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Sociocultural Considerations in Mindfulness and Self-Compassion Interventions

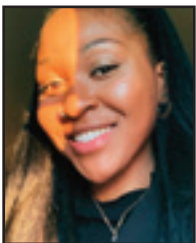
Shelly P. Harrell, Ph.D., Bemí Fasalojo, M.A., and Jordyne James, M.A.



Shelly P. Harrell



Bemí Fasalojo



Jordyne James

“No clear boundaries indicate where the mind stops and the cultural ecology of the situation starts. Mind and culture mutually constitute each other.”

(Barrett, Mesquita, & Smith, 2010, p. 9)

“Love liberates.” - Maya Angelou

Mindfulness and self-compassion interventions are increasingly included in psychological therapies and wellness practices. Research continues to accumulate supporting their efficacy and effectiveness (Blanck et al., 2018; Dahm et al., 2015; Golden et al., 2021; Lomas et al., 2019; MacBeth & Gumley, 2012; Per et al., 2020; Wilson et al., 2019; Zessin et al., 2015; Zhang et al., 2019). However, like most evidence-based psychotherapies, it is rare that the “best available research” (APA, 2006) we use to inform our mindfulness and compassion practices includes studies with significant representation of culturally diverse populations. Connecting meaningfully and working collaboratively are important foundations of psychotherapeutic change. If we are to meet our clients where they are, increase engagement in treatment, and deliver effective interventions, it is necessary to consider

sociocultural dynamics in clients, ourselves, the therapeutic relationship, and the larger organization and institutional contexts within which mental health services are delivered.

So, what does it mean to consider sociocultural issues in our psychological practice? Broadly, this means that the development and implementation of our interventions pay consistent and comprehensive attention to four intersecting elements: multicultural, socioecological, sociopolitical, and sociohistorical. Multicultural considerations include cultural socialization, acculturation processes, and multiple dimensions of social identity (ethnicity, race, gender, sexual orientation, social class, religion, etc.). Socioecological refers to the social settings and social environments within which people function (e.g., neighborhood, school, workplace, etc.). Sociopolitical aspects include intentional consideration of social location, power, and privilege dynamics in the context of systemic oppression, discrimination, stigmatization, exclusion, disparities, and asymmetrical societal resources and representations based on group memberships.

Finally, sociohistorical considerations include attention to the multiple impacts of intergenerational and collective trauma, as well as the enduring societal injustices rooted in histories of colonialism, enslavement, genocide, war, and displacement. All of these sociocultural considerations are part of an integrative and holistic approach to mental health and wellness. The psychoecocultural framework offered by Harrell (2014) is useful in its identification of the multiple, intersecting dimensions and expressions of person, context, and culture that are necessary for a comprehensive understanding of human behavior. Sociocultural considerations are consistent with APA policy as described in the APA Multicultural Guidelines (Clauss-Ehlers, et al., 2017), with the most recent revision emphasizing socioecological factors and social justice. Integrating sociocultural considerations is also consistent with accumulating meta-analytic and cultural adaptation research supporting the benefit of culturally-adapted interventions for diverse populations (Nagayama Hall et al., 2016; Sorenson & Harrell, 2021).

Culture should be integrated into our understanding and conceptualization of our clients just as automatically as we consider biological, cognitive, and other factors. According to Harrell (2018), culture can be understood as the patterns of meaning and daily living expressed in ways of: *being* (identity, self, and experiential processes), *believing* (values, meanings, and worldview), *bonding* (attachment and relational processes), *belonging* (community and group processes), *behaving* (actions, agency, daily living), and *becoming* (transformation, healing, growth). Culture is learned, expressed, and passed along through a vast network of shared material, social, and ideological structures including ideas, values, beliefs, sensibilities, social roles, language, communication patterns, physical artifacts, rituals, and symbols. Culture is *embedded* (in social and institutional contexts), *internalized* (as patterns of meaning and identity), *expressed* (through actions and relationships in the context of power/sociopolitical dynamics), and *interactive* (with co-existing and intersectional cultural contexts across multiple dimensions of human diversity that reflect shared identity and experience).

Given the multiple dimensions of culture in human behavior, it is useful to explore some ways in which sociocultural factors could be considered more closely in mindfulness and self-compassion interventions.

