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Mindfulness and compassion in response to racism

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ABSTRACT

This research considers the impacts of racism on the experiences of racialized people, and how mindfulness and compassion might serve as resources for their recovery and resistance. Applying ecological theories of mind and critical phenomenology, the study presents the self-reported experiences of 30 adults organized into five focus groups of practitioners and teachers of mindfulness and compassion, with four affinity groups (Indigenous, Black, South Asian, and E./S.E. Asian) and one contrastive White group. Resulting data were clustered under seven salient topics: identity, racism, oppression, trauma, motivation, mindfulness, and compassion. Participants described mindfulness and compassion as impactful in their responses to, and recovery from, racism through identity (authenticity and belonging), the unlearning of internalized oppression, empowerment (cultural reinvigoration), and social change, with compassion contributing to reversing of self-coldness and opening to reconciliation.

Introduction

Race-based discrimination occurs on a spectrum, including unjust institutional and systemic racism; racist cultural discourses and practices; micro-aggressions and interpersonal humiliations; and internalized oppression and self-coldness (Watson-Singleton et al., 2022). Whatever the source, these encounters leave deep, indelible scars on the psyches of those who suffer from its varied manifestations. As cumulative trauma (Hankerson et al., 2022), repeated exposure to racism damages and limits the lives of people across lifespans and generations, whether through increasing allostatic stress loads (Miller et al., 2021); adverse childhood experiences (ACEs) (Bernard et al., 2021); inherited neural or somatic effects (Yellowbird, 2012); or vulnerability to mental health issues (Kira et al., 2019).

Mindfulness and compassion education in North America and Europe have been disproportionately available to the privileged, leading some to refer to *White mindfulness* (Fleming et al., 2022); however, increasingly these skills and training are recognized as resources for recovery and empowerment for those suffering the aftermath of racist and intersectional oppressions. This research considers the impact of mindfulness and compassion on the experiences of four racialized ($N = 22$) affinity groups of practitioners and teachers in Canada: Black, Indigenous, South Asian, and E./S.E. Asian. To do so, we address three explicit questions using data from a critical phenomenological focus group study: (1) How do experiences of racism impact racialized peoples? 2) How, and to what extent, do mindfulness and compassion support recovery? 3) How can the teaching and learning of mindfulness and compassion be made more inclusive and available for racialized people?

Literature review

Ecological theories of mind

We applied ecology of mind theories (Bateson, 1972; Maturana & Varela, 1980; Varela et al., 1992) to interpret race-based trauma and recovery as an integrated biological (body) and phenomenal (mind) process. In this approach, experience is viewed as an emergent phenomenon arising from encounters between an organism and its social environment, a niche that can't be reduced to either (see Figure 1). This ecological perspective informs our definition of *recovery* as eudaimonic wellbeing or the capacity to flourish, an intrinsic motivation and value system (Ryan et al., 2021). This is also the prevailing theory underpinning secular-scientific mindfulness to explain its embodied effects on brain-body functioning, mind-body communication, and emotion regulation and its downstream effects on positive emotion, savoring, meaning, and, ultimately, wellbeing (Garland et al., 2017; MacPherson & Rockman, 2023). This perspective aligns with our methodology - *critical phenomenology* - to link participants' awareness of social systems and their impact on phenomenological experiences.

Figure 1 depicts a simplified model of how we interpret the ecology of mind in the context of racist experiences. The ecological niche is where we navigate our living, which is neither inside nor outside of the organism but in the dynamic third space between the two, in which we are both autonomous and interdependent with the enmeshed social and biological worlds we inhabit. In this niche or navigational space of living, the environment exerts power over the organism, which leads the organism to change (to adapt), resist (by accommodating without changing), or alter the environment in a way that better serves the habits, preferences, and needs of the organism. Mindfulness and compassion are theorized to empower the agency, health, and vigor of the organism to exercise choice and the capacity to respond.

Environment

Socio-political/institutional/interpersonal contexts

racism; discrimination; exploitation, marginalization, powerlessness, cultural imperialism, violence; colonization; micro-aggressions; contact with the traumatized: historical /community/familial/vicarious)

Ecological Niche

Organism

Agency/health factors

trauma, internalized oppression, self-silencing, self-coldness, awareness, autonomous motivation, authenticity, resistance, self-regulation
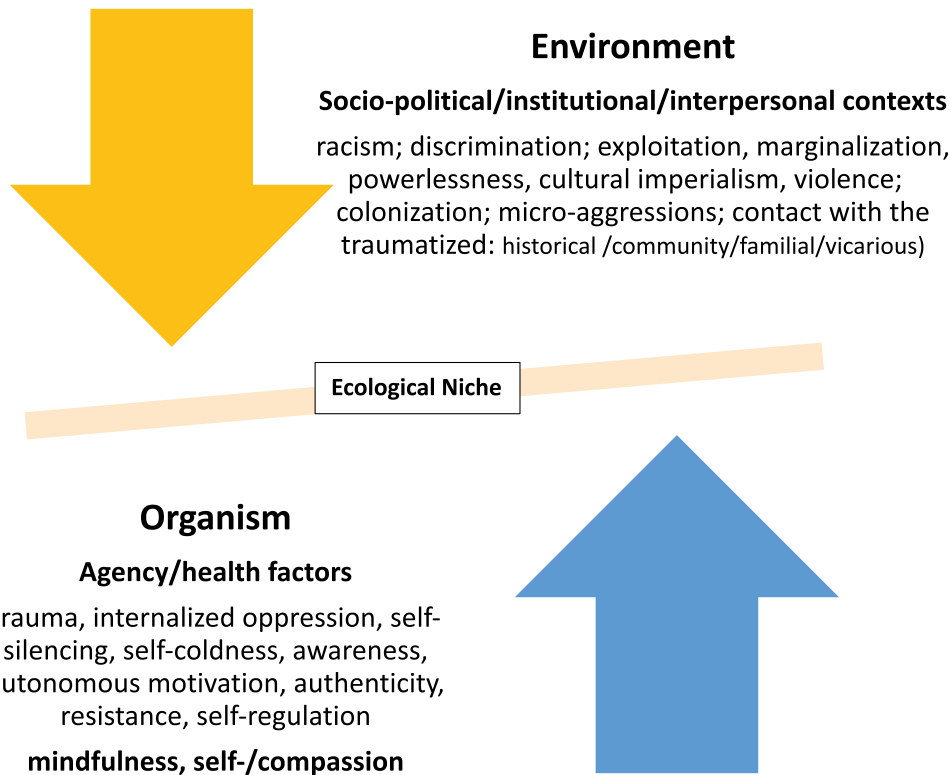
mindfulness, self-/compassion

