
A Hermeneutic Phenomenological Exploration of Counsellors' Practice of Mindful Acceptance Exploration phénoménologique herméneutique de la mise en pratique par les conseillers de l'acceptation en pleine conscience

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ABSTRACT

This article presents a qualitative study employing hermeneutic phenomenology to explore the experience of 4 counsellors using mindfulness to practice acceptance in their therapeutic work with clients. Findings are presented as four themes that demonstrate counsellors' practices of acceptance: recognizing, allowing, attending to the physical, and experiencing the self and accepting clients. The findings suggest that accepting clients involves the intrapersonal process of accepting our *experiences* of clients—a practice honed through the self-cultivation of particular qualities and attitudes. The findings have implications in counsellor training and highlight the importance of self-cultivation for counsellors.

RÉSUMÉ

Cet article présente une étude qualitative qui utilise la phénoménologie herméneutique pour explorer l'expérience de 4 conseillers ayant recours à la pleine conscience pour pratiquer l'acceptation dans le cadre de leur travail de thérapie auprès des clients. Les résultats sont présentés sous la forme de quatre thèmes qui illustrent les pratiques des conseillers en matière d'acceptation : reconnaître, permettre, s'occuper de l'aspect physique et faire l'expérience de soi et accepter les clients. D'après les résultats, il semble que l'acceptation des clients passe par une démarche intrapersonnelle, qui consiste à accepter ses propres *expériences* des clients, une pratique qui se peaufine par l'autoculture de qualités et d'attitudes particulières. Ces résultats ont des implications pour la formation des conseillers, tout en soulignant l'importance de l'autoculture chez les conseillers.

“Be accepting and nonjudgemental toward your clients.” These are words we heard repeatedly during our training as counsellors. We understood the meaning of the words and tried our best to remember them when working with clients. However, it was still unclear to us how exactly to accept a complex human being sitting in front of us, crying, laughing, and hurting? Precisely what is acceptance and how is it done?

Almost all models of psychotherapy emphasize, to varying degrees, the importance of an accepting and nonjudgemental attitude. In psychodynamic theory,

mutual affirmation refers to counsellors' caring quality, and it is often expressed as warmth and acceptance toward clients (Saunders, 2000). The expression of acceptance conveys to clients that someone is "there" for them, and this affirmation serves as the foundation for transference interpretation (Lubrosky, O'Reilly-Landry, & Arlow, 2011). Similarly, in traditional behaviour therapy, warmth and acceptance are necessary to establish a collaborative relationship from which therapeutic tasks can be agreed upon (Block-Lerner, Wulfert, & Moses, 2009). Thus, many applications of the term emphasize acceptance as something counsellors *give* and that clients *receive* (Block-Lerner et al., 2009).

In humanistic traditions, acceptance occupies a more central role. Acceptance is prominently defined by Carl Rogers (1957) in his client-centred approach as a caring, empathizing, nonjudgemental attitude toward the client. He compared it to the kind of attitude a parent would experience toward their child—unconditional—"to the extent that the therapist finds himself experiencing a warm acceptance of each aspect of the client's experience as being a part of that client" (Rogers, 1957, p. 98). Rogers thus defined acceptance in terms of a subjective experience or an *experiencing* of the client.

Truax and Carkhuff (1967) operationalized many of Roger's necessary and sufficient factors of therapy, including acceptance. In their view, it was important that the counsellor could project acceptance and that clients felt accepted, thus initiating therapeutic change. Regarding their work, various skill training approaches (Carkhuff, 1971) and measurements have been developed, perhaps the most notable being Truax's Accurate Empathy Scale (Truax, 1961).

Truax and Carkhuff (1967) saw acceptance as involving rote responses that could be learned. They, therefore, depicted acceptance as a communication skill that is observable and measurable. A limitation of this perspective, in our view, is that conversational practices should be a manifestation of a counsellor's internal experience, rather than the skillful use of language, to project a stance that may or may not be in resonance with that experiencing. Our curiosity, therefore, lies with how one might cultivate and perform a genuine acceptance aligned with one's internal experience of the client. The counselling literature is virtually mute on this subject.

