U.S. Copyright Notice

No further reproduction or distribution of this copy is permitted by electronic transmission or any other means.

Section 108: United States Copyright Law

The copyright law of the United States [Title 17, U.S. Code] governs the making of photocopies or other reproductions of copyrighted materials.

Under certain conditions specified in the law, libraries and archives are authorized to furnish a photocopy or other reproduction. One of these specified conditions is that the reproduction is not to be used for any purpose other than private study, scholarship, or research. If a user makes a request for, or later uses, a photocopy or reproduction for purposes in excess of "fair use", that use may be liable for copyright infringement.

4 Application of Secular Mindfulness to Asian Americans in the U.S.

Cultural Considerations

Akihiko Masuda and Joanne Qinaʻau

In the United States, mindfulness in a secular form (secular mindfulness) has been a central topic in the field of behavioral health for the past two decades. During this period, a number of what is now called acceptance- and mindfulness-based cognitive-behavioral therapies (CBTs) and mindfulness-based interventions (MBIs) have emerged (Hayes, Follette, & Linehan, 2004; Kabat-Zinn, 2003). Examples of these interventions are mindfulness-based stress reduction (MBSR) (Kabat-Zinn, 1990), mindfulness-based cognitive therapy (MBCT) (Segal, Williams, & Teasdale, 2013), dialectical behavior therapy (DBT) (Linehan, 1993), acceptance and commitment therapy (ACT) (Hayes, Strosahl, & Wilson, 2012), and several others (Baer, 2014). For MBSR and MBCT, mindfulness is their central feature. In ACT and DBT, secular mindfulness is incorporated into their overall approaches in theory and practice. Today, these interventions have been applied to patients with a range of behavioral health concerns (e.g., Dimidjian et al., 2016; Goldberg et al., 2018; Masuda & Rizvi, 2019). As the number of publications on mindfulness and related topics continue to grow, its popularity in the field of behavioral health is expected to continue at least for the next several years (Norcross, Pfund, & Prochaska, 2013).

In this sociocultural context, one notable yet understudied area of research is the use of secular mindfulness, such as acceptance- and mindfulness-based CBTs and MBIs, with Asian Americans. For example, a recent systematic review of 69 U.S.-based randomized controlled trial studies using MBSR or MBCT found that, on average, 4% of participants were Asian Americans, with a range from 0% to 40% (Waldron, Hong, Moskowitz, & Burnett-Zeigler, 2018). The review also showed that although average representation was somewhat in alignment with Asian American representation across the United States (i.e., approximately 5.7% of the U.S. population as measured by the 2017 Census), 26 out of 46 studies that reported data on race and ethnicity of participants did not include *any* Asian Americans. U.S. ethnic minorities, including Asian Americans, are also reported to be underrepresented in ACT and other acceptance- and mindfulness-based CBT research (Cheng &

DOI: 10.4324/9781003090922-5

Copyright © 2022. Taylor & Francis Group. All rights reserved.

Beyond White Mindfulness : Critical Perspectives on Racism, Well-Being and Liberation, edited by Crystal M. Fleming, et al., Taylor & Francis Group, 2022. ProQuest Ebook Central, http://ebookcentral.proquest.com/lib/uhm/detail.action?docID=6869375.
Created from uhm on 2023-08-03 03:00:06.

Sue, 2014; Hall, Hong, Zane, & Meyer, 2011; Woidneck, Pratt, Gundy, Nelson, & Twohig, 2012).

This disparity for Asian Americans is somewhat ironic as mindfulness is assumed to be particularly relevant to the wellbeing of Asian Americans because of its cultural origin (Kabat-Zinn, 2003). As described extensively elsewhere, many concepts and practices amalgamated in various forms of MBIs and acceptance- and mindfulness-based CBTs are drawn from Buddhism, Yoga, and other Eastern meditative practices that originated in Asia. At a broader theoretical level, parallels between these interventions and Buddhism and Eastern-originated psychotherapies have been well-recognized (e.g., Fung, 2015; Hayes, 2002; Hofmann, 2008; Robins, 2002).

However, Hall and colleagues (Hall et al., 2011) have argued that many MBIs and acceptance- and mindfulness-based CBTs *in their original forms* may not be so culturally congruent to many Asian American clients. In particular, the authors argue that these therapies operate based on the fundamental assumption of the clear distinction between self and others as well as on active coping pursued by the self—these emphases are drawn from an inherently Western worldview. Further, the authors note that these cultural incongruences manifest across major therapeutic domains, such as *case conceptualization*, *therapeutic process,* and *treatment goals*. Fredrick Leong has called these incongruences "cultural disparities" or "cultural gaps" (Leong & Lee, 2006). Similarly, Hsu (2016) criticizes secular mindfulness, the kind of mindfulness taught in acceptance-based CBTs and MBIs, to be too Eurocentric in nature for many Asian Americans. More specifically Hsu argues that practices of secular mindfulness are often enmeshed with the worldview of *neocapitalism*, which places too much emphasis on the individual and individual success.

Furthermore, A. Masuda, the first author of this chapter (Masuda, 2014a, in press; Masuda, Boone, Hill, & Pasillas, 2014) has argued that the root cause of cultural incongruency in acceptance- and mindfulness-based CBT and MBIs is not necessarily to be found within these treatments themselves. Following a philosophical standpoint of functional contextualism (Hayes, Barnes-Holmes, & Wilson, 2012), he has argued that this issue is better understood at *the therapist level* and in the *therapeutic relationship* that is formed between the therapist and client in practice.

As described in detail below, acceptance- and mindfulness-based CBTs and MBIs can be either individualistic or *holistic*, a major feature of many Asian American cultures, depending on the therapist in practice (Masuda, in press; Masuda & Rizvi, 2019). For example, therapeutic process and treatment goals of ACT (Hayes et al., 2012) are likely to reflect the values of interdependence and collectivism if the clinician who offers the treatment embodies a collectivist culture (Masuda, in press)—this would then be more or less congruent with the life context of Asian Americans. Conversely, acceptance- and mindfulness-based CBTs are more likely to reflect individualistic and autonomous ways if the clinician embodies an

Copyright © 2022. Taylor & Francis Group. All rights reserved.

Beyond White Mindfulness : Critical Perspectives on Racism, Well-Being and Liberation, edited by Crystal M. Fleming, et al., Taylor & Francis Group, 2022. ProQuest Ebook Central, http://ebookcentral.proquest.com/lib/uhm/detail.action?docID=6869375.
Created from uhm on 2023-08-03 03:00:06.

individualist culture. Suppose, viewing the client as a unique and independent being who is distinguished from others, the clinician primarily focuses on the promotion of perceived self-worth in the client. In this clinical context, the teaching and practice of mindfulness may be applied more directly to the client's intrapsychic issues (e.g., self-narrative), while less emphasis is placed on the interpersonal, demographic, and sociocultural context (e.g., relationship conflict with the spouse, financial hardship) that may perpetuate the client's presenting issue of diminished self-worth.

