

The Evolution of Mindfulness-Based Stress Reduction Teacher Training Programs for People Who Serve Historically Underrepresented Racial and Ethnic Groups

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Abstract

Background: There is a lack of mindfulness instructors from underserved/underrepresented communities who have completed systematic mindfulness teacher-training programs to meet the growing demand for culturally responsive mindfulness training in those communities.

Objectives: To investigate strategies for increasing the representation of Mindfulness-Based Stress Reduction (MBSR) teachers who serve historically underrepresented racial and ethnic groups.

Methods: Conducted through 4 one-hour Zoom focus groups (n = 54; women = 74%), this study queried individuals with experience serving underrepresented racial and ethnic communities, and had mindfulness experience, on how to increase participation from underrepresented communities in mindfulness. Thematic analysis of transcripts of participant responses involved double-coding by three team members, supporting rigorous evaluation of the data. All respondents who expressed interest in participating enrolled (no dropout from study enrollment to participation in focus groups).

Results: The study identified four key themes that illuminate challenges and essential adaptations for MBSR teacher training aimed at individuals serving historically underrepresented racial and ethnic groups. These themes include: (1) Cost and time commitment; (2) Trauma sensitivity; (3) Cultural Awareness; and (4) Diversity in teachers.

Conclusion: Participants provided actionable recommendations poised to facilitate the expansion of MBSR into more diverse communities, emphasizing optimal benefits and effective communication of inherent healing strengths within these communities. The findings underscore the compelling interest among leaders in marginalized communities to extend the reach of MBSR through culturally responsive approaches. This involves guiding pertinent adjustments and encouraging greater involvement of underserved communities in MBSR teacher training programs.

Keywords

mindfulness-based stress reduction (MBSR), underrepresented communities, culturally responsive mindfulness, mindfulness instructor representation, diversity in mindfulness training

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Introduction

Individuals from underserved and marginalized communities often perceive mindfulness as an activity primarily associated with ‘White people,’ fostering skepticism about its relevance to their own lives.¹ This skepticism is unfortunate, but somewhat true considering that Western mindfulness (including yoga) has generally been targeted at White affluent communities. However, the historical challenges of addressing stress in underserved and marginalized communities, where stress is multidimensional, intersectional, and intricately linked to historical traumas impacting the health and well-being of underserved populations,² demands more effort to reduce stress in those communities. Despite the widespread acknowledgment of mindfulness as an effective stress reduction tool, including in underserved communities,³⁻⁵ the expansion of mindfulness faces a substantial barrier – the absence of culturally competent mindfulness teachers.⁶ The involvement of mindfulness instructors deeply rooted in Black or Indigenous communities leading classes in Black or Indigenous communities, for example, enhances cultural relevance, representation, and overall participant well-being.^{3,7,8} However, there are many real and perceived barriers to increased representation of marginalized communities in mindfulness classes. This study was designed to explore strategies to identify and solve those barriers.

Stress

Stress has been shown to exacerbate various physical and mental health issues,⁹ and can lead to detrimental changes in neural functioning,¹⁰ neural connectivity,¹¹ and brain size,¹² and lead to damage to the stress response system.¹³ Notably, other systems, such as the cardiovascular,¹⁴ metabolic,¹⁵ or immune systems,¹⁶ are also affected by stress because the stress response system is interactive with these other systems and can cause damage to these systems if stress is unregulated or chronic. Further, the breakdown of these systems can lead to increased inflammation that mediates other diseases and lead to a wide range of stress-exacerbated diseases across the lifespan, such as diabetes, dementia, and hypertension.^{17,18}

Communities of color, compared to Non-Hispanic Whites, often disproportionately bear the burden of stress-related outcomes.² Middle-aged Black adults who are not of Hispanic origin experience a more significant chronic disease burden than non-Hispanic White adults in the United States, and they tend to develop multiple chronic conditions at an earlier age.¹⁹ In contrast, evidence suggests that Hispanics accumulate chronic diseases at a quicker pace when compared to non-Hispanic White adults in the United States.²⁰ In the United States, differences in psychological symptoms are also evident, with communities of color experiencing more severe and debilitating depressive symptoms than Non-Hispanic Whites, highlighting the presence of disparities in mental health outcomes.¹⁹ Although rates of depression are

lower in Blacks and Hispanics than Whites, depression in Blacks and Hispanics is likely to be more persistent.²⁰ In addition, Indigenous Americans report higher rates of Post-Traumatic Stress Disorder and alcohol dependence than any other ethnic group.²⁰ However, as noted earlier, people serving underserved and minoritized communities are not well represented in the teaching of mindfulness-based interventions (MBIs), nor are there many programs that reflect the realities of underserved communities, leaving a potentially-effective stress-reduction tool largely unavailable to underserved populations.

