface between Pre-Therapy and the ‘core attitudes’” (Prouty, 2001, p.76). It is hoped this study can answer the call from the PTIN to develop research in this area and help address
these gaps. Although this piece of research is small scale, it is a starting point and an opportunity for the voices of those who use this dignified approach with clients experiencing psychotic processes to be heard. This, hopefully, can lead to more discussions being held to understand psychotic processes and how PCT can support these clients. I agree with Sommerbeck (2014a) when she beautifully summarises the importance of Pre-Therapy: “finally an approach has been found that makes it possible to reach the unreachable, an approach for those who are worst off, not another approach for those who are best off.” (Sommerbeck, 2014a, p.170).
4. Methodology

This research is exploring the question: ‘How do person-centred and experiential Pre-Therapy practitioners experience offering unconditional positive regard to clients experiencing psychotic processes?’

4.1 Method & Rationale

This piece of research is a qualitative descriptive phenomenological study, utilising the Duquesne method for data analysis. Langdridge (2007) states that phenomenological research is about a “rich description of people’s experiences, so that we can understand them in new, subtle and different ways and then use this new knowledge to make a difference to the lived world of ourselves and others.” (Langdridge, 2007, p. 8). My research question and aims are a strong philosophical fit with the aims of qualitative, phenomenological research as I want to capture the rich, lived experience of PCE Pre-Therapy practitioners working with a specific client group. This is to both understand this experience at a new, deeper level and to make a difference in this under-researched field. A qualitative methodology was chosen due to the lack of qualitative research in this area, a desire to capture ‘lived experiences’, and this also being a closer philosophical and epistemological fit. Giorgi (2009) describes qualitative research as a ‘human’ rather than natural science, meaning “an approach to human phenomena that respects the essential characteristics of humanness throughout the research process…a radical nonreductionistic approach is adopted.” (Giorgi, 2009, p. 70). As both a practitioner and researcher, hearing individual’s experiences, respecting uniqueness, and not minimising or dehumanising people is central.
Consequently, a qualitative, descriptive phenomenological method was the best philosophical and practical fit.

Despite being a strong philosophical fit, there are limitations to this method, particularly this more descriptive approach. One criticism, highlighted by Langdridge (2007), is that it can be seen as ‘too descriptive’ and fails to take research further through interpretation. However, this is precisely why I chose this method; I want to capture and describe the lived experiences of my participants using their words, not interpret them. As Langdridge (2007) argues, “Staying close to experience is both philosophically justified and methodologically sound” (Langdridge, 2007, p. 157). Despite this, questions can often be raised about the validity of qualitative, phenomenological findings. In response to this, guidelines have been created by a number of qualitative researchers (Polkinghorne, 1989; Elliott, Fischer & Rennie, 1999; Yardley, 2000) to help assess the validity of qualitative research. By utilising some of these ideas, such as participant validation, cross-checking findings with my research supervisor, and being transparent with my data and ‘workings’, I hope to counter these possible limitations and support the credibility and validity of this study.

4.2 Researcher Background

This research is both a personal and professional endeavour as this is a subject close to my heart. My grandad lived with paranoid schizophrenia and his experiences, as well as the impact this had on my family, significantly influenced my view of mental health conditions, such as psychosis. A core part of my philosophy, informed by my grandad’s experiences, is to see and respect the
whole person. Looking beyond labels and offering UPR to my clients is a fundamental element of my practice. This personal, family experience of psychosis led to my professional interest in Pre-Therapy and its dignified approach to working with those who may experience similar psychotic processes as my grandad. Therefore, all three aspects of this research: Pre-Therapy, UPR and psychotic processes, are areas of passion and interest both professionally and personally.

Although my personal connection to this subject will help with motivation, I need to be aware of subjectivity and potential researcher bias; which is another criticism of qualitative, phenomenological research. My reflexivity in this area is crucial to ensure that any personal bias does not influence my gathering or analysing of data, as Salanda (2016) highlights not being tempted to ignore passages that do not fit with our own bias or theory. This is an example of my research being subject to the criticisms it makes of others, such as possible researcher bias or participant allegiance in PCE research which includes PCE researchers or participants. This has highlighted the necessity of taking reflexivity and subjectivity seriously and to be transparent about my own preconceptions and biases; for example, I am aware that I have a bias towards PCEP as this is my theoretical orientation and that I hold a philosophical assumption that UPR is important. Therefore, I chose a Duquesne method for my data analysis as it requires me to enter a state of phenomenological reduction (Husserl, 1931) where I bracket (Husserl, 1931) my assumptions and biases. I felt this method would help me to stay with my participants description of their experiences and not let my own bias or passion in this research area cloud my findings.
However, the concept of bracketing, or epoche (Husserl, 1931), is hotly debated, with Spiegelberg (1968) calling it “the most controversial issue between the main trends of phenomenology” (Spiegelberg, 1968, p.93), with many believing bracketing can never be completely achieved (Merleau-Ponty, 1962; Moustakas, 1994; Spinelli, 1989). I do agree that there are limits to its viability as I, as researcher, cannot completely separate myself from my culture, history, theoretical position, and context. However, although it may not be completely achievable, this approach allows a mechanism for me to openly acknowledge my biases and then attempt to bracket them as much as possible; as King & Horrocks (2010) argue, “this does not mean we should abandon the idea of the epoche altogether…we just need to recognise that, ultimately, there are always limits to how far we can achieve this.” (King & Horrocks, 2010, p. 178). With my personal connection to this subject, it felt ethical to choose a method where I could be honest about any possible biases, following point 2 of SPTI’s (2008) research guidelines: “An ethic of trustworthiness and integrity requires the researcher to be open and accountable throughout the research process.” (SPTI, 2008, p.1). Staying aware of my biases, entering a state of epoche, and pushing myself to stay reflexive, are ways I attempted to mitigate this criticism of subjectivity.

4.3 Design

4.3.1 Participants

When considering who to approach for participants, I referred to point 3 of the SPTI research guidelines, particularly “the avoidance of harm to participants is a vital ethical concern.” (SPTI, 2008, p.1). I, therefore, decided it would be more ethical to recruit Pre-Therapy practitioners rather than interviewing potentially
vulnerable clients on a sensitive area, such as psychotic processes. Considering avoidance of harm also influenced my inclusion criteria which required my participants to have access to supervision and/or therapy so that they had appropriate support during and after the research process. Consequently, these ethical considerations led me to working alongside the PTIN as they are a network specifically created for people either practicing, or wanting to learn more about, Pre-Therapy.

Once I had approval from the head of the PTIN, I recruited participants through an email to members and those on the discussion list. The email included an invitation to take part in my research (see appendix A) and a poster (see appendix B). When people responded, participant information and informed consent documents (see appendices C & D) were then sent, which included the interview questions. I checked respondents were still happy and offered to answer any questions.

Five participants met the inclusion criteria and took part in this study. All were white males, working in a variety of settings, such as psychiatric hospitals and private practice, and represented a range of countries, including England, Belgium and Germany. As this is a small field of PCE practice, only years of Pre-Therapy experience are linked to individual participants, which I have purposefully placed within five-year ranges, to protect anonymity and maintain trustworthiness (Bond, 2004, p.4; SPTI, 2008, p.1).
Participant 1 (P1): 10-15 years’ experience
Participant 2 (P2): under 10 years’ experience
Participant 3 (P3): 25-30 years’ experience
Participant 4 (P4): 15-20 years’ experience
Participant 5 (P5): 20-25 years’ experience

Although generalisability could be a limitation of this study due to the lack of gender or racial diversity within my participants, this is representative of the PTIN currently. However, this study could be improved with a more diverse range of participants.

