



# Relationship with Body as a Way of Responding to Systemic Privilege and Oppression: Experiences of MBSM Program Participants in India

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## Abstract

**Objectives** Mindfulness-based interventions (MBIs) often focus on individualized, pathologized approaches to mental health that overlook the body's role in navigating systemic injustices. This limits understandings of how individuals' lived experiences of privilege and oppression are embodied, hindering the development of more inclusive and effective MBIs. This study explored how participants in the Mindfulness-Based Symptom Management (MBSM) program in India experienced their bodies in response to systemic privilege and oppression.

**Method** Using a qualitative descriptive approach, 19 MBSM program graduates were interviewed regarding experiences of their body in situations where they encountered systemic oppression and privilege. Data were analyzed using reflexive thematic analysis.

**Results** Three major themes showed that participants experience their bodies as a Site of Liberation, Site of Protest, and a Site of Resistance. These experiences are fluid as participants respond to systemic oppression and privilege on a day-to-day basis.

**Conclusions** MBSM participants experience their body as a driving force for social justice, actively responding to injustices and striving for collective liberation from systemic oppression. These insights advocate strongly for a necessary adaptation to MBIs, urging a focus on the body as a source for collective liberation. MBI teachers and program developers need to consider the importance of incorporating these perspectives into curriculum development and facilitation of MBIs.

**Keywords** Mindfulness · Body · Systemic privilege and oppression · India · Qualitative descriptive

It has been suggested that the body contains diverse dimensions of existence and understanding, shaped by social and contextual factors (Chapman-Hilliard & Brean'a Parker, 2022). This viewpoint aligns with liberation and critical pedagogies that emphasize the interconnectedness of physical and social identities within systems of power, oppression, and privilege. In this context, the body's experiences and sensations are not just biological or personal phenomena; rather, they serve as a site for understanding how systemic forces of privilege and oppression are embodied and resisted.

By framing mindfulness-based interventions (MBIs) within a social justice paradigm, the body and its internal experiences can be viewed as “agents of knowledge production” (Chapman-Hilliard & Brean'a Parker, 2022, p. 86), contributing to liberation by enabling individuals to recognize and challenge how power and oppression are inscribed on their bodies. This perspective fosters an active engagement with social systems, as participants learn to both observe their physical responses and critically understand them as reflections of broader socio-political structures. This paper addresses how participants of a specific MBI, the Mindfulness-Based Symptom Management (MBSM) program in India, experience their bodies as a way of responding to systemic privilege and oppression, a perspective that contrasts with how MBIs are typically viewed within the scientific and mental health communities.

The MBSM program was originally developed at the Ottawa Mindfulness Clinic, Canada, as a structured 8-week intervention grounded in Buddhist ethics and psychological theories (Monteiro & Musten, 2017). In India, the MBSM

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program has been adapted to incorporate Buddhist ethics, psychological theories, and social justice principles. Like the original MBSM program (Monteiro & Munsten, 2013), participants engage in weekly 2–2.5-hr sessions, with a 5–7-hr silent retreat midway through the program. In the adapted program, each session includes formal meditation practices, mindful movement, and reflective inquiry encouraging participants to explore their embodied experiences in response to systemic privilege and oppression.

The 8-week program focuses on four interconnected platforms: Body, Emotions, Sensations, and Thoughts (BEST). Each week builds awareness of the body through these platforms, helping participants cultivate curiosity and openness toward their exteroceptive (awareness of the five senses), proprioceptive (awareness of body in space), and interoceptive (awareness of bodily sensations) experiences. The body, in the context of this paper, is defined as encompassing awareness in all these experiences (exteroceptive, proprioceptive, interoceptive), emphasizing curiosity about bodily responses and their regulation.

Rooted in the Four Foundations of Mindfulness, the MBSM curriculum emphasizes trauma sensitivity, wisdom, and compassion, drawing from the body, feelings, and mind to explore broader socio-political contexts. By integrating post-secular Buddhism (Verma, 2022) and narrative practices (Denborough, 2019; White, 2007), MBSM positions mindfulness as an act of resistance and protest against oppressive systems, particularly in the Indian socio-political landscape.

The program uniquely contributes to the growing field of MBI practices by centering social justice and embodied experiences. In contrast to MBIs traditionally framed within the pathology paradigm—which often focuses on individualized responses to mental illness—the MBSM program offers a culturally adapted approach that emphasizes the systemic origins of distress. By centering the body as a site of knowledge production, MBSM enables participants to recognize and resist the socio-political forces that impact their mental health.

While there is a growing body of research that explores the adaptation of MBIs for diverse populations, few studies have specifically examined how participants experience their bodies as agents of knowledge production within a social justice framework. This paper seeks to fill this gap by showing how the MBSM program in India supports integrating embodied knowledge with mindfulness practices aimed at challenging oppressive societal norms. This paper contributes to the ongoing exploration of how MBIs can address systemic oppression, privilege, and the body, in the Indian context.

Furthermore, by centering the body as a site of knowledge production, this paper deepens the integration of mindfulness and social justice, examining how participants

experience their bodies as agents of resistance and knowledge in response to systemic inequalities. Additionally, the study challenges the dominant pathology paradigm of mental health by reframing distress as a response not just to personal suffering but to broader socio-political injustices. In doing so, this paper expands the scope of MBIs, particularly in non-Western contexts, and contributes a critical perspective on how mindfulness practices can be tailored to address the complexities faced by marginalized communities.

Studies on MBSM suggest a need to investigate how this intervention, particularly the role of the body, may help individuals navigate systemic privilege and oppression. Shaw (2012) found that MBSM significantly reduced burnout symptoms and increased self-compassion, though the study did not address the systemic origins of burnout. Lee et al. (2016) reported that MBSM enhanced therapists' calmness, empathy, and presence, yet did not directly explore systemic privilege and oppression. Finally, Monteiro et al. (2019) demonstrated that MBSM increased mindfulness and reduced incongruence between ideal values and lived experiences, suggesting potential alignment with social justice ethics but not explicitly addressing systemic issues. These findings underscore the importance of expanding research to investigate how MBSM and similar interventions can address systemic privilege and oppression in addition to their current focus. While MBIs, such as the MBSM program, support individual and community well-being, there is limited knowledge about their impact on systemic privilege and oppression, particularly how MBSM participants in India experience their bodies as a way of responding to these dynamics.

Systematic reviews and meta-analyses have addressed the need for culturally adapted MBIs for diverse populations, including African American, Hispanic, gender-diverse, and queer communities (Castellanos et al., 2020; DeLuca et al., 2018; Sun et al., 2021, 2022). These studies do not clearly define the body's role in responding to systemic oppression and privilege, and the authors highlight methodological limitations and the necessity for further research to understand the intersectionality of marginalization, particularly among people of color and sexual and gender minorities (Dawson et al., 2022; Sun et al., 2021, 2022).

Burnett-Zeigler et al. (2016) and Burnett-Zeigler et al. (2019) conducted quantitative and qualitative studies, respectively, on a culturally adapted MBI for African American women, showing promising results in reducing depression and stress. These studies suggested that culturally adapted MBIs can help marginalized populations manage stress and improve emotional regulation. Further, Bigelow (2023), Sun et al. (2021), Watson-Singleton et al. (2019), and Bhambhani and Gallo (2022) explored the effectiveness of culturally adapted MBIs for transgender youth, sexual minority men, and African American women, as well as

racially and economically oppressed individuals. Collectively, these studies underscored the importance of community consultation, cultural relevance, and addressing specific stressors and needs of marginalized populations within the MBI framework. However, it remains unclear how individuals experience and respond to systemic privilege and oppression in terms of their bodily experiences within the context of MBIs.

Social psychology literature offers insights into the role of MBIs in reducing intergroup bias, promoting anti-bias tendencies, and enhancing prosocial behavior. Oyler et al. (2022) and Chang et al. (2023) suggested that mindfulness can reduce bias and support equitable relationships with out-groups but the mechanisms through which mindfulness impacts bias outcomes remain unclear and warrant further examination. Studies also indicate that mindfulness can positively impact prosocial behavior (Berry et al., 2018; Donald et al., 2019), with effects observed on empathic concern (Berry et al., 2018) and altruistic behavior as mediators (Zheng et al., 2023). Once again, however, the impact of MBIs on systemic privilege and oppression remains unknown. While studies demonstrate the benefits of MBIs on bias and prosocial behavior, they often focus on individual-level outcomes without considering the broader systemic context. Further research should examine how MBIs enable individuals to understand and navigate systemic privilege and oppression, particularly how these dynamics are experienced and embodied.

