

CONTENTS

| | |
|---|------------|
| Preface | ix |
| I. CONCEPTUAL AND PERSONAL FOUNDATIONS | 1 |
| 1. Cultural Humility and Mindfulness: Why This, Why Now? | 3 |
| 2. What We Need to “Know” About Mindfulness | 19 |
| 3. Balancing Two Multicultural Concerns Related to Mindfulness | 45 |
| 4. Understanding a Multicultural Orientation Perspective of Mindfulness | 63 |
| 5. Increasing Cultural Comfort for Spiritual Diversity | 81 |
| II. APPLICATION OF MULTICULTURAL ORIENTATION IN STAGES OF THERAPY | 105 |
| 6. Assessing the Appropriateness of Mindfulness Interventions for Clients | 107 |
| 7. Negotiating the Plan | 131 |
| 8. Earning Trust With Spiritual Communities | 155 |
| 9. Integrating Mindfulness in the Real World | 177 |
| References | 195 |
| Index | 215 |
| About the Authors | 223 |

1

Cultural Humility and Mindfulness

Why This, Why Now?

All of us share in the experience of humanity while facing a changing world that sometimes looks and feels different based on our nationality, gender, race or ethnicity, sexuality, or religion. Technology has made the world smaller and more interconnected. Just think about the past few decades: Innovations in technology (e.g., smartphones, e-mail, social media) have put people in a new and rapidly changing social environment. We face constant exposure to a world of information and images that are only a click away. In a split second, we can interact with someone on the other side of the earth.

These staggering changes continue to accelerate perhaps faster than we are able to adjust to them (e.g., people sleeping with their cell phones and compulsively checking messages throughout the night), and the future developments are likely not even within our current scope of understanding. In this rapidly shifting context, qualities that include flexibility and having an awareness of one's limitations become increasingly important (Hess & Ludwig, 2017). It is difficult to live well—or help our clients live well—without embracing change to those aspects of life that are frequently changing and yet holding onto those cultural values and beliefs that ground us in our daily lives and within our communities.

This new world seems rich with opportunities and dangers. We have never had more potential for connection with others from different cultures and communities. This increased “connectedness,” though, somehow seems to intensify the potential for loneliness. University students are showing up for

<http://dx.doi.org/10.1037/0000156-001>

Mindfulness-Based Practices in Therapy: A Cultural Humility Approach, by D. Davis, C. DeBlaere, J. N. Hook, and J. Owen

Copyright © 2020 by the American Psychological Association. All rights reserved.

therapy in droves (Twenge, 2017). In the United States and many other parts of the world, social media perpetuates simmering hostilities between identity groups that can turn violent. Once (at least sometimes) obscured, we now see the ugly side of humanity in plain view—and constantly. We have less room to hide from the reality of life and human suffering. Our technology berates us with images of another school shooting, another killing of an African American person, another campus riot with echoes of racist chants coupled with flaming torches, traumatized students screaming at each other with no unity in sight, another woman subjected to the abuse of power—an endless torrent of human suffering. These dismal reminders of our society are not what define us, but they are part of us—all of us. It is the daily trauma that accentuates the lack of safety and uncertainty in the world, in our country, and in our neighborhoods.

Altogether, the increased potential for connection seems to strain our collective ability to engage cultural differences. In the old world, we might have been able to avoid some of our enemies. Now, social media keeps hostile connections alive. Each time our phone rings, we are trained to reach in our pockets and potentially see someone spewing vitriol. Sadly, many of our professional networks may not fare much better. The more people care about an issue, the more difficult it can be to practice cultural humility.

In our first book on cultural humility (Hook, Davis, Owen, & DeBlaere, 2017), we began with an invitation to explore the diversity of humanity and the many cultural stories that make people who they are. To open this book, we invite you to think about your desire for connection with other people. What are the sources of deepest meaning in your life or the people you care for? When have you felt alive, fulfilled, and connected? Who lets you lower your defenses? When have you felt deeply known and loved?

Before you read any further, check in with yourself about how you are doing in the face of all the things changing in your life. Right now—how are you doing? In training to be a psychologist, we learned to keep a professional distance from our clients. But we live in the same world. We are the same kind of humans. We are not too far removed from the same isolation and pain that brings them to our offices fatigued and depleted by their lives. We invite you to consider the parts of your life that make it hard for you to catch your breath, much less flourish.