4.3.2 Interviews

My main research data was collected through audio recorded, semi-structured interviews, lasting approximately one hour. The interview questions were:

- What understanding of unconditional positive regard frames your practice?
- Thinking of Pre-Therapy, how do you utilise unconditional positive regard in your work with clients experiencing psychotic processes?
- Thinking of Pre-Therapy, what are your experiences of offering unconditional positive regard to these clients?

During each briefing, I gave participants a definition of psychotic processes (see section 3.3) however, I did not give a definition of UPR as I wanted to hear my participants understandings of this concept.
Three interviews were held at the two-day PTIN meeting at KARUS in Ghent, Belgium, on 19-20 October 2018. Two further interviews were then conducted over Skype and Whatsapp video call on 2 and 3 November 2018. Five participants were interviewed for both study feasibility and to follow the recommendation that a minimum of three participants are needed to capture a typical ‘essence’ (Giorgi, 2008, p.37). On reflection, three participants would have been an easier number to manage in terms of time-scale and the amount of data requiring analysis.

4.3.3 Data Analysis

I followed a structure similar to that described by Giorgi (2009) for my data analysis.

1. Read description for sense of whole meaning

I transcribed each interview and read them through a few times to get a sense of their whole.

2. Determination of meaning units

I went through each transcription and created meaning units, putting a small description in the comment section for each unit. I then sent these transcriptions, with their meaning units, to each participant to check I captured their meaning correctly. I then put all my meaning units for each participant into individual, colour-coded tables.
3. Assessing psychological significance

Further coding was undertaken by turning the meaning units into phenomenologically and psychologically significant descriptions and then summarising them (see appendix E). I put these descriptions into colour-coded tables (see appendix F), printed and cut them, before placing into clusters to see if any themes could be determined (see Figure 1). Repetition was removed as well as irrelevant statements or themes that were not common among most participants. This process involved numerous changes, returning to the data, and reflexivity, until the themes with the greatest number of cuttings with a wide range of participants were finalised into three main categories with six sub-themes.

![Figure 1: Putting cuttings into themes (Perry, 2018c)](image)

4. Presenting structural exhaustive description

These categories and sub-themes were used as the basis for creating an exhaustive description (Colaizzi, 1978) of the experience.
4.4 Ethical considerations

There are some key ethical issues in relation to this research topic and chosen methodology. Researcher subjectivity was discussed in section 4.2, however there are a number of other ethical considerations.

4.4.1 Informed Consent

Before starting each interview, I talked through the previously sent informed consent sheet and answered any questions. Before signing the form, I checked participants were still happy with their consent and asked if they consented to further dissemination. I highlighted that the audio recording could be stopped at any point, as well as the interview itself, and they could withdraw consent until 11 November 2018. This was then repeated during the de-briefing process after each interview (see appendix G). This was to ensure I adhered to point 5 of the SPTI and 7.3 of the UKCP (2009) ethical codes on informed consent and withdrawal of consent (SPTI, 2008, p.2; UKCP, 2009, p.4), as well as to treat my participants with dignity, respect and autonomy (BACP, 2016). I also asked whether participants would be happy for me to email their finished transcription and early analysis to them to check I captured their meaning correctly. As this is a descriptive phenomenological method, I want to describe participants’ experiences, not interpret them, so it felt important to check I had captured participants’ meanings correctly. I also wanted to give my research a stronger sense of credibility by including participant validation, as Denscombe (2007) argues “the verification of qualitative research is vital.” (Denscombe, 2007, p. 296). As well as procedural ethics, it was also crucial to consider relational ethics (Finlay 2019; Gabriel, 2009) with my participants throughout this research. An
example of this relational ethical reflexivity was when a participant asked, during their interview, if the personal example they were about to share could not be published. I agreed, explaining in the de-brief that I could remove that section from my transcription and that part would not be included in the findings. They were happy with this, and for the audio recording to still be used, as they only wanted that section of their interview excluded from the written report. When sending their transcription and first phase of analysis to them, I highlighted the sections I was going to remove and asked them to clarify this to make sure I correctly followed their request and upheld the ethical principle of trustworthiness.

4.4.2 Confidentiality

4.1 of the SPTI code of ethics (2009) states that “Confidentiality is intrinsic to good practice” (SPTI, 2009, p.2). As such, it was important to respect and maintain confidentiality throughout the research process. To ensure confidentiality was protected, I clearly explained confidentiality and anonymity during the briefing and de-briefing process and asked participants to keep client details to a minimum to protect both client and therapist anonymity. Confidentiality and anonymity were further protected by using codes rather than names in the transcriptions and research piece, and keeping participant information to a minimum as this is a niche field of PCEP. Data that included participants’ real names was stored separately and will be shredded and destroyed once the project is complete to uphold the ethical principles of respect (BACP, 2016) and confidentiality (SPTI, 2009, p.2; 3.4, UKCP, 2009, p.4). After each interview, the recording was saved to a password protected computer and deleted from my dictaphone. These recordings, along with other data stored securely on my
computer, such as transcripts, will also be destroyed on completion of this research, with SPTI holding recordings and transcriptions for five years before being destroyed securely.

4.4.3 Dual Roles
I attended the 2018 PTIN meeting in the role of both researcher and member, thereby creating a dual role. I reflected on 1.5 of the UKCP ethical principles on dual roles (UKCP, 2009, p.1) and section 3 of the BACP ethical guidelines on “Relationships with research participants” (Bond, 2004, p.6) to support me with this ethical concern. I considered these guidelines as I navigated, and held awareness of, the impact my dual roles could have on both my participants and relationships with the network. I addressed this in a few ways. I had a slot on the first day of the PTIN meeting to discuss my research transparently and answer any questions or concerns. I also made sure that the Sunday Pre-Therapy masterclass was kept separate from my research so I could have a break from inhabiting my dual-role. Furthermore, my partner, Ross, came to Ghent so I had support in the evenings. Despite these different plans to help combat dual-roles, I found this more challenging than anticipated. Trying to fit the interviews around the meeting was a challenge and meant long days as most interviews were scheduled at the end of each day. Although attending the PTIN meeting was the best way, logistically, to hold these interviews in the time scale, managing the dual roles and exhausting time-scale was incredibly challenging and draining.
4.4.4 Self-care

Due to inhabiting these dual roles, combined with the personal nature of this research, it was crucial that I dedicated space to self-care throughout this research process and to adhere to the SPTI research guidelines stating: “Researchers are expected to give consideration to the following: The individuals potentially affected including Researcher” (SPTI, 2008, p.1). I made sure I took time off to fully remove myself from this research and my love of video games became highly beneficial as I could both escape and recharge. I found personal therapy acutely important during this research process to explore my relationship with my grandad, the impact of psychosis on my family, and to stay aware of any personal bias. I also utilised clinical and academic supervision as well my research journal to capture and respond reflexively to any personal or professional issues. I did this to make sure I was remaining ethically competent (SPTI, 2009, p.3) and that the personal aspects of this research were not adversely affecting me. Self-care was also extended to include the impact on my family due to the links with my grandad. I kept an open dialogue with my family about my research and checked out personal details and impacts with my dad particularly.
5. Findings & Discussion

5.1 Findings

Three main categories emerged from the data of my five participant interviews, which were broken down to include six significant sub-themes. A summary of these themes, and how they interlink, is shown in Figure 2.

