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Counsellors' experiences of the use of mindfulness in the treatment of depression and anxiety: An interpretative phenomenological analysis

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Abstract

Background: The current study explores counsellors' experiences of their integration of mindfulness into the treatment of their clients for depression and anxiety.

Method: Five counsellors participated in semi-structured interviews, which were analysed using interpretative phenomenological analysis to identify how the use of mindfulness in therapy was experienced and understood by participants.

Results: The analysis produced six themes: the benefits of mindfulness for clients, the client's role in the success of mindfulness, the integrity of practice, using mindfulness in therapy, mindfulness techniques and the responsibility of a mindfulness practitioner. A description of these themes and related subordinate themes is presented, with analysis of the findings in relation to the literature.

Recommendations: Practice implications include that present-moment awareness is the cornerstone of mindfulness and that this can be practised and taught; that a counsellor's establishment of a personal mindfulness practice significantly supports their effective integration of mindfulness interventions in the clinical space; and that a client's sustained practice of mindfulness beyond the clinical space is indicative of a reduction of the frequency and intensity of depressive and anxious symptomology. The level of a counsellor's training and experience in mindfulness is found to be an important factor in the effectiveness of the use of mindfulness as a clinical intervention. This supports a case at policy level for the uptake of a mindfulness competencies framework for counselling trainees—including minimum duration of personal practice—in the service of greater consistency and accountability in the delivery of mindfulness techniques in the clinical space.

KEYWORDS

anxiety, clinical intervention, counsellor experience, depression, interpretative phenomenological analysis, mindfulness practice

Mindfulness as a psychological intervention has been much researched in recent decades and found to be an effective tool for the treatment of depression and anxiety disorders (Bell, 2015; Groves, 2016; O'Leary & Dockray, 2015), and is now being used widely by counsellors. Because depression and anxiety are two of the most common current mental health concerns globally (Kircanski et al., 2017), the formulation of new treatment measures is of high importance to the counselling profession (Lang, 2013). It has been demonstrated that the symptomology associated with depression and anxiety can be alleviated through the use of mindfulness techniques introduced into therapy (Blanck et al., 2018; Hofmann et al., 2010). This decrease in symptomology significantly promotes clients' focus on tasks associated with everyday living and fosters improvements in working memory, attentional capacities and emotion regulation (Grossman et al., 2004). Engaging clients in a mindful way of thinking has proven efficacy in reducing the presence of negative affect and rumination (Nagy et al., 2017), two symptoms heavily present in clients with a diagnosis of depression and anxiety. Thinking in a mindful way encourages clients to divert their attention from the anxiety provoking and negative aspects of a situation to an external stimulus. This diversion has been shown to strengthen a client's capacity to refocus attention and decrease rumination behaviour (Lang, 2013), reducing the likelihood of a depressed or anxious reaction.

Mindfulness as a practice is wider than a focus on thoughts, however. It derives from Buddhist meditation, which promotes a non-judgemental, present-centred awareness (Brown et al., 2013; Creswell, 2017; Kabat-Zinn, 2018) and enhances insight into the mechanism of suffering per se and the possibility of freeing oneself from suffering (Garland et al., 2015; Josefsson et al., 2011). Translated to the clinical setting, the techniques taught through mindfulness training have consistently been shown to encourage the development of adaptive characteristics such as wisdom and well-being (Baer, 2014; Di Giuseppe et al., 2019). These techniques aim to reduce the challenging feelings associated with mental ill health by promoting clients' present awareness of experiences and what these involve (Alper, 2016). The understanding is that this present moment is a result of previous conditions: as an effect, rather than a cause, it cannot be changed (Purser, 2014; Zerubavel et al., 2015). However, the practice of acknowledging present-moment conditions supports a client to develop perspective and responsiveness that lead to greater choicefulness and well-being (Nezlek et al., 2015). Engaging in mindfulness practice enables a capacity to see and accept situations as they are. This supports clients to be at peace with the inevitability of change, and the impossibility of achieving perfection or the continuity of peak experiences (Siegel, 2010). An integral part of the process of mindfulness practice involves placing non-reactive attention on bodily sensations, cognitions and impulses, in titrated stages. During this practice, clients are encouraged to recognise the different environmental stimuli around them, such as sights, sounds and scents. The techniques learnt during mindfulness practice can

