

Unconditional Positive Self-Regard

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Introduction

The aim of this chapter is to discuss the concept of unconditional positive self-regard (UPSR), its assessment and utility in clinical practice and research. First, we will provide an historical overview of the concept of UPSR which will describe its origins within the person-centered psychology of Carl Rogers, based on his theory that living according to internalized conditions of worth thwarts the natural organismic tendencies of the person predisposing them to poorer psychological health. The main point we wish to emphasize is that person-centered psychology is a social psychology that grounds experiencing of the self within the social and cultural context of the developing person. Second, we will describe the development of a scale to measure UPSR and discuss recent developments in social psychological research and theory in unconditional or noncontingent self-relating, which are consistent with and advance the person-centered conceptualization of UPSR. Third, we will consider the therapeutic applications of the UPSR construct and person-centered theory in relation to recent developments in healthful approaches to self-relating from other therapeutic traditions (namely *third wave cognitive therapies*). We will consider points of conceptual and theoretical overlap and implications for future research and practice between the third wave therapies and person-centered psychology.

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Person-Centered Psychology

Person-centered psychology was originally developed by Carl Rogers in the 1950s (Rogers, 1951, 1959, 1961) and has since become one of the most influential systems of thought in relation to the helping professions (Barrett-Lennard, 1998). At its core is a social–developmental approach to understanding human functioning.

In brief, person-centered theory proposes that infants have a basic and universal need for positive regard from the social world around them. As the developing infant starts to become aware of the separation between *self* and others, this need comes more into play. The infant and then the child learns to respond in ways that result in receiving love and affection from parents, caregivers, and significant others. Some children subject to abuse and criticism do not find ways to satisfy their need for positive self-regard and develop low levels of self-regard. Others do develop a sense of positive self-regard. However, as love and affection from others can be communicated either conditionally or unconditionally, the child’s positive self-regard can take two forms.

When children perceive themselves to be unconditionally regarded, they learn to trust in their own experiencing. In contrast, when they perceive themselves as conditionally regarded, a conflict is established in which they learn that in order to be loved (positively regarded), they must not trust their own experiencing. Thus, they introject from their familial and social interactions (from the social environment) various attitudes, beliefs, and values that provide them with rules for living that govern their behaviors (Rogers, 1959).

In person-centered terminology such rules are referred to as *conditions of worth*; that is to say we judge ourselves in terms of how well we live up to our conditions of worth and our self-regard becomes conditional upon them. In short, conditions of worth are the internalized rules and values upon which the individual’s self-valuing has become contingent. As Rogers wrote:

It is when he behaves in accordance with these introjected values that he may be said to have acquired conditions of worth. He cannot regard himself positively, as having worth, unless he lives in terms of these conditions. He now behaves with adience or avoidance toward certain behaviors solely because of these introjected conditions of self-regard, quite without reference to the organismic consequences of these behaviors. This is what is meant by living in terms of introjected values (the phrase formerly used) or conditions of worth. (Rogers, 1959, p.225).

The essence of person-centered theory is that it is an organismic theory of personality development which considers that humans, in common with all living organisms, are born with an innate motivational drive, the *actualizing tendency*. Rogers (1959) defined the actualizing tendency as:

[T]he inherent tendency of the organism to develop all its capacities in ways which serve to maintain or enhance the organism ... [This tendency involves] development toward autonomy and away from heteronomy, or control by external forces (p.196).

Under favorable social–environmental conditions, person-centered theory proposes that the individual’s self-concept actualizes in accordance with his or her

organismic valuing process (OVP) such that, the more that positive regard from significant others is communicated unconditionally, the more the child learns to evaluate his or her experiences organismically. The OVP is thus conceptualized as a regulatory feedback system for checking in with self-experiencing and evaluating experiences in a manner that is consistent with intrinsic needs:

... [T]he human infant is seen as having an inherent motivational system (which he shares in common with all living things) and a regulatory system (the valuing process) which by its 'feedback' keeps the organism 'on the beam' of satisfying his motivational needs (Rogers, 1959, p.222).

