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Article

Mindfulness meditation among South African psychologists: a pathway to 'being' amid existential suffering in contemporary South Africa

Ciara Korving[1] and Nicholas Munro[1,2]

Abstract

Mindfulness is currently regarded as a life skill as well as part of an approach to life that can generate beneficial intrapersonal and relational outcomes. Given the centrality of intrapersonal and relational outcomes in psychotherapeutic encounters, it seems logical that the practice of mindfulness by psychologists would be relevant to explore, especially in contemporary South African contexts where high levels of trauma, interpersonal distress, and resultant existential and intrapsychic struggles prevail. The study seeks to address an identified gap in existing research concerning the experienced relevance of long-term mindfulness meditative practice for counselling psychology and therapeutic practice generally, particularly in the South African context. Located within an interpretivist paradigm and interpretative phenomenological analysis, this study explored the mindfulness and mindfulness meditation practices of 11 South African counselling psychologists and the ways in which these practices informed their being in both personal and psychotherapeutic settings. Each participant was invited to participate in a semi-structured interview and reflexive journalling task as part of the research process. The findings centralise the being capacities afforded to psychologists through a mindfulness practice and identify how the related elements of non-judgement, nonattachment, and (re)connection enable enhanced relational encounters with clients. The findings contribute to the limited literature related to the value of psychologists' mindfulness practices in relation to the way in which they manage their own responses to clients, as well as the potential for mindfulness practices to help clients manage presenting trauma responses.

Keywords

Counselling psychology, existential suffering, mindfulness, mindfulness meditation

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In this article, how South African psychologists can integrate mindfulness, particularly mindfulness meditation, into their psychotherapeutic practice is explored. How long-term mindfulness practice can enhance the manner in which psychologists can engage and connect with both themselves and their clients, enhancing their understanding of suffering is highlighted. In a context of persistent social and structural inequality, high levels of trauma, unemployment, violence, and crime (Human Rights Watch, 2023), South Africans often cope by disconnecting from themselves, each other, and their environment (Benjamin, 2018). Moreover, trauma and disconnection tend to elicit existential struggles, which have been exacerbated in the malaise of a post-COVID-19 South Africa (Nel & Govender, 2022). Subsequently, an important project for South African psychologists is to facilitate reconnection at multiple social, interpersonal, and intrapsychic levels. Mindfulness among psychologists is one potential pathway to facilitate this reconnection.

Originating from Buddhist practices over 2600 years ago, mindfulness and meditation have recently been assimilated into mainstream Western practices and culture. Despite ongoing research and debate into their benefits, these have been widely promoted (Goldberg, 2018). The focus of this article is on mindfulness meditation (i.e., *Vipassana* meditation), as practised by psychologists, where mindfulness is cultivated by attending to bodily sensations, emotions, thoughts, and the surrounding environment (Germer et al., 2013). Since 2010, research on mindfulness has grown exponentially, closely mirroring the number, rate, and pace of research on cognitive behavioural therapy (Zhang et al., 2021). Although some of the research on mindfulness is of questionable quality and/or inconclusive (Lu et al., 2024), an increasing corpus of this advocates for its value in settings beyond psychology, including other health professionals (N. Boyd & Alexander, 2022; McQuade et al., 2023), businesses (Altizer, 2017), and both learners and teachers in educational settings (Draper-Clarke, 2020). To date, the focus and majority of psychological research on mindfulness practice has been from a positivist paradigm, quantitative in nature, and based on randomised controlled trials of short-term mindfulness-based interventions (MBIs) such as mindfulness-based stress reduction (MBSR). Moreover, the research has focussed predominantly on client outcomes related to the efficacy of mindfulness in 'treating' a range of psychological conditions (Goldberg et al., 2022; Whitesman et al., 2018; Zhang et al., 2021). The results of such studies have often been contradictory and the efficacy of short-term mindfulness-based treatments has remained inconclusive. Despite its advocacy as a promising alternative to established psychological treatments, mindfulness-based psychotherapy has been criticised for its focus on symptom reduction. Recent studies such as the one by Britton et al. (2021) have highlighted potential meditation-related adverse effects in mindfulness-based programmes, including dysregulated arousal (e.g., hyperarousal and dissociation). Moreover, a meta-analysis conducted by Farias and Wikholm (2016) suggested that MBIs did not necessarily lead to medium- or long-term (3 weeks to 3 years post-intervention) more enhanced clinical outcomes in comparison with relaxation and psychoeducation. The meta-analysis focused specifically on the application of mindfulness meditation in mental health settings, and revealed a range of individual differences within the experience of meditation. In contrast, the intention of the research reported in this article was not to explore the value of mindfulness-based treatments, but rather aims to acquire insight into the experienced value of longer-term mindfulness-informed psychotherapy (i.e., where the therapist's own mindfulness practice informs the psychotherapy process; Germer et al., 2013).