Figure 1. An ecological model of racism and its impacts.

Responses to racism: stress, oppression, and trauma

Racism can arise as a structural, cultural, interpersonal, or intrapersonal phenomenon. As a structural phenomenon, Young (1990) theorized five "faces" of oppression: exploitation, marginalization, powerlessness, cultural imperialism, and violence. Oppressive cultural phenomena include discriminatory representations in media, discourses, or theories and in practices such as *de facto* social exclusion or segregation. Interpersonally, race-based stressors can manifest through bullying, humiliation, micro-aggressions, ignoring, cold shoulders, and overt aggression. Finally, to be oppressive, there is necessarily some intrapersonal response such as suppressed emotion (West, 1996; Wilson & Gentzler, 2021); fawning (Owca, 2020); struggles with authenticity via imposter syndrome and stereotype threat (Nadal et al., 2021); and/or self-coldness (Watson-Singleton et al., 2022).

Research is clarifying how racism-related health impacts escalate across incidents, degrees of severity, and time, including through vicarious and intergenerational exposure (Kira et al., 2019). These impacts range from increasing allostatic stress loads to internalizing oppression to amassing as cumulative (mental and physical) traumas associated with PTSD (Saleem et al., 2020; Williams et al., 2021). These negative effects of racism unfold in both the bodies and minds of those impacted. Increased allostatic stress loads from racism accelerate aging and "weathering" (Geronimus et al., 2006), heightening risks for mortality and disability (Miller et al., 2021). When internalized, racist views and discourses can lead to psychological harms directed against the self, including self-coldness (self-judgment; isolation; over-identification) (Watson-Singleton et al., 2022), self-silencing (Abrams et al., 2019), and depression (Hankerson et al., 2022). When these harms reach the threshold of cumulative trauma and post-traumatic stress disorder (PTSD), both physiological and psychological effects become more intensified and toxic. Together, they affect individual behavior through dampened agency and motivation and dysregulated mood and depression, while eroding embodied wellbeing (Williams et al., 2019; Zapolski et al., 2019).

These deleterious effects are not only experienced by those directly exposed to racism but also by their families and communities, even across generations. Yellowbird (2012) documents how North American Indigenous peoples were subjected to multiple genetic and biological impacts from colonial oppression passed across generations. He advocated mindfulness and the revival of traditional cultural resources like ceremonies, running, and drumming as a way to decolonize Indigenous people's bodies and minds and restore their capacity for wellbeing. Likewise, Degruy-Leary (2017) described the enduring intergenerational injuries of slavery on African American people's physical, psychological, and spiritual wellbeing as "post-traumatic slave syndrome." These shifts from direct to indirect transmission can be explained by "vicarious trauma" (Anthym & Tuitt, 2019) or "vicarious racism-related vigilance," the fear or concern for how racism might impact another, such as US Black mothers' concerns for their children (Daniels et al., 2023). Yet, no matter how egregious the harm, whether direct or indirect, most "oppressed" people maintain some degree of agency in responding to racism by resisting, creatively accommodating, or transforming the racist conditions (Chin et al., 2023; MacPherson, 2005).

Mindfulness

Mindfulness is commonly defined as "paying attention, on purpose, in the present moment, non-judgmentally" (Kabat-Zinn, 2013). Mindfulness-Based Teaching and Learning (MBTL) are approaches to teaching and learning used to develop this capacity, which MacPherson and Rockman (2023) suggest begin with training in body-mind "communication." Such communication involves the mind attuning to the sensory and perceptual data of the body, while the body responds more effectively to the intention and executive function of the mind. In this way, the mind and body function in a more integrated manner via *self-regulation*. Autonomous self-regulation cultivates an integrated form of autonomous motivation (Ryan et al., 2021) associated with authenticity (Chen & Murphy, 2019; Ryan & Ryan, 2019) and wellbeing (Christie et al., 2017). This fundamental focus of

MBTL on body-mind communication can be elaborated to address social-emotional learning, dealing with emotion regulation and social skills, and inquiry-based learning, which in this context might involve critical inquiries into racism involving attending to social and racist phenomena and experiences.

