

Cross-Cultural Analysis of Mindfulness Practices in Eastern and Western Countries

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This research examines mindfulness practices in Eastern and Western cultures with a particular interest in Mindfulness Unified Cognitive Behavioral Therapy (MUCBT) as a linkage between the two. Eastern mindfulness, which originates from spiritual cultures such as Buddhism and Hinduism, focuses on self-realization, moral living, and internal awareness through meditative practices. Western mindfulness, on the other hand is more clinically oriented, employing mindfulness for reducing stress, regulating emotions, and mental health assistance. MUCBT combines mindfulness with cognitive-behavioral methods, which enable people to watch their thoughts and feelings without acting on impulse. Adopting a thematic style and referencing both literature and neuroscientific data, this research contrasts these cultural outlooks. Although both traditions seek to promote present-moment awareness, their approaches and contexts are quite different. MUCBT presents a potential integrative model, providing a culturally appropriate and effective method of mental health care by merging the richness of Eastern practices with the organization of Western therapy.

Keywords: Cross cultural study, MUCBT, MBCT, Thematic analysis, Mindfulness

Practice like mindfulness is the common denominator of ancient spiritual traditions. In Buddhism, mindfulness plays a crucial role in understanding suffering and helping humans break free from habitual patterns in an already challenging life.

Kabat-Zinn (1994) defines mindfulness as paying attention to experience in a specific way: on purpose, in the present moment, and non-judgmentally. Being aware, attending to, and accepting experiences is a powerful act of participatory observation. Despite its

simple goal, mindfulness practice can feel difficult. The development of mindfulness-based intervention (MBI) in the 1970s emerged as a foundational therapeutic method, including for educational challenges (Shapiro et al., 2006). Mindfulness is central in Buddhism and its lifestyle. Thich Nhat Hanh (1999) describes mindfulness as the heart of Buddhism, involving acceptance, present-moment attentiveness, and loving attitudes. The term “mindfulness” appears in early Buddhist texts (Anālayo, 2003). *Satipammhāna*, the oldest complete text, is

in the *Pāli Canon* (Tipitaka), containing teachings of *satipammhāna*, a popular Buddhist meditation. *Sati* means mindfulness; *sampajañña* means clear comprehension.

In *the Numerical Discourses of the Buddha*, Bhikkhu Bodhi (2011) explains *sati* is rooted in 'memory' or 'recollection.' Rhys Davids (1910) traced the origins of *sati* as mnemonic memory in early Pali texts and later added "lucid awareness" as the two canonical readings in Western civilization (Anālayo, 2003). No one has contradicted Hanh (1999) and Bodhi (2011), who say that practicing "right mindfulness" includes basic Buddhist tenets: The Four Noble Truths and The Eightfold Path. These quotes show mindfulness's importance in *Buddha Dhamma*. Understanding how each practice supports another is essential to learning mindfulness from a Buddhist view.

Mindfulness, often defined as nonjudgmental present-moment attention, is now widely used. Its meaning has changed over time, especially after secular adoption in the late 20th century. In Hinduism, consciousness relates to yoga, particularly in the *Upanishads* and *Bhagavad Gita*. Mindfulness, involving centered attention and self-knowledge, has existed for thousands of years. Patanjali's *Yoga Sutras* (200 BCE–400 CE) detail awareness-like behaviors through eight aspects of yoga, including practices for mental clarity and self-realization. The *Gita* notes moments of insight can arise from simple activities through presence of spirit. Mindfulness, a translation of the Pali word *sati*, is vital in Buddhist teachings. It is one of the seven factors of enlightenment and part of the Noble Eightfold Path (Anālayo, 2003). *Vipassana*, or "insight," is still used to build mindfulness. The *Satipammhāna Sutta* in Theravada Buddhism outlines mindfulness of (1) the body, (2) feelings, (3) mind, and (4) mental objects (Anālayo, 2003). It emphasizes present-moment awareness and

understanding impermanence and interconnectedness.

Mindfulness came to the West through Buddhist text translations and interest in Eastern philosophy at the end of the 19th and beginning of the 20th centuries. Buddhist frameworks reached Europe due to early Western scholars like T. W. Rhys Davids and Max Müller, who edited and translated Sanskrit texts in the *Sacred Books of the East* series (Gethin, 1998). In the 1960s and '70s, mindfulness as a secular practice gained popularity in the West through psychology professors and medical researchers. The counterculture movement introduced Eastern spirituality and meditation as holistic mental health tools that Western methods lacked (Goleman, 1988).