Unconditional positive self-regard therefore refers to the individual's acceptance of all of his or her subjective experiences, without reference to either the perceived attitudes of others or to rules or values that have been internalized from the social environment. It involves relating to all of one's experiences, whether positive or negative, with warmth and a nonjudgmental understanding. People differ in the extent to which they unconditionally regard themselves. Total UPSR might be regarded as an ideal; most people have at least some degree of conditional regard for themselves. When positive regard is communicated conditionally, the child goes on to internalize these conditions of worth, and over time compliance with the introjected conditions of worth replaces organismic valuing as the principle guiding the individual's behavior.

As the developing person becomes estranged from his or her organismic needs, there is a loss of ability to trust the evidence of one's own senses, accompanied by the emergence of a tendency to defer to the judgment of others in order to determine the value of an experience. What this means is that individuals who over time have introjected many conditions of worth become alienated from the actualization tendency of the organism, lose the ability to trust the evidence of their senses and will, instead, often defer to the judgment of others in order to determine the value of an experience. It is of course not the objective other that the individual is responding to, but rather his or her perception of the other; something that is intimately tied to his or her internal world of inner experiencing, now governed by introjected conditions of worth.

Consequently, person-centered theory hypothesizes that vulnerability to psychological maladjustment arises through the internalization of conditions of worth as the child develops, i.e., the alienation of the individual from his or her organismic needs resulting in a greater vulnerability to psychological disturbance. Defensive processes of denial and/or distortion of self-experiences which do not fit with the individual's conditional view of self cause a state of *incongruence* between self and experience, whereby the individual's *self-regard* or valuing of himself or herself becomes increasingly conditional upon maintaining the standards demanded by his or her internalized conditions of worth. Inaccessible to the individual's awareness most of the time, these rules can break through defenses and into awareness in the face of experiences that overwhelm the defenses (Rogers, 1959).

We are not necessarily conscious of our conditions of worth although we can become conscious of them, which is one function of client-centered psychotherapy. The therapeutic goal of client-centered therapy is loosening of rigid internalized rules and values in order to allow the individual freedom to grow and develop, and

this is facilitated by establishing certain core or *necessary and sufficient* relationship conditions (of congruence, empathy, and unconditional positive regard). In this way, the client is encouraged to evaluate experiences organismically rather than in accordance with conditions of worth (Rogers, 1957, 1959) leading to positive therapeutic change, evidenced by an increase in his or her UPSR and a decrease in conditions of worth. An essential part of this process is the therapist's communication of unconditional positive regard to the client, creating a nonjudgmental and accepting therapeutic environment that is valuing of the client's inner experiencing (Rogers, 1957, 1959; Bozarth, 1998). Additionally, it is important to note that within client-centered therapy, working from the clients' *frame of reference* is given primacy (Rogers, 1957, 1959). The process is summarized as follows:

1. In order for the process of 'defense' to be reversed—for a customarily 'threatening experience' to be 'accurately symbolized' in 'awareness' and assimilated into the 'self-structure', certain conditions must exist.
 - a. There must be a decrease in the 'conditions of worth'.
 - b. There must be an increase in unconditional 'self-regard'.
2. The communicated 'unconditional positive regard' of a significant other is one way of achieving these conditions.
 - a. In order for the 'unconditional positive regard' of a significant other to be communicated, it must exist in a context of 'empathic' understanding.
 - b. When the individual 'perceives' such 'unconditional positive regard', existing 'conditions of worth' are weakened or dissolved.
 - c. Another consequence is the increase in his own 'unconditional positive self-regard.'

Conditions 2a and 2b above thus being met, 'threat' is reduced, the process of 'defense is reversed', and 'experiences' customarily 'threatening' are 'accurately symbolized' and integrated into the self concept.' (Rogers, 1959, p.230).

With the increase in unconditional positive self-regard comes a less contingent way of relating oneself wherein, "(t)he client is more congruent, more open to his experience, less defensive." (Rogers, 1959, p.218).