Once again, we argue that these variabilities across clinicians occur mainly because each clinician interacts with the world, including one's own therapeutic work, through one's own worldview (Hayes, 2005; Herbert, Gaudiano, & Forman, 2013; Klepac et al., 2012; Masuda & Rizvi, 2019). Therefore, from this conceptual standpoint, the main issue of *cultural validity* is at the level of therapeutic work between a given therapist and a given client (Leong & Kalibatseva, 2011). This emphasis on *the therapist level of understanding* is consistent with Stanley Sue and his colleagues' account of cultural competency (Sue, Zane, Hall, & Berger, 2009) as well as the cultural accommodation model systematized by Fredric Leong (Leong & Kalibatseva, 2011; Leong & Lee, 2006).

Taking these accounts together, this chapter will discuss cultural considerations in the application of secular mindfulness to Asian American clients in the context of Western behavioral health. To do so, we will begin with a brief overview of Western cultural perspectives on key concepts in the field of behavioral health, including how mindfulness is construed and experienced. Subsequently, we will present the worldview of Asian Americans and their construal of self, behavioral health, and mindfulness. Finally, presenting a case example, we will present areas of conversions and diversions between the practice of secular mindfulness and the cultural practice of Asian Americans, concluding with our discussion by sharing our thoughts on areas of consideration when secular mindfulness is used with Asian Americans in a behavioral health context.

Western Perspectives and Their Account of Mindfulness

Western culture is known for its analytic worldview (Nisbett, Peng, Choi, & Norenzayan, 2001), and the field of Western behavioral health is no exception. Analytic worldviews assume that the world, or the phenomenon of interest (e.g., mindfulness, behavioral health), is reducible to components that are qualitatively distinctive from one another (e.g., the collection of distinct objects) and that these components are associated with one other in a systematic and law-like fashion (Hayes, Hayes, & Reese, 1988; Masuda & Nisbett, 2001; Nisbett et al., 2001). In other words, in an analytic worldview, the essence of a given phenomenon is understood in terms of (a) its elements; what it is made of, and (b) how its discrete elements interact with one another. In the field of behavioral

Copyright © 2022. Taylor & Francis Group. All rights reserved.

Beyond White Mindfulness : Critical Perspectives on Racism, Well-Being and Liberation, edited by Crystal M. Fleming, et al., Taylor & Francis Group, 2022. ProQuest Ebook Central, http://ebookcentral.proquest.com/lib/uhm/detail.action?docID=6869375.
Created from uhm on 2023-08-03 03:00:06.

health, this Western worldview is also called *elemental realism* (Hayes et al., 2012; Klepac et al., 2012; Masuda & Rizvi, 2019).

It is important to note that this analytic worldview is not limited to Western sociolinguistic contexts (Maynard, 1997). In fact, this way of thinking and sense-making is said to be pervasive across every linguistic and cultural practice (Hayes, Barnes-Holmes, & Roche, 2001), including Asian and Asian American cultures (Markus & Kitayama, 1991, 2010; Suzuki, 1997). It is simply that an analytic way of sense-making is more noticeable among Westerners than among Easterners (Nisbett et al., 2001; Peng & Nisbett, 1999).

Key concepts and practices in the field of Western behavioral health, such as *self*, *psychiatric symptoms*, *coping*, and *wellbeing*, are predicated on this analytic way of thinking and sense-making (Markus & Kitayama, 1991, 2010; Nisbett et al., 2001). For example, *self* is often understood and experienced as a *unique entity* that comprises a unique configuration of internal attributes (e.g., traits, abilities, motives, and values) and behaves primarily as a consequence of these internal attributes (Markus & Kitayama, 1991). This way of *understanding and experiencing* self has been the basis of understanding behavioral health and promoting wellbeing.

Western Accounts of Psychopathology and Coping

Consistent with the Western view of self as an independent, self-contained, and autonomous being, the Western account of psychopathology and health is more intrapsychic. That is, the greater focus is placed on one's internal attributes in understanding and treating psychopathology. For example, many forms of what we call a mental disorder are often attributed largely to a set of internal characteristics within an individual, such as negative affect and dysfunctional self-narrative. Based on this framework, both clinicians and patients are expected to seek the purported causes of mental disorders within the patients. Furthermore, once a given internal attribute is construed as being problematic, then both patients and clinicians assume to make intentional efforts to eliminate it (Weisz, Rothbaum, & Blackburn, 1984). This direct way of coping, which is often called the *primary or direct control strategy* (Hall et al., 2011), is also consistent with the Western construal of self as an autonomous and self-sufficient being.

Western Accounts of Mindfulness

Western accounts of mindfulness are generally analytic and intrapsychic in nature (Baer, 2014; Bishop et al., 2004). While there is no one universally endorsed definition of mindfulness (e.g., Hayes & Wilson, 2003), the most commonly used reference in Western academic literature comes from Jon Kabat-Zinn. Kabat-Zinn (1994) defines mindfulness as a process of "paying attention on purpose, in the present moment, and nonjudgmentally to the unfolding of experience moment by moment" (p. 4). Importantly,

Copyright © 2022. Taylor & Francis Group. All rights reserved.

Beyond White Mindfulness : Critical Perspectives on Racism, Well-Being and Liberation, edited by Crystal M. Fleming, et al., Taylor & Francis Group, 2022. ProQuest Ebook Central, http://ebookcentral.proquest.com/lib/uhm/detail.action?docID=6869375.
Created from uhm on 2023-08-03 03:00:06.

Kabat-Zinn has underscored the context of defining mindfulness in this way *specifically for a Western audience* (Kabat-Zinn, 2003), introducing the concept to the field of Western behavioral health as being independent of the religious and cultural contexts of its origin.

In behavioral health literature, the term mindfulness is also used to describe both a certain psychological phenomenon (e.g., process) as well as a method or technique that promotes it (Hayes & Wilson, 2003; Masuda & Wilson, 2009). Regarding mindfulness as a psychological phenomenon, Baer (2014) argued that Western conceptions of mindfulness generally fall into three broad categories: mindfulness as a *state*, mindfulness as a *trait*, or mindfulness as a *set of skills*. State accounts of mindfulness describe mindfulness as a psychological phenomenon that is temporary, brief, and transient. For example, Bishop and colleagues (Bishop et al., 2004) state that in some contexts, mindfulness can be understood as a state that is comprised of two elements: the intentional self-regulation of attention focused on experiences occurring in the present, and the attitude of openness, curiosity, and acceptance to arising phenomena. Others view mindfulness as a trait that is stable, long-lasting, and internally maintained. For example, Brown and Ryan (2003) provide a definition of dispositional mindfulness which involves a tendency of noticing both external and internal experiences, attending to experiences with openness and acceptance, and being aware of behavior as it emerges. Finally, mindfulness is construed as a set of skills acquired through learning (Baer et al., 2008; Baer, Smith, Hopkins, Krietemeyer, & Toney, 2006). Under this definition, mindfulness practitioners learn to be more observant, accepting, and nonjudgmental of experience, participating with greater awareness and less automated preoccupation.

Taking these accounts together, any methods and techniques that are designed to promote these psychological phenomena are called mindfulness methods (Hayes & Wilson, 2003). In the field of Western behavioral health, secular mindfulness as a method is introduced to a client as an alternative way of dealing with troublesome thoughts and feelings. Within the Western behavioral health system, the goal of behavioral health interventions is the elimination of psychological problems (Hayes et al., 2012; Li & Ramirez, 2017), and as autonomous beings, clients are often encouraged or expected to take an active role in reducing their psychological issues, sometimes via mindfulness practice. In fact, the value of mindfulness within Western behavioral health comes primarily from its utility as a means toward symptom reduction (Brown, Ryan, & Creswell, 2007; Goldberg et al., 2018).