Goldberg (2018) argued for the integration of mindfulness into counseling psychology, highlighting its emphasis on holistic understanding, social justice, and diversity. She suggested that mindfulness can complement the focus of counseling psychology on strengths-based interventions and its commitment to social justice and advocacy. Israel (2012) also acknowledged the use of mindfulness in exploring systemic privilege within counseling psychology, indicating a growing interest in incorporating mindfulness into discussions of privilege and oppression within the field. Hilert and Tirado (2019) and Bakioglu and Turkum (2020) examined the benefits of mindfulness for training and supervision in counseling psychology, but neither study explored its impact on individuals' embodied understanding of systemic privilege and oppression. Overall, the research suggests that while there is growing interest in incorporating mindfulness into counseling psychology, there is still much to be explored regarding its impact on systemic privilege and oppression.

The potential of mindfulness in addressing systemic privilege and oppression, particularly related to race, caste, and trauma, has been demonstrated in gray literature (Berilla, 2015; Denborough, 2019; Haines, 2019; Magee, 2019; Menakem, 2021; Soundararajan, 2022; Suyemoto et al., 2022; Treleaven, 2018; Zimmerman, 2018). These scholarly

writings integrate mindfulness practices with somatic experiencing, narrative therapy, and social justice pedagogy to promote healing and dismantling of oppressive systems. However, the specific applicability of MBIs in diverse cultural settings, particularly the body's role in Indian contexts, remains unclear.

In India, MBI studies have primarily focused on their effectiveness in managing mental illnesses such as depression and anxiety. A systematic review of 40 studies on MBIs in Asian populations (Thapaliya et al., 2018) revealed that while MBIs were generally feasible and acceptable, their efficacy varied across different cultural settings in Asia. Further, there was a need for more culturally adapted interventions and improved research designs. Roberts and Montgomery's (2015) mixed-methods study on the use of MBI to reduce perinatal grief among poor, rural women in central India found that mindfulness was well suited for this population, given the stigma of mental health issues and strong cultural beliefs about the body-mind-spirit relationship. While the study emphasized the importance of cultural adaptation in implementing MBIs in marginalized populations and showed some positive outcomes, such as improvements in mindfulness, the results were not statistically significant. Sivasubramoney and Lekshmy (2023) examined the effectiveness of the Mindfulness Life Management (MLM) program, an adapted MBI, for police personnel in India. Significant improvements in body awareness, mindfulness, and stress reduction among participants were found. However, the specifics of the cultural adaptation of MLM were not fully elucidated.

Overall, while studies on MBIs in India have underscored the need for cultural adaptation and the importance of considering cultural factors in the implementation of these interventions, there is a lack of research specifically focused on how MBIs can address systemic privilege and oppression, especially within marginalized communities in India. In this paper, we sought to answer the research question: How do participants of the MBSM program in India experience their relationship with their bodies in response to systemic privilege and oppression?

## Method

A qualitative descriptive methodology characterized by "elegant simplicity" (Stanley, 2014, p. 21) provides rich descriptions of experiences or events with some interpretive elements. It is suited for exploratory research into areas where there is not much currently known (Sandelowski, 2000), and was therefore chosen as the design for this study.

## Participants

Purposive sampling was used to recruit individuals who had completed the MBSM program in India, practiced mindfulness for at least 3 months, were aged 18–65 years, and spoke English. No exclusions were made for religion, gender, sexuality, caste, or disability, ensuring a diverse and varied sample. Flyers advertising the study were posted on WhatsApp, social media, and emailed to MBSM participants who had completed the program. A total of 30 people expressed interest, of whom 19 were recruited to ensure maximum variability and data saturation. Participant demographics are presented Table 1.

## Procedure

Data were collected through semi-structured interviews conducted by the first author. Open-ended questions sought to elicit rich, personal narratives regarding participants' body experiences in relation to systemic privilege and oppression

and their engagement with the MBSM program. Questions included: what has body awareness come to mean because of doing the MBSM program, and what are the experiences of your body as a person of your identity locations over time and now since the MBSM program? Since the program, as a person with your identity locations, what is your experience of being privileged or oppressed in any of these identities; can you think of a specific time and tell me a story about that?

Participants had the choice of being interviewed in-person ( $n = 6$ ) or online ( $n = 13$ ). Interviews were 90-min in duration and were conducted at the first author's workplace, a mental health organization offering MBSM programs. Interviews were digitally audio-recorded and transcribed verbatim for analysis.

## Data Analyses

Reflexive thematic analysis (Braun & Clarke, 2021) facilitates a nuanced examination of complex topics like systemic

**Table 1** Demographic data

No	Pseudonym	Age (years)	Profession	Sexuality*	Gender	Religious identity	Caste**	Disability
1	Scra	26–30	Mental health practitioner	Het	CW	Hindu	SC	None
2	Noor	20–25	Mental health practitioner	Q	CW	Hindu	OBC	None
3	Rusa	26–30	Therapist	Het	CW	Muslim	GC	None
4	Roshan	36–40	Therapist	B	NB	Muslim	OBC	Neurodivergent- ADHD
5	Kumar	51 +	None	Het	CM	None (born in a Hindu Family)	OBC	None
6	Maya	20–25	Therapist	BC	CW	Hindu	GC	None
7	Nandini	20–25	Therapist	Het	CW	Hindu	GC	Chronic illness (endometriosis)
8	Twisha	20–25	Counseling psychologist	Het	CW	Hindu	GC	None
9	Riya	20–25	Community outreach and content creation	B	NB (AFAB)	Agnostic (Hindu by birth)	GC	Mental health disability—neurodivergence
10	Swetha	26–30	Therapist	Het	NB	Hindu	GC	Neurodivergent
11	Rania	26–30	Counseling psychologist	B	NB	Muslim	GC	Chronic illness
12	Vimala	26–30	Counselor	Het	CW	Hindu	GC	None
13	Swaraj	26–30	Therapist	DQ	CW	Hindu	GC	None
14	Panchi	31–35	Psychologist	Q	CW	Agnostic	GC	None
15	Sasha	31–35	Service industry	L	NB	Hindu	GC	No physical disability
16	Shancy	36–40	Professor and psychologist	Het	CW	Christian	GC	Locomotor
17	Isha	41–45	Private employee	Het	CW	Hindu	GC	None
18	Rishi	45–50	Business	Het	CM	Hindu	GC	None
19	Wil	51 +	Therapist	Het	CW	Roman Catholic Christian	GC	Not applicable

\*CW cis woman; CM cis man; NB non-binary; Het heterosexual; BC bi-curious; B bisexual; L lesbian; Q queer; DQ demisexual queer

\*\*SC schedule caste; OBC other backward caste; GC general category

privilege and oppression. The flexibility of thematic analysis enabled the richness of participants' experiences to be captured without the confines of a rigid theoretical framework. Analysis began with deep familiarization with the data, crafting transcribed interviews into stories. Both transcripts and crafted stories were attentively read, and audio recordings listened to repeatedly.

Initial coding involved systematically breaking down the data into manageable segments, which were color-coded for organization. In this phase, recurring ideas in participants' narratives that related to their embodied experiences of systemic oppression and privilege were identified. Memoing was used to further question the data and the emerging ideas. For example, Rania expressed how practicing mindfulness within a group felt easier than practicing alone. This observation led to the first author reflecting on whether engaging with systemic oppression might also feel easier within a community setting and asking the questions: *How does group practice affect participants' experiences of systemic privilege and oppression?* and *What does "ease" signify when framed within the context of oppression?* In discussing these questions with her supervisors, they came to understand that "ease" reflected not only physical comfort but also a sense of empowerment and relief from systemic pressures, particularly when supported by a community.

Following initial coding, similar concepts were then clustered together. For instance, *ease* was a recurring code linked to multiple participants, which was expanded to reflect its deeper meaning as participants described moments of freedom in their bodies during mindfulness practices. As the coding process progressed, codes were elevated to categories by clustering similar ideas that emerged from the data, such as *Comfort in the Body* and *Ease: Group vs. Individual Practice* which were part of a larger narrative on how participants experienced moments of liberation through mindfulness. These categories eventually fed into the broader theme of *Body as a Site of Liberation*. This method captured the complexity of participants' experiences and their navigation of systemic privilege and oppression through mindfulness. Throughout the analysis, no divergent cases or outliers were encountered. This is likely due to the small sample size and the recruitment of participants who had all completed the MBSM program, where concepts of the body, oppression, and privilege were explicitly discussed. As a result, all participants' experiences aligned with the identified themes, ensuring coherence in the data.

To further refine the connections between codes, categories, and emerging themes, visual mapping tools were used to explore relationships and patterns across the data. For instance, visual mapping helped clarify how the theme *Body as a Site of Protest* connected to its sub-themes *Freeze: Refusal to engage* and *I come back into my power: Connecting with what is precious*. Mapping provided a visual

framework that represented participants' journey from feeling immobilized by oppression to reclaiming a sense of power through mindfulness practices. By visually organizing these concepts, it became clear how participants' embodied experiences were shaped by both personal and collective actions against systemic forces.

