



**The experience of BEING:
An interpretative phenomenological study on the meditative ‘being’ qualities, as experienced by
counselling psychologists in therapeutic practice**

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by

Dr Nicholas Munro

DECLARATION

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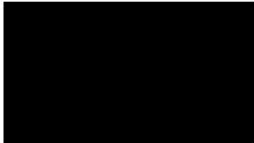
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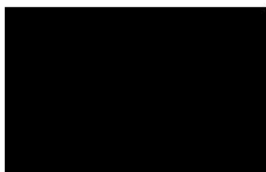
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ABSTRACT

The past few decades have seen a rapid increase in mindfulness meditation as a popular Western mainstream practice, accompanied with a proliferation of studies around the topic of mindfulness, and its practice (mindfulness meditation). A review of relevant literature revealed that within the field of psychology, there is an increasing presence of research around mindfulness-based psychotherapy and its efficacy as an alternative to established psychological treatments for a range of conditions. However, there is currently limited research around the longer-term practice of mindfulness meditation, as may be engaged in by psychologists, and how this may inform their therapeutic practice and the quality of the therapeutic relationship. Given the central role that counselling psychologists place on the therapeutic relationship as an avenue for change, the study reported in this thesis sought to investigate the mindfulness and meditative practice experiences of counselling psychologists in an attempt to better understand its perceived relevance for counselling psychology. This thesis therefore focuses on the related constructs of meditation and mindfulness, and the resulting meditative being qualities. At a macro level, the study pertains to the prevalent problem of human states of disconnection, both within self and between others. Specifically, it asks whether psychologists can connect better with (themselves and) their clients, through meditative being.

The study is positioned within an existential framework. A qualitative methodological design was employed, and Interpretative Phenomenological Analysis was selected as the most appropriate methodology with which to explore the personal experience of mindfulness meditation, and the meanings attached to such experience. Purposive and snowball sampling were used to recruit participants, and the final study sample group comprised a total of eleven counselling psychologists based across three geographical provinces in South Africa. The data collection process involved a combination of both semi-structured interviews (either face-to-face or online), and a reflective journalling task. The resulting data was analysed using interpretative phenomenological analysis.

The research findings are structured around dominant superordinate and sub-themes. Participants' conceptualisation of mindfulness and mindfulness meditation revealed two dominant themes – one related to its sensory nature and one to its personal nature. Consistent with literature reviewed, mindfulness and its practice was experienced to foster certain capacities, perceived to be the essence of mindfulness meditation practice. These include an increased capacity to be present and calm; and an increased capacity for self-awareness (including the relating capacities for non-judgement and nonattachment). A dominant theme related to the capacity mindfulness has to foster open-mindedness, a notion which pertains to self-awareness of one's own internal narrative, biases and preconceptions. The findings reveal that mindfulness practice is experienced as assisting with valuable therapeutic capacities, including increased attention, a capacity to hold the therapeutic space, and a capacity to shift the therapeutic focus, from an intellectual to a sensory based focus. Such capacities ultimately facilitate a better therapeutic environment. The relevance of mindfulness and its practice in South Africa specifically pertained to its perceived efficacy in trauma work.

In terms of its contribution to the topic of mindfulness and its practice, the study supports the current body of literature which advocates its benefits to counselling psychology, identifying several impacting ways in which mindfulness and its practice offers value – first, its relevance as a multi-cultural approach to healing; second, its value as a means of addressing psychological defence mechanisms that often present in the therapeutic space; and thirdly, the value of mindfulness in the counselling psychology curriculum, both in South Africa and internationally - in order to provide trainee counselling psychologists with a more holistic offering.

Keywords: mindfulness, mindfulness meditation, being qualities, counselling psychologist, interpretative phenomenological analysis (IPA), existentialism, mindfulness-informed psychotherapy, mindfulness-based interventions (MBI), nonattachment, non-judgement, sensory experiencing, self-awareness, engagement, states of connection.

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LIST OF ABBREVIATIONS

MBSR	Mindfulness Based Stress Reduction
APA	American Psychological Association
MBCT	Mindfulness-Based Cognitive Therapy
MBI	Mindfulness-Based Interventions
HPCSA	Health Professions Council South Africa
IPA	Interpretative Phenomenological Analysis
BRC	Buddhist Retreat Centre
KZN	KwaZulu-Natal
CBT	Cognitive Behavioural Therapy
DBT	Dialectical Behavioural Therapy
UKZN	University of KwaZulu-Natal
PTSD	Post-Traumatic Stress Disorder

CHAPTER ONE: Introduction

1.1 Introduction to Chapter One

This chapter aims to provide background to the study, focussing on the contextual realities that motivated the study. It outlines the study topic – namely, mindfulness-informed psychotherapy – and the key constructs (phenomena under investigation) namely, *meditation* and *mindfulness*, and the meditative *being* qualities as experienced by counselling psychologists. It presents a motivating rationale for the specifier of counselling psychologists as the study population, as well as an outline of the structure of the thesis and the chapters to follow.

1.2 Contextual background to the study

With origins in Eastern traditions, the past few decades have seen a rapid increase in mindfulness meditation as a popular Western mainstream practice, and its benefits are widely advocated (Goldberg, 2018). According to Giraldi (2019), since Jon-Kabat Zinn first proposed a Mindfulness-Based Stress Reduction (MBSR) programme in the late 1970s, there has been an “astonishing popularisation of mindfulness” (p. 4). He suggests that this has been accompanied by a proliferation of books, scientific journal articles, and studies around the topic of mindfulness. In addition, within the field of psychology there is an increasing body of research around mindfulness-based psychotherapy (which involves teaching clients how to practice mindfulness, using a variety of techniques). Davis and Hayes (2011) suggest that much of the existing research is quantitative and clinical in nature, with a focus around the efficacy of mindfulness-based therapy as an alternative to established psychological treatments for a range of conditions.

There is also a growing corpus of research and literature suggesting the correlation between practitioner mindfulness and improved counselling capacities (Shapiro & Carlson, 2017).

These capacities include both the psychological process of mindfulness awareness, and the skills developed through mindful practice of attending in an open, kind and discerning way. However, limited research is currently available around the longer-term practice of mindfulness meditation that underpins mindfulness-informed psychotherapy (where the therapist's own mindfulness practice informs the therapy process). Specifically, there is limited phenomenological research around the experience of psychologists who practice meditation and the lived experience of mindfulness being in psychotherapy. In essence, the literature suggests that mindfulness being qualities facilitate experiencing-centred psychotherapy. This is especially relevant in light of South African (and indeed many African and international) contexts where a single monolithic culture does not exist, but where therapists and clients often find themselves in a "hybrid cultural space that straddles 'western' and African cultures" (Bantjies et al., 2016, p. 176). Globalisation has seen to it that many countries in the global South probably share more Western cultural currency than is usually considered, characterised by concerns such as migration, urbanisation, township and suburban life, social media and its attendant deluge of information (Bantjies et al., 2016).

It is therefore mindfulness-informed psychotherapy that is of interest to this study, and specifically the experienced relevance it holds to psychologists' counselling practice, and the extent to which mindfulness could and possibly should be positioned as an essential skill for psychologists, particularly in the South African context.

1.3 Outline of the study topic

At a macro level, the study pertains to the prevalent problem of human states of disconnection, within self and between others. Specifically, it asks whether psychologists can connect better with (themselves and) their clients, through meditative being. The study seeks to gain insight into mindfulness and its practice – namely mindfulness meditation – as experienced by psychologists. It thus focuses on the related constructs of meditation and mindfulness, and the

meditative being qualities. Shapiro and Carlson (2017) suggest that relationally, these constructs are part of the same process, with “meditation the action (verb), mindfulness the state (noun), and the being qualities the desired outcome (result)” (p. 3). They maintain that the desired outcome of mindfulness meditation is a mindful state, which fosters specific being qualities. It is these qualities (and particularly those of nonattachment and non-judgement) that this study is particularly interested in exploring, due to their potential benefit in the counselling context, and especially for counselling psychology which acknowledges the value of a positive therapeutic relationship as a mechanism for personal change (Steindl, Matos, & Dimaggio, 2023).

1.4 Rationale for the specifier of counselling psychologists as the study population

The question as to why the scope of counselling psychology specifically was selected, as opposed to another category of psychology or indeed psychologists in general, would be reasonable. I acknowledge that mindfulness, mindfulness meditation, and the resulting being qualities can (and do) hold relevance to many areas of psychology and to psychologists, therapists or even health practitioners in general. However, there are a number of reasons why I decided to focus specifically on counselling psychologists. First, I am a registered counselling psychologist myself, and I am therefore most interested and experienced in this field of psychology. Second, there is an ongoing need to demonstrate the “viability [of counselling psychology] as a field with the ability to contribute to alleviating some of the social ills that South Africa now faces” (Leach, Ackhurst, & Basson, 2003). Although Leach and colleague’s views were expressed after the downfall of apartheid, the need to demonstrate viability appears just as significant at the current time. Walsh and Shapiro (2006) suggest that the desired outcome of meditation is a mindful state, which fosters specific being capacities that are necessary within the counselling therapeutic relationship, and are thus arguably particularly relevant for counselling psychology. They propose that mindfulness meditation (and the resulting being qualities) afford a good fit in terms of counselling practice, as they assist therapists in developing skills for paying close attention to both the client and their own internal

environment. This ability to pay attention is a being quality. It is particularly relevant to the practice of counselling, and central to counselling psychology, a “specialist category within professional psychology that promotes the personal, social, and educational functioning, career functioning and well-being of individuals, couples, families, groups, organisations and communities... draw[ing] on a holistic appreciation of people’s lived experiences and their sociocultural contexts” (The Professional Board for Psychology, 2019, p. 3). Third and finally, focussing on a particular category within the field of psychology enabled the study to be intentional in terms of its investigation and the conclusions drawn, which enables more specific, targeted relevance and generativity (refer also to Chapter 4.9.3 Transferability and generativity). It must be emphasised that whilst the researcher study has (for the above-noted reasons) opted to focus the study on Counselling Psychologists, this does not imply exclusion of validity of mindfulness and its practice for other scopes, for which mindfulness, mindfulness meditation, and the resulting being qualities can (and do) hold relevance and application, and whose practitioners also utilise such interventions for their self-care and management.

1.5 Structure of the thesis

In this first chapter, the research topic is introduced and a rationale for the choice of counselling psychologists for the study population is presented. Chapter Two provides a review of existing literature around the concepts of mindfulness and meditation, including their definitions and conceptualisations. The chapter discusses relevant international, African and South African studies, and presents the relating theoretical framework in which the study is positioned – namely an existential framework – considering the relevance of this framework and its congruency with mindfulness. Chapter Three presents the research paradigm in which the study is positioned, namely an interpretivist paradigm. It outlines its qualitative research design, the Interpretative Phenomenological Analysis (IPA). Chapter Four presents the research objectives and questions, and describes the sampling method that was used, the way in which data was collected and the data analysis process. It also outlines ethical considerations and deliberates aspects of rigour and trustworthiness.

The study findings are presented over four chapters (chapters Four to Seven). These chapters outline the findings in relation to the four research questions stated in Chapter Four. I highlight the main (superordinate) themes and secondary (sub-) themes that were generated from a thorough analysis of the data. These themes and findings are supported by quotes extracted from the data, in order to present a holistic understanding of participants' experiences around mindfulness and their meditative practice.

Chapters Nine to Eleven discuss the findings presented in the preceding chapters, in relation to the research questions and to relevant literature. Chapter Twelve is a concluding chapter, in which the main findings are summarised, and conclusions and implications of the study are discussed. In addition, the resulting novel contributions of the study to the topic of mindfulness are considered. Finally, limitations are considered and recommendations for future research are suggested.

The final chapter (Chapter Thirteen) is an epilogue to the study, aiming to provide a mindful reflection on the research process itself. It considers the various aspects of the research study, including the selected study topic, the availability of literature and the review thereof, the method used, the data gathered, the resulting findings, and the process of writing the thesis chapters. It is in this chapter that I seek to provide reflective feedback on the whole research process with the valuable lens of hindsight at my disposal.

1.6 Conclusion

This chapter provided a contextual background to the study topic. It outlined the study topic – namely, mindfulness-informed psychotherapy – and key constructs (including *meditation* and *mindfulness*, and the meditative *being* qualities as experienced by counselling psychologists). It presented a motivating rationale for the specifier of counselling psychologists as the study population. Finally, the chapter provided a description of the structure of the thesis at hand.

CHAPTER TWO: Literature Review and Theoretical Framework

Being with what is (Nanda, 2005)

2.1 Introduction

This chapter aims to present a review of existing literature relevant to the study topic, and to outline the theoretical framework in which it is positioned – namely an existential framework. It begins by conceptualising the constructs of mindfulness, meditation (and specifically mindfulness meditation), and the being qualities, that are the focus of the research study. It reviews existing literature and research around both mindfulness-based therapy and mindfulness-informed therapy, considering the difference between them. Furthermore, it provides an overview of mindfulness meditation studies (pertaining both to counselling practice and to other health professions), and of literature around the inclusion of mindfulness in the counselling psychology curriculum, both in a global and the current South African context. Finally, the chapter positions the study in terms of the existential framework in which it is based, in terms of prominent literature, and considers its compatibility with both mindfulness and an IPA methodology.

2.2 Conceptualising the constructs of mindfulness and meditation

Before a literature review relating to existing studies around the meditative being qualities in the context of counselling psychology is presented, it is first necessary to conceptualise the related constructs of *mindfulness* and *meditation*. Indeed, the distinctions between meditation and mindfulness are varied and difficult to define, as they are mutually connected and arguably different reflections of the other – “they are interwoven, each informing and nurturing the other” (Shapiro et al., 2016, p. 3).

2.2.1 Conceptualising mindfulness

Empirical studies have examined the construct of mindfulness for over 50 years, and a conceptual definition of mindfulness has been continuously revised and clarified over this period (Black, 2011). Mindfulness is the English translation of the Pali word *sati* combined with *sampajañña*, which as a whole can be translated as awareness, circumspection, discernment, and retention or memory (Shapiro & Carlson, 2017). More recent definitions have expanded on the *sati* definition to include the constructs of non-judgment, acceptance and compassion (Kabat-Zinn, 1990). One of the best-known definitions of mindfulness is that of Kabat-Zinn (1990): “Paying attention in a particular way: on purpose, in the present moment, and non-judgmentally” (p. 3). Based on the literature reviewed, this appears to be the landmark definition of mindfulness.

According to Germer et al. (2005), “When we are mindful, our attention is not entangled in the past or future, and we are not judging or rejecting what is occurring at the moment. We are present. This kind of attention generates energy and clear-headedness” (p. 5). This definition of mindfulness is congruent with the description provided by Harris (2013):

There are many ways to describe mindfulness, but most descriptions centre around the three basic attributes of present centeredness, intentionality, and nonjudgment. Present centeredness is an aspect of mindfulness that is rooted in the here-and-now, moment-to-moment flow of direct experience. By staying in the moment, distractions are minimized and unique insights have the space to arise. (p. 351)

Edenfield and Saeed (2012) define mindfulness as “the process of intentionally bringing one’s attention, in a nonjudgmental manner, to the internal and external experiences that exist in the present moment” (p. 132). They propose that this may include awareness of sensations, thoughts, bodily states, consciousness, and the environment, while simultaneously encouraging open-mindedness, curiosity, and acceptance. Black (2011) suggests that a common theme

shared by definitions of mindfulness is a general receptivity and full engagement with the present moment. Davis and Hayes (2011) refer to mindfulness as a psychological state, which they define as “a moment-to-moment awareness of one's experience without judgment. In this sense, mindfulness is a state and not a trait” (p. 198). Their concept can be related to a state of “being” in therapy. Bhikkhu Bodhi, a Theravadan scholar and monk, integrated these multiple definitions of mindfulness as “intentionally paying attention to what is occurring in one’s immediate experience with care and discernment” (Shapiro & Carlson, 2017, p. 10).

In the field of psychology, Bishop et al. (2004) noted that there was no overarching operational theory of mindfulness that had been developed by practitioners or researchers. He argued that mindfulness is a process of two main elements, and therefore proposed a two-component model of mindfulness in an attempt to explain how mindfulness affects positive change. The first component is the self-regulation of attention towards the immediate moment, and the second the orientation to experience, marked by curiosity, openness and acceptance. The former component describes mindfulness as a form of mental skill or state that emerges through purposefully directing one's attention to the present moment, whereas the latter refers to personality characteristics that underlie mindfulness tendencies.

Bishop suggests that a couple of predictions could be made based on this model. First, adopting a stance of curiosity and acceptance during mindfulness meditation should lead to reductions in the use of cognitive and behavioural strategies to avoid aspects of experience. Second, adopting a stance of acceptance toward painful or unpleasant thoughts and feelings would be expected to change the psychological context in which these objects are now experienced. In summary, mindfulness meditation can help one gain insight into the nature of one’s mind; by adopting a de-centred perspective on thoughts and feelings, they can be experienced in terms of their subjectivity versus their validity, and their transient nature versus their permanence (Bishop et al., 2004).

Bishop and colleagues did not gain complete support for their definition. Shapiro et al. (2006) suggested that the intention behind why somebody engages with mindfulness practice needs to

be considered as well. Bishop et al. (2004) and Shapiro et al. (2006) are a few of the dominant conceptualisations of mindfulness in modern Western psychology, which defined mindfulness in a way that is more aligned with Western psychological frameworks, and are therefore more easily understandable by clinicians (Chiesa, 2013). However, based on the literature reviewed (including recent sources) there still does not appear to be an unequivocally defined operational definition of mindfulness. In the literature, one can find widely differing conceptions of what constitutes a mindfulness practice, and the concept of mindfulness remains elusive.

An aspect of mindfulness that presented in the literature reviewed was that of it enhancing gratitude. According to Brown and Ryan (2003), literature has emerged highlighting inverse associations between mindfulness and both depression and anxiety, and a positive correlation with mindfulness and gratitude. Findings from a study by Hung Chen et al. (2016) investigating the moderating role of mindfulness in athletes' life satisfaction revealed that: "a positive association between gratitude and life satisfaction will be stronger among those who are high in mindfulness than those who are low in mindfulness" (p. 1147). Gratitude, in turn, has been associated with positive psychological adjustment, including greater life satisfaction and happiness (Wood et al., 2007). A study by Duprey et al. (2018) provides evidence that "mindfulness and gratitude interventions may encourage emerging adults to attain positive habits of mind before behavioural and cognitive traits are solidified in adulthood" (p. 7).

According to van der Kolk (2014), mindfulness has been shown to have a positive effect on numerous psychiatric, psychosomatic, and stress-related symptoms, including depression and chronic pain. In addition, he suggests that "it has been shown to activate the brain regions involved in emotional regulation and to lead to changes in the regions related to body awareness and fear" (p. 251).

2.2.1 Conceptualising meditation (and mindfulness meditation)

The American Psychological Association (APA) Dictionary of Psychology (2023) defines *meditation* as: "*n.* profound and extended contemplation or reflection in order to achieve

focused attention or an otherwise altered state of consciousness and to gain insight into oneself and the world” (American Psychological Association [APA], n.d.). Edenfield and Saeed (2012) propose a more succinct definition: “Meditation is defined as the intentional self-regulation of attention from moment to moment” (p. 132). The word *meditation* is derived from two Latin words: *meditari* – to think, to dwell upon, or to exercise the mind, and *mederi* – to heal. The healing origins of the word pertains to a state of existential well-being facilitated by mindfulness practice, that corresponds with existential suffering of caused by the impermanence of reality – rather than a Western medical or psychological understanding of healing, pertaining to a curative relief from presenting distress or symptoms (Olendzki, 2020).

The Sanskrit derivation is *medha*, which means wisdom (Edenfield & Saeed, 2012, p. 132) With origins based in Buddhist practice dating over 2,600 years ago, meditation has in recent decades become a popular mainstream practice. Advocates of meditation would have us believe that everyone would benefit from being more mindful. Theorised benefits include relieving stress, dealing with chronic pain, depression and anxiety, helping with disordered eating and inattentiveness, and assisting in immune system functioning (Harris W. , 2013).

According to Davis and Hayes (2011), research on meditation has identified physical and mental benefits, including reduced rumination, stress reduction, boosts to working memory, better focus, less emotional reactivity, more cognitive flexibility, relational satisfaction, and increased information processing speed. This study is specifically interested in *mindfulness* meditation (also known as *Vipassana* meditation), where mindfulness is systematically cultivated by applying one’s attention to one’s bodily sensations, emotions, thoughts, and surrounding environment (Germer et al., 2005). Walsh and Shapiro (2006) suggest that mindfulness meditation refers to:

A family of self-regulation practices that focus on training attention and awareness in order to bring mental processes under greater voluntary control and thereby foster general mental well-being and development and/or specific capacities such as calm, clarity, and concentration. (p. 228)

In the recent documentary *Bodhi is Light* (2023), Anthony Osler describes mindfulness meditation as follows:

I sit with my body; I sit with my mind.
And in that moment, I find my life – whatever it is.
And I sit in the Hall of Reality, if you like,
I sit there with whatever it brings. (20:52)

The practice of mindfulness meditation is personal and the form it takes varied. According to Harris (2013),

mindfulness meditation can be thought of as a practice and mindfulness can be thought of as a quality of awareness. It may be difficult to find a style of meditation that does not involve mindfulness. In general, mindfulness is the core of meditation. In a formal sense, mindfulness meditation usually involves taking a specific posture with the body and exclusively engaging in a specific mental activity. Informally, it is used to describe any activity done with mindfulness. Washing the dishes can be a meditation when done mindfully. (p. 351)

Kabat-Zinn (2004) proposes seven attitudinal factors of mindfulness that “constitute the major pillars of mindfulness practice” (p. 32), which he describes as:

Beginners mind – Kabat-Zinn speaks of bringing ourselves to the present mind with the eye of the novice, allowing ourselves to see things as if for the first time.

Non-Judging – This attitude is not about being non-judgmental but rather about becoming aware of one’s judgments, and in turn not judging this judgmentalism. Thus through awareness of our judging tendency, we can appreciate the lens of our ideas and opinions, and also identify the habits of our mind.

Acceptance – Developing a stance of acceptance is a passive resignation of how things are, and thus it is not an attempt to force things to be what they are not and thereby align with how we would like them to be.

Letting go – Letting go is the opposite of clinging, which tends to fixate us on ideas and things. Letting go involves allowing things to be as they are and not forcing things to be as they are not.

Trust – Trust is seen as an important part of mindfulness. We are encouraged to trust the wisdom of our own body; of our own breath. In appreciating that our breath can take care of itself and that our organs can maintain us, we can learn to trust our minds.

Patience – This component encourages us not to be impatient to move on to the next thing, and in so doing miss the present moment. Developing more patience allows us to inhabit the present moment.

Non-striving – Within our modern goal-orientated culture, society encourages drive and ambition. Great value is given to doing things and achieving unprecedented standards of living, comfort and security. Kabat-Zinn suggests this can be an obstacle to our mindfulness practice and encourages an opposite stance: not doing, but simply being.

After developing these initial seven attitudinal factors, Kabat-Zinn (2004) included two additional factors, namely: gratitude and generosity. Both of these attitudes shift one's focus from an inward focus towards the self, to an external focus, on others. They involve appreciation and giving, both of which make one less self-centred. Gratitude suggests an appreciation of one's blessings, and generosity implies being a blessing to others. All of the attitudes are connected, and are mutually benefitting, facilitating the other attitudes.

The review of literature presented diverse and contrasting views in terms of the form that mindfulness meditation practice should take. Hindman et al. (2015) suggest that mindfulness meditation can include both formal and informal practices. They describe formal meditation as

“involve[ing] setting aside time for daily practice, while informal mindfulness practice involves bringing mindfulness principles into day-to-day activities such as doing the dishes” (p. 874). Similarly, according to Pires (2023), formal mindfulness meditation typically refers to setting aside a specific time for mindfulness exercises, in contrast with informal mindfulness practice, which she describes as incorporating mindfulness into everyday activities. Pires (2023) suggests that the benefits of formal and informal mindfulness practice are not mutually exclusive, and many people find that a combination of both is the most effective way to cultivate mindfulness and reap its many benefits.

Kabat-Zinn (1990) presents a contrasting view, claiming that formal meditation practice specifically is essential for cultivating mindfulness, as it enables one to experience being mindful at times of low stress so that it becomes easier to be mindful when stress is elevated. Hindman et al. (2015) conducted a research study to support their stance around an integrated meditation approach, comparing a stress management programme that used both formal meditations and informal practice, using undergraduate university students as participants. Their results suggest that a programme which combines formal meditations and informal practices may be a more promising intervention than one with only either formal or informal practices.

Literature on the benefits of mindfulness meditation for general well-being is vast, and in the therapeutic context increasingly so. According to Edenfield and Saeed (2012), “Mindfulness Meditation is intended to cultivate continuous and clear attention to ongoing subjective experiences, combined with an attitude of acceptance and openness to whatever experiences may arise” (p. 132). Ajari (2020) suggests that:

meditation is a term that describes a large number of contemplative practices used in attaining a state of consciousness that differs from the normal waking state. These practices include mindfulness meditation... Mindfulness meditation is, arguably, the most popular type of meditation in the West. Moreover, it is not uncommon for people to equate mindfulness meditation with mindfulness. (p. 1)

In the context of counselling psychology, research shows that mindfulness assists in focusing the therapist's attention on the task at hand. Mindfulness meditation practices are thought to assist therapists to develop skills in paying close attention to both the client and their own internal environment, due to the being capacities that they foster. According to Walsh and Shapiro (2006), the desired outcome of mindfulness meditation is a mindful state, which fosters specific being capacities. These being qualities are outcomes of mindfulness meditation and are, by nature, difficult to define in concrete terms – they are desirable, but complex and intangible.

2.3 Conceptualising the being qualities

Whilst existing literature presents diverse content around the being qualities (outcomes) of mindfulness meditation in the therapy context, two consistent themes appear, involving a capacity for increased nonattachment and a capacity for non-judgment. Aich (2013) proposes that mindfulness meditation involves an acceptance of thoughts and perceptions, and a “bare attention to these events without attachment (nonattachment)” (p. 166). Germer et al. (2005) suggest that when mindfulness is transferred to the therapeutic arena, its definition often expands to include non-judgment: “the awareness that emerges through paying attention on purpose, in the present moment” (p. 6). According to Harris (2013), non-judgment refers to thoughts not being suppressed, criticised, or pushed away, and it requires the avoidance of favourable judgments: “the idea is to merely observe the flow of thoughts as they pass through the present moment” (p. 351). Lang (2013) describes the capacity of non-judgment as a process:

People who are practising mindfulness also are taught to notice their present experience without judgment. By simply observing that different experiences come and go over time, the practitioner comes to know the transitory nature of our experience and realize that it is not always necessary to react. (p. 410)

Closely related, but distinct from nonjudgment is nonattachment. According to Whitehead et al. (2019), attachment refers to the energy involved in clinging to experiences perceived as positive and also avoiding experiences perceived as negative. They suggest that nonattachment improves well-being, as it limits the negative impact of mental fixation involved in trying to control experience and assists in maintaining a more stable sense of well-being, and a generally more positive attitude towards the world. According to Riker (2020), the most basic cause of suffering is attachment, especially to one's self. Importantly, the concept of attachment – and nonattachment – as it pertains to mindfulness and how one experiences the phenomenon thus differs from Bowlby's attachment theory (1988), which is specifically concerned with a child's early attachment with primary caregivers, and the assertion that secure attachment has important indicators for well-being and psychological health.

It is these being qualities (and particularly those of nonattachment and non-judgment) as experienced by counselling psychologists, that this study is particularly interested in exploring, due to their potential benefit in the therapy context. In essence, they facilitate experiencing-centred therapy, described by Bugental (1999) as giving central place to that which is in fact going on in the client's subjectivity, in the living moment. He argues that

it is often the dismissal of the immediate that handicaps and limits the impact of much of the therapeutic work. The perspective that centres on the now can, in many instances, provide a refreshing and powerful base for more effective therapy. (p. 22)

In addition, it can heighten awareness of client resistance, in response to power relations. As Guilfoyle (2005) proposes:

It seems that therapists tend not to consider that a client's resistance refers to a power relation worth examining... it is not used – nor perhaps recognized – as an indicator of power. And yet resistance is the key indicator of power. (p. 107)

This is significant, since resistance is often obvious and visible, while power works partly because it is hidden from view. Guilfoyle (2005) argues that

a client's resistance is a relatively weak force, since it not only runs counter to the vectorized knowing process that flows along the pathway of power constructed by and for the therapeutic relationship, but it also opposes the cultural expectation that therapists know what is best. (p. 107)

Guilfoyle (2005) therefore positions client resistance as a defence mechanism that can present in therapy in response to power relations, both within the therapeutic relationship and in the client's relationships outside of the therapeutic space. *Defence mechanisms* are defined by the APA (nd) as unconscious strategies that mediate the individual's response to internal conflicts and stressful situations, and can be differentiated in terms of adaptiveness level and psychological function. Another definition provided by Di Giuseppe et al. (2022) is that they are “automatic psychological strategies that subjects might use to protect themselves from stress produced by internal conflicts and external stressors” (p. 2). They suggest that the common theme behind all defence mechanisms is the conversion of reality as it truly is into a form of reality that we find more consciously acceptable. Mindfulness is a tool that encourages the full and complete acceptance of reality precisely as it is in this present moment. Results of Di Giuseppe et al.'s (2022) study claimed that higher mindfulness is associated with higher awareness of defence mechanisms and a greater use of mature defences.

Anthony Osler (2023), in the recent documentary *Bodhi is Light*, uses the word “liberation” to encapsulate the being qualities:

Liberation – I mean, it's such a great word. But what does it mean in terms of [meditative] practice? There are political and other dimensions of it, but essentially, it's to do with the depth of intimacy that we have with this world and the people in it, and everything. And what we call liberation must surely come from a deep sense of connectedness with each other. (40:58)

Based on the literature reviewed, the constructs of mindfulness and open-mindedness appear to be closely correlated, and mutually impacting. Barner and Barner (2011) claim that

mindfulness increases an individual's open-mindedness by "increasing an individual's awareness of, and openness to, experience" (p. 347). The findings of a study by Jaber (2021) claimed that "openness to new experiences is a significant predictor of mindfulness" (p.2). She conceptualised open-mindedness as when one "seeks to engage in one's experiences" (p. 33). The notion of engagement as being integral to both open-mindedness and mindfulness is a theme supported by prominent mindfulness practitioners such as Maull (2017), founder of the Engaged Mindfulness Institute. He suggests that the more we practise mindfulness, the more we become aware of suffering – our own and that of others – and the more we become inspired to alleviate the suffering with which we are confronted. He thus suggests that the more we practice mindfulness, the more it impacts the world, referring to a notion of engaged mindfulness, which Maull describes as being about "offering the practices and values of mindfulness, including nonjudgmental awareness, self-acceptance, empathy and compassion, to all members and sectors of our society, especially the more underserved or marginalized" (p. 1). Maull proposes that engaged mindfulness "has its roots in socially engaged Buddhism... [and] has naturally emerged in response to these social ills and iniquities" (p. 1). The concept of engaged mindfulness therefore refers to a socially impacting form of mindfulness – a notion which he attempted to demonstrate in his own practice. Maull founded the Prison Dharma Network as a socially engaged mindfulness organisation, from his prison cell in 1989, in an effort to support the suffering of fellow prisoners.

Results from a grounded theory study of open-mindedness by Wiebe (2008) claimed that "embracing uncertainty and vulnerability using nonattachment, attunement (holding open the space) and inquiry emerged as the main themes of [the study participants'] experiences of open-mindedness" (p. iv). Germer et al. (2005) suggest that an essential component of mindfulness is acceptance of all experiences, no matter whether they are perceived as desirable, undesirable, or neutral; and acceptance requires a willed turning towards rather than away from aspects of experience perceived as undesirable or difficult. In this way mindfulness meditation shares an aim with counselling psychology – an intent of acceptance, nonjudgment, and non-path focus. Indeed, the desired outcome of meditation is a mindful state, which fosters specific being

capacities that are necessary within the counselling therapeutic relationship (Walsh & Shapiro, 2006). These capacities arguably facilitate several core minimum competencies of professional practice, including “an appreciation of sociocultural contexts in which people are situated... [and an] ability to support and enable vulnerable groups to express their views and concerns” (Health Professions Council of South Africa, 2019, p. 5). It is an intangible capacity that fosters nonjudgment and understanding. According to Pretorius (2012):

the current clinical conceptualisation of human behaviour is limiting what psychologists see. For me, there is too much focus on individual pathology and deficit.... I argue that a relevant psychology will be a profession that has a discourse which echoes what happens in our society. (p. 517)

The Buddhist interpretation of meditative being seems to speak to some aspects of an African worldview and shifts in consciousness, which may hold relevance when exploring healing practices and processes in an African (and South African) context. In the therapeutic context, such capacities by their nature facilitate an increased capacity to work therapeutically (mindfulness-informed psychotherapy).

2.4 Mindfulness-based versus mindfulness-informed psychotherapy

Germer et al. (2005) suggest that it is important to distinguish between mindfulness-based psychotherapy (which involves teaching patients how to practise mindfulness, using a variety of techniques), and mindfulness-informed psychotherapy (where the therapist’s own mindfulness practice informs the therapy process). It is the latter that is of particular interest to this study. Much of the literature and research around mindfulness-based psychotherapy is quantitative and clinical in nature, with a focus around the efficacy of mindfulness-based therapy as an alternative to established psychological and pharmaceutical treatments for a range of conditions. Recently, there has also been a surge of literature and research studies around mindfulness and acceptance-based cognitive-behavioural treatment (Germer et al., 2005).

Despite its advocacy as a promising alternative to established treatments, mindfulness-based psychotherapy has also been criticised for its focus on symptom reduction. Recent studies, such as that by Britton et al. (2021), have highlighted meditation-related adverse effects in mindfulness-based programmes, including “negative impacts, consistent with signs of dysregulated arousal; i.e., hyperarousal and dissociation” (p. 15). Their conclusion around the efficacy of meditation practice in mindfulness-based programmes is arguably generalised, as study only assessed three variants of an 8-week program of mindfulness-based cognitive therapy. A meta-analysis by Farais and Wikholm (2016) suggested that “mindfulness-based interventions did not lead to medium- or long-term (3 weeks to 3 years post-intervention) better clinical outcomes compared with relaxation or psychoeducation” (p. 330). The meta-analysis focussed specifically on the application of mindfulness meditation in mental health settings, and noted a range of individual differences within the experience of meditation. In addition, the study highlighted the “insufficient or inconclusive evidence for its [mindfulness-based interventions] benefits” (p. 329). Whilst the article refers to a cross-sectional study which reported that “over 60% of individuals had at least one negative effect” (p. 330), it is not whether such participants may also have experienced some accompanying positive effects. It is also not clear what the specifiers of ‘mindfulness-based interventions’ include – one can argue that not all mindfulness practices yield comparable effects. Their use in mental health settings possibly implies short-term interventions, rather than mindfulness-informed therapy, which is the focus of this research study. Both the study by Britton et al. (2021) and meta-analysis by Farais and Wikholm (2016) point to the individuality of experience in terms of mindfulness-interventions.

In terms of mindfulness-informed psychotherapy (where the therapist’s own mindfulness practice informs the therapy process), a review of existing literature presented limited research around the relevance of mindfulness meditation to counselling psychology and therapeutic practice. As Goldberg (2018) explains, “mindfulness has become an increasingly visible part of the landscape in psychology and medicine in the past several decades, [but] only recently has this same interest in mindfulness and mindfulness-based interventions appeared in

counseling psychology” (p. 317). This is partly a result of the different international categorisations of the disciplines of psychology, with much of the international literature referring to psychotherapists (and psychotherapy) rather than counselling psychology.

In the counselling context, the definition of mindfulness-informed therapy often expands to include nonattachment and nonjudgment capacities or states of being, described by Germer et al. (2005) as “the awareness that emerges through paying attention on purpose, in the present moment” (p. 6). They suggest that these being qualities by their nature facilitate an increased capacity to work therapeutically with different views, beliefs and cultures. An American study by Ivers et al. (2016) examined the association between multicultural counselling competence and mindfulness. Results revealed that components of mindfulness were correlated with multicultural awareness and multicultural knowledge. Notably, they state that:

empathy (a core construct associated with successful counselling), is related to both multicultural counselling competence and mindfulness, suggesting that psychologists with a greater capacity for empathy would conceptualize clients from a multicultural perspective more accurately because of an increased ability to take the perspective of other people and foster empathic concern for them. (p. 73)

In essence, the study concluded that mindfulness-informed therapy facilitated a greater cultural sensitivity. In light of in the diverse South African landscape, this is perhaps an equally relevant tool in the counselling context. Leach et al. (2003) refer to the importance of training future counselling psychologists in cultural competencies sensitive to the history, diversity, and cultures of South Africa. According to Bantjies et al. (2016), “(g)iven the historical bias of CP (Counselling Psychology) towards Euro-American psychological theories and models... we acknowledge the need for culturally sensitive psychological interventions” (p. 176). They therefore draw attention to counselling psychology’s Euro-American bias, suggesting that it is necessary for counselling psychology to make itself relevant to a culturally complex context that exists in many African countries, including South Africa, characterised by concerns such

as migration, urbanisation, township and suburban life, social media and its attendant deluge of information.

2.5 Psychological and psychotherapy concepts that overlap with mindfulness

Despite the prominence of mindfulness in contemporary psychology, a variety of other psychological theories discuss attention and awareness in a way that closely overlaps with the concept of mindfulness. The conceptualization of mindfulness shares similarities with theories of reflexive self-consciousness which, according to Brown et al. (2007), “connotes taking oneself or one’s experiences as an object of attention... including the work of Buss (1980), Carver and Scheier (1981; 1998), Duval and Wicklund (1972) and others” (p. 216). They suggest that the primary difference between mindful and reflexive attention concerns the quality or nature of attention: “the former [mindfulness attention] is an “observer” function, while the latter [reflexive attention] is a goal-directed agent of maintenance and change” (p. 216).

Brown et al. (2007) suggest that juxtaposed with theories of reflexive self-consciousness are theories of integrative awareness, which involve an openly explorative attention and awareness for gathering information, developing insight, and thereby facilitating well-being and adaptation. Integrative theories have emerged across a broad spectrum of orientations, however noteworthy in this regard is the discussion of awareness in Gestalt approaches to therapy. According to (Brownell, 2016)

in Gestalt therapy, the therapist is in the process of showing the client to the client (i.e., showing the client how the client plays the game of life), bringing to the client’s awareness, in various ways, the what and the how of the client’s appearing. (p. 221).

This awareness resonates with the psychological construct of metacognition, a term first used by Flavell (1979) to refer to an individual’s awareness of thinking and learning. He described

metacognition as “one’s knowledge concerning one’s own cognitive processes and products or anything related to them (p. 232).

Like with mindfulness, the above-mentioned psychological constructs also focus on attention and awareness. The primary difference is the nature and function of such attention - whether it is observance (mindfulness), goal-directed (reflexive), exploratory, for gathering information and developing insight (integrative) or awareness of thinking and learning (metacognition).

Chambers et al. (2009) suggest that mindfulness is aligned with psychological processes such as self-regulation, metacognition, and acceptance, and that the underlying thread throughout is the awareness of the present moment:

The term “mindfulness” has thus been variously used to refer to a theoretical construct, a mode of awareness, a range of meditation and attention training practices, and a number of related psychological processes, such as self-regulation, metacognition, and acceptance. (p. 561)

2.6 An overview of mindfulness meditation studies relating to psychology

There is a large and complex body of literature in the field relating to mindfulness and its application to psychology. There seems to exist widely differing conceptions of what constitutes a mindfulness practice. Moreover, there is clear evidence that different mindfulness practices can yield quite different effects. The following literature review is therefore selective by nature and does not comprehensively aim to cover this vast topic. Rather, it focusses on the most pertinent themes for this thesis.

As outlined above, literature advocates both mindfulness-based and mindfulness-informed psychotherapy as impacting the therapeutic context, however, mindfulness-based therapy has an externalising impact (in terms of its value in the treatment of psychological conditions) and mindfulness-informed psychotherapy has an intrinsic impact (in terms of how mindfulness meditation practice enhances the therapist's own capacities).

2.6.1 Mindfulness meditation in the treatment of psychological conditions

Although a large number of studies exists around mindfulness meditation, much of the focus is around the afore-mentioned mindfulness-based therapeutic interventions, such as Mindfulness Based Cognitive Therapy (MBCT). In general, these studies are positivist in nature, with a “growing body of empirical evidence showing its efficacy treating issues such as chronic pain, depression, anxiety, and disordered eating. Additionally, MBCT has been shown to increase quality of attention, function of the immune system, and feelings of empathy” (Harris W. , 2013, p. 352). Segal et al. (2013) propose that “the robust support for MBCT in preventing depressive relapse has encouraged adaptations of the framework for other difficulties... Promising examples are MBCT for children; substance abuse; pregnant women at risk for depression; hypochondriasis, depression; and for cancer patients” (p. 407).

According to Salleh (2008), the link between stress and mental illness is stronger than the link between stress and physical disorders. Thus, the application of mindfulness meditation as therapy for psychiatric disorders is more common than its therapeutic application to physical illnesses. Hölzel et al. (2007) reported an association between mindfulness meditation and increased activation in the rostral anterior cingulate cortex of the brain, a pivotal area in the nervous system involved in the processing of emotional information, suggesting that mindfulness may cause emotional regulation.

A growing number of studies suggest that mindfulness-based interventions may be effective treatments for trauma, and for PTSD specifically (Boyd et al., 2018). Boyd et al. suggest that mindfulness-based treatments may represent an alternative to trauma-focused treatments, claiming that “mindfulness-based approaches, including MBSR and MBCT, are thought to target several core features of PTSD, including avoidance, hyperarousal, emotional numbing, negative emotions such as shame and guilt, and dissociation” (p. 8).

Sears and Chard (2016) suggest that “at present no single treatment is entirely sufficient for the treatment of PTSD, and mindfulness meditation offers the means for augmenting or consolidating previous trauma therapies” (p. xi). They propose that

Given the prevalence of trauma, and the many challenges in the treatment and recovery process, new tools are continuously being sought to improve outcomes. One such tool that is showing promise is mindfulness, a process of training the attention to increase awareness of our experiences and reaction patterns. (p. 22)

Eagle (1998) asserts that PTSD represents a disorder in which dysfunction occurs both internally and externally, and that “disturbance manifests is recognizable cognitive, behavioural and somatic symptoms” (p. 135). She advocates for an integrative model for brief term intervention in the treatment of psychological trauma, which includes five components, aiming to address the distress of the client.

2.6.2 The relationship between mindfulness practice and counselling practice

While much research exists around the efficacy of meditative practice in the clinical treatment of various conditions, “to date, only a handful of studies have investigated the influence of *clinician mindfulness* [emphasis added] training on psychotherapy outcomes, and these offer initial support to the argument that clinician mindfulness improves counselling” (Strong, 2019, p. 3). In addition, little research has explored the lived experience of long-term mindfulness meditation and the meaning that this practice holds for the meditators. Only one study was found in the body of literature that was reviewed: a qualitative interpretative phenomenological study by Shaner et al. (2017), examining the lived experience of six women who have practised mindfulness meditation for over ten years. The study addressed the questions of how the long-term practice of mindfulness meditation is experienced, how long-term meditative practice is motivated, what benefits practitioners perceive are received, and what meaning they attribute to their meditation practice. The results point towards significant experienced benefits of

maintaining a long-term mindfulness meditation practice, including “a cultivation of self-awareness, increased equanimity, compassion and acceptance of others, and life purpose and meaning” (p. 98). The sample group were not psychologists, thus the long-term benefit of mindfulness meditation in terms of a counselling therapeutic context was not assessed.

Thus to date, the focus of research around mindfulness practice on psychological functioning has been quantitative and based on short-term Mindfulness-Based Interventions (MBIs), and are predominantly focussed on client outcomes. It is important to note that the quantitative research mostly discussed so far appears limited by measures of pre-defined constructs in its aim to discover already hypothesised outcomes. Therefore use of qualitative research, which aims to give voice to participants about personal experiences, seems to be needed in order to uncover other novel findings (Smith & Osborn, 2015). In addition, most studies have emphasised symptom reduction as the primary dependent variable. However, according to Lykins and Baer (2009),

In the Buddhist traditions, meditation is viewed as a regular lifelong practice in which mindfulness is cultivated over a period of many years and a wide range of effects is expected, including increased awareness, insight, compassion, equanimity, and wisdom. Therefore, more comprehensive studies of individuals who have practiced mindfulness meditation over extended periods of time could provide valuable information about its psychological effects. (p. 227)

Within the field of psychology, there is a recent presence of mindfulness research relating to counselling psychology, largely due to the overlap between core values of counselling psychology and mindfulness (Goldberg, 2018). Goldberg suggests that the key areas of overlap are both practical and ideological, and include “an emphasis on acceptance and the inherent strengths of the individual” (p. 321) as well as the “reduction of stress and to promote well-being” (p. 322). A study by Bell (2009) focuses on mindfulness meditation and the benefits it can bring to psychotherapy practice, both through the person of the therapist and as a therapeutic method. The study concludes that “regular meditation practice supports the clarity

of mind that the therapist brings to his or her work and can thus greatly impact both the quality and usefulness of the work, as well as the health of the therapist” (p. 126). Her study suggests that psychotherapists benefit from mindfulness meditation practice in that it helps them to think and to listen more clearly, and that the capacity to mindfully hold a difficult interpersonal encounter supports effective work.

