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Research Dissertation

What are the enduring effects of person-centred counselling that are expressed by clients three to four years after therapy began?

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Abstract

Looks at what former clients consider to be the lasting effects of person-centred counseling, using Interpretative Phenomenological Analysis to explore and report findings from participants' subjective perspective, three to four years after therapy began.

Seven former clients of Nottingham's Human Flourishing Project described a collaborative therapeutic relationship in which they developed a stronger sense of self-worth, fuller experiencing of emotions and a more internal locus of evaluation, leading to improved relationships. This emotional maturing process continued after therapy, fostering a new awareness of aspects of the self which some explored in further therapy.

Aspects of Rogers' theory supported by the results include that people move from incongruence towards greater authenticity, in the direction of becoming fully-functioning, facilitated by a person-centred therapeutic relationship, this process continuing after therapy.

The legitimacy of the person-centred counselor trusting that the client's process will result in positive growth over time is evidenced, providing the therapeutic conditions are present and received. Another implication for practice is that offering a higher number of sessions, should the client want them, can result in quicker progress and deeper changes in some cases.

Key words:

Person-centered counseling/ person-centered therapy; lasting effects; therapeutic relationship; becoming fully-functioning; Interpretative Phenomenological Analysis.

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What are the enduring effects of person-centred counselling that are expressed by clients three to four years after therapy began?

1. Introduction

This study is concerned with the theory and practice of person-centred counselling (or therapy, these terms are used interchangeably here) and the lasting effects expressed by former clients. In this section a short summary of Carl Rogers' theory of person-centred counselling and his subsequent descriptions of the fully-functioning person are given, as these are relevant to the results and discussion. The aims of the study are set out, along with a summary of previous related research, showing a space in the literature which the findings described here can occupy as a small contribution towards closing the identified gap.

Person-centred counselling is characterised by the formation of a therapeutic relationship between counsellor and client, in which the counsellor communicates to the client their genuine feelings of unconditional positive regard and empathic understanding. If the client receives this communication they will feel they have been really heard, accepted and understood in a deeper way than is usual in most relationships (Rogers, 1951; Rogers 1957a; Rogers, 1958a). Over time the empathy they receive from the counsellor leads to increased empathy for the self and others, similarly a feeling of unconditional positive self-regard gradually develops (Rogers, 1959; Rogers 1975). This can lead to a new freedom to own and accept aspects of the self that were previously felt to be unacceptable, often due to introjected values from significant others, or social expectations which are at odds with what feels intrinsically right or satisfying to them. Rogers termed this the 'locus of evaluation' which may have become externalised and based mainly on what others think but can become internal again, through counselling. In turn this enables people to notice what aspects of their life or personality are out of line with their inner experiencing and knowledge of what feels good to them, creating a clearer view of what it is they want to change, if anything, and how to change it in order to live more authentically (Rogers, 1959). The counsellor maintains a non-directive, non-expert

stance to facilitate this self-actualisation process within the client as they discover the best way forward for themselves (Rogers, 1942; Rogers, 1959; Rogers, 1964).

Later Rogers provided a more rounded-out description of the way he observed people developing as their self-actualisation process progresses towards becoming fully-functioning, which he saw as never-ending, more like a direction of growth than a destination, always positively oriented (Rogers, 1957b; Rogers, 1964; Rogers, 1967). He lays out three main aspects of the fully-functioning person, beginning with being increasingly open to experience, meaning inner emotions, physical sensations and their experiencing of other people and the environment external to themselves are noticed and more keenly felt. Someone open to experience will be *really living* their feelings, without defensiveness. Secondly, people live more in the present moment, their self-structure constantly changing as experiences are assimilated. They will be highly adaptable, open to what is happening now and what comes out of it, without needing to take control or apply structure to experiences. Thirdly, they put more trust in their organism, taking their natural response as a reasonably accurate guide to what feels right with confidence that they can adjust if it turns out to be inaccurate (Rogers, 1957b). The reliability of this organismic valuing process depends on how much a person is in touch with their inner experiencing. Rogers proposed that one way of heightening this is through a therapeutic relationship as described earlier (Rogers, 1964).

A person living through this continuing process of becoming their authentic self will feel both pleasurable and painful emotions strongly. Life will be frequently challenging and increasingly meaningful, but not always comfortable (Rogers, 1957b).

Rogers hoped that further research would provide evidence to support and enrich the theories, or to correct and adapt them (Rogers, 1959) and there has been a huge amount of research and writing in the field. The ongoing experiencing and growth process has been further explored by other notable theorists, a few that seem relevant to this study include Gendlin's (1974) experiential focusing approach, which promotes the focusing of the client on the meaning of their inner experiencing, and

the process-experiential approach (Greenberg, Rice and Elliott, 1993), a relational therapy with additional process-directive, task-oriented aspects. Zimring (1988) described how person-centred therapy can initiate an ongoing mastery of the self, shifting perspective from the 'me' that fits with society's expectations and values to the more personal 'I', as a person moves closer to the authentic expression of their inner valuing and experiencing. Barrett-Lennard (1998) offers a bird's eye view of the person-centred approach constantly developing through its own never-ending process, being inherently open-to-experience. He encourages person-centred therapists to understand clients in the numerous contexts they exist within, with this broader understanding therapists can facilitate their process unfolding in all sectors of their life. In a similar vein, Bohart (2021) recently called for more attention to Rogers' epistemological commitment to the place of subjective lived experience in psychological research, which he notes has been largely neglected.

Taking the position that person-centred therapy facilitates the ongoing self-actualisation process, it seems a valid line of enquiry to research the long-lasting effects of therapy. While outcomes are often assessed at the end point of therapy, this may be only the beginning of the story. The self-actualising process is always active, but therapy can act as a catalyst or help to clear the way so a person can notice it, enabling them to choose its direction. If it is an ongoing process, as Rogers observed, it makes sense that a person will continue to change long after therapy ends. Therefore, exploring the ways their life and their sense of self has changed a few years after therapy should provide useful information. If the theory is supported the data will show positive changes in the direction of the fully-functioning person. It is also possible that findings could offer the client's perspective of what they consider to be helpful or ineffective features of therapy.

On reviewing the literature for similar studies, very little was found that focusses on the long-term effects of person-centred or humanistic therapy. None of the 40 studies of long-term effects in Lambert's (2013) review looked at humanistic therapy, for example. Most research on long-term outcomes focusses on other therapy modalities using quantitative methods and therefore doesn't

aim to offer the subjective perspective of this study (e.g. Corney and Simpson, 2005; Davis, Corrin-Pendry and Savill, 2008).

A few follow-up studies have blended quantitative and qualitative data to research Emotion-Focused therapy's impact after 18 months, (e.g. Ellison, Greenberg, Goldman and Angus, 2009; Heinonen and Pos, 2020). One quantitative study found 18% of couples showed improvement over a 24 month period after Emotion-Focused Couples therapy, (Wiebe, Johnson, Lafontaine, Burgess Moser, Dalgleish and Tasca, 2017) measured using the Reliable Change Index (Jacobsen and Truax, 1991). This provides useful hard data, but not the picture behind the clients' Reliable Change Index. To highlight the potential value of qualitative research, consider the possibility that separation from their partner may have represented a positive change for some individual participants, but they would show no statistical improvement within a couple. Their fulfilment would only be discovered by exploring subjective experiences through qualitative methods.