Some of us are weary of death; we have said goodbye to many loved ones. Some of us are weary of the constant responsibilities of adulthood: tending to kids, bills, and the anxiety caused by our to-do lists. Some of us are weary of our inner self, relentlessly pushing to be better and better. Some of us are weary of the exclusion and discrimination we and our loved one's experience; we fight a sense of hopelessness that it will ever end. Some of us are weary of conflict—of seeing people undermine others and get their way, even if they are left with broken relationships. What are the sources of persistent suffering that deplete your energy?

Conversely, does reflecting on these areas in life provide perspective, hope, optimism, or joy? Indeed, paradoxically, awareness of suffering can

also reveal sources of strength and hope. What are your sources of strength, hope, peace, love, and compassion? What does it mean to honor your greatest fears without letting them define you? How can you offer your clients compassion in a way that does not undermine their sources of meaning and purpose?

The art and science of mindfulness is the result of a growing interest in contemplative practices within the mental health profession. To answer some of these questions, many psychologists have begun to look beyond Western thinking and ideologies. They have begun to explore a variety of contemplative traditions, particularly Eastern spiritualities and philosophies, which offer an alternative perspective on modern life. Namely, that life *is* suffering and change.

WHY DID WE DECIDE TO WRITE THIS BOOK?

We want to begin by describing some of the organic circumstances that led us to write this book. Several years ago, two of this book's authors, D. D. and C. D., had a student in our department who introduced us to a group called Octagon (<http://www.octagon.life.edu>) that was interested in contemplative practices and their implications for larger systems (e.g., education, business, health). Members of the group also had connections with the team at Emory University that developed *compassion-based cognitive therapy*, an approach that integrates theory and practices and is inspired by Tibetan Buddhism (Ozawa-de Silva & Dodson-Lavelle, 2011). While trying to work out the details of how to make contemplative practices available in various settings, Octagon was grappling with practical questions and gaps in the professional literature on mindfulness. So, this community deserves credit for sparking the professional curiosity that led to this book.

The general tone of the group was positive: They viewed the mindfulness movement as an opportunity to make a difference. The group believed that contemplative traditions had something important to offer a variety of systems (e.g., health, education, business) that had seemingly taken on a life of their own. Many of these systems no longer existed to serve people; people existed to serve them or whoever was at the top of the hierarchical scheme. The group believed the interest in mindfulness provided an opportunity to partner in making these systems more humane. The mainstreaming of mindfulness interventions meant that many core systems—often governed by strict social norms related to secularization—had a growing receptiveness to meditation as long as the framing did not violate secularization norms related to proselytizing a religion.

At the same time, the group also raised concerns. First, they were concerned about positivity bias within the mindfulness literature. Through personal communications, they were aware of conversations among professionals about potential barriers or problems with implementing mindfulness interventions,

but these problems seemed muted in the professional literature. Furthermore, many people in this group had undergone extensive meditation training within various Buddhist traditions. They were concerned that practitioners using mindfulness might not be aware of the common problems that arise when people engage long-term meditation practices. For example, starting to meditate can make stress worse before it gets better because people may gain awareness of previously unconscious feelings, especially people with a trauma background (Rapgay & Bystrisky, 2009).

Second, the group was also concerned about cultural diffusion of mindfulness. Members of Octagon had trained within Buddhist traditions. They were also aware of mindfulness-based approaches being used in psychotherapy or other venues. They noticed a growing gap between the two: those groups that joined the so-called mindfulness movement and sought to explore its potential usefulness and those who made explicit arguments about the need to differentiate from Buddhism and draw explicitly on other contemplative traditions within other religions (e.g., Knabb & Frederick, 2017; Knabb & Vazquez, 2018). If not for the shared name, anthropologists in a few hundred years might have little hope of matching what is happening in therapy with the ancient practices from which they were derived.

To give a sampling of potential reasons for cultural diffusion, *therapeutic mindfulness* (the term we use in this book to refer to mindfulness within psychotherapy) has a different goal. The goal of therapeutic mindfulness is primarily symptom reduction. Within Buddhism, however, mindfulness is part of a much broader spiritual perspective and worldview that seems to promote enlightenment and spiritual awakening. People seek to see the world as it is, with less delusion and distortion, which happens as people attempt to avoid trying to control suffering (Kang & Whittingham, 2010; Rapgay & Bystrisky, 2009).

Therapeutic mindfulness detaches mindfulness from community life; it is an individualistic expression. Within Buddhist traditions, mindfulness is part of a broader culture that provides people with the support and meaning-systems to deal with challenges that arise in meditation. Practicing alone removes a major source of support. Therapeutic mindfulness has the potential to oversimplify a sophisticated spiritual tradition into à la carte activities: People pick and choose parts of various traditions that can fit into segments of a fragmented and overburdened schedule (and life).