Implications for Practice

- Present-moment awareness is the cornerstone of mindfulness, and this can be practised and taught
- A counsellor's establishment of a personal mindfulness practice significantly supports their effective integration of mindfulness interventions in the clinical space
- A client's sustained practice of mindfulness beyond the clinical space is indicative of better clinical outcomes
- The level of a counsellor's training and experience in mindfulness is found here, and in the literature, to be an important factor in the effectiveness of the use of mindfulness as a clinical intervention. This supports a case at policy level for the uptake of a mindfulness competencies framework for counselling trainees—including minimum duration of personal practice—in the service of greater consistency and accountability in the delivery of mindfulness techniques in the clinical space.

provide clients with significant relief from depressive and anxious symptomology (Baer, 2014; Kaviani et al., 2011; Marchland, 2012).

1 | PRACTICE PROVIDES UNDERSTANDING OF BENEFITS

Given the perceived benefits and broad research base for the use of mindfulness in the treatment of depressed and anxious clients, it is important to consider counsellors' experiences of the implementation of this technique in therapy. Exploring counsellors' experiences of using mindfulness with this client cohort can bring more granular understanding of this method in action.

Counsellors who maintain a personal practice of mindfulness are more likely to integrate the use of the technique into their clinical work. A qualitative research study conducted by Srichannili and Prior (2013) examining counsellors' experiences of practising Thai Buddhist counselling indicated that personal interest in mindfulness heavily influences the frequency and type of mindfulness techniques the counsellor uses in their clinical work. Five participants took part in a focus group, and in-depth semi-structured interviews were designed to explore their experiences. Each reported engaging in both formal and informal practices that included a mixture of mindfulness techniques. Participants who used a personal mindfulness practice had an increased awareness of their own phenomenology, which subsequently gave them greater insight into their clients' distress and enabled them to better assist their clients. Meditation was one particular mindfulness technique that was seen to be helpful in assisting participants to maintain a state of full awareness with their clients and to pick up on any bodily reactions occurring for them while in session (Schrinnalli & Prior, 2013). Overall, the personal use of mindfulness techniques was recommended by all participants.

The findings from this study are consistent with previous findings on the impact that a counsellor's personal use of mindfulness has on how often they integrate it into their therapeutic practice (Bell, 2009; Campbell & Christopher, 2012; Cigolla & Brown, 2011; Dunn et al., 2013; Ryan et al. 2012) and indicate the therapeutic usefulness of counsellors integrating mindfulness practices into their personal lives. However, this study was conducted in a South-East Asian country, so the views and experiences of participants may not be wholly transferable to counsellors who practise in Western cultural contexts.

2 | COUNSELLORS' MINDFULNESS BENEFITS CLIENTS IN SESSION

The process of counsellors engaging in a here-and-now practice themselves while conducting a counselling session has been shown to be a key element in the successful integration of mindfulness in counselling (Bernett-Levy, 2019; Irving et al., 2014). A hermeneutic phenomenological study undertaken by Bu and Pare (2018) explored psychotherapists' practice of mindful acceptance. The four participants, certified and practising psychotherapists, completed semi-structured interviews analysed via thematic analysis. Each participant highlighted that moving away from a mechanical process of therapy and simply sitting attentively in the moment with the client and their presenting issue provide the opportunity to not only understand the client on a deeper level, but also observe and notice what is occurring for them in the present. This research demonstrates the combined benefits, for both counsellor and client, of a here-and-now mindset on therapeutic practice, and is supported by the literature (Keane, 2013; Yalom, 2002). However, as all of the participants in this study used predominantly one specific mindfulness technique in their clinical work (i.e. Vipassana meditation), the conclusions drawn from this study are likely not applicable to the wider range of mindfulness techniques commonly applied by clinicians in the treatment of depression and anxiety, apart from in a general sense that they share a focus on present-centred awareness.