Over recent years, therapeutic effectiveness has increasingly become restricted to the narrow focus on symptom-reduction informed by the dominant biomedical model of mental health. The biomedical model, however, ignores the range of different psychological, emotional, and relational processes described by the person-centered model, which offers social-psychological understandings of mental health that consider the individuals in relation to their social world. However, empirical investigations into person-centered hypotheses have been limited due to the lack of operational definitions of the core concepts.

As such, UPSR would seem to be an important variable for research in order to provide a non-medicalized therapeutic outcome measure for use in practice and in research (Patterson & Joseph, 2006). With such a measure, it was thought that giving more emphasis to a process outcome would allow therapists to evaluate therapy effectiveness without losing sight of either the whole person or the whole therapeutic approach (Patterson & Joseph, 2007b). In developing a scale for the measurement of UPSR (Patterson & Joseph, 2006, 2007b), we established an operational definition of the construct based on Rogers (1959) formal definition:

When the individual perceives himself in such a way that no self-experience can be discriminated as more or less worthy of positive regard than any other, then he is experiencing unconditional positive self-regard. (Rogers, 1959, p.209).

According to this definition, there are two distinguishable facets of UPSR. The first element refers to the expression or withholding of positive regard toward oneself, or *positive self-regard*. Whether or not positive self-regard is expressed is *conditional* upon the individual's perception of his or her self-experiences as differentially worthy of positive regard. This *conditionality*, or conditional–unconditional continuum, is the second component of the construct of UPSR. It follows then, that UPSR attempts to capture an attitude, which is characterized by the individual's self-regard being positive while at the same time being non-contingently self-accepting.

The Measurement of Unconditional Positive Self-Regard

In our original study of a sample of 210 university student participants, principal component analysis identified two components or factors accounting for 56.9 % of the total variance of the unconditional positive self-regard scale (UPSRS; Patterson & Joseph, 2006). The first component comprised six items that referred to affective or cognitive evaluation of oneself in a more positive or less positive manner and was characterized as *Self-Regard*. A further six items loading onto the second component referred to either affective or cognitive evaluation of oneself in a less conditional or unconditional (noncontingent) manner. The second component was therefore characterized as *Conditionality* (see Table 1, below).

The principal components analysis indicated independence of components and this was supported by the finding that the two subscales showed a weak positive intercorrelation ($r=0.29, p \leq 0.01$) indicating less than 9 % shared variance between the subscales. When scoring the UPSRS, scores are computed for each subscale but are not summated into a total score, thus providing information about the two identified dimensions of UPSR. Extensive psychometric work carried out in the development of the UPSRS showed that it has acceptable levels of internal consistency reliability (Cronbach's alpha=0.88 for the Self-Regard subscale and 0.79 for the Conditionality subscale), robust construct validity as well as good convergent and discriminant validity in relation to other measures (Patterson & Joseph, 2006). In addition, findings indicated that participant responses to the measure were not influenced by socially desirable responding.

As predicted from person-centered theory, research using the UPSRS has demonstrated associations between UPSR and several indicators of psychological well-being. For example, higher levels of UPSR were associated with lower levels of depression and psychopathology (Patterson & Joseph, 2006). In relation to psychopathology our findings, showing a moderately significant relationship of the UPSRS self-regard subscale with anxiety and a strongly significant inverse relationship with depression, have been independently replicated in a separate study by Griffiths

Table 1 Showing factor loadings for the UPSRS^a

Item	Self-regard	Conditionality
I really value myself	0.84	
I have a lot of respect for myself	0.81	
I truly like myself	0.80	
I feel that I appreciate myself as a person	0.79	
I feel deep affection for myself	0.78	
I treat myself in a warm and friendly way	0.70	
Whether other people are openly appreciative or openly critical of me, it does not really change how I feel about myself		0.79
Whether other people criticize me or praise me makes no real difference to the way I feel about myself		0.79
I don't think that anything I say or do really changes the way I feel about myself		0.70
How I feel toward myself is not dependent on how others feel toward me		0.65
Some things I do make me feel good about myself whereas other things I do cause me to be critical of myself		-0.62
There are certain things I like about myself and there are other things I don't like		-0.58

^aAdapted from Patterson and Joseph (2006). Absolute values below 0.30 are not shown

(2012) providing support for the measure as an indicator of psychopathology as well as a measure of self-relating.