Mindfulness

Rooted in Buddhist traditions, mindfulness entails meditative practices that foster nonjudgmental awareness of thoughts, emotions, and physical sensations in the present moment to regulate stress. The principles of Mindfulness-Based Stress Reduction (MBSR) are influenced by Buddhist teachings, particularly their alignment with mindfulness practices. For example, central to the MBSR curriculum are the Four Noble Truths, which are reimagined as “ennobling tasks” within mindfulness, and the Four Foundations of Mindfulness, that are pivotal for fostering present-moment awareness and insight. Furthermore, the MBSR program incorporates the Three Marks of Existence—impermanence, suffering, and non-self—as foundational elements that deepen participants’ understanding of human experience through mindfulness.²¹

MBIs have shown promising outcomes in promoting good health behaviors,²²⁻²⁴ and has mitigating negative health consequences, slowing disease progression, and reducing maladaptive coping strategies.²⁵ These beneficial effects have been observed across diverse populations, including African, Asian, Latin American, and Indigenous communities, supported by research findings.²⁶⁻²⁸ An example of this is that among clinical groups of African Americans with low income, mindfulness has been linked to a decrease in depressive symptoms and thoughts of suicide.²⁹ In addition, meta-analyses have shown consistent evidence in support of MBIs for depression, pain conditions, smoking, and addictive behaviors.^{26,30} Taken as a whole, these results imply that MBIs are successful in addressing many physiological, psychological, and behavioral factors that contribute to stress-related inequalities in various populations.

Although MBIs have gained increasing popularity, they were often secularized and scientifically tested, typically led by scientists or teachers who were American or European, of White race, and male. Until recently, there has been limited attention to the unique race-related experiences and consequences that contribute to adverse health outcomes among people of color.^{6,8} Although the universality of human suffering was still emphasized, there has been little consideration of the specific racial and cultural factors that may impact the health of individuals from diverse racial and ethnic backgrounds in the United States.⁶ This has been reflected in the

lack of culturally relevant adaptations of MBIs, with relatively few exceptions, although a strong body of research is growing in this area.³¹⁻³³ Many modifications to MBIs have primarily focused on clinical treatment,³⁴ rather than addressing diverse communities' cultural values and socio-cultural contexts. This is concerning, because stigma and conflict can arise when these values and contexts are not represented in the intervention.³⁵

Woods-Giscombé and Gaylord³⁵ showed that Black Americans having prior experience with mindfulness reported that culturally relevant modifications were necessary to enhance the participation of Blacks in mindfulness practices. Their study found that having teachers of color and culturally relevant stories supported Black participants' engagement with MBIs. In addition, connecting mindfulness with familiar activities such as quilting, knitting, or shelling peas was an important piece to bridging the gap between mindfulness and the Black community. In relation, a recent study involving Black community leaders and police officers in mindfulness showed that the Black mindfulness group organically generated new forms of mindfulness that focused on sounds such as humming or based on music (notably, the police and Black community leaders engaged in separate mindfulness groups for several weeks before practicing mindfulness together; Chang, Woo, Gaithers, McNamara, & Proulx, 2024, unpublished data). More importantly, the participants in the Black mindfulness group voiced the importance of generating Black mindfulness groups led by Black mindfulness teachers.