Third, the group alluded to cultural difficulties some clients may have with mindfulness. For example, the people who ran meditation groups in the greater Atlanta area noted that many clients dropped out early on. Their sense was that some clients dropped out because meditation wasn't a good fit with their cultural identities (e.g., religious or spiritual background as well as the intersection of religion or spirituality and other identities, particularly race and ethnicity). They weren't entirely sure, however, and despite a burgeoning literature on mindfulness, they were not seeing much scientific literature on cultural problems and difficulties.

Taken together, Octagon seemed to have questions that would be of interest to mental health professionals wanting to use mindfulness in their clinical work. We were especially curious how therapists devoted to multicultural values would engage some of these larger systemic challenges, such as adapting mindfulness to different groups while also attending to concerns about cultural appropriation. In short, how could therapists—regardless of commitment to using mindfulness—meet the rising interest in meditation in the general public in an ethical, culturally humble way?

WHAT IS THE MAIN POINT?

Our goal in this book is to extend ideas on cultural humility—and the multicultural orientation framework (MCO; Owen, 2013; Owen, Tao, Leach, & Rodolfa, 2011)—to consider these emerging questions about how to contextualize mindfulness to different clients and settings, especially clients from different cultural backgrounds. This contextualization relates to feminist understandings of self-reflexivity and intersubjectivity (van Stapele, 2014). These processes encourage self-reflection, self-analysis, and self-contextualization as a platform for understanding our interpretations of our interpersonal interactions; inherent power differentials are also named in these interactions (e.g., van Stapele, 2014). At the heart of this framework is the virtue of cultural humility.

Cultural humility is the virtue language of the MCO framework, and it is infused throughout the other aspects of the model. A variety of scholars converged on the intuition that humility language provides an important complement to the competencies language used to incorporate multicultural values into the training standards of many helping professions (see Foronda, Baptiste, Reinholdt, & Ousman, 2016). Intrapersonally, humility involves having an accurate view of one's strengths and limitations; interpersonally, it involves an other-oriented stance (as opposed to self-centered) expressed through a lack of interpersonal superiority. Scholars have studied humility in contexts that make it difficult to practice—situations that evoke egoism and defensiveness. Given that belonging to a group comes with commitment- and loyalty-related biases, cultural differences can strain the practice of humility (Davis et al., 2018). Accordingly, Hook, Davis, Owen, Worthington, and Utsey (2013) defined cultural humility as “the ability to maintain an interpersonal stance that is other-oriented (or open to the other) in relation to aspects of cultural identity that are most important to the client” (p. 354).

In practical terms, cultural humility involves a way of being more than doing (Hook et al., 2017), openness to the other, inclusiveness, and a willingness to put these values into action—not just in session but across all aspects of life. It also involves refining your ability to listen carefully and compassionately and accept feedback of all kinds without defensiveness. As we have shared the MCO framework more widely, people resonate with the use of

humility language as a complement to competence language, which can focus people on how they are doing (rather than their cultural way of being in session). Cultural humility encourages a stance of openness and receptiveness that is other oriented rather than self-preoccupied. People seem to get this concept and appreciate the balance that humility language offers.

The most common reactions and questions tend to be practical in nature: What does it look like to express cultural humility? How can I make this more a part of my practice of therapy and lifestyle? Thus, the authors of this book realized that it is important to keep fleshing out what applying the MCO framework looks like in real life. Therefore, as a team of authors, we decided to look for some important places to apply it.

The mindfulness movement in psychology seemed like a timely and challenging area to apply the MCO framework next. It is timely because of massive growth in research and the popularity of mindfulness. As we elaborate in Chapter 2, over the past half-century, the use of meditation in psychology has evolved from being a relatively fringe practice to being one of the more popular approaches in psychotherapy (Norcross, Pfund, & Prochaska, 2013). Where prior attempts to promote meditation were met with cultural resistance (Harrington & Dunne, 2015), mindfulness-based interventions offer a way of presenting meditation that has not only gained entry into, but has been well-received by, several major systems (e.g., health care, education, business). Mindfulness is now a billion-dollar industry, and various segments of society are seeking to compete for a share of the market (Clarke, Black, Stussman, Barnes, & Nahin, 2015). Psychology is a small cog in a much larger industry, and all are situated (in the United States) within a dominant society that perpetuates systems of oppression, discrimination, and racism. As counseling psychologists interested in culture and identity, it is fascinating to entertain the “Why now?” question. It seems likely that a confluence of factors has set the stage for the popularity of the current mindfulness moment (e.g., smartphones, growing self-help industry, positive psychology movement, growing individualism, increasing suspicion of institutions such as religion; C. J. Miller, Elder, & Scavone, 2017).