Increased reaction awareness is a noteworthy benefit of mindfulness practices for both counsellors and clients. Through the use of several survey measures, a quantitative study conducted by May and O'Donovan (2007) investigated the experiences of counsellors who drew upon mindfulness to assist their clinical work. Survey results were gathered from 58 participants working in the mental health industry. The significance of the results was confirmed through a *t* test (May & O'Donovan, 2007). A common theme of counsellor reaction awareness stood out, with all participants recognising that mindfulness practices enhanced their ability to acknowledge their reaction to a client's story. This study's findings demonstrate that an enhanced reaction awareness provided participants with a deeper understanding of their client and sense of identification with the client's experience. The participant sample comprised psychologists, counsellors, and social workers who, as a result of their varied

professional identities, are likely to have different modes of application and theoretical understandings of the use of mindfulness in practice. Although this study provides a thorough investigation of the benefits of reaction awareness for counsellors, it does not focus on the positive implications for clients; thus, the benefits of this technique in the treatment of depression and anxiety cannot be confirmed. However, the benefits of reaction awareness during counselling sessions have also been found in other studies (Henkelman & Paulson, 2006; Pieterse et al., 2013), signifying the clinical importance of this quality.

A study by O'Brien (2017) recruited a sample of 14 participants, comprising six student counsellors and eight clients, to explore clients' experiences of mindfulness meditation in a counselling setting. Participants engaged in a counselling session that involved a mindfulness meditation. After the sessions, all client participants were required to complete a face-to-face interview to discuss their experience. This study found mindfulness important for promoting clients' awareness of their reactions throughout the session, with all participants reporting that engagement in the activities commonly associated with mindfulness practice—focusing on the present moment, concentrating on what is happening in their surroundings and not being judgemental—helped them to be aware of their reactions, both in relation to their surroundings and towards their counsellor. The findings from this study are consistent with other research exploring the benefits of mindfulness practices for clients (Siegel, 2009; Zeidan et al., 2010). This reaction awareness experienced by clients is also likely to assist in minimising depressive and anxious symptomology. This study explored only the use of a mindfulness meditation technique, so more research is needed to determine clients' experiences of a broader range of mindfulness techniques in counselling. Moreover, as this research was based on student counsellors' clinical practice, future research could explore qualified counsellors' use of mindfulness techniques with a specific focus on depressive and anxious symptomology.

Although all of the studies mentioned here examine counsellors' use of mindfulness in counselling, none specifically investigates the use of the intervention solely for the treatment of depression and anxiety, with these two mental health conditions being researched alongside other concepts. Given the possibility that other health condition gains may have resulted in the reduction in participants' depressed and anxious symptomology, the reported improvements cannot be exclusively attributed to the use of mindfulness. Furthermore, no sound parameters were assigned regarding the amount of time in which the counsellor participants had to have used a mindfulness intervention in their practice.

The literature under review has shown that counsellors with a personal mindfulness practice have greater insight into their clients' distress and can better assist them; that a here-and-now mindset benefits therapeutic practice for therapist and client; and that the clinically important quality of reaction awareness is increased by mindfulness practice. However, despite an increase in the volume of mindfulness research, empirical research into counsellors' experiences of the use of mindfulness specifically in the

treatment of depression and anxiety has been limited. Therefore, the aim of this research study was to contribute to understanding of the use of mindfulness in the treatment of depression and anxiety, from the perspective of counsellors with a personal mindfulness practice. The study sampled participants who were counsellors using mindfulness in their practice for five or more years. Having this parameter in place allowed for a higher quality of information to be collected (Silverman, 2013) in service of the aims of the study.

The study is guided by the following three research questions:

(Q1) What are counsellors' experiences of promoting the everyday use of mindfulness practices for clients with a diagnosis of depression or anxiety?

(Q2) What role does the counsellor's view of mindfulness practices play in the treatment of their clients?

(Q3) How impactful (either positive or negative) does the counsellor find mindfulness practices in the treatment of depression and anxiety?