Figure 2: Diagram of three main categories showing interlinking sub-themes

(Perry, 2018d)
1. Theoretical:
   - UPR is core to this work
   - Not in a vacuum
   - Hard to capture or define

2. Philosophical:
   - Radical acceptance

3. Experiential:
   - Felt at a deep level, more than words
   - Impact on the therapist, both positive and negative

5.2 Analysis
Further details of each sub-theme are given below.

**Theoretical**

**UPR is core to this work**

All five participants described UPR as being important to their Pre-Therapy work with this client group. Three of the five participants believed UPR to be a core part of their work with this specific client group, one described it as important but preferred the term ‘phenomenological attitude’, and my final participant believed that, although an important ideal to strive towards, UPR is not obtainable.
“one of the cornerstones of person-centred and experiential work is unconditional positive regard… it’s a key to having a real, genuine person-centred encounter or session with a client.” (P1, lines 27-31)

“I view, um, unconditional positive regard, or UPR, as, as the change agent in, in therapy, in person-centred therapy.” (P2, lines 31-32)

“I connect it to, to the phenomenological attitude that, that speaks more to me than unconditional positive regard” (P3, lines 236-238)

P3 (continued): “being with psychotic experiencing in this phenomenological or accepting or unconditional way is already de-toxifying the psychosis… it’s a tremendous gift” (P3, lines 270-278)

“the relationship is very important through everything with the, the person and the unconditional positive regard is at the core of it” (P4, lines 312-314)

“unconditional regard it, it is for me, I’m a client-centred therapist but, although I think it’s, an important, um, important, important thing to, to keep in mind, and at the same time, I know, I will never get that… I don’t think it’s, uh, a reality, it’s an ideal” (P5, lines 35-44)

**Hard to capture or define**

A theme that continually appeared was the difficulty in capturing or describing UPR. Participants struggled to find words and felt themselves being tied in knots.
“Yeah. I don’t have an ans-, I don’t, I lack maybe some words to describe that, I think those two words catch two, two poles of, of a more complex whole” (P1, lines 244-245)

“Oh! Um. I’m tying myself in knots” (P2, line 457)

“unconditional positive regard what, what does it mean exactly? That, that’s, I need some words for that” (P3, lines 240-241)

**Not in a vacuum**

Another theme was the belief and description by all participants that UPR exists in a context and the importance of other elements alongside it, such as empathy, congruence, grounding, and contact reflections.

“I think contact reflections are a form of cultivating your own contact, your own grounding and unconditional positive regard. Other ways to cultivate it is, uh, um, well trying to remain congruent...all the more general person-centred typical work like empathising, empathic reflections, all these things are very explicit forms of cultivating an interest and bringing a message of acceptance” (P1, lines 293-305)

[UPR] “is kind of expressed through the action is, is empathy and uh coming from an authentic place so the congruence so I can’t see UPR as unattached or uh you know like it’s, it’s, it’s all part of one way of relating.” (P2, lines 32-35)
“if you as a therapist are able to stay grounded…then it’s easier to, to be unconditionally regarding positively to what somebody’s saying because you don’t have fear, or you’re not judging, you can really be with the process (P3, lines 58-62)

“they come together in, in the total attitude also combined with the other aspects of a, a helpful attitude huh, like empathy huh? And uh congruence and transparence” (P4, lines 136-138)

“And that is also a very important part of Pre-Therapy huh. The empathy, your basic empathy that’s created just by imitating the person” (P5, lines 395-396)

**Philosophical**

**Radical acceptance**

Another theme that emerged from the data is the “radical acceptance” (P1, line 146) that participants hold for their clients who experience psychotic processes. For them, UPR and Pre-Therapy is about looking beyond the symptoms at the person, accepting them as they are, and taking what they say seriously. This was often described as being counter to how society views psychotic processes.

“the cultivation of…radical acceptance of whatever ideas or experiences people are bringing…I say the word radical because its, its, its counter intuitive, it’s not what culturally is, uh, is it’s not culturally normal to accept all these things. So that’s why it’s radical.” (P1, lines 146-152)
“so as an expression of UPR to, to assume that, that what other people might regard as mad kind of nonsense actually should be taken very seriously and really attended to is a very beautiful thing, that's really lovely. I want that when I go mad” (P2, lines 588-592)

“I’m interested in the person more than in the symptomatology and in how, how does this person handles his life…what are his needs, what’s the problem actual, what is the problem you know, is there a problem?” (P3, lines 118-122)

“also an aspect of accepting the person as a person with his experience as his experience which can be normal, in reality…keeping an open mind for the new, not fixing the person on known patterns” (P4, lines 210-213)

P4 (continued): “otherwise you risk to, um, hinder a good therapeutic process in a sort of self-fulfilling prophecy, in a negative way” (P4, lines 226-227)

“You’re a man next to a man, that’s, that’s the essence” (P5, line 175)

Experiential

More than words

A lot of participants’ experiences came from a profoundly deep, felt place. Participants were moved when speaking about their work and it was difficult to fully capture with words. It was described as a very deep experience that draws from your soul, is fundamental to being human and an exchange of worlds.
“It’s my soul that’s what really it draws from is your soul I think rather than your sort of psychological knowledge or even skills it’s much, much deeper, it’s fundamental to being human or something, your spirit” (P2, lines 518-520)

“What is it, I uh, humanity or something? Or, or uh, understanding or uh, being together?...Or the like chang-, the exchange of worlds or something?” (P3, lines 356-367)

“It makes me, it makes me man in my most intense way…connection to another person or being in connection with is always uh, rewarding, rewarding, it’s always this essence of being” (P5, lines 428-433)

**Impact on the therapist**

Another theme that stood out from the data was the impact that offering UPR in this specific way of working has on the therapist, both positively and negatively. Although offering UPR to this client group can be hugely fulfilling, it also comes at a cost.

Positive:

“my life is worthwhile if I have done this for this person” (P2, lines 416-417)

“you have to like kind of a point where something special happens and it’s uh, it’s a meeting of two persons… this bridging in thing, so, so it’s, it’s uh I find beautiful” (P3, lines 347--351)
“And so it’s a very, very, um, very, very complex but very rich, uh, domain, uh, of working so it’s very yeah it’s very enriching also. It’s very, it’s beautiful people, beautiful people to work with” (P5, lines 481-484)

Negative:
“of course it can be very uncomfortable too…ideas can are dangerous, the ideas may lead to suicide or maybe harming another person or the story or the experiences are really horrific and it brings a sense of discomfort, there’s no way around it” (P1, lines 388-394)

“it’s demanding on the therapist” (P3, line 63)

“there are instances where my unconditional positive regard is challenged in the contact…where the person criticises, criticises the usefulness of the contacts with me, individually as well as in group” (P4, lines 494-498)

There were numerous interesting findings from the data, such as the complementary role that reality can play in this work and the belief in the potential of the person. However, these themes were shared by less participants, whereas, for example, all five viewed UPR as important. Therefore, due to word constraints,
I decided to include the most prominent themes shared by the majority of participants.

