The symbiotic relationship between mindfulness and person-centred therapy
It is a known truism that the hardest prison to escape from is the prison of the mind. Pivotal to personal transformation is the state of ‘readiness’ to escape this particular prison. The clients who get the most from any form of therapy are those who are, either consciously or unconsciously, in this profound state of readiness. My anecdotal experience of practising person-centred therapy in counselling provisions across occupational health settings and the third sector (incorporating a typical gamut of presentations from PTSD to severe anxiety and depression), is that practising mindfulness can optimise a client’s experience of therapy. The reality of working in a commercial or charitable setting, not only typically means that counselling is time limited, but also that a counsellor is engaged in an assessment process, and is capable of delivering psycho-education, in addition to signposting other sources of support. A person-centred counsellor, perhaps more so than a therapist from another modality, must learn to manage the tension between the person-centred model, and the demands of mental health provision. As part of the counselling service I deliver, I introduce resources in the initial session, which have the potential to provide additional support with regard to psychological wellbeing. I consider that the most useful resources are an online mindfulness-based stress reduction (MBSR) programme and a smartphone mindfulness app. The work that the client and I will do together in the sessions is ‘inner’ work, and therefore it makes sense that time outside of the session is purposefully spent in that same orientation, if the client is so inclined. Specifically, in person-centred theory, Carl Rogers describes psychological growth as stemming from the facilitative conditions that enable the positive direction of the actualising tendency. Although mindfulness is practised in the sanctity of one’s own being, rather than in a dyadic relationship, it encourages a non-judgmental attitude towards oneself, an honest embrace of what is, and an attitude of self-compassion. Translated into person-centred language, these qualities equate to unconditional positive regard, congruence and empathy. Notably, these core conditions are not offered by another, yet, in a way they are - let me explain further. The mindful observation of inner process, in effect, separates a person from the ceaseless chatter that the mind employs. A practitioner of mindfulness typically grows in self-awareness as the activity of mind is consciously captured and watched. It is as if a person has a separation of self. The ‘being’ part of self becomes aware of the ‘doing’ part of self. In common with person-centred theory, Jon Kabat-Zinn professes that practising mindfulness enhances a knowing of the self, and the potential to become an expert on the process of being that self. This perfectly complements the process of therapeutic change.

Tracey Clare describes her experience of working with mindfulness in her client practice
Both the theory of person-centred counselling and that of mindfulness, offer those who suffer, the assurance that the wisdom of healing lies within their core self, and not in the hands of an ‘expert’

The reality, however, is that, mostly, a client does not present with the inclination to start practising mindfulness, and again I am drawn back to that notion of ‘readiness’. I estimate that between a quarter and a third of my client base experiment with the resources I suggest, perhaps either out of compliance (being the ‘good’ client), or out of sheer desperation in a quest to feel better. I never ask if a client has started to practise mindfulness, so of course my estimate is based on whether or not they report their progress with it. Invariably, I have been struck by the process of change in those clients who do disclose their practice of mindfulness, in tandem with engaging in person-centred counselling.

Case studies
To illustrate more fully my experience of client change, I have created two fictionalised case studies, in which the presenting issues have been modified, and the clients assigned pseudonyms to assure anonymity. Their phenomenological experience of mindfulness, has however been accurately represented.

Barbara
Barbara was a woman in her mid-fifties and was married to Brian. Brian had recently been given a terminal medical diagnosis, and Barbara wanted to access counselling as she felt in ‘utter despair’. The referral detailed that she had a medical diagnosis of severe depression and anxiety, and stated that she was experiencing panic attacks. When we met, she disclosed that she spent much of her time crying, and felt angry at herself because she was ‘spoiling’ the little time they had left together. She also felt incredibly frightened about the prospect of living the rest of her life alone. She perceived that she could not disclose to others the depths of the despair that she felt, as she thought friends and family would think she was selfish in thinking about herself, when it was Brian who was dying. She felt too that she should be ‘stronger’ for Brian, and provide him with ongoing emotional support. Barbara was in a place of non-acceptance with regard to her own emotional reaction to what was happening to her.

At the end of the first session, I provided Barbara with a list of the further five counselling sessions that were her entitlement, a support line number, and both an online mindfulness resource, and the name of a mindfulness smartphone app. I briefly explained that research indicated a reduction in anxiety and depression in studies of those who practised mindfulness, and that it might be worth exploring these resources further. Barbara didn’t comment on my suggestion, but took the information with her.
that she could be the person she turned
to in moments of despair, and that by
focusing on the ‘here and now’, she
could tolerate the uncertainty of the
future. In her fifth session she told
me that she was feeling more relaxed
at night time, even though she still
wasn’t able to sleep through the
night. Incorporating what she had
experimentally learned through
practising mindfulness, she said she
was less ‘swept away by a torrent of
thoughts’, and was able to notice the
onset of this tendency, and put her
focus back on to her breath, and the
physical sensations that arose within
her physiology. At the end of session
six, Barbara still reported feeling
‘devastated’ by her husband’s
diagnosis, but she felt that she
could be the person she turned
to in moments of despair, and that by
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focus back on to her breath, and the
physical sensations that arose within
her physiology. At the end of session
six, Barbara still reported feeling
‘devastated’ by her husband’s
diagnosis, but she felt that she
was able to actually enjoy those
moments that they did have together.
She felt more accepting of the grief she
experienced, and more able to share
some of her worries with her husband.
She told me that in facing her fears in
the therapy sessions, she could prepare
herself more fully in regard to what was
to come. She felt that over the course
of six weeks, she had got a better insight
into who she was, and as a result, now
saw herself as a person with direction,
amidst the sadness that overshadowed
her. She believed that the opportunity
to talk about how she felt, and to have
her feelings accepted, lifted the
shame that encompassed her.