Jon Kabat-Zinn first brought mindfulness into mainstream Western treatment in 1979 at the University of Massachusetts Medical School with Mindfulness-Based Stress Reduction (MBSR). A molecular biologist trained in meditation, he developed MBSR to help people manage stress and chronic pain using mindfulness (Kabat-Zinn, 1994).

MBSR is an eight-week course using meditation, body awareness, and gentle movement. Kabat-Zinn adapted mindfulness for secular and cross-faith application (Kabat-Zinn, 1994). His work led to mindfulness integration into clinical psychology and healthcare.

MBSR's success in reducing stress and improving health drew psychologists' interest. A major milestone was integrating mindfulness with cognitive-behavioral therapy (CBT) in the 1990s, leading to Mindfulness-Based Cognitive Therapy (MBCT) (Segal et al., 2002). MBCT, developed by Zindel Segal, Mark Williams, and John Teasdale, merges CBT and MBSR to treat recurrent depression (Segal et al., 2002). It marked a breakthrough, combining two leading mental health approaches. Other

therapies developed include Dialectical Behavior Therapy (DBT) and Acceptance and Commitment Therapy (ACT). These use mindfulness to help manage emotions and improve psychological health (Linehan, 1993; Hayes et al., 1999). Over the past decade, mindfulness has become a major area of research. Neuroscience, through fMRI, explores how mindfulness meditation affects brain function and structure (Tang et al., 2015).

The Default Mode Network (DMN) is a key brain network influencing self-referential thought, memory, and social cognition. It includes the medial prefrontal cortex (mPFC), posterior cingulate cortex (PCC), and angular gyrus. The DMN is most active during rest and introspection, such as daydreaming or recalling memories, and deactivates during goal-directed tasks (Raichle et al., 2001). Recent studies show the DMN is not a single entity but a group of subregions with diverse functions. Its structural connectivity relates to functional dynamics, supporting cognitive processes beyond passive rest (Greicius et al., 2009). This neuroanatomical diversity allows the DMN to integrate information across domains, enabling complex thought. Dr. Siva Subramoney's (2021) fMRI studies found mindfulness techniques increase activity in areas linked to higher-order thinking, increasing cortical thickness by about 0.2 mm. This may indicate improved neural connectivity and efficiency in the DMN, enhancing cognitive flexibility and executive function.

Research shows such effects in the prefrontal cortex and insula—areas linked to attention control (Tang et al., 2007), emotion regulation (Hölzel et al., 2011), and self-awareness. These findings support mindfulness benefits for mental health, including reduced depression, anxiety, and PTSD symptoms (Hofmann et al., 2010). Empirical evidence has fueled the growth of mindfulness in psychology and healthcare.

Mindfulness-based therapies are now used to treat anxiety, depression, chronic pain, and addictions (Baer, 2003). Business wellness programs, education, and the military have also adopted mindfulness. Mindfulness has expanded beyond therapy into mainstream life. MBSR programs helped secularize mindfulness, making it accessible outside religious or spiritual contexts. Health, productivity, and mental health benefits have been observed in universities, workplaces, and prisons (Kabat-Zinn, 2003).

Digital tools have popularized mindfulness further. Apps like Headspace and Calm provide accessible guided meditations, increasing public use (Mani et al., 2015). Dr. K. S. Sivasubramoney (2016) developed Mindfulness Unified Cognitive Behavior Therapy (MUCBT), combining mindfulness with CBT, first used in India from 2019. MUCBT helps individuals accept their current state, reduce cognitive distortions, and regulate emotions (Sivasubramoney, 2019). Traditional CBT targets negative automatic thoughts and behaviors. MUCBT merges CBT and mindfulness, helping individuals recognize and observe automatic thoughts and emotional reactions without acting on them. Mindful breathing, body scanning, and meditation improve focus and emotional regulation. These anti-rumination practices address anxiety and depression. The “unified” approach targets cognitive and emotional issues holistically, making mood and anxiety disorders easier to manage (Sivasubramoney, 2019).