Mindfulness and Self-Compassion

Rooted in South Asian Buddhist traditions, mindfulness is both a foundation and facilitator of self-compassion. Mindfulness refers to the act of being conscious and attentive to

FEATURED ARTICLES

present moment experience with an open and nonjudgmental mind (Kabat-Zinn, 2003). Harrell (in press) offers a four-part conceptualization that describes mindfulness as *presence* in the present, *awareness* of “what is”, infused with the energy of *love*, and in the service of *liberation* (somatic, mental, emotional, relational, collective, spiritual). Meeting experience with love is the foundation for compassion, which we can understand as deep caring for the suffering of others that compels action. Neff (2003) identifies three elements of self-compassion: self-kindness vs. self-judgment, common humanity vs. isolation, and mindfulness vs. overidentification. Thus, having self-compassion involves acceptance (vs. rejection) of inner experience, as well as attending to one’s own suffering and personal qualities with lovingkindness (Zhang et al., 2019).

Research shows that both mindfulness and self-compassion can be protective factors against emotional distress and mental health problems including anxiety, depression, self-criticism, post traumatic stress, trauma symptoms, brain injury, and eating disorders (Blanck et al., 2018; Dahm et al., 2015; Lomas et al., 2019; MacBeth & Gumley, 2012; Per et al., 2020; Wilson et al., 2019; Zessin et al., 2015; Zhang et al., 2019). In addition, they are both positively associated with happiness, optimism, curiosity, wisdom, life satisfaction, emotional intelligence, and social connectedness (Zhang et al., 2018).

Sociocultural Considerations in Mindfulness

‘Emancipate yourselves from mental slavery, none but ourselves can free our minds.’ - Bob Marley

Secular mindfulness, as practiced in the US, is strongly infused with cultural references and perspectives that are common among white people of European descent (Harrell, 2018; Proulx et al., 2018; Watson et al., 2016). Secular mindfulness was culturally adapted for a “Western” cultural context and is proliferating in the US, Europe, and Australia. Purser (2019) identifies the emphasis on efficiency in the commercialization of mindfulness in Western cultural contexts, labeling these dynamics “McMindfulness.” This particular cultural adaptation of mindfulness from its South Asian origins impacts how it is received and how strongly it resonates amongst Black, indigenous, people of color (BIPOC) populations (Harrell, 2018). The language, pacing, voice tone, metaphors, stories, quotes, and poems used in mindfulness teaching may not be compatible with the cultural sensibilities of some BIPOC populations. The secularized emphasis on blissful detachment, personal success, and individual happiness may appeal most strongly to people who have internalized an individualist cultural worldview. Recommended modifications for BIPOC include linking mindfulness to more familiar spiritual concepts and cultural traditions (Woods-Giscombé & Gaylord, 2014). For example, Harrell’s “soulfulness” approach to mindfulness makes heavy use of African-American music and quotes, as well as cultural expressions from Africa and the diaspora (Harrell, 2018). Attention is given to using familiar language

to label and describe processes, provide relatable examples, and suggest reasonable at-home practices that take into account both culture and context (Fasalojo, 2023; Harrell, 2018). In addition, given the experience of racial trauma among BIPOC (Bryant-Davis, 2019), trauma informed modifications should also be considered. There is increasing attention to mindfulness in the BIPOC wellness social media spaces where books, podcasts, workshops, meditation apps, and other resources that are developed by, and designed for, BIPOC are growing (Fasalojo, 2023).

Another important modification of mindfulness for BIPOC and other marginalized groups is placing greater emphasis on liberation. While the original purpose of mindfulness is liberation from suffering, the theme of liberation is often not centralized in many mindfulness classes, retreats, and psychotherapies. The first author has noted that getting “buy-in” for mindfulness is often more effective with BIPOC when liberation themes are central. Mindfulness can be offered as an antiracism and oppression practice, a tool for liberation to transform individuals and communities. Mindfulness can be framed as building the inner strength to resist, persevere, overcome and transform oppression internally (internalized oppression), relationally (unhealthy relationships), and societally (systemic oppression, etc.) (Harrell, 2018). Mindfulness can increase critical (sociopolitical) consciousness by expanding awareness and illuminating aspects of lived experience related to oppression. One of the impacts of racial trauma and oppression is shutting down emotionally to protect oneself from painful feelings. Fully experiencing emotions can be framed as an act of resistance against the harms of oppression. As such, mindfulness practice can help expand the “window of tolerance” to sustain engagement with unpleasant emotional experiences (Siegel, 2020). This increases the capacity to participate in both self-advocacy and social justice activism in the face of various expressions of oppression from microaggressions, to discrimination, to collective structural oppression.

