Adult Education in the Promotion of Mental Health and Wellbeing: Anti-Oppressive, Trauma-Informed, and Mindfulness-Based Praxes

Seonaigh MacPherson[1], Allison Kelly[2], Giselle Kraus[2], Rose Mina Munjee[3],
Brianna Strumm[1], Amea Wilbur[1]
[1] University of the Fraser Valley (Canada)
[2] University of Waterloo
[3] University of Reading

Abstract

This symposium aligns four related studies examining innovations in adult and higher education to promote psychological, social, and community wellbeing through transprofessional (educational, community, clinical) practices in adult education. Each case or study presents an emerging form of praxes helping to redefine adult education in the 21st century. The four papers presented cover specific cases, contexts, and topics relevant to addressing trauma and wellbeing through adult and higher education. They are, in order of presentation: i) Professional and higher education I: Trauma-informed praxis in professional and higher education; ii) Professional and higher education II: Introducing for-credit mindfulness courses; iii) Community-based adult education: Mindfulness and compassion education in response to the cumulative trauma of racism; and iv) Mindfulness as anti-oppressive praxis.

INTRODUCTION

A confluence of factors has resulted in a re-orientation on oppression and wellbeing in adult education. First among these are research on the impacts of identity on oppression (Kira et al., 2021; Munjee & MacPherson, 2023) and of adverse childhood experiences (Leung et al., 2022) as cumulative developmental traumas affecting the lifespan. Added to these are adult distress arising from exposure to traumatic stressors like conflict-affected forced migration (Hou et al., 2020), climate change (Lawrance et al., 2021), and increasing mental health problems in youth aged 18-24 and in college students, particularly in women and transgender and gender non-conforming students, with implications for emerging adult populations (ACHA, 2019, 2022; Campbell et al., 2021; Garriguet, 2021; Wiens et al, 2020). Research indicates traumas are further exacerbated by social issues such as poverty, unemployment, racism, and gender inequity (DeRiviere, 2019), as well as stressors associated with the initial spread of COVID-19 and its aftermath (Etowa et al, 2021).

Because barriers exist to accessing effective mental health services (Moroz et al., 2020), attention has shifted to adult and higher education. Of the 32% of Canadian student respondents to the ACHA (2022) survey who reported a diagnosed clinical anxiety disorder, only 72% reported contact with a healthcare of mental health practitioner that year. Adult, higher, and professional educational interventions like mindfulness (Hoge et al., 2022), compassion (Munjee & MacPherson, 2023), and trauma-informed practice (Kim et al., 2021) are emerging as viable alternatives to clinical treatments. This has led to considerable interest in the promotion of transprofessional praxes straddling health and educational professions (MacPherson et al., 2022). Given the implications of improving access to health and wellbeing, such innovations are critically important to promoting social justice through education when access is otherwise unevenly distributed and based on income and other privileges.

Despite these current and imminent needs in adult and higher education for strategies and programs to promote mental health, trauma resilience, and wellbeing, there is a dearth of research on the topic in the field. Arguably, of notable exception is the field of professional education, where studies offer many examples of best practices in promoting resilience in the health (e.g., Wald, 2020; Wheeler & Phillips, 2021) and language teaching (e.g., Wilbur & Damji, 2022) professions. To address this gap, this symposium paper considers and presents four research-based studies designed to offer insights into issues, applications, and cases affecting trauma-informed and mindfulness-based praxes in adult and higher education. The following four cases and components are presented: i) Professional and higher education I: Trauma-informed praxis in professional and higher education; ii) Professional and higher education II: Introducing for-credit mindfulness courses; iii) Community-based adult

education: Mindfulness and compassion education in response to the cumulative trauma of racism; iv) Women's "liberation" through adult education: Mindfulness as anti-oppressive praxis.