Mindfulness is a daunting challenge for thinking about the application of the MCO framework because of the nature of emerging cultural critiques. For a time, mindfulness seemed immune from typical lenses multicultural psychology scholars tend to apply to critique therapy approaches. Perhaps people considered mindfulness a fad that would eventually run its course. However, mindfulness now holds a prominent position in a variety of cultural structures and institutions. A striking example is that the U.S. federal government has invested hundreds of millions of dollars in the development and dissemination of mindfulness-based interventions (Hickey, 2010). The investment has paid off, at least in terms of making mindfulness more accessible. Now anyone with an Apple watch or smartphone likely has a mindfulness app installed by default, meaning you actually have to take action to turn off

the app if you decide you don't want regular reminders to attend to your breathing.

Regardless of the reasons for the initial delay in criticism, the cultural critiques are strong now—and some are scathing (e.g., Hickey, 2010; Monteiro, Compson, & Musten, 2017; Sperry & Stoupas, 2017; Van Dam et al., 2018). We elaborate on these critiques in Chapter 3, but they range from (a) concerns about appropriation to (b) concerns about the need to adapt mindfulness to oppressed and marginalized groups of society to (c) arguments about the need to draw explicitly from the client's religious tradition to frame contemplative approaches. Our field's response to these critiques may change mindfulness in surprising ways, but regardless of what the future holds, all signs suggest that mindfulness is here to stay. So, for socially conscious therapists—for those attempting to work out the MCO framework in all aspects of their work and lives—it is time to clarify values and consider important questions. These questions provide an opportunity to apply and test the ideas within the MCO framework.

We are particularly interested in the dynamics that occur between groups and social systems. Mindfulness is a social evolutionary success story. The framing of mindfulness interventions is flexible so that they are able to align with secular norms and accommodate people from a variety of cultural backgrounds. Mindfulness interventions fit in with a growing agenda to offer a more scientific alternative to guiding the good life rather than simply relying on authority structures of religious traditions (Dahlsgaard, Peterson, & Seligman, 2005). The mindfulness movement also follows the pattern of successful positive psychology research programs: Basic research documents benefits to health, mental health, and relationships, and intervention research follows closely behind. We might view mindfulness as one of the most successful fruits of positive psychology. After becoming well-established in several powerful contexts (e.g., hospitals; treatment of depression, personality disorders, bipolar disorders) and exhibiting some treatment success in clinical trials, mindfulness-based approaches have captured the hearts of a generation of therapists (and their clients).

Given the proliferation of mindfulness interventions, we explore in this book the next set of practical questions for therapists committed to a multicultural orientation and who want to work these values out in their potential use of mindfulness in therapy. For example, how should we balance concerns about values regarding avoidance of appropriation with the need to adapt therapies to clients from marginalized groups? How should therapists view their collective influence on people of faith as well as nonbelievers? When, if ever, is it appropriate to intentionally conceal the Buddhist roots of mindfulness for clients who may have a negative reaction to religion and spirituality (C. G. Brown, 2017; Purser, 2015)? Altogether, our focus is especially on addressing a gap in the professional literature on how to contextualize the use of mindfulness to cultural diversity.

WHO IS THE INTENDED AUDIENCE?

Our last book (Hook et al., 2017) focused on a way of thinking about how to integrate multicultural principles into the process of psychotherapy. We offered humility language to complement competence language. On the surface, many of the movements within psychology send a hopeful and positive message about humanity and their potential for growth, but some have pointed out that it may be more difficult than we think to escape cultural narratives regarding the flawed nature of our humanity (Bingaman, 2011).

Psychotherapy is one part of a massive set of industries designed to help people continually work to improve themselves. For many, including therapists in training, an implicit message churns beneath this activity (and reactivity): that we are inherently flawed. Indeed, in our process of training to become therapists, the language of cultural competence implies that someone presumably evaluates skills related to serving clients with marginalized identities. When that person determines a discrepancy between ideal skills and actual practice, they render a judgment. Or even if no such evaluator exists, the implication is that a standard must be achieved, and if that standard is not met, clients suffer because of our failures to succeed. Put simply, competence language antagonizes perfectionistic tendencies, which evoke concerns about performance relative to a standard.