3 | METHOD

A qualitative methodology was chosen for its focus on subjective experience, and interpretative phenomenological analysis (IPA) in particular, as the method, for its idiographic focus. The capture of individual experiences is a granular labour that requires a smaller sample size (McLeod, 2011). Ethics approval from the Navitas Professional Institute and Research Ethics Committee (HREC) was sought, after which counsellors who have used mindfulness in their practice were invited to take part in this study via LinkedIn website advertisements and email lists. The advertisement provided a summary of what the research entailed, and information on how to contact the researcher if people were interested in participating or wanted more details. In keeping with IPA methodology, the study aimed to recruit between four and six participants, allowing for detailed accounts of individuals' lived experiences and analysis of patterns of similarities and differences (Smith et al., 2009). Five participants—four women and one man—who met the inclusion criteria were recruited to take part in the study. Inclusion criteria were as follows: have a well-formulated knowledge base of the use of mindfulness for depression and anxiety, a minimum of five years' experience in practising mindfulness, over 18 years of age and a proficiency in the English language that enables them to answer questions at ease. All participants identified as registered counsellors with the Psychotherapy and Counselling Association of Australia (PACFA) or the Australian Counselling Association (ACA). They had between five and 25 years of experience in incorporating mindfulness interventions into their treatment of depressed and anxious clients, with two participants working with a client cohort with a predominantly anxious presentation. At the time of the study, all participants worked in private practice. Pseudonym codes have been used throughout to protect privacy.

A semi-structured interview schedule was developed in order to use open-ended and non-directive questions to facilitate in-depth dialogue from participants (Smith, 2009). Interviews took place over a 40-min to 1-hr duration and were loosely structured around a schedule of predetermined questions to assist in keeping the focus on the research topic (Smith & Shinebourne, 2012). The schedule of five questions and three subquestions had a specific focus on counsellors' experiences of using mindfulness, and explored the ways in which participants use mindfulness in their practice, as well as whether they find mindfulness useful for depressed and anxious clients. The interview also elicited how the participants' understanding of mindfulness influences their treatment of depressed and anxious clients. Participants were interviewed in person or via zoom, and all of the interviews were audio-recorded and transcribed verbatim.

3.1 | Data analysis

Interview transcripts were sent to all participants for member checking (Petty et al., 2012); however, no adjustments were made. Data were analysed using the guide to interpretative phenomenological analysis by Pietkiewicz and Smith (2012). The initial stage calls for multiple close readings of the data. Comments and ideas were made alongside the transcripts to reflect initial thoughts about the data and preliminary findings. The next stage of analysis was an immersive process to identify themes emerging from the data, and check the themes back against the data, in an iterative process. Some initial themes—counsellor's view of client experience, detriments of mindfulness for clients, benefits of mindfulness for counsellor, mindfulness course and counsellor reactions—were removed as a result of this iterative process.

Emergent themes were grouped based on the connections and similarities within the data to determine the cluster of themes and subthemes. The theme clusters were adjusted to better reflect the participants' comments and the context in which they described their experiences. For example, the theme of 'commercialisation' was amended to 'integrity of practice' as a more inclusive term to encapsulate all the data relating to it. The theme 'using mindfulness in therapy' was later added as the theme of 'mindfulness techniques' did not entirely capture this aspect of counsellors' experiences of integrating mindfulness into their counselling. The IPA research process includes researcher reflexivity. In an effort to see the world as it was experienced by the participant, researcher thoughts and feelings were bracketed and noted via a process of reflexive journaling, detailing the nature and origin of any emergent interpretations as they arose (Pringle et al., 2011).

4 | RESULTS

Six master themes emerged from the analysis and were relevant to data from all five participants: 'benefits of mindfulness for clients',

TABLE 1 List of main themes and subthemes

Main themes	Subthemes
1. Benefits of mindfulness for clients	Cultivating present-moment awareness Changing thinking patterns through the use of mindfulness
2. Clients' role in the successfulness of mindfulness	Continued use engrains technique
3. Integrity of practice	Commercialisation of mindfulness
4. Using mindfulness in therapy	Collaborative process Adapting technique to suit client's needs
5. Mindfulness techniques	Present-moment awareness
6. Responsibility of a mindfulness practitioner	Practitioner education level/experience

'clients' role in the success of mindfulness', 'integrity of practice', 'using mindfulness in therapy' and 'mindfulness techniques'. Each master theme has a number of constituent subthemes, and these are presented in Table 1.