5.3 Exhaustive Description

These three categories and their sub-themes were taken to create an exhaustive description of the experience of offering UPR in this context. However, this description cannot encompass all views expressed by participants as there was such a variety. Instead, the description was created using the main themes from most participants. Although this exhaustive description serves a purpose, each participant’s experience was unique and the individual nature and experience of UPR, even in a very specialised field, is an important finding.

Lived experience of Pre-Therapy practitioners offering UPR to clients experiencing psychotic processes

Offering UPR to clients experiencing psychotic processes is a complex and profoundly felt experience. It presents itself as a deceptively simple concept yet UPR is surprisingly difficult to describe or capture. It is more than words: it draws from your soul. It is beautiful, rewarding, enriching, and an exchange of worlds. It is about humanity at its deepest level and a philosophical stance rather than a ‘doing’ thing or tool to ‘use’ with clients; it is an active being. UPR does not exist in a vacuum. It is linked with other elements, such as empathy, congruence, grounding and contact reflections. Both congruence and grounding help to cultivate UPR whilst empathy and contact reflections help to express it. UPR has a particular importance and de-toxifying power when working with clients experiencing psychotic processes. It is a radical acceptance of those so often
rejected by society, that looks beyond the symptoms and normalises experiences that clients are often told are invalid or ‘mad’. To offer UPR to this client group is a tremendous gift but this way of working can also be deemed as wrong or unusual by society. Offering UPR in this Pre-Therapy context has an impact on the therapist, both positively and negatively. It is a humbling, powerful and worthwhile experience but it comes at a cost. It is draining, exhausting, and can be challenging. Although different views of UPR exist, ranging from underpinning a therapist’s practice to being an unobtainable ideal, one thing remains constant – its importance. Even if it is not obtainable, it is deemed important for person-centred and Pre-Therapy work, particularly with this specific client group. Offering UPR to these clients is profoundly moving, the essence of being, and fundamental to being human.

5.4 Discussion
This study aimed to gain a deeper understanding of how PCE Pre-Therapy practitioners experience offering UPR to clients experiencing psychotic processes. Three main categories of data were discovered, with interlinking sub-themes, which included theoretical, philosophical and experiential elements.

Theoretical
Although to differing degrees, all five participants identified UPR as being important in their work. Four participants viewed UPR in similar terms to Wilkins (2000), Bozarth (1998) and Faber & Lane (2002), describing UPR as the “change agent” (P2, line 31) and “cornerstone” (P1, line 27) in their work. However, there was a contradictory finding, as one participant argued they did not believe UPR
existed and it was unobtainable. Despite this, they did describe the importance of UPR as an “important thing to, to keep in mind” (P5, line 37). Their view is more strongly linked with those who question the efficacy of UPR and deem it naive, such as Masson (1992) and Seager (2003). These findings are a living example of the debate in my literature review around the nature and meaning of UPR. This is also another example of my ethical reflexivity as this was a challenge to my philosophical assumption that participants would view UPR as key. I remembered Salanda’s (2016) call to not ignore passages that do not fit with our bias and strove to be transparent and include this contradictory view in the findings. Despite this, for most participants UPR was core to their Pre-Therapy work with clients experiencing psychotic processes. This supports research by Traynor, Elliott & Cooper (2011) who found UPR to be the most important factor for therapists working with this client group, and even the Wisconsin Study which found UPR and a genuine relationship to be crucial.

Despite all participants viewing UPR as important to some degree, there were noticeable and interesting differences surrounding its feasibility and reality. UPR was surprisingly difficult for participants to describe, with differing views and confusion over what it actually meant, which was unexpected. Part of this confusion could be linked with another interesting theme that UPR was rarely seen as separate. UPR was often described as being linked with other conditions or elements in this work, such as congruence and grounding for cultivating UPR and empathy and contact reflections for expressing it. This links back to PCE arguments in the literature that Rogers conditions are intertwined and almost impossible to separate (Sommerbeck 2014c; Bozarth, 1998). Participants’
attempts to disentangle UPR as a separate condition could have influenced their sense of being tied in knots, or it could be representative of the perplexing nature of UPR.

**Philosophical**

Offering UPR in a Pre-Therapy context with this client group appeared to be a very philosophical, even political, stance and practice for my participants. Many participants’ statements link with those in the literature review advocating for positive psychology and the de-medicalisation of distress (Sanders, 2006, 2017; Joseph 2006, 2017; Breggin, 1994), for example one participant did not see psychotic functioning as a problem “what is the problem you know, is there a problem?” (P3, lines 121-122). There was a desire by participants to look beyond the symptoms, stressing the importance, and humanity, of being with another person who is suffering; viewing someone through the lens of symptomatology was to risk hindering a good therapeutic process by fixing them on known patterns (P4, lines 213-227). UPR was often described as being crucial due to the experiences of those with psychotic processes of either conditional regard, isolation or rejection by society. Therefore, participants’ acceptance, respect and non-judgement was seen as counter to many clients’ daily experiences as well as counter-intuitive to what culture deems acceptable; hence being radical. Interestingly, Rogers (1966) statement that a more conditional attitude would be more effective with clients experiencing schizophrenia has not been supported by my research data, in fact the opposite. An unconditional, even radical, acceptance and attitude was deemed fundamental for this client group to counter the rejection they so often experience in daily life. These findings support PCE
theories that UPR could be particularly important for this specific client group (Prouty, 2001; Freeth, 2007; Sommerbeck, 2014c). Furthermore, arguments in the literature review that PCEP is not suitable for clients with psychotic processes has not been supported; however, as this study focused on experience rather than efficacy, different interpretations could be made on this point of suitability. Despite this, PCEP and Pre-Therapy, from my participants’ views and experiences, appear to be very well suited to these clients, rather than ineffective or harmful. Their ‘radical acceptance’ of offering UPR to these clients was often described as a therapeutic process itself. Although my literature review focused on the efficacy of PCT, these findings are actually more closely linked to PCE theory and philosophy. This philosophical and political underpinning appears to be a very strong finding and highlights the need for further discussions exploring societal and cultural understandings of psychosis. Is there a problem and, if so, whose problem? This would be an interesting area to develop for future research.

**Experiential**

This study found that the experience of offering UPR is something more than words can capture. It is a deeply felt experience, that touches right at the core of a person; it draws from the soul and is fundamental to humanity (P2, lines 518-520). The profoundly deep and meaningful experiences described was an unexpected finding in this research; although passion or motivation to work with this client group was expected, the sheer depth and human core this work touches was astonishing. Most research into PCEP with clients experiencing psychotic processes has focused on quantitative, efficacy findings or discovering the most helpful elements of this work. This study has the potential to add new,
unique understanding to this field as I have yet to find research that explores this work at such a profoundly deep, qualitative level.

