



MIND & LIFE

Mind & Life Podcast Transcript

Sona Dimidjian – Bringing Relationship into Research

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Opening Quote – Sona Dimidjian (00:04): *A critical guiding principle is that we are designing and studying with the people for whom these programs are intended, not to them and not for them. And I think that the research that we're doing can be part of a move towards a more participatory approach that both respects the essential nature of empirical investigation, and that says that the people for whom these approaches are designed are included from the very beginning, in even articulating what are the questions of importance. So that research from its very beginning is actually a relational practice.*

Intro – Wendy Hasenkamp (00:52): Welcome to Mind & Life, I'm Wendy Hasenkamp. My guest today is clinical psychologist and contemplative researcher, Sona Dimidjian. Sona is a professor in the Department of Psychology and Neuroscience at the University of Colorado–Boulder. And she's also the director of the Renée Crown Wellness Institute. Her research focuses on cultivating mental health and wellness among women, children, and families by engaging people's capacities for learning to care for themselves and their communities.

(01:24) When I planned to interview Sona, I expected we'd talk about her work (that she's perhaps best known for) applying mindfulness and contemplative practice to help with postpartum depression, and we do talk about that. But what I didn't expect was that we'd take the lens much wider, looking at how she's focused her career pushing back against systems of inequality, and making research into a relational practice.

(01:47) In our conversation, we talk about her own path to contemplative practice and research, and how we can use collaborative teams in scientific research to reduce bias. She then describes her work with new and expectant moms who are at risk for postpartum depression. And we also discuss how she's been working with young women to address stereotypes about appearance, and using peers instead of researchers or contemplative teachers to deliver instruction of helpful embodied practices. Sona also gives a wonderful explanation of community-engaged participatory research and how scientists can move toward working "with" and not "for" the communities they're trying to help. We talk about creating digital platforms for more equitable dissemination of contemplative programs, and her deep commitment to bringing a lens of anti-racism to her research and teaching.

(02:44) Sona has developed numerous resources that are available online. We've linked to those in our show notes along with lots of other great content from Sona, including a powerful keynote lecture from Mind & Life's International Symposium for Contemplative Research in 2018. I've been fortunate to know Sona for many years through her work with Mind & Life where she's served on the Research Advisory Council, and now serves on our Board of Directors. I really enjoyed diving more deeply into Sona's

impressive body of work in this conversation. I hope you enjoy it as much as I did. It's my pleasure to share with you Sona Dimidjian.

Wendy Hasenkamp (03:23): Well, Sona, welcome. Thank you so much for joining us today.

Sona Dimidjian (03:26): Wendy, it is such a pleasure, and yeah, just really delighted to have a chance to talk with you.

Wendy Hasenkamp (03:32): I would love to start just by hearing how you originally became interested in mindfulness, contemplative practice, and mental health.

Sona Dimidjian (03:41): That's a great question. And it's a hard one to answer. The short answer would be, it feels like the work of my entire life. I don't know, I'd almost have to go a few generations back to really give you a true, or a full answer to that question.

Wendy Hasenkamp (03:59): Oh, that's interesting.

Sona Dimidjian (04:02): Yeah. I guess I could say, if I answer that question from more of a professional researcher standpoint, I would say a pivotal moment was when I was in graduate school at the University of Washington where I had gone to study with a graduate mentor who at the time was doing really one of the more groundbreaking studies in how to treat depression. And I worked really closely with him for two years, and our lab, which was at that time a large lab of graduate students and mental health providers and other faculty collaborators, both at the University of Washington and at multiple other universities around the country. And it was at the end of my second year of graduate school that he was scheduled to present a keynote at a conference and didn't show up at the podium, and you know, there were hundreds of people in the room waiting. And so security was finally sent up to his hotel room and we learned that he had died that morning-

Wendy Hasenkamp (05:23): Oh my gosh.

Sona Dimidjian (05:24): ... suddenly of a heart attack. Yeah. So it was a really difficult event for everyone who was involved in that research, and there actually was another large study that was going on in tandem, which was a study of an acceptance-based intervention for distress among couples. So there are these two large teams and my graduate advisor was someone who was kind of one of these people who just lived larger than life. And so I think there was the expected shock of an event like that, and then there was this added layer that — here was this person who I think we all thought sort of lived by his own rules, or defied the usual logic of the universe. So I think there was also this sense of shock of the reality of mortality.