Adjusting MBIs to meet underserved/underrepresented populations could address challenges that would allow communities of color to benefit more fully from MBIs. Already, individuals from racial and ethnic minority groups are less likely to access mental health care services.³⁶ For instance, in 2015, 48% of Whites with mental illness received mental health services, compared to 31% of Blacks and Hispanics and 22% of Asians. Furthermore, even when they do seek treatment, individuals from these minority groups are more likely to discontinue prematurely. A culturally sensitive mental health service has the potential to not only increase the efficacy of treatment but could prevent participants from ending treatment prematurely.³⁷ In a study by Kohn and colleagues,³⁸ participants in the adapted Cognitive Behavioral Therapy group scored much lower on Beck's Depression Inventory than the control group. Adaptation to the trial group included identifying generational patterns of behavior, reinforcing Black families' history of strength, and combating negative images. Just as with any other type of care, mindfulness may benefit more communities simply by increasing participation as MBIs become more responsive to diverse cultural needs.

Mindfulness-Based Stress Reduction (MBSR), was established by Jon Kabat-Zinn in 1979 at the Stress Reduction Clinic at the University of Massachusetts Medical School.^{21,39} MBSR enhances mindfulness and acceptance of

present-moment experiences, encompassing bodily discomfort and challenging emotions.⁴⁰ Through clinical trials showcasing its effectiveness in addressing physical and psychological conditions, MBSR has gained widespread popularity and accessibility in the United States.⁴¹ As the demand for MBSR grew, Jon Kabat-Zinn and Saki Santorelli created a curriculum to train more MBSR teachers to carry out these interventions. This curriculum has evolved over the years, with key elements remaining intact to be consistent with what are considered to be core elements. For example, a recent edition was updated in 2019, and is still undergoing revisions based on broad key informant feedback.⁴² The modifications to the curriculum in the recent edition prioritized important themes like sensitivity to trauma, diversity, and cultural events. A recent article by Crane and a diverse group of colleagues posit that an opportunity exists to strengthen and reshape the MBSR teacher training curriculum so that current and future teachers are better equipped to serve disadvantaged and marginalized communities.⁴³ Crane and colleagues proposed a culturally responsive adaptation of MBSR to meet the needs of underserved minorities. Their curriculum emphasized tailoring mindfulness practices to resonate with diverse cultural backgrounds, incorporating community-specific values and perspectives. By embracing inclusivity and cultural sensitivity, this approach can enhance engagement and effectiveness of mindfulness interventions among underserved populations.⁴⁴ This means leveraging the transformative effects of mindfulness practice on one's inner self to catalyze a compassionate reconnection with oneself, others, and the natural world. This reconnection, in turn, promotes prosocial behavioral changes and enhances awareness of personal biases and conditioning, with the goal of providing more effective support with underserved populations.

Current Study. There is a lack of research on mindfulness teacher training programs that are culturally responsive to the needs of marginalized communities. To address these gaps, this research aimed to identify obstacles that have impeded individuals who work with underrepresented ethnic and racial groups from pursuing MBSR teacher training. The study aimed to comprehend the reasons behind participants' potential disinterest in MBSR teacher training and develop suggestions for overcoming these hindrances.

Methods and Materials

Study Design and Procedures

We conducted focus group discussions with people who worked within marginalized and underserved communities and had prior experience with mindfulness. Recruitment was done through a database of past participants in MBSR, posting to listservs of mindfulness practitioners, and word of mouth. The participants were identified through networks of

known mindfulness or yoga teachers inclusive of Black, Indigenous People of Color (BIPOC) and Hispanic communities, although the types of training received (e.g., MBSR teacher training; yoga teacher training) was unavailable to the research team.

A recruitment email with study details was sent to individuals who expressed initial interest. All (100%) of the individuals who showed interest attended the focus groups. Fifty-four individuals participated in the study, divided into four online focus group discussions (n of 12, 13, 13, and 16) held on the Zoom platform. The discussions were facilitated by a graduate student and a university professor experienced in qualitative interviewing, using a semi-structured interview guide provided by the study personnel in consultation with an internal advisory board. The overall racial/ethnic representation of the interview team included one Indigenous American, two Black Americans, and one Asian American. Questions were asked in an open-ended format with additional probing questions as needed. Examples of some of the questions included, “What do you think the MBSR teacher training program needs to change to meet your inclusion, diversity, and belonging expectations?” “What are some barriers to completing the MBSR teacher training program?” Prior to participating in the focus groups, all participants provided consent, although this study was not deemed human subjects research by the home institution institutional review board, and instead was viewed as program development for the teacher training program for people who serve underserved communities.