It is important to acknowledge, however, that competence language has served a crucial purpose in the multicultural movement. We wholeheartedly affirm the values and mission of the trailblazers who catalyzed the multicultural movement in psychology and related fields (e.g., D. W. Sue et al., 1998). Moreover, competence language has helped align theory, research, and practice through its goal of infusing multicultural values into training practices. However, as we elaborate in Chapter 4, we developed the MCO framework to apply multicultural values to the context of training therapists about how to engage cultural dynamics in psychotherapy.

From research on expertise and factors that contribute to better therapy outcomes (Tracey, Wampold, Lichtenberg, & Goodyear, 2014), we have some hints about what this process might involve—for example, a commitment to a lifelong pursuit of taking on new challenges, putting ourselves at the crossroads of better feedback, and continually seeking to grow. This challenge is greater when we sit with clients who not only have the pain of life but have this pain amplified by systemic exclusion and marginalization. Many of our clients come to us with little reason to expect responsiveness because they live in family and social systems that are unresponsive to their pain. We agreed with the cacophony of other voices encouraging alternative language related to multiculturalism that would encourage trainees to attend to their moment-to-moment inner world in a way that would, over time, lead to growth in their ability to offer a high-quality presence (e.g., Geller & Greenberg, 2002).

Therefore, the current book picks up the ethos and line of logic of the prior book and extends them to an important opportunity and challenge regarding

how therapists express their multicultural values. The mindfulness movement is an important test for the multicultural community, and we are glad to see more voices engaging these conversations. This book is for therapists who want to work out multicultural values in their use of mindfulness. We hope it will help therapists who want to use mindfulness in their therapy but feel ambivalent because of the debates and cultural critiques (e.g., appropriation of mindfulness practice; ethical quandaries, such as training soldiers with mindfulness; fears that mindfulness may blame the victim or somehow imply that people should accept marginalization). As therapists, we practice our profession within a culture that finds it difficult to stay connected with pain. This book is for therapists who want to cultivate spaces in which people can let their guard down and find healing. Given the intense demand for various forms of escape or numbing, it should come as no surprise that psychologists have begun to listen and draw from spiritual traditions, such as mindfulness, that diagnose this modern malady and offer a potential remedy.

A CRUCIAL CAVEAT

At the outset, it is important for us to not overclaim our knowledge and experience. Our expertise is not in mindfulness: We did not develop any of the major approaches, we are not advocates of any particular approach (and we are unable to attempt to recontextualize mindfulness within a Buddhist tradition, as some have called for), and we will not attempt to advocate for any particular therapeutic or Buddhist tradition of mindfulness.

What brings our set of authors together is an intention to explore how cultural identities influence the relationships that develop in therapy and how therapists can show responsiveness to the client's identities to improve therapy outcomes. We approach our task with the assumption that most therapists using mindfulness are integrating it as a technique within their broader theoretical framework. We also assume attempts to carefully regulate the use of mindfulness will likely fail. For example, a variety of self-help interventions have been developed; the trend is to make mindfulness more accessible and easier to disseminate. So, what training and skills will be required for therapists to engage the growing interest in mindfulness in the broader population?

In addition to a caveat on our professional vantage point, we want to be explicit about the audiences we kept in mind as we wrote the book. We view mindfulness as a practice heavily influenced by Buddhism, which we consider one of the five major religions of the world. We are aware of the notion that many people hold that Buddhism is more of a philosophy than a religion (the perspective makes the most sense when Judeo-Christian religions are viewed as normative); but, for the purposes of this book, we consider it a set of religious traditions. We also hold that many clients are religious or spiritual; many are not Buddhist; and many, when they engage in mindfulness,

experiences changes in their religion or spirituality (for a review, see Stratton, 2015). Therefore, we explicitly focus on spiritual diversity in all of the cases throughout this book.

In light of intersectional theories, we were curious about how religious or spiritual identity might interact with other identities (e.g., race, ethnicity, social class, gender). The mindfulness-based interventions were negotiated within markets that comprised predominately White women who were highly educated and living in urban areas; yet, many of the prominent leaders within the mindfulness movements are White men (Hickey, 2010). We were curious about how a lack of diversity within leaders might have shaped current practices. We tried to develop a way of thinking that could span these various groups and their diverging concerns and interests.

Therefore, we sought to dovetail this commitment to attending to spiritual diversity with a commitment to attending to intersectionality. So, all of the cases in this book consider either a marginalized religious or spiritual identity or Christians who hold at least one or several marginalized identities. For example, we kept in mind American Buddhists, Asian American clients (who may have reactions to the evolution of mindfulness ideas as they interact with an increasingly individualistic culture), African American and Latinx groups that may be theologically conservative about engaging other faith traditions, and marginalized religious or spiritual groups in the United States (e.g., Muslims, Jews, atheists).