Four studies since 2003 have explored the long-term effect of therapy from the client's subjective perspective. Ekroll and Rønnestad (2017) combined quantitative and qualitative data collected before, during and three-to-four years after humanistic/existential, psychodynamic/analytic or cognitive therapy. Results showed people developed a better understanding of others and of themselves and increased in autonomy. They also found different things important at each stage of the study, catharsis seeming significant initially, giving way to changes in situation, attitudes and affect regulation in the longer term.

A qualitative follow-up study of three people who had various modes of therapy (Gallegos, 2005) concluded that participants sought therapy to alleviate distress but progressed towards growth as their distress declined.

Sharon Myers, a humanistic therapist, conducted the other two long-term studies on this topic. Taking a phenomenological approach, she interviewed five clients three years and again ten years after therapy. She found that the therapeutic relationship provided a sound base for initiating

change, the empathy experienced in therapy having a lasting quality. This developed into self-empathy and people began to relate to themselves and others in increasingly positive ways. The client's active part in forming this lasting therapeutic bond would not become visible via a standardised scale so Myers concluded a phenomenological approach has potential for future similar studies (Myers, 2003; Myers and White, 2010).

Myers' study is now 11 years old, leaving space for new research into people's ongoing experience of person-centred therapy, looking at the long-term effects it has in various aspects of their life and how this might change over time.

This study aims to occupy the identified gap in qualitative research, exploring the subjective perspective of clients three to four years after therapy, focussing solely on person-centred therapy.

Research like this is perhaps more often done informally by therapists with their own previous clients with the objective of personal development of the therapist, as described by Mearns, for example, (Mearns, Thorne and McLeod, 2013 p. 176). The objective here, however, is to find out what former clients of person-centred therapists consider to be the lasting effects of therapy, in whatever ways they notice it playing out in their lives.

To differentiate between short and long-term effects, people were interviewed around three to four years after therapy began, allowing time for them to live with whatever changes were initiated during therapy. Through asking about effects that are still noticeable after a long period the study offers a long-term perspective from which to consider the continuing nature of the self-actualisation process towards becoming fully-functioning, in the different ways this is manifested in each person taking part.

A phenomenological approach to data collection is adopted, leaving scope for participants to offer whatever self-observations and experiences they deem relevant to the research question. Methods for participant selection, data collection and analysis are laid out here in a spirit of transparency.

Themes identified in the analysed data are expressed from the perspective of the participants' subjective lived experience, using their own words for illumination. Findings are discussed and conclusions drawn in relation to relevant aspects of person-centred theory, in particular the effects of the therapeutic relationship and attributes of the fully-functioning person.

2. Method

2.1 Research approach

The chosen methodology for this qualitative study is Interpretative Phenomenological Analysis (IPA) (Smith and Osborne, 2003; Smith, Larkin and Flowers, 2009; Smith, 2011). The study asks what links participants see between their counselling four years earlier and the meanings they attach to their subsequent experiences and responses to them. The research is firmly positioned within the person-centred approach, this shows in the questions asked, some of which are suggested by the theories that underpin the approach but also in the volume and depth of unprompted data that participants volunteered in interviews. This reflects the space that was left for them to share whatever phenomena felt meaningful to them, in relation to the question.

Common themes identified in the data are described ideographically using verbatim extracts. IPA's hermeneutical and interpretative form of data analysis suits the phenomenological focus of the data.

2.2 The Human Flourishing Project (The HFP)

All participants had person-centred therapy at the Human Flourishing Project (The HFP) beginning in 2017. The HFP is a research clinic offering free therapy to people in Nottingham, staffed by volunteers on placement as part of a University of Nottingham course in person-centred experiential psychotherapy and counselling, or trauma studies. Counselling and supervision is person-centred in orientation, all counsellors have had at least one year of education and immersion in the approach and have passed a rigorous ready-for-practice process, approved by a panel of experienced person-

centred teachers and practitioners. Supervision occurs fortnightly with additional support as needed. The researcher is currently on placement at the HFP.

As a research clinic, clients are asked to agree to the collection and use of data such as initial personal information, including their reasons for seeking therapy. Further self-report tests, including the Authenticity Scale (Wood, Linley, Maltby, Baliousis and Joseph, 2008) among others, are completed after every five sessions and at the end of therapy. Clients can have up to 40 sessions, offered in two blocks of 20 sessions, with the same counsellor whenever possible.

The project is popular and well respected, people refer themselves, sometimes being signposted to it by GPs or psychotherapy services, for longer-term therapy.

2.3 Ethical considerations

The study was designed to comply with the ethical codes of the BACP (2018) and the University of Nottingham (2020). Ethical approval was obtained from the University of Nottingham. All potential participants were made aware of the research aims of the HFP and gave permission at the point of intake to be contacted by members of the project for research purposes. The email invitation emphasised that participation was voluntary. Each participant gave informed written consent for their data to be used anonymously, all names and identifying features have been changed. The email, information sheet and consent form that were sent to participants are reproduced in Appendices 1a, 1b and 1c respectively.

2.4 Participant selection

Purposive sampling was used to recruit a small homogenous group of former clients of the HFP from 2017, who had attended sufficient sessions to enable them to fully experience the therapeutic relationship being offered to them and who indicated that they found the sessions beneficial. Ten sessions was deemed to be a reasonable requirement, based on the researcher supervisor's professional experience. 41 former clients met the initial criteria.

Scores from the self-reporting Authenticity Scale (Wood, Linley, Maltby, Baliousis and Joseph, 2008) enabled identification of clients who felt they benefitted from therapy, comparing scores before therapy began with scores at the end. The scale measures three key aspects of authenticity, namely: self-alienation, that is the extent to which a person feels a divide between their conscious awareness and their true self; authentic living, being the extent to which they behave according to their true self and their beliefs and finally accepting external influence, which is how much they are influenced to modify their behaviour to conform to society or others' expectations (Wood et al, 2008). These aspects are distilled from a person-centred construct of authenticity described by Barrett – Lennard (1998). Clients rate themselves using a seven-point Likert-type scale in response to questions relating to the three aspects and a score is generated for each. For 'authentic living' an increase in the score over time indicates an improvement, for 'accepting external influence' and 'self-alienation' a decrease indicates an improvement. The Authenticity Scale has been shown to correlate well with self-esteem and wellbeing and is considered well suited to measuring a person's response to person-centred counselling, Rogers saw this as a way of facilitating an increase in authenticity which he considered a key factor for wellbeing (Rogers, 1959).

Four clients showed improvement in all three aspects and 24 showed small or large improvements in one or two areas, providing 28 potential participants. They were invited to participate in a random order until enough had volunteered to provide sufficient breadth of material whilst being a manageable body of data for analysis. See Appendix 2 for details of the scores of those identified as potential participants (Table A1) and some sample questions.