While the above scale development is needed to advance person-centered psychology, as a general framework these ideas have stood the test of time and as we will show below have found expression in other emerging lines of research and systems of thought which have been developed but which do not necessarily have their roots in the work of Carl Rogers, though together provide converging evidence.

Advances in the Social Psychology of Self-Relating

One of the most heavily researched concepts over the past 50 years has been self-esteem. Self-esteem has been variously defined as a person's global sense of worthiness and goodness (Rosenberg, 1965) and an overall affective evaluation of one's own worth (Blascovich & Tomaka, 1991). It is a construct that has been the subject of much research but which has also suffered from problems of measurement, and in particular, criticisms have been made of the lack of theoretically grounded measures (Blascovich & Tomaka, 1991).

While theoretical advances have been made in moving beyond a naïve unidimensional conceptualization of self-esteem, many studies continue to employ this now outdated conceptualization when researching self-esteem. For example, Orth, Trzesniewski, and Robins (2010) in attempting to model the typical trajectory of self-esteem over the life course, measured self-esteem using a three-item version of the Rosenberg Self-esteem Scale. This research, which was based on data from a national study in the USA, suggests that large-scale studies continue to be guided by a very basic understanding of self-esteem.

A more sophisticated approach to self-esteem was provided by Deci and Ryan (1995) who distinguish between *true* or stable self-esteem and *contingent* or unstable self-esteem. A person is viewed as having true self-esteem when their attitudes, behaviors and feelings about themselves are self-determined (regulated by intrinsic motives), whereas they are considered to have contingent self-esteem when their attitudes, actions and feelings about themselves are dependent upon meeting external or introjected evaluative standards. Within this model, contingent self-evaluation is argued to be related to psychologically unhealthy, defensive, and narcissistic traits (Deci & Ryan, 1995; Ryan & Brown, 2003). Thus, contingent self-evaluation can be seen to be similar to the Rogerian idea of self-regard being conditional upon introjected rules and values (Rogers, 1959), where the individual is guided more by external influences and introjected rules and values, in contrast to a more autonomous mode of functioning based on organismic valuing where the individual displays greater internal freedom regarding how he or she will act or respond:

Contingent self-esteem is experienced by people who are preoccupied with questions of worth and esteem, and who see their worth as dependent upon reaching certain standards, appearing certain ways or accomplishing certain goals (Ryan & Brown, 2003, p.72).

Indeed, both person-centered theory and the above model proposed by Deci and Ryan (1995) and elaborated in their Self-Determination Theory argue that self-regulation with an intrinsic (rather than an extrinsic) basis is associated with a more open, autonomous, and self-determined mode of functioning (Patterson & Joseph, 2007a).

Related to this, though from a somewhat different research tradition, Crocker and colleagues emphasize that self-esteem for most people is tied to certain domains of self-worth within which achievements or successful outcomes are perceived by the individual as essential to one's worth as a person (Crocker, Luhtanen, Cooper, & Bouvrette, 2003; Crocker & Wolfe, 2001). In other words, the external or introjected evaluative standards proposed by Deci and Ryan (1995) and the introjected rules and values (conditions of worth) proposed by Rogers (1959) are viewed as being linked to certain domains of life particularly valued or prized by the individual. The particular domains differ from person to person but include areas such as competition (the need to do better than others); specific competencies or abilities (e.g., academic); need for acceptance or approval from generalized others; need for family support; need for religious faith; and need to feel morally adequate or virtuous (Crocker et al., 2003; Crocker & Wolfe, 2001). A well-validated measure of this construct, the contingencies of self-worth scale (CSWS; Crocker et al., 2003), has been developed to study these contingent domains of self-esteem.