While mindfulness has been widely adopted in Western cultures and in the practice of psychology (e.g., through its inclusion in dialectical behaviour therapy programmes and acceptance and commitment therapy [Goldberg et al., 2022]), its philosophical roots have often been overlooked (Giraldi, 2019). Originally, mindfulness practice was intended to address the suffering of existential conditions, including sickness, old age, and death, rather than the treatment of clinical conditions (Germer et al., 2013). Shahrokh and Hales (2003) suggested that the mindfulness aligns with

an existential outlook in relation to their conceptualisation of suffering. Both mindfulness and an existential outlook recognise that the essence of existence is loss as well as the corollary of existence (i.e., non-existence/death), while our primary state is one of suffering (Riker, 2020).

These philosophical tenets closely concur with those of counselling psychology, a sub-speciality within the field of psychology. In South Africa, the practice of counselling psychology includes a focus on life developmental and existential struggles as well as the inherent strengths and capacities that individuals and communities possess (Health Professions Council of South Africa [HPCSA], 2019). Moreover, Goldberg (2018) argued that there is considerable theoretical overlap between mindfulness and the core values of counselling psychology, indicating how both are rooted in understanding the world holistically and contextually, recognising and working with people's inherent strengths and capacities, and acceptance and respect for what is rather than an attachment to desired outcomes or selves. In essence, the sub-speciality of counselling psychology has a historical and contemporary focus on prioritising and engaging people's inherent strengths in their own psychosocial processes (Delgado-Romero et al., 2012). The desired outcome of meditation is a mindful state, which fosters specific being capacities (e.g., openness, acceptance, and non-judgement, and embracing moment-to-moment experiences), which are essential for psychologists to embody in the counselling therapeutic relationship (Cigolla & Brown, 2011). Thus, while mindfulness and its practice are relevant to many areas of psychology and types of psychologists, in this article mindfulness and its underlying philosophy are specifically regarded as congruent with the ethos and practice of counselling psychology.

Several studies have advocated that practitioner mindfulness improves counselling capacities (Rawatlal & Clarke, 2016; Shapiro & Carolson, 2017), including enhanced thinking and listening (Bell, 2009), reduced anxiety and burnout (Fulton & Cashwell, 2015; Di Benedetto & Swadling, 2013), improved countertransferential responses (Millon & Halewood, 2015), and increased empathy (Germer et al., 2013). Despite a limited and homogeneous sample of French-Canadian psychologists in their study, Bourgault and Dionne (2019) found a strong link between psychotherapist mindfulness and therapeutic presence. Moreover, mindfulness is also effective in treating trauma (J. E. Boyd et al., 2018; Taylor et al., 2020), is associated with the use of mature defences (Di Giuseppe et al., 2022), and promotes the full and complete acceptance of reality precisely as it is in the present moment, rather than through potentially unhealthy defensive strategies.

Currently, there is a paucity of research on the longer-term practice of mindfulness meditation among psychologists and how this practice affects their lives and psychotherapeutic practice (Morales-Arandes, 2021; Schuman, 2017; Shapiro & Carolson, 2017). This study aimed to address this gap and adopted the following central research question: How does a psychologist's personal mindfulness meditation practice inform their psychotherapeutic practice?