2.5 Participant characteristics

Some facts about the people involved in the study are shown in Table 1.

Table 1, Participant characteristics

	Age range	Ethnicity	Gender Identity	Total HFP sessions	Previous therapy	Subsequent therapy
Abigail	25-30	Black Caribbean	Female	23	None	None
Beth	30-35	White British	Female	40	None	Yes – same therapist
Chloe	40-45	White British	Female	40	Yes	Yes
Derek	70-75	White British	Male	20	1 session	On a waiting list
Emma	25-30	White British	Female	20	None	Yes - same therapist
Frank	50-55	White British	Male	17	Yes	none
Gina	30-35	European/ S. American	Female	20	Yes	On a waiting list
Interviewer	50-55	White British	Female	-	-	-

2.6 Data collection

A semi-structured interview schedule (reproduced in Appendix 3) helped ensure good use of time and thorough coverage of the topic, whilst remaining open to relevant topics participants might introduce. Three questions relating to person-centred theory, specifically Rogers' (1957b; 1967) description of the attributes of the fully-functioning person were included, shown in Table 2.

Table 2. Theory-related questions

Theory-related question	**Attribute of the fully functioning person it relates to** (Rogers, 1957b; Rogers, 1967)
These days, how well do you think you are in touch with how you really feel inside?	Openness to experience
These days, how do you find you take it when something unexpected happens in your day or in your life?	Increasingly existential "In the moment" living
These days, do you feel like you can trust your instincts most of the time?	Trusting organismic experience

It is accepted that introducing these theory-based questions repositions the study to a more prescriptive than inductive method, however this congruently acknowledges the researcher's acceptance of Rogers' (1959) theory as credible and by extension the premise that having person-centred therapy tends to result in movement in the direction of becoming fully-functioning. Two of the resulting themes came from responses to these theory-based questions, the remaining four themes emerged spontaneously, sometimes being further developed after receiving an empathic response or being asked a follow-up question.

The schedule took a loose form designed to respond to the participant's flow, in keeping with the non-directive principle of the person-centred approach, known to encourage the sharing of unique and subjective lived experiences (Rogers, 1951; Levitt and Brodley, 2005) and foster a phenomenological focus. Questions were discarded if the same topics were introduced unprompted. Brief participant digressions added welcome perspective and texture to the material (Riessmann, 2012).

Interviews were remote due to Covid restrictions, six were online video interviews, one person chose a telephone interview. Recordings were transcribed by repeating the words into speech-to-text software, an absorbing process enabling reliable recall of tone and expression during analysis.

2.7 Data analysis

Each interview transcript was read twice then initial annotations of all points of interest were made, including points that seemed only loosely connected with the research question. These included notes about participants' tone and manner as it changed and what this might indicate. Some noted linguistic aspects of the data, others were descriptive summaries of the main points that relate to the question, some were more conceptual in nature, sometimes relating their experience to person-centred theory where there was a natural fit.

To indicate scale, 129 annotations were made to the first interview, annotations were reread then 32 codes and three sub-codes were produced. Transcript extracts were coded and some additional codes were noticed. Codes were then clustered into six groups summarising the main aspects of the first participant's expressed experiences, nearly three days work overall.

Several days elapsed before repeating this analytical process with the next transcript, which helped with bracketing preliminary thoughts on findings, keeping an open mind and avoiding confirmatory bias in coding. After the clustering phase the analysis of the first transcript was revisited, looking for convergence and divergence of themes. Subsequent transcript analyses were quicker due to growing familiarity with the process. A short gap was kept between analysing each transcript, in an attempt to stay alert to its unique properties. Periodic reviews of codes and clusters across the interviews enabled an evolving set of main themes and connections across the transcripts to be recognised and named. NVivo software was used as a convenient tool for organising descriptions of codes and related excerpts.

The research supervisor looked at the proposed set of main themes and checked these were reasonable interpretations of the data. His questions prompted further thinking about how these relate to person-centred theory, how general they are and what new information, if any, they provide. With this refreshed perspective a further examination of the transcripts found further connections and rounded out descriptions of the themes. A draft of the results section was sent to participants who wanted it, all responses were positive and no requests for changes were made.

This analysis process closely follows the steps described by Smith, Larkin and Flowers (2009) in their guide to the method of IPA which, although not prescriptive steps, worked well here.

3. Results

Participants described a collaborative therapeutic relationship in which they developed a stronger sense of self-worth, a fuller experiencing of their emotions and a more internal locus of evaluation,

leading to improved relationships with others. This emotional maturing process continued after therapy, fostering a new awareness of aspects of the self which some went on to explore in further therapy.

These findings can be conceptualised as a continuum, beginning with seeking therapy at a point of distress through to the benefits of therapy becoming evident in various life contexts leading to ongoing personal growth, facilitated in some cases by further therapy. People described themselves at different points along this continuum, the themes identified in the interviews are fleshed out in their own words, in the order that people experienced them.

3.1 Collaboration and mutuality between counsellor and client

All participants described counselling as a collaborative process taking place within a therapeutic relationship based on acceptance, openness and empathy, despite this not being specifically asked about. They spoke of the relief of feeling like they had been fully heard and understood and a refreshing awareness of being followed, not steered by the counsellor. Most found the opportunity for longer-term therapy to be significant in deepening this relationship. The language used by most to describe their experience in counselling was highly personalised, indicating this had not been supplanted by a new vocabulary of psychotherapy but had instead been respected by the counsellor and remained intact and unique to them.

Frank describes how this felt to him in words that imply the therapeutic relationship was of a depth and quality entirely new to him:

> to be able to explore your thoughts and your feelings, […] in a secure environment with someone who is ... that you're feeling is kind of with you on this exploration and is not judgmental at all, and who you don't have any history with, is immensely powerful. (Frank)

The feeling of personal power and being understood within the sessions is evident in Chloe's statement:

> I think it was just the being heard that was a massive thing. [….] He just got my approach. (Chloe)

Not only did she know *what* she wanted to explore, she also knew *how* she wanted to approach this and felt fully understood and supported in this by her counsellor, who followed her lead.

In this sequence of extracts Gina reflects on how it felt and worked for her at the HFP, in comparison to a previous counselling experience.

> I think we never dived enough, because of knowing there were only six sessions, it was trying to deal with the face of things. As opposed to with the HFP where it was rolling, but there was the general idea that it was going to be the 20 sessions. […] So, I actually found we were able to go a lot deeper, kind of straight away. […]
>
> this feeling of calmness and not being rushed, I actually felt like I was being listened to. […] it wasn't about forcing me, or trying to guide me to see something in a certain way […] within that, I was able to understand myself a bit more. (Gina)

She sounds surprised by the equality and intensity of the relationship, surprised at feeling fully heard and the paradox of making faster progress in longer-term therapy, confident there was enough time for deeper exploration without feeling abandoned halfway through.