A WORD FROM EACH OF THE AUTHORS

We hope one of the advantages of our writing team is that we each hold different identities that allowed us—collectively—to keep a range of perspectives in mind as we were writing and revising this project. In terms of professional expertise, authors D. D. and J. N. H. specialize in positive psychology and the integration of spirituality into counseling. Authors C. D. and J. O. are multiracial and have invested in recent work about the implications of intersectionality theories. To prepare for the book, we conducted interviews with a variety of people who integrate mindfulness into various aspects of their work. These conversation partners were an integral part of our writing team, especially as we developed case studies to illustrate ideas. In the following paragraphs, we each say a little about our interest in mindfulness and how it relates to our professional experience and expertise. We hope this information will give you, as the reader, a better sense of where we are coming from.

Author D. D.

My interest in mindfulness comes out of a general interest in spirituality and its intersection with other identities. Before I even knew I wanted to be a psychologist, I joined my mom in a master's program that focused on

spiritually sensitive counseling. She had entered the program in preparation for a second career. Soon after, though, she was diagnosed with ovarian cancer. I wanted to spend time with her and thought counseling skills would potentially be helpful for serving within my local church or community. I did a specialization focused on spiritual formation within various Christian traditions. What I learned most during my time there was a more open and curious perspective of other religious and spiritual traditions. Some things are better “caught than taught,” and some of my professors modeled a curiosity and engagement with other faiths that has served me well, not just with religious or spiritual identity but cultural identities in general.

In my doctoral training at Virginia Commonwealth University, I distanced myself from some of these initial interests. Instead, I focused on positive psychology, especially the virtues of humility, forgiveness, and gratitude. For a variety of reasons, I was hesitant (and ambivalent) about being too focused on religion or spirituality. I did not want to get pigeonholed within my clinical training. Also, I was processing ambivalence and grief toward my own religious and spiritual tradition, as well as religion and spirituality in general, after my mom died. Her life seemed cut short by cancer, and as I reflected on her life, I wanted to learn how to avoid passing on the perspectives on gender roles that limited some of her sense of choices earlier in her life—and that were at the heart of some of her identity struggles during her 30s.

At the same time, there is something core to my work as a psychologist (and probably as a human) that relates back to some of those early interests in how religious and spiritual identity can influence people’s development. As a person of faith, I know that my religious and spiritual identity is infused into all of my other identities—for better and worse. In our profession—and society more broadly—we sometimes struggle to talk about religious or spiritual identity. Strong secularization norms help keep the peace—and distance. We have lost some of the skills to relax these norms and cultivate spaces of intimacy with each other about matters of ultimate importance. I am interested in more than just religion and spirituality; I’m interested in how therapists relate themselves to existential questions—to the givens of life—such as facing death, feelings of meaninglessness, responsibility to determine values, and inevitable loneliness (Yalom, 1980). Cultural differences in existential worldviews seem particularly difficult to bridge. These areas are particularly painful and daunting. They have the potential to make us feel very small and powerless. Yet, part of me wants to understand more about how to help people build on their strengths while also learning to address painful aspects of their religious or spiritual or existential identity.

I also need to acknowledge one other person. Terrence Jordan, a doctoral student at the time, introduced me to theorizing on intersectionality in his dissertation work on racial trauma. His dissertation was inspired by societal events that led to the Black Lives Matter movement. His courage to engage that project inspired some of the ideas that eventually motivated this book project. Intersectionality theory gave a language to something I sensed but

didn't have words for: It delved into the complexity of belonging to different identities and groups and how that affects people's process of seeking integrity and becoming who they hope to be.

Author C. D.

I have always been a ruminator. I can think about a topic for ages. Sometimes ruminating can be helpful, such as when I think through how to approach a particular problem I'm facing. Other times, I can sit in places of high anxiety and self-critical thoughts. The same energy that helps me to think of a way through to an answer for a complicated challenge can betray me and fuel hours-long or even days-long consideration of an argument I wish I had handled differently. Until graduate school, where I discovered mindfulness meditation, I struggled with how to quiet my more persistent, less helpful, version of rumination.

In my second year as a doctoral student, I had the privilege of being assigned to a supervisor who used mindfulness in her personal and professional life. She was a student of Pema Chödrön and had been participating in Tibetan Buddhist practice. I remember when she recommended Chödrön's book *When Things Fall Apart: Heart Advice for Difficult Times* and showed me her own very worn copy. Her name was Roberta Seldman, and she passed away in 2018. Roberta was an amazing supervisor in every way I can imagine, but what struck me most about her was her vitality. She was so present! It was something that I could feel. She was not afraid to be in all of her emotions at once and accepting of them. She modeled for me how to sit with authenticity and not ego. I felt seen by her in a whole new way, and it was an awakening for me as a therapist.