Methodology

This study, grounded in an interpretivist paradigm and interpretative phenomenological analysis (IPA), explored how counselling psychologists practice and experience mindfulness meditation, its personal meaning to them, and its impact on their work with clients. Smith (2019) asserted that IPA 'comes into its own when examining people's perceptions of major elusive experiences' (p. 167), thus making it particularly applicable for a study of a highly subjective activity such as mindfulness meditation.

Participants

Given the philosophical congruence between mindfulness and counselling psychology, HPCSA registered counselling psychologists with at least 2 years of private practice experience in South

Africa and a minimum of 12 months mindfulness-meditation practice were recruited. The average period of mindfulness practice among the participants was 10.4 years. Considering the variety of mindfulness meditation practices (e.g., seated breath meditation, body scanning, guided meditation, breathwork, and yoga) which can be practised with varying levels of intensity and frequency, the type or frequency of practice in terms of eligibility for inclusion in the study was not specified. Eleven HPCSA registered counselling psychologists participated in the study, with participant recruitment being terminated when a reasonable level of data saturation was achieved. All the participants were working in private practice at the time of data collection. Furthermore, their ages and years of experience ranged from 29 to 73 and 2 to 23 years, respectively. Three participants were male, eight were female, and all were White. The participants resided in the Eastern Cape, Western Cape, and KwaZulu-Natal.

Instruments

IPA data collection usually occurs through one or two in-depth individual interviews, with the aid of a semi-structured interview schedule (Smith et al., 2022). However, recently, interviews have been supplemented with reflective journalling or open-ended diary entry tasks (Agllias, 2018). In this study, participants were invited to participate in both an in-depth interview and subsequently complete a reflective journalling task. Accordingly, a semi-structured interview guide was developed that included open-ended question and discussion prompts designed to encourage participants to reflect on their professional backgrounds, focus of therapeutic work, conceptualisation and practice of mindfulness and meditation, the outcomes they experience from mindfulness-meditation, and whether and how these outcomes influence their therapeutic work. Thereafter, the participants kept a reflective journal concerning their meditative practices over a 2-week period. Prompts were provided to the participants during this 2-week period via the participant's preferred communication channel (e.g., email, WhatsApp messages, or voice notes). These prompts aimed to facilitate further reflection around meditative practices that may not have been fully covered in the interview. While five participants used WhatsApp voice notes, two made use of emails for the reflective journalling task. Only 7 of the 11 participants who were interviewed took part in the reflective journalling task. The other four cited time constraints as the prohibiting factor. The voice note data were transcribed by the primary researcher and the emailed data transferred to a document. In total, the seven participants produced approximately 4000 words of reflective journalling content.

Procedure

Sampling involved a combination of purposive and snowball sampling (Parker et al., 2019). For the purposive sampling, a retreat centre that hosts workshops on philosophical and spiritual topics, including mindfulness and meditation, was identified. Several HPCSA registered counselling psychologists offer workshops at the retreat centre as part of their private practice work. Information about the workshops and facilitators is publicly available on the retreat website. Accordingly, facilitators of workshops who might be suitable research participants were identified and the retreat centre director was requested to distribute the study information document to these prospective participants. The retreat centre director was also asked to introduce prospective participants to the primary researcher. If a prospective participant consented, they were introduced to the primary researcher who screened them on a telephone call. If the prospective participant met the inclusion criteria, they were invited to participate in the study. Four participants were recruited into the study through this purposive sampling strategy.

For the snowball sampling component, the researchers asked the four purposively sampled participants to invite others from their professional networks to join the study (Parker et al., 2019). Five participants were recruited through this strategy. An additional two participants were recruited through the researchers' professional networks. Before participating, the primary researcher discussed the study and informed consent processes with each participant, who then signed the consent document. All 11 participants attended one in-depth interview lasting between 45 and 60 min with the primary researcher, with two of these taking place in person and the remaining nine via Zoom. All the study documents and data collection activities were in English.