A few extended the feeling of collaboration to a sense of mutuality between themselves and their counsellor, a rewarding feeling that while they received counselling, which some described as a gift, they too gave something valuable to the counsellor or the project. For example:

> I like the idea as well of it helping other people with their training and it might provide some kind of research (Chloe)

This appears to have strengthened the feeling of alliance and equality in the therapeutic relationship.

To illustrate the personalised language each participant used to describe their feelings about the process and changes they noticed working within them, a few examples are offered where words or metaphors were used that are related to participants' work or personal interests. Derek worked in the field of hotel quality standards.

> all that I can give both of those counsellors is 5 stars (Derek)

Chloe talks again about the importance of having a counselling experience on her own terms:

> I'm all about magical stuff, so I kind of really liked that question in there. It just felt like there was room for it to be what I needed it to be. (Chloe)

Her language shows delight in the element of mystery in how counselling works for her and an appreciation of her experience as uniquely personalised.

The language of the workplace appears often in Franks' interview, such as here when he corrects his own word "victim" to one more meaningful for him, describing his new attitude towards negative thoughts.

> it's more like being the boss in a relationship. (Frank)

These extracts demonstrate each person's experience was unique. Their individual way of describing their therapy experience is undisturbed, possibly indicative of the non-directive attitude of their counsellor and the absence of an expert within their therapeutic relationship.

3.2 Stronger feelings of self-worth and prioritising self-care

Five participants, all the women in the sample, talked about how the act of going for a weekly counselling session initiated a change in priorities to make time for self-care. For them it was an enjoyable new feeling to take time to focus on and talk about themselves which they consciously continued with, setting aside time for this after therapy had ended. This appears to emerge from a strengthened feeling of being worthy of receiving some of the nurturing attention that they usually give to others. Again, this topic was not introduced by the researcher but emerged spontaneously. These excerpts illustrate how this theme developed in Abigail's interview.

> … allowing that space for myself, no matter what. And it wasn't just the session itself, it was getting a coffee after *[big smile].*
>
> […] I've been trying to, it's something that I've almost sort of lost again. […] I'm not giving myself that time? (Abigail)

She appeared to realise during the interview that she had recently stopped making time to focus on herself, feeling this as a personal loss.

Four participants said having counselling was the first time they had felt they were doing something solely for themselves, an experience they valued, prompting a permanent change in their priorities to make more time for themselves. For example:

> It was like a trip out from the family […]

> but where I got to talk when I didn't have to think about what else … or listen to anyone else's problem. [….]
>
> after I'd had my last session with Matthew, I was like "I need to get fit. I'm gonna go… instead of doing my… my 7:00 o'clock with Matthew I'm gonna go swimming." (Chloe)

Here Chloe uses the first-person when recounting how she spoke to and inspired herself to take this time for herself, reflecting the awareness that she won't have Matthew (the counsellor) to talk to from now on, showing the self-agency at play in this change and the level of organisation needed to prioritise herself.

For some this new prioritisation of the self is linked with increasing feelings of self-worth and an accompanying acceptance of their own vulnerabilities as an integral part of them. This sequence of excerpts from Emma's interview illustrates this as a process that began during counselling and continued afterwards, deepening at the current time now she is a single woman for the first time.

> it was very important to me at the time to be perceived as somebody who doesn't need help.
>
> […]
>
> this was my time to be completely honest with myself and to not be worrying about what my counsellor would be thinking of me [...] being open and completely vulnerable
>
> […]
>
> it's taught me about my need for (*pause*…) for *time*. *My own* time. It taught me that I'm allowed to take up space, because prior to the sessions I spent my time shrinking myself, sacrificing things."

on her current position

> My whole life I haven't ever been on my own and therefore I haven't ever prioritised my own thoughts, my own feelings, my own desires. So that's something that's been really, yes really powerful for me. (Emma)

The transformative power of this new feeling of self-worth is also exemplified in this extract where Beth talks about the decision to change job to one which is much more personally rewarding and offers a better work-life balance, but pays less.

> that was the big change, it's not the job, you know the job didn't change my life, but it's the moment at which I felt like I deserved to have a choice and deserved to do something that enabled me to feel like I was doing well. (Beth)

This change took place after therapy had ended and represented the first step in her carefully considered career change.

3.3 Increasingly in touch with emotions

In response to a question on this topic, some participants described feeling distanced from their emotions at the point they began therapy, progressing towards recognising and experiencing them more fully. Others felt negative emotions very keenly, gradually becoming more able to notice and experience them without feeling overwhelmed.

Most gained a clearer understanding of what had brought them to counselling. Some knew something felt wrong but not what, others had a better idea but gradually discovered other underlying issues that were also problematic.

Frank describes a new understanding of the external sources of some of his negative emotions.

> I was able to understand a bit more what were the root causes of the anxiety which… they were external. Without thinking that the external causes needed fixing, which of course can never be fixed. (Frank)

The words “of course” imply that while he couldn’t see this when he began counselling, it seems so obvious to him now that he understands it, an experience common to most participants.

Participants talked about beginning to trust their instincts in different aspects of their life and expressed gratitude for this instinctive knowing as a guiding force. Here Chloe describes this as finding her own voice.

> I'd be... “Yeah, the answer that I want to give is different to the one that homeostasis is beating around my head” and I was kind of starting to notice almost like a – I wouldn’t say a split personality, but the voice that was mine - I feel like I found the voice that was mine and it started getting louder than the voice that was not mine. (Chloe)

She recounts an inner conversation, giving voice to the voice that she found.

A widely expressed phenomenon was about forming a new, more honest understanding of emotions and experiences. Gina describes a changed attitude towards distressing memories:

> it was like that box was unlocked before [counselling] and it was enabled to slowly kind of open and really deal with memories that came back and taking it with a pinch of salt, that it might not be 100% accurate but it's what my brain clearly remembers […] (Gina)

These phrases from Beth showcase a new depth of personal honesty.

> [I'm] an awful lot closer to my actual experience … I was just in complete denial before and I'm no longer in complete denial. […] I'm 100% honest with my feelings in my therapy. 100%. I don't try to pretend for anybody else's benefit. (Beth)

Three participants expressed that a new awareness of what matters to them enabled them to feel negative emotions without being overcome.

> it's almost like your body, my body is kind of releasing the tension and then the emotion builds up and sometimes it's extreme. I can be washing the dishes and I'll feel it rise, bubble up with it and actually that was very common before [counselling] and […] I deal with it a lot better and a lot quicker. (Gina)

Every participant described experiencing a shift in perspective towards trusting their inner experiencing and recognising their emotions, which they had become more attentive to. Gina's correction of "you" to "I" in the above excerpt, for instance, perhaps indicates an ongoing determination to focus on her own experience.

Abigail shifted perspective on her relationship at the time and her sexuality, wanting to be known more fully.