Table 2 Showing correlations of the UPSRS subscales with Rosenberg Self-Esteem Inventory (RSE) and the Contingencies of Self-Worth Scale (CSWS)^a

	Self-esteem (RSE)	Contingencies of self-worth
UPSR Self-regard	0.79 ^b	0.09
UPSR Conditionality*	0.29 ^b	-0.37 ^b

^aAdapted from Patterson and Joseph (2006)

^bPearson's correlation is significant at the 0.01 level (two-tailed)

*Note: Higher scores indicate less conditionality

Research using the UPSRS has tested associations between UPSR and both self-esteem and contingencies of self-worth (Patterson & Joseph, 2006). As can be seen in Table 2 (above), the UPSRS self-regard subscale was found to have a strong positive and statistically significant correlation with global self-esteem as measured using the Rosenberg Self-Esteem Scale (Rosenberg, 1965), indicating that the self-regard subscale is in essence providing a measure of self-esteem on a high-low dimension. However, the finding of a weaker, though still significant positive correlation between UPSRS *conditionality* and global self-esteem indicates that the *conditionality* subscale of the UPSRS is informing us of a qualitatively different facet of self-relating.

Our research also found a low to moderately significant inverse correlation between UPSRS conditionality and contingencies of self-worth as indicated by the full-scale score of an adapted version of the CSWS (Crocker & Wolfe, 2001), with no significant correlation being found for UPSRS self-regard (Patterson & Joseph, 2006), indicating that the conditionality subscale of the UPSRS does inform us about contingencies upon which positive self-relating is dependent. However, a limitation of the UPSRS measure may be that, being a brief measurement scale, the measure does not capture all the ways in which a person's self-regard may be conditional. For example, in terms of the CSWS subscales measuring particular domains of contingent self-worth, the UPSRS *conditionality* subscale shows stronger correlations with some domains of contingent self-worth than others (with unconditionality being strongly and inversely related to the CSWS domain of *others' approval*, moderately and inversely related to the domain of *virtue*, and weakly inversely related to the domain of *appearance*). This may indicate that the UPSRS does not necessarily reflect all internal rules, values, and standards upon which self-regard is contingent. Alternatively, it may be that the stronger inverse correlation of UPSRS conditionality with CSWS *others' approval*, indicates that *others' approval* (the individuals' perception of approval from significant others) may be a higher order contingency that mediates the relationship of conditionality with other domains of self-worth. While further research is necessary to test the veracity of this hypothesis, from a theoretical perspective it would make sense that the social environment (consisting of significant others) which communicates conditionality to the developing individual may result in the individual primarily basing his or her opinions, values, and behaviors on perceived approval of those significant others, with the content or particular focus of those opinions, values, and behaviors (e.g., that the

individuals should pay more attention to their appearance, or should achieve better grades at school, or should be more virtuous) being second order contingencies. In practical terms, the results also suggest that while the UPSRS does tell us about conditionality of self-regard, more information about the particular domains of greater contingency could potentially be of use to both clients and therapists striving to effect positive therapeutic advances and there may therefore be a case for using these two measures together in the context of evaluating psychotherapeutic change.

Crocker and Wolfe (2001) argue that individuals who have overall noncontingent self-esteem are likely to be quite rare and that furthermore, such individuals may have contingencies that either have not been identified or have not been challenged by life events due to stability or consistency of their environment. Similarly, we have argued that individuals with truly or fully unconditional self-regard and free from conditions of worth are likely to be a rarity.

Rather than Rogers' conceptualization of UPSR reflecting a naïve ideal, it can instead be seen as a radical approach to understanding self-relating that was somewhat ahead of its time in emphasizing the importance of being open to and valuing of all of one's experiencing or self-experiences. A social-psychological approach based on person-centered psychology provides a framework for a more skillful, open, and less defensive way of engaging with inner experiencing which may be helpful to psychotherapy researchers and practitioners.