PROFESSIONAL AND HIGHER EDUCATION I: TRAUMA-INFORMED PRAXIS

Trauma-informed pedagogy and practice is an emerging area in the field of higher education with the potential to transform how educators engage with students. Trauma-informed instruction recognizes that past and ongoing trauma can impact student success; it employs strategies to foster a supportive environment, reduce barriers to learning, and address inequities. Research indicates that trauma is prevalent in students conducting post-secondary studies and demonstrates that the severity of trauma symptoms is significantly linked to social issues such as poverty, unemployment, racism, and gender oppression (DeRiviere, 2019). Trauma-informed approaches promote hope, social justice, equity and responds to trauma with empathy, solidarity, and support.

For many adults, trauma is not in the past; it is in the present. As van der Kolk (2014) writes in *The Body Keeps Score*, "trauma is much more than a story about something that happened long ago. The emotions and physical sensations that were imprinted during the trauma are experiences not as memories but as disruptive physical reactions in the present" (p. 206). Given the lifelong impacts of trauma, educators can create opportunities for learning and transformation through students' encounter with suffering. In addition to the individual traumatic and adverse events that many people experience throughout their lives, there is a growing magnitude of trauma, adversity, crisis, loss, and inequity shaping our world today. In post-secondary contexts, we collectively experienced the traumatic stressors of COVID-19 and the associated global pandemic, which presented professors, staff, and students with new tasks, obstacles, and much emotional labor (Detwyler, 2022). Alongside the pandemic, concurrent violence against racialized people, experiences of war and conflict, climate change, and the discovery of unmarked graves at residential schools in Canada have added another layer of collective and cumulative trauma to student experiences. Studies show that between 66-85% of youth report lifetime traumatic event exposure by the time they reach college (Carello & Thompson, 2022), a rate that may be higher for marginalized groups of students.

As a result, educators need to create learning spaces and methods that are sensitive to the complexities of our current world while fostering resilience, possibility, equity, and belonging. One recent response has been an increase in American literature published on trauma-informed practices and equity-centered approaches in post-secondary education (Carello & Thompson, 2022; Imad, 2020; Stromberg, 2023; Venet, 2021). This presentation and associated research can add a Canadian perspective to this broader literature and conversation about trauma-informed teaching.

This small-scale qualitative research project explored the use of trauma-informed pedagogy with adult learners in British Columbia (BC). The intention was to understand how post-secondary educators are contemplating the impacts of trauma and their responses to trauma in learners. Using a phenomenological approach via interviews and a focus group, we explored the barriers and methods instructors used to identify and respond to trauma and ongoing crises. We investigated the experiences of educators from six different BC institutions and how they supported post-secondary students with trauma, as well as their recommendations regarding how institutions can take actions to become more trauma-informed. To capture the participating educators' experiences, we conducted 12 individual interviews and two focus groups. This research will benefit and support the work of Canadian post-secondary educators, administrators, and students. The presenters, professors in the fields of adult education and social work, also developed an adult education course on trauma-informed pedagogy and practice and will share their experiences in both researching and teaching this topic.

PROFESSIONAL AND HIGHER EDUCATION II: INTRODUCING FOR-CREDIT MINDFULNESS COURSES

The ACHA (2022) survey of students attending 16 Canadian colleges and universities (N=11,322) found 85% of respondents were experiencing moderate to severe psychological distress, 17% reporting "languishing" mental health, and only 5.7% assessed as resilient. Mindfulness, a transprofessional clinical and educational intervention used to address these troubling trends, is supported by mounting clinical and educational evidence indicating that it can reduce mental distress and increase resilience. Mindfulness is demonstrated to help all top five of the 51 listed impediments to academic performance in the ACHA study that were identified by over 30% of

the respondents: procrastination (61%), stress (51.5%), anxiety (43.3%), sleep (31.9%), and depression (30.4%) (pp. 5-6).