> now I look back and I realise I was just being gaslit throughout the whole relationship and […] coming to terms with my sexuality as well and I was thinking "oh I need to tell him that I think I'm bisexual". (Abigail)

3.4 Developing an internal locus of evaluation

Five participants talked about their new awareness of how they felt about themselves developing into what Rogers termed an internal locus of evaluation, often reaching this topic indirectly after

being asked about whether they feel they can trust their instincts. Where they previously felt a need to do what others expected of them, or to put their own needs after others, they now trust that if something feels satisfying and right to them, then it is acceptable, even if it is considered unorthodox. Part of this is caring less about what others think or expect of them but still feeling validated, this validation now coming from within themselves.

Emma saw this honesty with herself as a necessary ingredient for the process of counselling, but also for life in general.

> my expectation changed of counselling because I realised that actually it was very important to me to open up, to be vulnerable and to not be worried so much about how I was perceived by other people (Emma)

Frank sums up the progress of this permanent change of perspective:

> I would say I do follow and trust my instincts more now and I'm more selective in leading a life which is (*pause*) truer to myself ... by comparison to […] how I was when I was younger, I think my life is very different in terms of doing things that I want to do or that bring me joy and learning how to say no in the right way and learning to give less attention to other people's opinions or judgments. […]
>
> I think the counselling helped to strengthen that. The process of understanding your authentic self and trying to lead a life that fits with your authentic self, I think that process started before I came to the HFP. But I think working at it with Ben really helped to reinforce it. (Frank)

As he looks back, he sees the counsellor's role as facilitating a fuller unfolding of a process he had begun himself, to a point of no return. He puts it in the context of his relationships with others as well as with himself, showing a confidence in negotiating a balance between genuinely expressing what he wants and maintaining relationships.

Abigail notices in others something similar to how she used to feel.

> I've got friends here who are a bit younger. I feel like what I was going through they are still going through, that lack of sense of self is there and you kind of find yourself pandering towards what you think other people want (Abigail)

Through seeing an external locus of evaluation at work in other people she remembers how she used to be, her use of 'you' reflecting the universality of an experience she is relieved to have left behind.

3.5 More authenticity in relationships

People described positive changes in relationships, including problematic relationships repairing, some being brought to an end with positive results and others being valued for their intrinsic authenticity. Changes are sometimes deliberate, sometimes evolving more naturally with improvements only noticed retrospectively. This topic was introduced by participants, not the interviewer, often arising out of them talking about the therapeutic relationship with their counsellor. It seems reasonable to infer that they made a link between the quality of that relationship and improved relationships with others.

Abigail's experience was multi-dimensional in this respect:

> there have been some friendships lost and some gained and some relationships with like, family have been difficult but also have started to repair […]
>
> the people that I've continued to be friends with I guess they are the people that I was my most authentic self around and that's why we've continued to be friends, but then the people that I was pandering to what I thought they wanted out of a friendship, I've just not really spoken to […]
>
> Whereas now I just feel blessed to know the people that I do know and it's great. […]
>
> I would say with […] new people that have entered my life since, that I communicate better. (Abigail)

She's clearly aware of the changes within herself that have brought about these changes in relationships, talking about people she's met "since", meaning after counselling, the experience marking a watershed in recognising the relationships that matter to her.

This extract from Beth illustrates a commonly expressed awareness of increased self-empathy leading to more empathy for others:

> I can see it from his perspective, because I can appreciate his experience [...] so I can kind of cut him a bit of slack for struggling with that, because I can see now what he sees, and I wasn't aware of it before (Beth)

Having been bereaved before counselling, Derek is now actively seeking a new relationship.

> I think the counselling helped me to get on what I call an even keel, get on survival mode. It gave me a lot of hope suddenly, I would get my old life back, because I was

> always hankering after my old life with my late wife, because I was very tight with her.
>
> […] my life is not going to change with me sitting like a wall flower looking out the window. (Derek)

Recognising that he finds joy in shared experiences, he began to feel ready to take steps to give himself another chance to have this.

Chloe spoke about how she saw a relationship differently with someone who was critical of her plans to meet her need for self-care:

> I kept calling her on it very politely, but I kept going "actually no- that's out of line and I'm really sad that you're not supporting me and you're actually treating me like I'm a bad person because I want to…" and … I could see then why I was struggling to put boundaries in. (Chloe)

Chloe's new feeling of self-worth enabled her to express herself openly and ask for the acceptance she felt was missing, permanently altering the power-balance of the relationship.

3.6 Personal growth continuing after counselling and through further counselling.

Six participants talked about ways they have continued to change since their counselling ended, several concluding that this is likely to be a never-ending process of positive personal growth. This has led to some wanting more counselling to explore areas they are newly aware of, which they see as a positive development, only possible because of the counselling they had. A common feature of their experience was feeling they had reached a natural stopping point when counselling ended, but their continuing process caused them to re-evaluate this over 12 months later. The pause in counselling appears to be a key factor, allowing this new awareness to ferment and emerge.

This is nicely encapsulated in this brief extract from Beth's interview.

> I just feel like I've just become aware of how much more there is for me to do. But that doesn't diminish what has already been done. (Beth)

Similarly, Emma touches on most aspects of this theme in the extracts below.

> I thought that the work I had done with my counsellor at that point was sufficient for where I was in my life at the time […] none of the work that I'm doing now in my

> counselling would be possible without the foundational work I did at the beginning. (Emma)

Both Emma and Beth are keen to stress that wanting further counselling does not imply the initial counselling was in some way unsuccessful or incomplete. Their expectation of counselling has shifted from survival towards ongoing personal growth, no longer seeing counselling as a finite process aimed at fixing something. They also talk in terms of doing the work themselves, their self-direction coming across strongly.

Abigail shares her current thinking process about why she is considering having further counselling.

> … I want to go in with [..] a clearer mind […] yes there's confidence but there's also other… relationships that I want to explore. But, I could have just done it ….. but I wouldn't know how to do that, without the sessions. (Abigail)

She clearly appreciates the key role the counsellor plays in the process, along with the need to set aside time for the sessions, linking back to earlier themes of collaboration with counsellor and prioritising self-care.

Some expressed their process as needing to progress gently, in small steps, taking care not to rush. Beth, for instance, benefitted from her first 40 sessions of counselling without beginning to touch on one of her most traumatic experiences.

> it's fascinating to me that I was able to go through a year of therapy without associating with that trauma and to now be doing that really difficult work, you know, I do believe it wasn't the right time for me to do the work then (Beth)

In the gap between her first 40 sessions and her current sessions, she became ready to explore this with the same counsellor (outside of the HFP). Emma expressed something similar about her second set of sessions:

> during the process I fought against it a little bit. And I finally had the “breakthrough” and was able to open up more. (Emma)

Three people see themselves as a very different person four years after therapy, due to the change process that began then and continued afterwards, for example:

> Because that was something I really struggled with before […] not feeling guilty about looking after me or putting me first. So it was very slow […]

> there was a sense of “I've got work to do” and hope after that. But from the end of that to now, yes, I'm completely different. (Gina)

Echoing an earlier theme, Gina identifies being unable to prioritise herself as a factor that slowed the beginning of her growth process, which gradually reached full speed three years later. People see how much they have changed and expect this changing process to continue, as Chloe puts it:

> I think there's still more work to be done. I think there will always be work to be done. (Chloe)

4. Discussion

The prominent themes in the data are supportive of aspects of Rogers’ theories, in particular his *“*Theory of therapy, personality and interpersonal relationships, as developed in the client-centered framework” (Rogers, 1959) and how this approach facilitates development towards becoming a fully-functioning person (Rogers, 1957b; Rogers, 1964; Rogers, 1967). Unsurprisingly, participants’ responses to direct questions about aspects of being fully-functioning yielded relevant evidence resulting in two elicited themes, one about being increasingly in touch with their emotions and another on developing an internal locus of evaluation which relates more closely to the 1959 theory (op.cit) than to the actual question asked. The other four themes emerged from unprompted information and represent what participants considered memorable, growthful or significant as they recalled the experience of counselling and related this to changes in themselves that have continued afterwards.