Ethical considerations

The study was reviewed by the Human and Social Sciences Research Ethics Committee (protocol reference number HSSREC/00004397/2022), an ethics committee based at the University of KwaZulu-Natal. Protecting the welfare of the research participants as well as respecting their right to anonymity and to withdraw from the study at any stage were key ethical practices integrated into the study design and execution (Iphofen, 2020). Moreover, while pseudonyms are used in the reporting of the findings, any information that may inadvertently identify participants' identities has been removed. The informed consent form and processes as well as the participants' freedom to terminate an interview or withdraw from the study at any stage reinforced the principles of voluntary participation. The participants were also informed of their right to not answer any question they did not want to during the research. The fact that four participants declined to participate in the reflective journalling task suggests that voluntary participation was understood and exercised differentially in the study. While the 9 participants who were interviewed online incurred data costs, all 11 could have experienced minor income losses because of the time they spent participating in the study. Some prospective participants declined to participate because of time constraints and projected income loss. Overall, the recruitment, consenting, and contracting processes ensured that the 11 participants agreed that the benefits of participating outweighed any costs for them. Documents linking the participants' identities to pseudonyms are stored in password protected files on the primary researcher's cloud storage. All documentation is to be stored for at least 5 years.

An important ethical consideration is the tension of researcher and participant bias. The researchers not only recognise that their own views of mindfulness influenced the study, but also that subjectivity and personal bias in qualitative research are not limitations but tensions that require challenging one's personal assumptions. Participant bias is also acknowledged as the inclusion criteria favoured participants who practised mindfulness and were likely to advocate its benefits.

Data analysis

The principles and phases for the data analysis by Noon (2018) and Smith et al. (2022) were employed. First, the audio recordings were transcribed word-for-word. Orthographically, this approach was appropriate where content 'is used as evidence for themes or discourses . . . or subject to interpretative phenomenological analysis' (Hepburn & Bolden, 2017, p. 7). The next phase of analysis involved reading, underlining, note-making, and commenting on the transcripts. Each participant's transcript was engaged with separately and systematically. Furthermore, individual participant's experiential statements were noted. Thereafter, the comments and notes made on each transcript were transformed into personal experiential themes (Smith et al., 2022). Therefore, each participant's case was understood individually, before collective analysis began. Ultimately, the study sought to understand the perceptions and meanings the participants ascribed to their mindfulness practice. Initially, although the research and interview questions were employed to cluster

personal experiential statements and themes, the final stages of the analysis involved conceptually integrating the personal experiential themes into and across participant group experiential themes and sub-themes, and developing these into representational forms.

Findings

The findings are organised according to two group experiential themes. The first theme synthesises the participants' engagement (i.e., connection to self and others/clients) through mindfulness. Furthermore, the theme is structured to incorporate a sub-theme pertaining to existential struggle and suffering. The second group experiential theme focuses on the pathways to being through mindfulness. These two group experiential themes only represent a portion of the findings generated from the study.

Group Experiential Theme 1: engagement through mindfulness

At the core of the participants' experiences was an experiential theme of engagement through mindfulness, which resulted in an increased capacity for engagement with the self, the other/client, and what is presenting in the therapeutic space. The participants generally conceptualised mindfulness meditation as 'a whole approach to life versus like a specific skill set I'm developing' (Evan). Regardless of the form the mindfulness activity took, the intention (i.e., engaging and being 'in the moment') behind these practices appeared to be most important for the participants. While Dillan explained that 'as a therapist, mindfulness informs my practice', Gwyn suggested that 'mindfulness has really been my anchor, but also my guide, in terms of my therapy with clients'. The participants conceptualised mindfulness meditation as a restorative and reconnecting practice and noted that through mindfulness, the resultant capacities facilitated engagement with their inner being and clients. Kirsty frequently used the phrase 'tuned-in' to denote the connection she aspired to feel with her own and her clients' thoughts, feelings, and bodies.