(06:23) And so at that time I would say, for myself, I had this really dual focus. One was how to continue the research that we were doing and how to care for the other members of our research team and lab, and how to sustain myself through that shock and grief and loss in a way that I could continue to be a resource for all of these other people who were depending in different ways on this work, including the research participants in this large clinical trial that we were running. And so I would say that was a moment where I really turned to mindfulness as a practice and, I don't know, strengthened or deepened I guess you could say, my commitment to that practice, and also the ways in which it informed and

infused my work life. It really was the ways in which I would say I sought to show up at work, and also be part of creating a context for other people in the work that we were doing together.

[\(07:41\)](#) At that time, I also was working with Marsha Linehan, who was another faculty member at the University of Washington on research on dialectical behavior therapy in her lab. And I would meet with her frequently and each time I would meet with her she would say like, "What are you interested in? What do you really want to do?" And I would always come back to this both sense of gratitude for and curiosity about the practice of mindfulness. And at some point, she said, "Well, why isn't this part of your research program? Why aren't you studying this?" And I think that question stayed with me for quite a while.

Wendy Hasenkamp [\(08:31\)](#): Was this before it was really a field of study?

Sona Dimidjian [\(08:34\)](#): I would say it was emerging as a field of study, because as all this was happening, Zindel Segal and Mark Williams and John Teasdale were starting to work on Mindfulness-Based Cognitive Therapy (MBCT). And at some point in this process, and I was reading these papers as they were coming out, and the book that they published. And at some point I had this clarity of conviction that this is what I wanted to learn, and I wanted to bring together this greater integration, I would say, of practices that had been and were continuing to be deeply sustaining personally, while also very much wanting to bring some of my own full life as a person into my work, and also finding the ways in which I was bringing my kind of scientist mind into my mindfulness practice. So I would go on retreat or sit in personal practice or observe interactions and have all these questions about, how's this working? Why is this working? For whom is this working? Are there other ways we could teach this, or deliver this? And are there limits — and how can we test those — of the benefit of this kind of approach?

[\(09:57\)](#) So I tracked down Zindel at annual conference, a psychology conference that he and I and so many people in our part of the field attend, in some lobby of a Marriott somewhere (I don't even remember what city it was in) and said like, "I'm a graduate student and I need to learn this!" I remember him looking at me like, "What? Who are you?" And he sort of said something like, "Where did you say you were going to school?" And I said, "In Seattle, the University of Washington." And he sort of looked at me like, "Um, I'm in Toronto... How are you thinking this will work?" So we set up this plan where I started doing Mindfulness-Based Cognitive Therapy groups with a psychologist in practice, Sandra Coffman in Seattle. And Zindel remote trained and supervised us in that process for a number of years. And that's part of the beginning.

Wendy Hasenkamp [\(10:58\)](#): Yeah. Something you just said really resonates with me about doing these practices and then having the research mind to bring in and thinking about, how is this working? And that certainly was the case a lot for me. What do you think about — some people would debate about the role of people who practice then doing the research, because there could be a potential for bringing in bias, or trying to "prove" that it works, or something like that. So how do you think about that, the role of your own personal experience as a practitioner, and then from the more objective side as a researcher?

Sona Dimidjian [\(11:37\)](#): Well, I guess I have a couple of thoughts about that. So one is, I think in my field we would talk about that as "allegiance effects" of the investigator. And I think that there's evidence that those exist and I think we all have bias. So I think whether or not you're an intense meditator or an intense skeptic about meditation, I think that we all come to everything that we do with bias. So I think

it's an illusion to think that there's anyone who is free of bias, and I think the key is really to 1) recognize that that exists. And 2) for me that's really... it informs in a pretty significant way my commitment to empirical science. Because I really think that the main protections against the kind of biases that you're asking about really come in the research methods and the designs that we use to do the studies that we do. So for me the value of a randomized controlled trial is, in part, that it allows protections against a whole host of problematic inferences that people could make about the potential benefits or harms of an approach. So that's one piece that's really, I think that's a big part of why we do science, so that we're not over-privileging one person's opinion, and that we build in methods that help to acknowledge biases that exist.