Linked with this profoundly felt experience is the impact that this work, and offering UPR, had on participants. It was found to be hugely rewarding and fulfilling, with one participant describing their life as worthwhile if they are able to help their client (P2, lines 416-417). There was a deep sense of meaningfulness and fulfilment for practitioners working in this way and a love and respect for this client group, with participants describing this work, and clients, as beautiful (P2, line 591; P3, line 351; P5, line 483). However, there is a cost. This work was also described as uncomfortable, draining, requiring preparation, and that when working with these clients, participants’ UPR can be challenged. Most participants highlighted the need for grounding and preparation before seeing clients, due to the exhausting nature of the work. They were honest in sharing uncomfortable experiences or times when their UPR is challenged, for example if a client criticises the usefulness of their contact (P4, lines 497-498). There is very little literature or research exploring the impact of this work or capturing these deeply felt experiences. These findings could, therefore, have an implication on practice and training by shedding new light and understanding on the possible impacts of this way of working as well as offer a valuable area for future research to explore.

It is particularly noteworthy that although the five participants are from different countries, have different levels of experience, and use Pre-Therapy in different settings and contexts, their approaches exhibit striking similarities. The main
areas of agreement were philosophically and experientially with an acknowledgement that UPR was very important, particularly for this client group, the deep level at which participants’ experiences were felt, the radical acceptance of these clients, and the impact on the therapist, both positively and negatively. Despite these similarities, this research has also shown that although interviewing PCE psychotherapists working in a specialised way with a specific client group, theoretical views of UPR are still varied. Although this was an unexpected finding, it does seem to fit with the current literature on UPR; it is a debate, it is confusing and it seems to have two extremes of being fundamental and curative to being naïve and impossible.

5.5 Strengths & Weaknesses
A main strength of this study is that it is adding new insight into a currently under-researched area of PCE theory, both Pre-Therapy and UPR. This is one of the first qualitative studies to explore this area in such depth and to undertake what Prouty (2001) called for nearly 20 years ago: to look at the interface between Pre-Therapy and Rogers conditions. Therefore, despite being small scale, I hope that the depth of this research adds something valuable and unique as well as leading onto further research in this important field.

Another strength is the support of the PTIN in this research; allowing me to interview members and get in-depth interviews with experts in this field. This helped give credibility to the study as there was almost 100 years’ Pre-Therapy experience between the participants. The depth and detail of the interviews was staggering; there was a treasure trove of moving, detailed and beautiful
descriptions of lived experiences which participants generously shared. Without the support of the PTIN this would not have been possible.

However, there are weaknesses to this study, one being potential researcher bias. Although steps were taken to minimise bias, such as sending transcriptions and early analysis back for participant validation, and utilising therapy, supervision and my research journal to capture what may need bracketing, naturally who I am will have had some impact on my interviews and findings. I hope that being transparent throughout this study has helped lessen the impact of researcher bias and highlight researcher integrity (Bond, 2004).

Another weakness is the number of participants. Although five was a good number in terms of my in-depth, qualitative method and MSc requirements, in regard to implications for the wider research field, a small sample size makes it difficult to generalise. This is another example of this research being subject to the critique it makes of others; small sample sizes are an on-going issue for much PCE research into psychotic processes. This study could be improved by having a larger and more diverse group of participants, as there were no voices from different gender or ethnic groups.

5.6 Implications of Study
There are exciting implications of this study on practice and training. Firstly, this study has opened up a wide variety of areas for future research, such as the detoxifying role of UPR in psychotic processes and the philosophical stance of PCE psychotherapists working with this client group. One participant questioned
whether their profoundly felt experiences were relational depth (Mearns & Cooper, 2005): “Is it relational depth?...what is it, I don’t know.” (P3, lines 352-354). Although there was not time to explore a possible relationship between these experiences and relational depth in this study, this is signposted as an interesting area for future research. Secondly, it is hoped this study can highlight the role Pre-Therapy can play and that this client group is far from unreachable. Thirdly, through various dissemination plans, this research can hopefully be part of a movement to open up discussions on the treatment of those experiencing psychotic processes. I intend to disseminate this research as far as possible, including journals if appropriate, and present this research at the 2019 PTIN meeting in Ghent. I also want to enquire whether I can present at a future ISPS conference. Over the next year I hope to work alongside other Pre-Therapy practitioners in the UK to create a PTIN-UK network to offer support and collaboration with others interested in, or practising, Pre-Therapy. This would create another opportunity for dissemination through future PTIN-UK conferences. Therefore, despite being small scale, I hope this research could be the start of something with a large impact.
6. Conclusion

This research explored the question: ‘How do person-centred and experiential Pre-Therapy practitioners experience offering unconditional positive regard to clients experiencing psychotic processes?’ Five semi-structured interviews were held with PCE Pre-Therapy practitioners from a range of countries and professional settings, utilising a descriptive phenomenological method to analyse this data.

Three main categories were discovered: theoretical, philosophical and experiential, with six sub-themes. These were then turned into an exhaustive description of the lived experience of PCE Pre-Therapy practitioners offering UPR to clients experiencing psychotic processes.

UPR was found to be a very important condition for Pre-Therapy practitioners’ work, particularly with this client group who were viewed as having to endure societal rejection and conditional regard from their environment. There were a variety of views of UPR, ranging from it being the cornerstone to practitioners’ work, to being an unobtainable ideal to strive towards. UPR was deceptively difficult to capture or define, in part, because the experience of offering UPR appeared to be a profoundly deep and felt experience. Offering UPR in this specific context did have an impact, both positively and negatively, on therapists. Participants described how rewarding and worthwhile their experiences were with this client group, however they also described the draining, exhausting and challenging nature of this work. UPR was not always possible and other
elements, such as empathy, congruence, grounding, and contact reflections, were crucial in their work to help both cultivate and express UPR. Overall, UPR is an important and powerful element in Pre-Therapy practitioners work with clients experiencing psychotic processes. Although their views on the reality and obtainability of UPR differ, there are common views and experiences around the deeply felt human experience of offering UPR, the radical acceptance held for these clients, the fact that UPR does not exist in a vacuum, and the impact this work has. These findings have links to literature in the field, such as the importance of UPR in PCEP with clients experiencing psychotic processes (Freeth, 2007; Prouty, 2001; Rogers et al, 1967; Traynor, Elliott & Cooper, 2011) as well as the varied participant views of UPR being representative of the current debate within the PCE field around its feasibility and impact.

This research has tried to fill the gap in qualitative, phenomenological research exploring PCE Pre-Therapy practitioners’ lived experiences with clients experiencing psychotic processes, as well as add to the lack of research into UPR as a separate condition. This study has opened up are a wide range of areas for future research, such as the philosophical stances of PCE practitioners towards the de-medicalisation of distress and exploring whether there is a relationship between the profoundly deep experience of offering UPR and relational depth.

The strengths of this study include the support of the PTIN, allowing in-depth, invaluable interviews with experts in this field, as well filling a gap in the literature and research of Pre-Therapy. This study does also have limitations. Despite five participants being a good number for this methodology, being a small sample with
a lack of participant diversity makes these findings more difficult to generalise. Another weakness is potential researcher bias. Although steps were taken to minimise subjectivity and bias, it would be almost impossible for my history, culture and personal experiences not to have influenced data gathering and analysis to some extent.

I have gained valuable insight throughout this process; embarking on this research has highlighted how passionate I am about this field and inspired me to continue researching this area. This is a starting point on my journey with Pre-Therapy. I hope that it helps contribute new knowledge and understanding to an under-researched area of PCE theory and practice. Furthermore, I hope this can add to the growing body of work re-evaluating the way clients who experience psychotic processes are currently treated, both therapeutically and societally. As one participant said: “that’s a bit radical isn’t it?” (P1, line 508).
7. Appendices

7.1 Appendix A: Invitation to Participate (sent via email to the PTIN)

Invitation to participate in the research project:
How do person-centred and experiential Pre-Therapy practitioners experience offering unconditional positive regard to clients experiencing psychotic processes?