As a mental health strategy, mindfulness has evolved as an evidence-based practice in both education and clinical contexts (MacPherson & Rockman, 2023). Key among its benefits is the capacity to self-regulate during distressing states associated with traumatic memories and negative rumination (Garland et al., 2017; Segal et al., 2013). Also relevant is the documented impacts of mindfulness on embodied identity. Farb et al. (2007) used MRI data to demonstrate how mindfulness led to the decoupling of two areas in the brain associated with self-awareness – one an experiential self and the other a narrative or autobiographical source of self. Furthermore, the storytelling or narrative function became less activated in the processing of experience. This is associated with *decentering*, a key mechanism found to explain the efficacy of mindfulness in reducing depression relapse (Moore et al., 2022). As internalized oppression is an identity disorder, this capacity to shift from internalized stories about the self to immediate lived experience may help explain early evidence of its efficacy in race-based traumas (Williams et al., 2021; Zapolski et al., 2019). As both of these studies emphasize, the known impacts of mindfulness on mood, emotion regulation, and encouraging approach (rather than avoidance) behavior toward negative emotions and memories are also key rationale for this efficacy.

Compassion

Like mindfulness (Berila, 2016), self-compassion training is an established strategy of anti-oppressive education. For example, Williams et al., (2022) proposed self-care and self-compassion in their racism-recovery program. The Mindful Self-Compassion (MSC) program, a popular approach, cultivates self-compassion through mindfulness, self-kindness, and a common sense of humanity (Neff, 2003). Watson-Singleton et al. (2022), however, drew attention to problems in this approach for race-based trauma. Studying African American college students, they contrasted the effects of self-compassion (mindfulness, self-kindness, universality) versus self-coldness (self-judgment; isolation; over-identification) and found that only self-coldness variables proved significantly related to the frequency and stress appraisal of racism. Also, self-judgment was the only variable significantly related, in turn, to distress. The authors recommended that self-compassion programs for this population focus on reducing self-judgment rather than universal common humanity. Working with another racialized population, Hwang and Chang (2019) found significant reductions in Asian American college students participating in a peer-led culturally-responsive compassion program, with significant benefits to race-related stressors, distress, anxiety, depression, and PTSD.

Other studies of compassion and self-compassion added new components to the construct. For example, Strauss et al. (2016) operationalized compassion as: 1) recognizing suffering; 2) under-standing its universality; 3) feeling empathy; 4) tolerating discomfort in response to suffering; and 5) motivation to alleviate suffering. Gilbert and Procter (2006) discuss shame as a threat, while Germer and Neff (2013, 2018) posit that self-compassion practices soothe threat systems. Compassion programs offer evidence of improving compassion, self-compassion, mindfulness, depression, anxiety, psychological distress, and wellbeing assessed in meta-analyses of randomized controlled trials (RCTs) (Kirby et al., 2017).

Methodology

This study investigates race-based trauma and recovery using *critical phenomenology*. Consequently, we aligned participants' critical accounts of racist encounters with phenomenological accounts of their experiences, including the role of mindfulness and compassion in their responses and recovery. According to critical phenomenology, external social and cultural structures and discourses influence

experiences, attitudes, and behavior (Guenther, 2019). This paper presents a range of experiences from five adult cohort groups of practitioners and teachers of mindfulness and compassion, including four racial affinity groups (Indigenous, Black, South Asian, and E./S.E. Asian) and one contrastive White group. The authors analyzed the resulting data in iterative coding cycles to generate topics and themes reflecting both participants' perspectives and their lived experiences. The study aims to contribute to social justice by understanding participant perspectives on their lived experiences of racism and oppression to inform anti-racist and anti-oppressive pedagogy.

Participants

There were 30 adult participants between the ages of 28 to 65, who were separated into five focus groups that included four racial affinity groups (Black, Indigenous, South Asian, East and SE Asian) and a White group. All participants were practitioners and, in some cases, teachers of mindfulness. Each focus group had one male and the remaining participants were female, with between five and seven members in each group. Participants lived across Canada but predominantly resided in British Columbia and Ontario, with one in Manitoba and two in Quebec. The White group was added to offer a contrastive perspective from the dominant, privileged population. Many mindfulness teachers and students are White, so it seemed beneficial to have their perspectives as a contrast or reference.

Participants were selected through a snow-ball recruitment method in which they self-identified for their racial identity and interest in mindfulness and compassion as resources. Through initial intake interviews by phone, we selected participants who did not exhibit mental health vulnerabilities. Ms. Munjee, who conducted all interviews and the four focus groups involving racialized people, is a doctoral candidate and a racialized mindfulness and compassion practitioner and teacher. As a Registered Psychotherapist (RP) in Ontario, she implemented protocols consistent with standardized therapeutic practices to protect the safety and wellbeing of participants in a way that invited them to share experiences within the limits of their capacity. Dr. MacPherson is a White professor, mindfulness practitioner and teacher, and a Registered Clinical Counsellor (BC-RCC).

Data collection

The focus groups were conducted virtually in Zoom for 90–120 minutes each. Focus group questions were consistent across groups, including how racism plays out in participants' identities and lives; what oppression or marginalization mean in participants' experience; and how their experiences of mindfulness practices, groups, or organizations and compassion relate to their experiences of racism and recovery. Transcription was done using the automated Zoom transcriber and then revisited to correct transcription errors.

Data analysis

Both researchers reviewed and categorized data using a preliminary coding system. The results were then collated according to these initial codes, with the affinity group and member initials inserted to track the background and speaker. This enabled us to align experiences within and between the four racialized affinity groups. Identifying 68 sub-codes in the compiled raw data, we re-visited the coding system to iteratively generate more representative codes and categories. The result was 21 categories, which were then streamlined into seven salient topics with three themes each, as appear in the Results section of this paper.

Results

Participant experiences fell under seven salient topics: identity, racism, oppression, trauma, motivation, mindfulness, and compassion. Each is discussed in succession below.

Identity

Many participants described racialized identities as sources of distress used by out-group members to exploit, marginalize, or exclude them. In contrast, positive experiences of authentic identity and belonging in community tended to be about culture rather than race. Accordingly, we focus on three salient themes that emerged on the topic of identity: negative *racialized identities*; *marginalization*; and *authenticity and belonging* within valued social groups.

