

2017

## Exploring Culturally Attuned Mindfulness Based Stress Reduction (MBSR) as a Means of Improving Quality of life, Emotional Well Being and Academic Performance of Emirati College Students

Justin Thomas

Ian Grey

Peter Kinderman

Follow this and additional works at: <https://zuscholars.zu.ac.ae/workingpapers>



Part of the [Life Sciences Commons](#)

---

### Recommended Citation

Thomas, Justin; Grey, Ian; and Kinderman, Peter, "Exploring Culturally Attuned Mindfulness Based Stress Reduction (MBSR) as a Means of Improving Quality of life, Emotional Well Being and Academic Performance of Emirati College Students" (2017). *Working papers*. 24.  
<https://zuscholars.zu.ac.ae/workingpapers/24>

This Article is brought to you for free and open access by ZU Scholars. It has been accepted for inclusion in Working papers by an authorized administrator of ZU Scholars. For more information, please contact [lillian.li@zu.ac.ae](mailto:lillian.li@zu.ac.ae), [Yrjo.Lappalainen@zu.ac.ae](mailto:Yrjo.Lappalainen@zu.ac.ae).



جامعة زايد  
ZAYED UNIVERSITY

Working Paper No. ZU-WP 2017-04-05

**Exploring Culturally Attuned  
Mindfulness Based Stress Reduction (MBSR)  
as a Means of Improving Quality of life,  
Emotional Well Being and Academic  
Performance of Emirati College Students**

Justin Thomas  
Ian Grey  
Peter Kinderman

Views presented in this working paper are those of the authors and do not necessarily represent views of Zayed University

Exploring Culturally Attuned Mindfulness Based Stress Reduction (MBSR) as a Means  
of Improving Quality of life, Emotional Well Being and Academic Performance of  
Emirati College Students

Justin Thomas  
Ian Grey  
Peter Kinderman

## Abstract

Derived primarily from the Buddhist tradition, mindfulness has become an integral aspect of second-generation approaches to cognitive therapy. Research exploring such mindfulness-based approaches, is generally positive about their efficacy, particularly with regard to relapse prevention. Less well explored is the acceptability of these approaches, particularly among individuals spontaneously expressing theistic worldviews such as Islam. It is argued that many of the defining principles and techniques used within mindfulness-based approaches are congruent with Islamic values, and in some cases they are highly resonant with specific Islamic directives aimed at shaping human cognition and behaviour. This paper explores the need for culturally appropriate psychotherapeutic interventions in the Muslim world, with a specific focus on the use of mindfulness-based approaches within the Arabian Gulf states. It is argued that Mindfulness based approaches, can be highly resonant with Islamic thought and practice when presented appropriately. This paper details several bridging concepts aimed at helping Muslim participants/clients/therapists make connections between mindfulness-based approaches and the Islamic tradition. An important determinant of any intervention's effectiveness is its acceptability and perceived religio-cultural appropriateness among the target population. We argue that the use of such bridging concepts will, in many cases, make mindfulness-based approaches more appropriate and effective for clients with worldviews shaped by Islam.

*Keywords:* Islam, Mindfulness, United Arab Emirates, Culture, Wellbeing

## Mindfulness-Based Approaches with Muslims: Islamic Bridging Concepts

### Muslim Nations of the GCC and Depression

The 2010 Global Burden of Disease study identified the United Arab Emirates and Qatar as being above the global mean for depressive disorders (Ferrari et al., 2013). In general, studies focused on depressive prevalence in the Arabian Gulf states have consistently reported relatively high rates of depression and depressive symptoms in community and primary healthcare contexts. In a study of 1660 Qatari adults attending primary healthcare appointments, relatively large numbers of men (26%) and women (30.1%) reported clinically significant levels of depressive symptoms (Bener, Zirie, Kim, & Al Buz, 2012). These participants were then subject to a standardized psychiatric evaluation, and 13.5% of the symptomatic individuals were formally diagnosed as experiencing a depressive disorder as based on DSM-IV criteria. Comparable data (10.3%) were also reported for anxiety disorders. These rates are in line with the highest rates reported anywhere in Europe or North America, based on similarly designed epidemiological studies (King et al., 2008). The risk factors for depression in the Qatari study included female gender, higher levels of education, and belonging to a younger age group (18-34). These last two factors are particularly concerning from an economic perspective. Younger and better-educated people contribute greatly to the workforce, and much of depression's economic burden is associated with its debilitating impacts on occupational functioning (Scott & Dickey, 2003).