Although acceptance has been regarded as critical to the development of therapeutic relationships (Lambert & Witold, 2008) and has repeatedly been shown to predict positive therapeutic change for clients (Ackerman & Hilsenroth, 2003; Lambert & Barley, 2001; Lambert & Ogles, 2004), our understanding of acceptance in the counselling and psychotherapy literature remains at a conceptual level, with a dearth of descriptions of its cultivation and skillful practice. This gap in our knowledge is due to theoretical inconsistencies and methodological difficulties that are a feature of studying highly subjective phenomena such as acceptance (Duan & Hill, 1996). Furthermore, with finite resources in mental health research, and demands for tangible outcomes, contemporary research is heavily focused on therapeutic approaches such as mindfulness-based cognitive therapy (Segal, Williams, & Teasdale, 2013), dialectical behaviour therapy (Linehan, 1994), and

other approaches wherein acceptance-based techniques are “taught” to clients. This leaves cultivation and skillful practice of acceptance on the part of the counsellor as a neglected topic of discussion. And yet the topic deserves attention because, without insight into the practice of acceptance, acceptance becomes an elusive, abstract ideal.

A rich source of knowledge for addressing these questions lies with Buddhist traditions, especially the mindfulness literature that has received a tremendous amount of attention in the past two decades. Acceptance in Buddhist practices is represented as an attitude but also as a practice and skill (Fulton, 2005). In Buddhist practice, the development of acceptance is crucial to ending suffering and to revealing enlightenment (Chodron, 2001). Buddhist teachings go beyond the attitudinal description of acceptance and offer systematic and practical ways of cultivating this attitude; mindfulness is one of the core practices (Germer, 2005).

Mindfulness can be defined as paying attention to the unfolding of experience, on purpose, in the present moment, and without judgement (Kabat-Zinn, 2006). Germer, Siegel, and Fulton (2005) similarly defined mindfulness as an awareness of the present moment with acceptance. Mindfulness practice takes different forms; formal mindfulness involves disciplined practices of meditation, whereas informal mindfulness relates to the honing of attention and awareness in everyday experience. Central to mindfulness practice is a way of relating to the totality of experience with acceptance, nonjudgement, and equanimity (Germer et al., 2005).

Mindfulness's focus on the experiential practice of acceptance has prompted many academics to speculate on its potential usefulness in developing counsellors' skills, including the practice of acceptance (Germer et al., 2005; Hick & Bien, 2008; Paré, Richardson, & Tarragona, 2009; Siegel, 2010). We feel it important to note here that while the virtual absence of research itemizing the potential adverse effects of mindfulness might indicate mindfulness is desirable in all contexts, there are a few studies that suggest mindfulness is not appropriate in all cases (Allen et al., 2006).

To date, a wealth of theoretical literature links the practice of mindfulness to the development of counsellors' attitude of acceptance (Brito, 2013; Chung, 1990). Empirical evidence has validated these conceptual links by correlating mindfulness practice with counsellors' quality of acceptance (Brown & Ryan, 2003; Christopher et al., 2011; Sweet & Johnson, 1990). For example, McCollum and Gehart (2010) conducted a qualitative study that examined the impacts of mindfulness training on counselling students. The students who practiced mindfulness reported experiencing greater levels of acceptance of themselves post-mindfulness training, which in turn created more self-reported acceptance of clients. Several similar studies show that mindfulness training increases counsellors' acceptance of self and clients (Aggs & Bambling, 2010; Christopher et al., 2011; Schure, Christopher, & Christopher, 2008).

Despite this research linking mindfulness with acceptance and investigating the impact of acceptance on practice, no qualitative studies explore acceptance and mindfulness in practice during counselling sessions. To move the discussion

beyond the conceptual level, we set out to complement the current literature by exploring how counsellors bring this aspect of their mindfulness practices to the consulting room.

To this purpose, we examined how counsellors who practice mindfulness perform acceptance in counselling sessions. The research questions were as follows:

1. What is the lived experience and meaning of performing in-session acceptance for counsellors trained in mindfulness?
2. What are the implicit and explicit processes that take place when a counsellor practices acceptance?

METHOD

This study employed a social constructionist epistemology. This stance reflects the notion that there is no essential or absolute truth and that multiple truths exist (Ponterrotto, 2006). Furthermore, social constructionism views experience and knowledge as socially constructed rather than objectively discovered (Berger & Luckmann, 1967; Schwandt, 2000). An inquiry guided by this framework seeks to achieve an understanding of understanding (von Foerster, 1985), rather than to discover certain objective truths. By adopting a social constructionist framework, our aim was not to discover a universal truth underlying the practice of acceptance but to provide a thick description of acceptance in practice. Geertz (1983) posited that a description is *thick* when it presents details, contexts, and emotions that join persons to one another.

To construct a thick description of acceptance within a social constructionist framework, we selected a hermeneutic phenomenological approach. This study is phenomenological as we attempted to capture participants' lived experience of a phenomenon—the practice of acceptance. We understand experience as anything that presents itself to awareness; this includes sensations, memories, images, emotions, and so on, as well as thoughts. The use of the term “phenomenological” is an acknowledgment that we are capturing the subjectivity of participants—that their unique experience of the phenomenon is the focus of the study.