Racialized identities

Participants often viewed racialized identities as threats imposed through harmful stereotypes that limited their capacity to flourish, be authentic, and/or envision hopeful futures. One Indigenous participant recounted "remarks from teachers . . . inflicting labels on me" so as to reinforce a racialized identity and limit her self-confidence and goals. When identity was described in the context of culture and community, however, it became a source of strength, as in the case of a participant who considered her traditional upbringing "in the longhouse" and Indigenous identity as a source of "privilege."

Overall, participants were uncomfortable with the use of racialized labels, including the acronym BIPOC (Black, Indigenous, and People of Colour). An Indigenous participant felt it diluted the unique Indigenous condition of forced colonial occupation and expropriation of lands. A Black participant felt the label created solidarity yet disliked it because "it lumps everybody all together." Others critiqued the homogenizing effects of affinity group labels like "Black," "Indigenous," or "POC" based on their own mixed ancestry. One felt more Canadian than "Chinese" and said she experienced more oppression as a woman than as a racialized minority.

Participants reported struggling to belong, fit in, or conform to the dominant White culture in Canada. A Jamaican-Canadian was told how nice she was compared to other Black Jamaican women, leaving her to suppress emotions out of concern that she might become "that black girl" who is "angry." Another settled in Canada as a member of the only Asian family in an all-White French-speaking neighborhood, where she endeavored not to "stick out" and to be a compliant representative of "that model minority." Several South Asians who migrated to Canada from former British colonies were advised by family and friends to "stay as White as you can" to "fit in." A Black-Jamaican participant reported growing up with "racialization and . . . anti-Black racism that I. . . had to confront every day. I was being socialized into Whiteness. . ." while experiencing the ". . . denial of my own Blackness."

Marginalization

Some experience marginalization through migration. A participant whose family migrated to Canada through SE Asia described being "ingrained with . . . White supremacy" and receiving conflicting messages to "watch out for . . . White people" but also to rely on them for success. A South Asian physician who practiced in Kuwait before coming to Canada recounted feeling herself "a second-class citizen" there and never being fully accepted. Others described marginalization as separation from families and cultures, such as Indigenous participants describing the legacy of residential schools or a Filipino, now living in Canada, who hasn't seen his mother for 15 years after she left him as a child to work in Australia.

Marginalization could also involve self-silencing or shame. One participant described how her grandfather, a victim of the Chinese Exclusion Act and head tax, refused to speak about it to avoid the shame and, in his words, "saving face." The White group defined marginalization more intellectually and abstractly as oppression or the absence of privilege: "a lack of access to things that we just take for granted." Some described feeling marginalized from their own authenticity, whereby alienation and internalized oppression led them to suppress aspects of themselves: "When I speak to people who have a White background, I feel like I have to put on a certain self." A South Asian participant reported stereotype threat in the pressure she experienced to represent her community well to outsiders to earn their respect, culminating in her: "Denying my true identity when I talked to [others] . . . and compromising by . . . trying to be a bit more professional . . . and . . . respectful, . . . in tone."

Authenticity and belonging

Recovery involved connecting to a more authentic sense of identity and belonging. South Asian participants appreciated the significant role their culture and history had in the genesis of mindfulness. Therefore, they had mixed responses to the appropriation of these practices by "White people," finding it both intriguing and "unnerving," for example, to be "the only brown person in the room" with "a group of White people singing songs . . . . in Sanskrit." Indigenous participants credited a sense of revived identity characterized by confidence, authenticity, and belonging to reconnecting with their cultures and communities, which one participant described as "wholeness" through engaging in ceremonies and practices "untouched by non-First Nations."

Mindfulness practices were reported to support recovery through an enhanced sense of authenticity and belonging, with some finding solace in cultural communities and others in communities that valued mindfulness and social activism. A Black participant said: "Mindfulness . . . is what . . . brought me to doing more race work." A South Asian participant admitted to being "really tired of hanging out with people who don't fully understand my identity" and to whom she had to correct "ridiculous things about being Indian." She said it was true of most White people, except those "deeply into mindfulness."

Racism

Although much has been said and documented about racism as a social or discursive phenomenon, this study attempted to dig deeply into the experiential phenomenon and resulting interpretive critique of the racialized participants. The purpose is to understand the histories and events that have accumulated to add to their stress, internalized oppression, and/or cumulative trauma. Accordingly, the second theme focused on racism within three categories: sustained threat; shame and humiliation; and social change.

Racism as a sustained threat

Most participants recounted chronic exposures to racism that incrementally constituted a sustained threat to their mental health and wellbeing. Communication was a key source of this sustained threat, including exposure to racial epithets, derogatory slogans, or other negative tropes that often became internalized. One bi-racial Black participant reported exposure in her own family: "My siblings used racial epithets." A participant from the UK reported: "Kids chased me and my sister home from school calling us Blackie." An Indigenous participant described being constantly reminded of his racialized identity as destiny: "You can take the boy of the Res, but you can't take the Res out of the boy." Another Indigenous participant recounted navigating life with recurring "grief and trauma and pain . . . being dehumanized." Likewise, a Black participant movingly recounted: "When it's dark out, I panic about the thought that this oppression is unending . . . part of black life."

Many Asian participants experienced racism in the process of migrating across colonial contexts marred by White supremacy and its aftermath. One East Asian participant felt it isolated her at work, while another found it "subtle . . . hard to prove." Many discussed ingrained, intergenerational, and protective responses, including having to "work even harder" to feel safe. Several East Asian participants were "categorized as a servant," or as someone "hard working . . . who doesn't make trouble" or "raise difficult conversations." Challenging this status quo consequently got them "kicked on the side" as "not Canadian" and lacking allies.