Sociocultural Considerations in Self-Compassion

“When there is no enemy within, the enemies outside cannot hurt you.” - African proverb

Given that racism and discrimination can contribute to self-criticism, reduced feelings of self-worth, shame, suicidal ideation, anxiety, depression, and psychological distress in BIPOC populations (Carter et al., 2017; Mekawi et al., 2021), self-compassion may be a particularly important intervention to challenge self-blame and internalized oppression. Recently, Watson,

Singleton et al. (2021) found that racism was related to “self-coldness” in a sample of African-American women and suggests that culturally-appropriate self-compassion interventions should be explored as a social justice wellness practice. There

“Sociocultural Considerations” continued on page 8

FEATURED ARTICLES

“Sociocultural Considerations” continued from page 7

is some research indicating that increased self-compassion is linked to lower levels of psychopathology, adverse mental health outcomes, as well as reductions in self-criticism, shame, and racial discrimination distress among various groups (Emery, 2020; Ghorbani et al., 2012; Johnson et al., 2018; Liu et al., 2019; Tian et al., 2019; Wong & Mak, 2013; Zhang et al., 2019). Compassion-based meditation has demonstrated mediating effects on depressive symptoms, suicidality, and internalized racism amongst African-American men and women (Emery, 2020; Johnson et al., 2018; Zhang et al., 2019). Compassion-focused treatments have also improved mental health symptoms and reduced adverse effects of racial discrimination and depression among Asian Americans (Liu et al., 2019; Ngo, 2018). Rivera (2017) suggests that compassion-focused interventions are also beneficial for addressing psychological symptoms related to cultural stress in the Latinx population. It has also been noted that cultural values and expectations, as well as acculturative stress, can also impact levels of self-compassion (Seo, 2012). In the context of intersectionality, Yarnell and colleagues (2019) explored self-compassion in relationship to gender role orientation. Self-compassion has been found to be negatively associated with depressive symptoms among transgender and nonbinary people (Samrock et al., 2021). A mindfulness self-compassion intervention improved connections to the body and personal growth among trans-identifying individuals (Bluth et al., 2021). These collective research findings suggest that compassion-based approaches are promising for diverse populations.

An important sociocultural consideration when adapting self-compassion interventions is the need to explore how “self” is understood in the context of a collectivist or

communalist worldview. Research suggests an extended, interconnected, or interdependent self may be an important psychological variable in some BIPOC populations (Aruta et al., 2020; Beckstein et al., 2021; Nobles, 2006; Yu et al., 2021). Thus, it may be important for self-compassion to be contextualized by framing self in relationship to community, culture, and nature. Self-compassion in a collectivist context is concerned with collective suffering that includes self-in-community. Furthermore, valuing, uplifting, and affirming one’s community and culture may be a healing resource and pathway to self-compassion among populations with a collectivist orientation.

The final consideration for self-compassion interventions is internalized oppression. Harrell et al. (2019) define internalized oppression as “the acceptance and adoption of dehumanizing, devaluing, and deviance-oriented definitions of identity, worth, and “place” that emerge from historically embedded societal ideologies of superiority and inferiority” (p.10). Self-compassion interventions may be particularly helpful in reducing internalized oppression and can be thought of as a liberatory practice that operates as resistance to the harms of racism and intersectional oppression.

Implications for Research and Practice

The emerging research and implications for socioculturally-informed mindfulness and self-compassion interventions are encouraging. While more work is needed, considering socio-cultural factors will help to increase relevance, engagement, and accessibility to these important therapeutic processes with culturally, racially, and ethnically diverse populations, as well as clients from other marginalized social locations (e.g., low-income, LGBTQ+). ▲

Shelly Harrell, Ph.D. is Full Professor at Pepperdine University’s Graduate School of Education and Psychology where she directs the Culture, Wisdom, and Resilience Lab. Her current work focuses on cultural dimensions of mental health with an emphasis on mind-body and contemplative practices such as meditation and mindfulness. She is a licensed psychotherapist and has served as a consultant to organizations on issues of culture and diversity.

Bemi Fasalojo, M.A. is currently a doctoral candidate in organizational leadership at Pepperdine University, where her dissertation focuses on mindfulness programming in workplace settings from the perspective of BIPOC trainers.

Jordyne James, M.A. is a doctoral student in clinical psychology in Pepperdine University’s Psy.D. program. Her clinical and research interests involve multicultural, humanistic, experiential, and existential psychotherapy in forensic and correctional treatment.

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