The Other Gulf nations' epidemiological data echo that of Qatar. The Al-Ain Community psychiatric survey for instance, undertaken in the UAE, is one of the few regional studies to use a fully structured psychiatric interview within a community sample. The study's aim was to estimate the prevalence of psychiatric disorders among adult Emiratis living in the city of Al Ain (Abou-Saleh, Ghubash, & Daradkeh, 2001). This study used a stratified sample of 1669 Emirati households and reported an overall psychiatric morbidity (based on ICD-10 diagnoses) of 8.2%. The specific lifetime prevalence for depressive illness was 2.8% and 10.3% for males and females respectively; those gender differences were statistically significant, and also represented one of the highest female to male gender ratios (3.7) reported anywhere in the depression literature (J. Thomas, 2013). Depression, anxiety, stress related problems are a significant public health concern among the Muslim populations of the Arabian Gulf states.

#### Prevention of Depression a Public Health Priority

Research suggests that around 20% of those experiencing depression will have symptoms that persist beyond 24 months (Keller & Mueller, 1992). The lifetime course of depression is described as 'chronic', with 80% of individuals experiencing multiple episodes (Mean = 4 major lifetime episodes) with each subsequent episode greatly increasing the likelihood of future relapse (Teasdale, Williams, Soulsby, & Segal, 2000). Relatively high rates of relapse are even found among those receiving prophylactic anti-depressant medication (Kaymaz, van Os, Loonen, & Nolen, 2008). The rising prevalence, high rates of recurrence, and economic burden associated with depression have contributed to a growing research interest in primary (onset) and

secondary (recurrence) prevention (Rodgers et al., 2012). The depressive prevalence data for the Gulf states suggest that, as in other developing nations, depressive illness is a significant public health concern. Therefore, the prevention of depression in the in this context deserves further attention.

### Mindfulness meditation practices

Prevention research has led to the identification of Mindfulness meditation practices (MMPs) as a means to reduce the incidence of depression and also to prevent relapse. MMPs have proven effective in helping people manage reactivity to stress (a predictor of depression), and they also show promise in preventing depressive relapse (Teasdale et al., 2000). In recent decades, these MMPs, derived primarily from Buddhist traditions, have informed a number of clinical treatments, most notably: Acceptance and Commitment Therapy (ACT; Hayes, Strosahl, & Wilson, 1999), Dialectical Behavior Therapy (DBT; Linehan, 1993), Mindfulness Based Cognitive Therapy (MBCT; Segal, Williams, & Teasdale, 2002), and Mindfulness Based Stress Reduction (MBSR; Kabat-Zinn, 1982). All of these mindfulness-based approaches aim to help people increase their ability to experience the present moment in a receptive and non-judgmental way (Kabat-Zinn, 1994). MBSR, for example, includes meditative exercises that encourage focusing attention on a present-moment sensory experience (e.g. eating, walking), whilst gently letting go of any thoughts or images that come to mind automatically. This is a departure from earlier cognitive therapies, with their emphasis on thought challenging (Beck, Rush, Shaw, & Emery, 1979). In mindfulness-based approaches the elements of 'non-judgmental acceptance' and 'metacognitive awareness of momentary experience' are



viewed as antidotes to distressing and maladaptive responses to negative affect, such as, worry, rumination, and experiential avoidance (Crane, 2009). Empirical explorations of mindfulness-based approaches suggest that they provide various trans-diagnostic psychological health benefits (Keng, Smoski, & Robins, 2011), are effective in reducing stress reactivity (Britton, Shahar, Szepsenwol, & Jacobs, 2012; Keng et al., 2011), and can help prevent depressive relapse (for review see Chiesa & Serretti, 2011).

The significant public health burden associated with depression makes preventative approaches particularly important. However, in addition to considering efficacy, it is also important to consider the religious and cultural acceptability of such interventions within the various contexts they may be applied. The remainder of this article will explore the ways in which mindfulness approaches might be reframed so as to be more appropriate and culturally resonant for Muslim clients, particularly for those who have a tendency to couch their experiences in Islamic religious themes, or who explicitly express a desire for faith-affiliated interventions. With its origins in the Buddhist tradition, mindfulness might seem particularly alien or threatening for some Muslims. Specifically, this article aims to present a selection of bridging concepts that would potentially help contextualize Mindfulness for Muslim clients. It is proposed that, in some cases, the use of bridging concepts from the Islamic spiritual narrative will enable Muslim clients to better comprehend, appreciate and engage with Mindfulness based approaches.

