

Compassionate presence: Buddhist practice and the Person-Centred Approach

Becky Seale*

Lecturer in Counselling, Coleg Sir Gâr, Ammanford, Wales, UK

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This article explores the relationship between the Person-Centred Approach (PCA) and Buddhist practice, considering therapeutic presence as a bridge between the two. A small-scale research project, using Interpretative Phenomenological Analysis (IPA), was undertaken with four therapists with a Buddhist practice and trained in the PCA. Interviews explored therapists' experiences of their Buddhist practice in relation to the PCA and therapeutic presence. The four key themes identified – 'Internal Authority', 'Whole-hearted Engagement', 'Therapeutic Space' and 'Compassion and Acceptance' – describe a holistic and integral relationship between the PCA and Buddhist practice. While therapeutic presence is an important factor in the relationship, the quality of presence in the therapeutic space, which emphasizes compassion and acceptance, is a significant feature of this relationship.

Keywords: Buddhist practice; compassion; IPA; Person-Centred Approach; therapeutic presence

Introduction: Buddhist practice and psychotherapy

Buddhist practice in the form of mindfulness has grown within the field of counselling and psychotherapy in recent years, in particular through Mindfulness Based Cognitive Therapy (Segal, Williams, & Teasdale, 2013). The relationship between Buddhist practice and the Person-Centred Approach (PCA) has received some attention (Bazzano, 2011; Brazier, 1995; Purton, 1996) but remains relatively unknown.

Despite many positive aspects to the diffusion of mindfulness, there are criticisms that it has been taken out of a Buddhist context (Bazzano, 2010) and is in danger of being a 'mental health gimmick' (Welwood, 2000, p. 293) or spiritual technique to be followed mechanically (Batchelor, 2012). Walsh and Shapiro (2006) warn of a 'paradigm clash' (p. 227) in adding Eastern practices such as mindfulness to Western psychotherapy in a way that ignores the 'richness' of meditative practices, and suggest the possibility of stages of integration from eclecticism to a more coherent, holistic framework.

*Email: rebecca.seale@colegsirgar.ac.uk

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The term ‘Buddhist practice’ aims to acknowledge a wider context, ‘mindfulness’ being only one part of what is known as ‘the Eight-Fold Path’ in Buddhism. A Buddhist practice may be considered a way of life, an ethical stance cultivating wisdom and compassion; a way of seeing the human condition which impacts on all choices we make in our lives. The term also emphasizes the practice rather than the religion, making it more accessible to people who would not call themselves ‘Buddhist’ (Wallace, 2002).

The PCA and Buddhist practice

In reviewing the literature, various theoretical facets of the relationship between the PCA and Buddhist teachings are evident. Some aspects explored include the value given to developing an internal locus of evaluation in both the PCA and Buddhist teaching (Purton, 1996), the relationship between the core conditions and root relations theory in Buddhism, and commonalities between Buddha nature and the actualizing tendency (Brazier, 1995; Purton, 1996).

On encountering research into ‘therapeutic presence’, defined as the process of bringing ‘one’s whole self in the encounter with a client’ (Geller & Greenberg, 2012, p. 7), I wondered whether this concept could be seen as a way in which the PCA synthesizes with Buddhist philosophy in a more practical way.

Within Buddhist practice, *presence* may be considered the ‘capacity to meet experience fully’ (Welwood, 2000, p. 116), accepting things as they are, and thus is a foundation of many Buddhist practices. For Rogers (1989), a key task for therapists is this ability to be ‘immediately present to his client, relying on his moment-to-moment felt experience in the relationship’ (p. 16). As such, an ability to be present with clients as a way of being in the therapeutic relationship can be considered fundamental to the PCA (Freire, 2001; Moore & Purton, 2006; Natiello, 2001). As an approach that eschews tools and techniques, Buddhist practice in the context of a PCA is more likely to be a part of therapists’ process rather than an explicit part of therapy (Moore & Shoemark, 2010). Furthermore, there is evidence to show that therapists having a Buddhist practice alone may have a positive impact on therapeutic outcomes (Grepmaier et al., 2007), regardless of what they *do* with their clients.

Difficulties in bringing together the PCA and Buddhist practice

David Brazier (1995) and Caroline Brazier (2003) recognize the strong relationship between the PCA and Buddhist practice, yet argue that there are irreconcilable difficulties in combining a Buddhist psychology, rejecting the notion of a fixed self, with one that values self-actualization, such as the PCA.