Racism as shame and humiliation

Racist histories of residential schooling contributed to self-coldness, a sense of unworthiness, and internalized racism in some Indigenous participants. One shared how racism became internalized in her family as they continued to deal with the shame and trauma from their mother's, aunt's, and uncle's experiences of residential schools. He emphasized that the harms experienced by Indigenous peoples constituted distinctive challenges. "Not all BIPOC have had their resources stolen" such that

"my self-esteem was stripped" and foreign systems causes their traditional support systems to break down. Practising mindfulness integrated with traditional practices helped him to cope.

Some Black participants grew up exposed to British colonial "colorism" that contributed to feeling aversion toward themselves or their bodies (such as "hating" their hair.) South Asians also experienced colorism or internal pressures to conform. One couple questioned their safety and belonging when they were ridiculed for letting their son's hair grow and encouraging him to wear a turban. Others noticed a lack of allyship within their communities, in one case saying "Asians don't help each other," while yet others felt shame for "disappearing into Whiteness" after losing their ancestral language and heritage. An East Asian participant criticized Canadian multiculturalism as hypocritical, while another described a love-hate relationship with Canada due to persistent physical and verbal abuse and White supremacy.

Social change/social justice

Overall, participants reported a lack of trust and cautionary approach to engaging in social change. They exercised discernment to decide when to speak up and who to seek as allies. One Indigenous participant reported: "I've learned to pick and choose my battles." A Black participant described "the ongoing pandemic of anti-Blackness" and the lack of support or acknowledgment from dominant groups witnessing racism in society as leading to feelings of hopelessness, overwhelm, and lack of safety. Many used mindfulness and traditional practices to cope with the emotional impact of racism. This led a Black participant to discover the awareness that she was "not alone" by gathering "Black people together so we can sit and meditate and contemplate." An Indigenous participant described a journey back to traditional practices as a source of empowerment. After his grandparents "got kicked out of churches, …went to war for this country, …and got disenfranchised," he and his family "reverted back to who we are and where we come from and how we practised traditionally." A Black social worker sought community by supporting Black youth in her community, which made her more aware of the mental health impacts of racism.

Some participants had a "rude awakening" to the extent of racism in society and felt empathy and compassion for others who faced greater negative repercussions. They also recognized the privileges they may have in comparison to other racialized groups. For example, a South Asian participant used self-compassion and compassion practise to respond to "something terrible" happening like the discovery of unmarked graves of 215 children found in 2022 in B.C. A South Asian parent shared that her 17-year-old daughter is becoming more aware of the impact of racism on other racialized groups. She acknowledged that her people may not face the same prejudices as Black or Indigenous people and that they themselves have never had fear of being stopped by the police, but realized this may not be the case for other people of color.

Oppression

Oppression was a salient topic associated with the identity effects of prolonged exposure to racism, described as giving rise to social isolation, self-silencing, and the internalization of oppression. Together, these features present a troubling paradox about oppression, echoed in the words of Steve Biko: "The most potent weapon in the hand of the oppressor is the mind of the oppressed" (Peters, 2018). As oppression increases, our resources to resist it are diminished. This paradox can be explained in reference again to Figure 1, reminding us that oppression doesn't reside in the environment or organism but rather in the interdependent interactive zone or niche in which we navigate living. This third space is where we exercise power and agency, but neither the environment nor our responses to it as adapting organisms are entirely in our control.

Social isolation

Participant accounts of social isolation developed incrementally through childhood bullying, exclusion or encounters with discourses of marginalization in schools, and segregations and micro-aggression in workplaces or communities as adults. These histories then extended to concern for their children, as

when one South Asian participant reported driving around the Greater Toronto Area (GTA) searching for a place to live with like-minded people, where her son would be protected from racist encounters. For many with transnational migration histories, this social isolation developed across different cultures with varying degrees of systemic racism. Participants recounted two very different coping or response strategies to these varied experiences of social exclusion: a) *alienation through inauthenticity* arising from identifying with the dominant White language and culture or, alternatively, b) *isolation through authenticity* from *not* identifying with White cultures (whether self-inflicted or socially imposed).

Silencing

Alongside these accounts of isolation, participants described pressures to suppress or inhibit their "voice" - both individually or as a racialized group. Such self-silencing has important implications for mental health (via authenticity, empowerment, and depression) and for social change (via critique and social engagement). Some Black participants were exposed to social projections suggesting that they were angry or scary that made them reticent to speak. Other participants responded to racism by denying their difference in a self-protective gesture, leading them to feel invisible.

Some self-silencing derived from the exclusion or marginalization in public discourse of some or all voices from participant's racialized communities. An East Asian participant, for example, remarked that "the people in power are not people that look like us." Another described learning to self-censor by being "categorized as a servant type, . . . the hard working person who doesn't make trouble, who doesn't raise difficult conversations." An Indigenous participant linked the silencing to legacies of shame and finding voice to recovery from that shame:

> Where are Indigenous voices? And how are we able to offer that Indigenous voice to the full extent that it needs to be [heard]? I just am in a place now where I can speak out to rectify [the] shame that's been put on [us]. Just to help people find their voices.

Internalized oppression

Most participants described internalized oppression as a gradual alienation from a sense of authenticity to an internalization of White values or cultures in which they felt themselves an "Other." An Asian participant described learning to deny what she called her "true identity" in adapting to a dominant White professional workplace. By acquiring a disciplined professional "tone" and exactingly code of conduct, her alienation intensified as she placed increasing pressure on herself to self-monitor or "police" her behavior, leading to self-censorship and emotion suppression. For an Indigenous participant, internalized racism was "believing in those messages and being submissive to . . . forms of oppression." An East Asian participant talked about this process as "disappearing into Whiteness;" a Black participant as "wearing a mask;" and a South Asian as "being a coconut."