Mindfulness in “other” religious traditions

Although derived from a spiritual/religious tradition (primarily Buddhist), most mindfulness-based approaches have been secularized. The treatment manuals and other related written materials tend to decouple the meditative practice from its faith-based origins and context. For some this process of secularization has been criticized for going too far. Others however suggest it has not gone far enough, complaining that occasional references - either within the written materials or on the lips of therapists - to Buddhist concepts, might seem alien to secular minds or adherents of different religious traditions.

The religious origins and the fact that several of the architects of mindfulness based approaches are themselves practicing Buddhists, has prompted a small number research studies exploring the acceptability of MMP among individuals involved in Christian and Islamic theistic traditions (J Thomas, Raynor, & Bahusain, 2016; Trammel, 2015). These studies have generally reported favorably on the acceptability of MMPs. However, there is also a call for greater contextual sensitivity in the form of identifying bridging concepts to help better connect the MMP to the client's self-proposed theistic worldview. In the words of Trammel (2015): "... the epistemological basis for the benefits of using mindfulness still points to an underlying Buddhist worldview. Nonetheless, with appropriate and intentional adaptations, the practice of mindfulness is both compatible with and supported by a Christian worldview." (p. 166)

One study examining theistic compatibility, explored the use of a mindfulness-based approach with a conventionally religious Christian client who had experienced recurrent major depressive episodes. The case study details how concepts from the Christian tradition were explored to help foster a greater understanding and

appreciation of the mindfulness-based approach (Trammel, 2015) . In this particular case the client was able to connect the concept of “acceptance” (a central concept in mindfulness based approaches) with her understanding of the Christian concept of “God’s Grace”. Ultimately, the client reported developing a greater realization of what grace means, and a deepening knowledge of God’s acceptance of her. In therapeutic terms, this was also associated with reduced feelings of shame and guilt.

Another study explored mindfulness based stress reduction (MBSR) – a very widely used mindfulness based approach – among Muslim women. The participants received a standard 8-week MBSR program, with stress and depressive symptom scores recorded at time one (baseline) and time 2 (endline) The same data were also collected for a randomly allocated age-matched control group from the same population (J Thomas, Raynor, & Bahussain, 2016). These Muslim women – university students from the United Arab Emirates - also participated in a focus group exploring their perceptions of the mindfulness-based program once they had completed it (J Thomas, Raynor, & Bakker, 2016). In terms of the depression and stress levels the participants receiving MBSR showed a statistically significant decrease in both, compared with their counterparts in the control group. When interviewed about the program, during the focus group, they reported a variety of benefits including improvements in academic performance, diet, sleep and relationships. These findings mirror the outcomes reported elsewhere in studies conducted with predominantly non-Muslim populations living outside of the Arabian Gulf (Chiesa & Serretti, 2011; Gold et al., 2010; Teasdale et al., 2000). However, one of issues raised by the Muslim women in qualitative aspect of the study was the lack of cultural connection they felt towards the content. For example, one participant commented: “*Most of the stories*

*are not from here, they do not relate to us but they are not inappropriate*". Another participant suggested, *"We would prefer examples and stories that we could relate to"*.

An important determinant of any intervention's effectiveness is its acceptability and perceived religio-cultural appropriateness among the target population (Vontress, 2005). For mindfulness based approaches to achieve optimum effectiveness among individuals who spontaneously frame their experiences in Islamic religious themes, or those who explicitly seek faith-affiliated interventions, bridging concepts are necessary. The following section of this work proposes several such bridging concepts that could be used within the framework of Mindfulness-Based Stress Reduction (MBSR) and potentially with other mindfulness based approaches too.

#### Islamic bridging concepts for MBSR

MBSR was first developed as an approach to helping people deal with chronic pain (Kabat-Zinn, 1982). It is typically delivered in a group setting of about 12 participants with one instructor. The structured eight-week program is delivered across 8 hour-long sessions, with the aim of enhancing the participants' non-judgmental awareness of present moment experience, i.e. mindfulness. This qualitative shift in attention is viewed as a key element in developing healthier (wiser, more compassionate, more thoughtful) responses to stressful situations and circumstances.