Mindfulness practices or courses, including evidence-based standardized courses like mindfulness-based stress reduction (MBSR) and mindfulness-based cognitive therapy (MBCT), are not new to higher education; however, to date they have tended to be used as informal practices or non-formal courses outside of the academic curriculum, often taught by counsellors or student services. The evidence on record suggests these courses have had challenges, including low enrollment, high attrition (often 50%), and low adherence and engagement in home practices. The researchers, both professors and certified mindfulness teachers, recognized the value of bringing these courses into the curriculum to provide an evidence-based approach to justify dedicating curricular time to learning and practicing mindfulness. They saw potential benefits for student mental health and ultimate application in their personal and professional lives after graduation.

With these needs in mind, this research study was designed to investigate the introduction of two evidence-based mindfulness programs - MBSR and MBCT - as discrete, for-credit upper-level courses in two Canadian universities, each course offered in 12 weeks during the Winter 2024 term with 25 students in each course. The research questions guiding the study investigated: i) the impacts of the course on students' stress and wellness, mindfulness, and academic performance; ii) students' experiences of institutional supports for wellness and of the supports offered through the mindfulness course; and what students learned in such discrete mindfulness courses.

During the first class of the term, a research coordinator presented information about the study to the students in both courses. A comparison group of upper-year undergraduate students who were *not* enrolled in a for-credit mindfulness course was also recruited through an online participant pool. All participants were asked to complete online surveys assessing their psychosocial and academic functioning at the start, middle, and end of the term, and one month after the term. Participants included 31 people in the mindfulness courses: 18 at University of Waterloo (UW) and 13 at University of the Fraser Valley (UFV) started the study. In addition, 60 UW students were recruited for a comparison group outside of the for-credit mindfulness course and participated in the start-of-term survey and consented to participate in the subsequent surveys. Attrition from the start to the end of term was 19% and 30% for the mindfulness course and non-mindfulness course students, respectively. At the end of the term, students in the mindfulness classes were given the option to contribute their final course reflections anonymously for qualitative analysis, and 23 students consented to do so.

Analysis of covariance (ANCOVAs) examined differences between the groups in final questionnaire scores at the post-term controlling for pre-term scores; supplementary paired sample t-tests were also conducted. Together, the results found that, compared to students in the comparison group who were not enrolled in a mindfulness course, students in the mindfulness courses reported decreased maladaptive functioning and increased adaptive functioning over the term. Specifically, after controlling for pre-semester levels, students in the mindfulness courses experienced reduced stress ($ps < .05$), a reduced sense of feeling isolated in their struggles ($ps < .05$), and decreased avoidant coping with regards to academics ($ps < .01$). In addition, students in the mindfulness courses experienced increased mindfulness ($ps < .05$), increased overall levels of self-compassion ($ps < .05$), increased sense of purpose in life ($p < .05$), increased approach coping with regards to academics ($p < .05$), and increased use of self-care practices ($p < .001$). There were no differences between the mindfulness course students and the comparison students with respect to other mental health (e.g., depression, anxiety) and academic (e.g., academic self-efficacy) variables. Thematic analyses will soon be performed on mindfulness students' end-of-course reflections and summarized at the conference.

These findings indicate that for-credit mindfulness courses in higher education can offer specific forms of psychological and academic supports for post-secondary students whether offered as open elective (UFV) or closed professional (UW) credits. Given that both courses were upper-level (designated 400-level) credit, students were disproportionately facing particular stressors associated with program completion. The link between psychological and academic impacts is worth noting as are the presumed benefits - to be determined with the qualitative data analysis - of the added benefits of attendance and participation provided by locating the course inside, rather than outside of, the formal curriculum in higher education contexts.

COMMUNITY-BASED ADULT EDUCATION: MINDFULNESS AND COMPASSION IN RESPONSE TO RACISM

This component presents findings from a qualitative research study of the impacts of racism on racialized mindfulness practitioners and teachers. The focus groups considered how these adult learners and educators from across Canada applied compassion and mindfulness education and practices as resources for recovery and resistance, so as to respond to these adverse experiences both personally and professionally. The study was a response to the growing recognition of the need for greater diversity, equity, inclusion, and belonging (DEIB) in mindfulness education programs and organisations in Canada. The researchers recognized the dominance of a narrow demographic of primarily White, middle-class to affluent, middle-aged people serving as teachers, accessing courses and retreats, and establishing practices (Fleming et al., 2022). This excluded racialized people living in Canada with various intersectional identities who felt excluded, under-represented, and uncomfortable in mindfulness settings (Beshai et al., 2023; Proulx & Bergen-Cico, 2022; Munjee & MacPherson, 2023).