Caroline Brazier is ultimately critical of a model that encourages an ‘addiction to self’ (2003, p. 33), arguing that the use of empathy in the PCA reinforces the notion of a fixed self, and is at odds with the Buddhist concept of ‘no-self’. In person-centred theory and practice, however, Rogers (1961) describes clients in therapy moving ‘from rigid structure to flow, from stasis to process’ (p. 131). Moore (2004) describes this within Buddhist practice as an ‘interior flow of awareness’ akin to Rogers’ concept of the actualizing tendency in its ‘purest form’ (p. 123). Therefore,

in regarding the self as a fluid process rather than a fixed ego, it may be possible to reconcile the notion of self in PCA with Buddhist understanding.

Reflexivity

Buddhist practice and the PCA have been sewn together so neatly in my experience that until embarking on this project I did not really stop to question it. Over the last few years, as the appeal of mindfulness-based therapies has grown, I have become increasingly keen to elucidate the nature of Buddhist practice within a person-centred context. There are inherent difficulties undertaking research so close to my own experience. While this process may be considered one of co-discovery or intersubjectivity (Finlay, 2009) rather than an objective one, there remains a danger of my voice being too loud (Etherington, 2001). Although I often feel in tune with many of the experiences described by the participants in this study, I also experience dissonances and find myself challenged by the process, which brings new perspectives to my experience and understanding. In offering examples from the interview transcripts for each participant for each theme, I hope to go some way in allowing the voices of the participants to be heard clearly alongside my own.

Methodology

Interpretative Phenomenological Analysis (IPA) is an idiographic method, valuing the individual voice through a small number of participants heard in depth, as opposed to hearing many superficially (Smith, Flowers, & Larkin, 2009). IPA's emphasis on entering the individual's frame of reference in an embodied, holistic way resonates with the PCA. A phenomenological enquiry may also be considered suitable for an exploration of something as intangible as therapeutic presence, as well as both Buddhist practice and the PCA (Bazzano, 2011; Brazier, 1995; Welwood, 2000). IPA also aims to bring out the 'logos' or analytic aspect within the word 'phenomenology' (Smith et al., 2009). While the emphasis is on experience, the meaning created from an understanding of experience must be retained. In this study, the process of making explicit an implicit relationship requires the ability to translate or interpret the ideas of my participants. The term 'interpretation' is usually associated in therapy with a psychodynamic approach. However, as Smith et al. (2009) emphasize, it is the hermeneutics of empathy, rather than suspicion, which philosophically underpin this research method. This approach emphasizes interpretation of the text, while staying close to the experiences as expressed by the participants, and proposes the use of extracts from each participant to illustrate each theme.

Method

I advertised for therapists through person-centred and Buddhist therapy networks, and via word of mouth. Participants were required to have a Buddhist practice and person-centred background and were asked to contribute to a study exploring the relationship between Buddhist practice and the PCA, in relation to therapeutic presence. Pseudonyms have been used for the four participants, and identifying data have been removed in order to protect their anonymity.

Andy is an experienced person-centred therapist currently working in the area of trauma. He has an informal but regular Buddhist practice. **Hannah** is an artist, with over 20 years' experience as a therapist in a variety of settings. She originally trained in the PCA, and more recently in a Buddhist-based approach. Hannah identifies as Jewish rather than Buddhist, demonstrating the ecumenical potential of Buddhist practice. She has a regular Buddhist practice, which she integrates into her daily life.

Sally is a writer and therapist in private practice. She originally trained in the PCA and later became interested in Buddhist approaches to therapy. She considers herself a religious Buddhist with a Pure Land practice, centred on practices such as chanting rather than meditation and mindfulness. **Caroline** is a person-centred counsellor, supervisor and trainer with over 15 years' experience in a variety of settings. Her Buddhist practice followed her therapist training and, while she would not consider herself a Buddhist, she has a daily sitting meditation practice.

The following questions were used as prompts with follow-up questions allowing for further development:

- (1) What is your Buddhist practice and what drew you to it?
- (2) What is your therapeutic model and what drew you to this way of working?
- (3) What is your experience of being present and not being present in your Buddhist practice?
- (4) What is your experience of being present and not being present as a therapist?
- (5) In what ways, if at all, does your Buddhist practice enable you to cultivate presence in your counselling work?

Although I was primarily interested in the role of therapeutic presence in the relationship between Buddhist practice and the PCA, I also wanted to remain open to other potential aspects of the relationship. As a phenomenological enquiry, I was mostly interested in the felt experience of the relationship rather than a cognitive or intellectual understanding, with the aim of uncovering less explicit aspects of the relationship.