#### Automatic pilot

In the first session of MBSR participants are introduced to the concept of “automatic pilot” (Stahl & Goldstein, 2010). The fundamental idea is that we often perform acts in an automatic way without paying much attention to what we are doing, just allowing our minds to wander freely. This is particularly applicable to routine daily activities such as eating, washing, driving a car etc. One commonly used activity to illustrate the concept of autopilot is to have participants eat a raisin (anything will do) in a slow, deliberate and attentive manner. While performing this activity, participants will often spontaneously report noticing things hitherto unnoticed such as the texture or the smell of the raisin. They will also be aware of how their attention occasionally drifts off, perhaps giving rise to thoughts such as “how can this possibly help me?” or “why am I doing this weird activity”.

This raisin eating exercise highlights the fact that operating in a mindless, automatic mode, can often lead to a degradation of experience. Furthermore, MBSR holds that being in this mindless/automatic mode leaves us more vulnerable stress reactivity, in that external stimuli are more likely to trigger habitual and unhelpful thinking styles associated with negative moods. This exercise also helps illustrate how our attention is not always fully in the moment. A key goal of MBSR is to develop an increased awareness of momentary experience, as a prerequisite to developing more effective mood/emotion regulation strategies. Or, in the words of one MBSR manual “The aim of this course is to increase awareness so that we can respond to situations with choice, rather than react automatically” (p.5). A further rationale for the raisin eating exercise is to “demystify” the concept of meditation. For many people the very word meditation is loaded with preconceptions about sitting cross-legged and burning incense. The mundane act of eating a raisin is intended to expand the concept of

meditation to be any activity that requires an intentional and sustained focus of attention.

With Muslim clients/participants, one way to further enhance the discussion of automatic pilot and demystify “meditation”, would be to discuss the Islamic concept of *khushū‘*, which means humility and presence of mind during prayer. Many Muslims are familiar with the idea of the mind wandering during prayer, even though presence of mind is seen as an essential aspect of remembrance, which is a fundamental goal of prayer: “establish prayer for My remembrance” (Quran 20:14). Although most scholars of Islamic Law do not consider presence of mind to be necessary during prayer, it is considered highly recommended. Many legal texts and manuals on personal devotion give recommendations for how to remove distractions and cultivate presence of mind. For example, Imam Abū Ḥāmid al-Ghazālī (450–505AH/1058–1011CE) provided the following advice in a work titled,

The Beginning of Guidance:

Make your heart present and empty yourself of other thoughts. Consider before whom you are standing and upon whom you are calling; you should be ashamed to enter into intimate discourse with your Master with a heart that is heedless and a breast full of thoughts of this world and the dross of lowly desires.

Know that Allah Most High is observing your inner self and beholding your heart. Truly Allah Almighty accepts your prayer based only on the degree of your awe, humility, and submissive entreaty. Worship Him in your prayer as if you see Him, or [knowing] that even though you do not see Him, He sees you. If your heart does not come to presence, this is due to a shortcoming in your gnosis of the magnificence of Allah Most High. Therefore, imagine that a pious man from among the respected people of your community is watching you to see how your prayer is. At this your heart will become present and your limbs peaceful.

Then ask yourself, are you not embarrassed in front of your Creator and Master? When you imagined being observed by one of His humble slaves, who has no means to benefit or harm you, your limbs become submissive and your

prayer improved. Yet you know that Allah is observing you and you do not humble yourself before His majesty? Is He Most High lower to you than one of His slaves? How great is your tyranny, how severe your ignorance, and how greatly you wrong yourself.

Treat yourself with these remedies in hope that it will be present with you in your prayers, for verily nothing in your prayer counts except that in which you are mindful. (Abū Hāmid al-Ghazālī, *The Beginning of Guidance* [London: White Thread Press, 2010], 68–70).

Maintaining presence of mind is important enough that individuals are recommended to avoid praying in places where one might be prone to distraction, or to pray in the presence of distracting food. (Zakariyā al-Anṣārī, *Fatḥ al-Wahhāb* [Beirut: Dar al-Fikr, 1994], 1:61–62, 71). Similarly, individuals who are injured or infirm can pray seated if the pain of standing would distract them from having presence of mind, or to pray lying on their side if the pain of praying seated would cause a similar distraction. (Ibn Daqīq al-‘Id, *Tuḥfat al-Labīb* [,,]).