Applying ecological theories of mind and critical phenomenology, the research investigated the key features and themes of BIPOC experiences of racism, oppression, or marginalisation leading to, or in the process of, using mindfulness- and compassion-based strategies as a potential response. To do so, the researchers drew on the self-reported experiences of 30 adults organized into five focus groups of practitioners and teachers of mindfulness and compassion from BC, the prairies, Ontario and Quebec. These participants were organized into four affinity groups (Indigenous, Black, South Asian, and E./S.E. Asian) and one contrastive White group to offer a dominant population perspective. Using distinct racial affinity groups enhanced participant safety and comfort in discussing difficult topics.

Resulting data were clustered under seven salient topics: identity, racism, oppression, trauma, motivation, mindfulness, and compassion. These were organized into five themes, with mindfulness and compassion as a common thread. 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. Compassion was associated with reversing of self-coldness and opening to reconciliation. Participants named resources that helped them cope with, process, and transcend experiences of racism or oppression. These resources included mindfulness or compassion practices and practice communities, connecting with like-minded and relatable others, and reconnecting with traditional, cultural and ancestral practices in safe environments. Access to these resources helped participants establish healthy boundaries against racism and oppression.

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." A participant from the UK reported: "Kids chased me and my sister home from school calling us Blackie." An Indigenous participant was 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 movingly recounted navigating life with recurring "grief and trauma and pain . . . being dehumanized." Likewise, a Black participant reported: "When it's dark out, I panic about the thought that this oppression is unending . . . part of black life."

The results of this study also added a perspective on how teaching and learning of mindfulness and compassion can be made more inclusive and accessible for racialized people. Currently, mindfulness and compassion education are delivered in secular educational, clinical, and more traditional contexts with increasing emphasis on the secular variant (MacPherson & Rockman, 2023). In this study, participants identified feeling uncomfortable in some White-dominated secular 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.

Figure 1 (reproduced from Munjee & MacPherson, 2023) illustrates the ecology of mind in the context of racist experiences. The ecological niche is where we navigate our living, in the dynamic third space between the organism and its environments, a zone in which we are both autonomous and interdependent with the social and biological worlds. Here, the environment exerts power over the organism, leading the organism to adapt, resist, or alter the environment to better serve the needs of the organism. Mindfulness and compassion appear to function to empower the agency, health, and vigor of the organism supporting its capacity to respond.
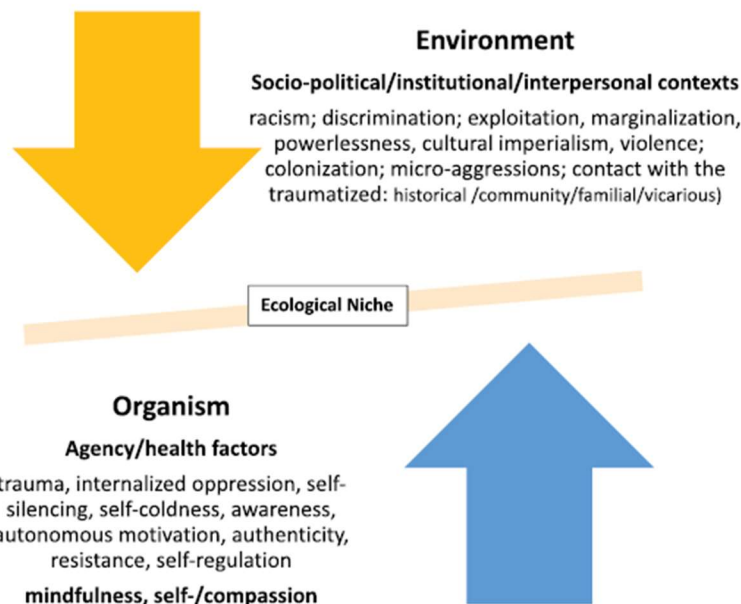
Figure 1. An ecological model of racism and its impacts.