Dear members of the Pre-Therapy International Network,

Hello, my name is Judi Perry and as well as being a member of the PTIN, I am also entering my final year as a Person-Centred and Experiential Psychotherapy MSc student at the Sherwood Psychotherapy Training Institute in Nottingham, England.

As part of my MSc I am conducting a qualitative, phenomenological piece of research to gain insight into how unconditional positive regard is experienced by person-centred and experiential Pre-Therapy practitioners in their work with clients experiencing psychotic processes.

As a member of the Pre-Therapy International Network you are in an ideal position to share valuable first-hand experiences of unconditional positive regard in this context from your perspective.

I am looking for participants to take part in semi-structured interviews that will last approximately one hour, and will be audio recorded. Your identity will remain anonymous through the use of a pseudonym and your consent will be consulted throughout.

My aim is to conduct these interviews during the next PTIN meeting in Ghent on 19-20 October 2018. However, if you would like to be part of my research but cannot attend this meeting, I can arrange for our interview to take place over Skype.

Your participation will be greatly appreciated and be a highly valuable addition to my research. I hope that my findings could lead to a greater, and deeper, understanding of Pre-Therapy and the role of unconditional positive regard with this particular client group.

Please find attached a recruitment poster for my research with more details. If you are interested in participating please do get in touch and I can send you further information. If you have any questions please do not hesitate to ask, I would love to hear from you!

Thank you and best wishes,
Judi
Judi Perry
+447507573859
judi.perry@spti.net
Appendix B: Recruitment Poster (sent with invitation to participate to PTIN)

Are you a person-centred and experiential practitioner who utilises Pre-Therapy?

Have you worked with clients experiencing psychotic processes?

If the answer is yes - I would love to hear from you!

I am conducting a research study to explore unconditional positive regard in a Pre-Therapy context with clients experiencing psychotic processes.

I am looking for participants to take part in a one hour, audio recorded interview who:

• Are person-centred and experiential practitioners
• Have utilised Pre-Therapy in their work with clients experiencing psychotic processes
• Have support through supervision and/or personal therapy

I'm Judi, a fourth year Person-Centred and Experiential Psychotherapy MSc student. I am studying at the Sherwood Psychotherapy Training Institute (SPTI), in Nottingham, validated by Staffordshire University.

Please get in touch by with me by 14 October 2018 if you would like to find out more: judi.perry@spti.net  +447507573859

My research will be carried out under the ethical guidelines and frameworks of: SPTI, UKCP, BACP and the Data Protection Act (1998).
7.3 Appendix C: Participant Information Sheet

Participant Information Sheet

Thank you for your interest in my research. My name is Judi and I entering my final year of the Person-Centred and Experiential MSc programme at the Sherwood Psychotherapy Training Institute in Nottingham (SPTI). This sheet gives further details on my research project but please do not hesitate to contact me if you have any questions.

I am conducting a piece of research to explore the question: How do person-centred and experiential Pre-Therapy practitioners experience offering unconditional positive regard to clients experiencing psychotic processes?

The aims of this research are:

- To gain a deeper understanding of person-centred and experiential Pre-Therapy practitioners’ experiences of offering UPR when working with clients experiencing psychotic processes
- To identify any recurrent themes regarding UPR when utilising Pre-Therapy with this client group
- To add to the small body of work on Pre-Therapy and shine a light on this under-researched approach

Participant Requirements

To take part in this research, I am looking for participants who meet the following criteria:

- are a person-centred and experiential psychotherapist
- have utilised Pre-Therapy when working with clients experiencing psychotic processes
- have access to support through supervision and/or personal therapy
- are available to meet for an interview of approximately one hour. Ideally this would be during the Pre-Therapy International Network (PTIN) meeting in Ghent on 19-20 October 2018 but I can also conduct our interview via Skype.
**Interview details and questions**

The interview will last approximately one hour, including a brief and de-brief, and will be audio recorded. This will be a semi-structured interview whereby I will ask a few questions or prompts but I will also follow the content that each participant brings. The questions are as follows:

- What understanding of unconditional positive regard frames your practice?
- Thinking of Pre-Therapy, how do you utilise unconditional positive regard in your work with clients experiencing psychotic processes?
- Thinking of Pre-Therapy, what are your experiences of offering unconditional positive regard to these clients?

**Ethical guidelines and obligations**

This piece of research will be validated by Staffordshire University and conducted under the ethical guidelines and frameworks of:

- SPTI (Sherwood Psychotherapy Training Institute) (2008)
- UKCP (United Kingdom Council for Psychotherapy) (2009)
- BACP (British Association for Counselling and Psychotherapy) (2016).

It is my duty to make you aware of the possible benefits and risks of taking part in this research.

**Benefits include:**
- Sharing your experiences of utilising Pre-Therapy with this client group
- Adding to the body of knowledge on Pre-Therapy

**Risks include:**
- Sharing or recalling distressing examples of client work
Below are my ethical obligations to you:

- Your identity will be kept confidential through the use of a pseudonym.
- Your participation is voluntary and you have the right to withdraw at any point, however there will be a cut off point for the withdrawal of your data, which will be once the interview has been transcribed and analysed (11 November 2018).
- An informed consent form will be signed before the interview can take place.
- The interview can be stopped and the recording turned off at any time if you feel uncomfortable. A debrief has been included so we can bring our interview to a safe ending.
- I will store all data (such as recorded interviews and transcripts) safely, adhering to the Data Protection Act (2008). Once my research project is complete, I will destroy this data securely. Transcripts and recordings are also stored within SPTI for 5 years after which time they are destroyed securely.

Dissemination and Consent

Your consent will be for the use of your data for this research project. I will require further consent from you if I want to use your data for any other dissemination purposes. This option for further consent is included in the informed consent form. Once I have competed this research project, it will be on display at SPTI in a locked cabinet which is only for the use of SPTI students.

Thank you again for your interest in being part of my research. Please feel free to get in touch with me if you have any further questions.

Best wishes,

Judi Perry

judi.perry@spti.net
+447507573859
7.4 Appendix D: Participant Informed Consent Form

How do person-centred and experiential Pre-Therapy practitioners experience offering unconditional positive regard to clients experiencing psychotic processes?

Thank you for expressing interest in my research study.

The aims of this research are:
- To gain a deeper understanding of person-centred and experiential Pre-Therapy practitioners’ experiences of offering unconditional positive regard (UPR) when working with clients experiencing psychotic processes
- To identify any recurrent themes regarding UPR when utilising Pre-Therapy with this client group
- To add to the small body of work on Pre-Therapy and shine a light on this under-researched approach

Participants will:
- be person-centred and experiential practitioners
- have utilised Pre-Therapy when working with clients experiencing psychotic processes
- have access to support through supervision and/or personal therapy

This will be a piece of qualitative research, using a phenomenological methodology with data being collected by audio recorded semi-structured interviews of approximately one hour. This data will then be analysed by transcribing the interview and identifying recurrent themes to create a final, exhaustive description of the experience of UPR in this context.