Findings in a study by Riker (2020) showed that “Buddhist [mindfulness] meditative practice are an important way in which therapists can enhance their abilities to be empathic” (p. 327). Fulton and Cashwell (2013) conducted a research study which investigated mindfulness training as a means for improving counselling performance. Specifically, it explored whether mindfulness-based awareness and compassion were predictors of empathy and anxiety among 152 masters-level counselling psychologist interns. Their findings suggest that mindfulness training that focuses on awareness may help develop perspective-taking and reduce anxiety. According to Davis and Hayes (2011), research has identified that the practice of mindfulness meditation enhances psychologists’ empathy, compassion, and counselling skills (Davis & Hayes, 2011).

A British study by Millon and Halewood (2015) explored the countertransference experiences of psychotherapists who practised mindfulness meditation. The results revealed a positive correlation between mindfulness meditation and “countertransference responses with an observing stance, a compassionately curious attitude and a holding of emotion, which brings them into the present moment, resulting in the experience of a deeper therapeutic relationship” (p. 186).

Germer et al. (2005) note that “there is a growing corpus of literature on the use of meditation and mindfulness to cultivate empathy” (p. 82). In addition, they argue a link between mindfulness meditation and the enhancement of the therapists’ attending skills, describing a “tripartite awareness, of the self, other, and the movement or flow of relationship... the shifting qualities of connection and disconnection, including their energetic, textural, and emotional qualities” (p. 94). This tripartite awareness arguably underpins the therapeutic skill of

reflexivity and self-awareness – a requirement for professional practice, as outlined by the HPCSA in its list of minimum competencies for a counselling psychologist (The Professional Board for Psychology, 2019):

3. g) Demonstrates reflectivity both during and after professional activity, based on an understanding of own personal strengths and weaknesses, patterns of behaviour, emotional and cognitive biases, motivation, beliefs and values, and how these may impact on clients and professional functioning. (p. 6)

Nanda's (2005) phenomenological enquiry of the impact of the psychologist's practice of meditation upon the therapeutic practice revealed that mindfulness meditation is experienced as "being with what is" (p. 17). She suggests that by "paying attention and observing our inner processes (thoughts, feelings and emotions), staying with them, and then letting them pass in a non-judgmental way...one gains an increased awareness in the moment of whatever is happening for them" (p. 20).

Thus, although there is a growing corpus of literature suggesting the correlation between practitioner mindfulness and improved counselling capacities, there is currently limited phenomenological research around the experience of counselling psychologists who practise mindfulness meditation, and the meaning they ascribe to their practice in terms of their counselling work (mindfulness-informed counselling psychology). Nevertheless, as outlined above, there is an increasing number of research studies pertaining to the relationship between mindfulness meditation practice and counselling practice, as well as to psychological practice in general, and to its value in other health professions.

2.7 Increasing awareness of the value of mindfulness in many health professions

The topic of mindfulness has not only been an area of research focus within the field of psychology, but in many related fields, and there has been an increasing awareness of the value

of mindfulness in many health professions. A study by Lu et al. (2023) examined the effect of mindfulness-based interventions on reducing stress in future health professionals through a systematic review, in which 2,932 relevant studies were identified. The findings suggested that MBIs have a moderate reducing effect on stress in students in health professions, however as only 11 studies were included in the systematic review and 10 studies in the meta-analysis (with sufficient data for inclusion), the findings were not conclusive and should be interpreted with caution. McQuade et al. (2023) published a recent study investigating mindfulness as a means of reducing stress and improving quality of life among pharmacy students. The results of the study indicated that moderate reductions in stress and improved mental health among pharmacy students was associated with participation in a mindfulness elective.

Morgan et al. (2014) conducted a qualitative review which evaluated how health care workers experience mindfulness, selecting 14 papers which explored the experiences of 254 participants using mindfulness. They claim that their review provides evidence that mindfulness training can elicit positive outcomes for a range of health care disciplines. However, they acknowledge that not all participants reported all of the outcomes discussed. As well as personal benefits, the researchers found that participants reported interpersonal benefits such as becoming more aware when relating to others and being able to choose how to act. For example, the participants spoke about using mindfulness to ground themselves or gain focus prior to seeing clients. Some participants also reported increased empathy for their clients and others reported feeling more hopeful about the potential for therapeutic change.

A systematic review by Rudaz et al. (2021) summarised the effectiveness of mindfulness-based practices to foster self-care and reduce stress in mental health professionals (including psychologists, psychiatrists, and social workers). They concluded that such practices over time resulted in improved self-compassion, psychological flexibility and reduced stress or burnout. Their review findings propose that higher rates of burnout and suicide are found among mental health workers than other professions, and that,

in the light of the serious consequences to both the mental health professionals and their clients, the ability to engage in their own self-care, is recognized as essential for mental health professionals and trainees. Self-care, described as self-initiated practices that enhance health and positive well-being (Bickley, 1998), can be drawn from many sources, including mindfulness practices. (p. 381)

Thus, there is a growing corpus of literature around mindfulness and its value, both in terms of health professions and in psychology – and counselling psychology specifically. However, there also exist a number of studies that flag caution around potential negative aspects of mindfulness. Farais and Wikholm (2016) claim that “literature on the supposed mental and physical benefits is conceptually and methodologically precarious and has been divulged in a sensationalist way” (p. 329). They highlight two major types of problems with mindfulness studies to date. The first pertains to conceptual and methodological shortcomings, and the second to the lack of formal training of mindfulness techniques in mental health – urging caution with regard to its “widespread use as a therapeutic technique, including its limitations, the lack of clear evidence about its benefits, and its ‘assembly-line’ approach” (p. 329).

In her study titled *The Dark side of Dharma*, Lutkajtis (2018) suggests that although many research studies suggest that there are many psychological and physiological benefits associated with mindfulness and meditation, there also exists a small but growing literature base that indicates adverse effects. Lutkajtis proposes that in a Western secular context, negative effects associated with meditation have largely been overlooked, and that the goal of meditation has “shifted from enlightenment to symptom relief and personal transformation, leading to the assumption that meditation is harmless and ‘good for everyone’” (p. 192). Further, she suggests that while much of the modern research into meditation has tended to emphasise beneficial outcomes, a close examination of the scientific literature reveals a number of studies that mention adverse effects associated with meditation. Treleaven (2018) reports incidences of mindfulness practices which were related to exacerbated traumatic distress and de-repression of trauma.

Van Dam et al. (2018) state that despite the fact in the literature is linked to the benefits of mindfulness, they advise against seeing mindfulness as an “essentially universal panacea for various types of human deficiencies and ailments” (p. 37). Although Mitha’s (2018) study advocates for the practice of mindfulness in the scope of counselling psychology, she suggests that (despite the extensive research around mindfulness) there is very little understanding of how the majority of counselling psychologists experience mindfulness, when they are not advanced mindfulness practitioners themselves. Her study provided insight to the challenges experienced by some counselling psychologists with regard to mindfulness and its practice, including difficulty in navigating the spiritual connections with mindfulness, how it can be used, and the emotive responses that can be elicited through its use.

2.8 Mindfulness and its inclusion in the counselling psychology curriculum

Most counselling psychology training programmes concentrate on theoretical and clinical aspects of counselling psychology training. However, Germer et al. (2005) suggest that mindfulness can be seen as a way forward in training programmes to address therapeutic skill development and nurture the being qualities through clinical experience. Despite the increasing interest in the potential of mindfulness and mindfulness meditation in the context of psychotherapy, the review of literature suggests that its inclusion in the university curricula has presented some challenges. McKenzie et al. (2012) caution against what they term the “Mindfulness Hype”:

As popular awareness of mindfulness meditation has grown, articles and books in the popular press have made increasingly ambitious claims about its clinical benefits, frequently while citing support from research literature. The phenomenon of inflated expectations associated with a trendy field of research is not unique to mindfulness meditation, but nevertheless is cause for concern. When enthusiasm outstrips empirical support, mindfulness meditation interventions may be deployed prematurely in contexts

in which they are untested, ineffective, or even contraindicated... For MMBIs to be considered credible evidence-based interventions, their adoption must be paced and tied to clear standards, while claims regarding safety and efficacy must accurately reflect the extent and quality of the evidence base. (p. 366)

An article by Chambers and Maris (2010) examined the potential of applying mindfulness practices to the training of counsellors and psychotherapists. Their extensive review of research proposed that “whilst educators have begun to recognise the importance of providing counsellors with tools for self-care early in their careers, and even while they are being trained... few mainstream accredited counselling programmes have provided courses on self-care and stress management” (p. 114). Their findings advocate that mindfulness training in university curricula can teach students strategies of self-care that can help prevent burnout, compassion fatigue, and vicarious traumatisation. In addition, they claim that:

Most graduate counselling psychology students are exposed to the core conditions advocated by Carl Rogers (1980): acceptance, genuineness, and empathy. As Rogers emphasised, these are not techniques, but ways of being in the world. They advocate that Mindfulness-based practices seem to help students to embody these ideals in all their relationships, including their therapeutic ones. They help counsellors-in-training to meet the challenge of being fully with themselves and fully with their clients. (p. 123)

A study Guttierrez et al. (2019), examined the experience of student counsellors learning a new meditation technique. Overall, results described benefits to meditation practice that enhanced their personal wellness, including experiencing emotional and spiritual gains. Findings claimed that “participants stated that they had difficulty finding time to practice meditation and that when they set specific time aside to meditate, they began to appreciate it, and eventually it felt like a critical and necessary part of their day” (p. 197). The study thus advocated the potential benefits of mindfulness practices for student counsellors; however, it also recommended a number of strategies to increase new meditator adherence and maximise meditation experience.

Davis and Hayes (2011) draw our attention to the utility of mindfulness within clinical supervision, finding that mindfulness can foster an open-mindedness and awareness within both the supervisor and supervisee. From this we can see that mindfulness is an important construct to consider for all therapists. However, as they point out, it is not clear whether psychotherapists' mindfulness translates into positive client outcomes, drawing attention to the problem of validity in self-report measures of mindfulness traits.

Most of the above resources reviewed relate to a Western (and predominantly American) context. A review of literature did not present with much information regarding mindfulness (and mindfulness meditation), and its inclusion in the university curricula in the South African, or indeed wider African, context. Ajari (2020) suggests that although the practice of mindfulness meditation has gained the attention of scholars globally, "in Africa, research on the construct is very limited... there is, therefore, an overwhelming need to draw public attention towards the practice and what it can offer African health care systems" (p. 2). She proposes that perhaps the therapy's greatest strength is its ease for adaptation into any health care discipline – including psychology - due to its low cost of utilisation, claiming that "this factor is especially advantageous for African health care systems due to the presence of inequalities in the systems" (p. 6). In addition, she suggests that a benefit for its incorporation into any health care system is the possibility of group therapy, which can lead to a greater sense of interconnectivity, togetherness and shared humanity – and which is often prioritised in African collectivist cultures. Although Ajari recommends that caution should be exercised by policymakers in deciding if mindfulness meditation is a potentially useful tool for improving health care in Africa, she also urges that the practice should not be left as a fringe area of scientific and public curiosity in Africa, especially in the health sector.

Despite the limited inclusion of mindfulness as a specific entity in the tertiary psychology curriculum, Aggs and Bambling (2010) suggest that aspects of mindfulness have been incorporated into many prominent psychology frameworks, including psychodynamic, cognitive and behavioural, existential humanistic, attachment-based and positive psychology frameworks. However, they suggest that its benefits are diluted as the mindfulness-based tools

are often incorporated in isolation from the philosophical context from which they originate. In addition, “training formats often do not include a focus on therapy-related skills” (p. 279). The results of their study claim preliminary evidence that a brief, standardised mindfulness training programme can achieve acceptable knowledge and skills outcomes for counselling psychologists, and that these outcomes can assist their therapeutic practice.

This study is consistent with the existential philosophy of understanding by which persons are considered to be makers and interpreters of meanings through meaningful discourse (Wiebe, 2008). According to Nanda (2005), the essential principles and practice of mindfulness are closely compatible with existentialism in that they are concerned with the way we relate and respond to reality. As a result, she suggests that there is an emerging interest among existential therapists to integrate mindfulness-based therapy with existentialism. She summarises these shared core views when she notes that “both the practices of mindfulness and existentialism are concerned with exploring human existence. Both acknowledge change, impermanence, uncertainty, suffering/existential anxiety, and death, as givens of existence. Both see self and reality as relational, without rigid or permanent substance” (p. 147). An existential framework therefore affords a natural congruence with meditative being qualities, which are the focus of this study.

2.9 Existential theoretical framework

An existential framework is an overarching way of thinking rather than a set of prescribed techniques and principles. As Harris (2013) describes, “it is generally opposed to deterministic perspectives and has developed along humanistic lines. There is no one existential method” (p. 354). The American Psychological Association (APA) Dictionary of Psychology defines *existential psychology* as “a general approach to psychological theory and practice that emphasizes the subjective meaning of human experience, the uniqueness of the individual, and personal responsibility reflected in choice” (APA, n.d.). According to Meyer et al (2008), the

term existentialism comes from the Latin word *existere*, which means “to stand outside of oneself” (p. 329).

2.9.1 Historical background and prominent contributors to existentialism

At the dawn of the twentieth century, psychology had been established as an independent discipline and a rudimentary foundation had been laid for the growth of the three prominent branches of psychological thinking in the twentieth century, namely: behaviourism, the humanism/existentialist approach, and psychoanalysis (Meyer et al., 2008). Existentialism originated in Europe, and gained acceptance in the late nineteenth and early twentieth centuries, and, according to Mallah (2016), is therefore a comparatively recent philosophy, which is primarily interested in authentic human existence and the realisation of one’s essential freedom and responsibilities.

According to Marino (2004), the existentialist movement was not founded by any particular person or group, but rather is an interdisciplinary movement, that finds expression in three genres: philosophy, psychotherapy, and literature. It gained momentum in the 1940s, when “after two world wars, everyone was ready for a philosophy that could nod to the irrational elements in life” (Marino, 2004, p. 14). Lowenstein (1993) suggests that the thinking of existential psychologists and psychiatrists was influenced by a number of philosophers and writers during the 19th century, whose contributions are core to the philosophical underpinnings of modern existential psychotherapy, including (but not limited to) figures such as Kierkegaard, Nietzsche, Heidegger, Jaspers, Satre and Frankl – whose influence will be considered in the section below.

Meyer (2008) proposes that the origin of existentialism can be traced back more than 150 years to Kierkegaard (1813-1855), who protested against the prevailing intellectualism, which reduced all psychic processes to cognitive processes. Kierkegaard was a Danish philosopher and Christian theologian, and was particularly concerned with angst, and the role of anxiety,

as he outlines in a work that he published in 1844, *The Concept of Anxiety* (Marino, 2004). Henriksen (2013) suggests that existential anxiety is “a normal reaction to the perceived dangers to our sense of being. It is our being confronted with nonbeing, and an intense feeling of apprehension and tension” (p. 476). Both Kierkegaard and Nietzsche (1844-1900) opposed the view that the human can only discover truth as a thinking being. According to Meyer et al. (2008), they helped shape existentialist view that:

The individual person is object-directed and therefore continually observing something or thinking about something. All behaviour is therefore intentionally directed towards an object. People are directed towards their world and are people-in-the-world as well as people-with-others. By placing people in relation to their world and to others, existentialists emphasise that a person cannot be studied in isolation from the world or other people and that their true experiencing only occurs within the subjective framework or their existence. (p. 329)

Heidegger (1889-1976) was another prominent contributor to existential thinking. According to Zieske (2020), Heidegger is commonly credited with being the first existential phenomenologist, with his famous work *Being and Time*, presenting an “analysis of existence at large... a philosophical study of being” (p. 47). Most notably, Heidegger discusses his concept of “Dasein” “(literally: being-there, usually interpreted to mean “presence”), which refers to human consciousness and its drive to make meaning out of the world and the person’s own relation to the world” (Zieske, 2020, p. 47). Between 1964 and 1969, Heidegger conducted regular seminars for a group of Swiss psychiatrists and psychotherapists. The records of these meetings and of letters with the convenor, Boss, continue to have an important influence on existential approaches to psychotherapy (Heidegger & Boss, 2001).

Satre (1905-1980) was the first thinker to place the name of “existentialism” onto his philosophy (Zieske, 2020). According to Russell (2007), Satre’s view was that at every moment, by our actions we are choosing who we are being. Every one of our actions represents a fresh choice, and when we attempt to pin down who we are, we engage in self-deception.

Satre presented the view that even if people never commit themselves to any specific course in life, this involves a decision, which in itself is a choice (Rychlak, 1973). Sartre saw humans as fundamentally free creatures and believed that there are essentially no pre-deterministic forces that shape a person's actions, decisions, or identity (Zieske, 2020). His most notable contribution to the application of existential phenomenology in psychology is his famous (and somewhat controversial) statement that "existence precedes essence.", referring to the idea that human beings are not given a prescribed purpose, or "essence", but are rather tasked with creating this "essence" for themselves (Zieske, 2020).

Frankl (1905 – 1997) is regarded as one of the foremost representatives of existential psychology (Maddi, 1996). He was born in Vienna, and his life was "earmarked by a deep contemplation of the meaning and purpose of human existence" (Meyer et al., 2008, p. 437). At university, Frankl was a student of Freud, however he believed that Freud's portrayal of human nature was one-sided; claiming that the human person seeks more in life than mere pleasure and power (Meyer et al, 2008). From 1942 to 1945, Frankl was a prisoner in the Nazi concentration camps at Auschwitz and Dachau, where his parents, brother, wife and children died. He learned experientially that everything could be taken from a person except one thing: "the last of human freedoms – to choose one's attitude in any given set of circumstances, to choose one's own way" (Frankl, 1963, p. 104). Frankl believed that each individual experiences anxiety as she or he attempts to find meaning in a meaningless world, and that the essence of being human lies in this searching for meaning and purpose (Henriksen, 2013). He developed his own school of thought called logotherapy, and is the author of 29 books, including the well-known *Man's search for meaning*. According to Rychlak (1981), Frankl's belief in the indestructible significance of life makes his perspective unusually positive.

2.9.2 Core assumptions of an existentialist view

According to Meyer et al. (2008), different existential humanist views exist, however they share certain common principles, including: the view of the individual as a dignified human being; the conscious processes of the individual (with the view that human consciousness is radically free and always able to choose); the person as an active being, an emphasis on psychological health; and the individual as an integrated whole, or *Gestalt*. Randall (2016) proposes that an existential view rejects a deterministic view of human nature, based on a central idea that “mankind possesses free will, and is responsible at all times for choosing a way of being in the world and a course of action” (p. 314). An existential framework thus holds the individual personally responsible for what is experienced in life. As Rychlak (1981) claims, “we must recognize that even when we refuse to choose, to act, to commit ourselves to a direction in life, we have already chosen. There is no escaping the existential predicament of having to be” (p. 623).

Henriksen (2013) suggests that existentialism is a philosophy that attempts to answer the basic questions of life and living, which include the nature of anxiety, despair, grief, loneliness, isolation, and social instability” (p. 473). According to Guignon (1998), the existentialist seeks to understand how the individual can achieve the richest and most fulfilling life in the modern world. He suggests that although existentialists may hold widely differing views about human existence, there are several recurring themes. First, existentialists hold the view that humans do not have a life path that is predestined for them, but rather that we are involuntarily born into the world and simply exist, and the responsibility lies with the individual to define their own identity. Second, existentialists believe that people decide their life destiny, and that what happens to us is not only a matter of fate. Finally, existentialists focus on living an authentic and meaningful way of life, rather than conforming to society. To become authentic, individuals must take full responsibility for their lives. In addition, an existential approach suggests that change within the self is made possible by significant emotional experiences, including anxiety or the experience of existential guilt, which facilitates a clearer understanding of what is important in life, and ultimately enables us to become more integrated individuals.

In contrast to the notion of existential guilt is that of existential gratitude, defined by Harris et al. (2023) as “gratitude for one's very existence or life as a whole-is pervasive across the most influential human, cultural and religious traditions” (p. 2). In existential gratitude, “ the good is existence... one responds to the utter contingency of existence (one’s own or that of the universe); the quality of life is not the main focus. We delight just in being” (Lacewing, 2016, p. 146).

According to Watson (2006), the existential approach views client resistance in the therapeutic context as the “avoidance of unpleasant or dangerous feelings” (p. 4), suggesting that it is a form of defence mechanism that may become permanent block to awareness. This appears aligned with Guilfoyle (2005), who positions client resistance as a defence mechanism that can present in therapy and can impede the therapeutic process. However, he suggests that it occurs in response to power relations, rather than avoidance of unpleasant or dangerous feelings.

Watson claims that this contrasts with conceptualisations of client resistance other various theoretical frameworks. Early views of resistance focussed on it being a self-protective and adaptive process, occurring at an unconscious cognitive level. In contrast, behavioral theorists view client resistance simply as client noncompliance, and modern theories approach it from a systems perspective.

In summary, an existentialist approach emphasises the following (Meyer et al., 2008):

- The experiencing person in a process of emerging
- The subjective world perceived by the experiencing human being
- Self reflection and self-transcendence – rising above the limitations of the self by setting goals and ideals
- Rising above circumstances by choosing specific attitudes towards them (p. 330)

The human being therefore has freedom of choice and is the architect of his or her own existence. This also means, however, that every person takes responsibility for his or her own choices.

2.9.3 Existential therapy

Existential therapy focuses on the anxiety that occurs when a client confronts the conflict inherent in life (Russell, 2007). The role of the therapist is to help the client focus on personal responsibility for making decisions, and the therapist may integrate some humanistic approaches and techniques. Yalom (1980), for example, perceives the therapist as a fellow traveller through life, and he uses empathy and support to elicit insight and choices. He strongly believes that because people exist in the presence of others, the relational context of group therapy is an effective approach.

Corbett and Milton (2011) note that while existential therapy incorporates a broad spectrum of practitioners who administer a variety of approaches - including Existential Analysis, Existential-Humanistic Therapy, Daseinanalysis and Logotherapy - there are some collective themes. For instance, the answers to fundamental philosophical questions that underpin the way the world is perceived and the psychological and interpersonal difficulties encountered shape the theory and practice of existential therapy. They propose that the therapeutic process is the experiencing of one's existence, and the client's identity is not understood as a fixed matter. According to van Deurzen (1997), rather than pathologising the client, existential therapy "does not seek to cure or explain, it merely seeks to explore, describe and clarify in order to try to understand the human predicament" (p.3).

Randall (2016) proposes that existential therapies are "designed to assist people in achieving greater and more lucid understanding of both potentialities and the limitations of their lives in order to help them choose or create a life course that is more intentional, more congruent with their natures, and more likely to be need-satisfying" (p. 317). He suggests that existential

therapy aims at helping clients face anxiety and engage in action that is based on the authentic purpose of creating a worthy existence. Harris (2013) claims that existential therapy avoids rigid therapist-directed interventions, but that “existentialists promote *being with* the client instead of *doing to* the client” (p. 354). Mendelowitz and Schneider (2008) suggest that one of the main contributions of the existential approach is the challenge of encounter with the self, other, and world: a broadening of possibilities over and above symptomatic cure.

Lowenstein (1993) proposes that,

whereas psychoanalysis is concerned largely with the past and with unresolved conflict among the id, ego, and superego and the consequent defence mechanisms that have developed to protect them, existential therapy focuses predominantly on the present, seeking to deal with the current situation, especially as it affects the personal potential of the client. (p. 99)

According to Harris (2013), mindfulness practice in psychotherapy is mostly associated with cognitive behavioural approaches. However, he suggests that mindfulness is “well suited for use in existential therapy” (p. 349), claiming a high level of compatibility between their core principles. He proposes that “mindfulness-based existential therapy connects mindfulness with existential therapy” (p. 350), as its name aptly suggests.

While existential therapy is ultimately a creative, evolving process, Corbett and Milton (2011) highlight that it is also a diverse and difficult to define body of psychological theory, practice, and research reflecting an existential influence with the aim of exploring human reality from the perspective of the client. The therapeutic process is the experiencing of one's existence, and the client's identity is not understood as a fixed matter. Rather than pathologising the client, existential therapy ‘does not seek to cure or explain, it merely seeks to explore, describe and clarify in order to try to understand the human predicament’ (van Deurzen, 1997, p.3).

2.9.4 Compatibility of existentialism and mindfulness

Both mindfulness and existentialism are concerned with the way we relate to suffering. Both recognise that the essence of existence is loss, and a recognition that our primary state is one of suffering (Riker, 2020). According to Germer et al. (2005), “mindfulness is a skill that allows us to be less reactive to what is happening in the moment. It is a way of relating to *all* experience – positive, negative, and neutral – such that our overall level of suffering is reduced and our sense of wellbeing increases” (p. 5). According to Harris (2013), an existential approach views suffering as inevitable and a normal part of the human experience, placing emphasis on acceptance. There is an emerging interest among some existential therapists to integrate mindfulness-based therapy with existentialism (Nanda, 2005). Harris (2013) suggests that

mindfulness is a particularly well-suited method to use within an existential therapy framework because it does not conflict with core existential principles and can enhance the exploration of existential themes. Existential therapy avoids rigid therapist-directed interventions. The purpose of mindfulness is not to interpret the client’s experience for them and require them to conform to an external explanation of what they are experiencing, but to guide the client as they build awareness and develop skills toward discovering their own insights. (p. 354)

Some existential therapists criticise cognitive-behavioral therapists for placing too much emphasis on reformulating the client’s experience. Instead, existentialists promote being with the client instead of doing to the client (Edwards, 1990). Felder and Robbins (2021) suggest that “not unlike Buddhism’s concern with suffering, Yalom’s (1980) poignant existential givens of freedom, death, meaninglessness, and existential isolation also address issues of suffering” (p. 10). Buddhist mindfulness meditation practice was originally intended to “alleviate the suffering related to existential conditions, such as sickness, old age-and death” (Germer et al., 2005, p. 21). It is important to note that it is not mindfulness as a technique that is the focus of this study, but rather mindfulness as a way of being.

Like mindfulness, with its aforementioned being outcomes, an important characteristic of existentialism also pertains to being in the world. The claim is made in existentialism that the world is “essentially human”, and that human existence is intelligible only in terms of an engagement with this world (Lowenstein, 1993). The existential approach does not have a specific set of techniques that are used, but instead it uses a philosophical method (Arnold-Baker & van Deurzen, 2008). It is often called an existential-phenomenological approach to psychotherapy. Central to this is Husserl’s *Rule of Epoché*, which pertains to “a way of approaching something as if it were new to you, all initial biases and prejudices are put aside, and the phenomena [sic] is viewed purely on the experience” (Arnold-Baker & van Deurzen, 2008, p. 14).

2.9.5 Compatibility of existentialism and IPA methodology

When IPA is used in research, the IPA method itself often provides the theoretical, “allow[ing] for multiple individuals (participants) who experience similar events to tell their stories without any distortions and/or prosecutions” (Alase, 2017, p. 11). However, for the purposes of this research study existentialism was deemed an appropriate inclusion as a theoretical framework, due to its high compatibility with an IPA methodology [in addition to its overlap with mindfulness - refer to section 2.9.5]. This is largely due to the fact that prominent existential philosophers are also “leading figures in phenomenological philosophy... in chart[ing] some of the main developments in phenomenology” (Smith et al., 2022, p. 18) They note specifically Heidegger and Satre - two prominent existential thinkers (refer to section 2.9.1). As Smith et al. (2022) explain, “for phenomenological researchers, the reiteration of Heidegger’s emphasis on the worldliness of our experience is significant. Satre extends this, developing the point in the context of personal and social relations” (p. 18). They suggest that “through the work of these writers, we have come to see that the complex understanding of ‘experience’ invokes a lived process, an unfurling of perspectives and meanings which are unique to the person” (p. 18).

Nizza et al. (2021) claim that “a good IPA paper is likely to invoke strong experiential or existential themes. The quality of IPA will be increased when the analysis explicitly engages with the experiential and existential significance of what participants are reporting and pays particular attention to their meaning-making around them” (p. 374). The apparent focus on experience which underlies phenomenology is a core congruency with existentialism – and is evident in the definitions of both constructs. Smith et al. (2022) define *phenomenology* as “a philosophical approach to the study of experience” (p. 8). Existentialism – as previously defined (refer to 2.9) – refers to “a general approach to psychological theory and practice that emphasizes the subjective meaning of human experience, the uniqueness of the individual, and personal responsibility reflected in choice” (APA, n.d.). Smith and Nizza (2022) explain that IPA is a method designed to understand people’s lived experience and how they make sense of them in the context of their personal and social worlds. This resonates with existential therapy, which “does not seek to cure or explain, it merely seeks to... try to understand the human predicament” (van Deurzen, 1997, p.3).

According to Jedlickova et al. (2022), “IPA, as a qualitative approach to understanding personal experience... has its roots in phenomenology and hermeneutics, and it draws on a similar body of philosophical influences such as the existential approach” (p. 85). They advocate for their compatibility, proposing that “while IPA examines the importance an individual attaches to their own lived experience, EHP [Existential Hermeneutic Phenomenology] takes into account the overall “situation” of human existence – the being-in-the-world” (p. 85-86). Thus combining these approaches enables us to

not only get directly to the core of qualitative, which is to... make sense of or interpreting phenomena in terms of the meanings people bring to them, but also to the existential understanding of the participant’s situationality... The studied lived experience is not isolated from the experience of one’s own being, which is essential for the interpretation of experience.” (p. 88)

For this reason, there are many examples of prominent studies where an existential framework is used in IPA studies. Examples include those of Kalla et al.’s (2020) existential study of chronic disease using Emotional Freedom Techniques (EFT), Muller et al.’s (2022) exploration

of critical moments in managerial and business practice within the context of childhood experience, and Collins et al.'s study (2023) on the experiences of post-ICU Covid-19 survivors. The focus of the studies is around understanding and elevating participants' experiences.

2.9.6 Strengths and applications of existentialism

Van Deurzen (2022) posited that existential therapy can be effectively use in group counselling and multicultural contexts. Schneider (2008) concurs, suggesting that existential therapy is useful in working with culturally diverse clients because of its focus on universality, or the common ground that we all share. Thus, it can be effectively applied with diverse client populations with a range of specific problems and in a wide array of settings.

A strength of the existential approach identified by van Deurzen (2022) is that it prioritises authenticity, and encourages people to live by their own standards and values: “the aim of existential work is to assist people in developing their talents in their own personal way, helping them in being true to what they value” (p. 21).

Mendelowitz and Schneider (2008) suggest that one of the main contributions of the existential approach is the nature of the counselor-client working relationship. They posit that through the relationship, “existential psychotherapy provides the forum for the challenge of encounter with the self, other, and world: a broadening of possibilities over and above symptomatic cure” (p. 310). According to van Deurzen (2022), the existential approach encourages people to reflect upon the problems they encounter in living, suggesting that “the aim of existential work is to assist people in developing their talents in their own personal way, helping them in being true to what they value” (p. 21).

Due to the aforementioned compatibility between mindfulness and an existential approach, an opportunity exists for a therapeutic application of existential therapy in a mindfulness framework. Nanda (2005) suggests that there is a strong complementary relationship between

the mindfulness and existential therapy, resulting in the increased popularity in Mindfulness Based Existential Therapy. Harris (2013) concurs, claiming that

the way in which both approaches accept human suffering is utilized similarly. From a place of greater freedom, a person can better discover what is important to them. Exploring values and acting on them to bring about change is central to both.”
(pp. 358-359)

According to Corbett and Milton (2011), “it is evident that empirical evidence is beginning to amass that recognises the contribution that existential theory and practice can offer our understanding of trauma” (p. 76). In particular, van Deurzen’s (1997) perspective on trauma has received significant interest. This is based on the premise that “as human beings we are complex bio-socio-psycho-spiritual organisms, joined to the world around us in everything we are and do” (p.94). Essentially, van Deurzen describes four dimensions within which existence takes place: physical (life through to death), social (love through to hate), psychological (identify through to freedom) and spiritual (good through to evil). She suggests that we need to pay attention to these different dimensions and observe at which level experiences are occurring. The four relational dimensions span polar opposites, manifesting as contradictions and conflicts, and each with connections and overlaps. Understanding this facilitates our awareness of where a person is struggling, with particular implications as an approach to trauma.

2.9.7 Critiques around existentialism

As with any approach, existentialism is not without its critiques. The below sections intend to outline some of the more prominent critiques pertaining to this study, including both critiques around the existential approach and critiques of existential therapy.

2.9.7.1 Critiques of the existential approach

For those who hold a systemic perspective, existentialists can be criticised on the ground that they are excessively individualistic. As Lowenstein (1993) suggests, “they see a conflict between self-actualization and... aspects of society, and they stress the individual’s capacity to deal with problems” (p. 97). In defence, Schneider (2008), suggests that existentialists are not only concerned about facilitating individual change, but also with promoting social change:

One cannot simply heal individuals to the neglect of the social context within which they are thrust. To be a responsible practitioner, one must develop a vision of responsible social change alongside and in coordination with one’s vision of individual transformation. (p. 281)

Furthermore, Lowenstein (1993) suggests that the existential approach

perhaps fails to take due consideration of the need for those seeking self-awareness and self-fulfillment to heed the needs of others, individually and collectively (as society). Also, its emphasis on free will or free choice may be somewhat unrealistic: there are numerous limitations on individual freedom, especially in terms of its effects on the rights and freedom of others, and this must be faced. It must be acknowledged that the therapist, no matter what his technique and skill, may encounter difficulty in changing human behavior in the desired direction; nevertheless, he or she must strive to overcome such difficulties. (pp. 99-100)

2.9.7.2 Critiques of existential therapy

Admittedly, existentialism has some flaws and deficits as a basis for psychotherapy. A criticism often aimed at the existential approach is that it lacks systematic statement of the principles and practices of psychotherapy. Sharf (2012) claims that to a large extent, existential therapy

makes use of techniques from other theories, which makes it difficult to apply research to this approach to study its effectiveness.

Van Deurzen (2022) noted that the challenge with becoming an effective existential therapist lies in the process of becoming trained. She proposed that the main limitation of the approach is that of the level of maturity, life experience, and intensive training required of practitioners. Existential therapists need to be wise and capable of profound and wide-ranging understanding of what it means to be human.

Van Deurzen (1997) proposes that a limitation of the existential approach centres on the client's ability to think about their issues in existential or philosophical terms, suggesting that some clients are not suitable for existential psychotherapy as require a more directive approach. Lowenstein (1993) supports this view, claiming that existential therapies are most useful with intelligent clients who are verbal and can communicate effectively, who do not fear confronting issues that may be painful, and who may thus realize the full potential of their personality and ability. However, he cautions that,

they may be difficult to employ with patients with whom one is unable to communicate effectively, possibly because of the presenting psychopathology itself. Success in treating such patients may be severely limited unless one is willing to accept or tolerate their present behavior, without trying to make immediate changes toward perhaps more focused or socialized behavior. (p. 98)

Lowenstein (1993) argues that whilst existential therapy intends to focus on the present, it must also be concerned with past events and unresolved conflicts. In addition, “though the therapist must attempt to see the whole person, in some cases it will be advantageous to concentrate on specific areas of malfunctioning, some of which can be dealt with effectively by behavior-modification techniques” (p. 100).

2.10 Conclusion

This chapter aimed to present a review of existing literature relevant to the study topic, and to conceptualise the constructs of mindfulness, meditation (and specifically mindfulness meditation), and the being qualities. Although there is a growing corpus of literature suggesting the correlation between practitioner mindfulness and improved counselling capacities, a gap in existing literature was identified in terms of phenomenological and qualitative research around the study topic. The chapter reviewed existing literature and research around both mindfulness-based therapy and mindfulness-informed therapy. It also explored the inclusion of mindfulness in the counselling psychology curriculum, both in a global and the current South African context.

Finally, the chapter outlined the existential approach, which provides the theoretical framework in which the study is positioned, including: the historical background and prominent contributors to the existential approach; core assumptions; existential therapy; the congruency compatibility between existentialism and mindfulness, and existentialism and an IPA methodology; strengths and applications of existentialism; and critiques of the existential approach and of existential therapy.

CHAPTER THREE: Methodology

3.1 Introduction

This chapter presents the research paradigm in which the study is positioned, namely an interpretivist paradigm. It outlines its qualitative research design, and the methodological approach, namely Interpretative Phenomenological Analysis (IPA), providing a brief historical introduction to the IPA methodology, and an overview of the IPA theoretical orientation and data analysis in IPA. Finally, the chapter considers similar exemplar studies, and the evolution of IPA, including the terminology and key concepts.

3.2 Paradigm: Interpretivist

Creswell (2013) suggests that all research studies include assumptions about the world, and that researchers have prior knowledge that informs their inquiries and brings a certain paradigm (or paradigms) to their research, and that these assumptions and worldviews will influence the design of the research and how it is conducted. According to Morrow (2007), “(a) paradigm may be seen as a ‘net’ accumulatively comprising the researcher’s ontological, epistemological, axiological rhetoric, as well as methodological assumptions” (p. 212). Blaikie (2000) suggests that an interpretivist paradigm is one qualitative paradigm, which sees people as a primary data source, and seeks their perceptions, meanings and understandings. As he explains:

Interpretivists are concerned with understanding the social world people have produced and which they reproduce through their continuing activities. This everyday reality consists of the meanings and interpretations given by the social actors to their actions, other people’s actions, social situations, and natural and humanly created objects. In short, in order to negotiate their way around their world and make sense of it, social

actors have to interpret their activities together, and it is these meanings, embedded in language, that constitute their social reality. (p. 115)

This study is concerned with the meditative being qualities as experienced by counselling psychologists in therapeutic practice. Explanations are thus offered at the level of experience and meaning rather than attempting to establish cause. The research design is accordingly located in the interpretivist paradigm, where “truth” is believed to be subjectively experienced and dependent on the perspective of the observer / client / subject. According to Braun and Clarke (2013), within interpretivism, Interpretative Phenomenological Analysis (IPA) is a qualitative methodological approach that is concerned with exploring people’s lived experiences and the meanings that people attach to their experiences: “This is the phenomenological aspect; phenomenology is about the study of experience and perceptions” (p. 181).

3.3 Research Design: Qualitative

The study was exploratory. It aimed at developing a deeper understanding of mindfulness meditative practice and meditative being qualities among counselling psychologists, and thus it necessarily called for a qualitative research design. According to Mason (2002), there have been many attempts to define qualitative research in the social sciences. However, there is no consensus over a universal definition because qualitative research is not a unified set of techniques or philosophies, and indeed has grown out of a wide range of intellectual and disciplinary traditions. Braun and Clarke (2013) suggest that the term “qualitative research” is used to refer both to techniques of data collection or data analysis, and to a wider framework for conducting research.

According to Pietkiewicz and Smith (2012),

qualitative researchers are mainly concerned with meaning (e.g., how individuals make sense of the world, how they experience events, what meaning they attribute to phenomena). In other words, they are more preoccupied with the quality of experience, rather than casual relationships. (p. 361)

According to Alase (2017), “as a research methodology, qualitative research method infuses an added advantage to the exploratory capability that researchers need to explore and investigate their research studies” (p. 9). Qualitative research generally emphasises words instead of quantification (Bryman, 2008). Creswell (2013) suggests that it is particularly suitable for answering questions of “How?” or “What?” as opposed to “Why?”. It is also the most valuable approach to understanding the meanings individuals make of their experiences (Morrow, 2007). Qualitative research therefore lends itself to a study around the experience of meditation and constructs such as mindfulness and mindfulness meditation. As Braun and Clarke (2013) suggest, “it captures the complexity, mess and contradiction that characterises the real world, yet allows us to make sense of patterns of meaning” (p. 10).

3.4 Methodological approach: Interpretative Phenomenological Analysis (IPA)

Interpretative Phenomenological Analysis (IPA) is an established qualitative method of inquiry concerned with the detailed exploration of personal lived experience, examined on its own terms and with a focus on participants’ meaning making (Smith, Flowers, and Larkin, 2022). IPA seeks to understand lived experiences and explore how individuals make sense of their personal and social worlds. Noon (2018) suggests that “through the two complimentary commitments of IPA – ‘giving voice’ and ‘making sense’, researchers seek to attain an ‘insider perspective’ of lived experiences” (p. 75). To do so, IPA draws upon the fundamentals of phenomenology, hermeneutics and idiography (Noon, 2018).

3.4.1 Phenomenology: brief introduction and key theorists

IPA is a qualitative research approach with distinctly psychological origins (Smith et al., 2009). Initially employed in health psychology to explore a variety of health-related issues from a subjective experiential perspective, IPA has expanded to clinical, educational, counselling and social psychology (Smith et al., 2009). According to Pietkiewicz and Smith (2012), “the primary goal of IPA research is to investigate, how individuals make sense of their experiences” (p. 362). They suggest that IPA is a form of phenomenological enquiry which “is concerned with attending to the ways things appear to individuals in experience... phenomenologists try to recognize what essential components make a given phenomenon special (or unique)” (p. 362).

According to Eatough, Smith and Shaw (2008),

Phenomenology is concerned with the way things appear to us in experience; the reality that we live is an experiential one and it is experienced through practical engagements with things and others in the world, and it is inherently meaningful. Husserl’s rallying call ‘to the things them-selves’ (Zu den Sachen) expresses the phenomenological intention to describe how the world is formed and experienced through conscious acts. (p. 180)

As a qualitative research approach, phenomenology was first conceptualized and theorized by Edmund Husserl (1931) as a way to understand the context of the lived experiences of people (research participants) and the meaning of their experiences (Alase, 2017). However, many authors (theorists) have expanded on the theory to make it more aligned with the qualitative research methodology of today. Alase (2017) suggests that theory of phenomenology has “enlisted many brilliant minds and theorists in the expansion of its application and viability to its day-to-day usability by researchers of different educational discipline” (p. 10).

Pietkiewicz & Smith (2012), suggest that Husserl’s thought was further developed by his follower, Martin Heidegger, into existential philosophy and hermeneutics. Heidegger was

concerned with the ontological question of existence itself. According to hermeneutics (from the Greek word ‘*to interpret*’ or ‘*to make clear*’) one needs to comprehend the mind-set of a person and language which mediates one’s experiences of the world, in order to translate his or her message (Freeman, 2008). According to Pietkiewicz & Smith (2012), “IPA researchers attempt to understand what it is like to stand in the shoes of the subject (although recognising this is never completely possible) and through interpretative activity make meaning” (p. 361).

Alase (2017) outlines some of the influential theorists and minds who have written about the usability of the theory of phenomenology. He suggests that perhaps one of the best-known theorist and author is van Manen, who in 1990 wrote extensively about hermeneutical phenomenology. Hermeneutical phenomenology, according to van Manen (1990, p. 4) is the ‘lived experiences’ of research participants (phenomenology) and the interpretation (text) of the life they have lived and experienced (hermeneutics). Another well-known theorist and author is Moustakas, who in 1994 wrote about the psychological phenomenology; “in which he was less concerned about the interpretation of the researcher’s personal experience and more focused on describing the ‘lived experiences’ of the participants in the research” (p. 10). Another phenomenology theorist and author is Riemen (1986). This author has written mostly in the medical field, especially in the area of caring, nursing. However, in order to develop a method of analysis for phenomenology, according to Creswell (2013, p. 194), Riemen formulated the ‘meaning statements’ from the significant statements. Finally, Alase (2017) suggests that

the history of phenomenology as a qualitative approach will not be complete without mentioning the names of Smith, Flowers, and Larkin (2009). These theorists and authors have individually, and collectively, revolutionized the theory and concept of phenomenology in today’s practice. As a credit to them, Smith, Flowers, and Larkin conceptualized and organized the new phenomenological research tradition called the interpretative phenomenological analysis (IPA). Again, to their credit, the functionality of the tradition (IPA) as a qualitative approach was superbly enhanced due to their collective efforts in redefining what the approach means and what it can do to help

guide new and novice qualitative researchers in their quest to conduct qualitative research studies. (p. 10)

3.4.2 IPA theoretical orientation

Qualitative methodology, according to Alase (2017), allows researchers to advance and apply their interpersonal and subjectivity skills to their research exploratory processes. However, he suggests that in a study with an IPA, “the advantageous elements of the study quadruple because of the bonding relationship that the approach allows for the researchers to develop with their research participants” (p. 9). Alase (2017) furthermore suggests that as a qualitative research approach, IPA gives researchers the best opportunity to understand the innermost deliberation of the lived experiences of research participants:

As an approach that is ‘participant-oriented’, interpretative phenomenological analysis approach allows the interviewees (research participants) to express themselves and their ‘lived experience’ stories the way they see fit without any distortion and/or prosecution. Therefore, utilizing the IPA approach in a qualitative research study reiterates the fact that its main objective and essence are to explore the ‘lived experiences’ of the research participants and allow them to narrate the research findings through their ‘lived experiences’. (p. 9)

Smith and Nizza (2022) explain that IPA is a method designed to understand people’s lived experience and how they make sense of them in the context of their personal and social worlds. They suggest that:

IPA researchers aim for insight into what it is like to have an experience from the point of view of the person who has had it to elicit rich descriptions, trying to capture the emotions surrounding the experience and how people understand it and make sense of it. The personal meanings associated with lived experience are considered particularly

important in IPA, as is how the experience relates to people's views of their world and their relationships. (p. 4)

IPA holds that respondents are the experiential experts of the phenomenon under investigation. Smith et al. (2009) suggest that inductive nature of open questions and participant led interviews can lead IPA research in surprising directions, and argued that such unexpected turns are often the most valuable aspects of interviewing: "on the one hand they tell us something we did not even anticipate needing to know; on the other, because they arise unprompted, they may well be of particular importance to the participant" (p. 58).