I could probably write pages upon pages about all of the things I learned from Roberta, but here I highlight two primary points. First, she started me on a path of self-compassion. She was the first person to point out to me that I had, up to that point, been defining myself by achievements. She reminded me that I had been neglecting or had been actively subduing whole other aspects of myself that actually yearned for expression: my artistic side, my joyful self, my softer self. Second, she created a space that invited vulnerability and pain as part of the full human experience. She helped me to embrace my vulnerabilities along with my strengths. Neither was better or worse; both just were. These lessons put me on a different path as a therapist but also as a person.

In my fourth year of doctoral study, I participated in a mindfulness meditation group in which I learned the basics of mindfulness practice and various meditation practices. This practice deepened and grew the lessons that Roberta had planted within me years earlier. In particular, through the challenges I faced in trying to participate in daily and prolonged practice, I was forced to face my self-critical voice in a different way and the lengths to which my mind would go to distract me from being in the present moment. I also learned

that, for me, self-compassion was going to have to be an intentional activity. Importantly, I discovered that, as much as I considered myself to be compassionate toward others, my abilities in that area were limited by my own self-critical lens. One of the greatest lessons I learned was that you can only be as compassionate to others as you are to yourself; those practices do not occur in isolation. An extension of this awareness was that I became more accepting of my vulnerable feelings and even embraced them (Roberta's second lesson). To experience them all is to live fully within my present experience.

So, I don't practice mindfulness these days as much as I would like. Sometimes, my only mindful moment in a given day is when I sit, reflect, and recognize how many thoughts are pulling me away from being present—but I continue to try. It's a work in progress and one that is more about a way of being than a goal—just like the MCO. For me, this book on integrating mindfulness into therapy practice seemed like such a logical extension of our prior one. Like mindfulness practice itself, cultural humility is so much about compassion, presence, and being okay with the ambiguous. My hope with this book is that in helping therapists and therapists-in-training to integrate mindfulness practice with cultural humility, they are able to grow in both. This one's for you, Roberta!

Author J. N. H.

My interest in mindfulness and mindfulness-based interventions is connected to my interest in acceptance and commitment therapy. When I was beginning my training in graduate school, I was initially drawn to cognitive behavior therapy. I liked the structure of the therapeutic approach, and I also appreciated the focus on making concrete changes. I found cognitive behavior therapy to be quite helpful in the lives of my clients as well as my own life as I tried to work through my own issues and become a more emotionally healthy person.

One of my struggles, both in the lives of my clients and in my own life, was that some things weren't quite so easy to change. This was especially true about some of my own internal struggles with anxiety both in my personal life and relationships. Even though I "knew" in my head that a thought was unreasonable, for example, I had difficulty getting rid of the unpleasant thoughts and emotions. And I found some areas of my life that I just couldn't change (e.g., a loved one's dying, the behavior of a coworker or partner) or "improve." Some aspects of my life weren't turning out as I wanted them to, and there wasn't anything I could do to change them.

These were the places where acceptance and mindfulness were game changers for me. I recognized that even if I couldn't "get rid of" an anxious thought, I could accept the anxious thought and move forward in my life anyway. For example, I had to do so when I decided to get married. No amount of therapy was going to make my anxiety about marriage completely

disappear. I had to accept feeling a certain amount of anxiety and moving forward anyway. Mindfulness and acceptance helped me do that. Mindfulness helped me to accept the things I could not change so I could live a more peaceful and full life. I'm excited about the possibility about helping therapists integrate mindfulness into their work in a culturally humble way.

Author J. O.

Growing up, I was an energetic kid with lots of passions and, at times, without much control of those emotions and passions. Yet, two main influences became more readily influential in my life: my mother and martial arts. Indeed, my interest in mindfulness came when I was exposed to martial art traditions. The class would spend time focusing on aligning the mind-body connection to promote healing and a sense of clarity. I learned how to meditate and ground myself during stressful situations. I learned how to focus on the energy in my body, channel sources of stress and distraction, and how to translate these lessons across my life. Around the same time, I noticed that one of the best role models for mindfulness had been with me all along—my mother. Her sense of calm, peace, and patience was amazing. I didn't fully realize it as a child, but she frequently practiced mindfulness. It wasn't until later in life that I fully appreciated her influence.