Data Analysis

Trained research assistants reviewed audio recordings and matched them to the transcripts provided by Zoom until there was a verbatim transcription of all the waves of focus groups. The data analysis was completed by two Black Americans and one White American. The analysis process began with the team engaging in multiple readings of the transcripts. Thematic analysis, a suitable analytical approach for the semi-structured data from focus group discussions was employed.⁴⁵ The transcripts underwent double-coding by three research team members using Delvetool software version 12.12.22,⁴⁶ where they identified both a priori and emergent codes. The data were initially coded in the first analytic cycle by breaking them into groups of words, sentences, and paragraphs representing significant concepts. The initial codes were reassembled hierarchically in the second cycle into codes and higher-order themes. The qualitative codebook, containing codes and definitions, is available from the corresponding author upon request with ethics approval.

The team convened during three in-person meetings to: (1) cluster focus group coding into broad themes, (2) discuss themes and identify additional qualitative work needed, and (3) refine focus group themes into main themes and sub-themes. The coding structure from the focus groups and any

discrepancies were resolved through group consensus and communications between coders. The results of this comprehensive process and the integrated thematic analysis of qualitative data from the focus groups are presented below.

Results

Roughly half the participants in this study were Black American, a quarter were Asian American, 15% Latin/Hispanic, and 10% Native American/Indigenous. The majority (>74%) of the participants who participated in the study identified as women, and participants were predominantly (>64%) from the Northeast of the United States. All participants resided in the United States. The 54 individuals who participated in this study had a wide range of experiences with MBSR, ranging from no MBSR experience to being certified MBSR instructors, recognizing that all participants had mindfulness training of some type. The focus group analysis generated 12 codes that emerged clustered under four themes. These themes broadly reflected concerns that needed to be addressed in order to broaden MBSR teacher training for people who serve marginalized communities. The four themes were (1) Cost and time commitment; (2) Trauma sensitivity; (3) Cultural Awareness; and (4) Diversity in teachers.

Theme 1: Financial and Time Commitment

Participants' feedback emphasized the high cost and time commitment associated with meeting all the MBSR teacher training program requirements, making it challenging to pursue a career as an MBSR teacher. Participant #11 exemplified this point:

“These courses are expensive, and if my employer was not paying for them, I am unsure if I could take them. People in my community do not have thousands of dollars of expendable income to spend on teacher training. Thus, to motivate communities of color to engage in MBSR teacher training, we must construct ways to minimize the undue financial burden placed on this community. Not only is the cost of the training a barrier but having to take time off from work for the training is another barrier that must be considered”.

In addition to the financial challenges, the considerable amount of time needed for participants to take a break from their work and other responsibilities were significant concerns. Participant #4 specifically highlighted that the considerable time commitment required by the program was a cause for worry.

“...taking a whole week off from work to do this. Who can afford it? People in my community struggle financially, and taking off a whole week of work is a big burden and a lot to ask.”

As a result, to eliminate the impediments to becoming an MBSR teacher, addressing the expense of training and the income loss incurred during training was crucial to participants. Additionally, Participant #18 emphasized that additional assistance is required above and beyond financial support for the courses.

“.....the financial piece of it has to be a major piece of it for people and even for myself, like I said, if I weren’t reimbursed for all the caretaking I’ve had to take on for my mom. That includes financial caretaking as well. I wouldn’t have been able to do it anyway if work weren’t willing to reimburse me for it. Many people have other significant financial barriers that don’t concern care but are just as valid and important. I also had to use all my vacation days to attend the training.”

Theme 2: Trauma Sensitivity

The participants strongly agreed that MBSR programs they had participated in lacked sensitivity to historical and cultural trauma, which reduced the benefits of the program. For example, participant #6 emphasized the importance of including cultural and racial trauma in the curriculum:

“I specifically wanted to emphasize the point around looking at this through a trauma-informed lens and not just saying it, right? I did a program over at the Trauma Resource Institute, and they’re the only program I know of that names discrimination and oppression as a form of trauma. And I think that is so vital. And I, you know, with all the work I’ve done working through embodied bias and identity issues, it’s, you can’t, you shouldn’t avoid it, right? It comes up organically, and I think it is vital to introduce it at the beginning of the program, as so many people mentioned, and structurally create the foundations within it.”