Another visual description of the tree in a forest provided a reflective tool for analysis, revealing diverse dimensions of how participants engaged with their bodies in response to privilege and oppression. Rooted in their respective identity locations, individuals employed mindfulness practices to navigate systemic privilege and oppression, fostering an awareness of their unique experiences. This helical process involved noticing, sitting with, and responding to various stimuli, guided by the fundamental question, *what do I really want?* This collective journey was oriented toward social justice objectives for both themselves and others, manifesting in various aspects of their lives, akin to the intricate layers of leaves on a tree.

The final step of analysis culminated in the production of the research report, where themes were detailed and participant narratives were woven into a coherent story. Pseudonyms have been used in all presentation of findings, written and oral, to protect participants' identities.

In undertaking reflexive thematic analysis, it is important that researchers are explicit about their positionality in relation to the study. The first author is a mental health practitioner and clinical supervisor who approaches their work through a social justice lens, informed by their experiences as a non-binary, queer, neurodivergent, upper-caste, upper-middle-class individual. Their role as a mindfulness practitioner and MBSM teacher further shapes their perspective on the intersection of privilege, oppression, and mental health. The second author is also an upper-middle-class, mental health practitioner. As the child of a Hindu father (who converted to Christianity) and Christian mother, and having been educated in Aotearoa New Zealand and now living in India, she has lived experience of the tensions of oppression and privilege. She has no formal training in mindfulness but has contributed her knowledge on qualitative research to supporting the research. The third author, is a cis-het, upper-caste, upper-middle-class woman. She is a retired head of the counseling psychology department and former program chair at a university in India. Her career has focused on advancing counseling psychology, and reflects her commitment to the integration of mindfulness into the field as a valuable tool for forward movement.

In addition to articulating the authors' positionality, rigorous procedures were followed to ensure the trustworthiness and validity of the findings (Braun & Clarke, 2013). Credibility was addressed through member-checking and peer debriefing, ensuring that the interpretations and themes accurately represented participants' experiences. An audit



trail was maintained to confirm the reliability and consistency of the data collection and analysis processes, contributing to dependability. Additionally, detailed descriptions of the study context, participants, methods, and findings were provided to support transferability. Reflexivity and openness to feedback further enhanced the confirmability and dependability of the study, ensuring that the interpretations remained grounded in the data. Overall, these practices underscored the study's credibility and robustness, aligning with principles of qualitative research rigor.

## Results

Three main themes were developed with two sub-themes in each (Table 2). Each of these themes and sub-themes will be discussed, using participant data and quotes.

### Theme 1: Body as a Site of Liberation

Body as a Site of Liberation captured how individuals' bodies actively engage in experiences of liberation amidst systemic privilege and oppression. It consists of two sub-themes: **"I am alive!"** which focuses on heightened somatic awareness and curiosity through mindfulness practices, and **"Displaying what is our right"** which examines the sensations of release, empowerment, and collective action. This theme highlights the somatic aspects of liberation, emphasizing the interconnectedness of sensations, emotions, and thoughts in the journey towards individual and collective freedom.

#### I Am Alive!

Participants experienced liberation through mindfulness expressed through feelings of connection, curiosity, and aliveness. Twisha, expressed this newfound awareness of her body as, "I would feel this sensation every time I paused or practiced noticing my body, this sense of like, I am alive!" This underscores the potential of mindfulness to foster a sense of aliveness and liberation from dehumanizing

discourses about the body. I am alive! highlights how mindfulness practices support experiencing the body as interconnected and agentive, as Rania exemplified:

The first time I did body scan or awareness of breath, it was a very new thing for me... There was ease in doing the meditations, my body was comfortable in doing them... I was not taught what I came to know through MBSM.

Riya further illustrated the transformative power of mindfulness saying, "I was able to hear my body for the first time in my life... it was like learning a new language." This newfound body awareness led to a more compassionate and gentle relationship with herself, particularly in the context of her bipolar diagnosis. Twisha too experienced a shift from viewing herself as a "doing being" to recognizing herself as a "living being." Participants' experiences illustrate a revolutionary change in perceiving their bodies as having agency and embracing mindfulness practices.

Nandini highlighted the agency of the body in chronic illness. Mindfulness practices enabled her to pay attention to her body and day-to-day experiences, bringing a sense of aliveness. She shared, "when I started doing the practice... it was a massive takeaway experience for me... These practices would brighten up the colors, the colors would get a little brighter kind of a thing." In a society driven by productivity, individuals with chronic pain often face self-blame for not meeting performance standards. For Nandini, mindfulness allowed for a more compassionate self-engagement, challenging the neoliberal ethos by valuing presence over productivity. This approach, aligning with disability advocacy, reframes perceived failure as an opportunity for subversive rest and self-appreciation.

Sasha also found joy and honesty in self-acceptance through MBSM, despite societal challenges, stating: "I am able to live a life which is at least not dishonest to my own self."

In this sub-theme, participants found that noticing sensations, their surroundings, and their breath facilitated feelings of aliveness, connection, surprise, and presence. These emotional experiences helped clarify or connect them to their values and principles, guiding them towards a vision of a less punitive world beyond the confines of societal norms such as neo-liberal capitalism, patriarchal cis-gendered heteronormativity, and ableism, towards a more inclusive, neurodiverse, disability justice-based, and queer and crip joy-based experience.

#### Displaying What Is Our Right

This sub-theme highlights the importance of advocacy, community solidarity, and collective action in the face of oppression. Displaying what is our right is exemplified by Rusa's

**Table 2** Summary of themes and sub-themes

Theme	Sub-themes
Body as a Site of Liberation	I am alive! Displaying what is our right
Body as a Site of Protest	Freeze: Refusal to engage I come back into my power: Refusal to be erased
Body as a Site of Resistance	Calling the bluff Friction with privilege

bodily response to Islamophobia: “The freeze response broke when my uncle... set up a protest against the injustices... It took me out of my freeze. I realized that we need to display what is our right.” Since India gained independence in 1947, Islamophobia has been a pervasive issue. In recent years, discriminatory policies such as the Citizenship Amendment Act (CAA) and the National Register of Citizens (NRC), alongside events like the Karnataka Hijab ban, have exacerbated tensions and created an environment where Muslims experience increased discrimination and violence. These socio-political factors create a heightened sense of fear and anxiety for Muslim communities, impacting their physical and emotional well-being. Rusa’s bodily response to Islamophobia is a direct reflection of these systemic issues. Rania shared a similar experience commenting on Islamophobia in the country as a result of the CAA and the protests and arrests of activists around the same in 2020, and other acts of Islamophobia, “What is happening politically right now is scary... Knowing that there is a community out there to fight oppression has sort of eased my body response.”

Roshan highlighted the distinction between individual and collective responses to oppression:

I have a history of having protested against the CAA... it’s easier to respond when it is at the larger scale... somehow you end up finding community to respond together... so protest in that sense, it doesn’t get localized in the body, right? It gets externalized, and that’s easier... the body gets tired in a less harmful way because it does get dialogue.

She emphasized the importance of dialog and community in Displaying what is our right, suggesting that collective action against systemic injustices can alleviate the burden on the body compared to isolated efforts against everyday microaggressions.

Riya’s journey highlights her body as a Site of Liberation, using outspokenness as a form of resistance against oppressive remarks and situations. She reflected on her privilege and responsibility noting, “where I have privilege, needs to have a voice because I am righting a wrong that I am inadvertently a part of because of my privileges.” Guiding her advocacy for her multifaceted identity in various social contexts, Riya’s body plays a significant role in her decision-making process of when and where to be outspoken about injustices. She trusts somatic signals, such as feeling queasy, as an indicator to speak up; and her body heating up from her feet as a sign to refrain from pushing further. Riya’s narrative underscores the profound connection between her physical sensations and her advocacy for her identity and beliefs in various social contexts.

Likewise, Noor emphasized the importance of recognizing privilege and being sensitive to others’ perspectives. Being open and curious to the sensations in her body,

noticing discomfort and ease, supports Noor’s sensitivity in engaging with people who live in different marginalizations, “It’s sort of like becoming that COAL [compassionate, open, acceptance and loving-kindness] stance—just more open or curious to know more of what the other person has to say.”

Body as a Site of Liberation encompasses two sub-themes: I am alive! which highlights the transformative power of mindfulness and somatic practices in fostering self-connection and authenticity; and Displaying what is our right which emphasizes collective action and empathy in resisting oppression and advocating for marginalized experiences and communities. Together, these sub-themes illustrate the diverse ways individuals engage with their bodies to access liberation and promote social change.