Firstly, participants wanted to talk about their therapeutic relationship with their counsellor, their descriptions of feeling fully heard, empathically understood and unconditionally accepted without judgement closely resembling the ideal therapeutic conditions Rogers described (Rogers, 1957a; Rogers, 1959). They felt equal in the relationship, having power to decide what topics to explore and how they wanted to do this. Knowing they could have 20 or 40 sessions, people felt safe to open up more fully, leading to quicker progress, this being an essential element of the process. Feeling like

they could choose when to end therapy within these relatively generous limits added to the equality and non-directivity within their therapeutic relationship, promoting active self-actualisation towards becoming fully-functioning (Rogers, 1959).

Experiencing these therapeutic conditions clearly made a lasting impact and appears to have been a major factor in increasing their feelings of self-worth, developing into self-empathy and an implicit reprioritising process, moving their own needs further up the order. This indicates a burgeoning unconditional positive self-regard (UPSR), which Rogers described as a likely effect of receiving the counsellor's congruent communication of empathy and unconditional positive regard (Rogers, 1957a; Rogers, 1959; Rogers, 1975).

Increased self-empathy and UPSR appear to have been pre-requisites for allowing themselves to notice and fully experience emotions and memories as they arise. Consequently, most described a much richer and more immediate emotional awareness, demonstrating strong links with "openness to experience", the first aspect of the fully-functioning person that Rogers outlines (Rogers, 1957b). While this came out of responses to a direct question about how closely they feel in touch with their emotions these days, the full descriptions that were offered and expanded on demonstrate the genuineness of the experience. Echoing Rogers' theory (Rogers, 1957b; Rogers, 1964; Rogers, 1967), they spoke about no longer denying feelings or memories, but letting them out of the box, owning feelings and living them. As this represented a fundamental shift in perspective for most participants it leaves an impression that this shift is a necessary step before progressing on to other aspects of being fully-functioning. This was achieved through classical person-centred therapy offered by seven different therapists, without the application of techniques such as those involved in focussing (Gendlin, 1974) or process-experiential therapy (Greenberg, Rice and Elliott, 1993).

When asked another theory-based question about trusting their instincts, participants answered less directly, producing the theme on developing an internal locus of evaluation, a related topic supporting Rogers' (1959) theory. Rogers observed that when a person is closer to their inner

experiencing they can recognise features of their way of being that are out of kilter with what really matters to them. Participants described an awareness of this occurring, eventually leading to more authenticity within themselves, externalised towards other relationships in the next theme. This links with earlier themes of increased feelings of self-worth and being more in touch with emotions, as if these are essential foundations for developing an internal locus of evaluation. As this valuing of their inner experiencing has continued to develop, it appears to have nurtured a quiet self-confidence, as described in Zimring's theory about the mastery of self (Zimring, 1988).

This confidence comes out in relationships as they discover they can express themselves authentically, even in the face of disapproval or resistance, yet still maintain good relations, as noted in Rogers' section on "outcomes in personality and behavior" (Rogers, 1959, p. 241) and his description of the fully-functioning person (Rogers, 1957b). In turn, this leads to changes in various contexts within their lives, as Barrett-Lennard (1998) pointed out, with people changing careers, redefining relationships and family roles, accepting their sexuality, taking educational courses or moving to a new city. Linking to Rogers' (1957b) description of the fully-functioning person being in a state of flux, constantly developing as their personality responds to and emerges from experience, this state appears to be fertile ground for unearthing new aspects of the self that they want to explore further.

The final theme of continuing growth through further therapy was another unsolicited finding. It indicates participants are indeed living more existentially, in-the-moment (Rogers, 1957b; Rogers, 1967), discovering new aspects of themselves as they experience life and memories more deeply and notice the changes this initiates within them. They meet these discoveries unhindered by defensiveness and although they know therapy is hard work, they are excited by the challenge of knowing themselves more fully.

On looking back at the work of humanistic psychotherapist Sharon Myers, it is remarkable how closely the findings of this study agree with her phenomenological client follow-up studies (Myers,

2003; Myers and White, 2010). The themes described here have different names and have been grouped differently, but the excerpts of participants' words bear some striking similarities. While Myers' studies focused on the therapeutic relationship, this study did not deliberately do this, nevertheless it emerged as a powerful theme and a foundation for subsequent growth. This study asked questions related to being fully-functioning which Myers' study did not, however her study also drew out examples of people being more open to experience, attuned to their emotions and relating to themselves and others more authentically, increasingly over time, one participant having further therapy to help her ongoing process. Myers' study focussed on clients who had worked with her and one other therapist, whereas this study demonstrates the same ongoing positive changes occurring in clients of seven different trainee person-centred therapists.

In summary, the themes in this study support several aspects of Roger's (1959) theory, his description of an effective therapeutic relationship as a facilitating environment for personal growth (Rogers, 1957a) and of the fully-functioning person (Rogers, 1957b; Rogers, 1964; Rogers, 1967) and selected writings of other notable humanist theorists. The qualitative nature of the study has provided a richer picture of how people's growing authenticity shows up in their lives and continues to develop in the years after therapy. It adds to a small body of qualitative research in the person-centred approach, continuing the tradition of Rogers' epistemological commitment to the value of people's subjective lived experience to put the theory into context.

Participants see themselves at different points along the continuum of the themes outlined here, occasionally recognising they are not as far along it as they once thought, as they discover new things they want to work on. Rogers (1957b) said the fully-functioning life is not for the faint-hearted and they certainly appear to be facing into challenges as they continue to strive for ever greater authenticity in their lives

5. Limitations

Therapy was provided by trainee practitioners which could affect the implementation. In practice participants' descriptions of the therapeutic relationship reveal the necessary and sufficient conditions were effectively offered and received, as were the characteristics of effective psychotherapeutic relationships relevant to person-centred therapy, as summarised by Norcross and Lambert (2018).

Two participants were having further counselling with the same counsellor at the time of the interview, however their recall of the different stages of their own process was clear and described in detail, aiding separation of the effects of different stages of therapy.

Some participants were offered up to 20 sessions, others began when this had increased to 40 sessions in two blocks of 20, meaning therapy did not necessarily end when they would have chosen. Only one person mentioned wanting to continue but being unable to.

