



The symbiotic relationship between mindfulness and person-centred therapy



Tracey Clare describes her experience of working with mindfulness in her client practice

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.¹ 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.² 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.³ 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.⁴ 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.⁵ This perfectly complements the process of therapeutic change.¹

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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.

In her second counselling session, Barbara related that she had been using the body scan as outlined in the online MBSR programme I had signposted her to. She told me that she had become acutely aware of the different sensations she experienced in her body, and that she had been surprised by this – she had never before been so aware that so much 'happened' within her body, and she felt as if she had suddenly 'tuned in to a channel' she hadn't known existed. This occurrence, she said, increased her curiosity and awareness about how her body experienced the world in different scenarios. She noticed that when she was thinking about the forthcoming death of her husband, she felt acute pain in her hands and feet. She told me that this alarmed her at first, but she was beginning to find that she could exert control over the pain, by deciding to discontinue with her thinking, console herself, or distract herself. Exploring this further in the session, she began to witness that she had more choice over her inner process than she had imagined. Although she still felt scared when she metaphorically looked ahead, she tentatively ventured that she felt less of a victim of circumstance. By session three, Barbara reported that she was experiencing fewer panic attacks, and that by focusing on her breathing during moments of feeling overwhelmed, she was feeling calmer. Barbara began to recognise





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 experientially 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 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. The use of mindfulness as a standalone clinical intervention, and the morphing of that into a mindfulness-based cognitive therapy, have both been given credence.^{8,9} The efficacy of the symbiotic relationship in mindfulness-based person-centred therapy, that is being advocated here, may present as another paradigm of potential, working within time-limited counselling settings, and for that reason, warrants empirical research.

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Biography

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