Asian American Perspectives and their Account of Mindfulness

There is a great deal of variation in ethnic diversity under the umbrella term "Asian Americans," Americans of Asian ancestry. The term "Asian Americans" refers to a group of diverse populations, who have origins in

Copyright © 2022. Taylor & Francis Group. All rights reserved.

Beyond White Mindfulness : Critical Perspectives on Racism, Well-Being and Liberation, edited by Crystal M. Fleming, et al., Taylor & Francis Group, 2022. ProQuest Ebook Central, http://ebookcentral.proquest.com/lib/uhm/detail.action?docID=6869375.
Created from uhm on 2023-08-03 03:00:06.

Southeast Asian, South Asia, and East Asia. Examples of Asian Americans include, but not limited to, people who indicate their race(s) on the census as "Asian" or reported entries such as "Chinese, Filipino, Indian, Korean, Japanese, Vietnamese, and Other Asian." In 2017, Asian Americans in the United States were found to comprise 5.6% of the population. When including multiracial Asian Americans, that percentage increased to 6.9% (U.S. Census Bureau, 2017).

There is also great variation among Asian Americans with regard to their adherence to Asian American values (Abe-Kim, Okazaki, & Goto, 2001). That being said, many Asian American cultures are known for their holistic and collectivistic worldviews (Masuda & Nisbett, 2001; Nisbett et al., 2001). In behavioral health literature, Asian American cultures are construed as those of *holistic social cognition* (Nisbett et al., 2001). One of the distinct features of a holistic culture is the perceived experience of self and world in *continuity* (e.g., the unity of the self as perceived with the perceived) with a special emphasis on context (e.g., where and when and under what circumstances the event of interest takes place). In Asian American cultures, self-concept is relational and contextual as it is variable across relationship contexts and stable within these contexts (English & Chen, 2007). As an example, if one is interacting with elders at a formal dinner, then one defines the self by these parameters; one's choice of language and mannerisms reflect a self that recognizes and defers to the hierarchical structure of the social situation. If one were to be the elder at a formal dinner, with much younger attendees in company, then language and behavior choices would look very different, as one's self is defined by being the elder in this context. This construal of self is a sharp contrast with Western conceptions of self, which emphasizes a consistency and integrity in self.

Other key Asian American values relevant to the use of mindfulness in clinical work with Asian Americans include interdependence, saving face (e.g., a desire to avoid humiliation or embarrassment, to maintain dignity or preserve reputation of self and family), and silence and introspection. Interdependence is a core Asian American value involving the preservation of interpersonal harmony, where group reputation and social integrity are given precedence over individual needs (Kim, Atkinson, & Yang, 1999; Zane & Mak, 2003). Interdependence is also a core concept in Buddhist writings and is realized with greater clarity through the practice of mindfulness (Li & Ramirez, 2017). This interdependent sense of self extends one's sense of responsibility beyond immediate family and has important clinical implications with regard to many therapeutic processes, including self-disclosure, and treatment goals (Hall et al., 2011; Hwang, 2006).

The concept of "face" begins with the belief in the self as interdependent. It also reflects a key Asian American value in the prioritization of social integrity over the individual goals. The practice of saving face is often attained through the fulfillment of prescribed social roles, norms,

Copyright © 2022. Taylor & Francis Group. All rights reserved.

Beyond White Mindfulness : Critical Perspectives on Racism, Well-Being and Liberation, edited by Crystal M. Fleming, et al., Taylor & Francis Group, 2022. ProQuest Ebook Central, http://ebookcentral.proquest.com/lib/uhm/detail.action?docID=6869375.
Created from uhm on 2023-08-03 03:00:06.

and expectations (Zane & Mak, 2003), such as emotional control (Komiya, Good, & Sherrod, 2000; Liao, Rounds, & Klein, 2005; Masuda, Wendell, Chou, & Feinstein, 2010). The practice of saving face can also be observed through self-concealment, hiding distressing information about oneself from self and others (Cramer, 1999; Larson & Chastain, 1990; Masuda et al., 2017). Broadly speaking, expressing too much emotion or personal matter, including mental health concerns, is often viewed as disruptive to group harmony as many Asian American groups value silence and introspection over expressive verbal communication (Kim & Atkinson, 2002). For this reason, many Asian Americans tend to stigmatize their own mental health issues and seeking professional psychological services, and experience internalized shame for having such issues more so than White Americans (e.g., Kam, Mendoza, & Masuda, 2019; Masuda et al., 2009).

Asian American Accounts of Mindfulness

As described above, in Western research, mindfulness is sometimes understood as a thing-like discrete entity that is extracted from the context where it occurs, and it is then divided further into intrapsychic elements, such as observation, motivation, attention, intention, and so on. Furthermore, because mindfulness is frequently introduced to Western psychotherapy as an alternative way of dealing with troublesome thoughts and feelings, many clients and professionals understand it as a mood-regulating tool (e.g., coping method).

For Asian Americans, when mindfulness is understood in this way, it becomes too peripheral, losing its very nature of spiritual and cultural significance (Li & Ramirez, 2017). Even within the Western academic literature on mindfulness, it is recognized that many proposed schemas for operationalization do not take into account complementary principles and practices from Buddhism (Van Gordon, Shonin, Sumich, Sundin, & Griffiths, 2014) nor a holistic view of self and living (Masuda, 2017; Masuda & Wilson, 2009). For Asian American scholars and practitioners in particular, these omitted—and vital—component parts are often what is regarded as the religious or cultural aspects of mindfulness (see Kabat-Zinn, 2003).

Asian American cultures tend to view mindfulness more holistically and relationally, as an act of a whole person in a given context, in a given moment, without reducing it into particular intrapsychic elements or a therapeutic tool (Masuda & Wilson, 2009). For many Asian Americans and those who hold a holistic and contextual worldview, mindfulness is an act of a whole person in one's historical and situational context, unfolding in every aspect of ordinary life. As such, it is more a way of living in a given moment (e.g., life context) that emerges in many forms of activity (e.g., cooking, driving, spending time with family, watching TV, working, doing psychotherapy).

Copyright © 2022. Taylor & Francis Group. All rights reserved.

Beyond White Mindfulness : Critical Perspectives on Racism, Well-Being and Liberation, edited by Crystal M. Fleming, et al., Taylor & Francis Group, 2022. ProQuest Ebook Central, http://ebookcentral.proquest.com/lib/uhm/detail.action?docID=6869375.
Created from uhm on 2023-08-03 03:00:06.

From this holistic and contextual perspective, A. Masuda, the first author of this chapter, who was born and grew up in a Zen Buddhist temple in Japan, previously conceptualized mindfulness as living fully in the here and now (Masuda & Wilson, 2009). This full living is characterized by an intentional, interdependent, and harmonious engagement with one's historical and situational life context for the purpose of actualizing the boundless harmony (e.g., becoming one with the universe). Morita therapy (Morita, Kondo, & LeVine, 1998), an Eastern acceptance- and mindfulness-based psychotherapy, concurs with this meta- and spiritual stance of mindfulness (i.e., あるがまま：arugamama). ACT (Hayes, 2002; Hayes, Strosahl, & Wilson, 1999; Hayes, Strosahl, et al., 2012), an exemplar of acceptance- and mindfulness-based CBT, emphasizes the importance of mindfulness as a process of a whole person that is manifested as value-directed living in a given moment.