[\(13:28\)](#) I think the other piece that's important is a collaborative approach to research. And I often use that example of that study that Tor Wager and Yoni Ashar and Roshi Joan Halifax and I did on that compassion practices, because really I think at the beginning of that study we were kind of... Roshi Joan and I were on one side of being really interested in, and believing that there are benefits to the intentional practice of compassion in daily life. And on the other side, I think Tor was more of a skeptic, or I don't know if he would identify as a skeptic, but at least he was keeping a very wide open mind and wanted to build in some protections that the claims that we might make around the efficacy of this practice were really specific to the practice, not just to the kind of expectancies that people might hold when you ask them to do something every day for a four week period. And then I think Yoni was kind of perfectly situated in the center of all of us, and so it was really the ideal person to be implementing that study.

[\(14:46\)](#) But I think that does provide a guide to the kind of collaborations that I think are really critical. In my role as the director of the Crown Institute, I've been thinking a lot about what is a guiding approach to the research that we conduct, and the first step and the really I see as a foundational success to any research study is bringing together a trusted team of experts. And that really defines this idea of expertise in a very broad way, that in part seeks to connect people right from the outset that have differing views, and that engages the process of research as one that is really dedicated to that kind of curiosity and investigation in the context of difference.

Wendy Hasenkamp [\(15:48\)](#): Yeah. You've highlighted a couple of things that I definitely want to circle back to, one of which is, you have an excellent way of bringing together teams that involve the community and the participants whom you're doing the research for. So I want to be sure to come back to that.

[\(16:01\)](#) But first I'd like to dig in... You've spent a lot of your career studying women's mental health, in particular postpartum depression in new and expectant moms who are at risk for postpartum depression. So how did you land with that population, and can you describe a little bit about the prevalence and the course of postpartum depression, for listeners who might not be familiar?

Sona Dimidjian [\(16:25\)](#): Sure. Well, so interestingly, that line of research really came out of those Mindfulness-Based Cognitive Therapy groups that I was leading or co-leading as a graduate student. One participant in those groups — it's like one of those moments you can still remember where you were standing, and what was happening in the context around you — and she said to me towards the end of the eight week series, "This has been incredibly helpful. I just wish that I had had an opportunity to learn these skills before I had my daughter." And she had talked in the class about doing some of the body scan practices with her toddler next to her, and it just was this moment where I thought, what are we offering for women during pregnancy who are vulnerable to depression?

(17:23) And so I went to the literature to begin to investigate that question. And at that time, the options were extremely limited. (It'd be good to come back to that point too, because in many ways the world hasn't advanced that much. In terms of the actual daily options that people are provided for caring for their own mental health during these critical life cycle transitions, [they] continue to be very limited.) But at that time even in the research literature, it was pretty limited and it was clear that antidepressant medication was really the standard of care and the main option provided to women during pregnancy, as was the case in the general population. And yet, during that time of a woman's life, there also were multiple competing concerns around potential adverse effects of taking antidepressants during pregnancy.

(18:22) So what was very clear, and what continues to be clear, is that women who become pregnant having had depression in their history are at significantly increased odds of becoming depressed again. A past history of depression is the most robust predictor of getting depressed during pregnancy, or early parenting, that we have. So I thought at that time, we know that these women are at increased risk. We know that they're asking for other options. We know in a fairly straightforward way how to identify who's at increased risk. And the emerging literature on MBCT in the general population suggests that we actually have an approach that is helpful for exactly this purpose.

(19:16) So at that time Sherryl Goodman, who is a dear friend and professor at Emory University, and I started working together — and I had since moved to the University of Colorado–Boulder, so we were working across Colorado and in Atlanta, Georgia — and really began to investigate the use of this approach in the adaptation for women during pregnancy and early parenting. And the studies that we did suggested that it absolutely met the stated interests and preferences of women, in terms of their mental health care during pregnancy. And it offered significant protection in terms of reduction of risk of depressive relapse compared to care as usual within those studies, within the Kaiser Permanente system. So all of those women had care as usual, which I think, again goes back to that question of access, which for many people in their communities at large, care as usual means next-to-nothing to nothing.

(20:24) – *musical interlude* –

Wendy Hasenkamp (20:39): So you mentioned key developmental transitions that people go through in life, and that there's a real lack of support often times in this. Another group that you've worked with a lot is adolescents and young people. So I know that recent years have seen a large increase in levels of loneliness, anxiety, depression in young people. Can you share a little bit about your work in those populations?