Since Muslims are supposed to perform the five obligatory daily prayers, as with any routine activity, there is the possibility of it becoming automatic and performing them mindlessly. The above-mentioned recommendations aim to help prevent this. Nonetheless, mindlessness does occur during prayer, with people often forgetting how many iterations they have completed, reading a litany out of place, or forgetting one altogether. In recognition of this human frailty, Muslims are encouraged to make *sujūd al-sahū*, or prostration of forgetfulness, if they experience a lapse of attention and suspect that they may have made a substantial error. However, many minor slips require no action, out of recognition that virtually no prayer is free of lapses of some sort. (Musa Furber, *The Accessible Conspectus* [Islamosaic, 2016], 77). Viewed this way, mindfulness during prayer is a state that is strived towards, without beating one’s self up when lapses occur.

### Mindfulness in routine daily activities

Another exercise prescribed within the early MBSR sessions, is that of adopting a routine daily activity which one intends to perform mindfully. This is an extension of the raisin eating exercise and participants are encouraged to choose at least one daily routine activity and make a deliberate effort to bring moment-to-moment awareness to that activity each time it is performed (Stahl & Goldstein, 2010). Common examples of the chosen routine activities include eating a meal, drinking a coffee, taking a shower etc. The rationale behind this practice is to encourage participants to integrate mindfulness into daily life, which increases the tendency to be more aware of thoughts, bodily sensations and our often-automatic relationships to them.

A potentially useful bridging concept here is to explore many of the devotional observances, litanies, and supplications that are performed before, during and after performing many routine daily activities. For example, upon waking, Muslims are recommended to make a supplication: "Praise be to Allah, who has brought us back to life after causing us to die, and to Whom shall be the resurrection..." (al-Bukhari, #6234).

When dressing, it is recommended to say "O Allah! For You is the praise, You have clothed me, I ask You for its good and the good for which it was made, and I seek refuge in You from its evil and the evil for which it was made" (Abu Dawud, #4020; al-Tirmidhi, #1767). In terms of physical movement it is recommended to wear the right side of a garment (or pair) first. Similarly, in terms of movement, when entering a toilet, a Muslim is recommended to step in with their left foot first and to say "In the



name of Allah. O Allah, verily I seek protection through You from male and female devils” (al-Bukhari, #142; Muslim, #375). When exiting the toilet, the recommendation is to step out with the right foot first and say “Praise belongs to Allah, who removed harm from me and cured me” (al-Nasā’i, Al-Sunan al-kubrā, #9825; Ibn Mājah, #301).

When eating, a Muslim is recommended to say, “In the Name of Allah, Most Merciful and Compassionate”. Some scholars even recommend saying it with each morsel consumed (Abu Hamid al-Ghazali, *Mukhtasar Ihya’ ‘Ulum al-Din* [Cyprus: Spohr, 2013], 166). Upon finishing eating, it is recommended to say, “Praise be to Allah Who fed me this and Provided it for me without any strength of power on my part” (Ibn Majah, #3285; al-Tirmidhi, #3458).

There are similar recommended litanies covering many routine acts, for example, leaving the house, boarding transportation, looking in a mirror etc. In fact, most daily activities have litanies associated with them. Reciting an associated litany would potentially be a cue to perform the act with a heightened sense of momentary awareness. In some cases this will also extend to bodily awareness in that some of the litanies have explicit directives related to a sequence of body movements and utterances. With some Muslim clients, encouragement to use specific litanies for daily activities could be used as a bridging concept or a complementary element within MBSR. The use of such litanies is certainly resonant with the idea of encouraging the client to make a deliberate effort to bring greater moment-to-moment awareness to several routine daily activities.

[Responding rather than reacting](#)

The main idea within this section of MBSR is that often our unconscious and habitual reactions to stressors only serve to make the situation worse. We add stress to stress. This section of the program advocates developing the capacity to consciously respond rather than unconsciously react. Reacting is often rapid, automatic habitual, and not always helpful. We tend to react to psychological discomfort with aversion, attempting to avoid or rid ourselves of discomfort. This might take the form of going on the offensive (angry attacks) or grasping at some alternative pleasurable experience to take the pain away. The cultivation of mindfulness however is viewed as providing a greater opportunity to respond to stressors with awareness, perhaps instituting more adaptive, healthy coping strategies rather than going along with our automatic impulses.