Areas of Conversions and Diversions: Considerations When Using Secular Mindfulness with Asian Americans

It is important to note that issues of cultural dissonance discussed here are not unique to the application of secular mindfulness to Asian American clients, but also relevant to any therapeutic work and therapeutic relations formed in the field of behavioral health. According to experts in diversity psychology (Hall et al., 2011; Leong & Kalibatseva, 2011), incongruence between Western behavioral health and Asian American clients in mindfulness are often predicated in part on dissonances in fundamental concepts and practices of self and wellbeing that are derived from distinct cultural worldviews. Furthermore, from a functional and contextual point of view, the cultural dissonance is better understood at the level of the clinician and the clinician's therapeutic work with the client (Masuda, in press; Masuda & Rizvi, 2019). Below is an exemplar of how an MBI, a common medium through which secular mindfulness practice is taught, can be adapted to Asian American adult clients in Western behavioral health. Examples of cultural adaptation to Asian American adults below were drawn from one of the open trials (i.e., pre- and post-, one-group quasi-experimental study) that were implemented to gather preliminary data of MBI for college student, faculty, and staff and their well-being (see Juberg et al., 2019, p. for detailed description and results of this open trial).

A Case Example

In 2018 and 2019, our research team at the University of Hawai'i at Mānoa (UH Mānoa) conducted the above-mentioned preliminary open trial to examine an 8-week MBI group for college students, faculty, and staff and their psychological distress and well-being (N = 17; see Juberg et al., 2019).

Copyright © 2022. Taylor & Francis Group. All rights reserved.

Beyond White Mindfulness : Critical Perspectives on Racism, Well-Being and Liberation, edited by Crystal M. Fleming, et al., Taylor & Francis Group, 2022. ProQuest Ebook Central, http://ebookcentral.proquest.com/lib/uhm/detail.action?docID=6869375.
Created from uhm on 2023-08-03 03:00:06.

Given the purpose of the study, the MBI used in the study was adapted from MBCT for recurrent depression (Segal et al., 2013). The adaptation of MBCT to the present MBI group was guided by the functional and contextual account of cultural considerations at the level of the clinician and the clinician's therapeutic work with the client (Hayes, Muto, & Masuda, 2011; Masuda, 2014b; Masuda & Rizvi, 2019). Given the demographic characteristics of students, faculty, and staff at UH Mānoa, the majority of study participants were expected to be Asians or Asian Americans. In fact, more than half of the study participants were Asians ($n = 5$; one from China, one from Taiwan, one from Thailand, one from Mongolia, and one from Singapore) or Asian Americans ($n = 4$; two Filipino Americans, one Chinese American, and one Japanese American). Participants had an average age of 36 years (SD = 16.23; range from 19 to 69 years old). Approximately 71% of them were women ($n = 12$) and had an average of 16 years of education ($SD = 2.44$). In the study, the sizes of the MBI groups ranged from five to eight participants, and the first author of this chapter (A. Masuda) served as the study therapist for two of the three groups facilitated in the study.

Throughout the course of the study, cultural considerations for Asian and Asian American adult participants were taken into account in various domains, starting with the recruitment of study participants. For example, given stigma and service underutilization associated with seeking behavioral health service in Asians and Asian Americans (e.g., Kam et al., 2019; Leong & Lau, 2001) as well as the cultural practice of saving face (e.g., Hall et al., 2011), the present MBI was advertised as a "Mindfulness course: Learn how to meditate and practice mindful living." More specifically, we intentionally chose the terms "mindfulness course" over "mindfulness therapy" and "mindful living" over "psychological distress" in the title to minimize the potential impact of stigma and shame associated with seeking an MBI for one's behavioral health concerns.

Another major domain of cultural consideration in the study was the format of intervention and its delivery. As seen elsewhere (Hayes et al., 2012; Wilson & Dufrene, 2008), some of the acceptance- and mindfulness-based CBTs and MBIs are individually focused, and emotionally and interpersonally intense with regard to therapeutic relationships. We thought this way of therapeutic style and communication, although found to be effective for many ethnic majority clients on the United States mainland, might not be so culturally congruent to the interpersonal communication styles of the Asians and Asian Americans in our study (Hwang, 2006; Leong & Kalibatseva, 2011; Zane & Mak, 2003). For this reason, we chose the *group course format* of MBCT, which was less individually focused, and yet still interactive and experiential. Anecdotally, many Asian and Asian American participants expressed great satisfaction with the format of the present MBI at the end of the study participation through verbal feedback to the study investigators.

Copyright © 2022. Taylor & Francis Group. All rights reserved.

Beyond White Mindfulness : Critical Perspectives on Racism, Well-Being and Liberation, edited by Crystal M. Fleming, et al., Taylor & Francis Group, 2022. ProQuest Ebook Central, http://ebookcentral.proquest.com/lib/uhm/detail.action?docID=6869375.
Created from uhm on 2023-08-03 03:00:06.

Additionally, the therapist (A.M.) paid extra attention to how he presented himself in session, while taking into consideration cultural norms as well as individual differences of Asian and Asian American participants. For example, both in and outside the MBI group, A.M. intentionally made his communication style polite, vertical, and directive with Asian and Asian American participants who were younger than him, even more so than when he worked with clients in the same age groups in the United States mainland. More specifically, the therapist presented himself more or less as an authority figure (i.e., professional with an expertise in mental health) throughout the course of interaction. Similarly, both in and outside the group, the therapist presented himself as polite and humble to study participants who were older than him to directly express his respect for them. These adaptive choices were due, in part, to the Asian and Asian American valuing of the wisdom of age, authority, and respect for elders (Hwang, 2006, 2011; Kim, Atkinson, & Umemoto, 2001).

Simultaneously, the therapist also made extra efforts to adapt to the individual differences of Asian and Asian American participants in acculturation and enculturation. For example, throughout the study, some of the Asian and Asian American participants preferred to interact with him politely and continue to call him "Dr. Masuda." Others preferred a more egalitarian communication style and called him "Aki," his nickname. Taking these preferences into consideration, the therapist encouraged the participants to communicate with him in ways that felt natural to them.

Furthermore, relevant to the importance of cultural congruency and humility at the level of therapeutic relationship between the clients and therapist, the therapist continued to pay attention to clarifying and sharing the collective goal for the MBI course as a group, while acknowledging individual differences in each participant's perspective of the topics covered during the group session (e.g., mindfulness, mental health, and well-being). To promote this cultural humility and congruency, the therapist (A.M.) encouraged the participants to acknowledge and cherish diverse thoughts and perspectives of their own as well as those of other members.