IPA draws upon the fundamentals of phenomenology, hermeneutics and idiography (Noon, 2018). As qualitative approach to psychological research in the hermeneutic tradition, IPA focusses on "personal meaning and sense-making in a particular context, for people who share a particular experience" (Smith et al., 2009, p.45). Noon (2018) describes hermeneutics as the practice or art of interpretation, suggesting that IPA recognises that analysis always involves interpretation, and is strongly connected to hermeneutics in its recognition of the investigator's centrality to analysis and research (p. 75). Pietkiewicz and Smith (2012) suggest that the IPA study is a dynamic process with an active role of the researcher, which will influence the extent to which they get access to the participant's experience, and how they make sense of the subject's personal world. They claim that "the analytical process in IPA is often described in terms of a *double hermeneutic* or dual interpretation process, because firstly, the participants make meaning of their world and second, the researcher tries to decode that meaning" (p/ 361). According to Smith (2019), "Interpretative Phenomenological Analysis comes into its own when examining people's perceptions of major *elusive* experiences" (p. 167), making it particularly relevant for a study around experiential constructs of meditation, mindfulness, and related being qualities. The research method was thus framed within a qualitative interpretative paradigm, using an open-ended exploration of the phenomena of meditation and mindfulness. Felder and Robbins (2016) suggest that "mindfulness can be viewed as inherently phenomenological, in part because of its emphasis on non-judgmental presence to the phenomenon of experience" (p. 116).

According to Noon (2018) IPA is idiographic in that it emphasises detailed and in-depth examinations of how individual persons in their unique contexts make sense of a given phenomenon – “it seeks to learn from each participant’s individual story, and through a deep individualised analysis, a more informative understanding of participants’ thoughts, beliefs and behaviours is attainable. Each individual case is central to IPA research” (Noon, 2018, p. 76). Even during its subsequent cross-case analysis, IPA remains faithful to the individual, illustrating both the life world of respondents who have recounted their experiences, and elucidating how they align with more general themes (Smith & Eatough, 2018).

Westland (2021) makes the interesting proposition that mindfulness meditation practices (which she also refers to as awareness practices) are valuable tools when using IPA as a research method, as it enhances the research process:

“These practices enable researchers to come into the present time, slow down their experiences, and to deepen and expand in them. The structures and containment offered by awareness practices give researchers the possibility to linger for longer in their experiences. This means information is not skipped over, and preconceptions are less likely to intrude on findings...With consistent practice, awareness [mindfulness practices] become embedded in the researcher and integral to relating to participants’ during data collection and analysis”. (p. 153).

She further suggests that by underpinning a study with awareness and mindfulness practices, “more sensory, emotional and physical experiences...were gathered by the researcher” (p. 162). During the development of this research project, IPA was thus considered the approach of choice because it encourages an open-minded dialogue between the researcher and participants, in order to foster new insights in terms of the research questions around mindfulness and the meditative being qualities, in the context of counselling psychology. IPA was regarded as particularly suitable for understanding the subjective dynamic experiences of participants, and the meanings that they ascribe to them.

3.4.3 Data analysis in IPA

Smith (2004) suggests that IPA is useful in “exploring participants’ personal and lived experiences, in looking at how they make sense and meaning from those experiences, and in pursuing a detailed ideographic case study examination” (p. 48). In attempting to provide detailed examinations of personal lived experience, IPA is “idiographic in its commitment to examining the detailed experience of each case in turn, prior to the move to more general claims” (Smith & Osborn, 2015, p. 41).

According to Braun and Clarke (2013),

Coding in IPA is referred to as noting or commenting, and unlike other coding, doesn’t aim to produce succinct codes – a code is more like a brief commentary on the data. This commenting occurs at three main levels: descriptive comments focus on the lived worlds and meanings of participants; linguistic comments focus on the language participants use and how they use it to communicate their experiences; abstract or conceptual comments stay with the participant’s experience but interpret it from the researcher’s perspective. (p. 214)

Wagner et al. (2012) claim that “IPA is primarily inductive, as it allows you to identify themes in the data...It is also interrogative, emphasising the use of case studies in which the results are discussed in relation to other literature” (p. 239). They suggest that “IPA involves staying close to the text, while being aware that your own biographical presence influences how you understand the data” (p. 239). Similar to thematic analysis, IPA uses several levels of interpretation, beginning with a basic level of analysis of the text and moving to a more interpretative level.

According to Nizza et al. (2021), a close reading of participant quotes can reveal the deeper significance of the particular relationship between the participant and the experience. They

suggest there is “no single way of accomplishing this and it relies on the researcher’s engagement with the quotes and the dataset as a whole” (p. x). Indeed, this reflects IPA’s hermeneutic process of moving back and forth between the meaning of the language in the quotes and the knowledge displayed in the wider transcript (Smith 2007). Moreover, it is through a close reading of the quotes that the researcher can bring together and communicate their interpretation (Nizza, Farr, & Smith, 2021).

Although there is no single, definitive method employed to undertake IPA, Smith and Osborne (2015) offer a helpful data analysis guide:

1. Interview transcripts are read and reread a number of times, to ensure a general sense is obtained of the whole nature of the participant’s accounts. During this stage notes are made of potential themes and the process is informed by the researcher’s experience of the interview itself.
2. Returning to the beginning, the text is reread, and any emergent themes identified and organized tentatively.
3. Attention is then focused on the themes themselves to define them in more detail and establish their interrelatedness (connecting emergent themes).
4. The shared themes are organized to make consistent and meaningful statements which contribute to an account of the meaning and essence of the participant’s experience grounded in their own words. (p. 68)

3.4.4 Similar exemplar studies in IPA

Due to IPA’s focus as a method of analysis designed to understand people’s lived experience and how they make sense of them (Smith & Nizza, 2022), many qualitative studies exploring the experience of mindfulness and its practice use IPA. The list is extensive; however a few can be mentioned as an illustration of similar exemplar studies in IPA. Soloman (2006) conducted a phenomenological study of the experience of psychotherapists who meditate (titled *The speaking body: Psychotherapists who meditate*), using an IPA methodology. The study

explored on participants' experience around meditation, with a particular focus on the construct of attention. A British study by Mitha (2018), titled *Becoming mindfully mindful*, explored counselling psychologists use of mindfulness both in their private lives and clinical practice. An interpretative phenomenological study by Shaner et al. (2017) explored the lived experience of meditation in long-term meditators, and examined what meaning this practice holds for the meditators (specifically, women who have practiced meditation daily for more than 10 years). Ekici et al (2020) conducted an IPA around the lived experiences of experienced Vipassana meditators, and what processes they ascribed to it.

More recent studies, such as that by Thomas et al. (2024), have explored the experiences of mindfulness with various population groups conducted an IPA study around experiences of a mindfulness based digital well-being retreat. The study also made use of semi-structured interviews as the primary data collection method. Pershyn et al.'s (2024) study of a mindfulness-based eating order intervention (titled *Eat Breathe Thrive*) used IPA to analyse the experience of a yoga and mindfulness-based eating disorder prevention intervention.

3.4.5 The evolution of IPA: constructs and terminology

Since IPA was first conceptualised in 2009 by Smith, Flowers, and Larkin, as method of analysis for phenomenology, "IPA continues to evolve and develop, seeking to remain fresh and open to new ways of thinking" (Smith & Eatough, 2018, p. 165). Although the core aspects of the analysis process has remained, the terminology and key concepts used in describing the process of IPA analysis have also evolved.

The IPA terminology used when proposing the research, during the research process, and then in the thesis write up process (such as *emergent* and *superordinate* themes), is based on the first edition of *Interpretative Phenomenological Analysis: Theory, Method and Research* by Smith, Flowers and Larkin (2009), and so is outdated. The change in terminology occurred

during the research study process, and although I was aware of this change, I decided to continue the study and write up process using the original terminology. This decision was because I had already worked with the old terminology during the planning and initial analyses stages, and on the assertions in Smith, Flowers and Larkin's 2nd Edition (2022) that the new terminology does not make other process accounts redundant, but rather "better reflect the analytic work being performed at this stage" (p. ii). Hence, there are still a large number of IPA studies which commenced pre-2022, that are currently being published in peer reviewed journal articles which refer to the old terminology. Examples includes Underhill et al.'s (2024) study around autism stigma amongst college students, Thomas et al.'s (2024) study exploring experiences of a mindfulness-based digital wellbeing retreat; and Jordan (2024)'s study exploring executive coaches' sense-making of organizational role boundaries.

3.5 Conclusion

This chapter outlined the interpretivist paradigm in which the study is positioned, and its qualitative research design. In addition, the chapter focussed on the methodological approach used, namely IPA. It presented a brief historical introduction to the IPA methodology, and an overview of both the theoretical orientation and data analysis in IPA. Finally, the chapter considered similar exemplar IPA studies, and the evolution of IPA in terms of its core terminology and key concepts.

CHAPTER FOUR: Method

4.1 Introduction

This chapter provides an account of the method that was employed for the research study, and the procedural steps that were followed. The chapter outlines the research objectives and questions, and considers the researcher's stance and reflexivity. In addition, it details the method in terms of sampling and the research population, data collection, transcription and the data analysis process. It concludes with ethical considerations, both relating to the methodology and in terms of the research study as a whole.

4.2 Research objectives

Klopper (2008) suggests that specific research objectives are developed to direct a research study, based on the research purpose. The research objectives for this study were :

- 1 To gain insight into the lived experience and meaning of mindfulness meditation practice, as experienced by counselling psychologists.
- 2 To gain insight into meditative 'being' qualities, as experienced by counselling psychologists, from their mindfulness meditation practice.
- 3 To explore how a mindfulness meditation practice may inform the counselling therapeutic process.
- 4 To explore the extent to which counselling psychologists perceive that mindfulness could (or should) be positioned as a valuable skill within their profession.

4.3 Research questions

According to Doody and Bailey (2015), research questions are vital as they guide the choice of methodology, methods, sample, sample size, data collection instruments and data analysis techniques. “They seek to determine or discover a process, or define experiences... They usually describe and address ‘what’ and ‘how’ questions, avoiding words such as ‘affect’, ‘influence’, ‘compare’ and ‘relate’” (p. 20). Qualitative research questions are flexible, adaptable, and non-directional, and must link closely with the research objectives (Creswell, 2013).

The research questions for this study were :

1. What is the experience and meaning of mindfulness meditation practice, for counselling psychologists?
2. Based on their mindfulness meditation practice, how (if at all) are the meditative *being* qualities experienced?
3. How (if at all) does a mindfulness meditation practice inform the counselling therapeutic process?
4. To what extent do counselling psychologists perceive that mindfulness could or should be positioned as a valuable skill for professionals in their field?

4.4 Researcher stance and reflexivity

Mason (2002) suggests that qualitative research requires a highly active and reflexive engagement from its practitioners, where subjectivity is inevitable. She describes reflexivity in research as “thinking critically about what you are doing and why, confronting and often challenging your own assumptions, and recognising the extent to which your thoughts, actions and decisions shape how you research and what you see” (p. 5).

I support Mason's notion that subjectivity in qualitative research is inevitable, as the researcher will always use a particular lens, even if that lens is one of relative neutrality. As Goldspink and Engward (2019) explain, an IPA study:

calls for the researcher to consistently discern the "me as a person" and the "me as a researcher," necessitating reflexivity for research decisions. ... what is seen, heard, and felt from the data is influenced by the researcher's own attitudes, beliefs, and experiences. (p. 301)

Mansfield (2006) describes this process of reflection as the examination of the filters and lenses through which we interpret our world. In this section, I have opted to reflect on my own stance and things that influence me in the first person, in an acknowledgement that a circular and mutually influencing relationship exists between myself, the participants and the research study. That said, I attribute greater value to depth over breadth of knowledge and am concerned with how individuals make sense of specific experiences, in a specific context. The primary concern during this research is that of meaning, which goes beyond an objective truth or reality (Reid, Flowers, & Larkin, 2005). Being interested in subjectivity, my aim is to understand what individuals' experiences of mindfulness, and how they make sense of it.

4.4.1 Reflexivity

I am currently in my third year of independent practice as a registered counselling psychologist, and the topic of mindfulness is something that resonates with me both personally and professionally. This is largely due to the exposure I have had to a Buddhist-orientated way of life with my maternal family: it embodies for them and me more of a life philosophy than a religious inclination, and it has shaped my perspectives and ultimately my behaviours and way of life.

Mindfulness meditation is, for me, a practice that extends beyond relaxation to include a curious observance of the self. The mindfulness notion is to be with what is, to understand and appreciate that the relationship you have with what is presenting is more significant than the actual content of what is presenting. Mindfulness meditation practice is about sensory awareness of one's body, and what it is saying. In my personal experience, while mindfulness meditation practice may be relaxing, it extends beyond relaxation in that it serves to bring attention to my internal and external environment. I find mindfulness particularly helpful in times of elevated stress when it assists in calming down the central nervous system.

Although I have practiced formal seated meditation to a limited extent, I prefer movement-based activities that facilitate 'flow', such as jogging and yoga. Currently, I practice yoga twice a week. But my mindfulness meditation practice is mostly incorporated throughout my day, where in everyday activities I try to apply the same mindful principles of presence and sensory experiencing. I have been aware that writing this dissertation in itself has been a form of mindfulness meditation practice, as I contemplated the texts and meanings behind them. I also experience my mindfulness practice to increase my capacity to listen and to be present, without adding my own narrative, and thus to better engage with others and to whatever is occurring in the moment. My experience is that mindfulness meditation facilitates a better connection or congruency with myself, with others and with how I relate to the world.

I value mindfulness and a mindfulness meditation practice highly. In my professional capacity as a counselling psychologist, I suggest that mindfulness and my mindfulness meditation practice both influences the person I am as I therapist – being aware of my own internal narrative and reactivity in the moment, and my ability to 'hold space' for the client – and informs my therapeutic practice. I do not consider myself a mindfulness-based practitioner, although occasionally I may suggest the use of mindfulness tools during psychotherapeutic therapy, such as the use of sensory anchors, or breathwork, particularly when a client is suffering with extreme stress. In my experience, mindfulness provides a valuable framework for conceptualising many different therapeutic approaches. For example, with narrative therapy, a mindfulness approach assists in providing an open-minded therapeutic space in

which the client can construct the narrative of their experiences. In terms of psychodynamic conceptualising around presenting struggle, I experience mindfulness to be helpful in facilitating client self-awareness and understanding of the influence of the past on present behaviour. Certainly there is a rich philosophy behind the mindfulness construct and its use in psychotherapy which I discovered only as a result of my own interests, background and perspective. I did not receive any formal exposure to mindfulness, mindfulness-informed therapy, or mindfulness-based techniques during my university studies, yet I find that these practices positively contribute to the counselling therapy I am able to offer my clients. I believe that instruction in these techniques during my psychology studies and/or my subsequent internship would have been beneficial, and I was curious to explore whether this view is shared by other counselling psychologists who also practice mindfulness meditation.

I do, however, acknowledge that I have (pre)conceptions of these notions and the inherent value that I believe they hold. My appreciation for these practices motivated the study topic to some extent, and I acknowledge that this may have influenced the study and my analysis of data, possibly motivating me to give more attention to certain information. However, I have consciously tried to actively engage in the research process and challenge my own assumptions, recognising the extent to which my person, thoughts and actions could be influencing in the research process and findings. Ironically, I suggest that mindfulness made me more able to do so. Given my closeness to the research topics, efforts were made to keep some reflective distance, in order to safeguard credibility. The various components of the research study aimed to and minimise researcher subjectivity and enhance its credibility. For example, in the word-for-word transcriptions of the recorded interviews enabled a higher transferability across the interviews. IPA as a method of data analysis facilitates credibility since an exhaustive description of the phenomenon (of meditation and its effect on therapeutic practice) is only drawn after examining the detailed experience of each case in turn, prior to making more general claims. Researcher reflexivity was an ongoing part of the research process, and the final chapter is an epilogue to the study, aiming to provide a mindful reflection around the research process itself (refer to Chapter Thirteen: Epilogue).

4.5 Research Sampling

In a qualitative research context, sampling refers to “the process of selecting a subset of items from a defined population for inclusion into a study” (Guest , Namey, & Mitchell, 2013, p. 41). This section describes the sampling aspects of the research study, including inclusion criteria, the sampling method, sample size and an overview of the research sample group.

4.5.1 Inclusion Criteria

The inclusion criteria for the research participants were that they were practising counselling psychologists registered with the HSPCA, and who had a medium to long-term experience of mindfulness meditation practice (at least 12 months). The term “practice” in relation to mindfulness meditation implies that the activity has intent and is repeated over time. For the purposes of this study, a mindfulness meditation practice is any practice that is understood and experienced by the participant as being so. In addition, research participants needed to have at least two years of therapeutic experience (that is, at least two years in independent practice) and had to reside in South Africa.

4.5.1.1 Rationale for the specifier of counselling psychologists

As indicated in the introductory chapter (refer to Chapter 1.4), while mindfulness and the resulting being outcomes can be relevant to all the disciplines of psychology, I decided to focus specifically on counselling psychologists – rather than any other psychology category (or on psychologists or therapists in general) – for a number of reasons. First, I myself am a registered counselling psychologist, and it is the category of psychology about which I am most acquainted and in which I reasoned I could access the widest range of research participants. Second, there is arguably an increasing need for the discipline of counselling psychology to maintain relevance, in terms of impactful therapeutic outcomes and making a meaningful

contribution to the mental health care needs of communities, both in South Africa and globally. In this regard, due to the potential value that the mindfulness being qualities may have in positively impacting the counselling therapeutic context – such as facilitating empathy, non-judgement and increased cultural sensitivity, as described in the literature review (refer to Chapter 2.3 Conceptualising the being qualities) – I would posit that they have particular (although not exclusive) relevance in the field of counselling psychology.

In South Africa, since in the early 2000s Leach, Ackhurst and Basson (2003) were advocating a necessary demonstration of “viability (of counselling psychology) as a field with the ability to contribute to alleviating some of the social ills that South Africa now faces” (p. 633). Subsequently, individuals such as Young, Bantjes and Kagee (2016), among others, have continued this discourse. Young et al. (2016) propose that counselling psychology in South Africa needs to confront diversity and multiculturalism, but also suggest that “criticisms around American ideological influence are not unique to South Africa, and similar arguments in other parts of the world have resulted in counselling psychology embracing multiculturalism as a ‘fourth force’ within psychological practice” (p. 5). In their article which focuses on counselling psychology in the United Kingdom, Lane and Corrie (2006) suggest that:

Much personal development (CPD) work, for example, has a distinctly Western slant: In view of the increasing need to ground our practice in context, and to remain respectful of diversity, we need to consider whether these approaches are sufficient or whether we should embed our personal development within frameworks that are more systemically oriented, multiculturally-aware and politically informed. At the same time, there is a growing interest in Eastern (mindfulness-based) philosophies, alternative and holistic approaches to personal growth which are pervading our culture... Would any personal development work couched within these approaches be recognised as legitimate CPD or not? (p. 18)

Third, *meditation* and *being* afford a good fit in terms of facilitating several core minimum competencies of professional practice under the HPCSA category of counselling psychology –

“a specialist category within professional psychology that promotes the personal, social, and educational functioning, career functioning and well-being of individuals, couples, families, groups, organisations and communities.... [d]raw[ing] on a holistic appreciation of people’s lived experiences and their sociocultural contexts” (The Professional Board for Psychology, 2019, p. 3). Walsh and Shapiro (2006), suggest that the desired outcome of meditation is a mindful state, which fosters specific being capacities that are necessary within the counselling therapeutic relationship. In addition, it is claimed to assist therapists in paying close attention to both the client and their own internal environment. This ability to pay attention is a being quality, and it is particularly relevant to the practice of counselling psychology.

4.5.1.2 Type and duration of meditative practice

Meditation can take on many different forms, but Buddhist psychology distinguishes between two main types of meditation: mindfulness or insight-based (*vipassana*) meditation and concentration or relaxation (*samatha*) meditation. According to Germer et al. (2005), “research suggests that the two forms of meditation are neurologically different practices” (p. 15). This study is concerned specifically with mindfulness (*vipassana*) meditation rather than relaxation meditation practices. According to Wielgosz et al. (2019), “mindfulness meditation does not describe a singular technique but rather a family of practices, which share a focus on reducing distraction and enhancing awareness of mental experience” (p. 307). Mindfulness meditation practices are claimed to assist therapists in fostering specific being capacities (Walsh & Shapiro, 2006). This study is interested in these being capacities, or experienced outcomes.

The regularity of meditation practice was not specified in the participant inclusion criteria, as meditation – like many disciplines – is practised with varying frequency depending on numerous factors, including personal preference. What was required in terms of my inclusion criteria was that the participant’s practice of meditation should be a relatively enduring part of their life. This is based on the arguments of prominent meditation teachers – such as Mollenhoff

(2021) – who propose that results are achieved with discipline over time. It is a practice that is developed, and its value can therefore only be assessed after an enduring period of practice, allowing for considered reflection. To quantify a time period for something to be an enduring part of one's life is arguably subjective. According to Mollenhoff (2021), "it is crucial to make meditation a regular habit" (p. 2). He suggests that for robust benefits, meditative practice needs to be a routine, with an accumulated meditation time over several months. However, in terms of the aforementioned accumulated meditation time, there was no specific guideline presented in terms of regularity. A further review of online sources undertaken by the researcher to gain further insight into the required regularity of mindfulness meditation practice in order for it to become enduring and established also presented with minimal information. For the purposes of this study, 12 months was deemed reasonable.

4.5.2 Sampling method

Purposive sampling and snowball sampling were selected as the most appropriate sampling techniques for the research study. According to Wagner et al. (2012), purposive sampling occurs when "the researcher relies on his or her own experience, previous research or ingenuity to find participants in such a manner that they can be representative of the population" (p. 93), and snowball sampling is "generally used when members of a specific population are difficult to locate...where individuals within the relevant population are approached...who then identify other potential participants from the same population" (p. 92). In order to be recruited, potential participants needed to meet the inclusion criteria (refer to Chapter 4.5.1):

The inclusion criteria for the research participants were that they were practising counselling psychologists registered with the HSPCA, and who had a medium to long-term experience of mindfulness meditation practice (at least 12 months). In addition, research participants needed to have at least two years of therapeutic experience (that is, at least two years in independent practice) and had to reside in South Africa.

I used my personal network of contacts introduced and established through the Buddhist Retreat Centre as my starting point for the recruitment process, with two participants already known to me. Gatekeepers Agreement was obtained for this purpose (refer to Appendix G). In line with the Protection of Personal Information Act (POPIA, 2021) and relating individual's right to privacy, this agreement involved the director of the BRC to contact possible participants first, in order to obtain their permission for my contact. In addition, the BRC website provides details of upcoming retreats and course facilitators – many of whom are counselling psychologists with a mindfulness-based orientation – and thus served as a resource for finding potential participants (<https://www.brcixopo.co.za/retreats/detailed-list-of-retreats.html>). This entailed me identifying potential facilitators who were counselling psychologists, and then requesting that the gatekeeper ask them if they consented to give me their details. Four participants were obtained through this channel. A further five participants were recruited through snowball sampling which is especially useful with more hidden populations, “where participants suggest someone else to interview” (Nathan et al., 2019, p. 410).

The participant recruitment process was more difficult than I anticipated, due to the fairly narrow inclusion criteria, and also because the time required by a participant in order to take part in the research was more than what some potential participants were able to, or prepared to, contribute. Counselling psychologists as a group of professionals are generally under pressure in terms of high workloads. Moreover, because they are remunerated by time a number of psychologists whom I approached could not afford to sacrifice their working (and thereby earning) hours to participate in the research. At least five potential participants declined to take part due to time constraints.

4.5.3 Sample size

As this is a qualitative study based within an IPA paradigm, the research focus is insight and meaning, achieved by a comparatively narrow sample, enabling in-depth and “micro-level reading of the participants’ accounts, which offers the possibility of some entrée into the understanding of the phenomenon” (Smith & Osborn, 2015, p. 42). According to Smith et al. (2009), IPA involves the detailed examination of individual cases followed by a search for similarities and differences between them. Due to the intensity of activity required in each case (in terms of the duration of the research interview and resulting lengthy transcription that comprises the data for analysis), it is generally applied in research studies with relatively small sample sizes. There does not currently appear to be any consensus in the literature on what an appropriate sample size is for IPA studies. Smith et al. (2009) suggest an average sample size of three participants for undergraduate or master’s studies, whilst number of interviews is emphasised over number of participants in a doctoral study. Smith et al. (2009) suggest between four and ten interviews for a doctoral study. Clarke (2010) suggests that in IPA research, smaller concentrated samples are commonly utilised, and that between four and ten participants is reasonable for doctoral studies. For this study, a sample size of at least ten individuals was deemed appropriate, and a final research sample size of 11 participants was obtained during the participant recruitment process: two participants were already known to me (purposive and snowball); four were known to me and recruited through the BRC (purposive); and five participants, unknown to me, were engaged through participant recommendation (snowball).

4.5.4 Overview of research sample group

Eleven participants agreed to take part in the study. All were registered counselling psychologists with a minimum of two years in independent practice. In addition, they all confirmed to having practiced mindfulness meditation for at least a year (ranging from two to

25 years, with the majority having practiced for significantly longer than 12 months). The average period of mindfulness practice among the participants was 10,4 years, thus their practice of meditation was a relatively enduring part of their life. The participants were resident across three of South Africa's nine provinces (namely, the Eastern Cape, Western Cape and KwaZulu-Natal). In terms of gender, three participants were male, and eight were female. Their ages ranged from 29 years to 73 years.

In the interests of anonymity, a pseudonym has been assigned to each participant, guided by their initials and gender, and any potentially identifying information has been omitted.

Table 1: *Allocated pseudonym and demographic profile for the sample group*

Research Participant	Allocated Pseudonym	Gender (M / F)	Province	Reflective task completed (Y/N)
Participant A	Amy	F	KwaZulu-Natal	Y
Participant B	Bruce	M	KwaZulu-Natal	N
Participant C	Cayla	F	Eastern Cape	N
Participant D	Dillan	M	Eastern Cape	Y
Participant E	Evan	M	Eastern Cape	N
Participant F	Fiona	F	KwaZulu-Natal	N
Participant G	Gwyn	F	Eastern Cape	Y
Participant H	Helen	F	KwaZulu-Natal	Y
Participant J	Jordan	F	Western Cape	Y
Participant K	Kirsty	F	Western Cape	Y
Participant L	Lisa	F	KwaZulu-Natal	N

* No Participant I – Researcher (Interviewer) indicated as I on transcripts

4.6 Data Collection

4.6.1 Selection of data collection methods

For the purposes of this study, a combination of two data collection methods was deemed most appropriate, namely interviews and the use of a reflective journaling task. Although a variety of methods can be used in phenomenologically oriented research, the general idea in terms of the data collection method is to have a basic structure while keeping a focus on the research questions. Research within an IPA paradigm seeks to enable the participant to recall as full an account as possible of their experience (Smith & Osborn, 2015). Whilst the conventional IPA data collection method is interviews, more recently it has expanded to include “everyday experience methods” (Reis & Gable, 2000, p. 190). Murray’s (2015) discursive study around domestic labour relations justified the use of journals as an additional method of data collection, as “a once-off interview was too disconnected or removed from the actual interactions of (participants)” (p. 65). Aggias (2018) also supplemented her IPA data collection method of two interviews with the optional use of “free-text diaries... offered to participants who wished to record additional data between interviews” (p. 63). Soloman (2015) reported that sometimes his participants “had difficulty in remembering their experiences, and when they had remembered, struggled to find the right words to convey a sense of lived moments” (p. 4). Thus, it was felt that the chosen methods of data collection (namely a combination of interviews and a reflective journaling task) provided a good fit with the IPA paradigm. In addition, it was hoped that the use of multiple data collection methods would offer triangulation benefits – defined by Braun and Clarke (2013) as

traditionally refer(ring) to a process whereby two or more methods of data collection or sources of data are used to examine the same phenomenon, with the aim of getting as close to the ‘truth’ of the object of study as possible. (p. 285)

4.6.2 Adjustment of data collection process

The data collection process needed to be flexible and adjusted according to the needs of the research participants. Initially, two interviews had been anticipated, as detailed in the Information Sheet and Informed Consent (see Appendix B). Whilst all of the participants consented to the primary interview, due to the tight work schedules of most participants, more than half expressed concern upfront about their capacity to participate in two interviews. It was therefore agreed, for the sake of securing the full sample, that only one interview would be required for participation in the study. While it is common for many studies using an IPA framework to require participants to complete two interviews, this is by no means a definitive rule. For example, Smith et al. (2009) recommend that IPA studies “should keep the interview invitation to one interview per participant. However, only if there is a need for a follow-up interview shall the researcher contact the participants for additional interviews” (p. 57).

The second data collection component was a reflective journalling task, requiring participants to keep a journal around their meditative practice. It was suggested that entries include further insights, experiences, and thoughts specifically related to therapy, both positive and negative (refer to Chapter 4.6.4). Most of the participants expressed hesitation around this task, particularly the use of the proposed *Easy Notes* application (detailed further in Chapter 4.6.4), preferring to use either WhatsApp or email for this task. Research participants were told that their participation in both the interviews and reflective journalling task were voluntary and could be terminated at any time, and this was also emphasised in the Participant Information and Informed Consent forms (refer to Appendix B: Information Sheet and Informed Consent). All of the participants consented to participate in the interviews, while six participants agreed to participate in the reflective journalling task.

4.6.3 Interviews

All of the participants consented to the interviews, and thus the research study involved 11 interviews in total. Five participants were based in the same province of KwaZulu-Natal (KZN) as in which I live. I provided these participants with the option of either face-to-face interviews (at the participant's counselling practice) or online, via the Zoom software application. Of these, two participants preferred face-to-face interviews, and three opted for Zoom interviews. Due to the travel cost implication, I did not give the six participants that were based in the other provinces (the Eastern and Western Cape) the option of face-to-face interviews, and requested that we use Zoom as the interview platform.

The intended length of the interviews was approximately 60 minutes. The actual interviews ranged from 45 minutes (00:45:07, Interview 6) to 60 minutes (1:00:12, Interview 2). Two of the interviews (Interview 2 and Interview 9) were interrupted, when the participants requested that the interview be paused for a few minutes due to participants experiencing an unforeseen interruption, thus recording was necessarily paused until the interview resumed. The interviews aimed to be conversational and semi-structured, with a Primary Interview Guide (refer to Appendix D) serving as a framework. The Primary Interview Guide was designed with mostly open-ended questions which sought to gain information regarding the participant's experience of mindfulness meditation, and meaning(s) attached to their experience. The guide was developed as just that, a guide, and was not intended to dictate the course of interviews. As Smith and Osborn (2015) suggest, "the aim [of an interview guide] is to facilitate the participant telling their own story, not to check the investigators' preconceptions" (p. 68). Generally, qualitative research questions are non-directional and use words that state that the study will discover, explain or seek to understand, explore a process. or describe the experiences (phenomenology) (Doody & Bailey, 2015). The selected questions aimed to explore the core research objectives (refer to Chapter 4.2), namely to gain insight into the phenomena of the practice of mindfulness meditation and the meditative being qualities, how mindfulness meditation may inform the therapy process, and the extent to which mindfulness could or should be positioned a valuable skill for counselling psychologists.

For those participants that participated in online interviews, Zoom was selected as the online app, due to the participants' likely familiarity with this platform and its useful recording function. In addition, based on their study, Archibald et. al (2019) suggest that:

Unlike many other VoIP technologies (including Skype), Zoom possesses a number of additional security advantages that enhance its potential research utility, including its ability to securely record and store sessions without recourse to third-party software, and user-specific authentication (password protection), real-time encryption of meetings, and the ability to backup recordings to online remote server networks ("the cloud") or local drives, which can then be shared securely. (p. 2)

All of the participants gave informed consent for their interviews to be audio-recorded (refer to Appendix C).

4.6.4 Reflective Journaling Task

According to Farr and Nizza (2019), "innovative designs introduce methods that can stimulate detailed reflection" (p. 201). In IPA research, journaling as a method of data collection has a number of advantages that made the choice seem well-suited for this research. One advantage is that it allows one to gather data in peoples' natural life context that can be collected on a daily basis as opposed to at one point in time, as in the case of interviews, or with significant lags in time, as is the case with longitudinal studies. In addition, reflective journaling allows opportunity for contemplative feedback, and is thus particularly appropriate considering the nature of the study phenomenon.

Reis and Gable (2000) state that a journal is:

a tool for structured contemporaneous self-observation, by which we mean that participants are asked to monitor and describe ongoing activity according to schedules and formats designed and regulated by the investigator. As such, the method is akin to

unobtrusively following participants through their day, observing and questioning them at relevant points. (p. 190)

In essence, and synchronous with the phenomenon under investigation, journalling can be conceived as a form of meditative practice. Germer et al. (2005) describe journalling as a “mindfulness skill” (p. 168), and so its integration as a method into the study seemed relevant and congruent with the study objectives.

In terms of the data collection method of journalling, participants were requested to keep a reflective journal around their meditative practice over a period of 2 weeks, subsequent to the interview - including further insights, experiences, and thoughts specifically related to providing psychotherapy (both positive and negative). To supplement this, question prompts were provided over a period of approximately 2 weeks, via the participant’s preferred communication channel (email or WhatsApp). These prompts aimed to facilitate further reflection around their meditative practice, as well as gain insight into any areas that may not have been fully covered in the interview, pertaining to the research questions (refer to Appendix E).

As outlined above, I had originally thought to use an online application called *Easy Notes* as the platform for this reflective journalling task, as the free *Basic* version was suitable for this purpose. The key benefits of this application are the voice record function option, its comparatively robust privacy policy, as well as the relative ease with which posts (including text and audio) could be shared with me, either via email or WhatsApp. However, most of the participants expressed hesitation around the *Easy Notes* application as a journalling platform. They expressed a preference for using either WhatsApp or email for this task as they were familiar with these applications for writing and recording, and therefore found them easy to use. Four participants opted not to participate in journalling, citing time constraints as a prohibiting factor. The final journalling data collected from the remaining seven participants consisted of emails and WhatsApp voice notes, in response to the reflective journalling task prompts. Specifically, five participants opted to email their reflective journalling task

responses, and two opted to use WhatsApp voice note messages. The voice note data was transcribed by the researcher, and the emailed data was transferred to a Word document using the same formatting as for the interview transcriptions, for ease of analysis. In terms of the volume of resulting data, the transcripts totalled approximately 4000 words (an average of 3 pages per participant of data, resulting from the reflective journalling task).

4.7 Data Analysis

The fading in of the data analysis process began during the data collection process (during the interviews), with initial analysis thoughts and analytical inferences. Once the data collection was complete, I continued the process of familiarising myself with the data (by both listening to the audio-recordings of the interviews and reading the interview reflective journalling task responses), to ensure a general sense of the participant's accounts was obtained. Thereafter, I began the process of transcription, which Braun and Clarke (2013) maintain is an important part of the data analysis process.

4.7.1 Transcription

The recorded interviews and reflective journalling task (WhatsApp) voice notes were transcribed for analysis using orthographic transcription (verbatim). Orthographic transcription focuses on transcribing spoken words (and other sounds) in recorded data. It is described by Hepburn and Bolden (2017) as “transcribing word-for-word what is said. Sentences tend to appear as grammatical, false starts and ‘ums’ are typically omitted, and standard usage of punctuation is maintained” (p. 7). They suggest that orthographic transcripts are appropriate if the content is “used as evidence for themes or discourses... or subject to interpretative phenomenological analysis” (p. 7).

Orthographic transcription can be contrasted with audio transcription styles that include more phonetic features, where the transcript aims to record not only what was said, but also how it was said – such as Jeffersonian transcript, used largely in discursive psychology and conversation analysis. As Braun and Clarke (2013) explain, “experiential analytic methods, like interpretative phenomenological analysis, and some versions of thematic analysis and grounded theory, focus on the words spoken by the participants – what was said rather than how it was said” (p. 169).

I made use of a transcriber for this purpose and funded the work myself. It was important for the transcriber to be competent and familiar with the transcription method. The transcriber I selected was a psychology masters student, with previous experience in interview transcription for academic research. According to Stuckey (2014), “the accuracy of the transcription plays a role in determining the accuracy of the data that are analysed and with what degree of dependability” (p. 1). The interviews were therefore transcribed verbatim, including the nonverbal features of the interaction on the transcript, in order to dramatise the data and adequately capture the experience or phenomena under investigation.

During the transcription process, the transcriber used letters of the alphabet in place of participants’ names. These were given in alphabetical sequence according to the chronological order in which the interviews were done. The letter “I” was used to identify my speech during the interviews. To protect participants’ identity and confidentiality, towns or exact locations mentioned in the interviews were substituted with more general geographical locations (for example, a province would be referenced instead of the named city or town in that province). In such cases the general locations were typed in italics.

The final interview transcriptions have three columns: the left column shows line numbers; the middle column identifies the speaker (the letters A to H and J to L representing the participants’ names, and the letter I representing the interviewer); and the right-hand column contains the spoken conversation and other nonverbal features of the interaction.

4.7.2 Data analysis

The method of data analysis was IPA. Wagner et al. (2012) claim that “IPA is primarily inductive, as it allows you to identify themes in the data...It is also interrogative, emphasising the use of case studies in which the results are discussed in relation to other literature” (p. 239). They suggest that “IPA involves staying close to the text, while being aware that your own biographical presence influences how you understand the data” (p. 239). Similar to thematic analysis, IPA uses several levels of interpretation, beginning with a basic level of analysis of the text and moving to a more interpretative level.

Although there is no single, definitive method employed to undertake IPA, the guidelines from Smith and Osborne (2015) and Noon’s (2018) iterative stages (refer to section 3.4.3) proved a helpful starting point for my own data analysis. The data analysis process I followed is detailed below:

- Immersion and note making

In order to ensure that I obtained a general sense of the participant’s accounts, I opted to simultaneously listen to the interview recordings and follow the interview transcript texts, writing down significant or relevant statements on paper while listening and reading. This was done in the form of direct quotations: some were only a word or two, others were phrases or longer quotations. Line numbers were also noted, for ease of reference. This was an important part of the analysis process, as the resulting subset of data became the data that I finally analysed. This phase involved extracting all quotations that I perceived as relevant quotations, which constituted a substantial portion of the data. The Primary Interview Guide was designed with mostly open-ended questions which sought to gain information regarding the participant’s experience of mindfulness meditation, and meaning(s) attached to their experience, according to the main research topics as tabulated below (Table 3.2: Primary interview topics and sub-topics). Relevance of the data was informed by whether it contributed to any of the research

topic constructs (mindfulness, mindfulness meditation, and the being qualities), or to the interview questions that aimed to explore the study topic and its core research questions. In addition, information regarding participants' demographics, as well as information pertaining to their counselling practice (including their areas of therapeutic focus and preferred therapeutic modalities) were considered relevant, as it provided background information for the research sample group. The interviews were intentionally conversational and semi-structured, and data that was significantly repetitive or that was not relevant to the study topic was omitted.

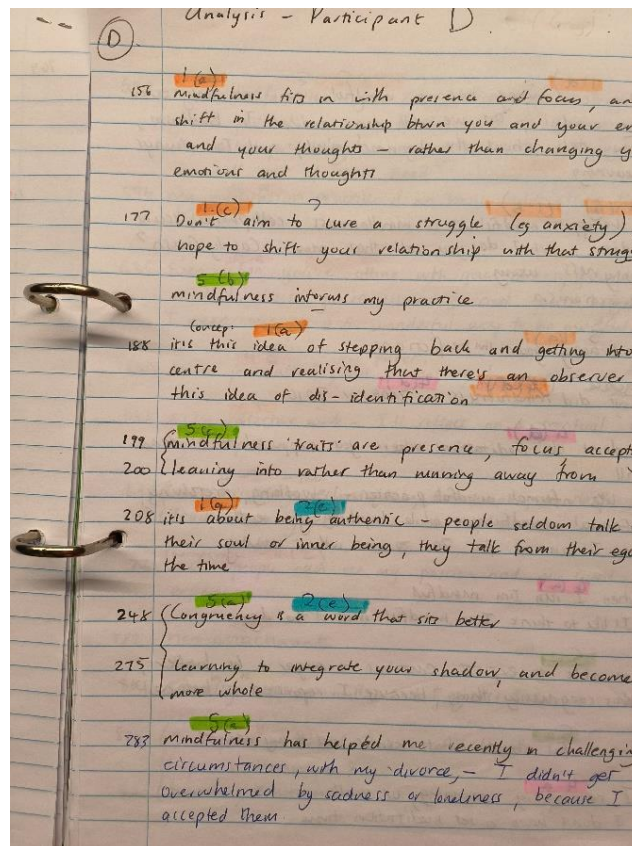
This process was repeated for each participant. The same was then done for the reflective journaling task responses. Thus for each participant, I wrote down on paper all the relevant quotations extracted from their interviews that I felt were significantly meaningful, either due to repetition, tone of voice, or relevance to the aforementioned research study constructs, questions and topics. In their revised version (Second Edition) of *Interpretative Phenomenological Analysis: Theory, Method and Research* (2022), Smith et al. refer to such quotations that hold meaning for the participant as *experiential statements*. For both the interview data and the reflective journaling task data, I preferred to err on the side of caution, extracting rather too many quotations than too few.

- Reorganising of the statements under interview topics and sub-topics

Once each participant's lists of extracted quotations was complete, I read and then re-read these, colour coding them according to the main interview topics and sub-topics (see Table 2 below). The topics and sub-topics were based on my research objectives, that in turn had guided the interview questions. This was done manually with coloured highlighters, with each topic assigned a different colour.

The below image is an example of the colour coding of extracted quotations. The line numbers on the left relate to those on the participant transcript.

Image 1: Example of initial coding on participant data



The colour-coded quotations were then re-organised as a separate document, grouped according to topics and sub-topics:

Table 2: Primary interview topics and sub-topics

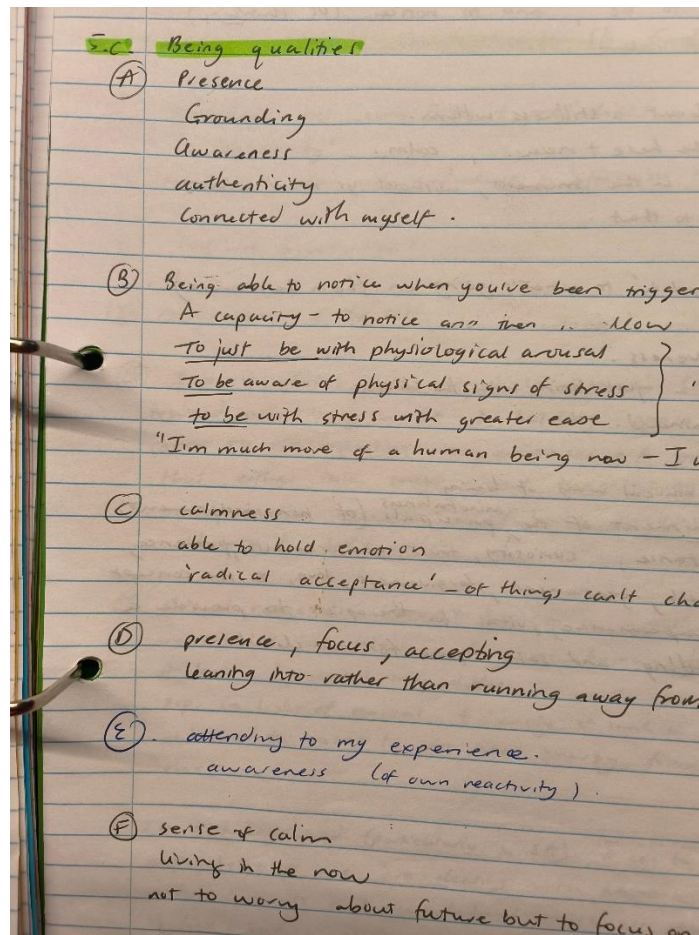
[The topics are colour coded according to the colour coding that was used manually in the extracted quotations]

Topics	Sub-topics
1. Demographic profile for the sample group	<ul style="list-style-type: none"> - Age - Province - Number of years independent counselling practice

Topics	Sub-topics
	<ul style="list-style-type: none"> - Institution where obtained psychology Masters' degree
<p>2. Counselling practice information</p>	<ul style="list-style-type: none"> - Therapy focus and areas of interest - Preferred therapeutic modalities - Influencers - Important attributes as a counselling psychologist
<p>3. Conceptualising</p>	<p><u>Mindfulness:</u></p> <ul style="list-style-type: none"> - How mindfulness is conceptualised - Barriers to mindfulness - Mindfulness as a state or a trait - Mindfulness and spirituality - Potential risks associated with mindfulness <p><u>Meditation</u></p> <ul style="list-style-type: none"> - How meditation is conceptualised - Why meditation is needed / becoming popularised
<p>4. Participant's Practice</p>	<ul style="list-style-type: none"> - Personal meditative practice: - How their practice looks / the form it takes - Regularity - Journalling as a meditative practice - History of their meditative practice - Therapeutic practice – using mindfulness as a tool <p>(Mindfulness-based therapy)</p>

Topics	Sub-topics
5. Perceived outcomes / value of mindfulness practice	<ul style="list-style-type: none"> - Perceived personal outcomes - Perceived therapeutic outcomes - Experienced being qualities - Benefits / value in terms of SA context
6. Relevance for mindfulness training in counselling psychology curriculum	<ul style="list-style-type: none"> - Mindfulness as relevant for counselling psychology - Exposure to mindfulness / meditation / mindfulness-based tools in own training - Whether / how mindfulness should be incorporated in psychology curriculum
7. Participant feedback	- Experience as a research participant

Below is an example of the initial draft document created for Topic 5(c) [perceived value of mindfulness practice] , sub-topic (c) [experienced being qualities] – listing extracted excerpts per participant. Participant abbreviations are indicated in the left margin.



- Tabulation of demographic and counselling practice information

Information for Topic 1 (Demographic profile for the sample group – refer to Table 1) and Topic 2 (Participants' therapy foci and preferred therapeutic approaches – refer to Table 4) was tabulated, providing the background information for the research sample.

- Developing of emergent themes

For each participant, the list of meaningful extracted quotations for each topic (and related sub-topic) was considered, commonalities were considered and the quotations were further coded. Thereafter, a phrase was developed to describe the coded items – either a specific quotation or a descriptor of several quotations – that reflected the essence of what the quotations were conveying. These phrases served as the emergent themes within each topic.