Although organizations have started to recruit more diverse teachers, several participants who were mindfulness teachers expressed concerns with tokenism in mindfulness education. Still, recruiting and training more diverse teachers is clearly key to enhancing access to mindfulness education. The theoretical framework in Figure 1, implies that mindfulness classes, groups, and organizations are social environments that 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.

MINDFULNESS AS ANTI-OPPRESSIVE PRAXIS

Adult education has long been identified with social justice and anti-oppressive praxis (e.g., Freire, 1970/2005); however, recent anti-oppressive research has shifted attention from the political to the psychological impacts of oppression on learners' mental health and wellbeing as critical agendas for both adult and higher education. Motivating this, in part, is the troubling increase of mental health challenges and diminished wellbeing experienced by young women v. men (ACHA, 2019, 2022; Campbell et al., 2021; Garriguet, 2021; Wiens et al, 2020). This component of the symposium explores the potential role of mindfulness in deepening the longstanding anti-oppressive praxes of adult education, with a particular emphasis on its implications for empowering women.

Theoretically, this shift in the interpretation marks a disciplinary shift from a sociology to psychology or social-psychology, where oppression is understood as the inhibitory suppressive and repressive experiences arising from the internalization of abusive social systems through their impacts on personal identity, agency, autonomy, and, ultimately, consciousness itself. In this respect, the oppressed develop a preconscious complicity with discriminating social systems and their oppressors through processes of *internalization* (Freire, 1970/2005) and *appropriation* (Versey et al., 2019). In the process, structural inequities become internalized as psychological obstacles affecting the agency, autonomy, and intentions. So, although conditions may be oppressive, to manifest as oppression they are necessarily internalized psychologically through identity dynamics.

Trauma may or may not overlap with oppression; however, research suggests that a strong direct relationship exists between oppression and trauma disorders. For example, Kira et al. (2019) used pooled data sets (*N*=2471) to demonstrate that, as collective identity stressors and traumas (CIST), oppression had a direct effect on three trauma-related disorders: post-traumatic stress disorder (PTSD), cumulative trauma disorders (CTD), and existential annihilation anxieties (EAA). On the other hand, Tseris (2019) cautioned that trauma

orientations can divert attention from oppression and socio-cultural contexts by medicalizing distress and minimising gender equity issues. Nevertheless, linking social and psychological manifestations are key, as Gale et al. (2020) found in their meta-analysis (26 studies) that concluded that the internalization of oppression generated the most significant harms to mental health.

The oppression of women is critical to understanding the broader dynamics of the psychology of oppression given the distinctive role of women in biological reproduction and the heteronormative family. Successive waves of feminist theories from second through fourth wave iterations (deBeauvoir, 1949/2011; Firestone, 1970; Moi, 2005; Manne, 2018), women's oppression is interpreted as situated in her social position as the means to the ends (flourishing or wellbeing) of others. Most recently, Manne (2018) argued in her definitive philosophical study that misogyny doesn't dehumanize women so much as turn them into narrowly-defined human beings who are morally obligated to serve others, as nurturers and givers, while men are morally entitled to be served. So long as women accept this class-specific subservient position and the idealized virtues that rationalize it, they are protected from the reprisals of patriarchy. Where they deviate, they become vulnerable to sanctions that include harassment, social stigma, isolation, and violence (p. 20; pp. 146-147):

> Misogyny takes a girl or a woman belonging to a specific social class…then threatens hostile consequences if she violates or challenges the relevant norms or expectations as a member of this gendered class of persons. These norms include (supposed) entitlements on his part and obligations on hers. …Women's role as givers, and privileged men's as takers, is internalized by women as well as men; some women who are full paid-up members in the club of femininity are no less prone to enforce such norms, at least in certain contexts. Indeed, when it comes to third-personal *[sic]* moralism as opposed to second-personal *[sic]* reactive attitudes, they may be *more* prone to do so, because women who appear to be shirking their duties, in being, for example, careless, selfish, or negligent, make more work for others who are 'good' or conscientious.