Cultural Considerations in Teaching Mindfulness

In the present open trial (Juberg et al., 2019), the concept, practice, and aim of mindfulness were presented to Asian and Asian American participants more broadly than how mindfulness is typically presented in the MBCT protocol. For example, following the MBCT protocol, the concept of mindfulness was initially introduced to the study participants as "the awareness that emerges through paying attention on purpose, in the present moment, and nonjudgmentally, to things as they are" (Segal et al., 2013). The therapist (A. Masuda) then encouraged the study participants to link this notion of mindfulness to the *embodiment of full and harmonious living*, which is more congruent with Asian and Asian American views of mindfulness that is

Copyright © 2022. Taylor & Francis Group. All rights reserved.

Beyond White Mindfulness : Critical Perspectives on Racism, Well-Being and Liberation, edited by Crystal M. Fleming, et al., Taylor & Francis Group, 2022. ProQuest Ebook Central, http://ebookcentral.proquest.com/lib/uhm/detail.action?docID=6869375.
Created from uhm on 2023-08-03 03:00:06.

more holistic, interpersonal, and contextual (Li & Ramirez, 2017; Masuda & Wilson, 2009). Below is a vignette of how the concept of mindfulness was adapted to fit that of Asian and Asian Americans.

> Therapist (A. Masuda): Okay, imagine that you have learned mindfulness more or less. I would like us to imagine and see how mindfulness unfolds in your important life domains, such as study, work, and family relationship. Imagine how you are in these domains… what you are like… and who you are with… Imagine if you feel the fullness and harmony that you feel with that very moment, surroundings, and people you are with… Perhaps mindfulness is also for experiencing this harmony and connection… and this oneness.

Asian American cultural values of harmony and interdependence were also synthesized into within-session mindfulness practice. For example, for the mindful walking practice scheduled in the fourth session (Segal et al., 2013, pp. 240–241), the group decided to have a five-minute walk from the group therapy room to a Bodhi tree planted on the UH Manoa campus more than a century ago. On the way to the Bodhi tree, participants were encouraged to become more aware of body sensations moment by moment as instructed in the MBCT manual. Once the group got to the tree, the participants were then asked to participate in another set of mindfulness exercises tailored to collective and interdependent cultural values. In this mindfulness exercise, the participants were asked to touch the trunk of the tree and notice the sensations that the tree gave them to their bodies. Subsequently, the therapist asked them to see if they could notice and feel the sense of connection that they had with the tree both physically and perhaps spiritually, as well as the sense of connection to the land on which both participants and the tree stood. Participants were then asked to see if they could get connected to the experience of harmony with the Bodhi tree, land, and the wholeness that could cut across time and space through touching that Bodhi tree. Finally, from this experiential standpoint, they were encouraged to reconnect with their psychological distress and other mental health-related issues.

Cultural Considerations in Processing Behavioral Health Issues

Presenting and processing behavioral health issues with Asian and Asian Americans with the MBI group requires careful cultural considerations (Hwang, 2006, 2011; Sue & Sue, 2016). As discussed elsewhere, there are multiple layers of distress associated with mental health issues. One major layer of distress is that which is directly associated life events (e.g., distress from excessive demands from work or school); another major layer is the distress derived from one's construal or appraisal of having such distress (e.g., "I'm not fulfilling my responsibilities enough") and its implication

Copyright © 2022. Taylor & Francis Group. All rights reserved.

Beyond White Mindfulness : Critical Perspectives on Racism, Well-Being and Liberation, edited by Crystal M. Fleming, et al., Taylor & Francis Group, 2022. ProQuest Ebook Central, http://ebookcentral.proquest.com/lib/uhm/detail.action?docID=6869375.
Created from uhm on 2023-08-03 03:00:06.

on self and others (e.g., "I'm a burden on my department"). The latter layers are particularly relevant to the Asian and Asian American cultural practice of saving face, and subsequent tendencies toward shame (Hall & Yee, 2012; Hall, Yip, & Zárate, 2016).

One intentional effort made in the present open trial was the normalization of psychological distress and other mental health issues, including self-narratives related to behavioral health issues (e.g., "I can't put myself together") and internalized shame associated with them. In session, the experience of psychological distress and other behavioral health issues were presented as a common human condition (i.e., "nearly half of us experience a clinical level of mental disorder throughout our lifetime, and the rest of us also experience significant challenges in life"). In this context, the paradox of deliberate efforts to fix psychological distress or other mental health issues was introduced to the study participants experientially (e.g., "trying not to be anxious makes you feel more anxious" and "trying not beat up yourself up ends up with beating yourself up more"). Then, participants were presented with the idea that allowing these thoughts to be part of their lives would be a viable behavioral alternative, and mindfulness was presented as the pursuit of full and harmonious living in part by acknowledging and becoming open to these difficult events as they are. As discussed elsewhere (Masuda, 2016, in press; Masuda & Wilson, 2009; Weisz et al., 1984), this way of introducing mindfulness was also congruent with the indirect coping strategy that is culturally supported in many Asian and Asian American cultures.

Conclusion

The popularity of mindfulness- and acceptance-based CBTs and MBIs is on the rise. Although these interventions are informed by Eastern meditative practices, mindfulness within these interventions is presented in a secular form, one that is shaped primarily by a Western worldview. A typical Western approach is analytic, dividing constructs such as mindfulness into their discrete elemental parts. In terms of psychopathology and coping, a Western attitude emphasizes primary and direct control strategies, whereby the autonomous self eliminates unwanted symptoms in a self-sufficient manner. Along this same line of reasoning, mindfulness, then, is seen through the Western gaze as a state, a trait, or a set of skills that serve a purpose—in the context of behavioral health, that purpose is to eliminate unwanted psychiatric distress. We see this presentation as being a process manifesting at the therapist level, suggesting that mindfulness- and acceptance-based CBTs and MBIs could be utilized across an East-West spectrum ranging from the more holistic to the more analytic, depending upon the practitioner.

An Asian American perspective generally falls on the more holistic end of this spectrum, emphasizing context and interrelatedness, whereby the

Copyright © 2022. Taylor & Francis Group. All rights reserved.

Beyond White Mindfulness : Critical Perspectives on Racism, Well-Being and Liberation, edited by Crystal M. Fleming, et al., Taylor & Francis Group, 2022. ProQuest Ebook Central, http://ebookcentral.proquest.com/lib/uhm/detail.action?docID=6869375.
Created from uhm on 2023-08-03 03:00:06.

self is defined by its position and role in larger, and inherently prioritized groups of people (e.g., family). This Asian American worldview emphasizes mindfulness as an act of a whole person in a given context, in a given moment—emerging in many forms of activity—without reducing it into particular intrapsychic elements.

By extracting mindfulness and sanitizing it of its cultural and spiritual context, Western behavioral health practitioners run the risk of truncating the breadth of its relevance and skewing its nuanced relationships with complementary principles and practices such as wisdom and full living. We encourage therapists to take into consideration not only the cultural etiology of mindfulness itself but to consider the ways in which our Asian American clients may be best served by mindfulness- and acceptance-based CBTs and MBIs. While we present one case example of how this may be achieved, there are a great many ways to go about adapting treatments and interpretations of mindfulness to best serve our Asian American clients. Broadly, we strive to adapt interventions, especially those with Asian American participants, and interpret and teach mindfulness, in *mindful* ways—and we open the invitation to our colleagues to join us in this humble aspiration.