The study also has a hermeneutic dimension; it reflects the understanding—echoed in social constructionism—that we cannot solicit another's experience without being actively implicated in an interpretive process. The findings are inescapably co-constructed; they cannot be severed from the researchers' pre-understandings, and they are the product of an interpretive process. As Heidegger (1962) pointed out, humans are inevitably situated within a set of historical contexts that dictate their worldview and ways of being.

On the basis of the constructionist framework of this study, we do not consider the findings as the “essence” (cf. van Manen, 1990) of the phenomenon—in this case, of the participants' experience of the practice of acceptance. In accordance with our epistemological stance, we see the end product as a thick description as defined by Geertz (1983)—a co-construction of meaning, reflecting an interpretation of each participant's “truth,” as opposed to the notion of generalizable truth.

Participants

For this study, we recruited 4 currently practicing counsellors who are certified by the Canadian Counselling and Psychotherapy Association and/or are registered psychologists with the Canadian or American Psychological Association. Wertz (2005) posited that if the intention is to describe essential, invariant features of an experience, a large sample is needed. However, even one case can be sufficient if the goal is to create an in-depth description of a phenomenon (Wertz, 2005). As mentioned earlier, our epistemological stance does not align with the notion of “essence,” and our intention was not to describe invariant features. Therefore, our sample size was kept appropriately small to create a thick description within the time constraints of a master’s-level thesis.

After obtaining ethics approval from the University of Ottawa, we carried out recruitment based on the following criteria. Participants must (a) be certified, currently practicing counsellors, registered psychologists, or social workers; (b) have a regular meditation practice for at least three years; and (c) be incorporating mindfulness skills and principles in their work with clients (this does not mean that the participant works from a mindfulness-based approach, but that he or she is intentionally using concepts and practices of mindfulness when relating to clients). These criteria were based on counsellors’ self-reports. The requirement that participating counsellors have maintained a daily meditation practice for at least three years was founded on the observation that it typically takes consistent practice over a prolonged period to develop attitudes and ways of being (Hick & Bien, 2008). We asked the Toronto Mindfulness Centre and the Toronto Mindfulness Clinic to distribute recruitment emails to their members, and we recruited the participants (see Table 1) from respondents.

Table 1
Participant Demographics

Participants	Professional designation	Theoretical orientation	Years of clinical practice	Years of mindfulness practice	Types of mindfulness practice
Derek	Counsellor	Mindfulness-based therapies, CBT, solution-focused therapy	5	5	Vipassana
Katherine	Counsellor	Solution-focused and narrative therapy	14	10	Vipassana
Susan	Counsellor	Mindfulness-based therapies, CBT, narrative therapy	6	20	Vipassana Hatha Yoga Metta
Samantha	Clinical psychologist	Mindfulness-based therapies	24	9	Vipassana

Procedure

We chose a semistructured interview format for its flexible and fluid nature and used an interview guide to structure the exchanges. The aim was to ensure flexibility so that interviews could accommodate interviewees' experiences and narratives as well as adhere to the research focus. The fluidity of a semistructured interview also accommodates the interpretive element in hermeneutic phenomenology. Because meaning-making is a dialogical and relational process, the nonlinear quality of semistructured interviews was well suited; it allowed us to be responsive to participants' unique experiences. The interviews were approximately one hour to one and a half hours in duration and took place over video-calls via Skype. Skype was used because the interviewer and participants were in different cities at the time of the interviews. We digitally audio-recorded the interviews.

Data Analysis

After interviews were transcribed verbatim, we analyzed the transcripts thematically, drawing from methods outlined by Braun and Clarke (2006). As thematic analysis is not tied to any theoretical framework, it offered us the flexibility to employ its methods in a social constructionist, hermeneutic study. Thematic analysis as described by Braun and Clarke consists of six steps: (a) familiarizing oneself with the data, (b) generating codes, (c) collating codes into themes, (d) reviewing themes, (e) defining and naming themes, and (f) producing the report.

The process of distilling themes involved several iterations of this hermeneutic process. As themes emerged, we reread the significant statements, shifting between all four interviews as a whole and looking at the details of each interview. In so doing, our initial conceptualization of emerging themes evolved, influenced by our knowledge of participants' background and the theoretical backdrop to the study at hand. This process reflected the hermeneutic circle wherein parts can only be understood in relation to the whole and vice versa (Creswell, 2013).