As an example, in 1993, I interviewed a group of Indian village women in the Himalayas (Himachal Pradesh) involved in a WHO-sponsored village-based forestry initiative. Curious about the absence of men and their experiences *as women* and working on the project for very little compensation, I asked their spokesperson about her experiences *as a woman*, and she responded (through a translator):

> We cry every time we give birth to a girl because we know she will face a life of misery and constant work and little more. That is all we do – work, clean, cook, and care for children. To be born a woman is a curse. While it is true that some of our daughters have hopes for more, there is little way for them to make these hopes come true. My daughter, for instance, dreams of becoming a Bollywood star. That is all she wants, but I don't see how that can happen.

In contrast to this direct testimonial, the story circulating in the academic and development communities at the time depicted these women quite differently, as motivated by ethical and moral superiority focused on sustaining village-based forestry practices and caring for their families and the earth.

In a later exchange during an English class with Tibetan refugee nuns in the same Himalayan region, I introduced the vocabulary phrases: "A nun is a woman; a monk is man." One student stood up, incensed: "No, no! A nun is not a woman. A nun is like a monk, not like a woman." She was speaking in Tibetan, so another nun stepped in English to translate:

> Teacher, she is saying that nuns are not women; they are like monks and not like women. We don't marry or have children, so we are not women. Monks are not men either. I'm not sure I agree, but this is what she is saying. …When we become nuns, we give up being women. No babies. No husbands.

This awareness of identity dynamics in the psychology of oppression goes to the heart of mindfulness as an anti-oppressive praxis. In defining a path for mindfulness as anti-oppressive practice in higher education, Berila (2016) reiterates:

> This mindful embodied learning is a crucial component to anti-oppressive pedagogy because it teaches us how to meet our responses with clarity and compassion. Only then can we begin to unlearn these deeply embedded responses. …This work cannot be done at a merely analytical level. It MUST be done at the level of our hearts, bodies, *and* our minds. (p. 22)

I applied these insights in designing an upper-level university course that combined readings, mindfulness practices, and a final project to teach and instil the following seven protocols of mindfulness as an anti-oppressive praxis:

1. *Theorize* oppression as a form of suffering arising from identity struggles and dysfunctions.

2. *Re-orient* on the experience of identity within the lived body v. the narrative construals of identity.
3. *Decenter* from constricting, low status, negative, and habitual identity beliefs.
4. *Resist* internalizing ongoing social identity projections based on harmful norms or expectations.
5. *Reconstruct* more authentic identities consistent across inner experience and outer expression.
6. *Self-regulate wellbeing* through empowering autonomy and agency.
7. *Cultivate ecological awareness* in recognizing how identity, oppression, and wellbeing are all enacted across biology, psychology, consciousness, and social systems.

References

American College Health Association (ACHA). (2019). National College Health Assessment (NCHA) II - Canadian Reference Group - Executive Summary Spring 2019. https://campusmentalhealth.ca/wp-content/uploads/2022/10/NCHA-II_SPRING_2019_CANADIAN_REFERENCE_GROUP_EXECUTIVE_SUMMARY.pdf

American College Health Association (ACHA). (2022). National College Health Assessment (NCHA) III - Executive Summary Spring 2022. https://www.acha.org/documents/ncha/NCHA-III_SPRING_2022_CANADIAN_REFERENCE_GROUP_DATA_REPORT.pdf

Berila, B. (2016). *Integrating mindfulness into anti-oppression pedagogy: Social justice in higher education.* Routledge.