Sona Dimidjian (21:09): I'd love to share about that. So that's some really amazing work that we've been doing that really grew out of a focus on the ways in which young women struggle with their feelings about their bodies, and the sense of dissatisfaction, body dissatisfaction that emerges by age 17 for over three quarters of what young women report. So we started with this approach that is really based in cognitive dissonance theory, that is an approach called the Body Project, which seeks to help young women, I would say through a number of different practices, develop a more critical awareness of biases around appearance, cultural stereotypes and biases that adversely impact young women.

(22:10) And we worked with young women in high school and college over the past few years to design together an approach that includes some of those elements, but also includes in more experiential ways

of developing a different kind of relationship to one's body. And many of those practices draw from contemplative practice traditions, but are offered in ways that I think are briefer and, I don't know, maybe more fun than the kinds of stereotypes one might hold of just like, sitting quietly on a cushion by yourself in a room for many hours.

(22:57) So we're doing research now that is investigating the impact of that program. And one of the pieces that is really exciting to me is that, that study and multiple other research studies that we're doing now are really exploring this idea of peer delivery. So it's actually young women in college working with peers, so other college students or near peers, which are students, young women in high school. And part of what's exciting to me about that is really both the pragmatic implications, which have to do with making this kind of knowledge and making these practices more widely available to people, so that not everything perhaps needs to be mediated by an advanced degree.

(23:48) And I think it also challenges us to think about ways of delivering the uniqueness of these practices in forms that are engaging and applicable to young people's lives. And I think the most effective way we can do that is by working in partnership with young people. So the practices really focus on practices of grounding... So, really attending to sensations in the feet, and the connection between the feet and the earth, and ways in which young women can use that practice in very everyday moments, as well as everyday challenges. Connecting to this sense of an inner smile that one can experience. Movement practices that have to do with really feeling the body as a tree, and rooted in the earth. And the practice of movement in that context, and shaking the tree.

(24:48) So there are a range of practices that were developed, and recorded actually, by Caroline [Foyal, inaudible] here in Boulder, and has been just a great partner and guide in many ways. And the research is ongoing, and to hear some of the young women in that study talk about the ways in which these practices are a resource for them... Or provide a different kind of experience of their bodies, and provide a different way of connecting with and being aware of how to care for one's body, as opposed to just engage with it as something to be managed or criticized or a source of shame or guilt.

Wendy Hasenkamp (25:42): Yeah. I feel like I've heard some studies on the role of social media in this issue, particularly with young women. What's your sense about that?

Sona Dimidjian (25:56): I think it's really a challenge. And I think it's a challenge that has been complicated by the pandemic and the need for social distancing and remote learning. I think that we rely on technology, and we rely on social media in ways that I think are important, and I think also create vulnerability.

(26:23) So I think our approach to that has been to explore ways in which we can utilize some of those same media channels essentially, or platforms, for creating learning experiences that are deep and impactful, and based in science, and prioritize connection and community. So it's an ongoing place of reflection, I think, that is needed in our fields, in the world at large, among parents, young people.

Wendy Hasenkamp (27:07): Yeah. And I love the idea of using peers to help train this, because I'm sure in a way it makes it more accessible, and then also serves to build community, which is really wonderful.

Sona Dimidjian (27:20): Yeah. Both are true. And it also keeps you honest, too. And so I think a critical guiding principle is the idea that we are designing and studying with the people for whom these

programs are intended, not to them and not for them. It's really like that choice of proposition, like that little word of with, it carries a lot. There's a lot packed in there.

Wendy Hasenkamp (27:52): Yeah. Can you unpack some of what's in there?

Sona Dimidjian (27:57): Well, to go back to your question around the experience of depression for women during pregnancy and postpartum, an example that I often use is this example of the "rest cure." So the short story, *The Yellow Wallpaper* by Charlotte Perkins Gilman tells the story of this woman who was essentially confined to a room and told to rest. And it tells the story of her experience. And the author wrote a newspaper or magazine article about the story at some point, in which she revealed that the story was autobiographical. And she said her doctors as treatment for a postpartum mood disorder, and in her case probably postpartum psychosis, had prescribed the rest cure, which was to have no work, to have no social contact, to essentially be confined in isolation to a room. And in the article she writes about it. And she says, "I practiced this until it drove me to near utter mental ruin."