Trauma

The fourth topic encompassed experiences of oppression magnifying into trauma. These experiences suggest that the trauma arising from racism differs from trauma associated with isolated events or ACEs. This is consistent with current theorizing of race-based trauma as cumulative trauma with PTSD symptomology. When crossing generations, such trauma becomes embodied and entrenched in distinctive physiological effects with societal impacts. Three salient themes emerged associated with trauma: intergenerational trauma; the embodied impacts of trauma; and trauma as disempowerment v. recovery as empowerment.

Intergenerational trauma

Participants reported multiple issues arising from the intergenerational transmission of trauma. This involved *interrupting* normal healthy familial and cultural transmissions as much as transmitting

something new. Indigenous participants described the aftermath of colonial trauma as estrangement from fathers; alcoholism; addiction; low self-worth or self-esteem; and sexual violence, some of which reached back four generations. Trauma also transpired through the systematic interruption, degradation, and denigration of cultural resources and a silencing effect from shame and trauma spreading across generations: "My father was a residential school survivor, and I didn't have much connection to him because of silence and not knowing [him]." One Black participant described her father experiencing an incremental loss of social status as he migrated from the Ghanian upper class to the educated class as a graduate student in the USA to an immigrant class in Canada, causing experiences of shame and loss in the process:

> I didn't know the first thing about him, but because of him, I didn't know the first thing about myself either and my Blackness . . . through the silence of our parents and family members who refused or maybe didn't have the tools to communicate what it meant to be racialized and to have to navigate and negotiate a White supremacist system.

An Indigenous participant raised concerns about intergenerational trauma and loss fostering deficit thinking. He argued the need instead to reclaim pre-contact forms of cultural and spiritual life to reinvigorate Indigenous identity with the confidence of a strong, common culture and history. This was echoed by South Asian participants who described a shift to viewing their history and spirituality as resources rather than liabilities, in part by appreciating the value of mindfulness and compassion training as a South Asia cultural legacy.

Embodied impacts of trauma

The embodied nature of trauma translated oppression into the visceral lived experience of the organism-as-body. One Indigenous participant described it as pervasive and cloying, like hot and humid air: "[O]ppression is like this, this air around us, around me, and a lot of us. That [we] just keep trying to move out of." One South Asian woman described embodied trauma as frustrating and a source of anger, "a physiological thing . . . that [involves] loss of control." An East Asian participant reported how memories of racist violence from 25-years earlier left them in chronic fear, "walking around with hairs [standing on end] on my neck when I go out at night." To this they also voiced anger: "When people say that this country is multicultural and accepting, . . . this voice in me says 'bullshit!,' that it really is *not* accepting. . . .There's a very, very deep well of White supremacy in this country." In marked contrast, some members of the White affinity group reflected on the body abstractly, as a social location imbued with shame or helplessness: "I'm also in this White body that represents centuries of harm and power."

Trauma as disempowerment/recovery as empowerment

Participants reported feeling "stripped of their wholeness" - individually, collectively, and across generations. The ensuing feelings of the "grief, trauma, and pain" of oppression left many feeling diminished. One Indigenous participant recounted "not being able to be fully who I am." Another was distressed that "we continually feed people disempowering messages about historical trauma."

Others described trauma as a way in, leading them on a path to reconnect with their cultural practices, mindfulness, and activism. One Black participant, for example, exclaimed: "Trauma trauma trauma brought me to mindfulness . . . I got so frustrated because I couldn't stop my thoughts. And so, [when] trauma [from] domestic violence came into the picture, ...[I] needed that outlet. So, it just grew from there." Meanwhile, an Indigenous participant reported how mindfulness and engagement with traditional spiritual practices empowered them to engage in activism and social change:

> Whether . . . through . . . a body scan or . . . sweat lodge, or spirit bath . . . .I can have the energy to be an advocate, to be an activist, to voice when things aren't appropriate, when they're not acceptable, that you do not get to dehumanise me, that I'm allowed to be who I am. I'm allowed to be in this existence as I know in this moment right and that that for me has maintained my healing my wellness, maintained my sobriety.

Motivation

Key to this research is the question of what brought participants to the practice of mindfulness and compassion and what keeps them practising. This raises the deeper question of what motivates people to recover and work toward more just social systems in the aftermath of racist encounters and trauma. Three dominant themes that emerged here were the search for connection, mental health, and empowerment, often through mindfulness and compassion.

Search for connection

Participants reported being motivated to find both interpersonal (social) and intrapersonal (internal) connection. An Indigenous participant described largely White school teachers "inflicting labels" that isolated or traumatized her as a child; yet, as an adult, she credited a White mindfulness teacher as playing a significant role in her healing and recovery:

> . . .Every year I would do a 10-day or three week silent meditation [retreat] with my teacher; I would either go to where she was in Alberta or . . . where I live. I was really lucky to live with her for about a year and got some incredible teachings that I feel . . . have literally saved my life.

In another example, an Indigenous participant described the impact of finding a Black mindfulness teacher, whereas up to that point, all of her teachers had been White:

> And then all of a sudden, I met a Black woman who was a meditation teacher . . . And the physical experience I had there was incredible. It was like I said when I go back to my village, I drop this cloak and I can just be . . . in her presence.