Psychotherapy Research and Practice

As we have described above the person-centered approach offers a dynamic, process-focused account of personality development and functioning, of vulnerability to and development of psychopathology, and of therapeutic growth toward psychological wellbeing (Rogers, 1959). The main tenets of person-centered theory evolved during the 1950s based on naturalistic observation of the individual change processes that clients experience within the context of the therapeutic encounter (Rogers, 1951), and the effectiveness of client-centered therapy has generally been supported by subsequent research into the hypotheses generated by this process of observation (see Barrett-Lennard, 1998 for an overview of this research) such that the American Psychological Association's Division 29 Task Force recommendations on Empirically Supported Therapy Relationships found that the *general relationship* variables they reviewed, including the person-centered variables of empathy, positive regard, and congruence-genuineness, were either *demonstrably effective* or *promising and probably effective* in terms of successful therapeutic outcome (Ackerman, Benjamin, Beutler, Gelso, Goldfried, Hill et al., 2001; Cornelius-White, 2002). These findings are consistent with person-centered theory's assertion that the therapeutic relationship and the client's resources are critical variables in effective therapy (Rogers, 1951, 1957, 1959) and build on evidence that *common factors*, the most salient of which are *client* and *relationship* variables, predict therapeutic outcome regardless of the therapeutic approach adopted (Duncan & Miller, 2000; Duncan & Moynihan, 1994;

Luborsky et al., 2002). In addition, outcomes research has studied the assertion that client-centered therapy is an effective approach, finding it to be more effective than routine care from medics in general practice, and demonstrating equal effectiveness with CBT, in two comparisons of treatment of depression (Friedli, King, Lloyd, & Horder, 1997; King et al., 2000). Furthermore, a substantial body of empirical evidence from mainstream academic psychology literature and positive psychology literature provides strong support for the person-centered theory of personality that informs client-centered therapy (Joseph & Patterson, 2008; Patterson & Joseph, 2007a).

However, despite the above evidence there is limited recent research evaluating client-centered therapy using outcome measures that are theoretically congruent with person-centered theory. It has become usual practice to evaluate all therapies by criteria derived from the biomedical model; principally in terms of symptom reduction. We would encourage researchers and practitioners to begin to include theory consistent measures in order to understand more fully the limitations and strengths of client-centered therapy in relation to other therapeutic approaches. For example, while it may be that all therapies are equally effective in promoting self-regard, as we have argued above the very promotion of self-regard is not necessarily of positive benefit for the individual concerned unless it is also unconditional.

More broadly, we should perhaps ask if, conversely, other recent developments in psychological approaches to self-relating might be applicable to therapists engaged in attempting to facilitate the development of unconditional positive-self regard. One thinks of recent developments in third wave cognitive therapies such as compassion-focused therapies (Gilbert, 2009; Neff, 2003a) and mindfulness-based approaches, with their emphasis on self-acceptance (Segal, Williams, & Teasdale, 2002). In this final section we will briefly examine the relevance of UPSR as a psychological construct to both of these approaches.

Consistent with person-centered theory, compassion focused therapy suggests that in contrast to an emotionally cold/distant experience of parenting or one involving highly contingent warmth/acceptance, individuals who experience warm, empathic parenting with love and affection are more likely to be more self-accepting and therefore to experience better mental health (Gilbert, Baldwin, Irons, Baccus, & Palmer, 2006). The approach views self-criticism and inner shame as having a significant role in many forms of psychological disorder, including anxiety and depression (Allen & Knight, 2009; Gilbert et al., 2006; Gilbert & Irons, 2009), such that learning self-compassion is therapeutically healing. Self-compassion has been proposed as an alternative way of having a healthy attitude and relationship to oneself (Neff, 2003b; Neff, Kirkpatrick, & Rude, 2007). Neff argues that self-esteem involves judgments of oneself and comparison to others in order to determine self-worth, resulting in negative psychological sequelae both for individuals with low self-esteem (such as poor mental health) and for those with high self-esteem (such as narcissism) (Neff, 2003b). Compared to self-esteem, self-compassion is believed to be a more effective route to positive self-relating, with its nonevaluative emphasis

and with evidence suggesting that individuals who are more self-compassionate have healthier and more productive lives than those who are self-critical (Gilbert & Irons, 2009; Neff, 2003b; Neff & Vonk, 2009). As a psychological construct, self-compassion is defined as being able to treat oneself with kindness and involves accepting painful thoughts and feelings without being judgmental or self-pitying (Neff, 2003a; Neff et al., 2007). While there is clear conceptual similarity between self-compassion and UPSR as both reflecting healthier ways of relating to oneself, there is a need for future research to clarify the similarities and differences. Nonetheless, preliminary evidence supports the assertion that they are closely related concepts (Griffiths, 2012), indicating one potential direction for future research.