A potential bridging concept for this aspect of MBSR would be the widely known Prophetic traditions related to anger. In one tradition, a man is reported to have repeatedly asked the Prophet [ﷺ] for advice. Each time the answer was, “Do not become angry.” (al-Bukhari, #6116) This tradition is understood to be a command to prevent oneself from losing control of one’s anger and engaging in its negative consequences. One commentator explained that the phrase “Do not become angry” as a directive to cultivate the qualities of character that repel anger when its triggers arise, and also as a prohibition against reacting to anger when it happens. (Ibn Rajab, The Compendium of Knowledge and Wisdom, translated by Abdassamad Clarke [London: Turath Publishing, 2007] 235).

Others traditions reinforce the idea of not mindlessly reacting to anger, and even provide methods by which one can direct these feelings into more functional responses. The Prophet [ﷺ] said, “When one of you becomes angry while standing,

he should sit down. If the anger leaves him, well and good; otherwise he should lie down.” (Abu Dawud, 4782) and, “Anger comes from the devil, the devil was created of fire, and fire is extinguished only with water; so when one of you becomes angry, he should perform ablution.” (Abu Dawud, #4784).

This demonstrates the connection between the physical (body posture/temperature) and the psychological/cognitive, a concept that is particularly stressed upon in MBSR. These traditions pertaining to anger might prove particularly useful in bridging MBSR concepts as they relate to the idea of mindful responding over impulsive reactivity.

#### Acceptance: letting go and letting be

Another major component of MBSR is systematically developing an attitude of acceptance and the capacity for letting things be. A prerequisite to responding to stressors, rather than reacting to them, is cultivating this capacity to ‘choose not to act’. Acceptance is the ability to just let things be as they are, without trying to change, fix or prolong them (we might often try to grasp at and anxiously prolong pleasant experiences). Acceptance is about making space for whatever experience befalls us, rather than trying to alter it. The cultivation of this capacity involves bringing a gentle, friendly awareness to whatever thoughts, feelings and physical sensations accompany the stressful/uncomfortable situation. This will lead to a greater awareness of how we relate to whatever arises.

During this part of the MBSR course participants are encouraged to try and seek out what they suspect will be an uncomfortable/moderately stressful experience – e.g. sitting at an unusual place, making a conversation with a person one finds intimidating or asking an awkward question. Participants are also instructed to try and

bring a gentle curious awareness to their thoughts, feelings and physical reactions during the experience, allowing them to be without trying to change anything. The cultivation of acceptance is not to suggest that acceptance is always the best option. However, sometimes, choosing not to act might be the most adaptive response. The cultivation of a mindful acceptance helps expand the response repertoire, fostering greater flexibility.

Many of the MBSR manuals include poems to try to further illustrate core concepts. For the acceptance section of the program, a commonly used poem is Jalal al Din Rumi's 'The Guesthouse'.

#### The guesthouse

This being human is a guest house.  
Every morning a new arrival.  
A joy, a depression, a meanness,  
some momentary awareness comes  
as an unexpected visitor.  
Welcome and entertain them all!  
Even if they are a crowd of sorrows,  
who violently sweep your house  
empty of its furniture,  
still, treat each guest honorably.  
He may be clearing you out  
for some new delight.  
The dark thought, the shame, the malice.  
meet them at the door laughing and invite them in.  
Be grateful for whatever comes.  
because each has been sent  
as a guide from beyond.

Translation by Coleman Barks (1997)

Rumi was an Islamic scholar and the founder of a Muslim spiritual order known as the Mevlevi dervishes. This poem already provides an Islamic bridging

concept. However, for further, perhaps broader Islamic bridging concepts it would be useful to reference to the idea of sabr/patience.

Patience [Sabr] is mentioned in the Quran in more than seventy places, indicating its importance. The Islamic concept patience is also sometimes resonant with the idea of situational acceptance and choosing not to act. These aspects of patience are arguably well illustrated in the following prophetic tradition (hadith).