Participant #12 emphasized the viewpoint held by most participants that, despite attempts made by MBSR teacher training and curriculum they had participated in to address trauma and historical trauma, such efforts were insufficient and lacked sincerity:

“So I think that in thinking about trauma-infused teacher training for underrepresented communities, how do we organize all of this so it’s weaved throughout, structurally and content because otherwise, it feels to me like it’s doing lip service, an hour on diversity, equity, trauma and inclusion, and belonging in a curriculum? We might as well not do it. So how do you structure the entire curriculum so that these issues are front and center from day one throughout every single thing of the curriculum? If you don’t center them, I feel we do lip service, which is what many programs are doing. Decentering White culture and looking at the structure of these programs and challenging the structure so it can reach the populations.”

The results from discussions around trauma sensitivity showed that participants felt it was crucial to consider the

particular stressors and traumas experienced by individuals of diverse racial backgrounds, including African descent, Asian, Latinx, or Indigenous communities, when integrating trauma sensitivity into MBSR.³⁰ These results suggested that stressors may vary across different neighborhoods, and how they affect the individual can also differ from those experienced by individuals of European descent. Hence, the participants noted that it was vital to consider these cultural variations when designing stress reduction techniques for specific groups. Furthermore, participants indicated that it was imperative to ensure that the process of incorporating a trauma-informed perspective is thorough and genuine.

Theme 3: Cultural and Historical Representation

The participants firmly acknowledged that the absence of diverse cultural values presented in MBSR hurt their MBSR teacher training experience. MBSR often highlights what participants can do to foster their skillful responses to stressors, but MBSR can have less explicit emphasis on the social contexts that are contributing to creating stressors and suffering. Participant # 51 stated:

“I would like MBSR to focus on community rather than individualism. For people of color, having a sense of community is very important; we heal together, not in isolation. MBSR focuses so much on the individual and misses out on collective healing, a big component of what it means to be a person of color and a big part of our cultural values.”

According to several participants, MBSR programs still need to evolve to meet the current societal needs, and Participant #28 emphasized this concern.

“We need to stop catering to White, affluent folks. In every arena in this country, we cater to White folks, and everyone else is just a byproduct of what has been created for White people. MBSR has been pro-White from its creation to today. We need to go through the curriculum word for word, the different mindfulness practices, and ask ourselves whom this is intended for. There has not been much room to express different cultural values.”

Furthermore, the participants stressed the importance of incorporating poetry and literature representing diverse communities into MBSR. They strongly desired cultural relevance to be integral to the MBSR curriculum. Participant #34 stated:

“I’m trying to think of ways to bring in cultural contexts. I think the curriculum can be more culturally sensitive and inclusive. Most of our poetry and readings are from White folks, probably because the teachers are mostly White. Their lived experience and mine are very different. Maybe if the teacher looks like me they will be more room for different cultures to show up in the teachings.”

In addition, Participant #44 emphasized that the perception of “mindfulness” being exclusively owned by Whites has been an additional barrier for individuals from marginalized communities who want to participate.

“I would like to address how this question was worded: “How can we make mindfulness inclusive of people of color? Mindfulness has always belonged to people of color, originating in people of color. And so even the way that we’re speaking about it, I think, is something that we need to acknowledge that, and so transitioning that into what do we need to make sure is included, is that recognition of this is already yours, this may have been taken from you, this may have been co-opted, this may have been twisted to appeal to the masses that are not you, but this has always been yours, and it belongs to you. You deserve to have it back, right? So I think that needs to be included, and it touches on what [Participant 1] has spoken multiple times about. We need to make it culturally relevant, but I say we need to be reminded of how it’s always been culturally relevant. So it’s just that it’s essential to me again, especially as someone from a culture where mindfulness is taught from birthright. It always belongs to me; it has always belonged to my mama; it always belongs to my grandma, and it doesn’t need to be inclusive of me; it is mine, and so it needs to be recognized as mine, and we need to empower each other to take back what is and has always been ours.”

Participants indicated that several vital steps must be taken in creating a mindfulness teacher training program that is welcoming to a diverse group of individuals. The need for cultural representation within the curriculum and reclaiming mindfulness for each community would be vital in addressing this.