Beshai, S., Dejarlais, S., & Green, B. (2023). Perspectives of Indigenous university student on mindfulness-based interventions and their adaptation to reduce depression and anxiety symptoms. *Mindfulness, 14,* 538-553. https://doi.org/10.1007/s12671-023-02087-7

Campbell, O., Bann, D., & Patalay, P. (2021). The gender gap in adolescent mental health: A cross-national investigation of 566,829 adolescents across 73 countries. *SSM - Population Health, 13,* 100742. https://doi.org/10.1016/j.ssmph.2021.100742

Carello, J., & Thompson, P. (2022). Developing a new default in higher education: We are not alone in this work. In P. Thompson & J. Carello (eds.) *Trauma-informed Pedagogies: A Guide for Responding to Crisis and Inequality in Higher Education*, (pp. 1-12). Palgrave McMillan.

deBeauvoir, S. (1949/2011). *The second sex* (C. Borde & S. Malavany-Chevallier, Trans.). Vintage.

DeRiviere, L. (2019). How can community-university engagement address family violence prevention? One child at a time. *Aboriginal Policy Studies, 7*(2), 3-28. http://ejournals.library.ualberta.ca/index.php/aps/article/view/28316

Detwyler, D. (2022). Between waves: LINC instructors' perspectives on pandemic teaching. *TESL Journal Canada, 39*(1),1-19. https://doi.org/10.18806/tesl.v39i1/1370

Etowa, J., Hyman, I., Dabone, C., Mbagwu, I., Ghose, B., Sano, Y., Osman, M., & Mohamoud, H. (2021). Strengthening the collection and use of disaggregated data to understand and monitor the risk and burden of COVID-19 among racialized populations. *Canadian Studies in Population, 48*(2-3), 201–216. https://doi.org/10.1007/s42650-021-00050-2

Firestone, S. (1970). *The dialectic of sex: The case for feminist revolution.* Farrar, Straus, and Giroux.

Fleming, C., Womack, V., & Proulx, J. (Eds.) (2022). *Beyond White mindfulness: Critical perspectives on racism, well-being and liberation.* Routledge.

Freire, P. (1970/2005). *Pedagogy of the oppressed.* Continuum.

Gale, M., Pieterse, A., Lee, D., Huynh, K., Powell, S., & Kirkinis, K. (2020). A meta-analysis of the relationship between internalized racial oppression and health-related outcomes. *The Counselling Psychologist, 48*(4), 498-525. https://doi.org/10.1177/001100002090445

Garriguet, D. (2021). Portrait of youth in Canada: Data report. Chapter 1: Health of youth in Canada. Statistics Canada, Catalogue no. 42-28-0001. Accessed at: https://www150.statcan.gc.ca/n1/en/pub/42-28-0001/2021001/article/00001-eng.pdf?st=7zP8CUHr

Halladay, W., Dawdy, J., McNamara, I., Chen, A., Vitoroulis, I., McInnes, N., & Munn, C. (2019). Mindfulness for the mental health and well-being of post-secondary students: A systematic review and meta-analysis. *Mindfulness, 10*, 397-414. https://doi.org/10.1007/s12671-018-0979-z

Hoge, E., Buid, E., Mete, M., Dutton, M., Baker, A., & Simon, N. (2022). Mindfulness-based stress reduction vs. Escitalopram for the treatment of adults with anxiety disorders: A randomized clinical trials. *JAMA Psychiatry, 80*(1), 13-21.

Hou, W.K., Liu, H., Liang, L., Ho, J., Kim, H., Seong, E., Bonanno, G., Hobfoll, S., & Hall, B. (2020). Everyday life experiences and mental health among conflict-affected migrants: A meta-analysis. *Journal of Affective Disorders, 264*(1), 50-68. https://doi.org/10.1016/j.jad.2019.11.165

Kim, S., Crooks, C., Bax, K., & Shokoochi, M. (2021). Impact of trauma-informed training and mindfulness-based social-emotional learning program on teacher attitudes and burnout: A mixed-methods study. *School Mental Health, 13*, 55-68. https://doi.org/10.1007/s12310-020-09406-6