Internal Authority

For three of the four therapists interviewed, the importance of client self-direction is something that specifically draws them to the PCA. These three have a regular Buddhist practice but also consider it a secular one, emphasizing that they would not consider themselves 'Buddhist'. They are drawn to the pragmatic nature of Buddhist practice rather than needing to believe in a 'higher power'. Hannah, for example, is attracted to Buddhist practice as something that is 'not so sort of caught up in lots of dogma'.

Caroline originally trained as a nurse, before training in the PCA:

I thought, you know, I would hit the roof if somebody was telling me how to live my life.... I realized that I wanted to work with people in a way that enabled them ... to learn to trust themselves and do what was best for them.

Similarly, for Andy 'the sense of not taking control of someone but working alongside someone' is something he values.

So far, I felt my own views about the PCA and Buddhist practice were being confirmed. The centrality of self-direction, finding authority from one's own experience in both practices, was something that I too felt drawn to.

This view was challenged, however, by the fourth participant, Sally. Unlike the other therapists, she describes herself as a religious Buddhist, with faith in a higher power underpinning her practice. However, despite her original training in the PCA, Sally no longer considers herself a person-centred therapist and the egalitarian emphasis of the PCA was not something she raised as being important to her therapeutic practice in the way the others did. This divergence between participants, on reflection, also leads me to consider whether this highlights something particular to the relationship between the PCA and Buddhist practice, and as such corroborates Purton's (1996) assertion that the cultivation of an internal locus of evaluation is something shared by both.

Whole-hearted Engagement

This theme initially emerged through Andy's expression of a strong desire to connect and engage with others and the present moment, noticeable in his repetition of the word 'try' throughout. He talks with great sincerity of 'trying to capture being present' with a deep feeling of wishing to engage with his clients.

The ability to cultivate human relationships in depth was a significant aspect in both Buddhist practice and therapy for all participants. Caroline considers 'a sense of wholeness in ... the encounter' with her clients as essential, otherwise 'there would be bits I'd leave in the kitchen or bits that I would be pushing under the chair or something'. The domesticity of this image highlights aspects of the person-centred relationship, moving beyond the purely 'professional' to a desire for greater authenticity. Hannah similarly describes the importance of engaging as a real human being with her clients: 'sometimes if I'm more vulnerable or ... or ... more fragile then maybe I'm being more authentic'.

Another subordinate theme under this heading is the embodied, rather than cognitive, nature of the experience, emphasizing the participants' desire to bring their whole selves to the experience of the moment and with their clients. Hannah is explicit about this in describing the impact that her Buddhist practice has on her as a therapist: 'it ... enables me to ... be ... more ... present and embodied, actually in my body'. Speaking hesitantly, finding it hard to put into words, further suggests a physical rather than cognitive nature of this experience. Caroline is also very physical in her movements when describing her experience; she almost dances as she speaks to me. For her, the embodied experience comes first, of which she then tries to make sense: 'Something gets translated between here and to being spoken, to being voiced'. The use of the word 'translated' evokes the sense of trying to find a new language to express meaning, as if the physical experience is directly related to her ability to be present. When she lacks presence, she becomes 'much more heady' and 'wordy', and offers 'more than is needed' to her clients.

For Sally, the idea of engaging fully with clients is expressed through consideration of the impact that her Buddhist practice has on her work with clients: 'I think I'm more able to tolerate discomfort, and maybe be a bit more brave in my interventions. I hope clients would experience me as a bit more solid than I was before'. She also highlights a crossover here with the theme of 'Compassion and

Acceptance’, describing herself as ‘more open-minded as well, I think, or less quick to judge’.

The ability to be present in this way with clients allows the therapist to be more authentic in the relationship and, as Caroline implies, to *be* more and *do* less. However, at times in listening to the therapists, the desire to be present with clients sounded like hard work; the dedication to be present and stay open to all of our clients is impressive, but I did wonder whether there is a danger in trying *too* hard.

Compassion and Acceptance

In Buddhist teaching, an end to suffering can be found through fully accepting things as they are. The ability to cultivate acceptance or unconditional positive regard (UPR) for ourselves and others may therefore be considered compassion, the ‘wish that others be free of suffering’ (Dalai Lama, 2001, p. 91), in action.