A Black participant who described racism at work, developed a strong sense of alienation that motivated her to seek more authenticity: "I smile on the outside and, . . . I pretty much have to wear a mask on all the time . . . in places [where I] have been oppressed." She then began practicing mindfulness and applying it in her work as a social worker: "I reconnected with mindfulness and made a decision to keep that as a continuous self care practice in my life and continue to expand my learning around it." She reported it as helpful in "dealing with the microaggressions and the racism that I was dealing with when I went to court when I went to the jails to visit the youth I was working with when I was doing supportive work with the families and the community." In this respect, mindfulness enabled her to connect more effectively with clients and in navigation relationships in a toxic work environment.

Mental health

Another motivator was mental health – for oneself or others. Some participants reported difficult emotions and depression arising from race-related cumulative trauma, for which they turned to mindfulness as a resource for recovery. Others worked in professions that led to their using mindfulness. A South Asian participant described using mindfulness with others then with herself. An East Asian participant reported resisting mindfulness before using it professionally in the Philippines and discovering that it "brought a lot of peace to mind, and really helped me deal with insomnia and stress, and I've kind of just stayed on that journey."

Empowerment

Some participants reported challenges with anger arising from the encounter with racism. Yet, this anger proved to more than a negative emotion to be regulated but a source of empowerment. A South Asian participant, for example, recounted turning to mindfulness when she developed a lot of anger and fear of losing control in the aftermath of giving birth:

> . . .I had a lot of anger around . . . certain things that I felt like I didn't have control around. And so . . .I decided to . . . enrol in a mindfulness class . . . What really resonated with me at that time was . . . understanding, how anger rises in the body, . . . how it's just a physiological thing . . . that loss of control . . . . You know how to be able to voice yourself in a way where you don't have to be aggressive but you're not passive either and really kind of understand that fine middle ground . . .

An Indigenous participant described the motivation for engaging in mindfulness progressing from negative emotions linked to oppression to gratitude to activism:

> . . .I can't undo the fact that oppression and White supremacy is still here, but I can determine how I respond to it and that's what mindfulness practices brought forward. . . .[It] changed my neuro pathways . . . and so. . . afforded me to stay in that place of gratitude, so that then I can have the energy to be an advocate, to be activist, to voice when things aren't appropriate, when they're not acceptable.

Mindfulness

Mindfulness was credited with a positive role in participants' recovery from race-based trauma, thereby empowering and supporting their agency and autonomy – see Figure 1. Yet, this reliance on mindfulness was tentative. Many voiced concerns with White mindfulness for the alienation or marginalization they felt in predominantly White groups. Some felt motivated to seek out mindfulness teachers or communities that reflected their background or those of other racialized people.

In trauma recovery

Participants reported that mindfulness drew their attention to the embodied impacts of trauma. An Indigenous participant explained how "[mindfulness] really has ... shifted me out of that ... sense of pressure. Being able to be here. Here is the reality, here is what exists right now, here's what my body is experiencing." Many participants also referenced compassion practices helping both themselves and others in race recovery through their professional work. A Black participant, for example, reported: "I experienced a lot of moments of compassion ... through my work ... as a counselor ... in a trauma recovery program ... [with] women of color."

A Black participant was motivated to practice mindfulness by her experience of anger and a sense of inauthenticity arising from internalized oppression:

> [Anger and panic are] part of Black life, along with joy and beauty and fun and awesomeness. That anger brought me to mindfulness ... [T]here was this sense that I had to be different, that's sort of what brought me to mindfulness, like I need to change, I need to be different than who I am, and so I'm sort of seeing how that, that, that line has been there ...

There were also repeated accounts of mindfulness enhancing self-awareness. One Black participant commented that "it was it was very much healing in the sense that I had always. . . been so easy for me to slip into other people's expectations of who I was. I had no sense of my own energy." She also describes developing a self-critical stance by checking in on her own biases in the midst of racist encounters. After starting to practice mindfulness "really deeply," an E./S.E. Asian participant developed insights concerning systemic racism, realizing how she had tended "to take a lot more personally when things would happen, and now I'm not taking things so personally because I'm seeing it as a system that we're wrapped up in."

As situated embodiment

Participants identified the practice of anchoring the mind in the body in mindfulness as a key mechanism of its efficacy in recovery. One described bodywork giving her "a sense of my own inner energy" while another described "breath work" as a coping strategy. One participant working with survivors of domestic violence described how witnessing their transformation through mindfulness impacted her own: "[T]hat for me was a turning point, . . . [to] see women are saying: 'Oh my God, all I think about is just breathe or walk' and doing walking meditation or stretches and . . . feeling different about their lives." During a mindfulness course and retreat, she began to recognize how emotions "might show up in the mind" and "how my thoughts were connected to my body sensations."

In diverse communities

Most participants described seeking supportive mindfulness communities as part of their recovery, but some were dissatisfied with White bias in some mindfulness settings. One South Asian participant commented: "I did not find a place of belonging within any of the mindfulness communities that I have been a part of and that's why I continue to search for that." A Black participant, feeling discomfort with representation and tokenism in a previous community, found relief and relaxation on joining a Black mindfulness affinity group.

Also challenging for some was the secular orientation of mindfulness. One South Asian participant commented that "the mindfulness space is for the West. It's for people who like it to be very secular, who are running behind the science." She contrasted secular mindfulness with the broad spectrum of more traditional meditations. Yet, paradoxically, mindfulness was also used to reconnect participants with compatible traditional practices. For example, some Indigenous participants said mindfulness increased their capacity to savor and engage in traditional Indigenous practices – celebrations, rituals, etc. - in meaningful ways.