## Theme 2: Body as a Site of Protest

This theme explores how individuals use their physical and emotional experiences as active agents against systemic privilege and oppression. Body as a Site of Protest consists of two sub-themes: “Freeze: Refusal to engage,” where individuals respond to oppression with a self-protective freeze response, and “I come back into my power: Refusal to be erased,” where individuals reconnect with their bodies and agency through mindfulness and self-compassion. These sub-themes highlight the complex interplay between the body and systemic dynamics in navigating and resisting oppression.

### Freeze: Refusal to Engage

This sub-theme explores how individuals use their physical and emotional experiences as active agents against systemic privilege and oppression. It captures participants’ emotional shutdown in response to discrimination, reflecting the body’s response to the world as expressed by Sasha, a nonbinary lesbian, “I have experienced a lot of oppression but it’s scary to own it... I have done MBSM three times... and my body in its own way has resisted it, has noticed it, has reacted, responded to it.” Despite efforts, Sasha still feels silenced, particularly regarding their lesbian identity, reflecting the ongoing challenges faced in protesting and responding to systemic oppression.

Sasha’s experience in Freeze: Refusal to engage highlights the complexities of navigating identity and oppression. After a traumatic encounter with their partner’s ex-husband, they chose not to retaliate, fearing the consequences for their partner’s queer children. This incident deepened their understanding of lesbian oppression and the struggle to survive in silence. Sasha described their feeling of being silenced:

I feel a sense of sadness, there is a sense of hopelessness. I don’t know if it’s hopelessness as much, but

it almost feels like, can somebody else talk for me, because I can't. I feel shut down, emptiness. It's almost like succumbing to what people are saying, and feeling like I am not that but I can't talk, like I feel very hollow.

The freeze response is viewed as a reaction to violations of an individual's right to live freely, and highlights the body's response to the world rather than being a manipulable entity.

Swaraj's experience of the freeze response reflects the impact of systemic oppression, such as ableism, sexism, and cis-heteronormativity. She described feeling frozen due to anxiety and a lack of self-worth, exacerbated by body-shaming:

My body feels frozen because there is anxiety and the body feels frozen because I need to still work on the fact that I have value, even if I am not contributing anything to a space I am in... I guess the body is also frozen because of the body-shaming that I experienced growing up.

Sasha's and Swaraj's experiences highlight the impact of cis-heteronormativity, patriarchy, and ableism on their sense of self and well-being. The freeze response, characterized by silence, emptiness, and shutdown, serves as a refusal to engage with oppressive systems. This response has a dual role, reflecting both systemic exclusion and personal survival.

Experiences of Islamophobia, such as the 2023 Karnataka Hijab, triggered a freeze response for Rusa, who shared "I was feeling very frozen and going blank when people asked me how I was doing." This freeze response signifies disengagement from oppressive aspects of the world, manifesting as both physical and emotional shutdown. Further, Rania's experience highlights the emotional toll of witnessing oppression within her household. She described feeling a shutdown in her body as a defense mechanism: "When somebody else is being oppressive and if the oppressor is somebody I feel powerless against, then I feel angry too but I feel helpless also. In my body, I feel a shutdown." This quote captures her struggle with empathy and apathy, reflecting the complex dynamics of powerlessness and resistance in the face of familial violence.

In the sub-theme, Freeze: Refusal to engage, individuals with marginalized identities experience a freeze response as a form of self-preservation and protection against systemic oppression and discrimination. This response manifests as a refusal to engage with systems that exclude them. Scra, a Dalit person, exemplified this experience, commenting "My body enters a parasympathetic state, almost like it freezes, and I can feel this sensation primarily in the lower part of my body. It manifests as a paralyzing feeling of shame."

This freeze response is also present in her understanding of neurodivergence, shared by others like Noor and Sasha, who expressed feelings of shame when claiming their identities of ADHD, autism, and obsessive compulsive disorder.

Exclusion based on identity is common in dominant systems, often manifesting as everyday microaggressions (Suyemoto et al., 2022). These microaggressions contribute to larger-scale discrimination and violence (as seen in *Body as a Site of Liberation*). The freeze response experienced by individuals serves as a testament to this exclusion, profoundly influencing interactions both on a broader scale and on an individual level. The sub-theme I come back into my power: Refusal to be erased explores participants reconnecting with their power, described as a moment of thawing, akin to slowly melting in the presence of warmth.

### **I Come Back into My Power: Refusal to Be Erased**

Internalized oppression is defined as "a specific type of intrapsychic oppression where people who belong to a target marginalized group have accepted (again, often unconsciously) negative attitudes or beliefs about themselves and their own group" (Suyemoto et al., 2022, p. 50). This sub-theme brings to attention what participants make possible in relational spaces (with themselves and often with others) upon noticing the presence of internalized oppression. Rania described a shift in her response to her father's verbal abuse since the MBSM program, stating "earlier when my father would be verbally abusive, I would become angry with myself... But when I am sitting with it, I somehow feel like I come back into my power." This change exemplifies the potential role of the body in transforming one's perspective and reclaiming agency in difficult family dynamics.

Rusa narrated a similar experience with her mother. Navigating feelings of numbness and loss of agency due to shame, Rusa described a moment of asserting her agency leading to a period of quiet reflection and celebration of her empowerment: "In this situation... I feel anger... I guess I have started building more on my agency... When I displayed my anger and then walked out of that argument, I was just moved by what I did." Through mindfulness practices, Rania and Rusa become aware of how patriarchy manifests in their bodies, thoughts, and emotions. They notice self-doubt, guilt, and physical constriction, leading to self-kindness and clarity in refusing to be erased. Understanding the complexity of systemic oppression allows them to reconnect with their power and values, foregrounding ethical practice in their response to oppressive dynamics at home.

Wil reflected on the impact of her father's strict authority on her life, "I grew up in a Catholic household and my father was a strict, strict disciplinarian... My mother would comb our hair and we had to sit without showing pain otherwise we'd get a smack from her." Wil shared how



self-compassion has supported and helped her navigate the challenges imposed by her upbringing and find a sense of well-being and agency.

Noticing my body offered support. A kind of well-being in my heart... Just that sitting, sitting with it, sitting with what's happening in your body, giving space, softening, soothing and loving it, that has supported me a lot.

Wil's reflection on her upbringing underlines how systemic oppression, particularly patriarchy and ableism, is instilled from an early age. By recognizing and soothing the wounded parts of herself, Wil takes compassionate action, setting boundaries to protect her well-being.

Much like Wil, Noor's experience highlights the transformative power of self-compassion through the MBSM program.

MBSM has offered most of all, compassion. Mostly for myself because in my own experiences there's a lot of, you know, shame talking or a lot of self-doubt that comes up very often this is like standing up for myself when I'm taking some time to think about what's happening. Give time to slow down and look at how my body is responding to this and it calls out all that shame. Like, hey, why are you even there? Like, you know, why is this doubt coming and this calling out makes space for affirming what I want.

This process of self-compassion is key in navigating and resisting the effects of internalized oppression. I come back into my power: A refusal to be erased illustrates how individuals resist erasure through self-compassion, enabling them to reclaim their power and challenge oppressive systems in their lives.

### Theme 3: Body as a Site of Resistance

In science, resistance is defined as a force that hinders or slows down motion, or as a measure of how a substance impedes electric current flow. Applied to systemic privilege and oppression, resistance is how individuals counteract the status quo. Body as a Site of Resistance explores how participants with systemic privilege actively resist oppression in their daily lives. This theme has two sub-themes: "[Calling the bluff](#)" which focuses on personal experiences of resisting privilege, and "[Friction with privilege](#)" which delves into the challenges of acknowledging and resisting one's own privilege amidst intersectional oppression.

#### Calling the Bluff

Panchi's experience at a temple, where her privileged access contrasts with the waiting crowds, triggers a physical

reaction she described as "cringe." She recounted, "The anxiety really kicked in... I could feel my stomach twisting and turning... I was clenching my teeth quite a bit... I was very fidgety." This embodied response underscores the tension between her upper-caste position and the systemic inequalities that persist in such spaces. Panchi's acute awareness at the temple is an embodiment of the conflict between her privileged access and systemic disparities.

Meanwhile, Nandini's interaction with her apartment building's watchman stirred feelings tied to societal hierarchies. In her encounters with the watchman, an older working-class man, he addresses her with the honorific *madam*, a typical class- and caste-based indicator. Hearing this elicits a sharp, bodily-felt sense of guilt or shame, as Nandini connected her cognitive understanding of societal inequities with a physical sensation. This moment of uncomfortable realization, described as "a sudden moment when I know in my chest that it doesn't feel right," signifies her body's resistance to the normalized hierarchies in her environment.