- Superordinate themes and sub-themes

I then investigated the connections between the emergent themes, according to conceptual similarities and commonalities across the participant responses. In the process of moving from analysis individual cases to looking across participant cases, theme clusters began to emerge. I finally looked at whether theme clusters held equal relevance or significance, or if some were broader (superordinate) themes. Some emerging themes were disregarded, as they did not carry enough congruence across the data compared to the other sub-themes. Exceptions and interesting comments were also noted.

- Conceptually integrating the results into meaningful findings

The final stage of data analysis involved conceptually integrating the results from the superordinate and sub-themes into a meaningful discussion of findings in response to the research questions – as outlined in Chapter Five.

- Write up

Writing up the analysis or results is a critical component of IPA research, with the researcher functioning as a conduit through which participants' experiences are held and conveyed (Smith et al., 2009). I opted to separate the findings and discussion chapters of this thesis, as I felt that this would assist in elevating the discussion around extracted themes. Smith et al (2009) suggest an uninterrupted flow between analysis and write-up, in order to stay connected to the material. As I engaged with the interview material, I found myself continuously revising and refining my understanding of participant experiences. This recursive dynamic between results and

analysis deepened my understanding of the findings and enhanced my ability to communicate these insights to the reader. Smith et al. (2009) detail this multi-directional process below:

In reality, analysis is an iterative process of fluid description and engagement with the transcript. It involves flexible thinking, processes of reduction, expansion, revision, creativity and innovation. Overall, the analytic process is multi-directional; there is a constant shift between different analytical processes. As such, analysis is open to change, and it is only 'fixed' through the act of writing up. This dynamism is at the heart of good qualitative analysis and is what it makes it exhilarating but also demanding". (p. 81)

4.8 Ethical considerations

According to Wassenaar and Mamotte (2012), "[o]ne of the most important aims of research ethics is to protect the welfare of research participants" (p. 1). They describe eight practical considerations, which "if considered carefully and applied together, are likely to enhance the ethical standing and the scientific value of social science and psychological research" (p. 13), and include:

4.8.1 Favourable Risk/Benefit Ratio

Of primary ethical concern was the well-being of the participants involved in the research study. According to Wassenaar and Mamotte (2012), "safeguards and contingencies should be put in place to deal with foreseeable harms" (p. 16). In this regard, as the target group included registered and practising counselling psychologists, it was a sample group that did not aim to include persons who would typically be emotionally vulnerable in terms of anticipated psychological or emotional harms or distress resulting from their participation in the research study. The assumption about inviting registered and practising counselling psychologists to participate in a study was that by nature of their career they are able to manage their

psychological well-being, and should distress present that they would have ready access to support structures or, at the very least, knowledge regarding how to access the required support. Gordon (2020) suggests that vulnerability in research ethics can be understood as:

a condition, either intrinsic or situational, of some individuals that puts them at greater risk of being used in ethically inappropriate ways in research. The NBAC (National Bioethics Advisory Commission) noted two general themes defining vulnerability: “In general, persons are vulnerable in research either because they have difficulty providing voluntary, informed consent arising from limitations in decision-making capacity... or situational circumstances... or because they are especially at risk for exploitation”. (p. 35)

In terms of vulnerability relating to participants’ ability to comprehend information about the study and make informed decisions about participation, it was not anticipated that participants would be at a high risk, by nature of their level of education as well as likely exposure to research at some level during their tertiary psychology education. Gordon (2020) outlines a number of situational or circumstantial vulnerabilities, which includes social vulnerability (undervalued social groups), economic vulnerability (from a significantly underprivileged or disadvantaged background) and differential vulnerability (referring to persons who are under authority of others, and may be exploited or coerced). By nature of their professions as counselling psychologists in private practice, it was not anticipated that the participant group would be at risk in terms of the above-mentioned situational circumstances.

In addition, participants were unlikely to be exposed to questions that may be experienced as stressful or upsetting, as they would focus on their reflections and experience of the topic under investigation, namely the practice of meditation, which was anticipated (by nature of the required endurance and commitment) to be a practice that is essentially positive, with beneficial outcomes experienced. There were therefore no apparent or foreseeable harms that could or would from participation in the research study. There was a possible risk related to the confidentiality of participant’s client information (that is, participants inadvertently revealing

information about their clients during the data collection processes). As a result, participants were encouraged at the start of each interview to avoid discussing their clients or revealing client information inadvertently (and in the event if this occurring, I agreed that such information would be omitted from the data record. As it happened, this was not necessary as the data contained no revealing information about clients.)

It is good practice for psychologists to attend ongoing therapy and professional supervision as part of their own self-care and professional growth. As Posluns and Gall (2020) suggest, “[s]tress, burnout, and professional impairment are prevalent among mental health professionals and can have a negative impact on their clinical work, whilst engagement in self-care and supervision can help promote therapist well-being” (p. 1). By virtue of being mental health care providers, it was anticipated that research participants should have access to psychosocial support, if needed, and personal self-care strategies developed through their own professional psychological training and practice, and meditation practice. However, in the event that participants did experience emotional distress as a result of their participation in the research study, the researcher intended to make appropriate referrals as and when required. In this regard, a registered counselling psychologist (Dominique Garnett) was consulted and confirmed acceptance as a referral source to provide psychological services to participants experiencing emotional distress (refer to Appendix F). The cost of any required services by Dominique Garnett was to be covered by the researcher. In addition, contact details for free support services, including SADAG (0800 567 567) and Lifeline (0861 322 322), could also be provided, in the event that such support was preferred by research participants. Throughout the study – during communication with participants around the research study, the consent process, interviews and the reflective journal task – no apparent distress presented among or was reported by any of the participants. The interview tone was generally positive and conversational. Therefore there was no need for psychological support referral for any participant due to emotional distress.

While no direct benefits to the study participants was anticipated, apart perhaps from enabling greater mindfulness into their own practice, the primary benefit of the study lies in its

contribution to current research regarding the phenomenon of the practice of meditation, and its relevance in psychotherapeutic practice. Specifically, it aims to gain insight into meditative being qualities, relating to therapeutic practice, and thus enlarge and enrich the body of literature around this subject.

4.8.2 Informed Consent

According to Wassenaar and Mamotte (2012), “the informed consent process must be as explicit as possible, intended outputs described, and confidentiality assured unless explicitly waived” (p. 9). The informed consent form (Appendix C) aimed to reinforce the principles of voluntary participation in both the interviews and the reflective journaling task, and freedom to withdraw from the research at any time, without penalty. The fact that four participants opted not to consent to participation in the reflective journaling task is indication that voluntary participation was understood and exercised. “Informed consent means that participants agree to participate without feeling coerced, and that they are fully informed about the purpose duration, methods and potential uses of the research” (Wagner, Kawulich, & Garner, 2012, p. 64).

4.8.3 Social Value

While the quantifiable social value of many research studies is often contestable, the study should nevertheless aim to add value to a broader social concern. “Research should address questions that are of value to society” (Wassenaar & Mamotte, 2012, p. 14). This study aimed to explore the popular and mainstream practice of meditation, with a focus on exploring the construct of mindfulness in terms of its relevance to psychotherapeutic practice. The research also has potential social value for counselling psychologists and the clients with whom they work. The study’s focus on a particular category (counselling psychology) facilitated

generativity and transferability, in that the findings from detailed descriptions are regarded as transferable to other areas of psychology in which counselling plays a role.

4.8.4 Ongoing Respect for Participants and Study Communities

The ethical principle of ongoing respect for the study participants “requires that participants be treated with respect during and after a study” (Wassenaar & Mamotte, 2012, p. 19). Participants were informed of their right to withdraw from the research at any stage, without penalty. They were also informed of their right to not answer any question they did not want to engage in during the interviews, and to decline participation in the reflective journaling task. Anonymity has been protected by the assigning of pseudonyms and changes to potentially identifiable information. The document which lists participants and their assigned pseudonyms has been saved in a password protected file on the researcher’s cloud storage. No personal information about the research participants has been revealed and all identifying information has been kept strictly confidential – no printed data exists, and all documentation and data (including transcriptions and signed consent forms), and audio recordings (including interview recordings and WhatsApp audios [voices notes] have been saved in a password protected file on the researcher’s cloud storage. On-going respect includes consideration of participants throughout the research process, including feedback on the research findings. I intend to present participants with a copy of the final report, once complete, for their information and interest. I will also prepare a brief summary document of the findings, which will be emailed to participants. In addition, I shall offer to meet with participants to discuss the findings, should they want to do so.

4.8.5 Scientific Validity

According to Wassenaar and Mamotte (2012, pp. 14-15), “the design, sample, method, and analysis of the study should be rigorous, justifiable, feasible, and lead to valid answers to the research question”. The research design thus endeavoured to use a methodology appropriate to the qualitative nature of the research question, in terms of the selected sampling method, data collection by means of in-depth interviews and data analysis using IPA. The study set out to gain greater insight into the interplay between mindfulness practice and its effect on a counselling therapeutic practice, therapists’ connection with themselves and clients, and the therapy they provide. By using participants who engage in meditative practises and counselling therapy, and exploring issues related to their experience of meditative being within their practice, the study sample you was aligned to both the objectives of the study. Thus, the findings should reveal answers relevant to the to the research questions – which speaks to validity of the study findings. Results will be made available to participants and the public, in the form of a thesis dissertation.

4.8.6 Fair Selection of Participants

In achieving a fair sample selection, Wassenaar and Mamotte (2012) suggest that “the population selected for the study should be those to whom the research question applies” (p. 15). The nature of the study implies a clear target population, namely registered and practising psychotherapists, with a medium-long term mindfulness meditation practice. The specifier of counselling psychologists as the study population excluded the other categories of psychologists, and the question around whether this is fair to the other categories would be reasonable (refer to Chapter 4.5.1.1). It is suggested that whilst mindfulness and the resulting being outcomes can hold relevance to all the disciplines of psychology, the decision to focus specifically on counselling psychologists – rather than any other psychology category (or on psychologists or therapists in general) – was made because a valid argument exists around the

potential relevance that the mindfulness being qualities may hold in the counselling therapeutic context specifically. This relevance is related to the facilitation of empathy, non-judgement and increased cultural sensitivity, as described in the literature review (refer to Chapter 2.3). It is therefore suggested that the study topic is particularly appropriate to the category of counselling psychology, in that it holds particular (although not exclusive) relevance.

4.8.7 Collaborative Partnership

Nurmi et al. (2017) propose that collaborative partnership plays an important role in clinical research in ensuring research adds social value while simultaneously protecting and respecting the participants and the communities in which the research is conducted. Their findings from a qualitative secondary analysis of clinical research studies showed that:

collaborative partnership was a cornerstone for ethical clinical research and ways to foster inter-partner collaboration were indicated, such as supporting mutual respect and equality, shared goals and clearly defined roles and responsibilities. In addition, the social value of clinical research was an important precondition for ethical clinical research and its realisation required the research partners to demonstrate collaboration and shared responsibility during the research process. (p. 57)

In terms of this research study, this was operationalised in several ways. Mr. Louis van Loon – Founder and Director of the BRC in Ixopo – was approached to provide feedback on the planning of the research design and recruitment of the participants. In addition to the BRC collaboration, the polite and respectful style of interactions with the participants aimed to facilitate a collaborative partnership between the researcher and study participants. Participants were open-minded, eager to engage and to learn, which to my mind further solidified inter-partner collaboration.

4.8.8 Independent Ethics Review

According to Wassenaar and Mamotte (2012), any research study involving participants must be reviewed by an independent and competent ethical board, prior to the commencement of data collection. In this regard, the research study was being submitted to the HSSREC for ethical approval. The HSSREC ethics approval reference number is HSSREC/00004397/2022 (refer to Appendix A).

4.9 Rigour and trustworthiness

Qualitative research acknowledges bias as a general part of the research process, as participants and researchers themselves can never be completely value-free. “The subjectivity present in qualitative data analysis increases the risk of biased analyses” (Babbie, 2008, p. 466). This is particularly relevant in studies (such as this) where the researcher has particular interest or ‘closeness’ to the field. Good quality research thus involves ensuring its rigour and trustworthiness. According to Klopper (2008), *rigour* “relates to the ‘soundness’ of the research, and must be reflected throughout the Proposal” (p. 69).

The aspects of credibility, dependability and transferability speak to the methods used to maintain research boundaries and minimise researcher bias, and relate to the trustworthiness and rigour of the data. The trustworthiness of the findings and conclusions is dependent on the rigor and quality of the research design, sample, method, and analysis, “leading to valid answers to the research question” (Wassenaar & Mamotte, 2012, p. 15). The research design therefore aimed to use a methodology appropriate to the qualitative nature of the research question, in terms of the selected sampling method, data collection by means of in-depth interviews and data analysis using IPA. Results will be made available to participants and the public, in the form of a thesis dissertation.

4.9.1 Credibility

Credibility is “the term used to address activities that make it more credible that the findings were derived from the data” (Wagner, Kawulich, & Garner, 2012, p. 243). Trustworthiness of qualitative research relies on the accurate presentation of participant’s views and realities. Qualitative research acknowledges the multiplicity of realities and experiences, in this study relating to counselling psychologist’s experiences of meditation. Credibility of the research thus involves the accuracy with which the participants’ realities and experiences have been understood and described. The selection method of in-depth interviews combined with reflective journalling facilitates the exploration of individual experiences and realities. To safeguard credibility and reduce subjectivity, word-for-word transcriptions of the recorded interviews enabled a higher transferability across the interviews.

An extensive literature review facilitated the comparison of current findings with previous studies. IPA as a method of data analysis facilitates credibility since an exhaustive description of the phenomenon (of meditation and its effect on therapeutic practice) is only drawn after examining the detailed experience of each case in turn, prior to making more general claims. The various components of the research study therefore aimed to enhance its credibility.

4.9.2 Dependability

“Dependability is the degree to which the reader can be convinced that the findings did indeed occur as the researcher says they did” (Terre Blanche, Durrheim, & Painter, 2014, p. 93) . It refers to whether or not the findings accurately reflect the data. The research design and methodology should aim to allow for the study to be repeated and produce similar findings, to ensure dependability. However, due the contextual nature of experiential insight, the same findings cannot necessarily be anticipated in qualitative research. Multiple sources of data collection (namely interviews and reflective journaling) will assist in increasing the dependability, through triangulation. Triangulation refers to the use of multiple methods or data

sources in qualitative research to develop a comprehensive understanding of phenomena (Patton, 1999). Triangulation also has been viewed as a qualitative research strategy to test validity through the convergence of information from different sources. Credible research goes a long way in addressing the dependability of the study. A comprehensive research trail is a primary means of enhancing dependability (Shenton, 2004); thus the process of the research will be carefully documented. In this study where IPA is used as a method of data analysis, dependability can be achieved through rich and detailed descriptions of the themes of experiences. Clear outlining of the methods used to gather and analyse data will also facilitate dependability.

4.9.3 Transferability and generativity

According to Wagner, Kawulich and Garner (2012), “transferability is the basis for making similarity judgments; it is achieved by maintaining all versions of the data in their original forms and by presentation of thick description” (p. 243). It is concerned with the applicability of the research to other contexts. The selected sampling method involving homogenous purposive sampling allows for greater depth comparison of the data.

The study’s focus on a particular category (counselling psychology) facilitated generativity (of novel findings) and transferability (i.e., through detailed descriptions, the findings are regarded as transferable to other categories of psychology, where the counselling forms part of the therapy).

While good quality research requires transferability, the qualitative paradigm acknowledges the contextual nature of experiential insight (Shenton, 2004). A qualitative study may therefore not reveal the same findings if it was to be repeated, even if the same sampling and data analysis methods were used. Transferability may be enhanced by comparison of findings of similar studies, and integration of conclusions into the broader findings around the practice of mindfulness meditation and mindfulness-informed therapy.

4.10 Conclusion

This method chapter outlined the processes that were followed throughout this research endeavour. Specifically, the research objectives and questions were outlined, and the researcher's stance and reflexivity considered. The sampling procedure and population was detailed, as well as the data collection methods and process, namely interviews and the reflective journalling task. The transcription data analysis processes (IPA) were discussed in detail. Lastly, ethical considerations were outlined, and aspects of rigour and trustworthiness were considered.

CHAPTER FIVE: Prologue to Findings

5.1 Introduction

This chapter is the first of four findings chapters, and serves as a prologue to the findings that presented through analysis of the data, including both the interviews and the reflective journaling task data. It starts by providing an outline of how the presentation of findings is structured across the four findings chapters. Thereafter, it provides an overview of each participant's therapeutic interests and preferred therapeutic approaches, as a background to the findings to follow.

5.2 Structure of the presentation of findings

The process of IPA, as used in this research framework, was guided by the emergent themes pertaining to the four research questions, exploring the lived experience of mindfulness and meditative practice of counselling psychologists in relation to their practice. The findings are thus presented in order of the research questions (refer to Chapter 4.3), and include chapters Five through to Eight:

- This chapter serves as a prologue to the following three findings chapters, outlining the structure of the presentation of findings and providing an overview of each participant's therapeutic interests and preferred therapeutic approaches, as a background to the findings to follow.

- Chapter Six focuses on the participants' conceptualising of mindfulness and meditation, as these constructs underlie all four of the research questions. Whereas Chapters Seven and Eight are presented around specific research questions, Chapter Six provides a

background in terms of the core constructs (namely, mindfulness and mindfulness meditation) that underpin the data pertaining to the four research questions.

- Chapter Seven outlines the findings pertaining to Research Question 1 (What is the lived experience and meaning of mindfulness meditation practice, for counselling psychologists?) and Research Question 2 (Based on their mindfulness meditation practice, how [if at all] are the meditative being qualities experienced?).

- Chapter Eight presents the findings pertaining to Research Question 3 (How [if at all] does a mindfulness meditation practice inform the counselling therapeutic process?) and Research Question 4 (To what extent is it perceived that mindfulness could or should be positioned a valuable skill for counselling psychologists?).

The findings will be presented according to superordinate and sub-themes, that emerged during the emergent theme clustering of the data analysis process. As explained by Noon (2018), “whilst most themes cluster together as sub-themes, some emerge as superordinate themes, thus holding hierarchical relationships with one another” (p. 77).

Below is a tabulation of findings across the four findings chapters, indicating the related research questions, and emergent superordinate themes.

Table 3: *Overview of findings chapters*

Findings Chapter	Related Research Question	Superordinate themes	Sub-themes
Chapter Six	N/A		
	Broader topic of mindfulness and its practice	- Sensory nature - Personal nature	

Findings	Related Research Question	Superordinate themes	Sub-themes
Chapter	Conceptualising of mindfulness	<ul style="list-style-type: none"> - Facilitating connection - Cautionary theme around its inappropriate use 	<ul style="list-style-type: none"> - Presence and awareness - Non-judgement and nonattachment
Chapter Seven	Conceptualising of mindfulness meditation Research Question 1: <i>(What is the lived experience of their mindfulness meditation practice?)</i>	<ul style="list-style-type: none"> - Having intent - Focus on clients' needs - Connecting with nature - Diversity of practice 	-
	<ul style="list-style-type: none"> - <u>General</u> lived experience of mindfulness practice - Lived experience across <u>aspects</u> of mindfulness practice: 	<ul style="list-style-type: none"> - Formal vs Informal - Consistency - Evolving - Mindfulness-informed 	
	<ul style="list-style-type: none"> - Type: - Regularity/ duration: - History: - Therapeutic practice 		

Findings	Related Research Question	Superordinate themes	Sub-themes
Chapter	<p>Research Question 1: <i>What is the meaning attached to their mindfulness meditation practice by counselling psychologists?</i></p>	<p>versus mindfulness-based therapy</p> <p>- Improved sense of inner well-being</p>	<p>- Stills / calms</p> <p>- Self-connection and acceptance</p>
	<p>Research Question 2 <i>Based on their mindfulness meditation practice, how (if at all) are the meditative being qualities experienced?</i></p>	<p>- Increased internal capacity</p>	<p>- Increased capacity to be present and calm</p> <p>- Increased internal capacity for self-awareness</p>
Chapter Eight	<p>Research Question 3 <i>How (if at all) does a mindfulness meditation practice inform the counselling therapeutic process?</i></p>	<p>- Engagement</p>	<p>- Containing the therapeutic space</p> <p>- Presence</p> <p>- Awareness</p> <p>- Relationship with struggle and suffering</p>
	<p>Research Question 4 <i>To what extent is it perceived that mindfulness could / should positioned a</i></p>	<p>- Fostering openness and other therapeutic capacities</p>	

Findings	Related Research Question	Superordinate themes	Sub-themes
Chapter	<i>valuable skill for counselling psychologists?</i>	- Motivation for mindfulness in tertiary psychology curriculum	

In the findings chapters, explanations and reports on the data analysis make use of excerpts from the audio transcriptions in support of the superordinate themes and sub-themes. Each excerpt contains reference to the participant whose interview it originated from, with the use of allocated pseudonyms. There are a few items to note regarding the presentation of findings:

- While orthographic transcription was used in the transcribing of the audio interviews, word repetitions and filler words (indicating hesitancy or thought- such as *um / ah / hmmm/ like / you know*) have been omitted from quotations presented in the findings chapter, for ease of reading.
- Text line numbers for participant quotations relate to the interview transcripts.
- A slash symbol [/] was used in transcription to denote a simultaneous utterance (for example: “uh ha”), or interruption, but the other in the interview, and may appear in supportive quotations used in the findings chapters.
- Any quotations from the reflective journalling task will be referenced as such (due to the fact that the majority of quotations are from the interview transcripts).

5.3 Overview of participants’ therapy foci and preferred approaches

The participants’ areas of interest and therapy foci, as well as their preferred therapeutic approaches, are tabulated below:

Table 4: *Participants' therapy foci and preferred therapeutic approaches*

Participant	Areas of interest / therapy foci	Preferred therapeutic approaches
Amy	Trauma	Narrative therapy – use of archetypes and metaphors Dialogical therapy
Bruce	Trauma (complex trauma, developmental trauma, attachment trauma, childhood trauma)	Psychodynamic conceptualisation Cognitive Behavioural therapy (CBT) Somatic experiencing Neuroaffective relational model
Cayla	Borderline Personality Disorders Trauma	DBT Narrative therapy Solution focussed therapy
Dillan	Mindfulness-based work: Facilitation of mindfulness-based courses Corporate work Guest Lecturer at a university	Transpersonal psychology Existentialism Acceptance and Commitment Therapy (ACT) Psychosynthesis Therapy
Evan	Addiction Trauma Sexuality	Existential Phenomenology Buddhist philosophy
Fiona	Working with children and adolescents Life transitions Anxiety (Specifically separation anxiety and school refusal)	Integrative perspective Psychodynamic focus, but including CBT Narrative therapy
Gwyn	Depression, anxiety and panic Mindfulness Grief and loss Trauma-related issues	Collaborative therapist Mindfulness-based therapy Attachment theory ACT Dialectical Behavioural Therapy (DBT)

Helen	Trauma-related work	Eclectic / holistic approach
	Gender and sexuality	Psychodynamic
	Anxiety and depression	Evolutionary psychology
Jordan	Hospital work (health psychology)	Integrative approach
	Addiction	Psychodynamic
	Anxiety, depression, burnout	Attachment theory
	General adjustment struggle	DBT CBT
Kirsty	Health Psychology	Positive Psychology
	Psycho-oncology	Mindfulness
	Relational work	CBT
	Personal development	
	Anxiety and stress management	
Lisa	Depression and anxiety	Body-based therapies
	Trauma (especially early childhood)	'Bottom-up' modalities
	Parenting issues	DBT

Based on the above tabulation, in terms of the participants' counselling practice, trauma (7 participants) and anxiety (6 participants) presented as the most common areas of therapeutic focus. Four participants mentioned a focus around general life adjustment (including personal development, relational struggles, parenting, and life transitions). Other areas of congruency in terms of therapeutic focus included depression (3 participants), mindfulness-based work (2 participants), addiction (2 participants), gender and sexuality (2), and health psychology (2). One participant mentioned grief and borderline personality disorder as an area of focus in their therapeutic practice.

In terms of preferred therapeutic approaches, a diverse range of approaches is used by participants (18 in total), which is perhaps suggestive of the individual nature of the therapeutic context. Four participants made reference to an integrative and eclectic approach using a range of therapeutic approaches, depending on the client and context. The most commonly preferred approaches included the psychodynamic approach (particularly around case conceptualising), and DBT (Dialectical Behavioural Therapy). Only two participants cited mindfulness as a

preferred therapeutic approach. However, several participants viewed mindfulness as a broader 'meta' framework, rather than an approach in itself. Gwyn suggests that "that the philosophy and principles of mindfulness provide excellent ways of being with ourselves and our clients". (Journalling Task, 34-38).

5.4 Conclusion

This chapter served as an introduction to the findings chapters, outlining the structure of the findings chapters. In addition, the chapter provided an overview of the participants' therapeutic interests and preferred therapeutic approaches, as a background to the finding chapters (Six through to Eight) that follow.

CHAPTER SIX – Findings:

Conceptualising of mindfulness and mindfulness meditation

6.1 Introduction

This chapter is dedicated to the presentation of findings relating to participants' conceptualization of mindfulness and mindfulness meditation, as these underlie the research questions that the subsequent findings chapters describe. Two emergent superordinate themes pertained to the broader topic of mindfulness and its' practice: namely its sensory nature, and personal nature. These themes overlapped in the conceptualising of both the constructs of mindfulness and mindfulness meditation.

In terms of participants' conceptualising of mindfulness specifically, two dominant (superordinate) themes emerged, namely: facilitating connection; and a cautionary theme around its inappropriate or untimely use. Relating to the first superordinate theme of facilitating connection, two further sub-themes were identified – namely, presence and awareness; and non-judgement and nonattachment.

Participants' conceptualising of mindfulness meditation reflected one superordinate theme, namely of having intent. The themes (both superordinate and sub-themes) are tabulated below:

Table 5: *Thematic table: participants' conceptualising of mindfulness and mindfulness meditation*

Conceptualising:	Superordinate themes	Sub-themes
Broader topic of mindfulness and its practice	- Sensory nature - Personal nature	

Conceptualising:	Superordinate themes	Sub-themes
Conceptualising of mindfulness	<ul style="list-style-type: none"> - Facilitating connection - Cautionary theme around its inappropriate use 	<ul style="list-style-type: none"> - Presence and awareness - Non-judgement and nonattachment
Conceptualising of mindfulness meditation	<ul style="list-style-type: none"> - Having intent 	

6.2 Superordinate themes of the broader topic of mindfulness and its practice

Two superordinate themes pertained to the broader topic of mindfulness and its practice, overlapping participants' conceptualising of both the constructs of mindfulness and mindfulness meditation - namely the sensory nature, and the personal nature.

6.2.1 Superordinate theme: The sensory nature

Congruent among participants conceptualising around the topic of mindfulness and its practice was the notion of engaging in the senses, with awareness. Participants' experiences suggest that a mindful state is one in which you are observant in terms of body sensations, feelings and thoughts. As Bruce explains,

a mindful state is one in which ... you're regularly checking in just to see where you are, you know, where am I emotionally, where am I in my body, where's my mind? ... on a regular basis, to just keep one aware of body sensations, emotions, and thoughts. (363-369)

Kirsty uses the phrase “tuned in” (347) to describe the connection with one’s thoughts, feelings, and body. The focus on one’s physical senses implies a suspension of thought, to be less in the mind and more in one’s body, aware of sensory experiences. Lisa suggests that at a basic level, mindfulness is an awareness of being in the here and now, using the senses. In addition, she suggests that mindfulness is about “regulation of the central nervous system” (759). Kirsty echoes this, suggesting that mindfulness involves “being tuned in to difficult emotions and experiencing them” (354-355). Mindfulness was experienced to alleviate the tendency to overthink, providing relief from overwhelming thoughts. As Gwyn explains, mindfulness is “to be with our thoughts, our emotions, and our physical body, and work with them” (Journalling Task, 20-21). According to Dillan, mindfulness involves more than just an engagement with the sensory experience as it involves an important shift, from trying to change our thoughts and emotions, to the relationship one has with those thoughts and emotions. He suggests that with mindfulness comes a shift from mental to sensory processing (934-938).

Evan proposes that mindfulness addresses the reactive process to sensory experience. The following excerpt provides a rich explanation of this notion:

This is where I think it gets more complex, because it's linked to a notion of how consciousness works. So, this has its origins in ancient Indian philosophy, and the notion is that consciousness is born out of a sensory contact with the world. And then out of that sensory contact with the world, you develop preferences of either attachment or aversion, like craving or what they call ignorant indifference. So, your response to your sensory experience is what invents itself, you know, in Indian philosophy it's called ‘Ahamkara’. It's a self-making process though, because you invent yourself in order to take a stance towards your/ you are only the experience that's being, being had. And so that gives birth to like a reactionary process... and so I think the psychology of mindfulness in particular addresses that reactive process. And the more it seems possible, the more you slow down that reactive process. I don't think you ever stop it, but the more you can attend to it... if that makes any sense. (440-472)

For some participants, sensory engagement implies an outward focus on whatever task is at hand. For others, it is more an inward focus. As Bruce suggests, “it's largely for me about... being aware of what is going on around you, but more specifically about what is going on within you, inside of you” (337-339). This is echoed by Kirsty, who suggests a connection between sensory engagement and emotional engagement: “it's really trying to engage our senses as much as possible and being tuned into difficult emotions / experiencing them, allowing them, then investigating what's going on” (354-356).

Two participants (Amy and Lisa) made reference to van der Kolk's book (2014) titled *The Body Keeps the Score* – also referenced in the review of literature – in terms of its insight into how emotional awareness can be understood through its sensory presentation in the body. In particular, both participants were interested in how the body stores trauma, and the concept of releasing that.

Related to the superordinate theme of mindfulness and mindfulness meditation having a sensory nature, was the notion of observance and attending versus action. It was suggested that sensory engagement requires an intentional stance of inaction. As Evan explains, “there's nothing to be done and there's nothing to be achieved” (530-531). As a result, one is able to really attend to whatever is happening in the moment. He proposes that from a mindful stance, reality – both internal and external – is simply to be observed and to have awareness of through one's senses, rather than be responded to. As Amy explains, “it's stilling your mind to be aware to become in tune rather than still in your mind, just for the sole purpose of relaxing” (370-371).

Evan's suggestion that the notion of mindfulness and its practice (mindfulness meditation) is body-based and sensory in nature – rather than being predominantly in the mind – is interesting, as this seems to be a contradiction to its name. Lisa agrees with this, claiming that:

A lot of times (mindfulness) meditation is perceived as only a thinking brain concept... but it also has a body-based element to me – paying attention to your breath, where

there's tension in your muscles. There's a connection between mind and body, that's for me, the whole purpose. (351)

According to Dillan, "I like the fact that you can be mindful as long as you're present, and so this idea of sensory processing versus mental processing, as long as you can put yourself out of your head" (590). Gwyn echoes this, stating that in her experience, mindfulness meditation practice assists in removing oneself from the ongoing internal narrative, and reduces the propensity to be caught up in overthinking and rationalising. According to Bruce, mindfulness meditation "just keeps one aware of body sensations, emotions, and thoughts" (369). For Fiona, mindfulness meditation is about focussing on something specific, such as the breath or one's senses. Gwyn claims that mindfulness meditation "has the benefit of taking me out of my head, it just basically brings me back into my body" (278-279).

Thus, congruent across participants' conceptualising of both mindfulness and mindfulness meditation were the notions of engaging in the senses, with awareness, and making a connection with one's thoughts, feelings, and body at any moment.

6.2.2 Superordinate theme: The personal nature

The second superordinate theme in terms of participants' conceptualising of the topic of mindfulness and mindfulness meditation was its personal nature. Consistent across participant findings was a sense that there exists broad misconceptions around mindfulness. According to Amy, the concept of mindfulness as a term is evolving and is currently popularised – "it's become like a very trendy on point thing/ whether it's keto fasting or whatever" (285). Evan suggests that for some, the concept of mindfulness may illicit apprehension. As he explains,

They think it means you just need to sit in a silent room/ to close your eyes and sit with your thoughts, which is part of it, and that is one form, but that's very frightening for a

lot of my clients, so finding out how can you connect to mindfulness in different ways that they connect to, yeah, there's almost like an apprehension. (723-734)

In terms of its personal nature, Gwyn suggests that her own conceptualising of mindfulness has evolved, explaining that “initially I was thinking this felt very Eastern to me, so it, so coming from a Christian background, mindfulness.... made me initially uncomfortable, um, but... realised this has got nothing to do with that” (520-524). Participant views were divided in terms of the conceptualising of mindfulness as a spiritual practice, highlighting the personal nature of mindfulness and how it is experienced in practice. Most participants agreed that mindfulness is not a ‘religious’ practice, linked to a specific faith, such as Buddhism or Christianity. As Gwyn explains, “it's not religious in that sense, it's not a form of Buddhism, and it's not against Christianity, you know, I quickly realised that a lot of the Bible talks about mindfulness, but just uses different words” (525-527). Helen suggests that “there could be spiritual realisations, perhaps a sense of spiritual connection to, you know, whatever higher power you believe in, so that, that sense of spiritual peace” (372-375).

For six participants, mindfulness is not a belief or a religious or spiritual practice. Rather, it involves “connecting with my own soul and listening to what my soul wants to say or needs to say to be authentic” (Amy, 669-670). She cautions that the spiritualising of mindfulness can result in a shift in power ratio, as “spirituality can disconnect you from the world around you, it's not grounding” (699-701). According to Kirsty, mindfulness is not spiritual in a religious sense, but it can “be just a sense of lightness and delight” (809). Evan concurs with the notion that mindfulness is not linked to spirituality or religion. Interestingly, two participants that follow a Christian faith do not experience mindfulness as spiritual, but view their faith and mindfulness as very different. For a minority of participants, mindfulness forms part of spiritual reflection. As Cayla explains, “[there] is a scripture that says, be still and know that I am God, so we've been instructed to meditate, actually” (466-467). Gwyn states that she experiences mindfulness to be highly spiritual, as connected her to nature, which she describes as *God's creation*. Cayla suggests that it's about your intention:

There is that misconception of this is purely a Buddhist practice, and so I love sort of challenging my clients that are also Christian on their views of mindfulness and that it is something you can incorporate ... because it's about your intention of this practice. (468-471)

Five participants made reference to mindfulness meditation as being a uniquely individual experience, with no prescriptions in terms of how it needs to look. Several participants stated that there exists a stereotype around what mindfulness meditation practice looks like (i.e., the cross-legged seated *seiza* pose), claiming that their practice does not conform to this stereotype. As Gwyn says, "I bring in my own flavour" (394). For Fiona, physical exercise can serve as a reflective, meditative practice. As Evan describes, "it's not sitting on a cushion or is not some special place"(296). According to Bruce, mindfulness meditation is a practice that is easy to engage with and incorporate into one's day.

Thus in terms of the topic of mindfulness and its practice, it was evident from the experiences of participants that their conceptualising of mindfulness is deeply personal, and their experience of mindfulness meditation is individual, and does not conform to any stereotype of how such a practice should look.

6.3 Participants' conceptualising of mindfulness: superordinate and sub-themes

Two dominant (superordinate) themes emerged in participants' conceptualising of mindfulness specifically, namely: facilitating connection; and a cautionary theme around its inappropriate or untimely use. Relating to the first superordinate theme of facilitating connection, two further sub-themes were identified – namely, presence and awareness; and non-judgement and nonattachment.

6.3.1 Superordinate theme: Facilitating connection

A superordinate theme of participants' conceptualising of mindfulness was that of facilitating connection. Amy describes mindfulness as "a restorative practice and a reconnecting practice, especially to themselves" (360). Two participants used the word "reconnect(ing)" specifically, to describe the concept of mindfulness in relation to the physical body. Kirsty described this concept as "returning to base / coming home and resetting". Dillan suggests that mindfulness facilitates connection with one's inner being. As he explains, "it's being authentic, you know... because people very seldom talk from their soul or from their inner being, they talk from the ego all the time" (208-210).

Relating to the theme of facilitating connection was a notion congruent across participants of being disconnected, and that such disconnection is a primary barrier to mindfulness. Participants offered different views of both the main causes of such disconnection, and what the disconnection related to. In terms of the causes of disconnection, some participants made reference to external distractions and demands, whereas others focussed on our own internal narrative. In addition, for some participants the disconnection is with the self, and for others the disconnection is more in relating to others and the ability to actually listen and understand.

Three participants focussed on how external distractions, which demand our time and attention, impede mindfulness. Cayla suggests that "we are distracted by too many things – adverts; commitments; meetings; have-to's; extra-murals for kids; events, too much entertainment; too many things available" (Journalling Task, 36-38). She maintains that that these things keep us focused on the external world and on others, resulting in a disconnection with ourselves. Evan supports this notion, saying that "we live overstimulated, highly distracted lives, wanting more – I think we become alienated from ourselves" (567-569). As outlined further in Chapter Seven, disconnection is also impacting the counselling therapeutic context. This is noteworthy, as the ability to connect (with both ourselves and others) is an important aspect of therapeutic practice.

Amy suggests that during conversations with others, we are consumed with our own thoughts and not often actually listening, resulting in a disconnect with the message conveyed in the moment. This is evidenced in the following excerpt from her interview:

I think most of us are consumed with, with self-talk. So as a therapist, you've got self-talk going on all the time, which you need at some point, but also when you're just engaging with people and you are not actually listening to what they're saying, because you are thinking about all the things that you have to do. and we do that all the time, and that's not being conscious or present; you're not actually engaging with that person, you're not actually caring what they're saying or seeing their facial expression or noting body language, so then the connection is not really there. (309-316)

Amy also suggests that we've become disconnected from nature and our natural state of being, as our lives have become more complex:

this is what's so interesting, I think, is that we all need to do these things every day naturally... so this is what I think I was maybe also saying about the disconnect, we've become disconnected from very average everyday practices... in therapy I will prescribe sunshine every day , feet on the grass/ some breath work, but I shouldn't be prescribing that, this shouldn't be difficult, right? We were all doing this hundreds of years ago. (524-536)

Bruce raised an interesting point around the notion of disconnection from oneself, suggesting that it is an internal disconnection which is used as a defence mechanism for early trauma. As he explains, "I think any level of preoccupation within our primary attachment figure is going to lead to our nervous system being dysregulated, as a result of learning to disconnect and dissociate from our physical bodies at a young age" (430-433).

Five participants made reference to technology and specifically social media, as fuelling disconnection (rather than facilitating connection), and impacting one's ability to be mindful. As Dillan proposes, "So, the opposite of mindfulness is mindlessness, cell phones, social

media, ... what do you call that game - Candy Crush!" (360). As Gwyn explains, "it's social media, there's just so much going on, you know, so much expectation, especially amongst the young people... the whole move towards virtual reality, you know, it's taking us even further away... from people and from ourselves" (235).

This is echoed by Kirsty, who argues that being present is very difficult with online reality. She emphasises the negative influence of social media:

Social media has a huge role, a negative impact, because we are not in our space, we're in somebody else's space, whether it's actually looking at the news, which we've been bombarded with all sorts of stuff from all over the world, which we have little or no influence or control over (593-597).

Jordan, in her reflective journalling task feedback, poses an interesting thought around the impact of social media on the dopamine-driven feedback loop, considering whether this may influence the difficulty with mindfulness, as people are always seeking the stimulation of this feedback loop, which then takes preference over or overrides mindfulness. Thus, social media and other demands on our time create a disconnection with the self and others and function as barriers – and the antithesis – to mindfulness and the notion of connection.

Relating to the superordinate theme of facilitating connection, two further sub-themes were identified – namely, presence and awareness; and non-judgement and nonattachment.

6.3.1.1 Sub-theme: Presence and awareness

A sub-theme that was congruent across all the participant's experiences of mindfulness was that of fostering a sense of presence and awareness – an important aspect of the superordinate theme of facilitating connection. Being present implies a stance of being open to connection. The use of the word 'present' was congruent across the described experiences of almost all participants. For example, Amy considers the definition of mindfulness as "about being present

and conscious” (302); Candice as “really just being present in that moment” (296); and Lisa as “just that presence, it's about being present” (315). The conceptualising of ‘presence’ included an increased capacity to listen. As Cayla explains, “I am really listening to what is being said, and I'm storing that information, and then trying to connect it with something else that was maybe said” (725-727). For Gwyn, being present involves stilling the mind and one’s thoughts:

for me it means being able to be present, in the moment, and not to be in my head, the thinking, thinking, thinking... being in my head and overthinking often leads to anxiety so for me, it's about bringing my attention and focus back to the present moment. (177-180)

The notion of presence was echoed by Fiona, who suggested an accompanying awareness (266-267). The word ‘awareness’ was also congruent across the descriptions of several participants in relation to the conceptualising of mindfulness, and often related to an ability to focus, and to pay full attention to whatever one is doing, or to what is occurring, in the moment. Helen suggests that “it's about doing the thing 100% without distraction, that's what mindfulness means to me” (239-340). Fiona described a similar definition of mindfulness, as “just being in the moment, and able to focus on what's here and now” (562-564). The emphasis on the present moment – the here and now (236) – is echoed by Helen and also Evan, who suggests that in the conceptualising of mindfulness, “the past is only relevant to the extent that it, and the form that it takes, in the present” (316-317).

Differing conceptualisations of awareness were evident in terms of the aspect of relating (to ourselves and others). For some participants, it implies an inward way of relating to the self. As Dillan suggests, “mindfulness fits in with presence and focus, and a shift in the relationship between you and your emotions and your thoughts, rather than changing your emotions and thoughts” (156-158). For others, awareness involves how we engage and relate to others – “if I'm being mindful about how I am with people, then I need to be in this moment engaging with this person, so I'm conscious, I'm aware” (Amy, 303-305). For Kirsty, it’s a continual and general awareness throughout the day, “of everything in one's life from the moment you open

your eyes” (344-345). Awareness was thus experienced as contributing to the facilitation of connection.

The sub-theme of presence and awareness speaks to the nature of mindfulness as a state of being, rather than an action or a trait (personal attribute). In terms of conceptualising mindfulness, the majority of participants suggested that mindfulness is a state (of being), rather than a personal trait (a quality one possesses). For Gwyn, mindfulness is “a state of being with oneself in the world... a sense of peace and less anxiety” (Journalling Task, 18-20). Amy speaks of a place of grounding, for Evan it’s more an aspirational state or intention; and for Kirsty it is a base or place of re-centre. Amy states that her “opinion is that it is a desired state of being because it calls one to the blessings and miracles moment to moment” (Journalling Task, 64-66). For Bruce, it is a state of mind, but for Gwyn, it’s a state of sensory awareness in the body.

Within the sub-theme of presence and awareness, considerable conversation focussed on pressures and demands on our time, which participants suggested serve to distract us and move us away from ourselves, and from a mindful state of presence and awareness. In particular, busyness and pressure to ‘do’ are aspects of life that serve as barriers to a mindfulness state of presence and awareness. Indeed, all of the participants stated that the reason that the current world is lacking mindfulness is because everyone is so busy, with many demands on one’s time and energy. Amy suggests that the pace of life has changed in such a way that we tend not to engage with ourselves, or in inner contemplation. The pressure on our time was a notion shared by several participants, including Bruce, who said that “the more that parents are trying to do, you know, both work raising other kids, you know, life is just contemporary living is so rushed” (435-436). He suggests that this impacts parenting, with caregivers rushing and multitasking, resulting in unmet needs and a disconnection during important developmental phases. He emphasises that this is a product of current Western society:

 this idea that it takes a village to raise a child, you know, that is lost certainly in in Western contemporary society. Maybe out in the rural areas in South Africa you might still find that somehow still playing out, where it's mum and Gogo [grandmother in

isiZulu] and the neighbours, et cetera, and you're a little person; and if mum is not there, one of the other women is going to respond quickly, effectively, appropriately. (439-444)

In terms of the source of the demands on our time, contrasting aspects presented in the data. For some participants, the pressure is largely external, deriving from the fast-paced society that we live in; one that values productivity, and multitasking. Amy suggested that this is instilled at an early age, as many schools seem to promote busyness, with a skewed and competitive focus on sport.

In contrast to a mindfulness state of presence and awareness, words and phrases such as “stressed out”, “fast paced”, “choice”, “instant”, and “crazy” were used by participants to describe the current lifestyle that people lead. As Jordan described, “the first thing that springs to mind for me is the, the daily rush” (765). A minority of participants, such as Dillan, focussed on the internal pressures relating to busyness, such as “worry and perfectionism; all these things take people away from being mindful” (367). For some, like Cayla, it was a combination of both external and internal pressure, and is perhaps linked to our self-worth:

we've also put that pressure on ourselves to say that somehow our worth as an employee or maybe even worth as a person, is somehow attached to being able to do more and to tick off more off of your to-do list. (321-326)

6.3.1.2 Sub-theme: Non-judgement and nonattachment

Participants' conceptualising of mindfulness often made reference to a stance of non-judgement and nonattachment, which emerged as the second sub-theme to the superordinate theme of facilitating connection, in participants' conceptualising of mindfulness. In terms of non-judgement, this was often related to the notion of mindfulness as being about moving towards a sensory awareness, and stilling one's thoughts. With this stillness comes a reduced

internal dialogue, including a suspension of judgement. Evan suggests that the notion of non-judgement thus implies that mindfulness is not an ethical stance, nor does it necessarily have any association with morality. As Jordan describes, it is “being able to sit in that space, reserving judgment and just being, I think that's what it comes down to for me” (347-348). The sensory awareness presented as central to the theme of non-judgement in terms of participants’ experiences: “engaging in my senses with real awareness and, again, curiosity as to a non-judgmental attitude” (Gwyn, 182-184).