The participants consistently noted that a mindfulness approach facilitates containment of the therapeutic space and enhanced engagement with whatever may be presenting. According to Cayla, this included 'even a small thing like silence in a session'. She indicated that her mindfulness practice enables her to manage discomfort – 'because in therapy we often sit with a lot of discomfort with what's going on in the room, and it's being able to be okay with that'. Gwyn shared:

> The basic mindfulness principles of non-judgement, acceptance, curiosity, trust, awareness, patience, kindness, gentleness, forgiveness, love, and the concept of impermanence are vital for us as therapists to embody, in order to provide a holding and safe space for our clients. (Journalling Task)

For many participants, mindfulness facilitated engagement with whatever is presenting, by preventing it from becoming overwhelming, thereby assisting with their own coping in the psychotherapy context. Cayla explained that it enabled her 'to hold that emotion and not make it feel to the patient that it's too much, or that their emotions are too much'.

Although the group experiential theme of engagement through mindfulness is related to connection, the antithesis – disengagement and disconnection – is also relevant. The participants shared that disconnection results from external distractions, demands, and distracting internal narratives. In her journalling task, Cayla noted how 'we are distracted by too many things – adverts; commitments; meetings; have-tos; extra-murals for kids; events, too much entertainment; too many things available' and how these external 'things' keep us disconnected from ourselves and others.

Sub-theme 1.1: relationship with existential struggle and suffering. Related to the theme of engagement through mindfulness was a sub-theme of participants' attitudes towards and the ways in which they engaged with existential struggle and suffering in the psychotherapy context. In reference to anxiety as existential struggle and suffering, Evan proposed that many psychological approaches are based on a curative model, which he contrasted with a mindfulness approach:

> With mindfulness you be with what is, and it's more the relationship you have with your own anxiety than the idea that there's something that's going to carry your anxiety . . . by the fact that you exist, you're going to be anxious; and so this is where the clash comes in, because in psychology, anxiety is a pathos to be treated.

Dillan held a similar view, however in relation to maladaptive thoughts. He suggested that with mindfulness, your clients are not expected to change their maladaptive thoughts as they would, for example, in cognitive psychotherapies, but rather, the client is encouraged to change their relationship with those thoughts and related emotions. Dillan proposed that maladaptive thoughts can thus still exist, but their impact is lessened when clients are assisted to integrate these thoughts as a natural part of existence. Overall, the participants regarded mindfulness both in themselves and their clients as an alternative yet complementary approach to healing. They conceptualised a Western approach to healing, in which they identified psychology as being a part of, as focusing on the removal of intrapsychic struggle and suffering (i.e., symptom reduction and elimination), contrasting this with the mindful notion of shifting their own and their client's relationship with that intrapsychic and existential struggle and suffering.

In addition to explaining anxiety and maladaptive thoughts as examples of existential struggle and suffering in their clients and themselves, the participants reported being regularly engaged in trauma-focused work. They regarded their own mindfulness practices as helping them cope with the severity of the trauma that clients present, the disconnection this trauma elicits in clients, and their resultant existential struggle and suffering. Kirsty suggested:

> It [mindfulness] can just really be very uplifting, and . . . we are dealing with trauma and chaos and confused minds and overwhelmed people all the time, and to find sort of something positive and light and to be able to sort of rise above the issues is helpful.

In addition to Kirsty's example of how her own mindfulness assisted her to cope with her clients' trauma, the participants also explained that encouraging mindfulness in clients could enhance clients' capacities for sensory engagement and observation of body sensations, especially in relation to their thoughts and feelings. Given the adverse effects of trauma-induced physiological states (e.g., hypervigilance and flight/fight responses), the participants perceived that activating these sensory engagement capacities was as a body-based therapy that could help release trauma-related physiological and emotional distress and suffering.

