

# Mindfulness-based Interventions and Cultural Considerations for MENA Populations

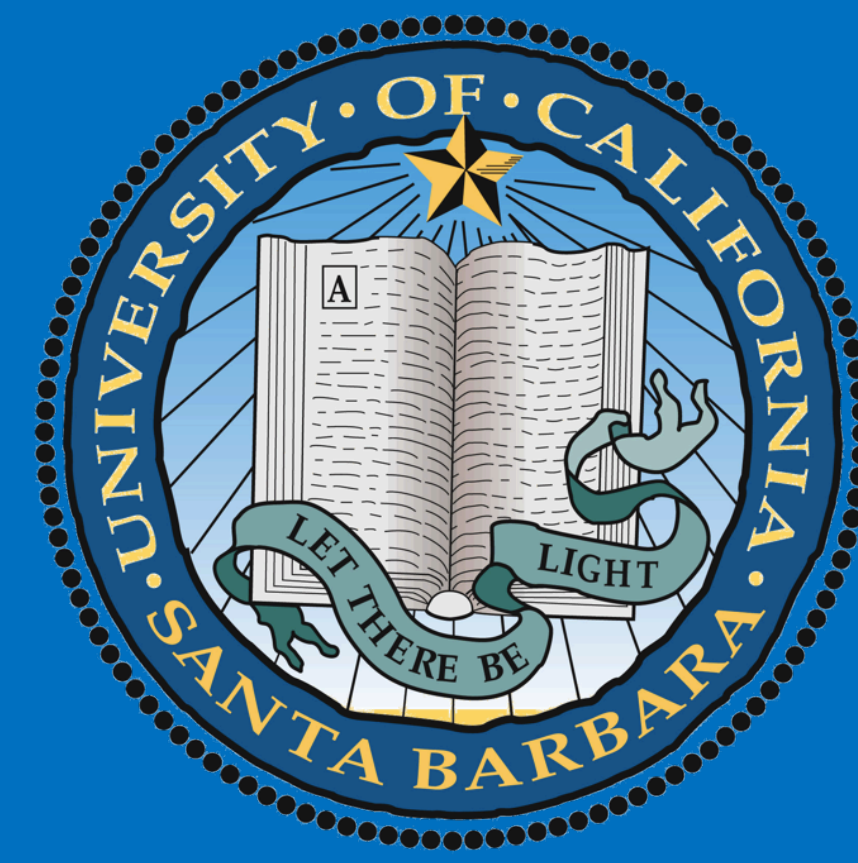
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## Introduction

- A growing body of research suggests that practicing mindfulness, or nonjudgmental present-moment awareness, reduces human suffering while improving overall health and well-being.
- With its roots in ancient Eastern traditions from over 2,600 years ago, the concept and practice of mindfulness has been translated into Western psychology and increasingly implemented into clinical and community settings in the last couple of decades, demonstrating some significant and favorable outcomes.
- However, as the evidence base of mindfulness interventions continues to expand alongside multiculturalism, it is important to consider the populations which are reflected in the research-to-date, and the cultural considerations for Middle Eastern and North African (MENA) communities for whom these approaches may have the potential to be used in culturally congruent, effective ways.

## Background

- Cultural and socio-demographic factors influence the way individuals experience distress, symptom expression, and help-seeking behaviors (Bhui et al., 2015).
- Currently, most of mindfulness research is based on Western and primarily white communities, with less research examining its effects and adaptations across cultures, and often neglecting adequate attention to the roles of culture and context (Kirmayer, 2015).
- Western translations of mindfulness are linked with values of individualism, and reflect the political economy of consumer capitalism (e.g., goals of happiness, self-efficacy), diverting from the original concerns of enlightenment in Buddhism (e.g., no-self, impermanence) (Kirmayer, 2015).
- Because MENA populations are generally collectivistic in culture (e.g., interdependence, relatedness, familism), mindfulness-based interventions (MBIs) in clinical settings may lead to a disconnection between individual practice and community (Kirmayer, 2015).
- Moreover, scholars have recently begun to highlight some caveats and concerns with the abundant use and integration of mindfulness into a range of psychological services, with little attention to its origins and purpose, and problematic conceptual and methodological issues (e.g., varied definitions and interventions, difficulties with measurement) resulting in deficient scientific evidence of its impact (Van Dam et al., 2018).



## A Critical Look

- With its origins rooted in ancient Eastern traditions, the concept and practice of mindfulness has been translated into Western psychology over the last couple of decades.
- While it is noteworthy to consider the limitations of mindfulness research, it is also important to examine the populations that mindfulness-based interventions serve.
- Generally, research suggests that MENA populations can psychologically benefit from mindfulness-based interventions.
- Mindfulness-based interventions can be effectively adapted to MENA cultures through culturally relevant materials, translations, metaphors, poems, and practices.



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## Review of Literature

- A meta-analysis of 35 studies indicated that MBIs significantly influenced well-being, general health, mental health, and quality of life in the Iranian population (Aghaie, 2018).
- The ecological validity model (Bernal et al., 1995) was used to guide the process of modifying an existing Acceptance and Commitment Therapy (ACT) treatment protocol for a Turkish-speaking community, which demonstrated significant improvements in depression, anxiety, and psychological distress, as well as accessibility and acceptability (Perry et al., 2019).
- In examining mindfulness scales between Iran and the U.S., mindfulness had broadly similar psychological implications, but some differences in factors of mindfulness exist (Moafian, Pagnini, & Khoshsima, 2017; Ghorbani, Watson, & Washington, 2009).
- While Muslim women participants receiving Mindfulness-Based Stress Reduction (MBSR) showed statistically significant decreases in both stress reactivity and depressive symptomology compared with their control group, in interviews they reported a lack of cultural connection they felt towards the content (Thomas, Raynor, & Bhussain, 2016).
- Adaptations of therapeutic interventions to religio-cultural worldviews of patients may be clinically effective, reduce rates of attrition, strengthen the therapeutic alliance, and enable the therapist to appreciate more fully the strengths and resources the patient already has (Thomas, Ferber, & Grey, 2018).

## Cultural Case Examples

- Potential bridging concepts in MBSR for Muslim participants: enhance the discussion of automatic pilot and demystify meditation by discussing the Islamic concept of khushū, which means “humility and presence-mind” during prayer; integrate mindfulness into daily life routines by reciting an associated litany as a cue to perform the act with heightened momentary awareness; practice responding rather than reacting by focusing on the Prophetic traditions related to anger which advocate the idea of mindful responding; using Rumi’s poem, “The Guesthouse,” and the concept of patience [sabr] in the Quran as a way to illustrate the concept of acceptance (Thomas, Ferber, & Grey, 2018).
- In adapting ACT for a Turkish-speaking community, images of Rumi can be used to represent the embodiment of openness, kindness, and compassion, popular teachings and poems (e.g., Rumi’s “Come, Come, Whoever You Are”) can be used to illustrate core ACT processes and mindfulness skills, as well as culturally syntonic materials (e.g., Turkish delight in mindful eating, collectivist value cards) (Perry et al., 2019).
- The use of Persian analogies, metaphors, short stories, and poems may be adapted in Mindfulness-Based Cognitive Therapy (MBCT) and MBCT-C (for children), in addition to translations for the program and scales, for Iranian culture (Jalali et al., 2013; Esmaeilian et al., 2017).