Theme 4: Diversity in Teacher Trainers

The study participants strongly endorsed the inclusion of teacher trainers from diverse racial and ethnic backgrounds. This sentiment was revealed by Participant #2, who stated, “During my MBSR training, I could have used a lot of support from teachers who may have looked like me. So, I found loneliness, isolation, and a need for more cultural sensitivity.” Participants emphasized the importance of having facilitators from similar racial backgrounds to promote comfort, validation, and a sense of belonging. Additionally, many participants expressed a desire for spaces with facilitators from diverse backgrounds to create a feeling of safety and reduce the stress associated with spending time in predominantly White environments.

Moreover, participants noted that including teachers of color would alleviate cultural mistrust and concerns about participating in health-related services. Participant #8 highlighted this point,

“My biggest worry makes me cringe just thinking about it. Whenever we’re practicing mindfulness, I naturally examine my

racialized identity, that’s just a part of how I practice, and I can imagine someone new to practice and something coming up for them about their racialized identity and the facilitator not acknowledging what happened because they don’t know how to handle it or because they don’t know how to respond or even perhaps unknowingly trivializing that moment.”

These results strongly suggest that teachers of color are reliable gatekeepers for culturally responsive interventions and possess critical competencies, such as cultural understanding, not typically found in Euro-centric facilitators.

Discussion

This project aimed to understand how to create a culturally responsive MBSR teacher training program. To achieve our goal, we relied on recommendations from focus groups made up of culturally diverse participants who had experience with MBSR. Recommendations were informed by Brigg’s mental health utilization logic model,⁴⁵ and included modifications across four themes. The suggested modifications to the MBSR teacher training program encompassed (1) diversifying the teacher trainer pool, (2) incorporating cultural values into the teacher training curriculum, (3) addressing historical trauma, and (4) reducing the cost and time commitment of the program. Briggs’ model for mental health utilization suggests that marginalized communities’ health disparities are partly due to their low usage of health interventions.⁴⁷ In other words, increasing engagement in these interventions is necessary to decrease these disparities.⁴⁸ The model identifies three main reasons for the underutilization of services: issues internal to the mental health system (such as a lack of culturally-sensitive services), external issues (like limited financial resources for assistance), and individual factors (such as cultural mistrust).⁴⁹ Therefore, changes in all three areas are required to effectively address the underutilization of mental health services used by marginalized communities and encourage their participation in behavioral health interventions. Like the Briggs model, our results also supported cultural sensitivity, financial limitations, and cultural mistrust. In addition to Brigg’s model, our results supported the need for a diverse representation of those delivering these MBIs.

The participants strongly supported the training of diverse MBSR teacher trainers, consistent with Watson’s finding that people tend to prefer facilitators who are racially similar to them.⁵⁰ Our participants reflected this notion by saying, “I do not have a sense of belonging when none of my teachers look like me,” and “I struggle to relate to my teacher because she does not understand my cultural values.” But they also noted the need to reclaim rather than adapt mindfulness, a divergence from Watson-Singleton.⁴⁸ Despite efforts by mindfulness institutions to attract and keep a diverse group of trainees, there is still a noticeable shortage of culturally diverse MBSR teacher trainers. Our participants noted that

promoting cultural competence in mindfulness institutions and establishing apprenticeship programs in those spaces would allow current MBSR teachers from underserved and marginalized communities to receive training to teach more mindfulness teachers from those same communities. The overwhelming response from our participants was that this approach would lead to the MBSR teacher training pool reflecting underserved and marginalized communities and pave the way for the next generation of MBSR teachers dedicated to serving these communities.

Mindfulness instructors should have a good understanding of the history and traditions of the communities they serve.⁸ They also recommended that the teacher training curriculum reflects cultural values and includes culturally relevant supplementary materials, in line with culturally adapted treatment recommendations,³⁸ which aligns with research indicating that clients from diverse backgrounds are more likely to engage in behavioral health interventions that resonate with their values and beliefs.^{8,51,52} This aligns with our findings that participants wanted their cultural values represented and weaved throughout the curriculum. Therefore, it may be beneficial to include information on the connection between mindfulness and racial socialization in the curriculum.