5 | THEMES

'Benefits of mindfulness for clients' conveys that all participants integrate mindfulness into their counselling and agree that mindfulness techniques significantly positively influence their clients' depressive and anxious symptomology. Subthemes were around the importance of mindfulness in assisting clients to change thinking patterns and maintain present-moment awareness. ADR described how clients caught up in a depressive and anxious thinking pattern can 'disengage and let it go, step out of it, and come back into their body, into the present moment'. Interestingly, two of the participants found mindfulness to be more beneficial in the treatment of anxiety. SB observes that anxious clients are 'more open to taking on something new, depressed people generally don't have a lot of motivation'; so therefore 'it's a bit more of a struggle getting them to sit with those sorts of dark, hopeless feelings, they just want to get rid of that'. All participants recognised the benefits of changing thinking patterns for clients' continued growth. SC described how mindfulness can promote a client to think 'let me just be with this [depressive or anxious feeling] I don't have to like it, I just have to be with it', demonstrating how mindfulness can alter clients' perceptions of their experiences, by bringing them into non-reactive awareness of the reality of it.

'Clients' role in the success of mindfulness' expresses participants' recognition that clients' active involvement and engagement with mindfulness is a vital component to the successfulness of the technique. Such engagement ensures that the techniques learnt become second nature. AP describes how 'going through the processes each time it [depression and anxiety reaction] happens' ensures clients 'learn to self-manage a lot better' and increases the likelihood

that the client will use mindfulness practices when they become overwhelmed rather than succumbing to their symptomology. ADR encourages clients to use the mindfulness techniques in daily life, 'whenever they notice that some anxiety is here, or some upsetness is here, to do that exercise we did together', thereby encouraging the extension of mindfulness beyond the clinical space.

'Integrity of practice' references the importance that mindfulness practice is grounded in its origins, as this significantly impacts the effectiveness of the technique. All participants noted that public interest in the technique has made the practice less uniform and created misunderstanding among counsellors about how to implement mindfulness in practice. PE expressed concerns over a 'tendency for [mindfulness] to be trivialised and made to sound like a quick fix', noting that 'if you don't take it seriously you won't make the deep underlying changes'. SB was concerned that mindfulness has mainstreamed as something 'that can make you a better sniper, it can make you better at anything', resulting in mindfulness 'being stripped of all its moral and ethical connections'.

'Integrating mindfulness into therapy' captures participants' belief that this technique can significantly impact clients' process and engagement in therapy. This is understood as a collaborative process that tailors the intervention to the client. SC noted that when clients experience a slip in their practice, she 'works with them to just focus the breaths, to build that concentration up and to just calm the mind again'. PE highlighted the benefit of collaboration to gauge a client's progress. She asks, 'how did you go, how did you find your practice and how did it effect your mood?' It is evident that by working together with the client, the counsellor is increasing their awareness of the effect that mindfulness is having on client symptomology. Flexibility with practice was noted by all participants as a significant indicator for the success of mindfulness in treatment. For SB, 'some clients recoil from their experience so I ratchet it back a lot' and take it 'a lot more slowly'. ADR noted that with some clients, 'it takes a bit longer, it's a bit trickier, it's a bit less straight forward so I adapt the technique and do other things as well, not just mindfulness'.

'Mindfulness techniques' captures the numerous techniques that participants believe are beneficial in the treatment of depression and anxiety, and these can be summarised as supports for present-moment awareness. Present-moment awareness occurs when an individual is aware and mindful of what is happening at that very moment. All participants recognised that clients who can maintain a present-moment awareness both within session and in their personal life are able to significantly reduce their depressive and anxious symptomology. Participants noted that they regularly practise present-moment awareness with their clients, encouraging them to practise the technique in their everyday life. Participants described how they measure improvement in clients' present-moment awareness between sessions by beginning sessions with a present-moment awareness exercise and eliciting client feedback on the experience. AP gets clients to 'come here in the now again and stay with that idea'. As her clients do this, she encourages them to notice 'smell, touch, feel, breathe, acknowledging their body'. ADR encourages clients to 'pay attention to how it feels in their body, just to breathe

with that [then] usually they'll notice themselves calming down quite quickly'.