All the participants consider this theme to be relevant to both their Buddhist practice and the PCA, and it may also be considered a facet of therapeutic presence. Hannah comments that, ‘maybe other religions are maybe more punitive? Whereas I think Buddhism accepts your flaws’. Similarly, in describing her person-centred practice, she talks of ‘trying to work with one’s cracks and accepting them ... not needing to ... sort of erase your faults or anything’. These words convey a sense of acceptance of her humanity rather than trying to reach an ideal – words echoed in Sally’s description of her faith allowing her to ‘relax, knowing that something else has already accepted me ... somehow I am seen completely and accepted completely’. ‘Compassion and Acceptance’ is therefore described as something to be received as well as offered. As Caroline explains, ‘it’s a kind of sense of that kind of cyclical kind of nurture ... acceptance of others, acceptance of self, acceptance of self, acceptance of others’. Freire (2001) argues that the need for therapists to feel self-acceptance, in order to experience acceptance of others, is essential to the PCA. It is, perhaps, through Buddhist practice that these therapists are able to find the sustenance they need to engage fully with their clients.

This theme includes an aspect of therapeutic presence that is mutually beneficial, echoing Brazier’s thesis (1993) underlying the Buddhist-based ‘Other-Centred Therapy’, that the therapeutic process may be more beneficial for the therapist than for the client. This is evident when Andy says, ‘I can’t help but think when I’m with a client; I think in some odd way I’m actually more alive in that moment than I am at other times’, and that ‘the incredible intensity of our clients ... pushes me to be more intensely present’. He himself gains from deep engagement with his clients: ‘it feels strange that I might benefit in that way from my clients but I do’.

Hannah describes something similar. When bereaved herself, she felt able to engage more with her clients, as she was ‘more touched by others’ suffering ... and I suppose ... more open, more loving in that sense’. Although distinct from the theme of ‘Whole-hearted Engagement’, ‘Compassion and Acceptance’ also suggests a quality of engagement that is two-way and ‘whole-hearted’.

Therapeutic Space

Each therapist, in very different ways, described the ability to create inner space through their Buddhist practice, which in turn provides space for clients in the

therapy room. Andy talks of embedding his Buddhist practice into his working day through moments 'of trying to capture being present'. During a busy day, he uses an image of an astronaut in an airlock to help himself remain present when moving from client to client. He translates this metaphor into a physical action through 'opening the window and letting the fresh air in' at the start of his working day. This becomes a 'kind of ritual', which again creates a space for him to be more physically present for clients.

Caroline describes her Buddhist practice as setting 'the foundation for having that space just to be, and having that space to settle my mind', so that when she is with clients 'there's just a kind of sense of being there that kind of has some space in it'. She uses an image of 'crystal balls' filled with 'different coloured gases', a space which holds and contains while allowing for movement within: 'it feels like that kind of a space that things can move around it, but can't jump out of'.

Hannah considers the concept of space to be a key aspect of therapy: 'You know, it's just the ritual of being there and the sacredness of creating a space is enough in itself sometimes'. As with Andy, the religious connotations of the words 'ritual' and 'sacredness' have an echo of Buddhist practice in the therapeutic work.

For Sally, this sense of space in the therapeutic relationship is more implicit. She describes how her Buddhist practice allows her 'to lean a little bit into something bigger', which she then brings to a therapeutic relationship that allows 'clients to be able to lean into [us] and for [us] both to be able to lean'. Sally's description perhaps offers a counter-balance to the feeling of hard work suggested by the theme of 'Whole-hearted Engagement'. In hearing these descriptions, a sense of the sacredness of the therapeutic space offers the possibility of letting go and being with our clients, rather than having to work hard to do something in the therapeutic process.

Discussion

Each of the themes described here needs to be seen as part of a whole. As with therapeutic presence, something may be lost when trying to break down holistic experiences into parts (Geller & Greenberg, 2012), resulting not only in a story half-told but even a 'different story altogether' (Tannen & Daniels, 2010, p. 9).

Many of the themes in this study reflect previous findings on therapeutic presence (Geller & Greenberg, 2002) and meditation and the PCA (Bazzano, 2011). The different facets of therapeutic presence described by Geller and Greenberg (2002) are evident in the participants' commitment to their Buddhist practice (preparation) and in many aspects of the themes, such as the ability to receive the client with acceptance and authenticity (process) and immersion or engagement in the present moment (experience). Unconditional, embodied and compassionate presence are all qualities fostered by meditation (Bazzano, 2011).