Group Experiential Theme 2: pathways to being through mindfulness

The second group experiential theme is focused on being, specifically the capacities of non-judgement, nonattachment, acceptance, and (re)connection that are afforded through mindfulness practices. This theme also has applications at the level of the psychologist, their client, and the flow of the relationship between psychologist and client. The participants experienced mindfulness and its practice as fostering certain being capacities, including an increased capacity to be present and calm, surrender to experience and the moment, and for self-awareness. Several participants

emphasised how being and its related capacities were the linchpin of successful psychotherapeutic work. They regarded some of the related being capacities as encompassing non-judgement and nonattachment. Although non-judgement in psychotherapeutic work often pertains to unconditional acceptance of clients and their stories without judgement, the participants' conceptions of non-judgement, as being derived from mindfulness, related primarily to one's self and own thoughts, rather than to others or the external environment. Being non-judgemental was perceived as a conscious stance of pausing one's internal dialogue, which is closely linked to the idea of nonattachment. Dillan concurred with this and referred to the idea of an observer-self: 'It's this idea of stepping back and getting into your centre and realising that there's an observer-self, which is kind of more what mindfulness is about'.

The participants prioritised non-judgement in relation to a sensory awareness, acceptance, and stilling one's thoughts and emotions, whether these arose in relation to others/clients or themselves. They regarded this stilling of their thoughts and emotions as leading to a reduced internal dialogue of valuation (i.e., a suspension of judgement), and an increased capacity to accept and be present with clients. Jordan explained that it is 'being able to sit in that meditative space, reserving judgement and just being, I think that's what it comes down to for me'. Closely linked to non-judgement as a capacity of being is the capacity of nonattachment, as both involve stilling one's internal dialogue. For the participants, nonattachment (i.e., not being attached to a desired outcome) arose as an important antidote to what they perceived as a contemporary and unhealthy overfocus on achievement, productivity, multitasking, and attaining 'successful' outcomes.

In relation to these being qualities, the participants experienced mindfulness meditation as facilitating self-awareness. In the therapeutic context, this self-awareness included the therapist's awareness of their own prejudices and preconceptions, both in relation to the client and therapeutic conversation. Essentially, mindfulness practice was experienced as fostering open-mindedness, which several participants noted was particularly relevant in a multicultural context where diversity exists across religion, belief, value systems, culture and demographics – many facets that are likely to be encountered in the therapeutic practice. Amy shared that in her experience, mindfulness meditation facilitated connection with oneself and created an awareness of the therapist's own prejudices, which may be affecting the therapy space. A core pathway to being, which the participants identified, was therefore the capacity for mindfulness to foster open-mindedness, a notion which pertains to self-awareness of one's own internal narrative and related preconceptions, biases, and prejudices.

Discussion

In essence, the findings from this study highlight two essential elements for the practice of psychotherapy in contemporary South Africa. First, the findings emphasise the value of the psychologist's engagement with the self, others, and whatever is presenting in the psychotherapy space through mindfulness. Second, the findings suggest that the practice of mindfulness among psychologists can serve as a pathway for being, acceptance, and (re)connection, with both the self as therapist and others as clients. Engagement and being through mindfulness are positioned as key counselling and relating skills that are necessary for successful therapeutic encounters (Egan, 2014).

With regard to the first point of discussion, mindfulness and its practice are associated with how we experience and structure our being in relation to ourselves and others. The participants experienced a mindfulness approach to their lives as providing a valuable pathway in the therapeutic context when clients' intrapsychic struggles are existential, circumstantial, and cannot (and should not) be 'cured' or treated directly. A contemporary Westernised practice of psychology with its