The Researchers

In this section, we will outline the authors' experience with mindfulness. I, Shaofan Bu, have kept a formal mindfulness practice for the past six years, attended several meditation retreats, and have led several mindfulness-based cognitive therapy groups. I have personally reaped the benefits of mindfulness in my personal life and professional practice and believe that mindfulness can benefit counsellors at all experience levels. I, David Paré, was introduced to formal mindfulness 30 years ago, and have attended various retreats and training over the years. I now maintain a regular practice. While most of my academic and counselling work has been associated with postmodern therapies and particularly narrative therapy, I have written and presented on the application of mindfulness in therapy, and have developed and taught graduate courses on the topic. Shaofan Bu is one of three graduate students I have supervised whose research is focused on mindfulness.

Expressions of Rigour

Although Lincoln and Guba's (1985) four criteria of trustworthiness—credibility, transferability, dependability, and confirmability—are often employed by qualitative researchers to appraise rigour, we find that our social constructionist stance and hermeneutic attitude do not readily align with epistemological assumptions informing these criteria. For example, the implied assumption of confirmability is that the findings are free of bias (Sandelowski, 1986). However, our findings are not neutral. Subjective interpretation and co-construction of meaning are embraced and part of our methodology. Additionally, Sandelowski (1986) posited that the criteria of credibility assume that the goal of research is truthfulness, which implies pursuit of objective truth. This assumption runs counter to our attempt to increase the understanding of multiple truths. Because of these philosophical inconsistencies, we have adopted van Manen's (1997) expressions of rigour to address trustworthiness.

Van Manen (1990) summed up the four expressions of rigour of phenomenological research as follows: "our texts need to be oriented, strong, rich, and deep" (p. 151). To be oriented is to reflexively examine how one observes, listens, and relates to the phenomenon (van Manen, 1990). Given our interest and commitment to mindfulness, we engaged in continuous reflexive processes such as keeping field notes that tracked judgements, reactions, and comments. Additionally, we continuously reflected on how our understanding of mindfulness was organizing participants' accounts, probing further when encountering familiar terms and concepts to ensure we were capturing participants' idiosyncratic meanings. In effect, we adopted an intentional naiveté with a desire to know something anew. According to van Manen (1990), to be *strong* means the descriptions are clear and powerful and elucidate the distinct meanings of the lived experiences. For the texts to be *rich* means that our writings provide convincing interpretations of lived experiences that are embodied, sensual, and situated (van Manen, 1990). For the text to be considered *deep*, it must speak to meaning beyond the immediate experiencing and induce a sense of wonder and questioning (van Manen, 1990). We attempted to achieve these qualities by providing descriptions of experience using clear and rich language, selecting quotes that evoke a sense of immediacy, and presenting rich descriptions beyond the "facts" of the experience.

Additionally, as we recognize that our work is a co-construction of meaning between the participants and ourselves, transcriptions and summaries were sent to participants to invite feedback and further input. Participants responded with minor changes in wording, and all indicated that the transcripts and summaries were accurate.

RESULTS

The 4 participants described practices of acceptance concerning their responses to clients, as well as interruptions in their stance of acceptance during their work with clients. These interruptions included judgement, criticism, and frustration

toward clients. The participants described how they responded to these interruptions using mindfulness practices, and how these actions recovered the orientation of acceptance. The results are presented as four themes: recognizing, allowing, attending to the physical, and experiencing self and accepting clients. We understood these themes as micropractices that make up the bigger practice of acceptance. The participants were assigned pseudonyms.

Recognizing

Recognizing refers to becoming aware of reactions to clients to adopt an intentional stance of acceptance. Derek characterized this recognition as “a moment of suddenly becoming aware of what’s going on. What is here right now?” For Katherine, recognizing is “a moment to take notice, to become aware, to become conscious of what’s happening. Okay, I am going to take a deep breath and ask where am I, what is going on within me?”

According to Samantha, her mind typically tends to be occupied with tasks of understanding clients’ concerns, theorizing, or getting caught in her reactions and ruminations. Stepping out of these flows of experience gives her a shift in perspective and intention. Derek said self-awareness at the moment allows him to shift from analyzing and “fixing” clients to observing and noticing what is going on within himself:

I had a strong urge to make her feel better ... the shift came for me in noticing what was happening for me within myself ... it moved from “how can I fix her?” to “what is going on within me right now?”

Samantha described a stronger reaction— less about wanting to fix things and more about rejecting her client and wanting to refer elsewhere: “I couldn’t direct her in any constructive direction. I just really found myself feeling, how can I send her to somebody else?”