Rishi shared his awareness of privilege as a cisgender heterosexual man in corporate settings. He acknowledged his own responses to bias when in spaces of power, stating "My voice is either raised or even worse I am withdrawing... I think those are good markers telling me that I may be having a bias." Rishi's insight into his physical reactions provides a personal glimpse into the subtleties of privilege and the importance of self-awareness.

Twisha's reflection on her privilege related to her fairer skin highlights a common societal bias that she observes has benefited her. Twisha shared her experience:

I remember that even when I was in school as a girl who was of fairer complexion, I was favored more than my friends. People seem to understand me easier, they're more reciprocative with me, they are hearing me, they are understanding what I am saying. I would feel good that I am received positively because I must be doing something good. But I realized that it wasn't that.

This reflection led her to a deep sense of discomfort and guilt, as she recognized the unfair advantages her skin color provided, "It was a discomforting feeling to sit with... immense guilt and discomfort, I don't know why I am feeling teary now" (voice trembles). Twisha's narrative highlights the impact of privilege on both conscious awareness and physical sensations. Her discomfort and determination to address systemic injustice, even within family dynamics, underscore the complexities of navigating privilege and its manifestations.

The narratives shared illustrate a profound engagement with privilege and oppression through bodily responses. They span various contexts and reveal the deep interconnections between systemic privilege and physical sensations.

The individuals' journeys underscore the role of the body as a site for introspection, resistance, and allyship, aiming towards societal change and a more equitable world.

### Friction with Privilege

Rishi's experience of short-lived bias in the USA highlights the intersection of privilege and oppression. His role as a boss and his educational background, combined with his cisgender heterosexual identity, often mitigate biases against him.

I don't think I have had experiences of oppression. So, if I have been treated unfairly to begin with, I would say that it was short-lived. In situations where I am seen through a lens of bias, I deal with it based on seeing what I have control in.

Rishi seems to have a shield of privilege that protects him from the biases and oppressions that others face. This is starkly different from Vimala's experience.

Vimala, an upper-caste, upper-class cisgender heterosexual woman, who primarily speaks English, acknowledged that her privilege has sometimes made her feel like an outsider. Since childhood, she has struggled with learning new languages and English, her first language, isolated her in India. She recalled instances where her language skills, or lack thereof, led to feelings of inadequacy, rejection, and self-criticism.

One of the distinct experiences of othering I have felt is in my identity location of language... even though it is a privilege, it doesn't feel really pleasant, it feels strange, and it doesn't make sense to me. I remember responding by leaving the place, drinking water, I would spend time alone, I would feel low, like I am not good enough, that I haven't learnt other languages, I would be harsh towards myself.

Vimala's experience of privilege and oppression is shaped by her gender, caste, and class background. Despite sharing a similar caste and class background with Rishi, her gender exposes her to enduring biases and discrimination. This friction between her systemic privilege and gender-based limitations leads to feelings of shame and othering, particularly in spaces where her English proficiency is perceived as a privilege and reflects the broader societal challenges of navigating privilege and oppression.

Swaraj's reflections highlight the complexities of privilege, noting that it can sometimes feel like oppression when societal expectations pressure individuals to fully utilize their privilege. Swaraj acknowledged that familial support allowed her the freedom to explore her desires informed by queerness and neurodivergence. Her upbringing in an educated upper-caste family, in a metropolitan environment,

grants her the liberty to make decisions and experiment with life choices. This privilege provides Swaraj with room to explore, and even the permission to fail, fostering a sense of openness and space within her body.

In terms of my privilege, I think... I have with my life, it sort of opens up something in my chest area and my arms, like there is a lot of room and space inside my body to move around, think and feel.

After the MBSM program, Riya, too, has become acutely aware of her body's responses in privileged spaces, feeling queasy and restless due to her class privilege.

I used to think it was like a brain discomfort, about having class privilege, but ...it's literally that I feel queasy in my body like I want to throw up... there is also this restlessness, helplessness, not fully shut down but this lethargy, it feels like I am slow now and I can't do anything about it, I am stuck in it.

Riya's experience underscores how lack of body awareness can enable unchecked privilege. She noted that there is an inbuilt safety that comes with a majority identity location, where one does not feel the burden to question privilege or fix thoughts of privilege, merit, access, and acceptance.

Noor's experience adds another layer, highlighting the dynamic nature of body sensations and her responses to privilege and oppression. Noor's cisgender privilege provides a sense of safety and spontaneity, but acknowledging this privilege brings discomfort. She noticed aches and soreness when considering the oppression faced by trans individuals, "this ache, like some soreness, like the sensation of soreness in the lower limbs, a sort of fear in my emotions when I think of not having that privilege," when she thinks about the oppression experienced by trans women and not having the relative privilege of being a cis woman.

Collectively, the participants' narratives illuminate the friction with privilege within the context of their lived experiences and the metamorphosis that is possible. Within these stories, individuals grapple with the Body as a Site of Resistance.

### Discussion

Michalak et al. (2019) found that less than 1% of all MBI studies focus on implementation or dissemination in real-world settings, with research primarily centered on White, middle-aged, highly educated, and female populations, revealing a significant gap in implementation with populations experiencing systemic oppression. Studies also overlook unique minority stress experienced by marginalized communities (Proulx et al., 2018) highlighting the need for qualitative studies. This current study sought to address this

gap in MBI research by exploring how participants of the MBSM program in India perceive their bodies in response to systemic privilege and oppression through a qualitative lens.

India's unique socio-cultural context plays a significant role in shaping participants' embodied experiences of privilege and oppression. India's deeply embedded systems of caste, class, gender, and religion influence how privilege and oppression are embodied. Participants in this study navigate a socio-political landscape shaped by historical and ongoing systemic inequalities, such as casteism, patriarchy, and religious discrimination, which profoundly impact their bodily experiences. However, it is important to note that this study reflects only a small slice of Indian society—one that is English-speaking, urban, educated, and facing these marginalizations. The setting of this study, grounded in India's socio-political realities, offers a critical understanding of how mindfulness, when adapted to the Indian context, becomes a tool for both personal well-being and collective liberation. This setting, therefore, is not just a backdrop but an integral component of the embodiment of systemic oppression and privilege, adding a rich, culturally specific layer to the MBSM participants' experiences.

Much of the current qualitative research with marginalized groups has identified systemic oppression as a primary source of stress and untreated mental health issues (Bhambhani & Gallo, 2022; Blignault et al., 2021; Watson-Singleton et al., 2019). However, these adaptations are often ensconced within a pathology model of mental health. In social and counseling psychology, while MBIs are acknowledged for reducing bias and enhancing prosocial behavior (Berry et al., 2018; Chang et al., 2023; Donald et al., 2019; Luberto et al., 2018; Oyler et al., 2022), they tend to internalize systemic issues. Psychological approaches such as Mad studies, neurodivergence, and narrative practices have emerged to enrich the pathology-centric nature of mental health but often overlook the nuanced role of the body in experiences of privilege and oppression (Denborough, 2019; Frazer-Carroll, 2023; Walker, 2021). The incorporation of mindfulness in racial justice and trauma studies, in resisting and healing the impacts of oppression and raising consciousness about privilege, is demonstrated in gray literature (Haines, 2019; Magee, 2019; Menakem, 2021; Treleaven, 2018). These studies reveal a notable gap in understanding how individuals undergoing MBIs interpret and navigate their bodies amidst broader systemic injustices, urging the need for deeper exploration in this area. The following discussion explores how the findings of the current study challenge the need for greater awareness and inclusion of the body as part of MBIs in addressing systemic oppression and privilege.

In the context of the current study, the Body as a Site of Liberation is experienced somatically, where sensations, emotions, and thoughts converge to facilitate both individual and collective freedom. Participants reclaim the concept of

liberation from Buddhist terminology, focusing on liberation from societal norms and constraints regarding the body. In contrast to traditional medical and Cartesian views (Haines, 2019), this theme emphasizes accessing the body as a site of agency and aliveness, aligning with the notion of responding to the world and dissenting to injustice.

Second-generation MBIs, like MBSM, aim for holistic well-being (Monteiro & Musten, 2017) but can fall into a medicalized approach, focusing on “symptom management” and standard mental health norms. This approach contradicts the goal of promoting liberation and holistic well-being. Body as a Site of Liberation, however, emphasizes the body's value beyond the medical model, aligning with the broader vision of second-generation MBIs. Haines (2019) described Soma as the non-objectified experience of sensations, emotions, thoughts, and behaviors, emphasizing the body's aliveness and agency. She advocated for somatic practices that help individuals become aware of conditioned tendencies and transform towards embodied social justice goals. Her perspective aligns with the theme of Body as a Site of Liberation, where participants viewed their bodies as agentive and integral to collective liberation.