The research project is undertaken as part of the MSc in Person Centred and Experiential Psychotherapy at the Sherwood Psychotherapy Training Institute (SPTI). The award is accredited by the United Kingdom Council for Psychotherapy and validated by Staffordshire University.
As a student member of SPTI the research is conducted with due consideration of:

- SPTI Ethical Guidelines for Research in Psychotherapy & Counselling
- SPTI Code of Ethics & Professional Practice
- UKCP Ethical Principles and Code of Conduct
- BACP Ethical Framework and Ethical Guidelines for Research

These documents have informed the following points:

**Right to Withdraw**
- You are free to withdraw from the study at any time, however there will be a cut off point for the withdrawal of your data, which will be once the interview has been transcribed and analysed (11 November 2018). This is due to the time limits of this research for my MSc.

**Data and Anonymity**
- Every attempt will be taken to preserve your anonymity. Names and identifying details will be changed when data is transcribed and you will have the opportunity to review this and make any further changes you deem necessary
- Transcription of data will be undertaken by the researcher
- You are free to stop the research and/or recording process at any time and you may ask for data to be deleted from the recording device
- I will submit two copies of:
  - the competed dissertation
  - transcripts of data
  - recordings of data
- The completed dissertation and raw data such as interview transcripts will be seen by markers within SPTI together with an external examiner all of whom are guided by ethical codes compatible with the above. Transcripts and recordings may also be used within the training and supervision context to facilitate development of the final piece of academic work.
● Dissertations are available for viewing by SPTI members as part of library resources. They are held in a locked cabinet and are not available to be copied or taken away from the building.

● Transcripts and recordings are stored securely within SPTI for 5 years after which time they are destroyed securely.

● Any recorded or printed data I hold for the purposes of this project, will be held securely and with access only by the researcher. I will keep data until the project is completed after which time it will be destroyed securely.

Presentation & Publication

● I may wish to present or publish findings of the research project or developments thereof. If this is the case, no further consent will be sought and I would, therefore, ask you to indicate specifically whether you consent to this. You are still free to participate if you decide not to give consent for your data to be used in this way.

Care of Participant and Researcher

● Research in Counselling and Psychotherapy may have an unanticipated impact requiring further reflection and attention. We would ask that, as a participant, you have appropriate professional support in place (for example, personal therapy and/or supervision) to allow for your self-care during and after participation in the study.

● If I have any concerns for you during the research process I may pause the recording and take time to discuss with you the safest course of action; this may include withdrawal from the study.

● I will utilise the support of my trainers and peers at SPTI as well as my supervisor to ensure that our mutual safety is supported as far as possible. Your anonymity will be preserved at all times during this process unless you disclose professional misconduct. In this instance, I would utilise the support of my Programme Leader, Trainers and Supervisor to ascertain the most ethical course of action.
I confirm that I have read and understood the Participant Information sheet and I give my consent to participate in the study:

_How do person-centred and experiential Pre-Therapy practitioners experience offering unconditional positive regard to clients experiencing psychotic processes?_

I do/do not consent to any potential future presentation or publication of the research findings or developments thereof. (Delete as appropriate)

<table>
<thead>
<tr>
<th>Participant Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME IN BLOCK CAPITALS</td>
</tr>
<tr>
<td>Researcher Signature</td>
</tr>
<tr>
<td>NAME IN BLOCK CAPITALS</td>
</tr>
</tbody>
</table>

Judi Perry  
[judi.perry@spti.net](mailto:judi.perry@spti.net)  
+447507573859

Sherwood Psychotherapy Training Institute Contact:  
Michelle Addison Raven - Programme Leader  
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UNITED KINGDOM

Telephone: +44 (0)115 924 3994  
E Mail: michelle.addisonraven@spti.net
### 7.5 Appendix E: Example of the process of turning meaning units into significant statements and descriptions

<table>
<thead>
<tr>
<th>Transcription for P2 in this column – removed to protect anonymity</th>
<th>UPR viewed as change agent in PCT</th>
<th>P2 describes UPR as the change agent in PCT</th>
<th>UPR change agent</th>
</tr>
</thead>
<tbody>
<tr>
<td>UPR expressed through empathy and from a congruent place so can’t be unattached from these – all part of way of relating</td>
<td>P2 believes that UPR can’t be unattached from empathy and congruence</td>
<td>UPR attached to empathy and congruence</td>
<td></td>
</tr>
<tr>
<td>Respect client as expert on own life which expresses respect that isn’t conditional</td>
<td>P2 describes UPR as viewing someone with, and expressing, respect</td>
<td>UPR = respect</td>
<td></td>
</tr>
<tr>
<td>UPR a deep respect for somebody and their actualising tendency, potentiality and to move towards that</td>
<td>UPR is linked with the actualising tendency and ability to move towards potential</td>
<td>UPR linked with AT and potential</td>
<td></td>
</tr>
<tr>
<td>A kind of love and respect for human being</td>
<td>P2 believes UPR is a kind of love for fellow human being</td>
<td>UPR a kind of love</td>
<td></td>
</tr>
<tr>
<td>Respecting someone doing the best they can</td>
<td>P2 describes UPR as respecting that someone is doing the best they can</td>
<td>UPR respecting person doing best they can</td>
<td></td>
</tr>
<tr>
<td>It’s an assumption that doing best they can as an organism</td>
<td>P2 also describes UPR as an assumption organism doing best it can</td>
<td>UPR assumption organism doing best it can</td>
<td></td>
</tr>
<tr>
<td>Tree metaphor – assume tree in right conditions will grow and respect that Questioning example of respect of growth of tree Trust</td>
<td>P2 uses an example of a tree to capture assumption of growth in right conditions</td>
<td>UPR is growth in right conditions like tree</td>
<td></td>
</tr>
<tr>
<td>Questioning definition/subject description</td>
<td>P2 finds it hard to describe UPR</td>
<td>UPR hard to describe/define</td>
<td></td>
</tr>
<tr>
<td>Assumptions – powerful capability of person</td>
<td>P2 describes UPR as an assumption that people have a powerful capability</td>
<td>Assumption that people have powerful capability</td>
<td></td>
</tr>
</tbody>
</table>
### 7.6 Appendix F: Example of descriptions table ready to print