A key advantage of MUCBT is its emphasis on long-term mental wellness. Mindfulness helps individuals regulate thoughts and emotions post-therapy, reducing relapse in depression and anxiety. As mental health gains global importance, studying mindfulness in Indian and Western contexts is vital. Since mindfulness is rooted in Indian traditions and increasingly used in Western therapy, cultural nuances must be

understood. Such research helps develop culturally competent interventions and highlights the influence of cultural values on mindfulness. These insights benefit mental health professionals, educators, and policymakers. Understanding similarities and differences across cultures enhances emotional intelligence and intercultural competence.

Kabat-Zinn (2003) emphasized the cross-cultural relevance of mindfulness-based interventions (MBIs) and their emotional and psychological benefits. Christopher, Christopher, Dunnagan, and Schure (2006) showed how cultural practices like yoga, meditation, and qigong enhance self-awareness and emotional intelligence in counselor training. Grossman, Niemann, Schmidt, and Walach (2004) demonstrated that MBSR benefits people across cultures, improving mental and physical health. Despite progress, gaps remain in integrating mindfulness across cultures. Most research focuses on Western applications, with little on how decontextualized practices like MBSR are used in Eastern settings. Traditional Eastern methods often include spiritual components like *Satya* and *Ahimsa*, yet there is limited study on how to integrate these ethically into Western contexts. Empirical research on traditional Eastern methods is also lacking compared to Western interpretations.

More studies are needed to explore integrated models using both traditions to enhance intervention effectiveness and cultural competence.

Zhang, Zhang, Wang, Liu, and Li (2023) studied reducing DMN connectivity through mindfulness-based fMRI neurofeedback in adolescents with addiction. Published in *Molecular Psychiatry*, the study showed mindfulness-based neurofeedback significantly reduced DMN hyperactivity, improving self-regulation and lowering

cravings. The results support combining mindfulness and neurofeedback to treat youth addiction.

Sivasubramoney (2021), in "Mindfulness Based Interventions (MBIs) in Psychiatry – A Bird's Eye View from the First Decades of the 21st Century," explored shifts in psychiatric practice, highlighting MBIs' roles in managing emotional regulation and suicidal behavior. It called for further high-quality studies and described native Indian mindfulness programs like Mindful Life Management and MUCBT undergoing pilot testing.

Sivasubramoney et al. (2020) conducted *Effectiveness of an Indian Mindfulness-Based Intervention (Mindful Life Management - MLM) in Enhancing Body Awareness* among Kerala police personnel. Fifty participants completed a shortened three-day MLM program. Using BAQ, FFMQ, and PSQ-Op, results showed significant operational stress reduction and improved mindfulness and body awareness scores after six weeks.

Kober et al. (2019) examined *Let it be: Mindful acceptance down-regulates pain and negative emotion*, using fMRI on non-meditators. Participants experienced heat and negative images using either mindful acceptance or spontaneous response. Results showed reduced pain and negative affect with lower amygdala, insula, and thalamus activity, without increased prefrontal engagement, indicating a distinct neural mechanism.

Sivasubramoney, Mony, and Lekshmy (2017) studied Kerala teachers' views on the MLM program after a one-day workshop. Most participants were unfamiliar with mindfulness. The workshop focused on calm perception, nonjudgmental awareness, and attention redirection. A majority found the program helpful in improving students' focus and emotional control and expressed interest

in recommending it. Teachers also reported personal emotional distress.

Krishnan and Vijayakrishnan (2019) conducted *A Pilot Study Among Adolescents on the Effect of Brief Mindfulness Unified Cognitive Behaviour Therapy (MUCBT-B)* on screen time. The 4-week intervention targeted screen overuse in 18 adolescents. Using PSS-4 and MAAS, findings showed a threefold increase in mindfulness and 50% reduction in screen use, suggesting MUCBT-B's effectiveness and need for larger studies.

Tang, Hölzel, and Posner (2015) reviewed fMRI studies on mindfulness meditation. Their findings show reduced DMN hyperactivity linked to mind-wandering and psychiatric issues, improved prefrontal-limbic connectivity for emotion regulation, and enhanced attentional control via the anterior cingulate cortex. These neural changes support mindfulness in improving self-regulation and cognitive flexibility.

Kilpatrick et al. (2011) studied MBSR's effect on intrinsic brain connectivity using fMRI. The 8-week MBSR program changed connectivity in regions related to attention, emotion, and self-referential processing. Results suggest mindfulness improves brain architecture, supporting emotional and cognitive health through neuroplasticity.