Displaying what is our right showed that perceiving the body as agentive leads to actions against injustice, like public protests and challenging microaggressions. Participants described feelings of curiosity, relief, comfort, and ease when engaging in collective liberation actions such as community gatherings and standing up to microaggressions. This finding aligns with mindfulness-based anti-oppressive work, where healing for marginalized groups involves community practices, and those with privilege must dismantle microaggressions. Study participants demonstrated similar actions, highlighting the importance of collective rights and challenging microaggressions, adding to the literature on anti-oppression work (Haines, 2019; Magee, 2019; Menakem, 2021; Suyemoto et al., 2022; Treleaven, 2018).

Body as a Site of Liberation challenges conventional views in mindfulness interventions by emphasizing the body's agency in responding to systemic injustices and marks a significant contribution by promoting a social justice-based collective care perspective within MBSM, moving away from the medical model and viewing the body as actively responsive to dissent against injustice.

The second theme, Body as a Site of Protest, highlighted the somatic experience of the body when pushed out of resources. The experience of shutdown or freeze protests against injustice emphasizes the body's natural right to live and thrive. This theme speaks to the hidden hopes and fierce values within difficult experiences, reflecting on what individuals truly want amidst separation and longing. In Body as a Site of Protest, participants' somatic experiences reflected a refusal to engage with oppressive systems. This finding aligns with narrative practices that connect mental health,

power, and privilege, emphasizing responses to societal injustices (Denborough, 2019). Denborough (2019) highlighted the need to integrate bodily experience, emotions, meaning, and action, rather than focusing solely on emotions or sensations for catharsis.

In *Body as a Site of Protest*, participants' freeze response was contextualized within a political landscape, nuancing the conventional understanding of the freeze response in the polyvagal theory (Dana, 2018; Porges, 2009) to advocate for systemic interventions to address oppression. Participants viewed their freeze response as an active protest against systemic injustice, resonating with the call for collective freedom and liberation.

Further, study participants faced systematic exclusion from resources due to their marginalization, leading to a profound shift towards practicing self-compassion as a means to protest erasure and reclaim agency. Such understanding aligns with Neff's (2011) framework of self-compassion, emphasizing mindfulness, self-kindness, and common humanity. The practice of self-compassion was observed as a response to the impact of oppression, resonating strongly with the theme of the body's refusal to be erased. This finding expands current evidence on the efficacy of self-compassion for survivors of abuse and trauma, emphasizing the importance of situating these practices within the context of oppression. The gray literature, including the work of Menakem (2021), Suyemoto et al. (2022), Haines (2019), and Soundararajan (2022), supports the findings, highlighting the need for MBIs to adopt a social justice affirmative lens.

In acknowledging systemic oppressions, the body's active refusal to engage, the reclamation of personal power, and the utilization of self-compassion as a tool for protest, *Body as a Site of Protest* examines how marginalized individuals respond bodily to oppression, challenging traditional theories like the polyvagal theory by connecting their freeze response to societal injustice. Additionally, participants practicing self-compassion amidst exclusion from resources due to marginalization emphasize its role in protesting erasure, expanding its understanding in contexts of oppression beyond universal frameworks.

The third theme, *Body as a Site of Resistance*, extends the examination of systemic privilege to a somatic level. Participants in the current study identified their somatic experiences as responses emerging from a position of privilege, shedding light on the intersection between privilege and mindfulness—a novel lens scarcely explored in most MBI studies.

Study participants described their somatic experiences as responses to the injustice caused by their privilege within their social category, moving towards engaging in dismantling oppression. This insight adds to the existing literature and offers a novel articulation of somatic experience as

moving towards collective liberation when engaged with accountability and justice for all. Menakem's (2021) work supports these findings, citing that when white Americans perceive an unfamiliar Black body, it may trigger a limbic response of fight or flight, leading to sensations of the body recoiling or constricting, indicating a threatened nervous system. Menakem emphasized that this sense of danger does not come from Black bodies themselves but from ideas and images created, perpetuated, and institutionalized over centuries for the benefit of powerful white bodies.

Menakem (2021) recommended mindfulness and somatic practices to confront what he called white-skin privilege and asked for the privilege to be shared in small, everyday acts that dismantle microaggressions. The findings of the current study point to similar discomfort and constriction experienced by those with privileged identities. Participants of the MBSM program noticed these sensations of discomfort in their bodies and accessed their preferred values of dismantling stereotypes and microaggressions, aligning with Menakem's recommendation for those with bodies of privilege.

Similar to Menakem (2021), Soundararajan (2022) described Savarna fragility as the discomfort one feels at the awareness of caste hierarchy, the myth of meritocracy, and the oppression that it causes Dalit people. She encourages Savarna/upper-caste people to lean into the discomfort, and offers the RAIN framework as a way of dismantling caste atrocities. Further, Suyemoto et al. (2022) bring awareness to class, gender, sexuality, and disability by posing reflective questions and offering validation for cognitive dissonance that may emerge as a natural part of meeting with one's privilege. These scholars offer mindfulness strategies to lean into the uncomfortable physiological and cognitive experience of dissonance, underscoring the importance of mindfulness in anti-oppressive work.

Several mindfulness-informed anti-oppressive pedagogies (Berila, 2016; Ergas & Hadar, 2019; Wong, 2004) encourage students' somatic discomfort in their journey of understanding and embodying the impact of systemic privilege and oppression as a way of working towards anti-oppression and liberation for all in justice movements. This recommendation aligns with the findings of the current study wherein MBSM participants, whose identities have relative privilege, leaned into the discomfort of their body and engaged with the friction of privilege, and called out the bluff of privilege in moving towards collective liberation.

The findings of the current study resonate with existing literature on privilege and bodily experiences, echoing somatic discomfort observed among privileged individuals, such as cis-heterosexual and upper-caste individuals. It aligns with established uses of mindfulness in anti-oppressive work (Berila, 2016; Ergas & Hadar, 2019; Menakem, 2021; Soundararajan, 2022; Suyemoto et al., 2022; Wong,



2004). Participants connected bodily sensations to their systemic privilege, recognizing its role in societal subjugation and as a means of accessing an anti-oppressive stance of being in the world.

In summary, *Body as a Site of Resistance* illuminates how individuals with systemically privileged identities experience their bodies responding to injustice. This novel perspective views the body's sympathetic arousal in response to injustices as a call to action, aligning with the themes of dismantling microaggressions and displaying collective rights seen in the theme *Body as a Site of Liberation*.

This study has implications for mindfulness interventions that come under the umbrella of MBIs given that an essential element of MBIs is the exploration and understanding of the body (Crane et al., 2023). For teachers who are adapting the program into their contexts, the themes of *Body as a Site of Liberation*, *Protest*, and *Resistance* offer an expansion of the curriculum on a class-by-class basis. Within this framework, the body's responses can be understood within one's own experiences of dominant systems as well as the body's agency and aliveness. That is, these themes can be brought about during the inquiry of formal and informal practices, supporting participants' understandings of systems and their impact on the body and the participants' body as agentic and seeking aliveness.

Further, MBI program developers might consider incorporating diverse psychological and justice-informed frameworks into the program curriculum, such as liberation psychology, narrative practices, neurodiversity, disability justice, queer theory, and Mad studies. These frameworks can expand traditional pathology-based views of mental health and empower individuals and collectives. This approach nuances mental health discourse by focusing on oppressive systems that lead to distress and framing symptom management as resistance against these forces. It also encourages the development of liberatory futures, starting with building resources within our bodies as collectives.

Together, MBI teachers and developers can aim to provide an integrated perspective that acknowledges the complex interplay between individual experiences, social interactions, and structural factors with the intention to empower participants to re-examine oppressive systems and work towards a more equitable and just society.

The study makes significant contributions to the field of MBIs drawing on data from in-depth interviews with 19 MBSM participants from India. Participants represented various identity locations—class, caste, gender, sexual orientation, religion, and disability status—offering a nuanced and complex understanding of the bodily experience in response to systemic oppression and privilege.

Furthermore, the acknowledgement of participant diversity limitations signifies steps toward centering marginalized voices and Indigenous practices within mental and medical

health discourse within which MBIs are located, underscoring the necessity to diversify perspectives and approaches of MBIs. To that end, further qualitative research that delves into the participant experience, utilizing grounded theory methodology to develop theories from within the rich data itself, could provide insights into how individuals engage with their bodies as a way of responding to privilege and oppression, enhancing literature on social justice.