The participants brought awareness to various aspects of their experience including thoughts, bodily sensations, and emotions. Derek remembered it was the sensation in his body that alerted him to the difficulty: “It showed up physically, I leaned forward, I got tensions in my body.” Samantha described a more intense physical experience when working with a client who was using offensive language: “This one feeling I got was nausea ... also a feeling of tension, a physical feeling in my body that I want to just push back against him, and wanting to say something to condemn.” Susan said it was a thought that first caught her attention: “I noticed myself judging ... why do you keep putting yourself in a situation where you are physically abused?” In addition to physical sensations and thoughts, Derek also noted the emotional aspect of his difficulty: “I felt an emotional tone of irritation. Why aren’t you just doing something different?”

Katherine and Susan said that these instances of “waking up” gave them the opportunity to recognize the presence of a challenge, and prompted them to turn toward their internal experiences with mindfulness. Derek described how his instance of awareness alerted him to a difficulty and offered him the space to choose:

[I]f I become aware of a shift in body sensation like feeling tension that could be a real signal for me to check in and examine what's going on, then I can make choices about what I want to do next.

In the participants' descriptions of recognizing interruptions of acceptance, a component of recognition—labelling—was identified. Labelling is a unique action described as mentally naming present-moment experiences. Derek explained labelling as naming his experiences: "I recognize it at the moment what is here, a sense of okay boredom is here, or anger is here ...". For Susan, labelling was a self-acknowledgment of her experiences: "The most important part is acknowledging, I am feeling frustrated with her right now, and okay, this is me having an experience of anger." She said that this conscious effort of recognizing and "stepping out" provided her with the opportunity to recognize choices and recruit her intentions to act.

In this section, the participants described moments of recognition as the initial step of the practice of acceptance. Susan said that instead of *being* the experience of anger or frustration, she observed herself *experiencing* anger and frustration. Katherine and Samantha talked about how this shift in perspective offered them the space to choose how they would respond. From this sense of choice, they intentionally engaged in a series of actions that helped them work with the challenges and readopt an accepting stance toward their clients. In our understanding of participants' accounts, their practice of being aware was followed by turning toward their difficulties and allowing them to be.

Allowing

The practices captured by the first theme, recognizing, focused on awareness and acknowledgement of difficult reactions to clients. In addition to recognizing and labelling their reactions and interruptions, the participants described what they did in the wake of that recognition—their intentional efforts to turn toward those experiences and allow them to be without judging or changing them. Allowing involves creating permission to be with the difficulties in order to curiously explore them and involves a suspension of the urge to control and change the present moment.

For Samantha, allowing is feeling the present moment without condemning or escaping. She said: "I am just recognizing that this feeling is difficult ... not pushing it away ... not reasoning my way out of it." Similarly, for Derek, allowing is a permission to feel: "without reacting against it or pushing it away, allowing myself to feel what I feel without strong judgements of I don't like this and I want to get away from this." Katherine explained that allowing involved embracing her experiences no matter the valence: "so we can be pretty angry one time, mean one time, and very kind at other times ... I am accepting all parts of myself, even parts that may not be pleasant." In addition to describing allowing as being with difficulties as they are without judgement or aversion, participants also described letting their experiences be as they were without attempting to change them.

Katherine said: “Once you let go of how you think things should be it can be very freeing.” For Derek, letting-be meant not wanting things to be different than they are: “I am no longer trying to fix a problem, or wanting things to be different. I am experiencing this moment.”

Susan described letting-be as an empowering and freeing process:

[T]here is more control by letting go of control. I am no longer anger or frustration, but I am witnessing anger and frustration move through me. It is very empowering, as I feel a freedom from all the thoughts, emotions, and bodily sensations.

Katherine explained:

Just being with them and experiencing them you are taking the power away. You can be still experiencing them, but you don't need to do anything about it. You are not reacting to it. You are doing what you choose to do.

Two observations were highlighted by the participants in reference to allowing. First, allowing was an intentional practice to embrace difficult experiences that otherwise might have been met with automatic avoidance or judgement. Second, allowing was not an attempt to change the quality of their experiences or to eliminate them. Katherine explained her intention was not to use this allowing attitude to lessen the intensity of experiences; rather it was an attitude of relating to experiences as they were.

It is worth noting that participants' accounts of the practice of acceptance were solely focused on their internal experiences, whereas one might anticipate references to specific client characteristics. Their descriptions seem to indicate the challenges to acceptance are not clients' presenting concerns or the way they interact with the counsellors but rather the counsellors' reactions, which often come with judgement and aversion.

Attending to the Physical

While the themes of recognizing and allowing provided accounts of participants' awareness of reactions and their intentional stance toward their experiences, these were complemented by an embodied practice. *Attending to the physical* speaks to participants' accounts of how they used their physical felt-sense to relate to and accept their difficulties.