In addition to describing aspects of therapeutic presence, the themes identified also suggest ways in which the PCA and Buddhist practice correlate, such as through 'Compassion and Acceptance' and UPR in the PCA. Aspects of 'Whole-hearted Engagement' relate to the core conditions of person-centred therapy; the desire for authenticity may relate to the core condition of congruence, and the physical sense of a whole-hearted engagement suggests parallels to the concept in the PCA of 'embodied empathy' (Cooper, 2001).

The theme of ‘Internal Authority’ stands out as a feature that may be a unique aspect of the accepting quality of therapeutic presence in the synthesis between Buddhist practice and the PCA, the non-directive emphasis in the PCA echoing the Buddha’s directive to ‘be a lamp unto thyself’ (in Purton, 1996).

In reflecting on the interviews and themes that emerged in this study, different understandings of the concept of presence have become evident. Striving to be present, in the here-and-now, is perhaps to misunderstand Buddhist teaching (Brazier, 2015). One participant, Sally, challenges the concept of ‘presence’ altogether, suggesting that being fixated on attainment is ‘missing the point’. Western culture’s emphasis on struggling to achieve goals may dismiss qualities such as spontaneity, which are impossible to achieve through striving (Slingerland, 2014). Trying to achieve presence, or ‘enlightenment’ within Buddhist practice, may be similarly counter-productive. As Suzuki (1970) writes, ‘[b]ecause your attainment is always ahead, you will always be sacrificing yourself now for some ideal in the future. You end up with nothing’ (pp. 71–72). That there is a similar lack of orientation towards goals in the PCA (Bozarth, 1998) may also indicate correspondence between them. Rather than seeking presence as a goal to be achieved, it can also be understood and experienced, rather, as a letting go, an ability to experience things as they are, with acceptance and equanimity (Welwood, 2000). In the context of therapy, presence becomes one of acceptance of the other and, as such, in having the intention to reduce the suffering of others, may be considered a compassionate presence.

Limitations

Difficulties in defining terms became more evident as the study progressed. In addition to clearly defining presence, there remains a broad continuum of definitions of person-centred therapy (Sanders, 2013). The participants who took part in this study are self-defining in terms of their therapeutic and Buddhist practices. Some of the divergences in this study may reflect where they lie on the person-centred continuum, an aspect that is perhaps an inherent difficulty in researching the PCA (Freire, Elliott, & Westwell, 2012). I found myself more drawn to the participants whose practices are most like mine, and I am aware of the danger in the cosiness of this. However, the divergences between the therapists’ and my own practice also enable me to keep listening openly and reflect with fresh eyes.

This is a small-scale study, with a small number of participants, which in many ways goes a short distance in providing satisfying empirical evidence. As something close to my experience, this study may also be considered biased and lacking in objectivity. Conversely, however, it may be that an even smaller-scale, more subjective, heuristic study of individual experience may be more appropriate for future research into this holistic concept.

Conclusion: unwrapping presence

My intention on embarking on this study was to explore the relationship between the PCA and Buddhist practice, with tentative consideration of therapeutic presence as a bridge between the two. This has proved to be a multi-layered investigation which has at times felt like playing pass-the-parcel, taking off one layer only to find another

underneath. The complexity and difficulty in offering a clear focus for this study may be further evidence of the holistic, integral nature of the relationship between the PCA and Buddhist practice, as opposed to an eclectic amalgamation of practices. This may also offer one explanation for the lack of research into the relationship between Buddhist practice and the PCA, and hopefully stimulate further discussion and investigation.

The participants who took part in this study all feel their Buddhist practice cultivates a desire to engage deeply and compassionately with the suffering at the heart of the human condition in an open and authentic way. They emphasized the qualities of compassion and acceptance as fundamental features of their therapeutic presence, which can be beneficial not only to clients but to therapists as well. Given the importance of unconditional positive regard to the PCA, and the emphasis each participant places on this aspect, this study suggests that a 'compassionate presence' may be considered an integral aspect of the space offered by a Buddhist practice and the PCA.

Disclosure statement

No potential conflict of interest was reported by the author.

Notes on contributor



Becky Seale, MA (Counselling practice), MBACP Senior Accredited Practitioner in Children and Young People (CYP), is a counselling lecturer on the BACP-accredited programme in counselling at Coleg Sir Gâr and a school-based person-centred counsellor in South West Wales. She qualified in Shiatsu with the Bath School of Shiatsu and Yoga in 2009 and has a small private practice. She began a Buddhist practice over 16 years ago through Vipassana meditation, and more recently through Soto Zen.

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