The concept of non-judgement appeared to relate primarily to the self and one’s own thoughts, rather than to others or the external environment. Dillan supports this notion, suggesting that “as you embrace your imperfections, you might still strive for perfection, but you won't be as unconscious about it” (414-416). Being non-judgmental was therefore perceived as a conscious stance of pausing one’s internal dialogue and in this regard, it is closely linked to the idea of nonattachment. Dillan concurs with this and makes reference to the idea of an observer-self:

It's this idea of stepping back and getting into your centre and realizing that there's an observer-self, which is kind of more what mindfulness is about, you know... the master students even struggle with this idea of dis-identification because they say ‘well, what's the difference between dis-identification and dissociation?’. And, uh, there's a huge difference. Dissociation is “I don't want to feel it”, dis-identification is, “I can feel it, but it's not me, so if I'm sad I can be sad, but I don't have to be overwhelmed by sadness”. (188-195)

Relating to the sub-theme of non-judgement and nonattachment were discussions around the prevalent focus on gain and achievement (in contrast to the mindfulness notion of nonattachment to future ideals). Three participants (Evan, Amy and Cayla) mentioned that a focus on gain and achievement is a barrier to mindfulness. Cayla stated that this is fuelled by societal values such as productivity and multitasking. There was a suggested idea of always wanting more, striving to the future rather than being in the present. Amy suggested that this is fostered from a young age by our schooling system.

6.3.2 Superordinate theme: Caution around the inappropriate use of mindfulness

The second superordinate theme in the conceptualising of mindfulness pertained to cautioning around its inappropriate practice. Bruce claims that from his experience, his practice of mindfulness initially served to perpetuate a disassociated state:

A real negative is that for a lot of my years practicing mindfulness, I actually was not using it for the best, outcome, it just allowed me to distract myself more quickly, more effectively, to stay somewhat dissociated, you know, and disconnected from my insight, from what was going on inside of me, from my emotional world. (747-753)

Gwyn suggests that there is a risk with practicing mindfulness if one is presenting with physical trauma from the recent past, as focussing on the body can overwhelm or even exacerbate the presenting struggles. Jordan claims that there is a risk of using mindfulness for patients who are psychotic, including active, mild or residual psychosis. Kirsty indicates a risk when using mindfulness with borderline personality disorder, as it can result in more agitation and overwhelm. All of the aforementioned risks did not relate to mindfulness itself, but rather to the incorrect, inappropriate or untimely use of mindfulness.

Both Kirsty and Lisa suggest that while there are instances in which mindfulness will be more challenging, it is not harmful or a risk because one is able to stop the process. There is no coercion around the practice of mindfulness and clients therefore have agency around the practice. Kirsty gives the example of clients who struggle with Attention Deficit Hyperactivity Disorder, who will likely find the practice of mindfulness challenging, but nevertheless she feels these clients will still benefit from it. Several participants suggest that the client's current presentation and needs would have to be carefully considered, in terms of finding the relevant tools for the client. Cayla suggests that it is important to ascertain that clients are ready when treating people with extreme trauma – “the distraction has served a purpose, it has helped them in some way, although it might not be healthy” (588-589). Helen also emphasises the timing and the importance of calming the nervous system first. She suggests that for clients presenting

with bipolar or hyper-manic symptoms, or when somebody is actively panicking, more immediate tools are initially required. Two participants claim that they have experienced clients' misconceptions around mindfulness [such as it being a spiritual Buddhist practice] as impacting their openness to it in therapy, and therefore propose that one needs to be intentional in terms of how you introduce and explain mindfulness to clients.

Relating to the sub-theme of caution regarding the inappropriate use of mindfulness, two participants cautioned around the use of mindfulness as a kind of spiritual materialism. As Evan describes,

I feel like it's being co-opted... you know, it's kind of like, how do I become a better person, you know, so it gets caught up in a self-health, self-improvement movement... Which in my opinion, it's a contradiction to, to original form. (518- 524)

Amy was the exception, suggesting that there is no risk or caution associated with the practice of mindfulness, proposing that "any form of self-awareness promotes moving through the world and connecting in a more meaningful and conscious way" (Journalling Task, 73-76).

Although participants were supportive of the inclusion of mindfulness in psychology training, some, such as Evan, expressed caution that mindful practices need to be understood in the context of the broader philosophy from which they originate:

Yeah, I think it can be very beneficial, you know... but mindfulness-based stress reduction is very different to the philosophical rigor of what a Buddhist monk is practicing, you know... it's kind of like a whole approach to life versus like a specific skill set I'm developing. (501-510)

6.4 Participants' conceptualising of mindfulness meditation

Aligned with the superordinate theme pertaining to the personal nature of the topic of mindfulness, mindfulness meditation was experienced as a uniquely individual experience, with no prescriptions in terms of how it needs to look (refer to Chapter 6.2.2). Participants conceptualising of mindfulness meditation also reflected a range of individual insights, which did not necessarily align as coherent themes. Indeed only one emergent superordinate theme emerged in the conceptualising of mindfulness meditation, which pertained to the practice as having intent.

6.4.1 Superordinate theme: Mindfulness meditation as having intent

Consistent across the participant data was that mindfulness meditation has specific intent, which was therefore identified as the superordinate theme. Bruce emphasises that the practice does not just serve to relax a person. According to Cayla, the practice of mindfulness meditation offers different options of response, “to replace the skills that you have been using that haven't been very helpful, and replacing those with healthier skills” (192-193). There is an intention or philosophy attached to the meditative process. Jordan suggests that her practice is about resetting herself for the next client. Kirsty suggested that meditation is about being mindful in a curious and compassionate way, suspending the critical voice: “mindful meditation for me is... the stillness, but also noticing what happens when we try to be still and when the mind goes wondering and inviting the mind back again” (391-393). For Lisa, her intention is regulation of the central nervous system.

Common across participants was an intention in their practice of facilitating mindfulness. Helen stated that “[mindfulness] meditation aims to bring a person to a state of mindfulness” (287-288), and Kirsty claims that “[mindfulness] meditation definitely enhances mindfulness” (Journalling Task, 20). The notion there is a connection between mindfulness meditation and

mindfulness was shared by ten of the eleven participants. Only one participant said they did not think they were connected, but that they didn't know.

The theme of intention also applied to aspects of practice. For example, Bruce relies on intentional reminders on his cell phone to do a brief body scan when needed during periods of elevated stress. He provides an interesting example of one occasion when he found body scanning beneficial:

A few months into my divorce process where things were really becoming quite stressful... so I used technology, you know, with a very specific intention of helping to remind me to check and do a brief body scan, just make sure that I'm in a calm state rather than in a potential stress response (568-595).

The majority of participants made mention of intentional informal meditation gaps. As Jordan explains, "just trying to remind myself every now and again, to just breathe, focus on my senses, what's happening around me, just to connect during my day to the moment" (419-421). Kirsty concurs with this and describes what she terms "micro-mindfulness", whereby she aims to incorporate mindfulness into all aspects of living.

6.5 Conclusion

This chapter presented the findings relating to research participants' conceptualising of mindfulness and mindfulness meditation, as these underlie all the research questions and therefore form a basis for the findings in Chapters Seven and Eight. These included two superordinate themes around the broader topic of mindfulness and its practice, namely its sensory and personal nature. These superordinate themes overlapped participants' conceptualising of both the constructs of mindfulness and mindfulness meditation.

The chapter outlined participants' conceptualising of mindfulness specifically, where two dominant (superordinate) themes emerged, namely: facilitating connection; and a cautionary theme around its inappropriate or untimely use. Relating to the first superordinate theme of

facilitating connection, two further sub-themes were identified – namely, presence and awareness; and non-judgement and nonattachment. Participants’ conceptualising of mindfulness meditation reflected one superordinate theme, namely of having intent.

CHAPTER SEVEN– Findings:

Lived experience and meaning of mindfulness practice

7.1 Introduction

The findings relating to Research Questions 1 and 2 (refer to Chapter 4.3) are the focus of this chapter, which pertain to participants' lived experience around their meditative practice, and the meaning they ascribe to their practice.

First, this chapter focuses on the first component of Research Question 1 (i.e., experience), and therefore centralises participants' general lived experience around meditative practice, and thereafter on lived experiences across aspects of mindfulness practice – including the preferred type of mindfulness practice, regularity and duration, history, and their experience of mindfulness in therapeutic practice. In this regard, a number of emergent superordinate themes were identified, as tabulated below.

Table 6: *Thematic table: participants' lived experience in terms of mindfulness meditation*

Superordinate Themes	
<u>General lived experience of mindfulness practice</u>	<ul style="list-style-type: none">- Focus on clients' needs- Connecting with nature- Diversity of practice
<u>Lived experience across aspects of mindfulness practice:</u>	
<ul style="list-style-type: none">- Type:	<ul style="list-style-type: none">- Formal vs Informal
<ul style="list-style-type: none">- Regularity and duration:	<ul style="list-style-type: none">- Consistency
<ul style="list-style-type: none">- History:	<ul style="list-style-type: none">- Evolving
<ul style="list-style-type: none">- Therapeutic practice	<ul style="list-style-type: none">- Mindfulness informed versus mindfulness-based therapy

Second, this chapter focuses on the second part of Research Question 1 (i.e., meaning) and therefore centralises the findings pertaining to the meanings which participants ascribe to their practice. As outlined in the Methodology chapter, this study is an IPA, aiming to understand participants' lived experiences and how they make sense of these experiences (i.e., ascribe meaning) in the context of their personal and social worlds (refer to Chapter 3.4). According to Smith and Nizza (2022), "personal meanings associated with lived experience are considered particularly important in IPA" (p. 4). The findings therefore aim not only to present participants' perceived outcomes of their mindfulness practice, but also to draw attention to the meaning that they attach to their practice. One superordinate theme was identified, which captures the essence of the meaning which participants ascribe to their practice, namely an improved sense of inner well-being. Two main perceived outcomes of mindfulness practice were identified in the clustering of data, which have been defined as sub-themes, namely: stills and calms; and self-connection and acceptance. These sub-themes are located under one superordinate theme which captures the essence of the meaning which participants ascribe to these outcomes, namely an improved sense of inner well-being.

Third, this chapter focuses on the findings relating to Research Question 2, which pertains to the nature of the meditative being qualities – if experienced – from the practice of mindfulness meditation. These being qualities are outcomes of mindfulness meditation and are, by nature, experiential and thus difficult to describe. Participants' experiences in terms of the being qualities conveyed that they are the essence of their mindfulness practice, both personally and in the therapeutic context. This insight directed the focus of this research study and its title: *The experience of being*.

7.2 Themes pertaining to the general lived experience

Three superordinate themes were identified pertaining to participants' general lived experience of mindfulness practice. These include a focus on the clients' needs, connecting with nature, and diversity of practice.

7.2.1 Superordinate theme: Focusing on the client's needs

The majority of the participants emphasised the importance of focussing on the needs of the client when using mindfulness in the therapeutic context, in order for clients to have a positive experience and gain maximum benefit. This was therefore identified as a superordinate theme pertaining to participants' lived experience of mindfulness meditation. As Jordan explains:

I often suggest a guided meditation for some, or a mindfulness journaling for others. And then I also have some who are more creative, so then, we look at how can you bring in creativity, maybe water paint. But connecting to the moment, while you're doing the water paint/ Or if it's someone who loves sport, doing an active meditation while they're running, so looking at how can we link it with what is in your life or what feels feasible, I have found a lot of patients are very/ they're maybe, scared is not the word, but hesitant, cautious maybe, around meditation. (709 – 721)

Several participants stated that the therapy context provides an opportunity to model the mindfulness-based techniques that are being recommended for their client(s), based on their needs during therapy. Cayla suggested that using mindfulness meditation techniques during a session is a helpful way to demonstrate the activity. Lisa and Kirsty echoed the benefits of modelling a technique during a session. Kirsty claimed that she prefers to use “anchors” in meditative practice (which she described as something to focus one's attention on), and that the breath is the easiest and most effective anchor. Lisa prefers to practise whatever technique she is recommending during the therapy session. As she explains:

on the breathing side, I'll sit and actually do breathing techniques with them because a lot of them, you tell them to breathe deeply but they have no concept of how they're actually breathing, they end up hyperventilating themselves. (522-526)

According to Helen, her own practice and her experience allows her to be genuine in the interventions or tools she advocate for clients, which include sensory experiencing, breathwork and a range of interventions, depending upon the needs of the client, in order to facilitate to a positive experience. Gwyn echoed this, emphasising the need to make recommendations based on personal experience, cautioning that “I would not recommend that therapists inform their clients of various practices without themselves being immersed in the practices, and in knowing fully the philosophy and principles of mindfulness” (Journalling Task, 29-31).

7.2.2 Superordinate theme: Connecting with nature

An emergent superordinate theme around mindfulness meditation was a preference for practices that provide connection with nature. These included both formal and informal mindfulness meditation practices, that usually involve some form of experience of (or engagement with) nature. Outdoor walking, mindfulness yoga practice at the beach, or meditation in one's garden were examples of nature-based practices preferred by participants. As Gwyn explains, “I think that's why people are being drawn to mindfulness, because it helps you to come back into your body, to come back into nature” (246).

An aspect shared by all participants was an enjoyment of nature. Amy provides a useful explanation of how she experiences connection with nature as part of her mindfulness meditation practice:

I realised recently, that the grounding is very important to me, the airy-fairy stuff, the too much thinking and head in the clouds is not really useful for me, but the actual real practical grounding in nature, and I've seen the benefit of living on a farm and my

husband's hands in the soil, that kind of thing, so ja, for me, mindfulness meditation is very closely linked to the earth. (505-510)

Gwyn suggests that the sensory experience of nature (and in particular, the beach) facilitates presence and awareness:

I like the fact that you can be mindful as long as you're present and aware, and so this idea of sensory processing versus mental processing, as long as you can put yourself out of your head and go, wow, look at this beautiful sunrise, it's a nice flat sea today or I can smell the sea, or I can smell the seaweed... and that's why I say I start my day like that each day, that's my meditation. (590-595)

7.2.3 Superordinate theme: Diversity of practice

The third superordinate theme pertaining to participants' general lived experience of mindfulness meditation practice was that of diversity in terms of their practice. Participant data highlighted that mindfulness meditation is a deeply personal and individual practice. As a result, how their practice looks (the form it takes), how regularly participants practice and the duration of their practice, is diverse and influenced by the practitioner's time constraints and circumstances.

Several participants suggested that society holds preconceptions around what mindfulness meditation practice looks like (the cross-legged seated *seiza* pose), suggesting that their own (personal) practice does not necessarily conform to this stereotype. In addition, a range of participant feedback presented in terms of mindfulness-based techniques used, perhaps resultant of the diverse needs of clients. Diversity was thus apparent across the different aspects of mindfulness meditation practice, as will be detailed in the sections below.

7.3 Lived experience across aspects of mindfulness practice

The research questions sought to understand the ‘lived experience’ pertaining to the various aspects of mindfulness practice - including the type of practice; the regularity and duration of practice; the history of their practice (including how long they had been practising for, how their mindfulness meditation practice began); and participants’ experience of mindfulness in therapeutic practice. Rather than provide a summation of these aspects, this section aims to present the main emergent superordinate themes that were identified.

7.3.1 Superordinate theme: Formal versus informal mindfulness meditation practices

The data showed considerable diversity in terms of the preferred types of mindfulness meditation. For some, their meditative practice is more defined and structured (in this chapter the term “formal” practice is used), but for others less so (“informal” practice). This distinction between formal and informal categories of mindfulness practice was identified as a superordinate theme pertaining to the type of mindfulness practice.

For the purposes of this study, a mindfulness meditation practice is any practice that is understood and experienced by the participant as being so (refer to Chapter 4.5.1). The term “practice” in relation to mindfulness meditation implies that the activity has intent and is repeated over time. As indicated in the review of literature, formal meditative practice does not necessarily refer to conventional seated meditation, but pertains to any practice that is fairly routine or structured. In contrast, informal mindfulness is incorporated into one’s day, as the opportunity arises or the need presents itself, and is experienced by many participants as mindfulness meditation practice.

Several participants claimed to prefer a combination of both formal and informal mindfulness meditation practice. For example, Bruce prefers a combination of both a daily formal meditation with a focus on breath, as well as more informal body scan meditations throughout

the day. For Jordan, her mindfulness meditation activities vary, and include several formal, structured practices, and also informal meditation breaks on a regular basis. Kirsty enjoys attending retreats, which include a combination of mindful yoga, breathwork, and seated meditation exercises. Fiona states that physical exercise forms part of her mindfulness meditative practice. She suggests that her time demands make a routine, formal practice challenging, but rather prefers to incorporate it during her day. Amy echoes this:

It's interesting because I can also find cooking meditative, my kitchen music... walking as well, so there are many different things that I can do that for me is the practice of meditation; that I am in the moment, there is stillness, and I'm very mindful of what I'm doing – lot of gratitude – and I can achieve that more than sitting in the Buddha pose. (431-440)

Thus participants' findings around their preferred type of practice appeared to be categorised either in terms of a formal practice, an informal practice, or a combination of the two.

7.3.3.1 Formal mindfulness practice

The first category of mindfulness meditation practice (how their practice actually looks) pertained to the range of formal practices described. These included seated meditation, breathwork and body scanning, active movement and journalling.

Several participants enjoy seated mindfulness meditation. According to Evan, “attending to my experience and then seeing what I find there, I find that that is unquestionably therapy” (695-697). For several participants, seated practice involves a faith-based element. As Cayla describes, “I do try and incorporate it with my faith. I'm Christian, so I will then sit with my Bible maybe... and just sort of meditate on that, or going to church, you know, like worship for example, I see that as a meditative practice” (441-446). According to Jordan, “I do like to start my day by reading a Bible verse, and praying, and I do see that as entering a space of meditation, meditating on the verse” (393-394). For this purpose, she prefers the use of pre-recorded guided meditations, saying “what's great about the guided meditation on Spotify is I

can choose the, the time, something that feels more bearable to me and a topic that feels suited to where I'm at on that day” (522 -524).

Both Lisa and Bruce practise both breathwork and body scanning. Lisa suggests that these activities are disciplines that assist in regulating the central nervous system, and recommends the use of bilateral stimulation music. (Bilateral stimulation music is described as “the movement of music from one ear to the other” and has been thought to alternate “the stimulation of the two hemispheres which may produce an integrative effect” (Music That Heals, n.d.). Bruce relies on reminders on his cell phone to do a brief body scan when needed during periods of elevated stress. He provides as interesting example of one occasion when he found body scanning beneficial:

A few months into my divorce process where things were really becoming quite stressful... I set my alarm to go off every 60 minutes from half past seven to half past four, five days a week... I'd have to swipe the screen to turn it off, but in just moving towards my phone doing that, it would give me a chance to very quickly check in... so I used technology, you know, with a very specific intention of helping to remind me to check and do a brief body scan, just make sure that I'm in a calm state rather than in a potential stress response (568-595).

A third type of formal mindfulness meditation preferred by participants included active movement. In particular, walking was a preferred meditative activity, either on the beach or with dogs. Common to these experiences was a reflective focus, paying attention to one's external surrounds. As Dillan suggests, “that's my meditation, which is an hour odd along the beach front” (596).

Three participants made reference to yoga or Pilates as a form of mindfulness meditation practice. Congruent to both forms of activity is a focus on the breath and bodily experience. Jordan suggests she prefers Pilates classes with a focus on the myofascial system, aiming to

release tension in the body and to restore postural symmetry. The following excerpt by Amy provides an insightful description of her experience:

What I have realised is that the practice of yoga is my form of mindful practice. It connects me with myself. But more significantly it also promotes more self-awareness in terms of where my body is in time and space. Where my body starts and ends and where the environment starts and ends – these are boundaries. And so, my lack of practising seems to have had an impact on my permeability, my being in the world and with my clients. And thus confirming the importance of this kind of practice for the professional, to maintain healthy boundaries and to be connected to the self and the inner world through quiet, meditative, breath work practice. (Journalling Task, 13-20).

During the interviews the participants' experiences of journaling as a mindfulness meditation practice was explored, motivated by the fact that the second data collection technique was a journaling-based activity (refer to Chapter 4.6.4). No participants mentioned journaling in their description of their meditative practice. When prompted, three participants claimed that they journal, either for themselves or as a therapeutic tool. Helen suggests:

I have definitely found it useful, both in terms of the brain dump, you know, if you're overthinking... bullet journalling as a way to track mood and a way to track how different habits affect mood... other people I've encouraged the sort of stream of consciousness type journalling, depending on what they're hoping to achieve, are they hoping to sort of tap into what their unconscious is trying to tell them. I'm a big fan of dream journalling, as I think dream journalling is very useful to help you track what's going on in your psyche and very often, what comes up symbolically in dreams, is a perfect mirror for what they're battling with in therapy sessions, from a sort of object relations perspective. (657-672)

Jordan felt that mindfulness and journaling are separate exercises, but suggested that both enhance awareness. Other participants, like Amy, conveyed less positive feedback around their

experience of journaling: “sometimes practices like that can become quite tedious and irritating” (554-560). Lisa shared Amy’s reservations with journaling: “I’m not a writer/...no, it’s not for me. There are many people that do benefit from it, but I don’t enjoy it, no” (799-812). Gwyn suggests that while journaling can be useful, it is not for everyone. She argues that it is a personal preference, and that people should be invited to use it. This is perhaps an interesting comment, in light of fact that only six participants opted to consent to take part in the reflective journaling task.

7.3.3.2 Informal mindfulness meditation practice

The second category of mindfulness meditation practices were more informal types of practice, with a range of activities described, including “micro-mindfulness” and creative forms of mindfulness. The majority of participants made mention of intentional informal meditation gaps. As Jordan explains, “just trying to remind myself every now and again, to just breathe, focus on my senses, what’s happening around me, just to connect during my day to the moment” (419-421). Kirsty concurs with this and describes what she terms “micro-mindfulness”, whereby she aims to incorporate mindfulness into all aspects of living. As she explains, “it is not really helpful, I don’t think, to just to sit for 20 minutes or even an hour, once a day if the rest of your day is gonna be chaotic” (558-559). This notion is echoed by Evan:

I treat it as an everyday experience so like if I’m washing dishes, you know, if I’m riding my bicycle, you know, I kind of try and apply the same principles/ so you integrate it into your daily activities, really. (665 – 669)

Dillan proposed an interesting thought, in that therapy itself can serve as an informal mindful practice – “even when you’re sitting with your client, you’re being mindful because you’re listening and you’re engaged, I mean, our job is a wonderful way to be mindful” (635-637).

For some participants, like Kirsty expresses in the excerpt below, their practice of mindfulness meditation is more spontaneous and focussed on the moment:

The discipline was excellent but now I'm probably a little less disciplined/ and less formal/ But I will sit on a, sit on a step and look out, just be in the moment, and especially early mornings are my best time and I love just to be sort of in touch with the sea and quiet; and interestingly, my cat has taught me to be mindful/[laughs] that sounds weird, but I live in an apartment block, she was running a bit wild, and I had to start training her to or encouraging her to just to be a bit more obedient and not run all over the show; so I used to go for walks with her in the mornings, not on a lead or anything, just I would just... follow her lead, and if she's sitting down, I just sit, oh, sit on the ground or sit on the step, or whatever it is... and so that's been quite a different form of mindfulness, but really just tuned into whatever is in my immediate surrounds. (494-518)

Several participants made reference to creative forms of mindfulness meditation, including painting, cooking, listening to music, and walking. Such activities would be clustered under the category of informal mindfulness meditation practices, as they are incorporated into one's day, as the opportunity arises or the presents itself (refer to Chapter 7.3.3.2). According to Amy:

Creative things, my music and cooking, can also be very meditative and centring, walking as well, so there are many different things that I can do that for me is the practice of meditation/ that I am in the moment... So the form it takes is, is generally quite fluid. (432-444)

Thus a diverse range was evident in terms of the participants' preferred type of meditative practice, with some opting for a more formal practice, others more informal types of practice, and some a combination of the two. The diversity is evident in Table 6.2 below, which provides

a summary of the preferred types of meditative practice, including formal and informal types:

Table 7: *Preferred types of mindfulness meditation practice*

	Formal	Informal
Amy	Yoga	Creative (Painting, cooking, music) Walks in Nature Beach
Bruce	Seated (Breath meditation) Body scanning	
Cayla	Seated (Biblical reflection)	
Dillan	Daily walk	Practice throughout the day
Evan	Seated meditation	Practice throughout the day
Fiona	Daily walk	
Gwyn	Seated meditation Shorter breathing meditations Retreats (walking meditations)	
Helen	Daily walk	
Jordan	Seated (biblical) Guided meditation (pre-recorded) Pilates	Connecting during the day (small gaps)
Kirsty	Retreats (incl. breathwork, seated meditation, yoga)	Micro-mindfulness
Lisa	Breathwork ; body scanning	

7.3.4 **Superordinate theme: Consistency**

Related to regularity and duration of mindfulness meditation, was a superordinate theme of consistency. Congruent with the superordinate theme of diversity of practice, participants

provided a range of responses in terms of their preferred regularity of mindfulness meditation practice. According to Gwyn, her practice is “fluid” and not necessarily daily, but rather she suggests that “ I notice when I need it, listening to my body, to what I need” (573). In contrast, Cayla highlights the importance of a consistent mindfulness meditation practice for emotional management:

It is not something that you just pull out and use when there's an emergency or when you're overwhelmed, but you actually need to be able to cope better with stress, which means you need to be mindful even before the stressor occurs, which means you need to consistently do it from the morning you wake up till the end of the evening, so it's only now that it's become a lifestyle thing. (768-775)

The value of consistency was shared by several participants, and was more important than the exact regularity or the duration of practice. Regularity of practice appears to be largely related to the form of practice, as formal meditative practice is by nature fairly routine and structured, in contrast to informal mindfulness practices, which are incorporated into one’s day, as the opportunity arises or the need presents. Three participants reported that they aim to do a daily meditative practice, but most suggested that they aim to practice three to four times a week. Despite their intentions, several participants recognised that their mindfulness meditation practice is not as consistent or as regular as they would like it to be. Amy admits that she has not practised yoga for the past three months, explaining that “I go in and out of being kind of committed to yoga, I find it is amazing for my mind, my stillness / the reason why I go in and out of it is like when it's winter [laughs], it's hard to get up at five in the morning” (468-471).

The duration of participants’ mindfulness meditation practice was also diverse, varying from as short as five or ten minutes per day, when time is limited (such as Amy and Evan); to an hour or more (Dillan). Helen reported that she spent between twenty to forty-five minutes meditating daily. The duration of participant’s mindfulness practice did not appear to relate to the form of practice (formal or informal), but more to circumstances and time constraints. Amy holds the view that it’s not necessarily the duration but the consistency and depth of the

experience that is relevant: “even if it's just sun salutations fifteen minutes a day when I'm doing yoga, I am at my most kind of zen, for want of a better description” (481-482).

7.3.5 Superordinate theme: The evolving nature of mindfulness meditation practice

During the participant interviews, the interviewer attempted to gain an understanding around the history of the participant's meditative practice (refer to Appendix D), including how long they had been practising for, how their mindfulness meditation practice began (first exposure), and the development of their mindfulness meditation practice. For most participants, their mindfulness meditation practice had evolved over the years, with several participants describing the development of their practice as being a “journey”. Gwyn suggests that initially she practised mindfulness only at times of personal struggle, as a coping tool, but over time it evolved into a more regular practice - “it started as a personal journey and now it's kind of incorporated into my therapeutic work” (368-369). According to Helen, “it was a combination of a spiritual searching as well as a practical, emotional journey” (345-346).

For participation in the study, the inclusion criteria required participants to have had a “medium to long-term experience of mindfulness meditation practice”, which was deemed to be a minimum of twelve months (refer to Chapter 4.5.1.2). In terms of how long participants had been practising mindfulness meditation, responses showed a wide range, from two to twenty-five years. For all participants, their practice of mindfulness meditation is reasonably enduring and consistent.

In addition, a range of responses were presented in terms of how participants were first exposed to mindfulness meditation. Several participants were exposed in a professional context. Cayla's first experience of mindfulness meditation was during her internship, where it was used by her colleagues as a therapeutic technique in group settings; Evan attended a lecture around mindfulness meditation while studying psychology; and Jordan observed it being used by colleagues as tool for patients in AKESO (a private psychiatric facility). Kirsty began

mindfulness meditation following an intensive Mindfulness Based Stress Reduction (MBSR) course. This programme constitutes an 8-weeks course, in which participants receive training in formal mindfulness meditation techniques involving simple stretches and postures, in order to alleviate suffering associated with various disorders (Niazi & Niazi, 2011). Amy reflects that her first experience of seated meditation was at the Buddhist retreat in Ixopo.

Congruent across all participants was the belief that their practice of mindfulness meditation has assisted with their own struggles. As Helen explains, “it works for me, to help me manage my anxiety, and it helps me to manage my overthinking” (325-326). According to Lisa, her own mindfulness meditation practice developed as part of her personal journey in releasing her own trauma, including childhood trauma:

You always have these patients that come and sit in your chair and say, I don't remember much of my childhood, I'm one of those people.

Like, there was so much that happened that I completely disassociated from those experiences and those memories, so my thinking brain couldn't go back there, but yet it's there, how do you heal that?

How do you move on from that? How do you let go of that? You know, otherwise you have to constantly use a coping mechanism and exist in the state of dissociation and disconnect.

And those bottom-up [mindfulness] approaches allowed me to do that without having my thinking brain to go there. (251-268)

7.3.6 Superordinate theme: Mindfulness-informed therapy

The final aspect of participants' experiences of mindfulness meditation practice pertained to their experience of mindfulness in the therapy context. All participants shared the notion that mindfulness informs the therapy process and their way of being in the therapeutic context. However, their responses suggest that they use mindfulness in the therapy context in varying

ways, and to a varying degree. In this regard, a distinction needs to be made between mindfulness-informed therapy and mindfulness-based therapy (MBT). For some participants, mindfulness serves primarily to inform the therapy process (mindfulness-informed therapy), whereas others use mindfulness-based techniques as a therapeutic tool (MBT). Whilst the focus of this study pertains to the mindfulness of the therapist and how it informs their practice (i.e., mindfulness-informed therapy), it is nevertheless closely aligned with mindfulness as a therapeutic tool.

As Gwyn explains, “with my clients, it is part of the background/ it’s what informs my therapy, that philosophy, you know” (418-419). Bruce suggests that mindfulness is “becoming more and more of my (own) therapeutic process where I’m checking in with myself and how my body is responding to the client sitting opposite me” (673 – 675). Evan outlines his experience of mindfulness in the therapeutic context:

Initially, it was serving as a lens, I didn't feel it was right to impose a specific belief system, you know, on psychotherapy, so I kind of kept it as a personal view/ And then I would just, it was more how I would be as a therapist than the actual methodology. But it was never something that I kind of introduced to the client as a philosophy... so then much more recently, especially when I started working with addiction, I kind of felt more and more that a Buddhist (mindfulness) philosophy kind of helped explain a lot on how to deal with a lot...cause I've always had a problem with like the AA model to addiction, so that for me gave me an alternative approach/ and so then I started introducing some clients who were severely caught up in addiction to meditation and some of these concepts. (184-214)

Several participants suggested that education around mindfulness was helpful for their clients. Bruce suggests that he often brings the concept of mindfulness into the therapeutic conversations, advocating for education around mindfulness and its efficacy as a tool for clients. Kirsty makes reference to “micro-mindfulness”, which she defines as mindfulness that

one “incorporates into one’s daily life” (557). She suggests that she tries to encourage mindfulness with clients in an informal way, by including it into daily life.

Several participants confirm that they use mindfulness-based therapy with clients, either during therapy or as a recommendation to try on their own. Cayla advocates the values of mindfulness-based therapy, suggesting that talk therapy has value, but that mindfulness-based therapy can be more serving when working with emotional dysregulation:

it maximizes the therapeutic process, because they're more open to being challenged afterwards and they're more open to rationalising their thoughts after being grounded, so it's really lovely to incorporate into your practice with those patients that are emotionally dysregulated. (497-502)

Clients who made use of mindfulness-based techniques during therapy were questioned around their preferred tools or activities. Breathing techniques were the forms of mindfulness meditation most commonly used in the therapeutic context (four participants), followed by guided meditation and journalling (three participants).

Jordan has experienced the above therapy techniques to be particularly helpful in clinical contexts, such as hospital groups. Cayla suggested that it can be beneficial to start a therapy session with a mindfulness meditation exercise, particularly for patients that are more emotionally dysregulated. Dillan advocates the use mindfulness-based tools with clients, including the use of breathing techniques and hypnosis. Fiona advocates the efficacy of mindfulness tools particularly with teenagers and children, including grounding techniques, journalling, and meditation. Helen concurs with the use of journalling, particularly “in terms of the brain dump, you know, if you're overthinking” (657-658). Guided meditation was generally experienced as helpful for clients outside of the therapy context. Kirsty suggested the use of online apps – such as Buddhify and Calm – to assist clients with guided meditations at home. For Gwyn, mindfulness serves more to inform therapy, however she reports having facilitated a specific mindfulness-based group for anxiety and depression in the past. Amy uses

a mindfulness-based approach with her clients which she refers to as “soul work”, which she describes as

deep introspection, which is hard, but it is accessible through fairy tales, myths, legends and the contemplation of the archetypes. This creates a mindful experience, connection with the soul. This can also be done through breath and art. But connecting with people and chatting through this kind of work is also important and calls one to delve into the inner life and one needs some kind of mindful and meditative practice to do this. (Journalling Task, 24-29)

Two participants suggested that creative mindfulness-based techniques can be helpful for their clients. According to Helen:

I often talk to my clients about “flow” activities, which I didn’t really touch on in our chat. For me, flow activities are an indication of absorption and mindfulness, and they can provide a more concrete example to people of what a meditative state feels like. They are not exactly the same, but for someone that finds meditation to be a foreign idea, it can give them an approximation of what it can feel like. I find that creative and rhythmic activities allow people to find flow – things like dancing, chanting, running, swimming, walking, etc, as well as drawing, painting, sculpting, writing. There’s something about both of these types of activities that allows the brain to become absorbed and mindful, and then even to slip into a meditative state. (Journalling Task, lines 10 – 18)

A diverse range of mindfulness-based therapeutic techniques were used by participants. The below table summarises the preferred mindfulness-based therapeutic techniques:

Table 8: *Summary of mindfulness-based therapeutic techniques used by participants*

Mindfulness-based therapeutic intervention	Participants who use intervention
Breathing techniques	Cayla, Dillan, Fiona, Kirsty

Mindfulness-based therapeutic intervention	Participants who use intervention
Guided meditation	Kirsty, Lisa, Jordan
progressive muscle relaxation	Cayla
Hypnosis	Dillan
Journalling	Fiona, Helen, Jordan
Sensory experiencing in nature	Helen, Cayla
Creative / flow techniques (e.g. Rosebush)	Jordan, Helen
Bilateral stimulation music	Lisa
Body scanning	Lisa
“Soul Work” [intentional engagement with one’s own inner psyche]	Amy

Based on the above table, breathing techniques were the most commonly used mindfulness-based therapeutic interventions used by participants (four), with guided meditation and journalling used by three participants. It was interesting to see the prevalence of journalling as a preferred mindfulness-based tool, in light of the fact that no participants claimed to use journalling in their own mindfulness meditation practice – perhaps because they see the value in it for certain clients or presenting struggles. Two participants (Bruce and Evan) did not mention any mindfulness-based therapeutic interventions, claiming that they use mindfulness to inform their practice, rather than as an intervention tool with clients.

Whilst all the mentioned mindfulness-based therapeutic interventions can arguably be described as soulful, Amy’s experience of the technique that she describes as “soul work” implies an aspect of mindfulness that involves an intentional engagement with one’s own inner psyche:

The process of being mindful and soul work, it is grounding, it is like, it's connecting with real stuff so that you can be in the world in the best possible way... doing the soul work and the mindfulness and meditation in whatever shape or form is really important because you then can't run away from yourself,

you have to engage with yourself and really think about the stuff within yourself. (697-726)

7.4 Meaning that participants attach to their meditative practice

The findings presented in this chapter thus far have pertained to the first component of Research Question 1, which was to investigate participants' lived experience of their mindfulness meditation practice. The sections to follow aim to focus on the second component of this research question, namely the meanings which participants ascribe to their mindfulness practice. In this regard, four main perceived outcomes of mindfulness practice emerged in the clustering of data, across the experience of participants, which have been defined as sub-themes, namely: stills / calms; connection to the self; self-acceptance; and managing one's own stress and anxiety. These sub-themes are located under one superordinate theme which captures the essence of the meaning that participants ascribe to these outcomes, namely an improved sense of inner well-being.

7.4.1 Superordinate theme: improved sense of inner well-being

A sense of facilitating an improved sense of well-being was a shared experience and meaning which participants attributed to the mindfulness practice. As Fiona suggests, "should I have not had any of that [mindfulness], I would be really struggling right now" (660-661). Gwyn shares this notion, advocating its benefits and suggesting that "it was so life changing for me, I always say that it changed my personality" (375-376). Kirsty concurs with this, claiming improved well-being in her relationships, including her marriage and family, and with her clients. The two main perceived outcomes of mindfulness practice (namely: stills / calms; and self-connection and acceptance) contribute to the overall meaning (superordinate theme) that participants ascribe to their mindfulness practice, in that they facilitate an improved sense of well-being.

In terms of the meaning that participants attached to their meditative practice, within the superordinate theme pertaining to an improved sense of inner well-being, were four emergent sub-themes.

7.4.1.1 Sub-theme: Stills / calms

The most consistently perceived meaning ascribed to meditative practice across the data was that it helps to calm and still the mind. For Jordan, the meaning of her practice lies in the experienced “containing, soothing – a big part of it is the personal benefit, and how I feel within myself” (360). Amy described feeling more centred, and suggests that “if we were to verbalise, why is it that you choose to practice... this mindfulness meditation is, it is to gain a sense of stillness” (400-403). Amy’s choice of words suggests a sense of personal “inner” gain. Indeed participants used different ways to describe this benefit. Cayla described her practice as “bringing in that present-ness, slowing down, the calm and the relaxation” (649). Gwyn also made reference to an experienced effect of quietening the mind, and bringing a sense of peace.

Two participants made reference to an interesting aspect of stillness / calm in terms of their mindfulness practice, in that it facilitates a sense of contentedness. As Helen describes, “it’s just being aware, right here, right now, you know, I’m healthy, I’m happy, I’m grateful” (391). Amy shares this sentiment, as evident in the following excerpt:

My opinion is that it is a desired state of being because it calls one to the blessings and miracles moment to moment, whether it is the food you are eating, the way the body moves, the connection with family or a friend, the grass between the toes. And that amplifies gratitude and a changed state of being in the world. (Journalling Task, 64-68)

For all participants, their mindfulness practice served to assist in managing their own personal stress and anxiety. As Bruce admits, “it is absolutely key for my own healing” (341), a notion echoed by Cayla, who expresses her practice as being “so beneficial just for my personal anxieties and my mind-set” (351). Dillan describes his personal experience of how his practice

has assisted him in navigating challenging circumstances, such as his divorce and when he experiences panic attacks. Evan suggests that his meditative practice was definitely helpful in dealing with his own anxiety. For Gwyn, it has been a significant experience:

It was so life changing for me, I always say that it changed my personality/ I went from an anxious person to a calm person so much so that I incorporated it into my therapy immediately after the first eight weeks. (375-378)

Participants described different ways in which their mindfulness practice aided their coping. For Fiona, it helps her reduce stress levels. Lisa described how her practice has been helpful in releasing childhood trauma. For Amy, it has enabled her to sit with discomfort and difficult emotions, and for Helen in managing anxiety and the tendency to overthink:

I've always felt like overthinking involves turning inwards and spiralling down the rabbit hole internally, in your mind, and so for me, focusing on what's happening right here, right now, is the antidote to that/ so instead of turning in, you're turning out, instead of getting involved in things that are assumption or supposition or possibility, you're actually just focusing on what is, you know, the reality of what's happening right here, so, that's been my biggest saviour over the last few years, in terms of my mental health. (402-412)

7.4.1.2 Sub-theme: Self-connection and acceptance

In terms of the meaning participants ascribe to their mindfulness practice, also consistent across the data was an experienced link between mindfulness and feeling more grounded, and connected to the self. As Gwyn describes, “just feeling more grounded and less absorbed in your own thoughts” (224-225). Amy’s response echoes this – “to tap into that kind of still centred, grounded place” (612). Several participants made reference to feeling more connected with the physical body. According to Lisa, “there's a connection between mind and body, that’s for me, the whole purpose of the thing” (351-352). Helen refers to an experience of being more

grounded in oneself, as you go about your day-to-day life. This notion is shared by Gwyn – “the groundedness and centredness it brings” (Journalling Task, 17). An empowering experience was posed by Helen, in that essentially her practice impacts her way of responding – “I mean, ultimately what it does is it makes you a bit less reactive, more centred, more – I don’t know why I wanna say wise, but wise in how you approach things” (745-747).

Six participants described their mindfulness practice as facilitating a sense of self-acceptance. As Amy describes, “engaging in that space for me that I feel very, very real and true in the world” (674). Their meditative practice therefore facilitates a more authentic way of relating, both to the world and to the self. The use of the word “congruency” was shared by several participants. As Dillan suggests, “*congruency* is a word that sits better... able to express anger a lot better, this congruency thing because I repressed it, after I came out the army” (517-519). He presents an interesting view:

So that’s another part of mindfulness, is learning to integrate your shadow, you know, to try and bring in your shadow and more whole; and the more whole you become, the less you have to run away from things. (273-276)

Amy expands on this notion, suggesting that with self-acceptance comes awareness around your own prejudices or discomfort. Cayla uses the term “radical acceptance”, which she defines as “accepting the things that I can’t change and that I don’t have control of” (686). In the context of this quotation, Cayla is referring to acceptance about things regarding the self, and is thus referring to her inner being and her own self-acceptance. For Fiona, self-acceptance extends to self-compassion, “just being kind to myself and realising that I can’t do it all, you know/ I think if you are maybe more mindful, you can realise your limitations” (364-367).

7.5 The experienced nature of the meditative being qualities

The final part of this chapter pertains to the nature of the meditative being qualities, as experienced by participants resulting from their mindfulness meditation practice. An increased internal capacity was identified as the superordinate theme for the data around the experienced nature of the meditative being qualities. Specific capacities relating to how the superordinate theme of an increased internal capacity is experienced were identified as emergent sub-themes, namely an increased internal capacity to be present and calm; and increased internal capacity for self-awareness.

7.5.1 Superordinate theme: Increased internal capacity

Participants' descriptions of the experienced being qualities all appeared to involve a perceived increased internal capacity, which was identified as the superordinate theme for the data around the experienced nature of the meditative being qualities. An increased internal capacity related to a two main types of capacities, namely to be present and calm; and for self-awareness. These specific capacities were identified as sub-themes relating to how the superordinate theme of an increased internal capacity is experienced.

7.5.1.1 Sub-theme: Increased internal capacity to be present and calm

Seven participants said they experienced an increased capacity to be calm and present. From the description of participants' experiences, this capacity relates more to a state of being as opposed to a capacity for action. As Kirsty describes, "I was a hyperactive, overactive kind of person, always doing, I was a real human doing/ and I decided it was time to become a human being" (568-571). This was echoed by Gwyn: "it's not something that I'm doing, it's something that I'm being – that's the whole thing with mindfulness, just being" (707-708). It suggests an inaction, and a surrender to experience and to the moment.

Fiona suggests that the experienced present focus involves an increased capacity to live in the now. An experienced calm – described as “calmness” (Lisa, 368), “state of calm” (Helen, 731) or “stillness within” (Jordan, 840) – was common between most participants. Dillan suggests that such qualities of presence and calm are ultimately “all mindfulness traits of accepting” (199).

Several participants suggested that the increased capacity to be present and calm relates to an increased capacity for the suspension of thoughts or internal narrative. Jordan’s description was that of “just listening to what is happening in the moment, without your mind adding narrative to that” (817-818). As Helen suggested that it is not so much the processing of experience, but rather “the ability to be, and to notice” (626).

7.5.1.2 Sub-theme: Increased internal capacity for self-awareness

An increased internal capacity for self-awareness was the second sub-theme that emerged in the participant data. For some, this increased capacity related to being more tuned into one’s body, thoughts and emotions. As Kirsty explains, it’s “being tuned into what's going on in your thinking, in your, feeling, in your body” (347-348). Bruce suggests a heightened awareness of one’s body and physiological symptoms of emotional arousal:

it’s about my capacity to just be with physiological arousal/ I’m not sure how to put it, you know, so when there's tension and tightness, it's for me to now be able to go, ‘sjoh I notice that something's going on here, that there's some level of stress’... whether it's anxiety-based stress or frustration-based stress, I'm aware, so much more aware of these things happening” (692-701).

The concept of an increased self-awareness is described in different ways, often relating to one’s own reactivity. Amy suggests an increased capacity to notice when she is triggered.

Bruce describes his experience in terms of his capacity for awareness of physiological symptoms of stress or arousal:

[Mindfulness practice has] been absolutely huge in terms of building my capacity to just be with physiological arousal/ I'm not sure how to put it... I'm so much more aware of those physical signs of stress, so whether it's anxiety-based stress or frustration-based stress, I'm aware, so much more aware of these things happening, and it allows my ability to catch, do something, to reverse that physiological arousal/ it's just huge (691-703).

His description conveys a sense of empowerment that his capacity for self-awareness allows, by facilitating one's response to (and management of) the stress that is presenting in our bodies, at any moment.

For Cayla, the capacity for self-awareness relates to an increased awareness around an internal propensity to seek order and control, and around the things that one can change and control, and the things one can't. Such awareness therefore relates to both the self and to external circumstances. She presents an interesting notion of "radical acceptance":

and this is a very important part of mindfulness as well, I don't think I've actually mentioned, it is a radical acceptance, so for me personally, that was a very, very big part, you know, accepting the things that I can't change and that I don't have control of because I'm actually wasting my time and I'm working myself up for something that I've got no control over, and it's very difficult if you're a person that sort of likes to exert control on different aspects of your life to just let go. (682 – 690)

In terms of increased internal capacity for self-acceptance, Dillan claims that "presence, focus, acceptance, are all mindfulness traits of accepting, rather leaning into rather than running away from" (199-200). The implication is that the internal accepting facilitates a better engagement with whatever is presenting, either in one's internal or external reality.