'Responsibility of a mindfulness practitioner' recognises the important role participants hold in the success of their clients' mindfulness experiences. Accurate psychoeducation on the use of this technique is seen as a fundamental influence on clients' successful use of mindfulness outside of session. This is informed by the level of education and experience of the practitioner. All participants highlighted the importance of counsellors undergoing professional training in mindfulness before using it in their therapeutic practice. For PE, training is 'mandatory, and part of the requirement to be a mindfulness practitioner is that you practice it regularly yourself'. SB affirmed that 'people shouldn't be teaching mindfulness to other people until they've done it for 10 years themselves'.

6 | DISCUSSION

The six main themes captured the experiences of participants integrating mindfulness into their treatment of depression and anxiety. All participants recounted positive experiences of integrating mindfulness into their clinical work. First, participants view mindfulness as a useful tool for depressed and anxious clients, with the benefits of the practice seen to outweigh the negative effects. In line with existing literature, the cultivation of present awareness and changing thinking patterns were viewed as two of the most influential benefits of mindfulness for reducing the progression of depression and anxiety (Beattie et al., 2017; Elices et al., 2019; Teasdale, 1999). Mindfulness was seen to be more beneficial in the treatment of anxiety than depression. This contradicts the work of Khusid and Vythilingam (2016) and Newby et al. (2015) who found this technique more valuable in the treatment of depression. However, this finding could be the result of the two participants working predominantly with anxious clients.

All of the participants endorsed continuity of practice. Client practice was described as a vital component to the success of a mindfulness intervention. Participants described different ways to assist clients with regular mindfulness practice. These were influenced by their therapeutic orientation. Counsellors with a CBT practice focus described more structured guidelines and accountability procedures for practice than those with person-centred orientations, though assessing the relative effectiveness of these approaches was beyond the scope of the study. The results might suggest that specific practice routines for all mindfulness interventions may improve client retention to the practice. The importance of continued use in the integration of mindfulness practices has been found by other researchers (Huppert & Johnson, 2010; Soler et al., 2014). Mindfulness-based stress reduction (MBSR), developed by Kabat-Zinn, is an example of a formalised mindfulness practice that is structured around a set of 8-week evidence-based practice guidelines (Baer et al., 2012). Further investigation of this intervention has shown that frequency of use and developing a lifetime practice offered health benefits, including reduced depression and

anxiety (Birtwell et al., 2019). Future research could explore the implementation of formalised practice regimes or, at least a taxonomy, for the wide variety of mindfulness techniques available.

The commercialisation of mindfulness practices was of high importance to the majority of participants. This finding may suggest that mindfulness is now being used haphazardly in the counselling profession. This statement is supported by a wide array of research that has investigated the applicability of mindfulness to different settings, such as counselling, education and workplaces (Hyland, 2015; Monterio et al., 2015; Stauffer & Pehrsson, 2012). The research studies listed here highlight the broad range of contexts in which mindfulness is now being applied and the range of professionals who are now teaching this skill to others. Given the widespread promotion of mindfulness, more research into the use and application of this technique is warranted. Specifically, further research could focus on the amount and type of mindfulness training an individual should be required to undertake before they are competently able to integrate the teaching of mindfulness into their work. Institutes in the USA have led the way on this, in Western cultural contexts, through the development of accredited meditation teacher trainings from institutions such as Spirit Rock Meditation Center in California and Insight Meditation Center in Massachusetts.

The finding on the benefit of a collaborative partnership between counsellor and client for the success of mindfulness highlights the important role that counsellors hold in the successful integration of mindfulness into the treatment of depression and anxiety. A similar pattern of results was obtained in Schrinalli and Prior (2013), which found that counsellors maintaining a state of acceptance and awareness while guiding their clients through mindfulness techniques allowed them to be more aware of their clients' experiences throughout the session, and this facilitated clients' insight into their own experience. Further research could determine what clients perceive are the personal benefits of having a counsellor collaboratively involved in their mindfulness practice.