Mindfulness, which is conceptualized as a component of self-compassion by Neff (2003a, 2003b) but has also been developed separately as a therapeutic approach in the treatment of recurrent depression and other mental health difficulties (Baer, 2003; Segal et al., 2002), similarly involves a nonjudgmental approach to engaging with one's inner experiencing. Bishop et al. (2004), in their operational definition, propose that mindfulness encompasses two elements: *self-regulation of attention* (moment-to-moment awareness) and an attitude of *curiosity, openness, and acceptance toward one's experiences* including thoughts, perceptions, emotions, and sensations, while Kabat-Zinn defines the approach as, *paying attention in a particular way: on purpose, in the present moment, and non-judgmentally* (Kabat-Zinn, 1994, p.4)

Thus, these newer approaches to therapy, though from very different origins, seem to replicate in large part the person-centered approach with their emphasis on the importance of a warm, open, nonjudgmental approach to engaging with one's inner experiencing, and it would appear that the concept of UPSR, grounded as it is in a person-centered social-psychological model of human development and personality theory, offers a promising framework for integration of these diverse though conceptually very similar approaches to facilitating a more healthful approach to self-relating. Conversely, it may be that client-centered practitioners can also draw on and learn from these newer therapeutic approaches which embrace a nonjudgmental and accepting approach to engaging with one's inner experiencing that is consistent with person-centered theory.

Conclusion

UPSR appears to represent a psychologically skillful way of relating to one's subjective experiences, involving an acceptance of both positive and negative aspects of oneself, one's perceived strengths and weaknesses, without making one's positive self-regard dependent on the perceived expectations of others or internalized rules or values. In line with its roots in an organismic theory of personality development (Patterson & Joseph, 2007a; Rogers, 1959), unconditionally self-regarding individuals base self-regard on the evidence from their own senses through a process of trusting (or validating) this inner source of data about the value

of one's experiencing rather than validating the conditions of worth internalized from the significant others that formed their early social environment. It is clear that many individuals experiencing emotional distress and mental health difficulties are engaged in a highly conditional way of relating to themselves. In person-centered theory and client-centered therapy we have one approach to developing a less contingent mode of self-relating, supported by a growing evidence base.

It remains the case however that there is a relative dearth of theoretically grounded measures that can be used to provide information about more healthful modes of self-relating. There is a strong case for the application of theoretical frameworks such as the person-centered conceptualization of UPSR and person-centered social psychology more broadly with its clear account of how more conditional or contingent self-regard develops and can be reduced, in order to address this limitation. The construct of UPSR appears to be broadly supported by recent attempts to shift the focus of social-psychological research as well as therapeutic approaches away from concern with the construct of self-esteem and toward an empirical and theoretical interest in facilitating more healthful and more skilful modes of self-relating. The construct shows clear potential to contribute to our understanding of the proposed different forms of self-relating both by taking the dimension of conditionality-unconditionality into account and through its emphasis on relating to all of one's experiences, whether positive or negative, in a noncontingent manner. Furthermore, this focus on noncontingent or unconditional self-relating has also become the focus of a number of recent third-wave cognitive therapies. Finally, the UPSRS measure provides psychotherapy practitioners with a brief and relatively burden-free, non-medicalized measure of therapeutic outcome.

As research moves forward in addressing yet unanswered questions about the different forms of self-relating and how they differentially contribute to self-acceptance, the UPSRS provides a promising measure with potential application to a number of emerging lines of research in this area. In conclusion, we hope that our work encourages person-centered psychologists to investigate UPSR and to situate their work within the wider social-psychological context of research in to self-relating, and for social psychologists and third-wave therapists working in this area of self-relating to recognize the historical lineage of this tradition to person-centered psychology.

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