7.6 Conclusion

This chapter focussed on the findings relating to Research Questions 1 and 2, which pertain to the lived experience and meaning which participants' ascribe to their practice. In terms of the first research question, the chapter presented the themes pertaining to the general lived experience of mindfulness practice. These included a focus on the clients' needs, connection with nature, and diversity of practice. In addition, it highlighted the superordinate themes pertaining to participants' lived experiences across aspects of mindfulness practice, including the categorising of formal versus informal mindfulness meditation practices, an emphasis on consistency, mindfulness practice as evolving, and diversity in terms of mindfulness informed versus mindfulness-based therapy. Thereafter, the chapter detailed the findings in relation to the meanings that participants ascribe to their meditative practice. The data suggested a range of perceived benefits or outcomes resulting from participants' mindfulness practice, which clustered into two main sub-themes, namely: stills and calms; and self-connection and acceptance. These sub-themes are located under one superordinate theme which captures the essence of the meaning which participants ascribe to these outcomes: an improved sense of inner well-being.

Finally, the chapter presented the findings relating to Research Question 2, exploring the nature of the meditative being qualities. Participants' experiences conveyed that the being qualities are the essence of their mindfulness practice, both personally and in the therapeutic context. Two relating sub-themes pertained to two main types of capacities, namely: the capacity to be present and calm; and the capacity for self-awareness. In essence, these capacities facilitate experiencing-centred therapy and are the focus of the study and its findings, due to their potential benefit in the therapy context.

CHAPTER EIGHT - Findings:

Externalising impact of mindfulness

8.1 Introduction

This is the final chapter relating to the presentation of findings, pertaining to Research Questions 3 and 4 (refer to Chapter 4.3), both of which focus on externalising impacts of mindfulness and its practice, therapy, counselling psychology, and the training curriculum. In terms of Research Question 3, an increased capacity for engagement was at the core of how participants' mindfulness practice informs their therapeutic practice, and thus is positioned as a superordinate theme. The four emergent sub-themes relate to aspects of engagement with the therapeutic space, the client, and with what is presenting (containing the therapeutic space; presence; awareness; and the relationship with struggle and suffering).

In relation to Research Question 4, the chapter aims to present the research findings around the perceived relevance of mindfulness to counselling psychologists. In this regard, two overarching (superordinate) themes presented, including: fostering open-mindedness and other therapeutic capacities; and motivation for its inclusion as part of the tertiary psychology curriculum for counselling psychologists.

8.2 Mindfulness meditation as informing counselling practice

All of the participants shared the view that their mindfulness practice informs their counselling practice. In a sense, they regarded it as a framework or lens with which they view their counselling practice. As Dillan explains, "as a therapist, mindfulness informs my practice" (183). Gwyn suggests that "mindfulness has really been my anchor, but also my guide, in terms of my therapy with clients" (39-41). Jordan identifies a number of ways in which mindfulness informs her counselling practice:

It serves as a framework for many different therapeutic approaches /
it provides an excellent starting point for CBT and DBT/
it enhances awareness and better understanding of clients' feelings /
it helps therapists become more effective. (22-26)

Many participants shared the perception that their own mindfulness practice informs the therapeutic interventions used with clients. Fiona suggests that mindfulness-informed interventions facilitate a client's capacity for greater emotional regulation: "just getting them out of that fight or flight mode that they are, like, almost constantly living in, just to kind of calm down that whole central nervous system" (540-542).

Several participants claimed that they experienced a reduction in clients' presenting symptoms (including stress, depressive symptoms, and anxiety), as a result of the practice of both mindfulness-informed and mindfulness-based interventions. Lisa also suggests that it is helpful for clients in dealing with trauma:

in releasing that trauma and releasing that stuff we store in the body, [mindfulness] allows us to function within a more normal window of emotional reactivity regulation space or whatever, so that's the aim, is to be within that, allowing patients to learn how to be in that zone. (650-654)

Mindfulness-informed interventions were experienced as being calming and integrating, facilitating the regulation of emotions. As Cayla describes, mindfulness practice serves "to bring in a sense of calm and relaxation for the patient" (643). Fiona also supports this idea, claiming that mindfulness helps "to assist [clients] to create a calmer, clear mind" (543). Several participants proposed that mindfulness-based interventions assisted clients with specific disorders or struggles. Whilst these were not themes across the data, they nevertheless provide interesting possibilities. These include the suggestion that mindfulness assists clients with ADHD, and helping with insomnia and with quality of sleep.

Participants' mindfulness practices were therefore perceived to be informing both in terms of themselves as therapists, the therapeutic process and therapeutic outcomes for the client. At the core of how participants' mindfulness practice informs their therapeutic practice was an emergent sub-theme relating to an increased capacity for engagement.

8.2.1 Superordinate theme of engagement

An increased capacity for engagement is at the core of how participants' mindfulness practice informs their therapeutic practice, and thus emerged as a superordinate theme. Findings from the data generated with participants supported the externalising impact of mindfulness in terms of their experiences in the therapeutic context, with four emergent sub-themes evident in the findings, namely: containing the therapeutic space; presence; awareness; and the relationship with struggle and suffering. All four sub-themes relate to aspects of engagement with the therapeutic space, the client, and with what is presenting.

8.2.1.1 Sub-theme: Containing the therapeutic space

Three participants made reference to their mindfulness meditation practice as their ability to hold or contain the therapeutic space. Amy suggests that it better enables her to manage the energy in the room. According to Cayla, this capacity includes "even a small thing like silence in a session" (262). Gwyn supports this, and claims that consistent feedback she receives from others is that they "feel safe" (688) in the therapeutic space. She proposes that "mindfulness makes me calmer as a therapist, slower and able to listen more deeply" (656-657). Mindfulness is thus perceived to facilitate a safer and more open therapeutic environment. According to Amy, it 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" (615-618). As Gwyn suggests:

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, 48-51)

Lisa expands on this notion of facilitating a better therapeutic space:

I feel that I'm able to really just allow the patients a space to heal holistically... you know, and people are often very good at talking about their feelings... but what about actually feeling feelings, you know, allowing ourselves to experience, to ride the wave, to release. (688-692)

For many participants, mindfulness helped in containing the therapy space and preventing it from becoming overwhelming, thereby assisting with their own coping in the therapy context. As Cayla explains, it enables her “to hold that emotion and not make it feel to the patient that it's too much that, or that their emotions are too much” (256-258).

8.2.1.2 Sub-theme: Presence

A congruent theme for many participants is that their mindfulness practice facilitates their ability to be present and connected in their therapeutic practice. According to Helen, her mindfulness practice in between clients assists her to recentre, thereby enabling her to be more fully present with clients. Kirsty suggests that mindfulness informs the way she receives information, her attentiveness, and the way of being in the therapeutic conversation that is taking place. This is echoed by Bruce, who claims that “to a growing degree, an increasing degree, I am using this [mindfulness practice] to guide me in how I interact with the client” (678 – 679). According to Cayla, her personal mindfulness practice enables her to be more mindful in therapy, allowing her more focussed attention and analysis. Jordan claims that her meditative practice enhances her counselling skills:

I think there certainly are personal benefits, like I said, in terms of how I feel internally, how I am able to manage, you know, challenges, just feeling a lot calmer within myself, and being able to access that space when I need to; and I do think that makes me a better therapist when I'm able to be mindful, when I'm able to be in the here and now, I think it aids connection, I think it aids empathy. (674-681)

8.2.1.3 Sub-theme: Awareness

The third sub-theme that emerged in the clustering of data around how mindfulness informs the therapy process related to its facilitation of awareness, of the self, the other and what is happening in the therapeutic space. As Amy explains, “looking into oneself / it actually enables you to connect more outwardly and / with the universe at large” (686-689). According to Bruce, this awareness relates to mindfulness of our physical state, and responding to it. Bruce states that “it is very much becoming more and more of my therapeutic process that where I'm checking in with, with myself and how my body is responding to the client sitting opposite me” (675-677).

Jordan experiences her mindfulness practice as enhancing her awareness of the other, and of what her clients are feelings or experiencing. Cayla suggests that mindfulness enables her to be more aware of her own internal narrative, and thus increases her capacity to be more non-judgmental in the therapeutic space.

8.2.1.4 Sub-theme: Relationship with struggle and suffering

Several participants suggested that their mindfulness informs their relationship with whatever is presenting in the therapeutic space. Evan proposed that many psychological models are curative, whereas the *Sunyata* (a Buddhist mindfulness notion) can serve as a less pathologising approach to suffering and presenting problems, as it is more about the relationship you have

with what is presenting. He gives the example of anxiety, proposing that many psychological approaches are based on a curative model, which he contrasts with mindfulness:

with mindfulness you be with what is, you know, 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... and so my answer to the question is no, it hasn't cured my anxiety, and I'm okay with that. (398-418)

A similar perception is held by Dillan, who suggests that with mindfulness one does not have to change thoughts – as you would for example in CBT – but rather, we change our relationship with those thoughts and emotions. They can thus still exist, but one does not need to be overwhelmed or controlled by them.

8.3 Perceived relevance of mindfulness for counselling psychologists

This section aims to present the research findings around the perceived relevance of mindfulness to counselling psychologists. Firstly, it looks at the perceived relevance of mindfulness in the South African context specifically; and secondly, the perceptions around mindfulness as a valuable skill for counselling psychologists. In this regard, an emergent superordinate theme pertained to mindfulness practice as fostering open-mindedness and other valuable therapeutic capacities.

Consistent across all participants was that mindfulness is, by nature, non-discriminatory and that its practice holds relevance for everyone. The interview question as to whether a mindfulness practice holds relevance specifically for counselling psychologists in the South African context was generally met with the response in that it holds equal relevance in all contexts, including South Africa, due to its inherent stance of open-mindedness and acceptance,

and the individual, non-conformist nature of mindfulness meditation practice. As Amy suggested, “mindful practice is an absolute imperative for any psychologist, actually any doctor, anyone that's engaging with anybody/ in the therapeutic role” (Journalling Task 18-19).

Several participants made reference to the intensity of the South African therapeutic context (especially trauma work), and how their meditative practice can be helpful in terms of coping with the severity of the trauma that presents. As Kirsty suggests:

In our often challenging [South African] context, it can just really be very uplifting/, and I mean, as a psychologist, 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. (811-816)

A number of participants experienced their mindfulness meditation practice as helpful in releasing stress that may result from a session, from the body – “it's about regulating that central nervous system/ because the work that we do dysregulates it a lot. And that dual attunement, you are also taking on a lot of that dysregulation of your patient “ (Lisa, 424-429).

All of the participants supported the stance that mindfulness is a valuable skill, not only for their own personal lives and practice, but more broadly as a valuable skill for counselling psychologists in therapeutic practice. Some, such as Cayla, emphasised that it is a critical skill for counselling psychologists. In addition, all of the participants reported that they experienced benefits due to practising mindfulness, both personally and professionally. As Dillan claims, “I really believe in it / I believe it and I guess I live it (802-804). Jordan suggested that she has seen benefits in hospital contexts, such as AKESO, and advocates the importance of mindfulness practice.

8.3.1 Superordinate theme: Mindfulness as fostering open-mindedness and other therapeutic capacities

Relating to the mentioned being qualities (as outlined in Chapter 7.5), mindfulness meditation is experienced by participants as facilitating self-awareness (refer to Chapter 7.5.1.2). In the therapeutic context, this self-awareness includes the therapists' awareness of their own prejudices and preconceptions, both in terms of the client and the therapeutic conversation. Essentially, mindfulness practice is experienced as fostering open-mindedness, which is particularly relevant in a multicultural context such as South Africa where diversity exists across religion, belief, value systems, culture and demographics – many facets of which are likely to be encountered in the therapeutic practice. Amy suggests that in her experience, mindfulness meditation facilitates connection with oneself and creates an awareness of the therapist's own prejudices which may be affecting the therapy space. Indeed, the perceived relevance of mindfulness to counselling psychologists was supported across the participant data.

For some participants, such as Cayla, their mindfulness practice assists with valuable therapeutic capacities:

mindfulness does help with attention and concentration as well, so I do feel that it does bring like a clarity to your mind and your way of thinking, I often have these aha moments, I think we all do with a client where we sit there and you sort of just realize something, I think that is often when I'm being mindful/ and I'm really, really listening to what is being said. (719-725)

Gwyn concurs with this, proposing that her mindfulness practice has “completely and utterly transformed my ability to hold space and to be that tool” (755-756). According to Bruce, his mindfulness practice is “very much becoming more and more of my therapeutic process, in that I'm checking in with myself and how my body is responding to the client sitting opposite me” (676-677). Amy suggests that a mindfulness practice is valuable in reducing therapist-

client power relations, and being better able to navigate prejudices in therapy. Lisa suggests that both insight-based (talk) and body-based (mindfulness) therapies are needed in the counselling context, but that body-based (mindfulness) therapy unlocks a new element of healing “for your therapeutic practice in terms of shifting it to another space that talk therapy wasn’t reaching” (587-590) This is echoed by Evan, who explains, “there's like an attitude to therapy where let's not fill the space with ideas about you, but let's like, see if we can attend to your experience” (709-713).

Several participants expressed limitations of many psychological models as being very much a mind-based “head” experience (thinking about thinking). In contrast, they experience mindfulness as a helpful framework for counselling psychologists in facilitating a shift to sensory experiencing. Helen explains that the counselling therapeutic practice is often largely intellectual, but that mindfulness facilitates more sensory, bodily experiencing. She suggests that in contrast to thinking or intellectualising, sensory experiencing allows one to be present in the moment.

8.3.2 Superordinate theme: Motivation for mindfulness in tertiary curriculum

In contrast to their own experiences, congruent across all participants is the notion that mindfulness should be included in the psychology curriculum at university. As Gwyn proposes:

Psychologists in general, are just, there's something missing/ So they've got the tools and they can do CBT and they can do CBT and, but, but as a, as a person, that there's something lacking/ And I think that mindfulness is the missing link. (759-765)

Some participants, for example Lisa, were very passionate in their support of the inclusion of mindfulness in psychology training: “a billion times, yes, definitely, definitely, definitely!” (909 – 912). This was echoed by Kirsty, “Absolutely/... I needed to learn how to be still, I was

a hyperactive, overactive kind of person, always doing, I was a, a real human doing” (467-469).

Others, such as Evan, caution that mindful practices need to be understood in the context of the broader philosophy from which they originate:

Yeah, I think it can be very beneficial, you know... but mindfulness-based stress reduction is very different to the philosophical rigor of what a Buddhist monk is practicing, you know... it's kind of like a whole approach to life versus like a specific skill set I'm developing. (501-510)

For some participants, such as Cayla, its inclusion is motivated by the need for more coping skills:

it wasn't something that we were trained in and I really wish that we were, I think it would've been helpful with our clients during our internships, but also for ourselves/ I mean, I'm just thinking the Master's program, it is such a stressful time/ Also for yourself to learn the skills, you know, to learn how to cope, learn how to breathe during a board exam, when you have a very stressful client, even just sitting with a client maybe brought you something that is quite anxiety provoking. (740-752)

Most participants motivation for the inclusion of mindfulness in the tertiary psychology curriculum was influenced by a lack of exposure in their own tertiary studies. Many had not been exposed to any form of mindfulness or mindfulness meditation in their tertiary psychology studies. Only one participant, Bruce, experienced a 2-day workshop during his studies at the University of KwaZulu-Natal (UKZN). Two participants suggested that aspects of mindfulness were incorporated in their curriculum as part of other modules, such as DBT and Stress Reduction. Three participants (Bruce, Gwyn and Jordan) attended an MBSR course after completing their university training, which triggered their interest in mindfulness.

Fiona supports the notion of the inclusion mindfulness-based skills in the tertiary psychology curriculum as a dedicated module, as opposed to an addendum to other modules:

I think for me that (mindfulness) was probably the section that I would say was most neglected, if I can say that... all the extra stresses that come with that and having a busy practice, that's where I struggle, and I think maybe if I had the skills early on, on how to be a more reflective psychologist, how to take time for myself and I think maybe in stressing how important that is, it's not just like a little thing on the side. (599-613)

Lisa suggests that in her experience, the Masters training provided important theory and modalities for conceptualising and insight (“top-down approaches”). However, there are also valuable “bottom-up” (body-based) modalities and their inclusion would have provided a more balanced training, as the needs of the clients require both:

(at University) it was a lot on the thinking brain level/ We are not only thinking brains/ And it was more as a quality within the psychodynamic approach/ whereas we weren't exposed to somatic experiencing/ We weren't even exposed to things like EMDR [Eye Movement Desensitisation and Reprocessing]... all these kinds of bottom-up approaches / Masters, top-down, life, we have both, you know? (Lisa, 919-940)

In terms of how mindfulness could be included in university training, Jordan suggested a combination of lecture and practical work - “possibly in lecture formats where we learn the literature behind it, then also practice mindfulness, and also offer mindfulness in our practical work in masters” (Journalling Task, 18-19). Gwyn echoes this, proposing that mindfulness cannot be something that is merely taught to Masters students as a way of informing them, but that they need to practice it themselves:

I would not recommend that therapists merely inform their clients of the various practices without themselves being immersed in the practices, and knowing fully the philosophy and principles of mindfulness. While the exercises themselves can be beneficial, a lot of the powerful aspects of mindfulness are lost. I think that the therapist

has to embody the practice of mindfulness in order to be a mindfulness practitioner.
(Journalling Task, 29-34)

Gwyn emphasised the value of mindfulness in ethics:

I would have loved to be informed of mindfulness during my Masters year. I think a good format would be to provide information on the basics of mindfulness, and then the various therapies that incorporate mindfulness, with an invitation to those students who are interested to attend an 8-week MBSR course. Perhaps the university could secure a facilitator to provide such in house. But more importantly, I would think that it should be incorporated as an element of ethics - and seen as an ethical way of being; that the philosophy and principles of mindfulness provide excellent ways of being with ourselves and our clients. (Journalling Task, 34-38)

Bruce suggested that mindfulness could more effectively be taught through a mentoring process – “in retrospect I wish I had a mentor, you know... if they're just brought to my attention through some sort of mentoring... to what extent are you dissociated from your body” (465 – 472).

8.4 Conclusion

This was the final chapter relating to the presentation of findings, and outlined the findings pertaining to Research Question 3 and 4, both of which focus on the externalising impact of mindfulness and its practice – on therapy, counselling psychology, and the tertiary psychology curriculum. In terms of the third research question around how participants’ mindfulness meditation practice informs their counselling practice, the chapter outlined the main themes (superordinate and sub-themes) that emerged out of the participant data, which talk to how mindfulness informs the therapist’s way of relating to themselves, their client, and whatever is presenting in the therapy context. In this regard, an increased capacity for engagement was at

the core of how participants' mindfulness practice informs their therapeutic practice, and thus developed as the superordinate theme. Four emergent sub-themes in the participant findings included: containing the therapeutic space; presence; awareness; and the relationship with struggle and suffering. In addition to this, the chapter outlined how participants' mindfulness practice informs the therapeutic interventions that are used, and the resulting outcomes experienced by participants.

In addition, the chapter outlined the findings around the fourth research question: To what extent is it perceived that mindfulness could or should be positioned a valuable skill for counselling psychologists? (refer to Chapter 4.3). Specifically, it presented the findings relating to the perceived relevance of mindfulness to counselling psychologists as a valuable skill in the therapy context and specifically in the South African context. It discussed the two superordinate themes which included: mindfulness as fostering open-mindedness and other therapeutic capacities, and motivation for its inclusion as part of the tertiary psychology curriculum.

CHAPTER NINE – Discussion:

Participants' conceptualising of mindfulness and meditation

*To be right in the middle of a stream, and to be carried along with it;
Just a kind of a partnership with a deeper life that is happening within me,
A dance we do together (van Loon, 2023)*

9.1 Introduction

The study sought to gain insight into the participants' experiences around mindfulness and meditative practice, to better understand its perceived relevance for counselling psychology. In particular, it aimed to gain insight into the meditative being qualities. This chapter is the first of three discussion chapters that are organised around the research findings as presented in the previous four chapters. The discussion chapters aim to consider the findings in relation to the dominant themes (including superordinate and sub-themes) and the research questions pertaining to the study (refer to Chapter 4.3). In addition, they intend to provide my own commentary on the findings and to position them in terms existing knowledge (based on the literature that was reviewed in Chapter Two) and the theoretical framework.

This discussion chapter has three broad functions. First, it outlines the structure of the discussion chapters. Second, it considers the areas of therapeutic focus and preferred approaches that presented in the participant findings. Third, the chapter discusses the findings pertaining to their conceptualising around the constructs of mindfulness and mindfulness meditation, as these underlie all the research questions.

9.2 Structure of the discussion chapters

The discussions in the next four chapters pertain to the findings in chapters Five to Eight, as the below tabulation illustrates:

Table 9: *Outline of discussion chapters*

Discussion Chapter	Relating Findings Chapter	Relating Research Question(s)	Relating Super-ordinate Themes
Chapter Nine		N/A	
	Chapter Five	Areas of therapeutic focus and preferred approaches	
	Chapter Six	Broader topic of mindfulness and its practice	<ul style="list-style-type: none"> - Sensory nature - Personal nature
		Conceptualising of mindfulness	<ul style="list-style-type: none"> - Facilitating connection - Cautionary theme around its inappropriate use
		Conceptualising of mindfulness meditation	<ul style="list-style-type: none"> - Having intent
Chapter Ten	Chapter Seven	Research Question 1: <i>General lived experience of their mindfulness meditation practice</i>	<ul style="list-style-type: none"> - Focussing on clients' needs - Connecting with nature - Diversity of preference

Discussion Chapter	Relating Findings Chapter	Relating Research Question(s)	Relating Super- ordinate Themes
		<p><i>Lived experience across <u>aspects</u> of mindfulness practice</i></p> <p><i>What is the meaning attached to their practice?</i></p> <p>Research Question 2: <i>Based on their mindfulness meditation practice, how (if at all) are the meditative being qualities experienced?</i></p>	<ul style="list-style-type: none"> - Formal vs Informal - Consistency - Evolving - Mindfulness-informed - Improved sense of inner well-being - Increased internal capacity
Chapter Eleven	Chapter Eight	<p>Research Question 3: <i>How (if at all) does a mindfulness meditation practice inform the counselling therapeutic process?</i></p> <p>Research Question 4: <i>To what extent is it perceived that mindfulness could / should positioned a valuable skill for counselling psychologists?</i></p>	<ul style="list-style-type: none"> - Engagement - Fostering open-mindedness - Lack of exposure in tertiary psychology studies - Motivation for mindfulness in tertiary psychology curriculum

9.3 Participants' therapy focuses and preferred approaches

Chapter Five outlined the findings pertaining to areas of therapy focus and preferred therapeutic approaches in terms of the participants' counselling practice (refer to Chapter 5.3). In this regard, the dominant areas of therapy focus which presented was that of trauma, and specifically Post-Traumatic Stress Disorder (PTSD). According to NeuRA Statistical Libraries (2023), current evidence finds the lifetime worldwide prevalence of PTSD in the general population is around 3.9%, however for people known to have been exposed to trauma, the rate is 5.6%. A systematic review by Ng et al. (2020) suggests that PTSD is a large contributor to the global burden of disease and is estimated to affect almost 4% of the world's population, but that people living in sub-Saharan Africa are disproportionately exposed to trauma and may be at increased risk for PTSD. However, they suggest that "a dearth of population-level representative data from SSA is a barrier to assessing PTSD adequately" (Ng, et al., 2020, p. 1). The clinical reality is that trauma is universally among the most common conditions that presents for treatment in the counselling context, meaning that most counselling psychologists are likely encounter trauma in their practice (Sears & Chard, 2016). The therapeutic focus of participants on trauma thus appears aligned with the broader presenting therapeutic needs and demand for treatment. It also seems relevant in light of the claimed efficacy of mindfulness-based interventions in the treatment of trauma, and for PTSD specifically – based on the literature reviewed (refer to Chapter 2.6.1).

In terms of participants' preferred therapeutic approaches, a diverse range of approaches was cited as being used by participants (18 in total), suggesting the individual nature of the therapeutic context. Four participants made reference to an integrative (collaborative / eclectic / holistic) approach using a range of therapeutic approaches, depending on the client and context. The most commonly preferred approaches included the psychodynamic approach (particularly around case conceptualising), and DBT. It was interesting to note that only two participants cited mindfulness as a preferred therapeutic approach. However, several participants viewed mindfulness as a broader "meta" framework (as a supportive basis for the above-listed modalities) rather than an approach in itself. Abou-Hilal (2021) defines a

psychological approach as “a view that involves certain assumptions about human behaviour” (p. 27). It would therefore perhaps be misaligned to view mindfulness as an approach, as by its nature it aims to release assumptive thought. In light of this, most of the studies that presented in the review of literature around mindfulness studies relating to counselling practice advocated for mindfulness meditation as enhancing therapeutic capacities, and in informing the therapy process. Fulton and Cashwell (2013) proposed that mindfulness meditation enhances the therapist’s own therapeutic capacities; Bell (2009) suggests that it can “greatly impact both the quality and usefulness of the [counselling] work, as well as the health of the therapist” (p. 126); Davis and Hayes (2011) claim that research has identified that the practice of mindfulness meditation enhances psychologists’ empathy, compassion, and counselling skills; and Germer et al. (2005) state that “(t)here is a growing corpus of literature on the use of meditation and mindfulness to cultivate empathy” (p. 82). These sources suggest that mindfulness is helpful in supporting the therapeutic process (in a broader, or meta-capacity), rather than in providing a psychological approach in itself.

9.4 Discussion around the conceptualising of mindfulness and mindfulness meditation

The discussion in this section considers the findings presented in Chapter Six relating to participants’ conceptualising of mindfulness and mindfulness meditation, as these underlie the research questions. It focuses on the relating superordinate and sub-themes that were outlined in Chapter Five, as these underlie the research questions.

9.4.1 Superordinate themes: broader topic of mindfulness and its practice

As outlined in the findings of Chapter Six, two superordinate themes overlapped participants’ conceptualising of both the constructs of mindfulness and mindfulness meditation, which were the sensory nature and the personal nature of mindfulness (refer to Chapter 6.2).

9.4.1.1 The sensory nature

Participants' experiences suggest that a mindful state is one in which you are observant in terms of body sensations, feelings, and thoughts, and the topic of sensory engaging in mindfulness was prominent in the interview conversations. In the therapy context, sensory engagement was perceived as facilitating body-based therapy, with a focus on how emotional awareness can be understood through its sensory presentation in the body, and how the body stores trauma. Relating to the topic of the sensory nature of mindfulness and its practice, van der Kolk's (2014) book *The Body Keeps the Score*, was referenced by three participants, thus presenting as an influential resource around the topic.

The notion of mindfulness and its practice (mindfulness meditation) as being body-based and sensory in nature, rather than being predominantly mind-based, is interesting, as it seems a contradiction to its name. It also offers a different focus to many of the traditional psychological approaches. CBT, for example, is concerned with the processes that happen in our minds (including memory, perception and attention); and psychodynamic approaches explain behaviour through childhood experiences, focussing on aspects consciousness, attachment and childhood memories (Abou-Hilal, 2021).

9.4.1.2 The personal nature

The personal nature of mindfulness and its practice emerged as superordinate theme in terms of participants' conceptualising of both mindfulness and mindfulness meditation (refer to Chapter 6.2.2). It was evident that mindfulness meditation is a very personal practice, highlighted in the very varied responses by participants around different constructs relating to mindfulness. Five participants made reference to mindfulness meditation as being a uniquely individual practice, with no prescriptions in terms of how it needs to look. It was apparent across the conversations with participants that both their conceptualising of mindfulness and their mindfulness meditation practice are not constant, but change over time.

In terms of the personal nature of mindfulness and its practice, Evan proposes that it does not necessarily need to be a singular, personal practice, but that can also speak of a collective mindfulness that involves more than one person or a group cohesion or awareness. This suggests that mindfulness has the capacity to extend beyond the individual. This challenges the notion that mindfulness is more applicable to an individual (versus collectivist) culture. In line with this, a construct raised by Amy relating to her conceptualising of mindfulness was that of “power ratios”, suggesting that “mindfulness assists in reducing power ratios and being present with whoever I’m with” (37-38). Implied in the context of this comment is a suggestion around the equalising the power dynamics in the therapeutic space. The literature reviewed (refer to Chapter 2.3) made reference to the being qualities (and particularly those of nonattachment and non-judgement) as giving central place to that which is in fact going on in the client’s subjectivity, in the moment (Bugental, 1999). One aspect of therapeutic engagement highlighted in the literature reviewed is resistance as an indicator of power relations, as proposed by both Guilfoyle (2005) and Foucault (1990). Whilst literature reviewed did not claim that mindfulness and the being capacities removed such power imbalances in the therapeutic space, they were positioned as facilitating awareness around the whatever is presenting with the client, at least suggestive of an informed response.

9.4.2 Discussion around participants’ conceptualising of mindfulness

Mindfulness is by nature an abstract and subjectively experienced construct, so it was unexpected to find congruency in the conceptualisation of mindfulness across research participants, with dominant superordinate presenting in the participants’ findings, namely: facilitating connection; and caution around its inappropriate or untimely use (refer to Chapter 6.3). Whilst mindful practice is a very individual and personal experience, the construct of mindfulness itself, seems to be more aligned. The sub-themes of presence and awareness, and also that of non-judgement and nonattachment, were particularly consistent with the prominent definitions of mindfulness in the literature reviewed. Indeed most of the definitions included

aspects of both presence / awareness and non-judgement, including the definitions of authors such as: Davis and Hayes (2011) who refer to mindfulness as “a moment-to-moment awareness of one's experience without judgment” (p. 198); Germer et al. (2005): “When we are mindful, our attention is not entangled in the past or future, and we are not judging or rejecting what is occurring at the moment. We are present” (p. 5)]; and Harris (2013) who states that “there are many ways to describe mindfulness, but most descriptions centre around the three basic attributes of present centeredness, intentionality, and nonjudgment” (p. 351).

9.4.2.1 Discussion around the sub-theme of non-judgement and nonattachment

Participants' conceptualising around non-judgement appeared to relate primarily to the self and one's own thoughts, rather than to others or the external environment. A non-judgmental stance was perceived as a conscious stance of pausing one's internal dialogue. The notion of non-judgement was also referred to in the literature review, where a capacity for non-judgement was positioned as one of the core being capacities. Participants' descriptions of nonattachment appear closely aligned to that of Germer et al. (2005): “the awareness that emerges through paying attention on purpose, in the present moment” (p. 6).

Relating to the sub-theme of non-judgement and nonattachment were discussions around the prevalent focus on gain and achievement (in contrast to the mindfulness notion of nonattachment to future ideals). Three participants (Evan, Amy and Cayla) mentioned that a focus on gain and achievement is a barrier to mindfulness. Cayla stated that this is fuelled by societal values such as productivity and multitasking. There was a suggested idea of always wanting more, striving to the future rather than being in the present. Amy suggested that this is fostered from a young age by our schooling system.

The concept of nonattachment / attachment specifically needs to be differentiated from its meaning in the context of other psychological theories, as nonattachment in mindfulness appears to counter the dominant psychological theories around attachment to caregivers, others,

experiences, and our sense of self/identity. As outlined in the literature review, in the context of mindfulness (and the being qualities) attachment is a negative experience, defined by Whitehead et al. (2019) as “the energy involved in clinging to experiences perceived as positive and the avoidance of experiences perceived as negative” (p. 142) Attachment in mindfulness pertains to mental fixations, and an existential struggle with impermanence, and thus the most basic human cause of suffering is attachment, especially to one’s self (Riker, 2020). In contrast, nonattachment improves well-being and facilitates self-awareness, as it limits the negative impact of mental fixation involved in trying to control experience (Whitehead et al., 2019).

In contrast, in the context of other psychological frameworks, nonattachment is generally understood to have negative psychological consequences. For example, in developmental psychology, Bowlby (1988) defines attachment as “the lasting psychological connectedness between human beings” (p. 194). His well-known attachment theory is concerned with a child’s early attachment with primary caregivers and asserts that secure attachment has important indicators for well-being and psychological health. This theory contends that children are born with a psycho-biological system that motivates them to seek or maintain proximity to an attachment figure (Bowlby, 1988). Bowlby believed that children who are deprived of basic socio-emotional, relational needs grow up to become deficient in their own relationships (Jones S. , 2016). According to Jones (2016)

Bowlby viewed attachment security as crucial for the formation of healthy relationships. However, children who are neglected or who do not attach to a primary caregiver likely see themselves and others negatively, and tend to develop less positive internal working models. (p. 2).

Whilst the conceptualising of attachment/nonattachment in both mindfulness and developmental psychology relate to the attachment of an experience (of caregivers and desired outcomes respectively), there seems to exist a paradox - attachment in mindfulness yields suffering but in other psychological frameworks it yields wellbeing and health. Conversely, nonattachment in mindfulness is adaptive, whereas nonattachment in other psychological

theory is nonadaptive. This poses an interesting question - how do we raise securely attached children, but children who are also nonattached? A study by Sahdra and Shaver (2010) attempts to address this paradox, suggesting that a “Buddhist [mindfulness] notion of “nonattachment” (release from mental fixations) is related to but distinguishable from the Western construct of attachment. Secure (or insecure) attachment is based on internal working models related to security (or insecurity), whereas nonattachment is based on insight into the constructed and impermanent nature of mental representations” (p. 116).

In Bowlby’s attachment theory (1988), the subject of attachment relates to early childhood interpersonal relationships, and in particular experiences with primary caregivers (thus to a positive subject). In contrast, in the context of mindfulness, attachment pertains to mental fixations on certain outcomes (a negative subject). The two theories of attachment are therefore referring to very different phenomena. Indeed Wallin (2007) scholar of attachment theory, suggests secure attachment allows for the free straying away from a cling to and controlling experience of attachment. He contends that emotional growth occurs through the transformation of the self through relationship.

Due to the different phenomena that the attachment relates to, the word *attachment* has a positive connotation in Western psychology, but a negative connotation in a mindfulness approach. According to Sahdra et al. (2013), in mindfulness-based definition of attachment: “(Sanskrit: *r̄ aga, up̄ ad̄ a na*) a mental affliction that distorts the cognition of its object by exaggerating its admirable qualities and screening out its disagreeable qualities” (p. 116).

In this sense, attachment theory is perhaps closer aligned to the broader mindfulness framework than to the specific mindfulness construct of attachment / nonattachment. According to Sahdra and Shaver (2013), “both systems highlight the importance of giving and receiving love and of minimising anxious clinging or avoidant aloofness and suppression of unwanted mental experiences” (p. 282). However, they suggest that two frameworks differ in their conception of security in adulthood:

Attachment theory suggests that security is rooted in mental representations of a self that has been reliably loved and cared for in close relationships. In Buddhist psychology, security is conceptualized as freedom from static or rigid views of self and others, and is cultivated by countering, often through formal meditation practices, our habitual tendencies of reifying or solidifying aspects of our ever-changing phenomenal experience. “Nonattachment” or release from mental fixations is a key construct in this process. It is empirically distinct from its Western counterpart of felt security. (p. 282)

The divergent meanings in security are perhaps impacting in the different conceptualising of attachment /attachment. Bowlby’s Attachment theory (1988) emphasises the quality of a person’s relationships across the lifespan, suggesting that childhood security and attachment (specifically early parent–child relationships) impact one’s capacity for good relationships in adulthood. In contrast, a mindfulness approach offers a different conception of security, where people’s efforts to find security in relationships, careers, possessions, wealth, or reputation are seen as errors in thinking and mistaken decisions in one’s pursuit of happiness (Sahdra & Shaver, 2013).

9.4.2.2 Discussion around the sub-theme of presence and awareness

The use of the word ‘present’ was congruent across the described experiences of almost all participants. The conceptualising of ‘presence’ included an increased capacity to listen. As Cayla explains, “I am really listening to what is being said, and I’m storing that information, and then trying to connect it with something else that was maybe said” (725-727). For some (such as Gwyn), being present involves stilling the mind and one’s thoughts. The word ‘awareness’ was also congruent across the descriptions of several participants in relation to the conceptualising of mindfulness, and often related to an ability to focus, and to pay full attention to whatever one is doing, or to what is occurring, in the moment. The emphasis on the present moment – the here and now – is echoed by Helen and also Evan, who suggests that in the

conceptualising of mindfulness, “the past is only relevant to the extent that it, and the form that it takes, in the present” (316-317).

Differing conceptualisations of awareness were evident in terms of the aspect of relating (to ourselves and others). For some participants (such as Dillan) awareness implies an inward way of relating to the self, and others conceptualised (such as Amy) it in terms of how we engage and relate to others. For Kirsty, it’s a continual and general awareness throughout the day, “of everything in one's life from the moment you open your eyes” (344-345).

The sub-theme of presence and awareness is an aspect of facilitating connection, an identified superordinate theme in participants’ conceptualising of mindfulness. Related to this was the notion of being disconnected, and that such disconnection is a primary barrier to mindfulness. Participants offered different views of both the main causes of such disconnection, and what the disconnection related to. For some participants the disconnection is with the self, and for others the disconnection is more about others and the decreased ability to actually listen and understand. It is perhaps the mindfulness concept of “reconnecting”, both with the self and with others, that gives the practice of meditation such appeal. As Gwyn described, “it brings me home, that's what meditation is for me, it's bringing me home” (270).

Within the sub-theme of presence and awareness, considerable conversation focussed on pressures and demands on our time, suggested by participants to distract us and move us away from ourselves, and from a mindful state of presence and awareness. In particular, busyness and “pressure to do” were seen as aspects of life that serve as barriers to a mindfulness state of presence and awareness. Indeed, all of the participants stated that the reason that the current world is lacking mindfulness is because everyone is so busy, with many demands on one’s time and energy.

9.4.2.3 Discussion around the theme pertaining to inappropriate or untimely use

The second superordinate theme in the conceptualising of mindfulness was a cautionary theme pertaining to the inappropriate or untimely use of mindfulness. Several participants expressed concern that preconceptions – or misconceptions – exist in terms of how mindfulness is conceptualised, and therefore practiced. This suggests that mindfulness techniques are used in Western contexts with more of a curative focus, but without sufficient understanding of the broader (Eastern) philosophy from which they originate. There appears to be a key conceptual distinction between more popular (Western) meditation, and Eastern mindfulness meditation, with Eastern mindfulness meditation being conceptualised as a whole approach to life versus a specific skill set that one may be developing. As Evan suggests, “it [popular meditation practice] gets caught up in a self-help, self-improvement movement... which is a contradiction, in my opinion, to original form” (521- 524). His stance echoes that of Giraldi (2019), who proposed that mindfulness meditation needs to be practised with an understanding of the broader philosophy from which it originates. The suggestion is that simply adopting certain practices of an Eastern-based philosophy into a Western context could be misaligned and dilute the effectiveness of such practices, or could lose the essence of mindful being.

This is an arguably purist view of mindful practice, that perhaps challenges the relevance of meditative practice in a Western context. It speaks to the notion that Western psychology often works in a more curative mode, versus the mindfulness notion of shifting the relationship between the person and whatever is presenting. This is a notion perhaps congruent with the discipline of counselling psychology, which has historically resisted a diagnostic pathologising of presenting struggle (Pretorius, 2012). In this regard, mindfulness is a useful framework, focusing more on the relationship you have with your struggle than on finding solutions to understand and alleviate it. It also resonates with the existential views of Kierkegaard (refer to Chapter 2.9.1), who proposed that suggests that existential anxiety is not maladaptive but rather a normal reaction to the perceived dangers to our sense of being (Henriksen, 2013).

The notion that mindfulness can make one a better person was perceived as a misconception by several participants, who suggested that mindfulness does not assume an ethical stance. Whilst it was not overtly stated, the implication is that mindfulness is not about ethics (that is, good/bad, right/wrong and so on), and its aim is not to make one a better person, as perhaps may be generally perceived.

In terms of conceptualising mindfulness, the participant data showed varied responses around the different constructs relating to mindfulness, including mindfulness as a state or trait. Many participants suggested that mindfulness contains aspects of both a state and a trait, or that it can evolve from a state to a trait over time. This would concur with the APA definition of mindfulness meditation as cited in the Literature Review (Chapter Two). In addition, it supports the stance of Germer et al. (2005) in that mindfulness is both a skill that allows us to be less reactive to what is happening in the moment, and is also “a way of relating to all experience, positive, negative, and neutral” (p. 5).

9.4.3 Discussion around participants’ conceptualising of mindfulness meditation

In accordance with the superordinate theme relating to its personal nature of the broader topic of mindfulness and its practice (refer to Chapter 6.2.2), the conceptualisations around mindfulness meditation were more diverse than those around the mindfulness construct itself. As mentioned, mindfulness meditation is a very personal practice, aimed at tuning in to the self, and therefore is an intentionally subjective experience. Based on the findings relating to participants’ conceptualising of mindfulness meditation, it was evident that the intent behind the practice is of greater significance than the form that the practice takes, which differed from one participant to the next. The emphasis was placed less on the physical practice itself and the form it takes, than on the intentional internal stance of the practice. This echoes the nature of mindfulness meditation as outlined in the methodology (refer to Chapter 4.5.1.2), and the reference by Wielgosz et al. (2019) that “mindfulness meditation does not describe a singular

technique but rather a family of practices, which share a focus on reducing distraction and enhancing awareness of mental experience” (p. 307).

Several participants stated that there exists a stereotype around what mindfulness meditation practice looks like (i.e., the cross-legged seated *seiza* pose), claiming that their practice does not conform to this stereotype. It was evident from the experiences of participants, that their conceptualising of mindfulness is deeply personal, and thus their experience of mindfulness meditation is individual and does not conform to any stereotype of how such a practice should look.

9.5 Conclusion

This chapter is the first of three discussion chapters around the research findings that presented in the previous four chapters. It aimed to outline the structure of the discussion chapters to follow. It considered the participant findings around their areas of therapeutic focus, suggesting that the dominant focus on trauma appears aligned with the broader presenting therapeutic needs and demand for treatment. In addition, it discussed the findings relating to participants’ preferred therapeutic approaches, and the positioning of mindfulness as a meta-approach, informing the therapeutic process. Finally, the chapter presented a discussion around the participants’ findings pertaining to their conceptualising around the constructs of mindfulness and mindfulness meditation, including the superordinate themes that presented, namely the sensory and personal nature of both mindfulness and mindfulness meditation. It also discussed the superordinate themes relating to the conceptualising of mindfulness specifically (including facilitating connection and a cautionary theme around its inappropriate use), and to the conceptualising of mindfulness meditation (namely that of having intent).

CHAPTER TEN – Discussion:

Lived experience and meaning of mindfulness and its practice

10.1 Introduction

This chapter intends to discuss the findings presented in Chapter Seven, pertaining to the first research question around the lived experience and meaning attached to a mindfulness practice, and the second research question around the experienced meditative being qualities (refer to Chapter 4.3).

Pertaining to Research Question 1, the discussion intends to focus on the dominant themes that presented, which included a focus on clients' needs, connecting with nature, and diversity of practice. It also considers the superordinate themes around the participants' lived experience across the various aspects of mindfulness practice (including formal versus informal practice; consistency; evolving; and mindfulness-informed). In addition, the chapter aims to discuss the identified superordinate theme pertaining to the meaning that participants' attach to their mindfulness meditation practice, namely, an improved sense of inner well-being.

With regard to the meditative being qualities explored in Research Question 2, the superordinate theme - namely, a perceived increased internal capacity - will be discussed with reference to its theoretical positioning and its relevance in light of the literature reviewed.

10.2 Discussion of themes around the general lived experience of mindfulness practice

Research Question 1 relates to two aspects of mindfulness meditation practice: firstly, participants' lived experience; and secondly, the meaning that they ascribe to their practice. The findings of participants' lived experiences were presented in Chapter Seven. Although there was a considerable degree of consistency across participant conceptualisations around the constructs of mindfulness and meditation (as outlined in Chapter 5.2), their lived experiences

around their mindfulness meditation practice was very varied, with a dominant (superordinate) theme relating to the diversity of practice. Participant data highlighted that mindfulness meditation is a deeply personal and individual practice. As a result, how their practice looks (the form it takes), how regularly participants practice and the duration of their practice, is diverse and influenced by the practitioner's time constraints and circumstances. Diversity of practice is an aspect of mindfulness meditation that was raised in the review of literature (Harris, 2013). However, based on participants' experiences, it would seem that meditative practice accommodates personal preference – how participants' practice looks may be different, but their practice intention and perceived outcomes were largely consistent.

The importance of focussing the clients' needs and the presenting struggle was identified as a second superordinate theme. This is arguably not a novel theme in terms of psychological approaches. The person-centred approach (also known as client-based therapy) employs a non-directive approach that aims to empower clients to discover their own solutions (Hazler, 2016). The existential framework, in which this study is positioned, is also focussed on the needs and reality of the client. Harris (2013) proposes that existential therapy avoids rigid therapist-directed interventions, but that “existentialists promote *being with* the client instead of *doing to* the client” (p. 354). Mendelowitz and Schneider (2008) suggest that an existential approach resists a curative approach to presenting symptoms or needs, but rather aims to challenge the encounter with the self, other, and world: a broadening of possibilities over and above symptomatic cure. Related to the superordinate theme highlighting the focus on clients' needs, was the importance of basing intervention recommendations on personal experience. In this regard, one's own mindfulness practice enables one to be authentic in the interventions suggested for clients.

An aspect shared by all participants was the importance of connecting with nature, which was identified as the third superordinate theme around mindfulness meditation practice. These included both formal and informal mindfulness meditation practices, that usually involve some form of engagement with nature. The core perceived outcomes related to a sense of grounding in nature, and to the sensory experience of nature as facilitating presence and awareness.