The importance of flexibility of approach is also consistent with findings by Bu and Pare (2018). Although all participants used similar types of mindfulness in their work, the way in which they used the intervention differed depending on their therapeutic orientation and their clients' presentations. Bu and Pare (2018) found that the differences within therapeutic approach allowed for clients to receive a mindfulness experience that was specific to their needs and desires. Participants in the current study also practised with different counselling methodologies (acceptance and commitment therapy, person-centred therapy and cognitive behavioural therapy), and all noted that their therapeutic orientation significantly influenced the way in which they used mindfulness in practice. As with Bu and Pare (2018), all participants referred to the importance of maintaining flexibility within their approach to best assist their clients.

The emphasis on practitioner education level and experience is consistent with previous findings (Crane et al., 2010; Morgan et al., 2014). Crane et al. (2012) refer to the importance of the current generation of counsellors beginning to develop a robust professional context for mindfulness, to make the use of the practice more

uniform among practitioners. Their study also presents a mindfulness competencies framework for trainees. This framework would be useful to guide future research and education of mindfulness practitioners, and will begin to assist in a more consistent delivery of mindfulness techniques within the counselling profession.

The findings of this study revealed counsellor perspectives on the benefits of mindfulness in the treatment of clients with a diagnosis of depression and anxiety. The literature is clear in indicating the usefulness of mindfulness techniques in the sustained reduction in the symptomology related to diagnoses of both depression and anxiety. It also attests to the usefulness of interventions other than psychotropic medication in the treatment of depression and anxiety. The knowledge of how individuals experience different treatment methodologies for the management of mental illnesses such as depression and anxiety provides counsellors and allied mental health professionals with insight into the lived experience of different mental health diagnoses. It reinforces the importance of mindfulness for counsellor well-being and the integration of the technique into their therapeutic practice.

The findings of this study are inevitably constrained by some limitations. While all participants identified as registered practising counsellors, some also reported having a lived experience of depression and anxiety for which they used mindfulness to treat their symptoms. Thus, there are likely to be inconsistencies of focus between interviews, with some participants drawing also upon their lived experience of the symptoms in their responses. In a clinical setting, however, this may of course strengthen empathy and, as a consequence, the development of the therapeutic alliance. Although all participants reported having experience using mindfulness in the treatment of depression and anxiety, no attempt was made to ascertain which cohort (depressed or anxious clients, or both) they worked with most frequently. Thus, there is a possibility of the use of this technique with one condition, rather than both, being over-represented in the data.

7 | CONCLUSION

This study provides a phenomenological account of counsellors' experiences of integrating mindfulness into their treatment of depressed and anxious clients. It highlights the adaptability of mindfulness to different therapeutic approaches, and the wide array of ways to use it as a therapeutic intervention. The data act as positive feedback for counsellors' experiences of promoting the everyday use of mindfulness practices for clients who present with anxiety and/or depression. There is some indication that mindfulness is more effective in the treatment of anxiety than depression, but further research is needed.

It can be concluded from this study and the supporting literature that when mindfulness is integrated into therapy, it has significant benefits for clients, including those with depressive and anxious symptomology. In alignment with the common factor research (Duncan et al., 2010), the person of the therapist was viewed as a

significant factor in the use of mindfulness in counselling. A counsellor's theoretical understanding, personal practice and view of mindfulness were demonstrated to contribute to the successful application of mindfulness as a clinical intervention.

Practice implications from this research include that present-moment awareness is the cornerstone of mindfulness and that this can be practised and taught; that a counsellor's establishment of a personal mindfulness practice significantly supports their effective integration of mindfulness interventions in the clinical space; and that a client's sustained practice of mindfulness beyond the clinical space is indicative of better clinical outcomes.

The level of a counsellor's training and experience in mindfulness is found here, and in the literature, to be an important factor in the effectiveness of the use of mindfulness as a clinical intervention. This supports a case at policy level for the uptake of a mindfulness competencies framework for counselling trainees—including minimum duration of personal practice—in the service of greater consistency and accountability in the delivery of mindfulness techniques in the clinical space.

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