Throughout my life, I have found a sense of calm and peace when I have been able to use the principles of mindfulness. This sense of perspective also has transformed the ways in which I learn new skills in a therapeutic context. I have found a better sense of my own reactions in sessions and a way to work through complex reactions. In many ways, this approach also has helped me understand my own development as cultural person and professional. I can now sit with the complexity of my own identities as well as how others understand me. Unlike some of colleagues, I did not directly use mindfulness with patients—at least on a consistent basis. Rather, I would channel the spirit into my life as a professional to stay balanced and centered.

Over time, truly reflecting on my core values, feelings, and beliefs has helped inform the MCO framework. The heart of the MCO is a greater connection to others around us and the ability to cherish those interactions for the richness of cultural understanding that they can bring. For me, this book is an extension of the process that led to the MCO: reflecting, slowing down, and being true to one's self. I hope you enjoy the book and find nuggets of wisdom to inspire your practice.

OVERVIEW OF THE BOOK

The book has two major parts. In Part I (Chapters 1–5), we establish the conceptual foundation of the book. In Chapter 2, we illustrate how daunting it would be if cultural competence about mindfulness was primarily about

“knowing enough.” From an MCO perspective, our knowledge helps us in a particular way: It prepares us to approach new situations with a sense of cultural humility so that we don’t make as many costly assumptions.

In Chapter 3, we set up the primary tension of the book. The multicultural critiques of mindfulness come along two fronts: (a) concerns about responsiveness to marginalized groups (especially concerns about various religious or spiritual identities), which calls for contextualization; and (b) concerns about appropriation of Buddhist traditions, which calls for appropriate respect of these traditions and the many cultures that currently represent them in the world.

In Chapter 4, we describe the MCO framework and apply it to the two concerns raised in Chapter 3 and also describe how principles of mindfulness align with the skills required to express the MCO framework in therapy. We have you complete self-assessments that show how the MCO concepts complement the traditional multicultural competencies approach.

In Chapter 5, we draw on theories of expertise as well as work on factors that promote a strong therapy alliance to describe the key aspects of self-awareness related to implementing mindfulness in a culturally humble manner. Given our assumptions about mindfulness as a practice derived from contemplative religious and spiritual cultures, the focus of this chapter is especially on how to develop cultural comfort for religious and spiritual or existential issues.

Part II (Chapters 6–9) focuses on what it looks like in therapy to apply the MCO framework to mindfulness. In Chapter 6, we focus on assessing the client’s religious or spiritual identity and forming a strong relationship. In Chapter 7, we consider how to take this awareness of the client’s intersectional identities to negotiate a plan that may include using mindfulness. Cultural humility calls for an awareness of power (rather than denial or minimization) and a willingness to ally with the clients’ goals and ways of wanting to pursue those goals. In Chapter 8, we consider the cultural context of the individual client. Specifically, we consider how to coordinate care with a religious or spiritual authority figure or community in regard to implementing mindfulness interventions. Many of our clients belong to religious or spiritual traditions, and some communities harbor reservations about the growing cultural interest in therapeutic mindfulness. In Chapter 9, we present a group supervision session. The clients, therapists, and supervisor are based on the interviews we conducted with practitioners who use mindfulness in their therapy practice. It is our hope in this chapter to illustrate challenges presented in the book through real-world applications.

CONCLUSION

Spoiler alert: We do not think the questions we plan to raise are simple or easy to “solve.” Sometimes our work in this book has raised more questions than answers. But we do believe the journey is a worthwhile one—and we are

honored to be part of a community that cares about such issues. Our approach to writing this book was not to try to overly simplify complex and thorny matters. We know we cannot tie a pretty bow on the concerns swirling around the use of mindfulness in our profession. Rather, our goal is to use the MCO framework to encourage therapists to reflect and hold their approach to using mindfulness to greater scrutiny. We want to promote a community that is getting better at “not knowing” and is responding appropriately to its cultural limits.

We believe it matters if psychologists (a) get better at exploring their limitations and biases, (b) engage other groups by building cooperation with the exemplars rather than perpetuating hostility by engaging stereotypes (Volf, 1996), and (c) learn to ask questions that can bridge across disciplines and identities. Where we could, we have tried to draw on direct evidence, but, in many cases, the literature was conspicuously silent, so we tapped our social and professional networks and did the best we could to generate reasonable lines of thought. We present cases rooted in real-life experiences, although all case examples in this book are fictionalized. We have tried to distill the core issues. We hope that what we say in this book will be helpful for your work as a therapist. But even more important than what we say will be what you, as the reader, decide to say and do next. So, let’s begin again.