The hadith mentions that one day, while the Prophet [ﷺ] was sitting with some of his companions, a man verbally reviled Abu Bakr and insulted him. He did this twice. Both times Abu Bakr remained silent. When the man did this a third time, Abu Bakr avenged himself. The Prophet [ﷺ] stood, so Abu Bakr asked him if he was angry with him. The Prophet [ﷺ] **replied**: “An angel descended from Heaven and he was rejecting what had been said to you. When you avenged yourself, a devil came down. I was not going to sit when the devil came down.” (Abu Dawud, #4896)

This tradition represents a useful bridging concept for the idea that is ‘letting be’ and ‘choosing not to act’ is sometimes the most adaptive response, even when we are capable of acting to remove an aversive stimuli or state.

### Thoughts are not facts

This component of mindfulness is an extension of ideas common to cognitive behavior therapy (CBT). Central to CBT is a set of techniques known as thought challenging. This is rooted in the idea that many thoughts that occur to us automatically can be false or gross distortions of reality (for example, “everyone hates me”, “my life will never get better” and “she thinks I’m stupid”). One of the primary goals of CBT is to work in partnership with clients, identifying these potentially maladaptive or distorted cognitions/thoughts, with a view of modifying them. In the language of the CBT therapist the aim of CBT therapy is cognitive restructuring,

through collaborative empiricism. Within the context of depression, cognitive contents - thoughts, explanations and predictions about the future – are very often excessively and unrealistically negative. The client and therapist work together to explore and modify those aspects of cognition viewed as being implicated in the onset and maintenance of the depressive state.

One technique widely used to explore and modify maladaptive thinking in CBT is known as “thought challenging”. This will often involve looking closely at the client’s thoughts, assumptions and situational interpretations, especially those associated with an intensification of negative emotional experience; those thoughts that make us sadder, madder and steal away our motivation. For example, a client might have the automatic thought: “everyone hates me”. In challenging the veracity or utility of this thought a therapist might ask, what is the evidence supporting this thought? or what is the effect of believing this thought? Ultimately, the goal is for the client to adopt this critical stance for him/herself, identifying and challenging distorted thoughts and coming to a deeper appreciation of the “thoughts are not facts” axiom.

In mindfulness the practice of thought challenging is greatly downplayed. Instead, the practice of simply observing and letting thoughts go leads to viewing them as “just mental events” passing by, not facts, not truth and not me. From this more detached vantage, it is also easier to appreciate that there might be other ways of thinking about or interpreting the situation. In some MBSR manuals the axiom is phrased: “thoughts are not facts and we are not our thoughts” (p 43.)

Bridging to the “thoughts are not facts” concept from an Islamic perspective is not too difficult. There are numerous traditions highlighting the idea that one’s initial thoughts or interpretations might not be facts. Islam explicitly encourages letting go

of negative interpretations in favor of more positive ones, which is illustrated in the widely known Islamic concept of having ḥusn al-ẓann and avoiding sū' al-ẓann, that is: assuming the best and letting go of negative assumptions. This concept is established in many verses in the Quran including "O you who have believed, avoid much (negative) assumption. Indeed, some assumption is sin" (49:12). It is also established in numerous Prophetic reports, including where the prophet is reported to have said "Beware of suspicion, for suspicion is the worst of false tales" (Bukhari, 6064; Muslim, 2563)

In practice this might mean letting these negative thoughts go, and perhaps finding more positive situational interpretations. This concept of having ḥusn al-dhunn and avoiding sū' al-dhunn can be used to frame discussions aimed at viewing automatic thoughts as mental events (things that happen) rather than compelling "facts" one must act upon.

### Conclusion

The Islamic spiritual narrative provides a rich source of bridging concepts for mindfulness-based approaches. It perhaps also provides additional insights and exercises that may prove psychotherapeutic. The few ideas presented here should be viewed as a few preliminary suggestions. However, it is clear to us that spiritually attuning mindfulness-based approaches for Muslim clients is highly feasible. Further work is required to evaluate the efficacy of adopting such faith-based approaches.