According to Katherine, shifting to the physical felt-sense gave her another place to “stand” during a difficulty. Instead of theorizing about what was taking place, she shifted to experiencing on the physical level. Furthermore, there was a kind and warm quality that the participants brought to their experiencing. They described welcoming physical sensations with gentleness and kindness. They elaborated that this is qualitatively different from tolerating something, which has that “grin-and-bear-it” quality to it.

Participants guided their attention to the physical sensations that arose because of a difficulty and turning toward those sensations with curiosity and inquisitive-

ness. Derek noticed an irritation arising within him: “The irritation showed up physically ... feeling the part of the body that has the tension and feeling it with an element of curiosity and kindness.”

Katherine said that tuning into the physical felt-sense meant experiencing her bodily sensations without cognitive analysis: “I catch myself in that state of judging ... coming back into my own body ... being with the sensations. You don’t have to get rid of it or make meaning.”

Susan elaborated that tuning into the physical sensations was her way of shifting from judging to feeling: “I was thinking, ‘You shouldn’t feel frustrated, you are the therapist!’ By shifting to an experiencing state, I am just sitting and feeling the sensations. Okay, this feels tight, this feels hot.” Samantha described staying with the sensations with sustained attention as they arise, change, and pass away: “There is a natural arc of arising and passing of experience, and it comes to resolution.”

Similar to their formal meditation practice, the participants described using the sensations of their breath to come into the physical felt-sense in the present moment. Derek used the breath to bring his awareness to the present moment: “my mind has gone somewhere, and then I bring my attention back to my breath.” Katherine used the breath to pause from analysis and become aware of her body: “I remember noticing my breath ... instead of being out there in my mind trying to work so hard. It was a way for me to feel grounded and start being aware of my body.”

Samantha used the breath to help her stay with her difficult feeling: “I feel all these [*sic*] stuff going on in my body ... I use my breath to breathe through the sensation. For the tightness in my chest, I am directing the breath into that and through it ... exhaling through there.”

Experiencing the Self and Accepting Clients

In the previous themes, participants’ accounts focused on how they brought awareness to, allowed, and attended to reactions in their bodies. In the fourth theme, we highlight how participants’ internal experiencing of self led to acceptance of clients.

The participants highlighted that accepting their reactions to clients allowed them to adopt an accepting stance toward the clients themselves. In other words, to accept clients is to practice acceptance of our own lived experience—our reactions to and interpretations of the person across from us. In this context, the participants often used the term “self-acceptance” to describe acceptance of internal phenomena that arose while interacting with clients. Samantha explained: “Self-acceptance is a really important piece of getting to that state of acceptance [of clients] ... that’s really the doorway ... it’s the first step.”

Participants had various descriptions of what self-acceptance was for them. For Derek, self-acceptance was being kind to his reactions and experiences such as irritation and frustration: “When we have an emotional reaction, they grip us. Sometimes we don’t catch it, so this idea that with practice we can catch our reactions. It’s partly about taking the pressure off of ourselves and saying it is okay.”

Katherine described self-acceptance as nonjudgemental observation of herself: “You are allowing things to show, without judging it or without trying to put it into a category. It’s almost like you are observing how your ego shows itself.” She went on to explain that for her, self-acceptance was about allowing all parts of herself to show regardless of valence:

We can be pretty angry one time, and mean one time, and very kind at other times. In a way, you accept all parts of yourself, even parts that may not be so pleasant. Part of acceptance is allowing all of this to come up.

For Susan, self-acceptance involved self-kindness where she acknowledges and accepts her imperfections: “Accepting I am human here ... I still have frustrations, accepting my own humanness.” Similarly, Samantha’s experience of self-acceptance also involved self-kindness. “I acknowledge [that] this is part of who I am; I got triggered in this way ... I am acknowledging that this is part of me.”

Participants described how their self-acceptance gave rise to acceptance of clients. Samantha explained that by creating a space of acceptance for herself, she was able to extend the same attitude to her client:

When I practice mindful acceptance, I can definitely pull myself back from a place of aversion or reactivity. It helps me to bring the same attitude to my client. I see that she is in the process of unfolding ... I look at her and I see this being who has been hurt ... calls a feeling of compassion in me.

Derek reported that the accepting stance toward himself helped him be with clients in an accepting way. He accepted his clients as they were at the moment, the same way he allowed his experiences to flow through him:

There is the cognitive element of “I am going to turn toward this experience as it is right now.” There is a physical release of tension at the moment, an emotional element of curiosity and kindness ... There is movement from being irritated and wanting to “fix” her to “now I am just going to explore what is here.” I don’t need to fix her.