References

Abe-Kim, J., Okazaki, S., & Goto, S. G. (2001). Unidimensional versus multidimensional approaches to the assessment of acculturation for Asian American populations. *Cultural Diversity and Ethnic Minority Psychology*, *7*(3), 232–246. https://doi.org/10.1037/1099-9809.7.3.232

Baer, R. A. (2014). *Mindfulness-based treatment approaches: Clinician's guide to evidence base and applications (2nd ed.)*. San Diego, CA: Elsevier Academic Press.

Baer, R. A., Smith, G. T., Hopkins, J., Krietemeyer, J., & Toney, L. (2006). Using self-report assessment methods to explore facets of mindfulness. *Assessment*, *13*(1), 27–45. doi: 10.1177/1073191105283504

Baer, R. A., Smith, G. T., Lykins, E., Button, D., Krietemeyer, J., Sauer, S., & Williams, J. M. G. (2008). Construct validity of the five facet mindfulness questionnaire in meditating and nonmeditating samples. *Assessment*, *15*(3), 329–342. doi: 10.1177/1073191107313003

Bishop, S. R., Lau, M., Shapiro, S., Carlson, L., Anderson, N. D., Carmody, J., & Velting, D. (2004). Mindfulness: A proposed operational definition. *Clinical psychology: Science and practice*, *11*(3), 230–241.

Brown, K. W., & Ryan, R. M. (2003). The benefits of being present: Mindfulness and its role in psychological well-being. *Journal of Personality and Social Psychology*, *84*(4), 822–848. doi: 10.1037/0022-3514.84.4.822

Brown, K. W., Ryan, R. M., & Creswell, J. D. (2007). Mindfulness: Theoretical foundations and evidence for its salutary effects. *Psychological Inquiry*, *18*(4), 211–237.

Cheng, J. K. Y., & Sue, S. (2014). Addressing cultural and ethnic minority issues in the acceptance and mindfulness movement. In A. Masuda & A. Masuda (Eds.), *Mindfulness and acceptance in multicultural competency: A contextual approach to sociocultural diversity in theory and practice* (pp. 21–37). Oakland, CA: Context Press/New Harbinger Publications.

Copyright © 2022. Taylor & Francis Group. All rights reserved.

Beyond White Mindfulness : Critical Perspectives on Racism, Well-Being and Liberation, edited by Crystal M. Fleming, et al., Taylor & Francis Group, 2022. ProQuest Ebook Central, http://ebookcentral.proquest.com/lib/uhm/detail.action?docID=6869375.
Created from uhm on 2023-08-03 03:00:06.

Cramer, K. M. (1999). Psychological antecedents to help-seeking behavior: A reanalysis using path modeling structures. *Journal of Counseling Psychology*, *46*(3), 381–387. doi: 10.1037/0022-0167.46.3.381

Dimidjian, S., Arch, J. J., Schneider, R. L., Desormeau, P., Felder, J. N., & Segal, Z. V. (2016). Considering meta-analysis, meaning, and metaphor: A systematic review and critical examination of "third wave" cognitive and behavioral therapies. *Behavior Therapy*, *47*(6), 886–905. doi: https://doi.org/10.1016/j.beth.2016.07.002

English, T., & Chen, S. (2007). Culture and self-concept stability: Consistency across and within contexts among Asian Americans and European Americans. *Journal of Personality and Social Psychology*, *93*(3), 478–490.

Fung, K. (2015). Acceptance and commitment therapy: Western adoption of Buddhist tenets? *Transcultural Psychiatry*, *52*(4), 561–576.

Goldberg, S. B., Tucker, R. P., Greene, P. A., Davidson, R. J., Wampold, B. E., Kearney, D. J., & Simpson, T. L. (2018). Mindfulness-based interventions for psychiatric disorders: A systematic review and meta-analysis. *Clinical Psychology Review*, *59*, 52–60.

Hall, G. C. N., Hong, J. J., Zane, N. W. S., & Meyer, O. L. (2011). Culturally competent treatments for Asian Americans: The relevance of mindfulness and acceptance-based psychotherapies. *Clinical Psychology: Science and Practice*, *18*(3), 215–231. doi: 10.1111/j.1468-2850.2011.01253.x

Hall, G. C. N., & Yee, A. H. (2012). U.S. Mental health policy: Addressing the neglect of Asian Americans. *Asian American Journal of Psychology*, *3*(3), 181–193. doi: 10.1037/a0029950

Hall, G. C. N., Yip, T., & Zárate, M. A. (2016). On becoming multicultural in a monocultural research world: A conceptual approach to studying ethnocultural diversity. *American Psychologist*, *71*(1), 40–51. doi: 10.1037/a0039734

Hayes, S. C. (2002). Buddhism and acceptance and commitment therapy. *Cognitive and Behavioral Practice*, *9*(1), 58–66.

Hayes, S. C. (2005). Eleven rules for a more successful clinical psychology. *Journal of Clinical Psychology*, *61*(9), 1055–1060. doi: 10.1002/jclp.20136

Hayes, S. C., Barnes-Holmes, D., & Roche, B. (2001). *Relational frame theory: A post-skinnerian account of human language and cognition*. New York, NY: Kluwer Academic/Plenum Publishers.

Hayes, S. C., Barnes-Holmes, D., & Wilson, K. G. (2012). Contextual behavioral science: Creating a science more adequate to the challenge of the human condition. *Journal of Contextual Behavioral Science*, *1*(1–2), 1–16. doi: http://dx.doi.org/10.1016/j.jcbs.2012.09.004

Hayes, S. C., Follette, V. M., & Linehan, M. M. (Eds.). (2004). *Mindfulness and acceptance: Expanding the cognitive-behavioral tradition*. New York, NY: Guilford Press.

Hayes, S. C., Hayes, L. J., & Reese, H. W. (1988). Finding the philosophical core: A review of Stephen C. Pepper's world hypotheses: A study in evidence. *Journal of the Experimental Analysis of Behavior*, *50*, 97–111.

Hayes, S. C., Muto, T., & Masuda, A. (2011). Seeking cultural competence from the ground up. *Clinical Psychology: Science & Practice*, *18*(3), 232–237. doi: 10.1111/j.1468-2850.2011.01254.x

Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (1999). *Acceptance and commitment therapy: An experiential approach to behavior change*. New York, NY: Guilford Press.

Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (2012). *Acceptance and commitment therapy: The process and practice of mindful change (2nd ed.)*. New York, NY: Guilford Press.

Copyright © 2022. Taylor & Francis Group. All rights reserved.

Beyond White Mindfulness : Critical Perspectives on Racism, Well-Being and Liberation, edited by Crystal M. Fleming, et al., Taylor & Francis Group, 2022. ProQuest Ebook Central, http://ebookcentral.proquest.com/lib/uhm/detail.action?docID=6869375.
Created from uhm on 2023-08-03 03:00:06.

Hayes, S. C., & Wilson, K. G. (2003). Mindfulness: Method and process. *Clinical Psychology: Science and Practice*, *10*(2), 161–165. doi: 10.1093/clipsy/bpg018

Herbert, J. D., Gaudiano, B. A., & Forman, E. M. (2013). The importance of theory in cognitive behavior therapy: A perspective of contextual behavioral science. *Behavior Therapy*, *44*(4), 580–591. doi: 10.1016/j.beth.2013.03.001

Hofmann, S. G. (2008). Acceptance and commitment therapy: New wave or morita therapy? *Clinical Psychology: Science and Practice*, *15*(4), 280–285. doi: 10.1111/j.1468-2850.2008.00138.x

Hsu, F. (2016). What is the sound of one invisible hand clapping? Neoliberalism, the invisibility of Asian and Asian American Buddhists, and secular mindfulness in education. In R. E. Purser, D. Forbes & A. Burke (Eds.), *Handbook of mindfulness* (pp. 369–381). New York, NY: Springer.