roots in biomedical conceptions of disease and suffering position psychology within a curative (at best) or symptom reduction (as consolation) framework. This may be contrasted with the philosophical foundations of existentialism and mindfulness, which prioritise acceptance and non-judgement of clients' symptoms (Riker, 2020). Mindfulness practices tend to encourage a resistance to diagnostic and related treatment pairing interpretations of intrapsychic struggle (Harris, 2013). Similar to how the participants in our study linked their being capacities to a stance of acceptance and nonattachment, Riker (2020) noted that the 'most basic cause of suffering is . . . attachment, especially attachment to one's self' (p. 328). Accordingly, this implies that acceptance and nonattachment improve well-being as they limit the negative mental and emotional effects of trying to control experience or outcomes, whether these arise within the psychologist or the client. This raises the question whether psychologists should be attached to the outcome of symptom reduction or 'cure' in themselves or their clients, especially when working in private or public health settings that foreground biomedical constructions of psychopathology. Notwithstanding the discomfort that accompanies one's own or others' suffering, mindfulness practices that are grounded in existentialism suggest that the more we practice mindfulness, the more we change our relationship with our own and others' suffering. Paradoxically, the more we practice mindfulness, the more we are likely to become engaged in altruistic and prosocial behaviours (Iwamoto et al., 2020), which will in turn alleviate the suffering with which we are confronted in ourselves and others (Somers, 2022). Consequently, there is a potential paradox then around mindfulness and suffering in the context of psychotherapy. On one hand, a mindfulness approach acknowledges that suffering is an inevitable part of the human condition and the focus should be on acceptance of that suffering rather than on cure and/or symptom reduction. However, on the other hand, a mindfulness practice increases self-awareness and altruism, which can enhance the agency we possess to alleviate this suffering (e.g., through being, acceptance, and[re]connection). Riker (2020) noted that the Buddhist mindfulness notion of compassion in relation to suffering is 'an active way of being in the world which rather than attempting to fight against suffering, accepts it, and turns a gentle, caring face to the world rather than an aggressive one' (p. 332). It is important that adopting a mindfulness approach to life and work as a psychologist does not seek to impose an interpretation on the client's experience or to establish an external explanation of what they are experiencing. Rather, it seeks to provide a pathway for the client to discover their own insights to suit their circumstances (Harris, 2013), this being an essential element of the healing relationship.

In relation to the second focal point of discussion, the participants perceived MBIs as highly valuable when working with their clients' traumatic experiences. Their perceptions concur with the increasing body of research demonstrating the efficacy of the use of mindfulness in treating trauma (J. E. Boyd et al., 2018; Taylor et al., 2020). Exposure to traumatic events is most prevalent among adults in low- and middle-income countries such as South Africa (Kaminer et al., 2024). Although not every individual exposed to a traumatic event experiences trauma-related symptoms, adverse responses can be disruptive at physiological, behavioural, cognitive, and emotional levels, and are intensified through defence mechanisms. Moreover, traumatic events inevitably evoke existential life/death instincts and struggles (Eagle, 1998). Given that the participants regarded mindfulness as a type of body-based therapy that is existentially grounded, it was regarded as beneficial when helping clients process and manage the physiological and existential elements of their trauma responses.

Conclusion

The study sought to understand the meanings psychologists ascribe to their mindfulness practice, focusing on mindfulness-informed psychotherapy. The findings offer a contextual perspective to

existing literature concerning the experienced value of a psychologist's mindfulness practices in relation to the way in which they relate to struggle, and thereby manage their own responses to clients' experiences of trauma, as well as the potential for mindfulness practices to help clients manage the physiological and related emotional elements of trauma responses. In essence, the study positions the practice of mindfulness among psychologists as one possible pathway to enhance how psychologists connect to and engage with themselves and their clients in contemporary South African settings in which there are high rates of existential suffering and disconnection from the self and others.

One notable limitation of this study is its focus on psychologists working in private practice settings in South Africa who thus would have mostly been offering services to clients in the private healthcare sector. Therefore, it is possible that the findings do not transfer to public healthcare settings where the majority of South Africans seek healthcare services. Despite this limitation, we suggest that the being capacities afforded through mindfulness, and the related capacities of non-judgement, nonattachment, acceptance, (re)connection, and engagement are universal counselling qualities that should be applied across private and public healthcare settings.

It is recommended that future research on the topic of mindfulness among South African psychologists explore the extent to which it could be engaged at individual and collective levels for broader social benefits. Moreover, the use of mindfulness as a psychological framework in case conceptualisation could be a valuable topic for further research as would exploring how mindfulness and the being qualities it affords are experienced in African and multi-cultural contexts.

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