The researcher is currently training as a person-centred therapist and it is possible that theoretical knowledge and allegiance to the approach could have influenced the interview and analysis, partially mitigated by using an interview plan. However, this has been openly acknowledged, and of three theory related questions asked, only one received direct answers producing a theme identical to the question, indicating participants did not feel steered towards a perceived expected response.

Four participants have trained in psychotherapy in various modalities, three inspired by their experience at the HFP and one conversely discontinuing training they had previously started. This was not known at the point they were invited to take part.

Most participants see themselves nearer the growth end of the continuum and were universally enthusiastic in their unprompted compliments for their counsellor and the HFP. This may have been a factor in their decision to take part, however this is acceptable given that studying a homogenous

group of people who found therapy beneficial was the aim. In effect it is a deliberate limitation of scope, not of implementation.

6. Conclusions

The findings of this study support Rogers' theories, demonstrating that people moved from feeling incongruent within themselves towards greater authenticity, facilitated by a genuine person-centred therapeutic relationship in which they received empathy and unconditional positive regard from their therapist (Rogers, 1957a; Rogers, 1959). Moreover, they moved further along a continuum of authentic living, developing in ways corresponding closely to the attributes of the fully-functioning person (Rogers, 1957b; Rogers, 1964; Rogers, 1967). Rogers cited several studies showing similar outcomes and Myers' studies also found comparable results, nevertheless, these are useful findings because of the rarity of studies showing the theory in action in people's lives in the years after therapy. The fact that these separate studies produced similar results validates the use of qualitative, phenomenological methods to provide generalisable results. It shows that research into the lived experience can relate meaningfully to theory and demonstrate the continuing effectiveness of the practice of the theory.

It is reassuring for trainee and experienced person-centred therapists, and the clinics they work within, to have up-to-date evidence that people who experience the therapeutic relationship on offer do continue to grow in new directions, as the theory suggests. This is knowledge not usually available to therapists, but which they are naturally curious about.

One fundamental implication for practice is that the study reinforces the legitimacy of placing trust in the client's process in person-centred therapy, which is shown here to lead to positive growth in time, when the therapeutic conditions are present. Another implication for practice is that allowing clients to have higher numbers of sessions can lead to fuller, even faster, progress. This seems to link to a feeling of equality in the relationship, knowing that enough sessions are on offer and they can decide when they feel ready to stop, within relatively generous limits. It is noticeable that

participants who had previous short-term therapy came to the HFP feeling incongruent or distressed, whereas those who subsequently wanted further therapy after long-term therapy at the HFP were seeking further growth, rather than alleviation of distress.

This could be a subject of further research, looking at the number of sessions offered at the outset and the relationship between the rate and the enduring nature of the client's progress. Other future research could link interview data with scores on the Authenticity Scale (AS) which was used to identify participants. Those who took part in this study showed improvement on the AS and considerable growth in the direction of fully-functioning as evidenced in the interview data. A study of this type could highlight areas where the AS score matches up to interview data and look at how closely this provides a picture behind the numbers, as another way of showing the place the AS can occupy as an appropriate outcome measure for person-centred therapy that does not originate in the medical model of psychopathology (Joseph and Worsley, 2005). Wood et al (2008) suggested a longitudinal study comparing AS scores of clients before and some years after therapy, with a control group on a similar timescale which does not appear to have been done yet, this could be expanded to include qualitative data.

Another future study could be to repeat this one, like Myers and White (2010) did, after a period of four or five years, to achieve a rare and valuable longitudinal perspective of people's ongoing progress. As Chloe said "there will always be work to be done", it seems the further people move along the growth continuum, the more they realise they want to develop.

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Appendix 1a

Email inviting potential participants to take part in the study:

Subject: Invitation to take part in a study about the lasting effects of counselling

Dear <>

I hope you are keeping well and that you don't mind me contacting you out of the blue to ask if you would be willing to take part in a study about the lasting effects of counselling.

You have been selected because you had ten or more sessions of counselling with us at the Human Flourishing Project in 2017 or 2018 and we are now following up with some past clients because we are interested in how people are getting on. We hope to find out if you think your counselling had any lasting influence on your life. This will provide very useful insight about the Human Flourishing Project and for the wider understanding of counselling as a whole.

If you decide you would be willing to participate, it would take 40-60 minutes of your time, your information would be treated confidentially and you will not be identifiable in the final report.

A fuller information sheet is attached, I will be grateful if you would read it and then reply to say whether you would be interested or not.

Thank you for reading,

Yours sincerely

Fiona Ryan

HFP Volunteer counsellor

info@humanflourishingproject.org

Appendix 1b

Information sheet sent with invitation email

Information Sheet for potential participants in the study

"What are the enduring effects of person-centred counselling that are expressed by clients three to four years after therapy began?"

Fiona Ryan (Researcher)

Professor Stephen Joseph (Supervisor)

You have been invited to take part in this study because you had counselling with us at the Human Flourishing Project (HFP) around three to four years ago and we are now following up with past clients. We are interested in how people are getting on, so we are asking you if you might be willing to take part in an interview with me about this. This sheet explains the aims of the study and what would be asked of you if you choose to volunteer as a participant in it. It is important that this information is clear to you, so please take some time to read it carefully and ask me if you want more information or have any questions. Then decide whether you want to be involved or not.

What is the project about?

The project is trying to find out about the longer-term effects of counselling. We hope to find out if you think your counselling had any lasting influence on your life.

Why have I been chosen?

You have been chosen because you had at least ten sessions of person-centred counselling at the Human Flourishing Project around three years ago.

Who else will be involved?

Only a small number of former clients of the Human Flourishing Project who have had at least ten sessions will be invited to take part.

What method of research will be used?

Each participant will have a one-to-one interview with me, probably lasting between 40 and 60 minutes, which will be recorded. The interview will be done online using Microsoft Teams due to current Covid-19 restrictions. You will need online access using a computer, tablet or smartphone, you do not need special software as you will be invited to join as a guest. If Covid restrictions change and it is considered safe the interview can be done in person at the HFP premises (Lace Market Business Centre, 63b Mansfield Road, Nottingham, NG1 3FD) if you prefer.

What am I being asked to do?

You are being asked to have one interview, lasting around 40-60 minutes.

Who will interview me?

I (Fiona Ryan) will interview you. I am a volunteer counsellor at the Human Flourishing Project. No one else will be in the interview.

What will be done with what I say in the interview?

The recording will be typed up and then analysed. Themes from your interview will be considered alongside themes from interviews with other participants. Some short quotes will be included in the study report, in a way that does not enable anyone to identify who said them.

Will my involvement be kept confidential?

All the information gathered from you will be kept anonymously and confidentially in password protected files on the HFP's secure Sharepoint database. Your data will have a number to identify it, not your name. A file showing which number relates to which participant will be kept in a separate, secure and confidential location.

Only myself as the researcher, supervisor and one co-researcher will have access to the content of your interview to ensure the themes identified are accurate. The supervisor and co-researcher will not be able to identify you. The data will be kept for seven years then it will be securely destroyed.