Hwang, W. C. (2006). The psychotherapy adaptation and modification framework: Application to Asian Americans. *American Psychologist*, *61*(7), 702–715. doi: 10.1037/0003-066x.61.7.702

Hwang, W. C. (2011). Cultural adaptations: A complex interplay between clinical and cultural issues. *Clinical Psychology: Science and Practice*, *18*(3), 238–241. doi: 10.1111/j.1468-2850.2011.01255.x

Juberg, M., Spencer, S. D., Martin, T. J., Vibell, J., Da Costa Ferro, A., Kam, B., & Masuda, A. (2019). A mindfulness-based intervention for college students, faculty, and staff: A preliminary investigation. *Clinical Case Studies*, *18*(3), 185–199. doi: 10.1177/1534650119836166

Kabat-Zinn, J. (1990). *Full catastrophe living*. New York, NY: Random House Publishing Group.

Kabat-Zinn, J. (1994). *Wherever you go, there you are: Mindfulness meditation in everyday life*. New York, NY: Hyperion.

Kabat-Zinn, J. (2003). Mindfulness-based interventions in context: Past, present, and future. *Clinical Psychology: Science and Practice*, *10*(2), 144–156. doi: 10.1093/clipsy/bpg016

Kam, B., Mendoza, H., & Masuda, A. (2019). Mental health help-seeking experience and attitudes in Latina/o American, Asian American, black American, and white American college students. *International Journal for the Advancement of Counselling*, *41*(4), 492–508. doi: 10.1007/s10447-018-9365-8

Kim, B. S. K., & Atkinson, D. R. (2002). Asian American client adherence to Asian cultural values, counselor expression of cultural values, counselor ethnicity, and career counseling process. *Journal of Counseling Psychology*, *49*(1), 3–13.

Kim, B. S. K., Atkinson, D. R., & Umemoto, D. (2001). Asian Cultural values and the counseling process: Current knowledge and directions for future research. *The Counseling Psychologist*, *29*(4), 570–603. doi: 10.1177/0011000001294006

Kim, B. S. K., Atkinson, D. R., & Yang, P. H. (1999). The Asian values scale: Development, factor analysis, validation, and reliability. *Journal of Counseling Psychology*, *46*(3), 342–352. doi: 10.1037/0022-0167.46.3.342

Klepac, R. K., Ronan, G. F., Andrasik, F., Arnold, K. D., Belar, C. D., Berry, S. L., & Dowd, E. T. (2012). Guidelines for cognitive behavioral training within doctoral psychology programs in the United States: Report of the inter-organizational task force on cognitive and behavioral psychology doctoral education. *Behavior Therapy*, *43*(4), 687–697.

Komiya, N., Good, G. E., & Sherrod, N. B. (2000). Emotional openness as a predictor of college students' attitudes toward seeking psychological help. *Journal of Counseling Psychology*, *47*(1), 138–143. doi: 10.1037/0022-0167.47.1.138

Copyright © 2022. Taylor & Francis Group. All rights reserved.

Beyond White Mindfulness : Critical Perspectives on Racism, Well-Being and Liberation, edited by Crystal M. Fleming, et al., Taylor & Francis Group, 2022. ProQuest Ebook Central, http://ebookcentral.proquest.com/lib/uhm/detail.action?docID=6869375.
Created from uhm on 2023-08-03 03:00:06.

Larson, D. G., & Chastain, R. L. (1990). Self-concealment: Conceptualization, measurement, and health implications. *Journal of Social and Clinical Psychology*, *9*(4), 439–455.

Leong, F. T. L., & Kalibatseva, Z. (2011). Effective psychotherapy for Asian Americans: From cultural accommodation to cultural congruence. *Clinical Psychology: Science and Practice*, *18*(3), 242–245.

Leong, F. T. L., & Lau, A. S. L. (2001). Barriers to providing effective mental health services to Asian Americans. *Mental Health Services Research*, *3*(4), 201–214. doi: 10.1023/a:1013177014788

Leong, F. T. L., & Lee, S. H. (2006). A cultural accommodation model for cross-cultural psychotherapy: Illustrated with the case of Asian Americans. *Psychotherapy: Theory, Research, Practice, Training*, *43*(4), 410–423.

Li, P., & Ramirez, D. R. (2017). Zen and psychotherapy. In A. Masuda & W. T. O'Donohue (Eds.), *Handbook of zen, mindfulness, and behavioral health* (pp. 169–194). New York, NY: Springer.

Liao, H. Y., Rounds, J., & Klein, A. G. (2005). A test of Cramer's (1999) help-seeking model and acculturation effects with Asian and Asian American college students. *Journal of Counseling Psychology*, *52*(3), 400–411. doi: 10.1037/0022-0167.52.3.400

Linehan, M. M. (1993). *Cognitive-behavioral treatment of borderline personality disorder.* New York, NY: Guilford Press.

Markus, H. R., & Kitayama, S. (1991). Culture and the self: Implications for cognition, emotion, and motivation. *Psychological Review*, *98*(2), 224–253.

Markus, H. R., & Kitayama, S. (2010). Cultures and selves: A cycle of mutual constitution. *Perspectives on Psychological Science*, *5*(4), 420–430. doi: 10.1177/1745691610375557

Masuda, A. (2014a). Psychotherapy in cultural context. In A. Masuda (Ed.), *Mindfulness and acceptance in multicultural competency: A contextual approach to sociocultural diversity in theory and practice* (pp. 39–55). Oakland, CA: New Harbinger Publication.

Masuda, A. (2016). Principle-based cultural adaptation of cognitive behavior therapies: A functional and contextual perspective as an example. *Japanese Journal of Behavior Therapy*, *42*(1), 11–19.

Masuda, A. (2017). Zen and Japanese culture. In A. Masuda & W. T. O'Donohue (Eds.), *Handbook of zen, mindfulness, and behavioral health* (pp. 29–44). New York: Springer.

Masuda, A. (in press). Adapting acceptance and commitment therapy to diverse cultures. In M. E. Levin, M. P. Twohig, & J. Krafft (Eds.), *Recent innovation in ACT.* Oakland, CA: New Harbinger Publication.

Masuda, A. (Ed.) (2014b). *Mindfulness and acceptance in multicultural competency: A contextual approach to sociocultural diversity in theory and practice.* Oakland, CA: Context Press/New Harbinger Publications.

Masuda, A., Anderson, P. L., Twohig, M. P., Feinstein, A. B., Chou, Y. Y., Wendell, J. W., & Stormo, A. R. (2009). Help-seeking experiences and attitudes among African American, Asian American, and European American college students. *International Journal for the Advancement of Counselling*, *31*(3), 168–180. doi: 10.1007/s10447-009-9076-2

Masuda, A., Boone, M. S., Hill, M. L., & Pasillas, R. M. (2014). Thinking functionally and contextually about cultural diversity in mindfulness-based treatments. In M. S. Boone (Ed.), *Mindfulness and acceptance in social work: Evidence-based interventions and emerging applications* (pp. 235–255). Oakland, CA: Context Press.