Connectedness with nature as experienced in mindfulness appears closely aligned with the existential approach. According to Jones (2019), “the existential doctrine is one of choice and freedom... as the existentialists believe, we are responsible for everything we do” (p. 81). Jones suggests an existentialist approach views us not only responsible for ourselves, but the world around us, with which we are closely connected.

10.2.1 Discussion of superordinate themes around aspects of mindfulness practice

A diversity in terms of how participants’ meditation practice looks was notable, with some participants opting for a more formal, structured meditative practice; others a very ‘informal’ practice incorporated into their day; and others preferring a combination of the two. This distinction between formal and informal categories of practice was identified as a superordinate theme in the participant data. Whilst the formal forms of mindfulness meditation practices were arguably fairly anticipated - as outlined in the literature, referencing Hindman et al. (2015) - what was perhaps less expected were the activities included under participants’ described informal activities. These included painting, cooking, music and walking. In themselves these activities are not necessarily mindful (that is, mindfulness is not necessarily inherent in these activities), but the intent in doing them makes them so. This speaks to the findings in Chapter Six around participants’ conceptualising of mindfulness meditation, which emphasises the intent behind the practice (refer to Chapter 6.4.1). In terms of their describing of formal and informal practices, participant data was closely aligned to the definitions cited in the review of literature around these two categories of mindfulness practice, and in particular that of Harris (2013):

In a formal sense, mindfulness meditation usually involves taking a specific posture with the body and exclusively engaging in a specific mental activity. Informally, it is used to describe any activity done with mindfulness. Washing the dishes can be a meditation when done mindfully. (p. 351)

In addition, the suggestion of a *micro-mindfulness* (as coined by Jordan) was interesting, referring to intentional informal meditation gaps during one's day. This notion of informal mindfulness also presented in the literature review with reference to Hindman et al, (2015). Micro-mindfulness suggests a flexibility in its practice, which facilitates its inclusion in one's daily life.

Dillan's observation that therapy itself can serve as an informal mindful practice – “even when you're sitting with your client, you're being mindful because you're listening and you're engaged, I mean, our job is a wonderful way to be mindful” (635-637) – resonates with aspects of an existential framework as presented in Chapter Three, and in particular with its focus on the way we relate to what is happening in the moment. As was referenced in Chapter Three, Husserl's existential-phenomenological *Rule of Epoché* pertains to “a way of approaching something as if it were new to you, all initial biases and prejudices are put aside, and the phenomena is viewed purely on the experience” (Arnold-Baker & van Deurzen, 2008, p. 14). From this framework, the act of therapy itself can be regarded as a form of mindfulness – a complex state of being mindful in a mindful activity (therapy). This arguably speaks both to a form of meta-mindfulness that may present in therapy, and to the layers of mindfulness that exist for therapists, including mindfulness in one's own life; mindfulness as it influences the therapeutic practice; and practising therapy as a form of mindfulness in itself – in maintaining a sense of newness/mindfulness with each client, and with each therapeutic engagement.

In light of the fact that the second data collection technique was a reflective journaling task, it was interesting to note that no participants mentioned journaling in their description of their meditative practice. This perhaps speaks to a potential limitation in methodological choice, which will be further discussed in Chapter 12 (refer to Chapter 12.4.1). When prompted, only three participants claimed that they use journaling, either for themselves or as a therapeutic tool for their clients. As one of the participants (Jordan) suggested, it would seem that mindfulness and journaling are perceived as separate practices. This challenges the reference made by Germer et al. (2005) that journaling is a “mindfulness skill” (p. 168). Jordan

suggested that both mindfulness and journalling enhance awareness, but it would seem that the intent inherent in each activity is different. Feedback from participants conveyed contrasting feedback around their experience of journalling, with several participants conveying less positive experiences. This is perhaps notable, in light of fact that only six participants opted to consent for the reflective journalling task. Chapter Four (refer to Chapter 4.6.4) detailed the rationale behind the inclusion of the Journalling Task as a second data collection method. This relates not so much to its association as a mindfulness-based activity, but rather because in IPA research, reflective journalling as a method of data collection is advocated to have number of advantages, which made the choice of this data collection method seem well-suited to this research study. One advantage is that it allows one to gather data in peoples' natural life context that can be collected on a daily basis as opposed to at one point in time, as in the case of interviews, or with significant lags in time, as is the case with longitudinal studies. In addition, it allows opportunity for contemplative feedback, and thus seemed particularly appropriate considering the nature of the study subject (refer to Chapter 3.4). The reflective journalling task therefore seemed a relevant fit. However, it appears that – as with all meditative practices – the experience and preference around journalling is very personal and subjective. Seven participants consented to participate in the reflective journalling task, but four participants opted not to, although they cited time constraints rather than the method itself as a prohibiting factor.

In terms of the development of participants' mindfulness meditation practice, the dominant theme related to the evolving nature of mindfulness practice, Several participants described the development of their practice as being a "journey", necessarily evolving in terms their own struggles, in managing anxiety and in releasing their own trauma, including childhood trauma. This would seem relevant to the nature of counselling therapeutic work, and in particular with participants' therapeutic interests in counselling practice (refer to Chapter 5.3), with trauma (7 participants) and anxiety (6 participants) presenting as the most common areas of therapeutic focus.

10.2.2 Mindfulness as informing the therapy process

All participants shared the notion that mindfulness informs the therapy process and their way of being in the therapeutic context. However, their responses suggest that they use mindfulness in the therapy context in varying ways, and to a varying degree. For some participants, mindfulness serves primarily to inform the therapy process (mindfulness informed therapy), and other use mindfulness-based techniques as a therapeutic tool (MBT). This distinction between mindfulness-informed therapy and mindfulness-based therapy (MBT) was also raised in the literature reviewed. To this end, Germer et al. (2005) draws a distinction between mindfulness-based psychotherapy which involves teaching patients how to practice mindfulness using a variety of techniques, and mindfulness-informed psychotherapy where the therapists' own mindfulness practice informs the therapy process. Much of the literature reviewed focussed on mindfulness-based psychotherapy, which is quantitative in nature, with a focus around the efficacy of mindfulness-based therapy as an alternative to established psychological and pharmaceutical treatments for a range of conditions.

In terms of participants' experiences around their own mindfulness practice as informing their use of mindfulness-based therapy, the focus was on the need to make recommendations based on personal experience, in terms of the interventions or tools that participants recommend for clients. In addition, the suggestion that the therapy context provides an opportunity to model the mindfulness-based techniques was consistent across several participants. In a sense, participants' own mindfulness practice facilitates an immersion in the techniques and tools that they advocate for their clients. In this regard, breathing techniques were the most commonly used mindfulness-based therapeutic interventions used by participants, with guided meditation and journalling each used by three participants. The prevalence of journalling as a preferred mindfulness-based tool amongst participants appeared incongruent with the fact that no participants claimed to use journalling in their own mindfulness meditation practice, as discussed in the previous section (refer to Chapter 10.2.1).

10.3 Meanings participants attached to their mindfulness meditation practice

The second aspect of Research Question 1 pertains to the meaning that participants attached to the practice, as presented in the findings in Chapter Seven. As outlined in the methodology chapter, this study is an interpretative phenomenological analysis (refer to Chapter 3.4). The primary focus is thus around the meanings that participants attach to their experiences. The findings in Chapter Seven therefore aimed not only to present participants' perceived outcomes of their mindfulness practice, but also to foreground meaning that they attach to their practice. In this regard, two main sub-themes were defined, namely: stills / calms; and self-connection and acceptance. These sub-themes are located under one superordinate theme which captures the essence of the meaning which participants ascribe to these outcomes, namely an improved sense of inner well-being.

10.3.1 An improved sense of inner well-being: discussion around sub-themes

The most consistently perceived outcome of meditative practice across the data was that it helps to calm and still the mind. In light of the demands of psychological practice in terms of the presenting needs of clients, this seemingly holds relevance in terms therapists' own self-care. Associated with the sub-theme of stills / calms was a sense of contentedness, with several participants' referring to a response of gratitude. Whilst this was not explicitly stated, this perhaps alludes to an outward-focus of mindfulness practice, resulting in a propensity for gratitude, as opposed to focusing on one's inner, personal struggles. Two participants suggest that practicing mindfulness enables them to shift their perspective and to see things through a more positive lens. This aspect of mindfulness as enhancing gratitude was aligned with the literature reviewed (Brown & Ryan, 2003; Hung Chen et al., 2016; Wood et al., 2007). The construct of gratitude is also integral to an existential framework (refer to Chapter 2.9.2), and thus is a core component of both mindfulness and existentialism. Chapter Two (refer to Chapter 2.9.2) outlined the notion of existential gratitude, defined by Harris et al. (2023) as "gratitude for one's very existence or life as a whole-is pervasive across the most influential human, cultural and religious traditions" (p. 2). In existential gratitude, the good is existence itself.

Related to the sub-theme of experienced calm, all participants experienced their mindfulness practice to assist in managing their own personal stress and anxiety. Participants described different ways in which their mindfulness practice aided their coping, and assisted in navigating challenging circumstances. As a counselling psychologist, where one's own stresses need to be managed so as not to impact the therapeutic space, this seems a relevant outcome. Amy's described benefit of enabling her to engage with discomfort and difficult emotions is not suggestive that her practice removes her struggle or emotions, but rather of a shift in the relationship with that struggle. This way of relating to suffering has some alignment with an existential approach – as outlined in the theoretical framework – which focuses on the acceptance of responsibility for decisions, and on learning to tolerate struggle and anxiety. An existential approach views change, suffering and existential anxiety as givens of existence (Nanda, 2005). According to Harris (2013), an existential approach views suffering as inevitable and a normal part of the human experience, placing the emphasis rather on acceptance. It is also relevant to the claim by Jooste et al. (2015), that mindfulness involves staying present with a full range of experiences whether they are positive or negative, without the possibility of being emotionally overwhelmed or developing a need to resist or judge.

The sub-theme of *self-acceptance and connection* related to an experienced connection between mindfulness and feeling more grounded, and connected to the self. Several participants made reference to feeling more connected with the physical body. An empowering experience was described by Helen, in that essentially her practice impacts her way of responding, making her less reactive. This statement was made in the context of her way of responding in general (to life), but one could infer that this would also apply to one's way of responding in the therapy space.

Participants' reported to experience their mindfulness practice as facilitating a more authentic way of relating, to the world and the self. The use of the word *congruency* was shared by several participants, in particular relating to awareness around one's own prejudices or discomfort. This is consistent with the literature reviewed by Edenfield and Saeed (2012), which claimed that "mindfulness meditation (Mindfulness Meditation) is intended to cultivate continuous and

clear attention to ongoing subjective experiences, combined with an attitude of acceptance and open-mindedness to whatever experiences may arise” (p. 132). Germer et al. (2005), suggest that an essential component of mindfulness is acceptance of all experiences, and that acceptance requires confronting aspects of experience perceived as undesirable or difficult. They suggest that in this way mindfulness meditation shares an aim with counselling psychology – an intention to create a space of acceptance and non-judgement (in this context, implying that the therapist does not have any agenda in terms of therapy but rather follows the clients’ lead in terms of where the therapy needs to go).

10.4 Discussion around the meditative being qualities

The findings pertaining to these qualities– as presented in Chapter Six – focused on a perceived increased internal capacity, which was identified as the superordinate theme for the data around the experienced nature of the meditative being qualities. This increased internal capacity related to two types of capacities, namely: for self-awareness, and to be present and calm. These specific capacities were identified as sub-themes relating to how the superordinate theme of an increased internal capacity is experienced.

Participants’ experienced increased internal capacity for self-awareness often related to one’s own reactivity. This self-awareness resonates with the psychological construct of metacognition (refer to Chapter 2.5) – a term defined in the review of literature as “one’s knowledge concerning one’s own cognitive processes and products or anything related to them” (Flavell, 1979, p. 232).

In this sense, the experienced self-awareness appears to be closely related to the consistent themes of non-judgement and nonattachment that presented around the being qualities in the literature reviewed (refer to Chapter 2.3), including the those of Lang (2013):

People who are practising mindfulness also are taught to notice their present experience without judgment. By simply observing that different experiences come and go over

time, the practitioner comes to know the transitory nature of our experience and realize that it is not always necessary to react. (p. 410)

It is these being qualities (and particularly those of nonattachment and non-judgment) as experienced by counselling psychologists, that this study was particularly interested in exploring, due to their potential benefit in the therapy context. They were subjectively experienced by each participant, yet congruent across their feedback was the notion that these being qualities are the essence of their practice. As van Loon (2023) suggests, they are *Bodhi* – translated as enlightenment – and embody openness and co-exploration of what may present in the therapeutic space.

An aspect of the being qualities that was not identified in the literature reviewed was the experienced presence and calm (the second sub-theme), which thus presented as a more novel finding. This capacity relates to a state of inaction, and a surrender to experience and to the moment. As Kirsty describes, “I was a hyperactive, overactive kind of person, always doing, I was a real human doing/ and I decided it was time to become a human being” (568-571). This was echoed by Gwyn: “it’s not something that I’m doing, it’s something that I’m being – that’s the whole thing with mindfulness, just being” (707-708). It suggests an inaction, and a surrender to experience and to the moment. These descriptions of the sub-theme of presence and calm seemed very aligned with Heidegger’s existential descriptions of presence (as referenced in section 2.9.1), which reminds us that we exist ‘in the world’ and should not try to focus on past events, but rather on the moment and on ‘authentic experiences’ that are yet to come. The distinguishing factor of mindfulness awareness is the observant nature of focus – in contrast to goal-directed focus (reflexive awareness), an exploratory focus, for gathering information and developing insight (integrative awareness) or awareness of thinking and learning (metacognition) (Chambers et al., 2009).

An interesting observation consistent with several participants was that this capacity (to be present and calm) pertains to an increased capacity for the suspension of thoughts or internal narrative. This holds the possibility to open more ways of being in the therapy space, which

often has inward focus, investigating the internal world (emotions, thoughts, the mind). In contrast, mindfulness, and the resulting being capacities, are experienced to still one's internal space and to pause one's own narrative. There is therefore a shift in perspective or focus, and the being capacities are perhaps a description of this shift.

10.5 Conclusion

The discussion in this chapter related to the findings presented in Chapter Seven, pertaining to the first research question around the lived experience and meaning attached to a mindfulness practice, and the second research question around the experienced meditative being qualities (refer to Chapter 4.3). In terms of the first research question, the discussion focussed firstly on the superordinate themes that presented around participants' general lived experience. These included a focus on clients' needs, connecting with nature, and diversity of practice. It also discussed the superordinate themes around the participants' lived experience across the various aspects of mindfulness practice (including formal versus informal practice; consistency; evolving; and mindfulness-informed). In addition, the chapter's discussion considered the identified superordinate theme pertaining to the meaning that participants' attach to their mindfulness meditation practice, namely, an improved sense of inner well-being.

Finally, the chapter considered both the theoretical positioning, as well as their relevance to literature reviewed, of the meditative being qualities (pertaining to Research Question 2), including the superordinate theme which presented, namely an increased internal capacity and relating sub-themes (the capacity to be present and calm; and for self-awareness).

CHAPTER ELEVEN - Discussion:

The externalising impact of mindfulness and its practice

11.1 Introduction

This chapter discusses the findings pertaining to Chapter Eight, which focussed on the externalising impact of mindfulness and its practice, on therapy, counselling psychologists and the tertiary psychology curriculum. It focuses on the findings pertaining both to Research Question 3 (How - if at all - does mindfulness meditation inform therapeutic practice?) and Research Question 4 (To what extent is it perceived that mindfulness could or should be positioned as a valuable skill for counselling psychologists?).

The discussion pertaining to Research Question 3 considers how participants perceive their mindfulness meditation practice to inform therapeutic practice: firstly, in terms of how it informs themselves as therapists; and secondly, how it informs the therapeutic process and therapeutic outcomes for the client. In particular, the discussion focuses on the superordinate theme, namely that of engagement, as well as the four sub-themes (including: containing the therapeutic space; presence; awareness; and the relationship with struggle and suffering).

This chapter also discusses the findings pertaining to the perceived relevance of mindfulness to counselling psychologists (Research Question 4) – both in the South African context specifically, and as a therapeutic skill. It focusses on the themes that presented in the findings chapter, including the superordinate themes which related to mindfulness as fostering open-mindedness and other therapeutic capacities, and motivation for its inclusion as part of the university curriculum for training counselling psychologists.

11.2 Mindfulness as informing therapeutic practice

As outlined in the findings presented in Chapter Eight, all of the participants shared the view that their mindfulness practice informs their counselling practice. At the core was a notion of engagement, which emerged as a superordinate theme in the data findings. The literature reviewed identified the concept of engagement as being integral to both mindfulness and open-mindedness, with reference made to prominent mindfulness practitioners such as Maull (2017), who suggested that the more we practice mindfulness, the more impacting it becomes in the world. He referred to the notion of *engaged mindfulness*, which he describes to be “about offering the practices and values of mindfulness... to all members and sectors of our society, especially the more underserved or marginalized” (p. 1), thus suggesting that the concept of engaged mindfulness refers to a form of mindfulness that has a social impact.

Notably, the theme of engagement which presented in the findings pertains primarily to the relationship with the therapeutic environment and what is presenting in the therapeutic space, rather than to the therapists’ own internal capacities. In essence, participants perceive their (inner) mindfulness practice as informing the external environment. There is thus a perceived link between participants’ internal and external realities, and the way that this engagement occurs.

Based on the literature reviewed, the constructs of mindfulness and open-mindedness appear to be closely correlated, and mutually impacting. The findings of a study by Barner and Barner (2011) suggest that mindfulness increases an individual’s open-mindedness, and those of another study by Jaber (2021) claim that open-mindedness is a significant predictor of mindfulness. Jaber (2021) conceptualised open-mindedness as when one “seeks to engage in one’s experiences” (p. 33). The notion of engagement as an important aspect of open-mindedness suggests a relational stance, and speaks to the superordinate theme of an increased capacity to engage, which is at the core of how participants’ mindfulness practices inform their therapeutic practice. Aspects of engagement are described as applying to the therapeutic space, the client, and with what is presenting.

The literature review made reference to a study by Germer et al. (2005), who proposed that literature supports a link between mindfulness meditation and the enhancement of the therapists' attending skills, describing a "tripartite awareness, of the self, other, and the movement or flow of relationship" (p. 94). This speaks to the notion of engagement, and of ways of relating.

The concept of engagement was central to the definitions of mindfulness as outlined in the literature review. Amongst these was that of Bhikkhu Bodhi (Theravadan scholar and monk), as "intentionally paying attention to what is occurring in one's immediate experience with care and discernment" (Shapiro & Carlson, 2017, p. 10). Black (2011) suggests that a common theme shared by definitions of mindfulness is a general receptivity and full engagement with the present moment. In addition, the review of literature identified that the notion of engagement is integral to the practice of mindfulness, supported by prominent mindfulness practitioners such as Maull (2017), founder of the Engaged Mindfulness Institute. Indeed, the notion of engagement is compatible across existentialism and mindfulness. Like mindfulness, with its aforementioned being outcomes, an important characteristic of existentialism also pertains to being in the world. The claim is made in existentialism that the world is "essentially human", and that human existence is intelligible only in terms of an engagement with this world (Lowenstein, 1993).

11.3 Mindfulness meditation as facilitating therapist skills

Based on their experiences, participants' perceive their mindfulness meditation practice as informing their therapeutic practice, relating to four aspects identified as sub-themes in the findings of Chapter Eight (refer to Chapter 8.2.1), namely: containing the therapeutic space; presence; awareness; and the relationship with struggle and suffering. All four sub-themes relate to aspects of engagement – with the therapeutic space, the client, and with what is

presenting. As with the superordinate theme, two of the four sub-themes (containing the therapeutic space, and the relationship with struggle and suffering) pertain primarily to the therapeutic environment and what is presenting in it, rather than to the therapists' capacities.

Aspects of these sub-themes (presence and awareness) were engaged with in the literature review, with reference to several research studies – including those by Germer et al. (2005), and Davis and Hayes (2011) – which suggest that the practice of mindfulness meditation enhances psychologists' counselling skills, including awareness and attending skills. These same sub-themes of presence and awareness presented in findings Chapter Six, pertaining to participants conceptualising of mindfulness (refer to Chapter 6.3.1.1). It was apparent in the findings that presence and awareness pertains not only to the self, but also to the client and to whatever is presenting in the therapeutic context, both verbal and non-verbal. Thus in the therapeutic context, an aspect of mindfulness includes awareness of client resistance, described in the literature reviewed as a defence mechanism that can present in therapy in response to power relations, and defined by Di Giuseppe et al. (2022) as “automatic psychological strategies that subjects might use to protect themselves from stress produced by internal conflicts and external stressors” (p. 2). In the context of their study (an Italian study during Covid 19: *Mindfulness and defense mechanisms as explicit and implicit emotion regulation strategies against psychological distress during massive catastrophic events*), the power relations extends to all relationships the client has. Results of their study claimed that higher mindfulness is associated with higher awareness of defense mechanisms. According to Watson (2006), the existential approach views client resistance in the therapeutic context as the “avoidance of unpleasant or dangerous feelings” (p. 4), suggesting that it is a form of defence mechanism that may become a barrier to awareness. Of relevance to the counselling and attending skills is the sub-theme of containing the therapeutic space, which includes a capacity to manage such avoidance, as well as a capacity to hold (or manage) silence.

In a multicultural context such as South Africa (and indeed many contexts) “where clients located within hybridized cultural milieus present for psychotherapy, practitioners have to intervene delicately so as not to privilege their own standpoints or inadvertently alienate

clients” (Eagle, 2005, p. 200). Findings of Eagle’s study propose that a mindfulness approach, with its stance of open-mindedness and non-judgement, provides a helpful framework with which to navigate the therapy space – and thus assists therapists in navigating multicultural therapeutic engagements.

A sub-theme that was consistent across the narratives of most participants was that their mindfulness practice enables them to be more fully present with clients. This pertained mainly to attentiveness, and to how their mindfulness practice informs the way that information is received, with more focussed attention and analysis. Their mindfulness practice therefore is perceived to support an important counselling skill – namely, that of attending to the client and to what is presenting in the therapeutic space (both verbal and non-verbal).

The third emergent sub-theme related to mindfulness as facilitating awareness. This awareness concerned the self, the other, and what is happening in the therapeutic space.

As cited in the review of literature (refer to Chapter 2.5), mindfulness is closely aligned with psychological processes, and the underlying thread throughout is the awareness of the present moment. According to Chambers et al. (2009)

The term “mindfulness” has thus been variously used to refer to a theoretical construct, a mode of awareness, a range of meditation and attention training practices, and a number of related psychological processes, such as self-regulation, metacognition, and acceptance. (p. 561)

The experienced mindfulness capacities of presence and awareness thus hold potential benefit to other related psychological process.

Related to the sub-theme of facilitating awareness, an aspect raised by Cayla was that mindfulness enables her to be more aware of her own internal narrative, and thus increases her capacity to be less judgemental in the therapeutic space. This capacity for non-judgement echoes that raised in the literature review, where it was positioned as a being quality. Lisa suggested that mindfulness shifts the role of the therapist, allowing you to trust that client

because the central nervous system knows what it needs to do to heal. This shift holds relevance in terms of the therapeutic engagement, as it allows the client more agency - particularly in therapeutic contexts where challenging life circumstances may seem disempowering for the client.

Several participants suggested that their mindfulness informs their relationship with whatever is presenting in the therapeutic space, including struggle and suffering (identified as the fourth sub-theme). This would support Evan's claim that many traditional psychological models are curative, whereas mindfulness provides a less pathologising approach to suffering and presenting problems.

11.3.1 Mindfulness and suffering: beyond the curative versus non-curative paradox

Evan's claim that mindfulness provides a less pathologising approach to suffering and presenting problems speaks to the notion that Western psychology is usually based in more curative frameworks, versus the mindfulness notion of shifting the relationship between the person and whatever is presenting (van der Kolk, 2014). A mindfulness approach views suffering as inevitable and a normal part of the human experience, placing emphasis on acceptance. In the therapeutic context, there exists a stance that a mindfulness approach intrinsically resists a diagnostic pathologising of presenting struggle (Harris W. , 2013). Unlike most traditional psychology approaches - where the focus is on reduction (or removal) of the presenting struggle or symptoms (for example, anxiety) - a mindfulness approach focusses on the relationship with what is presenting (one's struggle and suffering), then on its removal. Theorists such as Riker (2020) propose that the most basic cause of suffering is attachment, especially to one's self. He suggests that nonattachment improves well-being, as it limits the negative impact of mental fixation involved in trying to control experience and assists in maintaining a more stable sense of well-being, and a generally more positive attitude towards the world.

Seemingly in contrast, prominent mindfulness practitioners such as Maull (2017) present an existential view that the more we practise mindfulness, the more we become aware of suffering – our own and that of others – and the more we become inspired to alleviate the suffering with which we are confronted. This view appears to be a contradiction to the non-curative stance described above, pointing to a potential paradox around mindfulness and suffering. On the one hand, a mindfulness approach acknowledges that suffering is an inevitable part of the human condition, and the focus is more on acceptance rather than on cure; and on the other hand the view that mindfulness practice increases self-awareness, which creates awareness around suffering and agency to alleviate it.

Reconciling this tension appears difficult, but the term ‘alleviate’ suggests that whilst a mindfulness approach may not focus on the removal of suffering, a shift towards greater acceptance around struggle and suffering perhaps alleviates the distress associated with such suffering. According to Germer et al. (2005), “mindfulness is a skill that allows us to be less reactive to what is happening in the moment. It is a way of relating to *all* experience – positive, negative, and neutral – such that our overall level of suffering is reduced and our sense of wellbeing increases” (p. 5). Indeed, a discussion around cure versus non-cure is arguably itself positioned within a Western medical framework- thus inherently contrasting with a mindfulness framework. The curative versus non-curative discussion is therefore arguably positioned in a framework where the basic constructs are not centrally aligned to those of mindfulness.

In this regard, mindfulness offers a valuable alternative approach in the therapeutic context when the presenting problem or struggle is circumstantial and beyond one’s control (and thus cannot be cured). Its purpose is not to interpret the client’s experience for them or to establish an external explanation of what they are experiencing, but to guide the client as they build awareness toward discovering their own insights and shifting their approach to suit their circumstances (Harris W. , 2013). The notion that the struggle can thus still exist, but that one doesn’t need to be overwhelmed or controlled by it is empowering, as it gives agency over what is presenting. This speaks to the existential framework in which this study is positioned

which, as referenced by Shahrokh and Hales (2003), “concentrates on the present, on achieving consciousness of life as being partially under one’s control, on accepting responsibility for decisions, and on learning to tolerate struggle and anxiety” (p. 78). According to Harris (2013), an existential approach views suffering as inevitable and a normal part of the human experience, placing emphasis on acceptance. Mindfulness and existentialism are thus closely aligned in terms of the way we relate to suffering. Both recognise that the essence of existence is loss, and a recognition that our primary state is one of suffering (Riker, 2020).

A discussion around the apparent contradictions in curative versus non-curative views perhaps speaks to the differentiation that should be made in mindfulness as a technique versus mindfulness as philosophy. Buddhist mindfulness meditation practice was originally intended not to alleviate (all) suffering, but rather to “alleviate the suffering related to existential conditions, such as sickness, old age-and death” (Germer et al., 2005, p. 21). To a large extent mindfulness has been adopted in West as an intervention (refer to Chapter 2.6.1), however, as Giraldi (2019) explains:

along the road that brought Buddhism, an ancient Eastern tradition, to the contemporary West... something unexpected happened, and the specific Buddhist [mindfulness] practice of meditation took on a life of its own. Meditation, transformed into mindfulness, not only flourished unexpectedly widely; it also entered the world of medicine and psychology as a means of intervention. It came to be widely accepted as one of the tools that could be used to intervene in the world of mental health - and even in physical diseases. Mindfulness came to prominence in the modern age of scientific medicine, and because of this there have been many studies to attempt to demonstrate its efficacy. (pp. 54-55)

However, Giraldi (2019) explains that mindfulness and Buddhist meditation are to do with existential suffering, or “*dukkha*: the individual mental reaction to unavoidable events such as old age, disease and death” (p. 211). Such suffering cannot be cured, as it is an inevitable part of the experience of being human.

11.3.2 Mindfulness-based therapy as informing therapeutic outcomes

The discussion around the above themes relates primarily to how mindfulness informs the therapist, in terms of how they relate to themselves, their client, and whatever is presenting in the therapy context. In addition to this, responses from participants suggested that their mindfulness practice informs the therapeutic process (including interventions and the resulting outcomes). This suggests that participants' practice of mindfulness serves as a framework or lens with which they view the therapy process. This was consistent across the data from all of the participants, who shared the view that their mindfulness practice informs their counselling practice. In this way, mindfulness practice is not only serving as a technique, but at a macro level it involves way of being and of engaging, within which different therapeutic approaches may be incorporated.

Several participants suggested that mindfulness can be a therapeutic approach itself, and position it as an alternative approach to the more widely taught insight-based (or talk therapy) approaches, that focus on gaining insight into past behaviours. In contrast to the more traditional insight-based psychological approaches, mindfulness is considered a 'body psychotherapy':

it considered a branch of somatic psychology, based on the concept that people experience the world not only through their thoughts and emotions but also simultaneously through their bodies. This approach to treatment is considered to be more experiential than traditional forms of therapy. (GoodTherapy , n.d.)

Many participants shared the perception that their own mindfulness practice informs therapeutic interventions, with mindfulness-based interventions perceived to reduce presenting symptoms. Mindfulness-based interventions were experienced by participants to be calming and integrating, facilitating the regulation emotions. Notable was the perceived efficacy of mindfulness-based interventions in dealing with trauma. Lisa referred to body-based interventions which she suggests assist in releasing trauma stored in the body, and "[allow] us to function within a more normal window of emotional reactivity regulation" (652-654). This

appears to be closely associated with the dominant theme which presented the conceptualising of mindfulness and mindfulness meditation in Chapter Six, relating to its sensory nature (refer to Chapter 6.2.1). In this regard, mindfulness was conceptualised as involving a shift from mental to sensory processing (from trying to change our thoughts and emotions, to the relationship one has with those thoughts and emotions).

11.4 Discussion around superordinate theme of fostering open-mindedness

In terms of the perceived relevance of mindfulness to counselling psychologists – when looking at counselling as a therapeutic skill, in the South African context specifically, and in terms of the counselling psychology tertiary psychology curriculum – one superordinate theme presented in the findings, namely that of fostering open-mindedness. Based on the literature reviewed, the constructs of mindfulness and open-mindedness appear to be closely correlated, and mutually impacting. Barner and Barner (2011) claim that mindfulness increases an individual's open-mindedness, "by increasing an individual's awareness of, and openness to, experience" (p. 347). The findings of a study by Jaber (2021) claimed that "openness to new experiences is a significant predictor of mindfulness". She conceptualised open-mindedness as when one "seeks to engage in one's experiences" (p. 33). Wieber's (2008) grounded theory study around open-mindfulness - as referenced in the literature review – defines mindfulness as "being open to whatever occurs, especially the unknown and unexpected" (p. iv). She suggested that open-mindedness also implies freedom in being open to possibilities, and to more inclusive understandings. This notion of being open resonates with participants' conceptualising of mindfulness (refer to Chapter 6.3.1.1), which often related to an ability to focus, and to pay full attention to whatever one is doing, or to what is occurring, in the moment. Wieber (2008) suggests that:

The (study's) review of literature explores the places of open-minded in psychoanalysis, and acknowledges existential and Buddhist philosophies with a

praxis of open-mindedness that have been recognised by psychoanalytic practitioners. Praxis here refers to a practice, informed by theory, which is transformative. (p. 3)

With mindfulness being at the core of Buddhist philosophy (Giraldi, 2019), the above extract suggests a fit between an existentialism framework, mindfulness and open-mindedness. According to the Cambridge Dictionary (n.d.), open-mindedness can be defined as: “[noun] the quality of being willing to consider ideas and opinions that are new or differing to your own”. The synonyms relating to open-mindedness suggested in the Cambridge Dictionary Thesaurus include “tolerant”, “broad-minded” and “receptive” (Cambridge Dictionary, n.d.). This suggests a capacity to resist judgement or bias, and speaks to the meditative being qualities of non-judgement and nonattachment; that were referred to both in the review of literature, as well as in the findings chapter pertaining to the conceptualising of mindfulness (refer to Chapter 6.3.1.2). The meditative being qualities are thus at the core of the perceived relevance of mindfulness.

11.5 Perceived relevance of mindfulness in the South African context

A consistent idea across data from all participants was that mindfulness is, by nature, non-discriminatory, due to its inherent stance of open-mindedness and acceptance, and its practice holds relevance in any context. In terms of South Africa specifically, the perceived benefits included its efficacy in trauma work – consistent across findings around participants experiences was that mindfulness is helpful in releasing that trauma stored in the body. Indeed, *trauma-informed mindfulness* – although the term was not specifically mentioned by the participants – is becoming increasingly popular, both in South Africa and globally. According to Treleaven (2018), trauma-informed mindfulness is a mindfulness practice that has adapted to the unique needs of trauma survivors. “The goal of trauma-informed mindfulness is to help people befriend physical sensations, improve self-regulation, ease their experiences of trauma,

and cultivate mindfulness” (Treleaven, 2018, p. 34). Van der Kolk (2014), cited in the literature review, describes trauma-informed mindfulness as follows:

Trauma stories lesson the isolation of trauma, and they provide an explanation of why people suffer the way they do... But stories also obscure a more important issue, namely, that trauma radically changes people: that in fact they no longer are ‘themselves’. It is excruciatingly difficult to put that feeling of no longer being yourself into words. We can get past the slipperiness of words by engaging with the self-observing body-based system, which speaks through sensations, tone of voice, and body tensions. Being able to perceive visceral sensations is the very foundation of emotional awareness... When you activate your gut feelings and listen to your heartbreak – when you follow the interoceptive pathways to your innermost recesses – things begin to change. (p. 284)

Eagle’s (1998) integrative model for the treatment of psychological trauma (refer to Chapter 2.6.1) asserts that PTSD represents a disorder in which dysfunction occurs both internally and externally, and that “disturbance manifests is recognizable cognitive, behavioural and somatic symptoms” (p. 135). At its core, the model aims to aiming to address the distress of the client. It is an integrative approach, in which a mindfulness approach may potentially provide a valuable means of addressing potential (maladaptive) defence mechanisms – such as repression - that often presents in response to trauma.

In terms of trauma, the compatibility of mindfulness and existential approach was highlighted in Chapter Two’s existential theoretical framework (refer to Chapter 2.9.4). In addition, there is increasing empirical evidence that recognises the contribution that existential theory and practice can offer our understanding of trauma” (Corbett & Milton, 2011, p. 76). In particular, van Deurzen’s (1997) four-dimensional perspective trauma has received significant interest, particularly as an integrative approach to trauma.

It may be suggested that the current South African context is such that external circumstances have the potential to overwhelm – with almost one third of the adult populations struggling with anxiety or depression (SADAG, 2023), and where the estimated suicide rate translates to about 14,000 deaths from suicide per annum (Kootbodien et al., 2020). There is a sense of disconnect, as a nation, with one another, and with ourselves. The question as to whether a more mindful-based approach to our community, and more specifically to healing in the therapeutic context, is perhaps relevant, and echoes the argument by Pretorius (2012) as referenced in the Literature Review:

The current clinical conceptualisation of human behaviour is limiting what psychologists see. For me, there is too much focus on individual pathology and deficit.... I argue that a relevant psychology will be a profession that has a discourse which echoes what happens in our society. (p. 517)

The suggestion by one of the research participants (Fiona) that a dedicated mindful practice is a luxury that is not always afforded or prioritised, may hold validity for much of the South African population, where priorities are focussed on meeting basic needs. According to Statista, at the end of 2022 around 18.2 million people in South Africa were living in extreme poverty - below the poverty threshold of USD 1.90 daily (Statista, 2023). This means that about thirty percent of the total population (an estimated 60.6 million people) live below the poverty threshold.

The mindfulness being qualities were perceived to be of value in the South African context, as by their nature they facilitate an increased capacity to work therapeutically with different views, beliefs, and cultures. Cayla referred to the interesting notion of a radical acceptance (p. 692) that mindfulness assists in fostering. As suggested in the literature review (Chapter 2.3), the being qualities arguably facilitate several core minimum competencies of professional practice, including “an appreciation of sociocultural contexts in which people are situated... (and an) ability to support and enable vulnerable groups to express their views and concerns” (The Professional Board for Psychology, 2019, p. 5). According to Bantjies et al. (2016),

“(g)iven the historical bias of CP (Counselling Psychology) towards Euro-American psychological theories and models... we acknowledge the need for culturally sensitive psychological interventions” (p. 176). In this regard, it would seem that a mindfulness approach would be relevant for counselling psychologists in the South African context.

Relating to participants conceptualising of the mindfulness practice, a non-judgmental attitude was perceived as a conscious intention to pause one’s internal dialogue, with the resultant effect of suspending judgement or a prejudiced narrative (refer to Chapter 6.3) – which is arguably not implicitly a correlating assumption. The initial literature reviewed (as presented in Chapter Two: Literature Review) did not present any research studies that were specifically supportive of this, and a further, subsequent review – while it did not disprove this – also did not reveal any studies to specifically support the assumption that meditative practice reduces prejudice or biases. A very recent study by Ash et al. (2023) revealed that daily mindfulness meditation can help reduce an individual’s tendency to avoid negative information. The findings showed that the practice of regular mindfulness meditation allows people to better process uncomfortable emotions, thus enabling them to handle negative information more objectively (Ash, Sgroi, Tuckwell, & Zhou, 2023). This may be suggestive of a reduced listener bias in a therapeutic context, although this assumption is not founded on research evidence. Another study by Lueke and Gibson (2014) suggest that mindfulness practice may reduce certain biases, such as age and race bias. This was based on a research study investigating the role of ‘Automaticity of Responding’. Their findings suggested a reduced automaticity resulted as a response to mindfulness practice (Lueke & Gibson, 2014). This does not, however, necessarily imply that all bias and prejudice is removed – or even reduced – by mindfulness practice. The conclusion by participants that because they experience that their mindfulness practice to facilitate an increased capacity to pause one’s own narrative, that it will therefore facilitate a reduction in judgement and bias, or prejudice is arguably an assumption, and its validity is not confirmed.

11.6 Perceived relevance of mindfulness as a valuable skill for Counselling Psychologists

Based on the findings, all of the participants supported the stance that mindfulness is a valuable skill, not only for their own personal lives and practice, but more broadly as a valuable skill for counselling psychologists in therapeutic practice. In addition, common to the experience of all participants was that their mindfulness practice assists with the emotional coping of their clients, reporting a perceived decrease in depressive symptoms, symptoms of anxiety, and stress reduction. A mindfulness approach therefore appears to be relevant for the presenting needs.

Several participants made references to how their meditative practice can assist in terms of managing their own stress that may result from a session. This is a valid proposition according to previous research, such as that by Polsuns and Gall (2020), which flagged self-care as an important aspect of mental health practitioners. Hamadeh (2022) claims that secondary traumatic stress is commonly experienced by health care workers who have engaged empathetically with patients who are enduring primary trauma:

The Covid-19 pandemic has taken a major toll on mental health... The problem has been compounded by the global health worker shortage, which has left far too many health systems understaffed and under-resourced. In developing countries and rural communities, where resources are even more limited, this is particularly problematic.
(para. 6)

Frameworks and techniques such as mindfulness that have the potential to provide agency and shift our relationship with the struggles that we face are therefore likely to be relevant.

It may be argued that participants advocating for the benefits of a mindfulness practice for counselling psychologists was perhaps anticipated, by virtue of the fact that participants were selected on the basis on their specialising as mindfulness practitioners themselves. Their responses were therefore likely to present a favourable stance. None of the participants suggested that mindfulness is not a valuable skill for counselling psychologists, or presented

any contradicting view. However, the study was more concerned with how the participants – as mindfulness practitioners – perceived to benefit from their practice, and the impacting factors. In this regard the findings were perhaps less anticipated, including the theme of facilitating a shift from thinking to sensory experiencing. Several participants expressed perceived limitations of many traditional psychological models as being primarily an insight-based intellectual experience (thinking about thinking). In contrast, they experience mindfulness as a helpful framework in facilitating a shift in their clients to sensory experiencing. Mindfulness was not advocated as an exclusive approach, but rather as one of many relevant approaches, that is specifically helpful in shifting therapy to a more sensory-based space that talk therapy is not accessing.

11.7 Perceived relevance of mindfulness in the tertiary psychology curriculum

In terms of participants' exposure – or lack thereof – to either mindfulness or meditation during tertiary psychology studies, interestingly, with the exception of one participant who was exposed to a two-day workshop, none of the participants received any specific mindfulness training in their tertiary psychology studies (refer to Chapter 8.3). Perhaps the limited inclusion is partly attributable to the recent growth of the field in terms of psychology. If we look to Freud's theories of the early 1900's, mindfulness is a relatively new addition to the field of psychology. As McKenzie et al. (2012) state,

The clinical efficacy of mindfulness has been increasingly demonstrated only during the last two decades. Very little research, however, has been undertaken on health professionals' and students of health professions' knowledge of and attitudes towards mindfulness. These may affect the current and future level of use of a technique that offers important clinical advantage. (p. 360)

The average period of mindfulness practice among the participants was 10,4 years (refer to Chapter 4.5.4). If we consider that mindfulness has only significantly presented in the field of

psychology for less than twenty years, its inclusion during participants' studies may have been premature. However, it was interesting to note that in the current study, participants who had more recently graduated also claimed that they did not receive any mindfulness-based training.

Whilst all participants agreed that mindfulness should be included in the psychology curriculum at university, it was interesting to note that while some were very adamant in their support of its inclusion, others cautioned that mindful practices need to be understood in the context of the broader philosophy from which they originate – the tools cannot be used in isolation. This contradicts the MBSR programme as, although it claims to be based on Buddhist mindfulness principles - primarily Vipassana practices - it is designed to be offered as a secular, more science-based training in mindfulness, and it does not contain detailed insight into the philosophy of mindfulness.

The notion that the psychology curriculum included important theoretical modalities for conceptualising and insight (“top-down approaches”), but that the inclusion of “bottom-up” (body-based) modalities would have provided a more balanced training, is an interesting one. The discipline of psychology arguably operates within a medical paradigm, with clinical diagnosis supported by theoretical insight-based frameworks, which are a resultant focus of most university curricula. However, according to van der Kolk (2014)

there are fundamentally three avenues of healing trauma and suffering – firstly, top down, by talking, and (re)connecting with others; secondly, by taking medicines that shut down inappropriate alarm reactions, or by utilising other technologies that change the way the brain organises information; and thirdly, “bottom up: by allowing the body to have experiences that deeply and viscerally contradict the helplessness, rage, or collapse that result from trauma... Most people I have worked with will require a combination”. (van der Kolk, 2014, p. 3)

The current focus of the psychology tertiary psychology curriculum is therefore not claimed to be inappropriate, but the inclusion of body-based, mindfulness-based approaches may offer a more holistic approach in the treatment of human suffering.

There seemed to exist a general consensus among research participants that mindfulness holds value as a modality or framework in itself, as opposed to an addendum to other modules, which is how participants experienced their university training. One area where mindfulness was suggested to be incorporated was that of mindfulness in ethics:

I would think that it should be incorporated as an element of ethics - and seen as an ethical way of being; that the philosophy and principles of mindfulness provide excellent ways of being with ourselves and our clients (Gwyn, Journalling Task, 34-38).

In terms of how mindfulness could be included in university training, several participants suggested a combination of lecture and practical training, proposing that mindfulness cannot be something that is merely taught to psychology students as a way of informing them, but that they need to practice it themselves. The theoretical component is perhaps easier than the practical aspect to implement, as mindfulness is an experiential approach, and its practice varies with tools that take time to master. Whether this can be accommodated in the scope of a master's curriculum is debatable. For example, the mindfulness-based stress reduction (MBSR) programme – designed to be long enough for participants to grasp the principles of self-regulation through mindfulness and develop skills and autonomy in mindfulness practice – traditionally consists of 26 hours of session time including eight classes of 2½ hours each, and one full-day class (Carmody & Baer, 2009). Whether – and how – mindfulness is included in psychology training in other countries and universities would be a helpful subject for further research.

11.8 Conclusion

This was the final discussion chapter, pertaining to the findings in Chapter Eight. Firstly, it discussed the findings around Research Question 3, considering how participants perceive their mindfulness meditation practice informs their therapeutic practice. In particular, it focused on the superordinate theme that presented, namely aspects of engagement, as well as the four sub-themes (containing the therapeutic space; presence; awareness; and the relationship with struggle and suffering).

Thereafter, the discussion considered the findings around the fourth research question: To what extent is it perceived that mindfulness could or should be positioned as a valuable skill for counselling psychologists? It focussed on the three superordinate themes relating to perceived relevance of mindfulness for counselling psychologists – firstly, in the South African context specifically; and secondly, as a valuable skill for counselling psychologists. The superordinate theme of fostering open-mindedness was further explored, including the sub-theme of assisting with valuable therapeutic skills, and its value in terms of the presenting needs in the counselling context. In addition, the chapter considered the superordinate theme around participants' lack of exposure to both mindfulness and mindfulness meditation in their tertiary studies. Related to this discussion is the third superordinate theme, which motivates for its inclusion in the counselling psychology curriculum as a separate modality, to offer a more holistic approach the treatment of human suffering. Practical limitations to its inclusion were also discussed.

CHAPTER TWELVE: Conclusion

12.1 General overview of the study topic

The study sought to gain insight into the participants' experiences around mindfulness and meditative practice, to better understand its perceived relevance for counselling psychology. In particular, it aimed to gain insight into the meditative being qualities. At a macro level, the study pertained to the prevalent problem of human states of disconnection (to be outlined further below), within self and between others. Specifically, it asked whether therapists can connect better with (themselves and their) clients, through meditative being. As this was an interpretative phenomenological study, it was mindfulness-informed therapy that was of specific interest to this study, in particular the experienced relevance it holds to participants' therapeutic practice and the extent to which mindfulness could and/or should be positioned as an essential skill for informing the therapy process.