Kabat-Zinn (2003) in *Mindfulness-based therapies in context: Past, present, and future*, traced mindfulness from its Buddhist origins to clinical Western use. Drawing from MBSR, he highlighted benefits for chronic pain, anxiety, and depression, while cautioning against misuse. He urged future research to retain the practice's cultural and therapeutic integrity.

Grossman, Niemann, Schmidt, and Walach (2004) conducted a meta-analysis on MBSR's health effects across 20 studies. MBSR significantly improved physical and mental health, reducing stress, anxiety, and

depression, while enhancing coping and quality of life. The analysis supported MBSR's inclusion in healthcare.

Shapiro, Carlson, Astin, and Freedman (2006) explored mindfulness mechanisms, identifying attention modulation, body awareness, emotional regulation, and self-perception changes as key. These explain how mindfulness improves emotional and cognitive health and integrates into Western psychology.

Brown and Ryan (2003), in *The Benefits of Being Present: Mindfulness and its Role in Psychological Wellbeing*, studied 327 participants across five studies. Higher mindfulness levels correlated with improved well-being, emotional awareness, self-regulation, and life satisfaction. Mindfulness reduced stress, anxiety, and depression, proving valuable for therapy and life quality.

Aim

To analyse Mindfulness Practices in Eastern and Western Countries

Method

Research Design

A qualitative research design was applied using thematic analysis. Thematic analysis was chosen for its flexible style and capacity to identify, analyze, and report themes in qualitative data (31). This approach suited the study's objective of investigating and comparing understandings and uses of mindfulness across Eastern and Western cultures, requiring interpretation of philosophical, clinical, and spiritual texts.

Through thematic analysis, the study explored how mindfulness is portrayed in different cultural traditions and academic literature. This is relevant to cross-cultural conceptual research as it engages with textual data and encodes tacit meanings, locating both surface-level differences (e.g., secular vs. spiritual) and deeper cultural

undercurrents (e.g., ethics, suffering, or consciousness).

The research followed Braun and Clarke's six-step thematic analysis process:

1. *Familiarization with data*: Close reading of selected academic papers, historical texts, and empirical studies on Eastern and Western mindfulness;

2. *Initial coding*: Systematic inductive coding of relevant passages for explicit and latent content;

3. *Theme searching*: Grouping of codes and exploring cross-cultural connections;

4. *Theme analysis*: Iterative refinement of themes for coherence;

5. *Theme definition and labelling*: Conceptual justification and literature-based examples for each theme;

6. *Report writing*: Synthesizing ethical insights in a cross-cultural mindfulness study.

This approach aimed to compare Eastern and Western conceptualizations of mindfulness while interpreting philosophical foundations and offering clinical and ethical implications (32), contributing to culturally sensitive mindfulness-based interventions.

Data Collection

Data were based on a general literature review of mindfulness practices in Eastern and Western contexts. A systematic search ensured comprehensiveness. Databases included PubMed, Cochrane Library, Google Scholar, and ScienceDirect. Searches were conducted from January 2024 to March 2025 and included peer-reviewed articles, book chapters, conceptual papers, and empirical studies.

Search Strategy and Keywords

The following MeSH indices were combined using Boolean operators:

"Mindfulness AND Eastern philosophy," "Mindfulness AND Western psychology," "Mindfulness-Based Cognitive Therapy (MBCT)," "Mindfulness-Based Stress Reduction (MBSR)," "Cross-cultural mindfulness," "Mindfulness Unified Cognitive Behavior Therapy (MUCBT)," "Spirituality AND mindfulness," and "Mindfulness interventions – empirical studies."

Inclusion Criteria

- Published from 2000 to 2025
- Written in English
- Focus on theory, concept, or empirical mindfulness-based research
- Address Eastern (Buddhist, Hindu, Yogi) or Western (clinical, therapeutic, neurophysiological) views
- Include cross-cultural mindfulness aspects

Exclusion Criteria

- Non-English articles
- Unpublished theses/dissertations
- Editorials, blogs, and magazines
- Papers unrelated to mindfulness or unrelated meditation types

Screening Process

Initial search returned 156 articles. After reviewing titles, abstracts, and duplicates, 74 remained. Full-text review applied inclusion criteria; 43 articles were used for thematic coding. Data were extracted using a structured sheet capturing cultural background, definition, intervention type, ethical/spiritual elements, and empirical findings (if available). This ensured a strong basis for in-depth thematic analysis across cultures.