While the findings of the current research offer valuable insights, there are some limitations. This study was confined to an urban, English-speaking, mental health setting in India meaning participant demographics predominantly included English-speaking urban Indians, lacking diverse representation from rural and non-English speaking populations. The applicability of the findings to diverse cultural settings might necessitate adaptations to accommodate cultural variations. However, transferability of findings is bolstered through rich, comprehensive descriptions encompassing study contexts, participant diversity, methodologies, and detailed findings with excerpts, aimed at offering a vivid representation of the research. Additionally, the combination of in-person and online interviews may have affected the depth of data, as online interviews sometimes limit the observation of non-verbal cues and bodily expressions, which are more easily captured in person. For instance, during an in-person interview, AS noticed subtle physical reactions, like the participants' breathing pattern slowing or their hands relaxing when discussing how mindfulness helped them reclaim agency over their body. Such nuanced shifts were more challenging to observe in online interviews, where factors like camera angles or video quality sometimes limited the visibility of these finer physical details.

The exhaustive nature of interviews, requiring an ethical and time-consuming process, constrained the study's scope. For instance, this study did not involve participants from the Ambedkarite Buddhist practice nor did it include MBSM practitioners who identify as Buddhist. Regional and semi-urban and rural communities were not approached given the limited scope of MBSM in India thus far. If time permitted, practitioners of MBSM practices within these locations of identity would have been sought to participate in the study.

This study stands as a pioneering inquiry, both within India and globally, delving into the intricate relationship between the human body and the dynamics of systemic privilege and oppression within the context of MBSM. Through a qualitative lens, three themes were unveiled: the *Body as a Site of Liberation*, *Body as a Site of Protest*, and *Body as a Site of Resistance*. Participants, upon tuning into their sensations, emotions, and thoughts, unearthed the agency inherent within their bodies, fostering pathways toward collective liberation from entrenched societal injustices. Those situated within marginalized social categories experienced their bodies as potent sites of protest, refusing



engagement with oppressive systems and affirming their presence through self-compassion. In contrast, individuals with systemic privilege perceived their bodies as a site of resistance, confronting the friction embedded within privilege itself. These revelations, distilled through reflexive thematic analysis, reverberate with a resounding message about the profound wisdom of the body in navigating personal, interpersonal, and political experiences, urging the collective experience towards liberation.

**Author Contribution** The first author conducted the study, including collection and analysis of data. The first author took the lead with drafting the manuscript and making revisions. The second author provided critical feedback and review of the paper, as well as overall editing of the manuscript. The third author overviewed the final document.

**Data Availability** The data analyzed in this paper will be made available by the authors upon request to qualified researchers.

## Declarations

**Ethics Approval** Was granted by the Institutional Ethics Committee for Social Sciences at the University of Madras: IEC code CCDO/ICMR/EC/2022/04.

**Informed Consent** Participants provided verbal and written consent to participate in the study prior to commencement of the interview.

**Conflict of Interest** The authors declare no competing interests.

**Use of Artificial Intelligence** No AI tools were used in the study or preparation of the current manuscript.

## References

- Bakioglu, F., & Turkum, A. S. (2020). Investigation of the relationships among psychological counselor candidates' counseling self-efficacy, multicultural competence, gender roles, and mindfulness. *International Journal of Progressive Education*, 16(3), 223–239. <https://doi.org/10.29329/ijpe.2020.248.17>
- Berila, B. (2016). *Integrating mindfulness into anti-oppression pedagogy – Social justice in higher education*. Routledge.
- Berry, D. R., Cairo, A. H., Goodman, R. J., Quaglia, J. T., Green, J. D., & Brown, K. W. (2018). Mindfulness increases prosocial responses toward ostracized strangers through empathic concern. *Journal of Experimental Psychology*, 147(1), 93–112. <https://doi.org/10.1037/xge0000392>
- Bhambhani, Y., & Gallo, L. (2022). Developing and adapting a mindfulness-based group intervention for racially and economically marginalized patients in the Bronx. *Cognitive and Behavioral Practice*, 29(4), 771–786. <https://doi.org/10.1016/j.cbpra.2021.04.010>
- Bigelow, L. B. (2023). Mindfulness meditation programs informed by transgender youth. *Mindfulness*, 14(1), 128–140. <https://doi.org/10.1007/s12671-022-02048-6>
- Blignault, I., Saab, H., Woodland, L., Mannan, H., & Kaur, A. (2021). Effectiveness of a community-based group mindfulness program tailored for Arabic and Bangla-speaking migrants. *International Journal of Mental Health Systems*, 15(1), 32. <https://doi.org/10.1186/s13033-021-00456-0>
- Braun, V., & Clarke, V. (2021). One size fits all? What counts as quality practice in (reflexive) thematic analysis? *Qualitative Research in Psychology*, 18(3), 328–352. <https://doi.org/10.1080/14780887.2020.1769238>
- Braun, V., & Clarke, V. (2013). *Successful qualitative research: A practical guide for beginners*. SAGE.
- Burnett-Zeigler, I., Schuette, S., Victorson, D., & Wisner, K. L. (2016). Mind–body approaches to treating mental health symptoms among disadvantaged populations: A comprehensive review. *Journal of Alternative and Complementary Medicine*, 22(2), 115–124. <https://doi.org/10.1089/acm.2015.0038>
- Burnett-Zeigler, I., Satyshur, M. D., Hong, S., Wisner, K. L., & Moskowitz, J. (2019). Acceptability of a mindfulness intervention for depressive symptoms among African-American women in a community health center: A qualitative study. *Complementary Therapies in Medicine*, 45, 19–24. <https://doi.org/10.1016/j.ctim.2019.05.012>
- Castellanos, R., Yildiz Spinel, M., Phan, V., Orenco-Aguayo, R., Humphreys, K. L., & Flory, K. (2020). A systematic review and meta-analysis of cultural adaptations of mindfulness-based interventions for Hispanic populations. *Mindfulness*, 11(2), 317–332. <https://doi.org/10.1007/s12671-019-01210-x>
- Chang, D. F., Donald, J., Whitney, J., Miao, I. Y., & Sahdra, B. K. (2023). Does mindfulness improve intergroup bias, internalized bias, and anti-bias outcomes?: A meta-analysis of the evidence and agenda for future research. *Personality and Social Psychology Bulletin*, 50(10), 1487–1516. <https://doi.org/10.1177/01461672231178518>
- Chapman-Hilliard, C., & Brean'a Parker. (2022). Embodied social justice learning: Considerations for curriculum development and training in counseling programs. *Journal for Social Action in Counseling and Psychology*, 14(1), 77–93. <https://doi.org/10.33043/JSACP.14.1.77-93>
- Comas-Díaz, L. E., & Rivera, T. (2020). *Liberation psychology: Theory, method, practice, and social justice*. American Psychological Association.
- Crane, R. S., Callen-Davies, R., Francis, A., Francis, D., Gibbs, P., Mulligan, B., O'Neill, B., Pierce Williams, N. K., Waupoose, M., & Vallejo, Z. (2023). Mindfulness-based stress reduction for our time: A curriculum that is up to the task. *Global Advances in Integrative Medicine and Health*. <https://doi.org/10.1177/27536130231162604>
- Dana, D. (2018). *The polyvagal theory in therapy: Engaging the rhythm of regulation*. W. W. Norton & Company.
- Dawson, D. N., Jones, M. C., Fairbairn, C. E., & Laurent, H. K. (2022). Mindfulness and acceptance-based interventions with Black Americans: A meta-analysis of intervention efficacy for depressive symptoms. *Journal of Consulting and Clinical Psychology*, 90(2), 123–136. <https://doi.org/10.1037/ccp0000706>
- DeLuca, S. M., Kelman, A. R., & Waelde, L. C. (2018). A systematic review of ethnoracial representation and cultural adaptation of mindfulness- and meditation-based interventions. *Psychological Studies*, 63(2), 117–129. <https://doi.org/10.1007/s12646-018-0452-z>
- Denborough, D. (2019). Travelling down the neuro-pathway: Narrative practice, neuroscience, bodies, emotions and the affective turn. *International Journal of Narrative Therapy and Community Work*, 3, 13–53. <https://dulwichcentre.com.au/wp-content/uploads/2022/05/Travelling-down-the-neuro-pathway-by-David-Denborough.pdf>
- Donald, J. N., Sahdra, B. K., Van Zanden, B., Duineveld, J. J., Atkins, P. W. B., Marshall, S. L., & Ciarrochi, J. (2019). Does your mindfulness benefit others? A systematic review and meta-analysis of the link between mindfulness and prosocial behaviour. *British*