Participants suggested incorporating trauma sensitivity throughout the teacher training curriculum, explicitly emphasizing historical and racial trauma. Participants underlined the importance of acknowledging social, political, and economic factors contributing to societal inequalities, as this can help instructors recognize and address differences shaped by systemic issues. Therefore, the MBSR teacher training curriculum should not only focus on individual stress factors but also explicitly address the societal conditions that impact marginalized communities, such as discrimination and bias based on race, gender, sexual orientation, education, income, occupation, and geographical region of residence. However, it is worth emphasizing that addressing these issues is traumatic for many. Still, there is a growing movement to use mindfulness as a tool for social change while at the same time using mindfulness as a tool for self-preservation.

Much of our approach was also guided by the fact that the makeup of the racial and ethnic makeup of the individuals conducting the Zoom interviews and who conducted the analysis can provide valuable context and transparency to the study.⁵³ This information can help readers understand the diversity and perspectives represented within the research team, potentially influencing interpretations of the findings. It also promotes accountability and acknowledges the potential influence of researchers' backgrounds on data collection and analysis. Additionally, disclosing this information aligns with principles of inclusivity and diversity in research practices. As noted earlier, there were one Asian American, two Black Americans, and one Indigenous American conducting the Zoom interviews and the data analysis was completed by two Black Americans and one White American.

Hargons⁵⁴'s development of a mindfulness program for Black Lives Matter activists was one of the few mindfulness programs at the time (or now) that reflected the dynamic experiences and history of people from marginalized communities. In that, there was a call to look at the pain of discrimination and the pain from historical trauma directly but with the tools to soften oneself in the process and allow compassion to arise for oneself and the community. Our results responded to that call and provided specific advice on creating the infrastructure that will catalyze a program that can include historical trauma while also being protective for the people engaged in the process, thus taking the conversation from ideas to specific action items to be addressed.

The participants noted that the cost and time commitment required for the MBSR teacher training program were significant obstacles. To make the program more accessible for underrepresented groups, it may be necessary to reduce tuition costs and shorten the length of the program to suit their needs better, while respecting what is possible to maintain a financially viable, high quality, MBSR teacher training program. This could be achieved, for example, through funding from grants, philanthropy and sliding pay scales. Training during more convenient times for these communities may also improve engagement rates.

Limitations and Future Directions

Our study's limitations should be considered when interpreting these findings. Since our study was exploratory, the sample we used was predominantly from the northeast of the United States, and mostly women. Additionally, dissatisfied participants with the MBSR program may have been more likely to participate. Therefore, the results should be interpreted with caution, recognizing that they reflect the experiences of a modest sized group of 54 participants focused specifically on mindfulness teacher training. Future research should build on this study by examining the experiences of more diverse and more extensive samples in relation to MBSR teacher training.

Moreover, further research that highlights the specific needs of each marginalized community is necessary. Ultimately, the findings can be used to inform modifications to MBSR teacher training programs, and potentially other mindfulness teacher training programs. As noted earlier, work in this area is growing as researchers recognize the inherent healing that exists in the communities they work in and develop effective steps to allow the community to teach the researchers. Empirically supported interventions are now considered the standard in behavioral healthcare, and mindfulness teacher training can be as rigorous in its approach to teaching mindfulness in marginalized communities. As such, it is essential to thoroughly assess the effectiveness and efficacy of a culturally responsive MBSR teacher training program in order that the full benefits of mindfulness can be shared more widely.

Conclusion

To summarize, this study's findings provide valuable details on creating culturally responsive MBSR teacher training and increasing engagement among marginalized communities, ultimately leading to a more diverse mindfulness field. However, much of this work must be done within diverse-led classes with people from diverse communities for people to feel safe enough to speak freely. This does not suggest that mindfulness is a segregated phenomenon, but that reflects the history of repeatedly having harm come to marginalized people when they were showing vulnerability. Cultivating knowledge and experience in mindfulness in diverse and underserved communities will lead to more engagement with underserved populations soon enough, as seen in emerging and sustained projects related to social justice and racial healing through mindfulness. The current study contributes to the literature on culturally responsive training programs and emphasizes the importance of further research conducted by people who represent diverse and underserved communities and perspectives. Such efforts are crucial for addressing the numerous barriers that hinder marginalized communities' participation in MBSR teacher training programs.

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