She told me that using
mindfulness outside
of the sessions
had been like
a ‘holiday’ in
her head,
and she felt that the continued use
of the programme would offer her
‘safe respite’ when she needed it. My
professional opinion is that using the
mindfulness programme had not only
supported her outside of the sessions,
but also facilitated therapeutic
movement by familiarising Barbara
a little more with herself and the
dimensions of her grief.

John

John presented in counselling with a
generalised anxiety disorder (GAD-7)
score of 20, indicating severe anxiety.
He reported that he experienced
‘racing’ and ‘catastrophic’ thoughts
that he no longer perceived he had
any control over. He told me that he
was unable to ‘sit still’ for any sustained
period of time, and was ‘snappy’ in
his relationships with his family and
colleagues at work. He explained that
he had always coped by keeping long
lists of ‘things to do’, but now felt totally
overwhelmed by the number of items
that he felt compelled to add to that
growing list. He told me that he no
longer spent any time on enjoyable
activities, and that life had become
one long, relentless chore that he
didn’t derive any satisfaction from.
At the end of the first session, I
explained the concept of mindfulness
briefly to John, and suggested that he
try it. I added the caveat, that he might
find it difficult to engage with initially,
due to the physiological restlessness
and racing thoughts that he described,
but advised him that he might benefit
from persevering with ‘the trying’ of it.

John came to the follow-up session
having used one of the mindfulness
resources I had suggested. He told
me that he had persevered and
endured 10 minutes of the mindfulness
programme each day. Other than telling
me that, he made no further comment
on that particular subject. In session
three, he told me then that he had
started to take a ‘more scenic’ route
home, and to notice the trees and the
fields as he drove by. He noticed that
when he did sit in traffic, he felt ‘less
tense’, and didn’t perceive as much
pressure to drive at the maximum
speed limit from whichever driver
was immediately behind him. He
didn’t directly attribute this change in
behaviour to his use of the mindfulness
app. In session four, he told me that
he had completed a mindful eating
exercise, and joked that this would
help him lose weight. In that session,
he looked deeply at his body image,
and related that he was conscious of
overeating when he felt ‘overwhelmed’.
In session five, he was noticeably more
relaxed. He told me that he had been
listening to the mindfulness app every
day, and he was aware that he had a
growing ability to distance himself
from the ‘assault’ of his thoughts.
Additionally, he reported that he
had refrained from adding to his ‘to
do’ list, and that he and his partner
had enjoyed a bike ride together.
The bike ride was of significance to
him, as he had witnessed a fatality
concerning a cyclist less than 12 months
ago, and he had silently acknowledged
to himself that he wouldn’t ever ride a
bike again. Although he recognised how
fearful he felt when he and his partner
set off, he was aware that this was one
way in which they had always enjoyed
each other’s company, and that felt
more important to him. When they later
stopped at a pub, on the way home, he
confided how afraid he had been, and
had been comforted by the care she
expressed towards him. He reflected
that this had the effect of enabling him
to accept that it was OK to be afraid.

With further exploration, he identified
that his compulsion for keeping lists had
intensified after he had witnessed that
particular incident, and he wondered
whether the keeping of lists distracted
him from facing things he was afraid of.
In session six, he described how he had
looked more closely at his fears, and
recognised that focusing on his breath,
or connecting himself sensorially to his
surroundings reassured him when he
felt afraid. In this final session, he told
me that he felt ‘empowered’ by the
work he had done in the counselling
sessions, and the ‘freedom’ he had
experienced through mindfulness.

The combination of the two paradigms
that he encountered appeared to enhance
the totality of his experience, although
such an occurrence is difficult to
measure empirically, as, when
working in the mode of practitioner,
rather than researcher, there is no
facility for using a control variable that is reliable. Comparing one client’s experience of using the combination of mindfulness and person-centred therapy is not comparable with the experience of a client who only opts for the utilisation of the counselling process, as other variables obviously impact.

Conclusions
Based on the scenarios described above, and a caseload of other encounters with clients who choose to engage in both processes, I would invite other practitioners to encourage client use of mindfulness, if they don’t already. Both the theory of person-centred counselling and that of mindfulness, offer those who suffer, the assurance that the wisdom of healing lies within their core self, and not in the hands of an ‘expert’. Both impart the belief that each person is the expert on their own way of being. The role of the person-centred counsellor is that of a facilitative companion on the journey inwards. In offering the conditions of therapeutic change, human flourishing is enabled.\(^6\) I believe that signposting clients to mindfulness is the equivalent of the companion providing a compass for the journey – it can be an aid for the client in navigating the terrain and finding the direction for psychological growth. A unique feature of humankind, that sets us apart from the animal kingdom, is our unsurpassed ability to adapt and change.\(^7\) The provision of a compass on the journey inwards can accelerate the ability of the client to find their way to where it is they need to go.

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The provision of a compass on the journey inwards can accelerate the ability of the client to find their way to where it is they need to go.
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References

Biography
Tracey Clare is a lecturer in clinical counselling at the University of Chester and works within the field of occupational health. She is currently completing her professional Doctorate in Counselling and Psychotherapy.

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