12.2 Main findings

The main findings from the study outlined below pertain to the conceptualising of mindfulness, mindfulness meditation and the being qualities, the perceived relevance of mindfulness for counselling psychologies, both as a therapeutic skill and specifically in the South African context – as explored through the research questions, which were the focus of this study (refer to Chapter 4.3).

12.2.1 Conceptualising of mindfulness and mindfulness meditation

The two main findings (superordinate themes) around the conceptualisation of mindfulness pertained to its personal / non-conformist nature and its sensory nature. The personal and non-conformist nature of mindfulness speaks to the flexibility and individuality of practice with no prescriptions in terms of how it should look, and which is continually changing over time.

Meditation is conceptualised as part of a life approach, rather than as a specific skill set, and caution is recommended around the inappropriate (curative) use of mindfulness. Western psychology is often framed within a predominantly curative context, versus the mindful notion of shifting the relationship with whatever is presenting. There exists a subtle, but nevertheless important, conceptual distinction between ‘alleviating suffering’ and ‘cure’. The former relates to assisting with suffering and the reduction of distress, which is not necessarily pathological, by creating increased acceptance. In contrast, cure implies a focus on the removal (or ‘fixing’) of the suffering.

The aspect of sensory engagement relates to one’s response to sensory experience, and how one relates to thoughts and emotions. Sensory engagement refers to the connection between body, mind and thoughts, at any moment. Core to the conceptualising of mindfulness were the attributes of presence and awareness, nonattachment and non-judgement, and states of connection. It is perhaps the mindfulness concept of reconnection (with the self, others, and with what is presenting – both in one’s internal and external environments) that gives the practice of meditation its appeal. The intent behind the practice appeared to be of greater significance than the form that it takes, and the emphasis placed was less on the actual practice – the doing – than the options of response it facilitates.

12.2.2 Conceptualising of the being qualities

Consistent with literature reviewed, mindfulness and its practice were perceived to foster certain capacities. These capacities are perceived to be the essence of mindfulness meditation practice, both personally and in the therapeutic context, effectively facilitating experiencing-centred therapy. They include an increased capacity to be present and calm, and to surrender to experience and to the moment; and an increased capacity for self-awareness (including the relating capacities for non-judgement and nonattachment). This links to one’s own reactivity, and to an increased engagement with what is presenting. In the therapeutic context, the being capacities were enabling in terms of stilling one’s internal space, and in exploring what presents beyond it.

12.2.3 States of connection

At its core, the findings from this study suggest that mindfulness and its practice pertains to human states of connection. This was evident across many of the dominant (superordinate) themes, including:

- connection with nature and the environment (pertaining to the lived experience)
- connection to the self (in terms of the meanings ascribed)
- ‘engagement’ as the superordinate theme pertaining to how mindfulness informs therapeutic practice
- the relationship with struggle and suffering (in relation to the being qualities).

Congruent with existential phenomenological thinkers, the findings of this study position mindfulness and its practice as associated with how we experience and structure our being. As Heidegger (2001) understood it, the suffering human being (and indeed every human being) is existentially understood as “the sojourning in the open” (pp. 225-226), which finds its authentic way by meditative thinking and practice. The experienced being capacities essentially facilitate a greater depth of engagement. The notion of engagement relates to both the self, others, and to whatever is presenting.

Mindfulness was conveyed as a restorative practice and one of reconnection, with the self, with others and with the moment. In contrast, was the notion of disconnection – a suggested product of Western society, with its fast pace, performance focus, and distractions. Disconnection was expressed to be also impacting the therapeutic context, and the ability to actually listen and engage with the message conveyed in the moment. In the therapeutic context, the distinguishing feature of the experienced meditative being qualities involved an increased internal capacity (including an increased internal capacity to be present and calm; and increased internal capacity for self-awareness). Rather than offering a psychological framework with which to conceptualise human behaviour, a mindfulness approach was experienced by participants to foster a way of being in the therapeutic space.

Thus, although the mindfulness meditative practice appears to be an inward-focussed, private experience, it is essentially a way of connecting to this world. As Gwyn aptly describes:

And so there's this separation, from people and ourselves, and I think that's why people are being drawn to mindfulness, because it helps you to come back into your body, to come back into nature, to come back into connection with others. (246-250)

12.2.4 The perceived relevance of mindfulness as a skill for counselling psychologists

Participants unequivocally experienced mindfulness and mindfulness meditation as assisting them in their therapy and their therapeutic practice, which supports the currently limited body of literature which advocates for mindfulness and its practice being a relevant skill for counselling psychologists. A mindfulness approach enables one to adjust the relationship with whatever is presenting, therefore facilitating agency for the client. At the core, is the capacity of mindfulness to foster open-mindedness, a notion which pertains to self-awareness of one's own internal narrative, and preconceptions, biases and prejudices.

A notion of the being qualities facilitating a better therapeutic space was shared by most participants. For many participants, mindfulness helped in containing the therapy space and preventing it from becoming overwhelming, thereby assisting with their own coping in the therapy context. As Cayla explained, it enables her “to hold that emotion and not make it feel to the patient that it's too much that, or that their emotions are too much” (256-258).

All of the participants supported the stance that mindfulness is a valuable skill, and that their mindfulness practice assists with valuable therapeutic skills and capacities, although the experience was unique to each participant. For some, like Cayla “mindfulness helps with attention and concentration as well... it does bring like a clarity to your mind and your way of thinking(719-722). Gwyn concurred with this, proposing that her mindfulness practice has “transformed my ability to hold space and to be that tool” (755-756). Amy suggests that a

mindfulness practice is valuable in reducing therapist-client power relations, and being better able to navigate prejudices in therapy. Congruent across participants was the experience that their mindfulness practice assists in fostering valuable therapeutic capacities, which ultimately facilitate a better therapeutic environment. In addition, the therapeutic context provides an opportunity to model mindfulness-based techniques. This supports the stance of Mitha (2018), who claims that mindfulness is particularly important to counselling psychologists due to its potential in aiding the therapeutic alliance with our clients, which is fundamental to the values and principles of counselling psychology.

12.3 Novel contributions of the study to the topic of mindfulness and its practice

Findings from this study support the current body of literature which proposes that mindfulness and its practice offers value to counselling psychology in a number of ways. First, in terms of its relevance in multi-cultural contexts, and in particular to its efficacy in trauma work. Second, it has value as a means of addressing psychological defence mechanisms that often present in the therapeutic space. Third, the study suggests a deeper engagement with mindfulness in the counselling psychology curriculum, both in South Africa and internationally. Each of these contributions are discussed in more detail below.

12.3.1 A multi-cultural approach to trauma and healing

A perception shared by participants is that mindfulness is, by nature, non-discriminatory, and that its practice holds relevance to everyone. Findings from this study propose that its relevance in South Africa (and other multi-cultural contexts) specifically pertains largely to its perceived efficacy in trauma work. This study supports the current body of literature which maintains that more mindful-based approaches to community, and more specifically to healing, is very relevant in the current South African context – in light of the current presenting needs in South Africa (and indeed many contexts), with its growing sense of disconnect, and where the often

distressing, external circumstances have the potential to overwhelm – with almost one third of the adult populations struggling with anxiety or depression (SADAG, 2023), and where the estimated suicide rate translates to about 14,000 deaths from suicide per annum (Kootbodien et al., 2020).

Mindfulness and existentialism afford a good fit with African philosophy and cultural practice, particularly in the way it embraces sensory experiencing and its emphasis on consciousness. Marumo and Chakale (2018) propose that African philosophy does not denote one homogenous group, but rather is based on a worldview in which

the nature of being does not comprise solely of what we can perceive with our visual sense... There are two aspects to the created universe; the physical and spiritual... One's higher self is the level of consciousness and awareness one can attain within this visible body because the more conscious and aware you are of something, the more foresight you have to something. (p. 116)

Schneider (2008) suggests that existential therapy is useful in working with culturally diverse clients because of its focus on universality, or the common ground that we all share, and thus it can be effectively applied with diverse client populations with a range of specific problems and in a wide array of settings. As has been previously discussed (refer to Chapter 2.9), a mindfulness approach is by nature less pathologising of struggle and focussed on being curative, but is rather concerned with the way we relate to human suffering. A mindfulness approach is one of many in addressing trauma, but lends itself to multicultural contexts. As Eagle (2005) describes, “traumatic stress therapies addressing cognitions, schemas and/or beliefs have been informed by information processing theory, by cognitive-behavioral understandings and by psychodynamic and constructionist perspectives” (p. 205). She proposes that, as is the case with many other anxiety disorders, cognitive-behaviour therapy is often viewed as the treatment of choice, and is broadly aimed at training clients to critically examine their beliefs for errors in logic and to challenge and modify maladaptive patterns so as to adopt

more constructive ways of thinking. In addition, Eagle (2005) suggests that the therapist plays an active role in training the client to scrutinise and re-evaluate their beliefs:

As a client one is invited to reframe one's behavior as a form of adaptation and also to embrace an expectation that future outcomes will be largely within one's control and life therefore worth living. Such expectations have intrinsic therapeutic appeal. However, the reframing of traumatic experiences and support of more optimistic future orientations tends to reflect largely unquestioned notions of value in individual achievement, an internal locus-of-control and self-efficacy. These goals may not always be compatible with cultural belief systems that emphasize surrender to forces beyond oneself, dependence on a greater social fabric, or the interpretation of negative events as important communications or learning experiences. In the rebuilding of assumptions and adaptive cognitive schemas there are many premises, or even presumptions, about what constitutes good mental health and adjustment, premises which it is suggested may sometimes run counter to fundamental elements of traditional belief systems. How does a responsible therapist value their own clinical sense of what is in the interest of the client, whilst simultaneously empathically engaging with the client's frame of reference and assisting them to reconcile with their culturally-embedded sense of what cure entails? (p. 204)

The mindfulness-informed approach offers a framework that is easier to marry with an African (or any "other") worldview, due to its stance towards struggle and suffering. According to Germer et al. (2005), "mindfulness is a skill that allows us to be less reactive to what is happening in the moment. It is a way of relating to *all* experience" (p 5). In a multicultural context such as South Africa (and indeed many contexts) "where clients located within hybridized cultural milieus present for psychotherapy, practitioners have to intervene delicately so as not to privilege their own standpoints or inadvertently alienate clients" (Eagle, 2005, p. 200). Findings of this study propose that a mindfulness approach, with its stance of open-mindedness and non-judgement, provides a helpful framework with which to navigate the therapy space.

Eagle's (1998) assertion that PTSD represents a disorder in which dysfunction occurs both internally and externally, and that disturbance manifests as recognizable symptoms and defence mechanisms underpins her five-component model for the treatment of psychological trauma. It is an integrative approach, in which a mindfulness approach may potentially provide a valuable means of addressing potential (maladaptive) defence mechanisms – such as repression - that often presents in response to trauma.

Maul's (2017) notion of *engaged mindfulness* (refer to Chapter 2.3) suggests a socially (other) impacting form of mindfulness. He holds a view congruent with an existentialist approach, claiming that the more we practise mindfulness, the more we become aware of suffering – our own and that of others – and the more we become inspired to alleviate the suffering with which we are confronted. He thus proposes that the more we practise mindfulness, the more it impacts the world. In terms of therapy, it can perhaps be suggested that the therapeutic space provides an opportune environment for the above-mentioned engaged (impacting) form of mindfulness.

12.3.2 The value of mindfulness as tool for maladaptive defence mechanisms

In the therapeutic context, mindfulness arguably provides a valuable means of addressing psychological defence mechanisms that may present in the therapeutic space. The term *defence mechanisms* was coined by Freud (1894), to describe a construct of psychological mechanisms for coping with intrapsychic conflicts. They can be defined as “automatic psychological mechanisms that mediate the individual's reaction to emotional conflicts and to internal or external stressors” (American Psychological Association, nd). Lengfelder (2019) suggests that “in psychoanalytic theory, defense mechanisms are psychological strategies brought into play by the unconscious mind to manipulate, deny, or distort reality in order to defend against feelings of anxiety and unacceptable impulses” (p. 3). He suggests that they may be either adaptive or maladaptive, depending on their severity, flexibility, and the context in which they occur, but that some defence mechanisms (such as projection and splitting) are almost invariably maladaptive.

Mindfulness and the relating experienced being capacities - including an increased internal capacity for self-awareness (refer to Chapter 7.5.1.2) and open-mindedness (refer to Chapter 8.3.1) – assist in creating consciousness around defence mechanisms that often present in the therapeutic space. Wieber’s (2008) grounded theory study of open-mindedness explored the psychoanalytic meaning of open-mindedness and especially the notion of nondefensiveness, by which one becomes conscious of what has been unconscious. In this regard, by virtue of the discussed connection between mindfulness and open-mindedness, there is an implied connection between mindfulness and the facilitation of consciousness (awareness). Indeed self-awareness presented as an emergent theme relating to the experienced being qualities (refer to Chapter 7.5.1.2). In this regard, mindfulness – through its facilitation of awareness – assists in making conscious what was unconscious, including behavioural patterns and maladaptive defence mechanisms. By so doing, more appropriate (adaptive) coping mechanisms may be considered. However, in consolidating these alternatives, the propensity still exists to resort to what is familiar (i.e., old, entrenched defence mechanisms), and it is through the ongoing practice of mindfulness that newer and more adaptive defence mechanisms can be consolidated.

For example, the psychological defence mechanism known as *splitting* “is distinguished by a tendency to see oneself or others as all good or all bad” (Gould, Prentice, & Ainslie, 1996, p. 414). Gould et al. (1996) suggest that splitting is often maladaptive, claiming that in the therapeutic context, “reliance on the splitting mechanism of defense presents as an impediment to the therapeutic process” (p. 415). Mindfulness (as a way of being) and its resulting capacities may facilitate a shift towards more realistic perceptions of both the self and others, incorporating both negative and positive attributes of what is presenting.

12.3.3 The value of the experienced being qualities

The findings pertaining to these qualities– as presented in Chapter Six – focused on a perceived increased internal capacity, which was identified as the superordinate theme for the data around

the experienced nature of the meditative being qualities. This increased internal capacity related to two types of capacities, namely: for self-awareness, and to be present and calm. Participants' experiences of an increased internal capacity for self-awareness often related to one's own reactivity. In this sense, the experienced self-awareness appears to be closely aligned with the consistent themes of non-judgement and nonattachment that presented around the being qualities in the literature reviewed (refer to Chapter 2.3). It is these being qualities (and particularly those of nonattachment and non-judgment) as experienced by counselling psychologists, that this study was particularly interested in exploring, due to their potential benefit in the therapy context. They were subjectively experienced by each participant, yet congruent across their feedback was the notion that these being qualities are the essence of their practice. An aspect of participants' experience that was not identified in the literature reviewed was an increased capacity to be present and calm (the second sub-theme), which presented as a novel finding around the being qualities. Consistent with several participants was that this capacity (to be present and calm) pertains to an increased capacity for the suspension of thoughts or internal narrative. This holds the possibility to open more ways of being in the therapy space, which often has inward focus, investigating the internal world (emotions, thoughts, the mind). In contrast, mindfulness, and the resulting being capacities, are experienced to still one's internal space and to pause one's own narrative. There is therefore a shift in perspective or focus, and the being capacities are perhaps a description of this shift.

According to Walsh and Shapiro (2006), the desired outcome of meditation is a mindful state, which fosters specific being capacities that are necessary within the counselling therapeutic relationship. These capacities arguably facilitate several core minimum competencies of professional practice, and their experienced value is evident in participants' advocacy for the inclusion of mindfulness in the counselling psychology curriculum.

12.3.4 The value of mindfulness in the counselling psychology curriculum

Despite the fact that none of the participants had received any significant exposure to mindfulness, or mindfulness meditation in their own counselling psychology training, they unequivocally experienced mindfulness as assisting them in their therapeutic practice, and advocated for its practice as a relevant skill for counselling psychologists, including the capacities it facilitates, and an understanding of mindfulness in the counselling therapeutic context. This study therefore adds to the currently limited base of literature that motivates for a more prominent inclusion of mindfulness in university curricula.

In terms of the rationale for why it's inclusion is important, responses related to benefits both for the student and the qualified therapist. For the student, participants suggested that mindfulness practices will assist in managing stress and reducing burn out particularly during postgraduate years of psychology training, where the demands were suggested to increase. For the qualified therapist, there was a consensus that the being qualities are valuable counselling skills, and enable the therapist to work better with defences.

All of the research participants advocated for the inclusion of mindfulness in the counselling psychology curriculum – not as an exclusive approach, but as one of many relevant approaches that may offer a more holistic, and less curative, approach both to therapy and human suffering. The motivations for this are both in order to assist students to develop coping skills, and as an alternative approach to the insight-based approaches that are predominantly taught. There existed a consensus amongst research participants that mindfulness holds value as a modality or framework in itself, as opposed to an addendum to other modules.

It was nevertheless acknowledged by several participants that its inclusion would likely come with challenges, and the viability of its inclusion was not conclusive, due to the discussed potential practical limitations pertaining to the experiential nature of mindfulness. It was cautioned that the techniques and interventions should not be presented in isolation from the philosophy.

12.4 Limitations of the study

The purpose of the study was not to objectively measure or quantitatively evaluate mindfulness practice and the being qualities, but rather to produce an in-depth account of the meaning that participants ascribe to their practice. The themes derived from the research are therefore best understood as applying to the research participants' specific context and any conclusions derived beyond this must be undertaken tentatively. I acknowledge that the research study presents several limitations, some of which (such as the reflective journalling task) are not intrinsically limiting, however participants' responses made them so. Others (such as the researcher and participant bias) could both limit and add value to the research study.

12.4.1 Resistance towards journalling as a data collection method

In terms of the method, the inclusion of a reflective journalling task as a data collection technique (refer to Chapter 4.6.4) seemed a relevant fit. In essence, and synchronous with the phenomenon under investigation, journalling can be conceived as a form of meditative practice. Germer et al. (2005) describe journalling as a "mindfulness skill" (2005, p. 168). However, it was evident that the participants' response to journalling as a tool varied, according to personal preference. In light of the fact that the second data collection technique was a reflective journalling task, it was interesting to note that no participants mentioned journalling in their description of their meditative practice. In addition, four participants opted not to participate in the journalling task. This perhaps speaks to a potential limitation in the methodological choice of reflective journalling, although the reason was not clearly apparent. The required use of reflective journalling as the second data collection task may have evoked a negative response for certain participants, for whom journalling is not a preferred reflective method. The way that the reflective journalling task was described to participants – and in particular the use of the

word *journalling* - may have evoked association with mindful practice, which might have had the effect of lending a favourable or unfavourable response toward the task. Time was also cited as a limiting factor. Whilst the majority of participants did participate in the task, it would be prudent to consider whether another methodological choice would have been met with less resistance by the participants (for example, an autobiographical activity linked to participants' meditation in nature).

12.4.2 Tension in researcher and participant bias

As the researcher, I acknowledge that I have my own personal (pre)conceptions of mindfulness, meditative practice and the value it holds, as outlined in Chapter 3, and that this may have been influencing, particularly during the analysis of data – possibly motivating a greater attention to certain information. One could argue that subjectivity and personal bias are not limitations in qualitative research, but there nevertheless exists a tension. I suggest that this tension motivated me to actively challenge my own assumptions, recognising the extent to which my person, thoughts and actions could be influenced – and influencing - during the research process, in both enhancing and limiting ways. Thus, perhaps the tension in researcher biases potentially added value. Ironically, in a sense I tried to practice mindfulness during the research process - the outcome of which, I believe, was an increased awareness around my engagement with the research study, and how the dynamic was a mutually influencing one.

Participant bias is also acknowledged, in that by the nature of the sample inclusion criteria, the participants could be expected to value being mindful, and thus likely to advocate for its benefits and inclusion in training. Whilst subjective, their experience and their meaning is nevertheless authentic and worthy of investigation.

12.4.3 Time as a limiting factor for the participant sample

By nature of the inclusion criteria (namely, that research participants were practising counselling psychologists registered with the HSPCA), most reported to have busy practice schedules and expressed that their time was pressured. As a result, more than half of the participants expressed concern upfront about their capacity to participate in two interviews. It was therefore decided, for the sake of securing the full sample, that only one interview would be required for participation in the study. While it is common for many studies using an IPA framework to require participants to complete two interviews, this is by no means a definitive rule. For example, Smith et al. (2009) recommend that IPA studies “should keep the interview invitation to one interview per participant. However, only if there is a need for a follow-up interview shall the researcher contact the participants for additional interviews” (p. 57). Nevertheless, the pressure on participants time was a limiting factor in terms of the quantity of data that was able to be sourced. Most of the interviews needed to be completed within an hour, as the participants had subsequent client commitments.

12.4.4 Limitation of relevance

Although the study yields novel findings, these are not necessarily generalisable to all experiences of mindfulness and the being qualities. Whilst generalizability is not an aim of qualitative research (rather it is generative), nevertheless a potential limitation of the study is that it focuses counselling psychologist specifically in private practice, and as such, their experiences may be particular to this cohort and within this particular context, and not generalisable practice in a public or community-based context.

12.4.5 IPA terminology

The IPA terminology used (such as *emergent, sub- and superordinate themes*), is based on the *first* edition of Interpretative and Phenomenological Analysis: Theory and Research (Smith, Flowers, & Larkin, 2009). However, during the research study process a second edition of the book was published (Smith, Flowers, & Larkin, 2022). One of the main changes in the second edition was the terminology of themes. Like many IPA studies which commenced pre-2022, an intentional decision was made (collaboratively between the researcher and supervisor) to continue the study using the original (2009) terminology. This does, however, imply that the final methodology used is not the most updated, and that terminology used contrasts contemporary IPA, which refers to *experiential statements, personal experiential themes and group experiential themes* (Smith, Flowers, & Larkin, 2022).

12.5 Recommendations for future research

Based on the current study, the following are potential areas for future research:

- A cross-sectional study of counselling psychology training institutions (accredited with the HPCSA), exploring whether mindfulness is incorporated into any of the training, and, if so, identifying which modules within the course focus on mindfulness, and how is mindfulness included.
- An international review of the inclusion of mindfulness in psychology curricula in other countries, and what form this takes – whether it is more theoretical/philosophical, or includes training of mindfulness-based therapeutic techniques - would be a useful comparative profile in terms of both where and how it is included. Future research could include investigating realistic ways in which mindfulness practices and/or formal mindfulness meditation could be integrated into trainees' practicum and clinical supervision.

- This study offers a South African perspective on how mindfulness is experienced by counselling psychologists. It is recommended that similar qualitative studies be conducted on an international scale, with a view to identifying similarities and differences in experience. Such research could augment the present study's findings and make a meaningful contribution to mindfulness in the counselling psychology context. It would be particularly interesting to ascertain how mindfulness and the being qualities are experienced in other African or multi-cultural contexts.
- The use of mindfulness as a psychological framework in case conceptualising could be a valuable topic of further research, to better understand its potential relevance in the field of psychology.
- Further qualitative studies around the experience of mindfulness in the counselling therapeutic context will assist in gaining greater insight into its possible relevance and value.
- Future research could address how therapists' mindfulness contributes to therapeutic relationship (being) factors, such as countertransference management and cognitive flexibility (open-mindedness).
- An investigative study into the construct of attachment/nonattachment, as conceptualised in mindfulness and other psychology theories.
- Quantitative research appears limited by measures of pre-defined constructs in its aim to discover already hypothesised outcomes (Smith & Osborn, 2015). Therefore further qualitative research which aims to give voice to participants about personal experiences is needed in order to uncover other novel findings.

CHAPTER THIRTEEN - Epilogue:

A mindful reflection on the research

13.1 Introduction

This final chapter is an epilogue to the study, aiming to provide a mindful reflection around the research process itself. In a sense, it is my own reflective journaling task, seeking to provide reflective feedback on the research process, with a lens of hindsight. It aims to consider the various aspects of the research study, including the selected study topic, availability and reviewing of literature, the method, the data and resulting findings, and the process of writing the thesis chapters.

13.2 Research topic / subject

The topic of mindfulness and its practice (mindfulness meditation) is one that I enjoy and found immensely rewarding to engage with, and thus motivated my perseverance. It is a challenging subject, due to its complexity in conceptualisation, and its philosophical and intangible nature. As a counselling psychologist, its relevance to the field was of personal interest.

At a macro level, the study pertains to the prevalent problem of human states of disconnection, within self and between others. Specifically, it asks whether therapists can connect better with (themselves and their) clients, through meditative being. The focus of the study is around meaning, ascribed by participants to their mindfulness practice. Mansfield (2006) suggested that IPA research “calls for the researcher to consistently discern the “me as a person” and the “me as a researcher” (p. 301), acknowledging that a circular and mutually influencing relationship exists between the researcher, the participants and the research study. In this regard, I was mindful of diverse possibilities of meaning, and the subjectivity of the researcher in narrating the decided meaning(s) of the study. I therefore attempted to keep the meanings as

closely aligned to dominant participant views as possible. As the researcher, I acknowledge that I learnt much from the participants, who challenged my own assumptions and engagement around mindfulness and its practice.

13.3 Reviewing of literature

Before literature around the topic of mindfulness and the being qualities could be reviewed, it was necessary to first review the relating constructs. Literature around the topic of mindfulness is vast, and the review therefore needed to be very focussed, homing in on aspects of mindfulness-informed therapy and the constructs relating to the study. In line with the above-mentioned awareness around subjectivity of meaning, I was conscious of the subjectivity of focus in terms of the selected literature on mindfulness and its practice, as a backdrop to the findings and conclusions made. This has a bearing in terms of which resources I opted to use and which not. Upon reflection, the narrative presented in any review of literature is always selective, presenting only part of a broad base of information, and thus a particular view or views. I thus acknowledge that this literature review is (necessarily) biased, towards the particular stance of the topic. Aspects and sources were added as the study evolved in order to provide context for discussion in the chapters that followed. As outlined in the Literature Review, literature on mindfulness-informed therapy in the context of counselling psychology, and especially in the South African context, was notably limited.

In reviewing the literature around mindfulness and existentialism, it was apparent that its core constructs and principles were closely related: both concerned with the way we relate and respond to reality and relate to suffering, which is viewed as inevitable and a normal part of the human experience. Like mindfulness, with its experienced being outcomes, an important characteristic of existentialism also pertains to being in the world. An existential framework therefore afforded a natural congruence with meditative being qualities, which are the focus of this study. This alignment extends to therapeutic practice. Both in existential and mindfulness-based therapy, the purpose is not curative (in the tradition of the medical model) but rather

aims to promote being with the client. Therapy does not seek to interpret the client's experience for them, but rather to guide the client as they build awareness and discover their own meaning. The study was therefore consistent with the existential philosophy of understanding by which persons are considered to be makers and interpreters of meanings – including the meanings that participants ascribed to their meditative practice.

13.4 Reflections on methodology

As part of reflective process, aspects of the methodology were considered, including the sampling technique and process, data collection and transcription, and reflections on the data findings and analysis.

13.4.1 Sampling

The research participant inclusion criteria was specific (refer to Chapter 4.5.1), namely that participants must be registered and practising counselling psychologists, with a medium to long-term experience of mindfulness meditation practice (12 months). In addition, research participants needed to have at least two years of therapeutic experience (two years of independent practice). These criteria limited the potential population group, and thus the task of recruiting participants was not as easy as initially anticipated. However, snowball sampling through referral by consenting participants assisted in enabling the required number of participants to be found.

13.4.2 Data collection and transcription

During the data collection process, most of the participants expressed initial hesitation around the reflective journaling task, with only six of the eleven participants consenting to the task. This made me question the appropriateness of the method. Nevertheless, it was interesting to see that particularly rich data presented in these texts, possibly due to the reflection that was encouraged by this task.

In terms of transcription, the use of a transcriber using verbatim orthographic transcription facilitated the data analysis process. Her previous experience in both qualitative research and in research transcription facilitated a high degree of accuracy in the transcription process.

13.5 Reflections on the data findings, analysis and conclusions

This study is based on an interpretative phenomenological framework, involving the exploration of the abstract phenomenon on the meditative being qualities, which are by nature subjectively experienced, intangible, and complex to define. The discussions that presented were often quite philosophical in nature, making the analysis of the data complex. It was necessary to continually refocus, and to work to ascertain the core essence that was being conveyed, to be able to define themes and congruencies across the data.

In general, the topic of mindfulness was one that the selected research participants obviously connected with and were willing to engage in conversation around. Thus, interviews provided rich data. I found the data across participants to be notably congruent, yet also containing surprising contradictions and valuable insights. The selected method of data analysis, namely IPA, was relevant to the nature of the study in extracting significant statements and formulating theme clusters. It also served to distinguish between the different levels of analysis and commenting (descriptive, linguistic and abstract).

In terms of the conclusions, I acknowledge that my initial intentions around the study topic was one of exploration around the complexities of mindfulness practice (and meanings ascribed), rather than to advocate for its benefits in counselling training and practice. My initial personal stance around the topic was one of curiosity, rather than recommending its therapeutic benefit in counselling practice. However, the nature of the conclusions drawn and resulting implications resulted in an outcome which is more advocative in nature.

13.6 Writing of the thesis chapters

As with most research studies, the process of writing the final thesis was challenging at times, requiring perseverance. The richness of the qualitative data made for relatively flowing writing of the finding's chapters, but the philosophical nature of the topic made the subsequent discussion chapters and their integration with literature more demanding. Nevertheless, it was a valuable process, in itself an exercise in mindfulness.

13.7 Conclusion

This final chapter was an epilogue to study, aiming to provide reflection on the research process, considering – with the value of hindsight – the various aspects of the research study, including positive aspects and areas of challenge.

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Appendix A: HSSREC Approval Notification



08 July 2022

Ciara Gwyn Korving (219026079)
School of Applied Human Sc
Pietermaritzburg Campus

Dear CG Korving,

Protocol reference number: HSSREC/00004397/2022

Project title: The experience of BEING: An interpretative phenomenological study on the meditative 'being' qualities, as experienced by counselling psychologists in therapeutic practice

Degree: PhD

Approval Notification – Expedited Application

This letter serves to notify you that your application received on 15 June 2022 in connection with the above, was reviewed by the Humanities and Social Sciences Research Ethics Committee (HSSREC) and the protocol has been granted FULL APPROVAL.

Any alteration/s to the approved research protocol i.e. Questionnaire/Interview Schedule, Informed Consent Form, Title of the Project, Location of the Study, Research Approach and Methods must be reviewed and approved through the amendment/modification prior to its implementation. In case you have further queries, please quote the above reference number. PLEASE NOTE: Research data should be securely stored in the discipline/department for a period of 5 years.

This approval is valid until 08 July 2023.

To ensure uninterrupted approval of this study beyond the approval expiry date, a progress report must be submitted to the Research Office on the appropriate form 2 - 3 months before the expiry date. A close-out report to be submitted when study is finished.

HSSREC is registered with the South African National Research Ethics Council (REC-040414-040).

Yours sincerely,



Professor Dipane Hlalele (Chair)

/dd

Humanities and Social Sciences Research Ethics Committee

Postal Address: Private Bag X54001, Durban, 4000, South Africa

Telephone: +27 (0)31 260 8350/4557/3587 Email: hssrec@ukzn.ac.za Website: <http://research.ukzn.ac.za/Research-Ethics>

Founding Campuses: ■ Edgewood ■ Howard College ■ Medical School ■ Pietermaritzburg ■ Westville

INSPIRING GREATNESS

Appendix B: Information Sheet and Informed Consent

INFORMATION SHEET AND INFORMED CONSENT

RESEARCH STUDY: The experience of BEING

An interpretative phenomenological study on the meditative ‘being’ qualities, as experienced by counselling psychologists in therapeutic practice.

Date:

Dear potential participant

My name is Ciara Korving and I am currently a doctoral psychology student at the University of KwaZulu-Natal. I am conducting a research study around the meditative ‘being’ qualities, as experienced by counselling psychologists in therapeutic practice. I will appreciate your participation if you are willing and consent.

For the purposes of this study, a combination of two research methods will be used, namely in-depth interviews, and reflective journaling. They aim to gain an understanding of your practice of mindfulness meditation, how you experience meditative *being* qualities, and what relevance and outcomes you attribute to your mindfulness meditation practice. Your participation in both the interviews and the reflective journaling task is voluntary, and may be terminated at any time.

The study will involve two interviews – an initial ‘primary’ interview a follow-up interview approximately one month later, both anticipated to be around an hour. Both may either be

conducted face to face or online - using Zoom - should Covid-19 restrictions require. Subject to your consent, these will be recorded for the interviewer's later reference. In addition to the interviews, participants will be invited to keep a self-reflective online journal for a suggested period of 2 weeks, including reflections and ideas. The selected app is *Easy Notes*, which you will be required do download on any of your personal devices. Visit <https://guloolootech.com/privacy-policy/> for the relating Privacy Policy . There is no cost for the *Basic* version that is suitable for the purposes of this study. This app offers the voluntary sharing of relevant entries with the researcher, either via email or WhatsApp.

Please note that the research study, including all aspects relating to it, is completely voluntary. You may choose not to answer any question during the interviews or to share any entries in the online journal. In addition, you can terminate your participation at any point. You will not receive any direct benefit for taking part in the study. However, we hope that the study will contribute to a greater understanding around the meditative 'being' qualities, as experienced by counselling psychologists in therapeutic practice. It aims to have particular relevance around counselling psychology in the South African context.

It is not anticipated that participation in the research study should result in emotional distress. However, if it should be experienced as a result of your participation, a registered counselling psychologist (Dominique Garnett - contact number: [REDACTED]; email: [REDACTED]) has confirmed acceptance as a referral source to provide psychological support. This may be done either face-to-face or online, as preferred by the participants. The cost of any required services by Dominique Garnett will be covered by the researcher. In addition, support services, including SADAG (0800 567 567) and Lifeline (0861 322 322), may be contacted, should emotional distress present as a result of your participation in the research study.

As this is a UKZN student study, it needed to be ethically approved by the UKZN Humanities and Social Sciences Research Ethics Committee (reference number HSS/0270/019M).

If you have any questions, you may contact me on [REDACTED] or 219026079@stu.ukzn.ac.za. Or if you have any problems or concerns you may contact the research supervisor at UKZN, Dr Nicholas Munro, on 033 260 5371 or mmunron@ukzn.ac.za, or alternatively the UKZN Humanities & Social Sciences Research Ethics Committee:

HUMANITIES & SOCIAL SCIENCES RESEARCH ETHICS ADMINISTRATION

Research Office, Westville Campus

Govan Mbeki Building

Private Bag X 54001

Durban

4000

KwaZulu-Natal, SOUTH AFRICA

Tel: 27 31 2604557- Fax: 27 31 2604609

Email: HSSREC@ukzn.ac.za

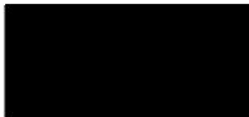
Confidentiality

The research report will not disclose your real name, so that your participation is private. All information that contains your name or personal details will be kept in a locked cabinet that is just for my use. In the final report (and any subsequent publications) a pseudonym will be used. The reflective journal entries and any records that contain your name will only be available to people working on the study (unless you give permission for other people to see the records).

We are asking you to give us permission to record the primary interview (face to face or online), so that we can accurately record what you say. Both the interview recordings and reflective journal entries will be kept in a secure place, and may be used for future research or academic purposes, however it will not use your real name. In the instance of future use of stored data, it will need to be approved by the Research Ethics Committee.

If you agree to take part in the research study, please sign the attached Consent. Please kindly also sign the Consent to Audio Record, and consent to use the recorded data at a later stage.

Thank you.



Ciara Korving

Researcher

CONSENT TO PARTICIPATE

I_(Name)_____ have been given information about Ciara Korving’s study titled “The experience of BEING: An interpretative phenomenological study on the meditative ‘being’ qualities, as experienced by counselling psychologists in therapeutic practice”.

- I understand the reasons for the study and what the study entails.
- I have been able to ask questions about the study and I feel that my questions have been answered.
- I understand that taking part in the study is voluntary and that I may terminate participation at any time.
- I understand that this is a research study and that I personally am not going to benefit directly from taking part.
- I understand that my real name will not be used in the report findings, so that my taking part in the study remains private.
- I have been given details about the *Easy Notes* app, for further information (including the Privacy Policy)
- I understand that should my participation in the research study result in any emotional distress, referral for psychological support will be made with a registered counselling psychologist (Dominique Garnett - contact number: [REDACTED]; email: [REDACTED]), the cost of which will be covered by the researcher.
- In addition, I have been advised of additional support services, in the event that emotional distress should occur as a result of my participation in the study - including SADAG (0800 567 567) and Lifeline (0861 322 322).
- If I have any further questions/concerns or queries related to the study, I understand that I may contact the researcher on [REDACTED], or 219026079@stu.ukzn.ac.za.

If I have any questions or concerns about my rights as a study participant, or if I am concerned about anything, then I may contact:

HUMANITIES & SOCIAL SCIENCES RESEARCH ETHICS ADMINISTRATION

Research Office, Westville Campus

Govan Mbeki Building

Private Bag X 54001 Durban, 4000

KwaZulu-Natal, SOUTH AFRICA

Tel: 27 31 2604557 - Fax: 27 31 2604609

Email: HSSREC@ukzn.ac.za

I hereby consent to participate:

- In the initial and follow-up interviews

Signature of Participant _____

Date _____

- In the reflective journalling task

Signature of Participant _____

Date _____

Appendix C: Participant Consent to Record and Store Information

CONSENT TO RECORD & STORE INFORMATION

I understand that the both the interview and reflective journaling information that I provide will be stored electronically and may be used for research purposes now or at a later date.

Signature of Participant _____

Date _____

ADDITIONAL CONSENT TO RECORD THE INTERVIEWS (face to face or online)

I give consent (permission) for my

Initial interview to be recorded: YES / NO (please circle one option)

Appendix D: Primary Interview Guide

Primary Interview guide

Before commencing with the interview, participants will be:

- *Cautioned against discussing their clients or revealing client information inadvertently – in the interest of client confidentiality.*
- *Reminded that not obligated to answer any questions – sharing of information is completely voluntary, please just request that I ‘pass’ on a question should you prefer.*

- **Personal Information (Some questions to understand a little about who you are)**

- To start with – if you will – perhaps tell me a bit about yourself:
- How would you describe yourself and your personality?
- What are one or two of your interests or hobbies or past-time you enjoy?
- Other than a counselling psychologist – if you could be / do anything else, what would that be?
- What’s something that really bugs / triggers you?
- How old are you now?
- Perhaps tell me a little about your current circumstance (whereabouts you stay, whether you’re married?)?

- **Counselling practice information (I would like to please ask you a few questions about your counselling psychology practice):**

- How long have you been practicing as a counselling psychologist?
- Whereabouts is your practice?
- Where did you study / get your Psychology Masters’ degree?
- Why were you drawn to the field of psychology – and specifically to the category of counselling psychology?
- What is the nature of your counselling psychology practice (private practice / NGO / educational context etc)?
- Do you have any areas of therapy focus / interest?
- Do you have any preferred therapeutic modalities?

- Do you have anyone who is a key influencer for you – individual you respect, you may listen to their podcast or gain inspiration from them in some way?
- What are attributes or qualities that you think are most important to have as a therapist?
- Are these innate or can these be learnt / developed?
- As a South African counselling psychologist specifically, what does this mean – is there any difference to counselling in a South African context, and – if so - how / why?

- **Information regarding the participant’s practice of mindfulness meditation**

(a) Conceptualising:

- What is your understanding of *mindfulness* – what does it mean for someone to be ‘mindful’?
- Why does one need to be mindful? Does one need to be?
- Why do you feel that mindfulness is lacking? What is prevent (causing an absence of) mindfulness in current times?
- What is your understanding of *meditation*?
- Do you feel there’s any connection between *mindfulness* and *meditation* – If so, can you explain?
- Why do you think mindfulness meditation is becoming such a popular mainstream practice / trend?
- Do you think that mindfulness is a trait (a quality we possess, or don’t) or is it more a desired outcome / state?
- What is your understanding of mindfulness *meditation*, as opposed to say relaxation meditation?
- Is mindful meditation spiritual?
- Why do you choose to practice mindfulness meditation?

(b) Participant’s Practice:

- How did your practice of meditation start – where did it begin?
- For how long have you been practising mindfulness meditation?
- How does your practice look for you / what does mindfulness meditation involve for you?
 - What do you do? / What form does your practice take?
 - Is it something you are quite diligent with or is it more fluid, as you feel necessary?
 - Approximately how long is your usual mindfulness meditation session?

How often (approximately) do you practice mindfulness meditation?

How would you describe it – for example, as an easy / effortful practice?

Do you use journalling as part of your meditative practice? If so, what is your experience of journalling as a meditative technique?

Would you describe mindfulness meditation as a practice / discipline? Would you say one gets ‘better’ at it with time?

- Do you feel that your mindfulness meditation practice mainly benefits you personally, or do you feel it has a benefit in the therapy context (or both)?

- How (if at all) does your practice of mindfulness meditation may inform the counselling therapeutic process?

- Are there any potential risks related to mindfulness meditative practice?

- **Information regarding the participant’s experience of meditative ‘being’ qualities**

- Do you feel that any qualities / capacities / skills are developed through your practice of mindfulness meditation?

- How would you describe such qualities / capacities / skills (if any)?

- How are these beneficial?

- **Information regarding the participant’s perceived benefits and outcomes of their mindfulness meditation practice**

- What are your main goals / desired outcomes of your meditative practice?

- To what extent do you feel that increased mindfulness desirable? Why?

- Do you feel that your meditative practice in any way informs (or helps) your counselling therapeutic practice?

- To what extent (if at all) do you feel that mindfulness meditation is a valuable practice for:
(1) Yourself; and (2) counselling psychologists?

- In what way(s) – if any - do you feel that the meditative being qualities are a valuable skill for counselling psychologists?

Appendix E: Reflective Journalling Task Prompts

The below is an initial draft around participant prompts for the online journaling:

- Following our initial interview, can you journal about further reflections have you had (if any), regarding your practice of mindfulness meditation?
- Specifically, can you journal around how your mindfulness practice may inform your therapeutic practice?
- Please can you journal about the skills or qualities that are resultant of your mindfulness meditative practice?
- Which aspect(s) – if any - of mindfulness meditation and therapeutic practice that you perhaps feel we did not cover?
- Please can you journal around further thoughts – if any - have you had in terms of the skills or qualities that result from your meditative practice?
- What does *mindfulness-informed therapy* mean to you?
- What has your experience of the reflective journalling task been?
- What are your thoughts around journalling as a meditative technique?

Appendix F: Confirmation of Referral Source



Counselling Psychologist

Reg No: PS0128805 | Practice No: 0642096

27 May 2022

Dear Ciara

Thank you for considering me as a referral source in your PhD study, for participants who may develop emotional distress due to the research topic.

Please accept this email as my formal acceptance as a referral source to provide psychological services to participants experiencing emotional distress. This may be done either face-to-face or online, as preferred by the participants.

I wish you all the best on your PhD journey

Warm regards

Dominique Garnett

Suite 14, Home & Decor Centre, Douglas Crowe Drive, Ballito

Cell: [REDACTED] | Email: [REDACTED]

Appendix G: Gatekeeper Agreement (Recruiting of Participants)

The Buddhist Institute of South Africa

[A registered tax-exempt non-profit religious organisation]

P.O. Box 131, Ixopo, 3276

30 June 2022

Dear Ciara

Agreement regarding the recruiting of research study participants via the Buddhist Retreat Centre

I hereby confirm that I have been informed of your doctoral research study, exploring the meditative 'being' qualities, as experienced by counselling psychologists in therapeutic practice.

I understand that this is a qualitative study and that you intend to recruit participants from your existing (established) network of contacts that you have made through the Buddhist Retreat Centre (BRC). Should you need any further contacts for the purpose of study participants (counselling psychologists who either visit the BRC or facilitate workshops at the BRC), I confirm that I am willing to assist. In line with the Protection of Personal Information Act (POPIA, 2021) and relating individual's right to privacy, I would look to contact possible participants first, to obtain their permission for their details to be provided to you.

Sincerely,



Louis Van Loon

Founder and Owner

Buddhist Retreat Centre, Ixopo

A

Appendix H: Participant Feedback

During the reflective journalling task, participants' feedback on their experience of participation in the research study was requested, The following were some of the responses received:

Helen (Journalling Task, 50-53):

Interesting! It stimulated some reflection on a topic that I hadn't spent a lot of time pondering. I realised how much mindfulness has actually become a part of my daily life, and how much I rely on it to manage my own emotional and physical state; and also, how much it comes into what I discuss with my clients as coping mechanisms.

Thank you for the stimulus!

Kirsty (Journalling Task, 4-7):

I found our talk quite thought provoking. It was also helpful to clarify my own thinking around mindfulness - something that I perhaps take for granted these days.

Dillan: (Journalling Task, 10-20)

I have been struck with a very significant revelation after our discussion - I have not been doing yoga for 3 months. This is due to my own 'life being too busy' and it being winter and too cold to get up early! What I have realized is that the practice of yoga is my form of mindful practice. It connects me with myself. But more significantly it also promotes more self-awareness in terms of where my body is in time and space. Where my body starts and ends and where the environment starts and ends - these are boundaries. And so, my lack of practicing seems to have had an impact on my permeability, my being in the world and with my clients. And thus confirming the importance of this kind of practice for the professional, to maintain healthy boundaries and to be connected to the self and the inner world through quiet, meditative, breath work practice.

Appendix I: Plagiarism Report

PhD Thesis

by Ciara Korving

Submission date: 30-Jan-2024 07:35AM (UTC+0200)

Submission ID: 2281881141

File name: The_experience_of_being_CK_Final_version.docx (837.33K)

Word count: 71336

Character count: 410569

PhD Thesis

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