Masuda, A., & Rizvi, S. L. (2019). Third wave cognitive behaviorally based therapies. In S. B. Messer & N. J. Kaslow (Eds.), *Essential psychotherapies: Theory and practice (4th ed.)* (pp. 183–217). New York, NY: Guilford Press.

Copyright © 2022. Taylor & Francis Group. All rights reserved.

Beyond White Mindfulness : Critical Perspectives on Racism, Well-Being and Liberation, edited by Crystal M. Fleming, et al., Taylor & Francis Group, 2022. ProQuest Ebook Central, http://ebookcentral.proquest.com/lib/uhm/detail.action?docID=6869375.
Created from uhm on 2023-08-03 03:00:06.

Masuda, A., Tully, E., Drake, C., Tarantino, N., Ames, A., & Larson, D. (2017). Examining self-concealment within the framework of psychological inflexibility and mindfulness: A preliminary cross-sectional investigation. *Current Psychology*, *36*(1), 184–191. doi: 10.1007/s12144-015-9399-6

Masuda, A., Wendell, J. W., Chou, Y. Y., & Feinstein, A. B. (2010). Relationships among self-concealment, mindfulness and negative psychological outcomes in Asian American and European American college students. *International Journal for the Advancement of Counselling*, *32*(3), 165–177. doi: 10.1007/s10447-010-9097-x

Masuda, A., & Wilson, K. (2009). Mindfulness: Being mindful in psychotherapy. In W. O'Donohue & S. R. Graybar (Eds.), *Handbook of contemporary psychotherapy: Toward an improved understanding of effective psychotherapy* (pp. 249–268). Thousand Oaks, CA: Sage Publications, Inc.

Masuda, T., & Nisbett, R. E. (2001). Attending holistically versus analytically: Comparing the context sensitivity of Japanese and Americans. *Journal of Personality and Social Psychology*, *81*(5), 922–934.

Maynard, S. K. (1997). *Japanese communication: Language and thought in context*. Honolulu, HI: University of Hawaii Press.

Morita, S., Kondo, A., & LeVine, P. (1998). *Morita therapy and the true nature of anxiety-based disorders (shinkeishitsu)*. Albany, NY: State University of New York Press.

Nisbett, R. E., Peng, K., Choi, I., & Norenzayan, A. (2001). Culture and systems of thought: Holistic versus analytic cognition. *Psychological Review*, *108*(2), 291–310. doi: 10.1037/0033-295X.108.2.291

Norcross, J. C., Pfund, R. A., & Prochaska, J. O. (2013). Psychotherapy in 2022: A Delphi poll on its future. *Professional Psychology: Research and Practice*, *44*(5), 363–370. doi: 10.1037/a0034633

Peng, K., & Nisbett, R. E. (1999). Culture, dialectics, and reasoning about contradiction. *American Psychologist*, *54*(9), 741–754. doi: 10.1037/0003-066X.54.9.741

Robins, C. J. (2002). Zen principles and mindfulness practice in dialectical behavior therapy. *Cognitive and Behavioral Practice*, *9*(1), 50–57.

Segal, Z. V., Williams, J. M. G., & Teasdale, J. D. (2013). *Mindfulness-based cognitive therapy for depression., (2nd ed.)*. New York, NY: Guilford Press.

Sue, D. W., & Sue, D. (2016). *Counseling the culturally diverse: Theory and practice., (7th ed.)*. Hoboken, NJ: John Wiley & Sons Inc.

Sue, S., Zane, N., Hall, G. C. N., & Berger, L. K. (2009). The case for cultural competency in psychotherapeutic interventions. *Annual Review of Psychology*, *60*, 525–548. doi: 10.1146/annurev.psych.60.110707.163651

Suzuki, D. T. (1997). *Eastern Perspective [toyoteki na mikata]*. Tokyo, Japan: Iwanami Shoten.

U.S. Census Bureau (2017). ACS Demographic and Housing Estimates. Retrieved from https://data.census.gov/cedsci/table?q=United%20States&tid=ACSDP1Y2018.DP05&g=0100000US&hidePreview=false&vintage=2018&cid=DP05_0001E

Van Gordon, W., Shonin, E., Sumich, A., Sundin, E. C., & Griffiths, M. D. (2014). Meditation awareness training (MAT) for psychological well-being in A sub-clinical sample of university students: A controlled pilot study. *Mindfulness*, *5*(4), 381–391.

Waldron, E. M., Hong, S., Moskowitz, J. T., & Burnett-Zeigler, I. (2018). A systematic review of the demographic characteristics of participants in US-based randomized controlled trials of mindfulness-based interventions. *Mindfulness*, *9*(6), 1671–1692.

Copyright © 2022. Taylor & Francis Group. All rights reserved.

Beyond White Mindfulness : Critical Perspectives on Racism, Well-Being and Liberation, edited by Crystal M. Fleming, et al., Taylor & Francis Group, 2022. ProQuest Ebook Central, http://ebookcentral.proquest.com/lib/uhm/detail.action?docID=6869375.
Created from uhm on 2023-08-03 03:00:06.

Weisz, J. R., Rothbaum, F. M., & Blackburn, T. C. (1984). Standing out and standing in: The psychology of control in America and Japan. *American Psychologist*, *39*(9), 955–969. doi: 10.1037/0003-066X.39.9.955

Wilson, K. G., & Dufrene, T. (2008). *Mindfulness for two: An acceptance and commitment therapy approach to mindfulness in psychotherapy.* Oakland, CA: New Harbinger.

Woidneck, M. R., Pratt, K. M., Gundy, J. M., Nelson, C. R., & Twohig, M. P. (2012). Exploring cultural competence in acceptance and commitment therapy outcomes. *Professional Psychology: Research and Practice*, *43*(3), 227–233. doi: 10.1037/a0026235

Zane, N., & Mak, W. (2003). Major approaches to the measurement of acculturation among ethnic minority populations: A content analysis and an alternative empirical strategy. In *Acculturation: advances in theory, measurement, and applied research*. (pp. 39–60). Washington, DC: American Psychological Association.

Copyright © 2022. Taylor & Francis Group. All rights reserved.

Beyond White Mindfulness : Critical Perspectives on Racism, Well-Being and Liberation, edited by Crystal M. Fleming, et al., Taylor & Francis Group, 2022. ProQuest Ebook Central, http://ebookcentral.proquest.com/lib/uhm/detail.action?docID=6869375.
Created from uhm on 2023-08-03 03:00:06.

Taylor & Francis

Taylor & Francis Group

http://taylorandfrancis.com

Copyright © 2022. Taylor & Francis Group. All rights reserved.

Beyond White Mindfulness : Critical Perspectives on Racism, Well-Being and Liberation, edited by Crystal M. Fleming, et al.,
Taylor & Francis Group, 2022. ProQuest Ebook Central, http://ebookcentral.proquest.com/lib/uhm/detail.action?docID=6869375.
Created from uhm on 2023-08-03 03:00:06.