<table>
<thead>
<tr>
<th>UPR cornerstone</th>
<th>UPR change agent</th>
<th>UPR connected to acceptance and non-judgement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cultural views of psychosis</td>
<td>UPR attached to empathy and congruence</td>
<td>UPR situated in context and reality</td>
</tr>
<tr>
<td>Psychotic processes challenge to UPR = why important</td>
<td>UPR = respect</td>
<td>Reality sets limits and needs to be acknowledged</td>
</tr>
<tr>
<td>UPR accepting whatever person brings</td>
<td>UPR linked with AT and potential</td>
<td>PCT leaves out context/reality too much – important when working with PP</td>
</tr>
<tr>
<td>UPR cultivating genuine interest</td>
<td>UPR a kind of love</td>
<td>Can unconditionally accept person but not behaviour</td>
</tr>
<tr>
<td>UPR important as people with psychotic processes seen as invalid</td>
<td>UPR respecting person doing best they can</td>
<td>How to translate UPR into practice when environment sets limits</td>
</tr>
<tr>
<td>Culture - Social reality part of psychiatric process</td>
<td>UPR assumption organism doing best it can</td>
<td>Importance of respecting reality</td>
</tr>
<tr>
<td>Culture – strong rejection in individual psychotic process – social process</td>
<td>UPR is growth in right conditions like tree</td>
<td>Easier to hold UPR when grounded as don’t have fear or judgement</td>
</tr>
<tr>
<td>Key element of PP is person not regarded positively by environment therefore UPR key</td>
<td>UPR hard to describe/define</td>
<td>Have to live UPR and be in balance to do the work</td>
</tr>
<tr>
<td>UPR brings different not rejection social process</td>
<td>Assumption that people have powerful capability</td>
<td>Strange when can listen to psychotic story and not be judgemental or not see a problem – normalising</td>
</tr>
<tr>
<td>People with PP told ideas are wrong or pushed away/ignored</td>
<td>In right relationship, enormous potential to grow</td>
<td>Being accepting can remove psychotic screen</td>
</tr>
<tr>
<td>Culture - UPR radical as counter to cultural norms – radical acceptance</td>
<td>UPR difficult to define</td>
<td>How therapist views PP important – personally does not see a problem – real question how does their life look?</td>
</tr>
<tr>
<td>Importance of grounding</td>
<td>Trust – if therapist holds UPR for client and client perceive it, can start to trust self – that change agent</td>
<td>Importance of reality</td>
</tr>
<tr>
<td>Grounding helps accept challenging things</td>
<td>UPR concepts tricky to define</td>
<td>UPR helps not go into own fear</td>
</tr>
<tr>
<td>Garden metaphor for grounding</td>
<td>Personal experience of being client and feeling UPR from therapist – created freedom to move forward</td>
<td>UPR move away from focus on psychotic symptomatology</td>
</tr>
<tr>
<td>UPR key to PP</td>
<td>UPR tricky and not tricky to define</td>
<td>Importance of client contact with reality – beyond symptoms and interested in person</td>
</tr>
<tr>
<td>Personal safety and interest</td>
<td>Conditional regard can warp/stunt growth</td>
<td>Symptom oriented view narrow – interested in person and how handle life – what is the problem?</td>
</tr>
<tr>
<td>Grounding makes UPR possible</td>
<td>Metaphor to describe effect of conditions on growth</td>
<td>Challenging two realities when everyone thinks client has a problem but they don’t</td>
</tr>
<tr>
<td>Aware of ‘doing’ UPR – attitude cultivates actions/behaviours</td>
<td>Have to adapt to conditions</td>
<td>Normalisation = shallow, prefer existential empathy ‘how does your life look?’</td>
</tr>
<tr>
<td>Contact reflections cultivate UPR</td>
<td>UPR trust and love</td>
<td>Normalisation shallow/technical</td>
</tr>
<tr>
<td>Congruence plays a role</td>
<td>UPR role in development</td>
<td>UPR allow clients to say things never told anyone</td>
</tr>
<tr>
<td>Important for client to choose space and take up space</td>
<td>UPR not romantic love but trust love</td>
<td>Phenomenologically staying with client – sense non-judgement, not go into a role</td>
</tr>
<tr>
<td>Take client seriously</td>
<td>UPR trust and respect – treat other as fellow human being</td>
<td>Non-violent communication – not add to client’s suffering by trying to do or change something</td>
</tr>
<tr>
<td>PCA work cultivates UPR</td>
<td>What is UPR an eternal question</td>
<td>Active being rather than doing</td>
</tr>
<tr>
<td>Need to be attentive to empathise</td>
<td>UPR respect and trust to find own way and do best can – not always about growth</td>
<td>Serve 2 worlds – reality and experiential</td>
</tr>
<tr>
<td>Contact reflections accepting not rejecting</td>
<td>UPR tricky or straightforward?</td>
<td>Broader scope</td>
</tr>
<tr>
<td>Offering UPR feels comfortable</td>
<td>Love and respect if growth not possible</td>
<td>Positive in UPR – implies bias</td>
</tr>
<tr>
<td>Big trust in UPR</td>
<td>Doesn’t have to be change or would become conditional</td>
<td>Existential view – be and suffer in world</td>
</tr>
<tr>
<td>Clients who experience UPR are touched by it</td>
<td>UPR respecting likelihood of movement towards potential</td>
<td>Existential philosophy</td>
</tr>
<tr>
<td>Offering UPR brings good feeling</td>
<td>Desire not to be conditional on growth</td>
<td>Agenda of positive in UPR</td>
</tr>
<tr>
<td>UPR radical</td>
<td>UPR not a tool – not utilise</td>
<td>Prefers and understands phenomenological attitude – what does UPR mean?</td>
</tr>
<tr>
<td>UPR radical</td>
<td>UPR philosophical attitude towards someone</td>
<td>Phenomenological attitude vs positive in UPR – already knocking at door vs offering self</td>
</tr>
<tr>
<td>Hold multiple realities at once - challenge to accept differences and not solve problems but accept them</td>
<td>UPR informs everything do with PP client</td>
<td>Being with what is said, not adding to it</td>
</tr>
<tr>
<td>Perceive others as disapproving of acceptance</td>
<td>Experience deep sorrow for hell of PP</td>
<td>PT reflections already de-toxifying PP – not run away but reflect back madness a tremendous gift</td>
</tr>
<tr>
<td>Radical as deemed culturally unusual</td>
<td>Change with PP client – less psychotic</td>
<td>Contact increases, symptomatology decreases – sharing brings more contact and less locked in psychosis</td>
</tr>
</tbody>
</table>
7.7 Appendix G: De-Briefing Form

Thank you for taking the time to participate in this study.

This research project is exploring how person-centred and experiential Pre-Therapy practitioners experience offering unconditional positive regard to clients experiencing psychotic processes.

The aims of the study are:

• To gain a deeper understanding of person-centred and experiential Pre-Therapy practitioners’ experiences of offering UPR when working with clients experiencing psychotic processes

• To identify any recurrent themes regarding UPR when utilising Pre-Therapy with this client group

• To add to the small body of work on Pre-Therapy and shine a light on this under-researched approach

You are free to withdraw from the study at any time, however there will be a cut off point for the withdrawal of your data, which will be once the interview has been transcribed and analysed (11 November 2018). Data (recorded interview and transcripts) will be stored respectfully and safely, keeping in line with the Data Protection Act 2008. Your identity will be kept confidential and anonymous through the use of a pseudonym.

Research in Counselling and Psychotherapy may have an unanticipated impact requiring further reflection and attention. We would ask that, as a participant, you have appropriate professional support in place (for example, personal therapy and/or supervision) to allow for your self-care after participation in this study.

With your consent, I will send you a transcribed version of our interview, and the themes that emerged, to check I captured your meaning correctly. If you would like to receive my final research findings, please do let me know as I would be happy to share these with you.

Thank you again for your participation in this research project.

Judi Perry judi.perry@spti.net +447507573859
8. Acknowledgments

This research would not have been possible without the wonderful support of the PTIN and my participants. I am eternally grateful for their encouragement and support throughout this process. For those members who took part in my research, thank you for sharing your experiences so generously with me.

Thank you to my research supervisor Wendy Traynor for her interest, support and words of wisdom.

Also thank you to my tutor Richard Kettley for helping me turn my area of passion into a feasible research project, your support throughout this journey has been invaluable.

Finally, I would like to thank my wonderful family for putting up with me whilst undertaking this research and for being so supportive throughout.


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