Recommendations for Utilizing an Inclusive Lens when Implementing Mindfulness-Based Interventions Moderating Positive Emotions with Diverse Populations

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Introduction. Mindfulness-based interventions (MBIs), such as loving-kindness and compassion meditations, aim to enhance neutral or positive emotional states (e.g. calm, compassion, gratitude, love, awe) (Fredrickson et al., 2008). Both positive emotions interventions, and their moderator (ie. MBIs), have demonstrated improvements in well-being, as well as, reductions in stress and illness. Problematic is that MBI and positive emotions research has been primarily conducted with homogenous samples (e.g., undergraduate students at research intensive universities, white populations). With an interdisciplinary approach, this project discusses theories, methodologies and analyses to incorporate various backgrounds into this research to bolster the generalizability and validity of these interventions.

Background. MBIs and positive emotions research have historically contained: few participants identifying as a racial minority, grouped all non-white participants, or declined to describe the racial composition of their sample (Fredrickson et al., 2008; Stellar et al., 2017). In a systematic review of 69 MBI studies, only one aimed to test the intervention with a racial minority or lower socioeconomic participants (Waldron et al., 2018). In studies conceptualizing positive emotions (e.g. awe, compassion and gratitude), percentages of African American and Latinx participants included in the samples ranged from only 2-10% and 5-20%, respectively (Fredrickson, Cohn, Coffey, Pek, & Finkel, 2008; Shiota et al., 2007). Since emotional experiences are constructed by the values, rituals, and beliefs obtained through the culture and cultural roles of an individual, emotional experiences need to be understood within the diversity of lived experiences (Keltner et al., 2013). If diverse views are not sought, racial minorities' emotional experiences are reduced to a subgroup of whites' experiences (Crenshaw et al., 1995), which furthers a dominant narrative in society where whiteness becomes representative of the human experience (DiAngelo, 2011).

Recommendations. The social sciences have a history of omitting or misrepresenting racial outcomes in the very methods and analysis utilized to determine research findings. Drawing from the medical, law, sociology and public health fields, a variety of critical theories (e.g. Critical Race Theory), frameworks (e.g. Structural Competency), research methodologies (e.g. community based participatory research), and analyses (e.g. intersectional regression (Hancock, 2018)) are proposed to conduct inclusive research that embraces intersectionality and highlights, rather than omits, marginalized voices. For example, interviews allow for breadth and depth of lived experience (Obasogie, 2013). A qualitative study conducted with 15 African-Americans in the United States undergoing an MBI found that improved cultural relevance (e.g. utilizing readings from African-American writers, discussing spiritual ideology and connecting the MBI more to health) was recommended for the uptake of the intervention (Woods-Giscombe & Gaylord, 2014).

Discussion and Conclusion. MBIs and positive emotion interventions have demonstrated preliminary findings in the power to improve health and well-being. For all to be positively impacted, it is imperative to infuse research designs with an inclusive lens. By implementing these recommendations, marginalized voices will be elevated, ultimately promoting equity in the human experience.