Kira, I., Fawzi, M., Shuwiekh, H., Lewandowski, L., Ashby, J., & Boshra, A-I. (2021). Do adding attachment, oppression, cumulative and proliferation trauma dynamics to PTSD Criteria "A" improve its predictive validity: Toward a paradigm shift? *Current Psychology, 40,* 2665-2679. https://doi.org/10.1007/s12144-019-00206-z

Lawrance, E., Thompson, R., Fontana, G., & Jennings, N. (2021). The impact of climate change on mental and emotional wellbeing: Current evidence and implications for policy and practice. Grantham Institute Briefing Paper No. 36. Institute of Global Health Innovation, Imperial College, London.

Leung, D., Chan, A., & Ho, G. (2022). Resilience of emerging adults after adverse childhood experiences: A qualitative systematic review. *Trauma, Violence, & Abuse*, *23*(1), 163-181. https://doi.org/10.1177/1524838020933865

MacPherson, S., & Rockman, P. (2023). *Mindfulness-based teaching and learning: Preparing mindfulness specialists for education and clinical care.* Routledge.

MacPherson, S., Grabovac, A., Collins, E., Heah, T., Rockman, P., & Winston, D. (2022). Transprofessional competencies across clinical, organisational, and educational professions: The case of mindfulness-based teaching and learning (MBTL). *Professional Development in Education.* https://doi.org/10.1080/19415257.2022.2143863

Moi, T. (2005). *Sex, gender, and the body: The student edition of What is a woman?* Oxford University Press.

Munjee, R. & MacPherson, S. (2023). Mindfulness and compassion in response to racism. *Diaspora, Indigenous, and Minority Education.* https://doi.org/10.1080/15595692.2023.2254873

Proulx, J., & Bergen-Cico, D. (2022). Exploring the adaptation of mindfulness interventions to address stress and health in Native American communities. In C. Fleming, V. Womack, & J. Proulx (Eds.), *Beyond White mindfulness: Critical perspectives on racism, well-being and liberation,* (Ch. 7, 15 pages). Routledge.

Tseris, E. (2019). Social work and women's mental health: Does trauma theory provide a useful framework? *British Journal of Social Work, 49,* 686-703. https://doi.org/10.1093/bjsw/bcy090University of the Fraser Valley. (2004). Chronology of Adult Education in Canada. Accessed at: https://www.ufv.ca/adedfiles/encyclopedia/Chronology/Chronology%20Aug%202004.html

van der Kolk, B. (2014). *The body keeps score: Brain, mind, and body in the healing of trauma.* Penguin Books.

Versey, H.S., Cogburn, C., Wilkins, C., & Joseph, N. (2019). Appropriated racial oppression: Implications for mental health in Whites and Blacks. *Social Science & Medicine, 230,* 295-302. https://doi.org/10.1016/j.socscimed.2019.03.014

Wald, H. (2020). Optimizing resilience and wellbeing for healthcare professions trainees and healthcare professionals during public health crises - Practice tips for an 'integrative resilience' approach. *Medical Teachers, 42*(7), 744-755. https://doi.org/10.1080/0142159X.2020.1768230

Wheeler, K., & Phillips, K. (2021). The development of trauma and resilience competencies for nursing education. *Journal of the American Psychiatric Nurses Association*, *27*(4):322-333. https://doi.org/10.1177/107839031987

Wiens, K., Bhattarai, A., Pedram, P., Dores, Al, Williams, J., Bulloch, A., and Patten, S. (2020). A growing need for youth mental health services in Canada: Examining trends in youth mental health from 2011 to 2019. *Epidemiology and Psychiatric Sciences, 29,* e115. http://doi.org/10.1017/S2045796020000281

Wilbur, A., & Damji, T. (2022). Embedding well-being into language teacher education and professional development. In L. Javier, P. Herrera, G. Martinez-Alba, & E Trinh (Eds.), *Teacher well-being in English language teaching,* Ch. 10*.* Routledge. https://doi.org/10.4324/9781003314936