The results will be reported anonymously, you will not be identifiable from the report. You will have a chance to look at a transcript of your interview and ask for the information you gave to be removed or amended if you want to.

I am committed to following the University of Nottingham *Code of Research Conduct and Research Ethics* (2020) and the British Association of Counselling and Psychotherapy *Ethical Framework for the Counselling Professions* (BACP, 2018) at all stages of this study. These can be accessed online here Ethical guidelines for research in the counselling professions (bacp.co.uk) and here code-of-research-conduct-and-research-ethics-v7.0-june-2020.pdf (nottingham.ac.uk)

What will happen to the results of the research study?

They will be published on the University of Nottingham's library system for University staff or students to access, participants will not be identifiable in the results. A summary may be included on the Human Flourishing Project website, as useful information for people who are thinking about having counselling. It is also planned to publish the report so that the results are available to other researchers and therapists.

Do I have to take part?

No. Your participation is entirely voluntary and you can also change your mind at any time during the study and withdraw from it without having to give a reason. If you do decide to take part you will be given this information sheet and a consent form to sign, saying that you agree to take part and you know that you can pull out at any time.

What are the possible disadvantages of taking part?

It will take up to one hour of your time (plus travel time, if it is done in person).

There is a chance that you might find yourself feeling affected emotionally by the things you choose to discuss in the interview. If you feel that is very likely to happen please consider carefully whether to take part. If you do take part and you begin to feel upset, I will only continue with the interview if you want to and feel able to.

What are the possible benefits of taking part?

The findings from the study might show whether or not counselling has some effects that are long-lasting. This will add to what we know about this way of counselling and will be helpful to people who are deciding whether to have counselling themselves.

Who is carrying out this research?

This research is being carried out as an essential part of my Masters degree under the supervision of Professor Stephen Joseph.

If you have any questions you can contact me:

Fiona Ryan
Human Flourishing Project
info@humanflourishingproject.org

You can also raise issues with *the Research Ethics Committee, University of Nottingham School of Education* educationresearchethics@nottingham.ac.uk

Appendix 1c

Consent form sent to people who expressed interest in taking part

PARTICIPANT CONSENT FORM

Project title: What are the enduring effects of person-centred counselling that are expressed by clients three to four years after therapy began?"

Researcher's name: Fiona Ryan

Tutor's/Supervisor's name: Professor Stephen Joseph

- I have read the Participant Information Sheet and the nature and purpose of the research project has been explained to me. I understand and agree to take part.
- I understand the purpose of the research project and my involvement in it.
- I understand that I may withdraw from the research project at any stage.
- I understand that while information gained during the study may be published, I will not be identified and my personal results will remain confidential.
- I understand that I will be audio/video recorded during the interview.
- I understand that data will be stored anonymously and confidentially in password protected files on the Human Flourishing Project's secure Sharepoint database. The data will have a number to identify it, not my name. A file showing which number relates to which participant will be kept in a separate, secure and confidential location. Only the researcher, supervisor and one co-researcher will have access to the content of my interview to ensure the themes identified are accurate. The supervisor and co-researcher will not be able to identify me. The data will be kept for seven years then securely destroyed.
- I understand that I will be provided with a privacy notice under the General Data Protection Regulation
- I understand that I may contact the researcher or tutor if I require further information about the research, and that I may contact the Research Ethics Committee of the School of Education, University of Nottingham, if I wish to make a complaint relating to my involvement in the research.

Signed …… (research participant) n.b. during Covid restrictions please give consent by entering your name here and returning the form using your email account to Fiona Ryan using the HFP's email address (see below).

Print name …… **Date** ……

Contact details:
Researcher: Fiona Ryan, contactable via the HFP's email: info@humanflourishingproject.org

School of Education Research Ethics Coordinator for Taught Courses:
educationtaughtcourseethics@nottingham.ac.uk

Appendix 2

Table A1. Identifying Authenticity Scale (Wood, Linley, Maltby, Baliousis and Joseph, 2008) improvers to select potential participants

Table A1

HFP clients beginning in 2017 and having 10 or more sessions				Authenticity scale scores at final completion compared with scores at intake					
Client i.d.	Intake Date	End Date	Sessions	Authentic Living END SCORE AL	GREEN IF AL IMPROVED	external influence END SCORE AEF	GREEN IF AEF IMPROVED	self-alienation END SCORE SA	GREEN IF SA IMPROVED
	16/03/2017	23/07/2018	40	28	11	8	-6	4	-10
	27/04/2017	21/10/2017	20	28	1	6	-8	4	-15
	02/06/2017	26/01/2018	17	28	3	8	-2	6	-1
	17/11/2017	03/02/2019	20	18	9	4	-11	5	-11
	25/05/2017	23/01/2018	12	22	3	23	0	15	-2
	09/10/2017	28/02/2018	19	25	0	11	-5	11	-8
	23/06/2017		31	17	-3	20	-4	14	-9
	07/07/2017	03/07/2018	40	22	-3	10	-1	8	-7
	28/07/2017	31/12/2017	13	19	5	24	4	17	1
	04/08/2017	11/08/2018	32	27	-1	5	-10	13	-7
	08/09/2017		49	10	-3	25	2	18	-9
		31/03/2018	23	16	-3	20	2	11	-5
		23/01/2018	16	22	4	20	2	12	-9
	22/09/2017		40	26	0	4	-5	27	4
	06/10/2017	16/12/2019	40	27	3	22	8	5	-20
	13/10/2017		14	21	5	16	0	16	0
	13/10/2017	26/05/2018	25	24	2	11	1	4	-19
	20/10/2017	13/09/2018	40	10	-12	4	-11	22	-4
	03/11/2017		18	16	6	22	12	22	-6
	01/12/2017		45	22	7	12	6	20	5
	27/03/2017	20/09/2017	20	26	1	22	1	6	-3
	10/04/2017	08/01/2018	20	25	2	16	3	10	-1
	24/07/2017	04/11/19	40	12	-2	12	2	12	-3
	21/07/2017	26/10/2018	13	21	2	16	-4	19	1
	07/07/2017	31/08/2018	40	24	-4	17	-4	21	-2
	20/10/2017		49	21	1	19	-1	17	5
	20/10/2017		40	20	-7	8	-1	20	-1
	12/12/2017	10/04.2018	11	25	3	5	1	8	-1

Key:
improved on all three aspects of Authenticity scale
improved on two aspects, stayed the same on the third
large improvement on one or two aspects
small improvement on two aspects

Example Questions:

1. “I think it is better to be yourself, than to be popular.” For Authentic living
5. “I always feel I need to do what others expect me to do.” For Accepting external influence
10. “I feel out of touch with the ‘real me.’” For Self-alienation

Rating: Clients rate themselves from 1 (does not describe me at all) to 7 (describes me very well)

Scoring: for authentic living, an increase in the score indicates an improvement, for the other two aspects a decrease signifies improvement.

(Wood, Linley, Maltby, Baliousis and Joseph, 2008)

Appendix 3

Interview schedule

A mind map format was used to keep the structure relatively loose.