Susan described feeling a common humanity between her and her clients—the recognition that we are human beings who face the same challenges in our lives:

It took me years to get to a place where I respect and have compassion for myself. And I look at my client; I can now understand and rationalize. She has a story and context just as I do. To really empathize with her and stand in her pain.

Samantha similarly described this sense of shared humanness, and it called up a sense of compassion for her client as well as the wish for her client to be well:

She is a struggling human being, and she is on a challenging path. She has so much pain and suffering ... I wish that she would be free of this suffering. I am relating to someone who really needs some care and tenderness.

DISCUSSION

The participants' accounts suggest that acceptance is not a permanent state achieved after years of meditation, or a set of techniques employed to project an attitude onto clients, but an interactional mode of being cultivated by practitioners. It sprouts from counsellors' relationships with their experiences, including thoughts, emotions, and behaviours, which are dynamically shaped through interaction with their clients. Thus, counsellors are not the "providers" of acceptance but active participants in a series of unfolding interactions with clients. Furthermore, what is highlighted in participants' accounts is that acceptance emerges from a counsellor's mindful processing of their experience of clients. These observations fit with social constructionism, as discussed earlier; acceptance is in relation to subjective experience and emerges from interaction. This gives rise to further speculation about the nuanced process of accepting someone or something.

The information we perceive via our senses inevitably causes us to react in some way. We may like it, dislike it, feel neutral, or feel a mixture of these. The nature of these reactions generally leads us to either accept and embrace, reject and turn away, or dismiss and ignore. Between "I," the perceiver, and the people and things that I perceive lie my reactions and interpretation of them. There is no bypassing of this intermediary process. We are restricted to our subjective experiencing of the objects that we perceive. In this sense, we are not directly interacting with the world but instead with our interpretations and projections of it as they arise in interaction with others. The question therefore arises, what does it mean to accept something or someone? Can we truly accept things and people or can we only accept our reactions to them? The findings in this study indicate that we accept someone by intentionally relating to our reactions to and interpretations of that person.

Understanding acceptance as an internal experiencing in relation to the client is not a novel concept. Rogers (1957, 1995) explained that acceptance of clients is facilitated by counsellors' openness and acceptance of their own feelings. Rogers wrote that to form real relationships with clients, counsellors must learn to accept their own feelings (Rogers, 1951), and he often used the word "self-acceptance" to describe this process:

I have found it effective, in my dealing with people, to be accepting of myself ... to be able to realize I am angry, or that I do feel rejecting toward this person. All of these attitudes are feelings which I think I can listen to in myself. One way of putting this is that I feel I have become more adequate in letting myself be what I am ... If I can accept the fact that I am angry or annoyed at this student, then I am also more likely to be able to accept his feelings in response. (Rogers, 1961, p. 10)

In the same article, Rogers emphasized that "It is only when I can be myself, when I can accept myself, that it is possible for me to understand others and accept others" (p. 19). Rogers was clear in his point that to accept others it is necessary

that we accept ourselves. However, there is a paucity of knowledge on how this self-acceptance can be practiced. The descriptions by participants of practicing acceptance using mindfulness serve to extend Rogers' initial discussion by illuminating how counsellors can accept their experiences of clients, thus accepting the clients. In our understanding, participants' practices of acceptance were facilitated by three processes: decentring, exposure, and compassion. These processes were inductively derived from the findings.

Decentring

In their accounts, the participants highlighted shifting from *being* the experience to *observing* it. For example, Susan talked about shifting from being angry and frustrated to observing her experience of anger and frustration. This decentring process effectively led a less reactive standpoint that contributed to the experience of acceptance.

Decentring is the capacity to shift to a dis-identified or objective stance toward one's experience, including thoughts, and emotions (Fresco et al., 2007; Shapiro, Carlson, Astin, & Freedman, 2006). Safran and Segal (1990) described it as the process of stepping outside of one's immediate experience. Decentring can also be understood as a rotation in consciousness where what was the subject is now the object (Shapiro et al., 2006). This awareness of internal mental processes allows the intentional interruption of a stream of experiencing, shifting to an examination of what is experienced.

The process of decentring was highlighted by the participants' practice of labelling mental events. They described tuning into the present moment and recognizing what was presenting in their consciousness as well as their bodies. With this awareness, they labelled internal events and observed them rising and passing. There was a shift in perspective where the participants could stand back and witness their experiences without being immersed in their content. As Shapiro et al. (2006) put it, as we perceive *it*, we become more than *it*. This decentring process led to participants' metacognitive awareness of experiences, which in turn allowed the participants to take up an intentional position relative to that experience.