(29:18) And for me that example is a useful one because it's an example of what happens when professional fields that have power and privilege — as medicine did at that time, it was very much organized around an authority-based system, you know, "I'm the doctor. I tell you what's good for you. You do it." As the patient. And obviously the field of medicine has evolved much since then, and yet there are ways in which I think some of that kind of paternalistic attitude around expertise persists. And I think that what I'm interested in, the ways in which the research that we're doing can be part of — and again, there are many people and aspects of science that are moving in this direction, but — a move towards a more participatory approach, that both respects the essential nature of empirical investigation, and that says that the people for whom these approaches are designed are included from the very beginning in even articulating what are the questions of importance. In what ways have we defined the problems, or are we defining the problems that influence our choice of methods and our choice of interventions or, in the case of this conversation, the choice of contemplative practices from which we might draw? So that research from its very beginning is actually a relational practice.

(31:02) So that's one piece I would say about it. I think the other piece that I think is being foregrounded, I would say since the summer, has been the ways in which research programs, projects, teams have lacked diversity and representation, with respect to race and ethnicity, among other identity statuses, as well as the populations with which studies have been conducted. And so I think focusing the lens on who is doing the research, I just think we're at a moment in our field where there's an opportunity for a different kind of engagement with that question, that I think actually offers the promise for much, much more meaningful and impactful research going forward.

Wendy Hasenkamp (32:05): Absolutely. And it gives these populations agency, and a voice, and power in the process, so-

Sona Dimidjian (32:14): And I might actually, if I can, interrupt and maybe just take a moment to maybe invite even a restatement of that question for our field, because I think what's really important is that it's really not about giving agency or empowering, because the agency, the voice, the power, they already exist in these communities that we're talking about. It's about acknowledging with respect, and that's both verbally and in our actions. And so it's about seeing and acknowledging with respect, more so than it is about giving power. Because the power, the strength, the wisdom, it's there.

(33:02): And when I look at some of the studies we're doing right now on some of the peer delivery approaches and the work we've been doing for the last few years with communities of Spanish-speaking women, many of whom are in immigrant communities in both urban and rural settings, the wisdom around and knowledge around how to work effectively within those communities, it's been there. That's not anything I brought as a researcher. I brought a willingness to listen and I sense, I think of at least an aspiration of cultural humility. So I think starting with that, starting with the premise that we need people with different kinds of expertise at the table from the beginning, and that we all come with agency and voice, and it's really about designing the table in a way that acknowledges that.

Wendy Hasenkamp (34:04): That's a really helpful reframe. Yeah. Thank you for clarifying that. Could you describe a little bit how this process works — designing a study with the community that you're working with?

Sona Dimidjian (34:16): Yeah. So it requires a certain tolerance for messiness. *[laughter]* I can describe a little bit, and it probably never goes exactly the same way. I think actually within the Crown Institute, right now one of the projects that we're working on is creating a set of participatory design tools that will help researchers and communities work together to do exactly what we've been talking about. So to start at the very beginning, foundational step of convening a team — and within that team begin to explore areas of expertise, areas of distrust that exist when you bring people together who hold different biases and views and identities and backgrounds, and begin to build a sense of trust and shared purpose.

(35:09) So, all the way from that to moving to the other end of the research spectrum, which is where you're really looking to, how do we begin to scale and sustain this work over time so that we can increase access? Because I think these participatory methods and this emphasis on working with is critical... But I would say it's necessary, but not sufficient to ensure that all people who are interested in these approaches actually have the opportunity to connect with them. So stay tuned on the "how." Maybe I'll have a great set of tools to share with you in the coming months.

Wendy Hasenkamp (35:53): Well, to that end I know you have worked on digital platforms and things like that, to increase access. I was curious how you think about the... I don't know if it's a tension, but just the dynamic between making things widely accessible, and some people have critiqued that there can either be a watering down, or you really need to be working individually with a teacher. So how do you think about those challenges with digital platforms?

Sona Dimidjian (36:20): I think everything that you just articulated is absolutely valid, and I think in any kind of important work, there will be creative tensions. For me, the question is always, to what extent can we find a middle road through these positions that appear to be in conflict with one another? How can we engage both in a way that allows what, again, appears to be a conflict, to instead become a dynamic creative tension that propels us into something new? And so to each of the positions that you said, I would say like, yes, yes, yes and yes. And where do we go from here?