Coding Process

A structured, inductive approach enabled themes to emerge from data without

theoretical bias—suitable for culturally shaped ideas like mindfulness.

Preparation and Familiarization

Researchers repeatedly read all 43 full-text articles, recording initial impressions, terminology, and conceptual constructs related to mindfulness.

Initial Coding Procedure

Manual and NVivo 12 software-assisted coding ensured both precision and flexibility. Line-by-line coding of articles identified concepts like “ethical bases,” “non-judgmental cognizance,” and “neuroscientific confirmation.” Two authors coded independently to ensure breadth and minimize bias.

Compare and Consolidate Code

Coders compared codebooks to identify similarities, differences, and redundancies. Similar codes (e.g., “present moment attention” and “here and now awareness”) were merged. Distinct codes were retained.

Codebook Development

Final codebook included 48 codes, grouped into categories with definitions, inclusion criteria, and examples for consistency.

Ensuring Trustworthiness

Investigator triangulation was used. Discrepancies were resolved through discussion. An audit trail documented decisions, ensuring dependability. A third coder independently reviewed two interviews to check pattern consistency. This approach supported coherence in themes and represented the diverse mindfulness traditions.

Theme Development

Theme development followed Braun and Clarke’s (2006) six-phase framework, ensuring rigour and transparency.

Phase 1: Data Familiarization

Frequent reading of the 43 articles allowed researchers to identify key concepts and culturally embedded practices.

Phase 2: First-Level Coding

Manual and NVivo-assisted line-by-line open coding generated 48 codes from the dataset, including concepts like “secularization” and “emotional discipline.”

Phase 3: Theme Searching

Codes were grouped into broader categories:

- Philosophical Foundations
- Techniques and Practices
- Role of Ethics and Spirituality
- Cultural Applications
- Scientific Validation

Each group reflected contrasts (e.g., “moksha” vs. “mental health”) and shared aims (e.g., reduced suffering).

Phase 4: Reviewing Themes

Themes were refined for coherence. Weakly supported codes were dropped or merged. For instance, “Therapeutic Techniques” was absorbed into “Techniques and Practices.” Final stage resulted in seven themes.

Phase 5: Naming Themes

Each theme was defined and labelled with conceptual boundaries.

- “Philosophical Foundations” addressed spiritual versus scientific roots.
- “Role of Ethics and Spirituality” contrasted Eastern values like Satya and Ahimsa with Western secular approaches.
- “Scientific Validation” highlighted evidence from neuroimaging and clinical studies.

All themes were supported by quotes, summaries, and references.

Phase 6: Producing the Report

Themes were synthesized in the results and discussion. Interpretations were based

on coded data and cultural context. Findings connected to literature and presented new insights into mindfulness across traditions. This systematic method ensured credible, cross-cultural generalizations of mindfulness.

Results

Criteria Identified	Eastern Countries	Western Countries
Core Mindfulness Concepts	Achieving deeper states of consciousness, self-realization, and union with the divine.	Secular approaches to reduce stress, anxiety, and depression. Techniques such as non-judgmental awareness, mindful breathing, and body scanning.
Philosophical Foundations	Spiritual growth, self-realization, and liberation (<i>Moksha</i>)	Rooted in ancient spiritual traditions (e.g., Buddhism, Yoga, Vedanta)
Ethics and Morality	Strong emphasis on ethical behavior (<i>Ahimsa, Satya</i>) as part of mindfulness practice.	Limited focus on ethics; more focused on non-judgmental awareness and emotional balance.
Techniques and Methods	Meditation (<i>Dhyana</i>), breathing exercises (<i>Pranayama</i>), contemplation, and ritualistic practices, grounding and journalising	Mindfulness-Based Stress Reduction (MBSR), Mindfulness-Based Cognitive Therapy (MBCT), body scans, and guided meditations.
Role of Religion and Spirituality	Mindfulness practices are often intertwined with religious and spiritual teachings.	Primarily secularized; disconnected from religious connotations.
Application in Daily Life	Integrated into daily life as a holistic practice for personal and spiritual development.	Applied in clinical settings, workplaces, and schools for mental health and productivity enhancement.
Scientific Validation	Less emphasis on empirical validation; focus on traditional and experiential knowledge.	Strong emphasis on scientific research and evidence-based applications in psychology and neuroscience.