## References

- Abou-Saleh, M. T., Ghubash, R., & Daradkeh, T. K. (2001). Al Ain Community Psychiatric Survey. I. Prevalence and socio-demographic correlates. *Social Psychiatry and Psychiatric Epidemiology*, *36*, 20-28.
- Bener, A., Zirie, M. A., Kim, E., & Al Buz, R. (2012). Measuring burden of diseases in a rapidly developing economy: state of Qatar. *Global Journal of Health Sciences*, *5*(2), 134-144.
- Chiesa, A., & Serretti, A. (2011). Mindfulness based cognitive therapy for psychiatric disorders: A systematic review and meta-analysis. *Psychiatry Research*, *187*, 441-453. doi: 10.1016/j.psychres.2010.08.011
- Ferrari, A. J., Charlson, F. J., Norman, R. E., Patten, S. B., Freedman, G., Murray, C. J. L., . . . Whiteford, H. A. (2013). Burden of Depressive Disorders by Country, Sex, Age, and Year: Findings from the Global Burden of Disease Study 2010. *PLoS Medicine*, *10*(11), e1001547. doi: 10.1371/journal.pmed.1001547
- Gold, E., Alistair, S., Hopper, I., Herne, D., Tansey, G., & Hulland, C. (2010). Mindfulness-Based Stress Reduction (MBSR) for Primary School Teachers. *Journal of Child and Family Studies*, *19*(184-89). doi: 10.1007/s10826-009-9344-0
- Kabat-Zinn, J. (1982). An outpatient program in behavioral medicine for chronic pain patients based on the practice of mindfulness meditation: Theoretical



considerations and preliminary results. *General Hospital Psychiatry*, 4, 33-47.

doi: 10.1016/0163-8343(82)90026-3

Kaymaz, N., van Os, J., Loonen, A. J., & Nolen, W. A. (2008). Evidence that patients with single versus recurrent depressive episodes are differentially sensitive to treatment discontinuation: a meta-analysis of placebo controlled randomized trials. *Journal of Clinical Psychiatry*, 69, 1423-1436. doi:

10.4088/JCP.v69n0910

Keller, M. L., & Mueller, T. (1992). Time to recovery, chronicity and levels of psychopathology in major depression: a 5 year prospective follow-up of 431 subjects. *Archives of General Psychiatry*(49), 809-816.

King, M., Nazareth, I., Levy, G., Walker, C., Morris, R., Weich, S., & Bello'n-Saamenõ, J. A. (2008). Prevalence of common mental disorders in general practice attendees across Europe. *British Journal of Psychiatry*, 192(362-7). doi:

10.1192/bjp.bp.107.039966

Rodgers, M., Asaria, M., Walker, S., McMillan, D., Lucock, M., Harden, M., . . .

Eastwood, A. (2012). The clinical effectiveness and cost-effectiveness of low-intensity psychological interventions for the secondary prevention of relapse after depression: a systematic review. *Health Technology Assessment*, 16(28), 1-130. doi: 10.3310/hta16280

Scott, J., & Dickey, B. (2003). Global burden of depression: the intersection of culture and medicine. *British Journal of Psychiatry*(183), 92-94.

Stahl, B., & Goldstein, E. (2010). *A mindfulness-based stress reduction workbook*.

. Oakland, CA: New Harbinger Publications.

- Teasdale, J. D., Williams, J. M. G., Soulsby, J. M., & Segal, Z. V. (2000). Prevention of Relapse/Recurrence in Major Depression by Mindfulness-Based Cognitive Therapy. *Journal of Consulting and Clinical Psychology, 68*(4), 615-623. doi: 10.1037/0022-006X.68.4.615
- Thomas, J. (2013). *Psychological Well-Being in the Gulf States: The New Arabia Felix*. London: Palgrave Macmillan.
- Thomas, J., Raynor, M., & Bahusain, E. (2016). *Mindfulness Based Stress Reduction Among Emirati Muslim Women*. Paper presented at the British Psychological Society Annual Conference East Midlands Conference Center, Nottingham.
- Thomas, J., Raynor, M., & Bahussain, E. (2016). Stress Reactivity, Depressive Symptoms and Mindfulness: A Gulf Arab Perspective. *International Perspectives in Psychology: Research, Practice, Consultation, 5*(3), 156-166.
- Thomas, J., Raynor, M., & Bakker, M. (2016). Mindfulness Based Stress Reduction Amongst Emirati Muslim Women. *Mental Health Religion & Culture, 19*(3), 295–304. doi: 10.1080/13674676.2016.1168389
- Trammel, R. C. (2015). Mindfulness as Enhancing Ethical Decision-Making and the Christian Integration of Mindful Practice. *Journal of the North American Association of Christians in Social Work, 42*(2), 165-177.
- Vontress, C. E. (2005). Animism: Foundation of traditional healing in Sub-Saharan Africa. In R. Moodley & W. West (Eds.), *Integrating traditional healing practices into counseling and psychotherapy* (pp. 124-137). Thousand Oaks, CA: Sage.