- Journal of Psychology*, 110(1), 101–125. <https://doi.org/10.1111/bjop.12338>
- Ergas, O., & Hadar, L. L. (2019). Mindfulness in and as education: A map of a developing academic discourse from 2002 to 2017. *Review of Education*, 7(3), 757–797. <https://doi.org/10.1002/rev.3.3169>
- Frazer-Carroll, M. (2023). *Mad world: The politics of mental health*. Pluto Press.
- Goldberg, S. B. (2018). Why mindfulness belongs in counseling psychology: A synergistic clinical and research agenda. *Counseling Psychology Quarterly*, 31(3), 317–335. <https://doi.org/10.1080/09515070.2017.1314250>
- Goldberg, S. B., Riordan, K. M., Sun, S., & Davidson, R. J. (2022). The empirical status of mindfulness-based interventions: A systematic review of 44 meta-analyses of randomized controlled trials. *Perspectives on Psychological Science*, 17(1), 108–130. <https://doi.org/10.1177/1745691620968771>
- Haines, S. K. (2019). *The politics of trauma: Somatics, healing, and social justice*. North Atlantic Books.
- Hilert, A. J., & Tirado, C. (2019). Teaching multicultural counseling with mindfulness: A contemplative pedagogy approach. *International Journal for the Advancement of Counselling*, 41(4), 469–480. <https://doi.org/10.1007/s10447-018-9363-x>
- Israel, T. (2012). 2011 Society of Counseling Psychology Presidential address: Exploring privilege in counseling psychology: Shifting the lens. *The Counseling Psychologist*, 40(1), 158–180. <https://doi.org/10.1177/0011000011426297>
- Lee, T., Paré, D., & Monteiro, L. (2016). Experiential shifts in therapists following an eight-week mindfulness program. *Counseling Et Spiritualité/counselling and Spirituality*, 35(2), 11–36. <https://doi.org/10.2143/CS.35.2.3259735>
- LeFrançois, B. A., Menzies, R., & Reaume, G. (Eds.). (2013). *Mad matters: A critical reader in Canadian mad studies*. Canadian Scholars' Press.
- Luberto, C. M., Shinday, N., Song, R., Philpotts, L. L., Park, E. R., Fricchione, G. L., & Yeh, G. Y. (2018). A systematic review and meta-analysis of the effects of meditation on empathy, compassion, and prosocial behaviors. *Mindfulness*, 9(3), 708–724. <https://doi.org/10.1007/s12671-017-0841-8>
- Magee, R. V. (2021). *The inner work of racial justice: Healing ourselves and transforming our communities through mindfulness*. Penguin.
- Mehta, N., & Talwar, G. (2022). Recognizing roots and not just leaves: The use of integrative mindfulness in education, research, and practice. *Psychology from the Margins*, 4, 6.
- Menakem, R. (2021). *My grandmother's hands: Racialized trauma and the pathway to mending our hearts and bodies*. Penguin.
- Michalak, J., Crane, C., Germer, C. K., Gold, E., Heidenreich, T., Mander, J., Meibert, P., & Segal, Z. V. (2019). Principles for a responsible integration of mindfulness in individual therapy. *Mindfulness*, 10(5), 799–811. <https://doi.org/10.1007/s12671-019-01142-6>
- Monteiro, L. M., & Musten, F. (2017). Mindfulness-based symptom management: Mindfulness as applied ethics. In L. M. Monteiro, J. F. Compson, & F. Musten (Eds.), *Practitioner's guide to ethics and mindfulness-based intervention* (pp. 193–227). Springer.
- Monteiro, L. M., Musten, F., & Leth-Steensen, C. (2019). Effect of mindfulness on value incongruence: A pilot study. *Mindfulness*, 10(6), 1031–1043. <https://doi.org/10.1007/s12671-018-1044-7>
- Neff, K. (2011). *Self-compassion: The proven power of being kind to yourself*. Hachette UK.
- Omvedt, G. (2003). *Buddhism in India: Challenging Brahmanism and caste*. SAGE Publications India.
- Oyler, D. L., Price-Blackshear, M. A., Pratscher, S. D., & Bettencourt, B. A. (2022). Mindfulness and intergroup bias: A systematic review. *Group Processes & Intergroup Relations*, 25(4), 1107–1138. <https://doi.org/10.1177/1368430220978694>
- Porges, S. W. (2009). The polyvagal theory: New insights into adaptive reactions of the autonomic nervous system. *Cleveland Clinic Journal of Medicine*, 76(Suppl. 2), S86–S90. <https://doi.org/10.3949/ccjm.76.s2.17>
- Proulx, J., Croff, R., Oken, B., Aldwin, C. M., Fleming, C., Bergen-Cico, D., Le, T., & Noorani, M. (2018). Considerations for research and development of culturally relevant mindfulness interventions in American minority communities. *Mindfulness*, 9(2), 361–370. <https://doi.org/10.1007/s12671-017-0785-z>
- Purser, R. (2019). *McMindfulness: How mindfulness became the new capitalist spirituality*. Repeater.
- Ratts, M. J. (2009). Social justice counseling: Toward the development of a fifth force among counseling paradigms. *Journal of Humanistic Counseling, Education and Development*, 48(2), 160–172. <https://doi.org/10.1002/j.2161-1939.2009.tb00076.x>
- Roberts, L. R., & Montgomery, S. B. (2015). Mindfulness-based intervention for perinatal grief after stillbirth in rural India. *Issues in Mental Health Nursing*, 36(3), 222–230. <https://doi.org/10.3109/01612840.2014.962676>
- Sandelowski, M. (2000). Whatever happened to qualitative description? *Research in Nursing and Health*, 23(4), 334–340. [https://doi.org/10.1002/1098-240x\(200008\)23:4%3c334::aid-nur9%3e3.0.co;2-g](https://doi.org/10.1002/1098-240x(200008)23:4%3c334::aid-nur9%3e3.0.co;2-g)
- Shaw, C. A. (2012). *Mindfulness-based symptom management and the treatment of burnout*. [Unpublished doctoral dissertation, Carleton University]. <https://repository.library.carleton.ca/concern/etds/7m01bm109>
- Sivasubramoney, K., & Lekshmy, K. (2023). Mindfulness for professional caregivers of coronavirus disease-19 positive patients – a realistic need of the hour. *International Journal of Nursing Research*, 6(4), 120–124. <https://doi.org/10.31690/ijnr.2020.v06i04.001>
- Soundararajan, T. (2022). *The trauma of caste: A Dalit feminist meditation on survivorship, healing, and abolition*. North Atlantic Books.
- Stanley, M. (2014). Qualitative descriptive: A very good place to start. In S. Nayar & M. Stanley (Eds.), *Qualitative research methodologies for occupational science and therapy* (pp. 21–36). Routledge.
- Sun, S., Goldberg, S. B., Loucks, E. B., & Brewer, J. A. (2022). Mindfulness-based interventions among people of color: A systematic review and meta-analysis. *Psychotherapy Research*, 32(3), 277–290. <https://doi.org/10.1080/10503307.2021.1937369>
- Sun, S., Nardi, W., Loucks, E. B., & Operario, D. (2021). Mindfulness-based interventions for sexual and gender minorities: A systematic review and evidence evaluation. *Mindfulness*, 12, 2439–2459. <https://doi.org/10.1007/s12671-021-01710-9>
- Suyemoto, K. L., Donovan, R. A., & Kim, G. S. (2022). *Unraveling assumptions: A primer for understanding oppression and privilege*. Taylor & Francis.
- Thapaliya, S., Upadhyaya, K. D., Borschmann, R., & Kuppili, P. P. (2018). Mindfulness based interventions for depression and anxiety in Asian population: A systematic review. *Journal of Psychiatrists' Association of Nepal*, 7(1), 10–23. <https://doi.org/10.3126/jpan.v7i1.22933>
- Treleaven, D. A. (2018). *Trauma-sensitive mindfulness: Practices for safe and transformative healing*. W. W. Norton & Company.
- Walker, N. (2021). *Neuroqueer heresies: Notes on the neurodiversity paradigm autistic empowerment and postnormal possibilities*. Autonomous Press.
- Watson-Singleton, N. N., Black, A. R., & Spivey, B. N. (2019). Recommendations for a culturally-responsive mindfulness-based intervention for African Americans. *Complementary Therapies in Clinical Practice*, 34, 32–138. <https://doi.org/10.1016/j.ctcp.2018.11.013>

- Wong, Y. L. R. (2004). Knowing through discomfort: A mindfulness-based critical social work pedagogy. *Critical Social Work*, 5(1), 1–9.
- Zheng, D., Berry, D. R., & Brown, K. W. (2023). Effects of brief mindfulness meditation and compassion meditation on parochial empathy and prosocial behavior toward ethnic out-group members. *Mindfulness*, 14(10), 2454–2470. <https://doi.org/10.1007/s12671-023-02100-z>
- Zimmerman, J. (2018). *Neuro-narrative therapy: New possibilities for emotion-filled conversations*. W. W. Norton & Company.

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