Discussion

This study explores the cross-cultural structure of mindfulness by comparing Eastern and Western literature thematically. Though both traditions emphasize present-moment awareness, cultural significance, philosophical preconceptions, and integration issues reflect key differences.

Eastern and Western mindfulness differ in beliefs, ethics, methods, religious role, and scientific support. Eastern mindfulness, rooted in Buddhism and Hinduism, focuses

on spiritual development, self-realization, and ethical conduct (38). In these traditions, mindfulness is a sacred path involving ethical life, often guided by spiritual masters. Western mindfulness, as seen in programs like MBSR and MBCT, is secular and therapeutic, aimed at stress reduction and emotional regulation (36, 37).

It is viewed as self-regulation to improve concentration and reduce stress, often reframed as an evidence-based strategy for mental health and productivity, limiting its spiritual depth.

Core Mindfulness Concepts

Eastern mindfulness aims at higher consciousness, self-realization, and divine unity (37). In Hinduism and Buddhism, mindfulness supports spiritual liberation (moksha) (38). The focus is personal and spiritual development, not just mental health. Western practices, like MBSR and MBCT, emphasize reducing stress and anxiety through breathing and awareness practices.

Philosophical Basis and Inconsistencies

Eastern mindfulness links to Yoga, Vedanta, and Buddhism, targeting moksha through meditation and study (38). Western mindfulness is secularized, based on psychology and neuroscience, prioritizing well-being over spiritual goals (35, 39). This creates tension—can a system designed to dismantle ego align with one optimizing it?

Morality and Ethics

Eastern mindfulness emphasizes ethics—Ahimsa and Satya are essential for deeper practice (40, 41). Ethical conduct is seen as a prerequisite. In contrast, Western mindfulness gives ethics less emphasis, focusing on emotional balance. Ethics may appear in personal value discussions but are not core to therapy (26).

Techniques and Methods

Eastern techniques include meditation (Dhyana), breathing (Pranayama), rituals, and journaling for personal growth. Dhyana cultivates awareness; Pranayama enhances mental clarity. Western methods focus on structured protocols like MBSR and MBCT, using body scans, breathing, and guided meditation (28, 42).

Spirituality and Religion's Role

Eastern mindfulness ties to religious paths like Buddhism's Eightfold Path and Hindu Yoga practices (30, 41). In the West, mindfulness is secularized—MBSR and

MBCT avoid religious elements for accessibility (36, 37).

Implementation in Everyday Life

In the East, mindfulness integrates with everyday life—eating, walking, working—as spiritual acts (38). In the West, mindfulness is applied in clinics, workplaces, and schools, focused on productivity and wellness (35, 39). MBSR has shown benefits for stress and attention (42).

Scientific Validation

Eastern traditions rely on experiential knowledge (Sharma & Singh, 2020). However, studies like Dr. Sivasubramoney's show neurological changes like frontal lobe thickening. Western mindfulness prioritizes empirical proof—MBSR and MBCT show mental health benefits (35). Neuroscience research (43) supports brain function changes.

Fairness and Inequality: Knowledge Politics, Property, and Privilege

Mindfulness's global spread involves secularization and commercialization of Eastern practices. Western institutions often control definitions and training, sidelining cultural origins, raising concerns over appropriation and epistemic injustice.

Challenges to Integration

Efforts like MUCBT blend Eastern wisdom and clinical frameworks. While culturally adaptive, integration risks stripping mindfulness of its philosophical roots. Decontextualized use may cause cultural dissonance. True integration requires mutual exchange of worldviews.

Beyond Compare: Reclaiming a Pluralist View

Mindfulness is not monolithic; it is dynamic, culturally rooted, and evolving. Western development does not erase Eastern origins. Mindfulness should be co-constructed

through intercultural dialogue, requiring critical awareness of culture, history, and power.

Limitations of the Study

This study has limitations. First, sources were limited to English academic literature. Non-English and regional works may have been excluded, narrowing cultural representation. Future studies should include more diverse sources.

Second, thematic analysis involved interpretive judgment. To reduce bias, the study followed structured protocols (44), used multiple coders, and employed qualitative analysis software for consistency. Lastly, the study is based on secondary data. Primary qualitative data from practitioners across cultures could deepen findings and is recommended for future research.

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