Compassion

Many participants referenced self-compassion or self-care as critical in their recovery. One South-Asian participant reported it as transformative and that it changed her understanding of how deep mindfulness could be. Some were teachers of MSC or had taken the 8-week MSC or CCT (Cultivating Compassion Training). While participants showed residual anger or frustration with the sources of their race-based traumas, some described compassion as giving a pathway to reconciliation. One participant from the East-Asian affinity group described it in this way:

> I've used compassion, and similarly to mindfulness, in the sense of just kind of creating like a container for my own trauma. So, you know, I've used a lot of like, loving kindness *metta* to, to sort of almost in a way of forgiving the other, and saying, you know: "May you be well. May you be happy. And acknowledging that maybe they're coming from a place of hatred and that I don't need to respond to.

A few participants acknowledge the positive impact of being treated with compassion. One described feeling frustrated by White men at times yet recognizing as well how much some male allies had helped them, men who recognized and used their privilege to support others facing discrimination. Finally, some reported a close connection between using mindfulness to recover themselves and with clients or students; others described becoming more active in supporting their communities as integral to their own recovery. In this sense, compassion for others may help motivate or support personal recovery.

Discussion

How do experiences of racism impact racialized people?

Participants highlighted key challenges arising from race-based stress, oppression, and trauma, with differences in the degrees of harm reported between Indigenous, Black, and Asian participants, in descending order from more to less severe. Asians, for example, were more likely to have experienced adverse experiences of racism linked to migration. Reports offered evidence of all four manifestations of racism: systemic, cultural, interpersonal, and intrapersonal. Most participants, even if seeming to function well, recounted going through periods of malaise related to isolation, inauthenticity, and a sense of displacement.

Race doesn't exist biologically or objectively; instead, it is a social construct imposed on diverse people based on a constellation of common attributes to which many other assumed characteristics are imposed. This racialized construct is then used *as if it is real* to rationalize unjust social systems and power dynamics to exploit one group and privilege another. Accordingly, many participants experienced racialized identities as negative and imposed on them from hostile social environments.

Recovery, on the other hand, inevitably involved redeeming and reclaiming those racialized identities with a sense of empowerment, pride, and belonging, often including strong identifications with their own or other racialized communities. Yet, their phenomenological accounts of recovery focused less on "race" than on reconnecting with culture and community, reinforcing how recovery tends to happen through community and not just individually.

Returning to our ecology of mind theoretical framework in Figure 1, participant accounts illustrate the extent to which social environments impinge on identity and experience. At the same time, so much of what was recounted was not "out there" in the environment nor "in here" in introspection but between the two, in the phenomenological niche where so much of living is navigated. These accounts offer evidence of the impacts of racism on identity and agency, including accounts of incremental self-alienation, self-silencing, self-coldness, and distancing from one's cultural and familial roots. Recovery, on the other hand, often described struggles for authenticity, self-compassion, belonging, and increased autonomous self-regulation.

How, and to what extent, do mindfulness and compassion support recovery?

Participant accounts reaffirmed the ecology of mind's (Figure 1) conception of the organism as an active, not merely passive, agent in navigating hostile environments. Many described the encounter with mindfulness and compassion as supportive of their recovery from race-related stressors and traumas. Principally among the benefits were the ways these methods empowered their agency, confidence, and self-compassion in ways that made them more motivated to address the daily micro-aggressions and systemic racism in their midst. Some also recounted mindfulness and compassion contributing to their decisions to reach out more to racialized people and communities to empower themselves and others, thereby connecting mindfulness and compassion to social justice and change.

How can the teaching and learning of mindfulness and compassion be made more inclusive and available for racialized people?

Currently, mindfulness and compassion education are delivered in secular educational, clinical, and more traditional contexts like Buddhism, though "mindfulness" is increasingly used to refer to the medicalized secular variant (MacPherson & Rockman, 2023). In this study, participants identified feeling uncomfortable in some White-dominated mindfulness contexts, including feeling excluded or marginalized, which led some to seek alternatives in segregated affinity groups or with teachers from racialized minority groups. Some South Asian and Indigenous participants also described turning to traditional contexts to practice adapted forms of mindfulness.

Although organizations have started to recruit more diverse teachers, several participants who were themselves mindfulness teachers expressed concerns with tokenism in and beyond mindfulness education communities. Still, recruiting and training more diverse teachers is clearly a key strategy for enhancing access to mindfulness education. Perhaps most important are the implications of the theoretical framework depicted in Figure 1, which reminds us that mindfulness classes, groups, and organizations are social environments that necessarily impact how mindfulness is learned. If those contexts are reproducing racist habits that add to the distress of those trying to recover from racism, then no technique is going to overcome the potential threat they pose. Key is creating safe and hospitable spaces, practices, and communications. This necessarily includes White people examining and addressing their own assumed privilege.

Limitations

The limitations of this study include the snowball recruitment of participants, which skewed the results to a rather high-functioning and experienced cohort, many of whom were teachers of

mindfulness themselves. Also, the final question about access to education requires more systematic studies of curricular frameworks and programs and their performance in supporting recovery from racism. Given the disproportionate female participants, actively recruiting more men and LGBTQIA+ participants might help unpack how gender, sexuality, and race interact when mindfulness and compassion are used a strategy in recovery from oppression.

Conclusion

This study offered qualitative evidence to support a possible role for mindfulness and compassion education in recovery from racism and cumulative race-based trauma. A range of themes emerged in the data offering insights into identity, racism, oppression, trauma, motivation, mindfulness, and compassion. At the same time, some participants identified challenges in the encounter with mindfulness and compassion training and communities dominated by a White mindfulness orientation. Subsequent research is needed to substantiate and deepen the findings of this study for use in developing a robust framework for adapting or introducing anti-oppressive practices in mindfulness and compassion education.

Disclosure statement

No potential conflict of interest was reported by the authors.

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