Exposure

Exposure is another facilitator of participants' acceptance of clients. When one turns toward experiences time and time again with openness, it leads to a lessening of avoidance. Intentionally turning toward difficult experiences with openness can serve as a counter to the instinctive tendency to avoid or suppress them (Grabovac, Lau, & Willet, 2011). And by turning toward difficult experiences repeatedly, we gradually learn that thoughts, emotions, and body sensations are not necessarily overwhelming and frightening (Shapiro et al., 2006). As Goleman (1971) suggested, mindfulness practice is a process of "global desensitization" that applies to all aspects of our experience. Participants' capacity to accept their own unpleasant experiences also allowed them to provide space for clients' difficulties. When clients presented intense emotions or challenging scenarios, the participants were

less likely to be avoidant, dismissive, or overly engaged because they cultivated the capacity to be with difficult experiences.

Compassion

Compassion is the awareness of and feeling of the suffering of others (Paré, 2013) with the drive to alleviate suffering (Germer, 2005). The participants' accounts suggest this starts with being open, nonreactive, and kind toward their subjective experiences of clients. It is the opening of one's awareness to the suffering without avoiding and disconnecting from it (Wisper, 1991). When this feeling is directed toward oneself, it becomes self-compassion. Kristen Neff (2003) defined self-compassion as

being touched by and open to one's own suffering, not avoiding or disconnecting from it, generating the desire to alleviate one's suffering and to heal oneself with kindness ... [and] offering non-judgmental understanding to one's pain, inadequacies and failure, so that one's experience is seen as part of the larger human experience. (p. 87)

Neff (2003) went on to present the three facets of self-compassion: (a) self-kindness—extending kindness and understanding to oneself absent of judgement and criticism; (b) common humanity—recognizing that one's experience is part of the larger human experience; and (c) mindfulness—embracing one's experiences with a balanced awareness.

Each of these facets of self-compassion is prominent in the participants' practice of mindful acceptance. First, the participants used mindfulness to become aware of their subjective experiences and observe them with nonreactivity. Second, they extended kindness and gentleness to their experiences while observing them in their bodies. Finally, they described the feeling of common humanity when they recognized that what they felt was part of the human experience and invited themselves to be with their difficulties. Thus, inherent in the participants' practice of acceptance was the process of self-compassion. By allowing their experiences to rise and pass without judgement and resistance, embracing them with kindness and gentleness, they were, in essence, practicing self-compassion. When they offered this space to themselves, they were more likely to offer the same to their clients.

CONCLUDING REFLECTIONS

Regarding the limitations of the study, it is worth noting here that what we have learned in this study is how 4 counsellors with mindfulness skills practice acceptance. What is not yet clear is whether the findings suggest that mindfulness training for these 4 counsellors improves one's ability to "do acceptance" in therapy or, alternatively, that mindfulness training supplies practitioners with a more refined vocabulary for making sense of and describing their acceptance process. An interesting follow-up study might be to interview two sets of coun-

sellors, one with mindfulness training and one without, and compare how they describe acceptance in the counselling context. These findings would be further enriched by hearing from clients about their experience of being accepted by their counsellors.

The retrospective nature of the study also posed challenges. Because it would be impossible to witness the processes studied while they were unfolding live in session, the accounts of those processes emerged from research interviews after the fact. This dilemma, common to many interview-based studies, leads to a dependence on a retrospective account rather than a real-time witnessing of the primary process of interest. Additionally, conducting interviews over Skype was not optimal and had many drawbacks, one of which was missing the nuances of body language.

This study has potential implications for counsellor training. In counselling, the therapeutic relationship continues to be regarded as one of the most significant helping or healing factors (Bien, 2008; Lambert & Witold, 2008). However, some of the core pillars that support the therapeutic relationship such as acceptance and empathy remain difficult skills to hone. This study suggests that mindfulness skills applied in therapeutic exchanges might support the practice of acceptance—at least for some counsellors.

Via the processes of decentring, exposure, and self-compassion, the participants illuminated a systematic way of performing acceptance of reactions arising—effectively accepting themselves en route to accepting clients. In addition to clinical intervention skills, perhaps more training can be geared directly toward developing counsellors' ability to relate to internal experiences and to cultivate internal dispositions. Although there have been a few studies that demonstrate the benefits of mindfulness training in clinical work (cf. Aggs & Bambling, 2010; Christopher et al., 2011; Grepmair et al., 2007; McCollum & Gehart, 2010), more evidence and replications are needed to support this link. It seems plausible that mindfulness training may support a refinement of both attention and discernment skills that contribute to some counsellors performing the crucial practice of acceptance in their work with clients.

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