(37:03) And so I think we are learning, through the work that we're doing. I would say in terms of the work that I have done, the digital program that I think we have investigated most rigorously to date has been the Mindful Mood Balance (MMB) program that Zindel Segal and I worked on and developed and studied across multiple clinical trials, including one randomized controlled trial that we published at the beginning of this year, in 2020. So we published a study in which we had randomly assigned 460 adults

with histories of depression to participate in this eight-session program called Mindful Mood Balance over a 12-week period, or to receive usual care in the Kaiser Permanente system.

(38:02) And what we found was that over that 12 weeks, and a one-year follow-up period, was that people who participated in the MMB program had showed significant benefit with respect to their mental health. Their depression and anxiety symptoms were significantly reduced. And that built upon almost a decade of work designing that program, really investigating how can bring the same types of learning experiences that people have while attending in-person MBCT classes, how can we create a version of that in an online digital course? So the findings of that study were striking I think, because of the length of follow-up, because of the kind of experimental nature of the design, because of the brevity, the relative brevity of the program and the ease with which people could access it.

Wendy Hasenkamp (39:13): How long was it?

Sona Dimidjian (39:13): It was eight sessions, and people had access to it for the main intervention window for 12 weeks. And we're doing a version of that program, I mean we're testing a version of that program, called Mindful Mood Balance for Moms now, in a study that we're doing in collaboration with Lee Cohen's group at Mass General Hospital, and Baby Center, which is the largest digital community for new and expectant parents, and parents in general, in the world. And we have enrolled 500 women in that study, and are continuing to follow them to understand the impact of their learning and experience.

Wendy Hasenkamp (39:57): Is this program geared towards people at risk for depression?

Sona Dimidjian (40:01): It's been tested with people who have histories of depression, and also people who have histories of depression and are experiencing residual depressive symptoms. So not people who are currently in an acute episode of depression, but who have some risk of either depressive symptoms becoming worse, or experiencing a relapse of depression.

Wendy Hasenkamp (40:21): Yeah. I thought of something that I wanted to ask earlier. So is this MBCT for expectant moms, or new moms, is this something that women can find in their communities? Is it widely available or...

Sona Dimidjian (40:36): This is such a great question! I wish my answer was a resounding yes... but it's not. No. We have really struggled after each of these research studies that we've done, with this question of, how and in what ways are these findings from scientific studies actually available, or influencing people's daily lives? If you go into a prenatal care clinic, how many prenatal providers are suggesting women learn these sorts of skills, in whatever places or ways they might do so?

(41:14) So there are a couple of different strategies we have taken, myself and [my] wonderful team of collaborators. One is, Sherryl Goodman and I wrote a book that conveys some of the core skills and practices with the recordings that Sharon Salzberg recorded that were what was used in the research that we did. So that's one way. The other way is, Zindel Segal and I co-founded a company called Mindful Noggin that makes available some of these programs, both for clinicians who are interested in learning more about how to integrate these practices into their health or mental health care delivery. As well as the program for the general population, makes that more broadly available.

(42:11) And then it's also for me, a big part of the interest in working within high schools, and working with young women at an earlier point in their development so that when they're even contemplating

life decisions around work and family and kids and parenting, that they already have these sorts of skills really integrated as part of their own lives. And so beginning to think about, say the program that I was describing to you earlier, or ways in which we're working with educators right now on... We just completed a certificate program on compassion and dignity, that was a collaboration with [Thupten] Jinpa-la and our School of Education here at the University of Colorado–Boulder, that is a certificate that educators can receive through four courses that are offered in an online learning context that focus on compassion and dignity as an educator. And the first three are asynchronous courses, so educators can take them at any time. And the fourth is a capstone course that's offered synchronously, although remotely. So you're with a community of other educators who are learning and practicing with you, but you can do it from anywhere and it doesn't require being in-person.

[\(43:37\)](#) So, that's all work we had started years before, and as the reality of social distancing has become so much a part of our daily lives in 2020, we have felt grateful to at least have been building towards these tools that can support people during a time when it's so hard to access these kinds of learning experiences and resources in-person.

[\(44:07\)](#) – *musical interlude* –

Wendy Hasenkamp [\(44:36\)](#): I saw on your website for the Crown Institute that you're doing more and more work in anti-racism space, and you developed a course, an undergrad course around anti-racism. I just wondered if you wanted to say anything about that work in particular.

Sona Dimidjian [\(44:50\)](#): It's hard to know almost where to begin. I guess I would say in some ways it's work that's... I don't know, that is both very private and individual. There's interior work, I guess would be the better way of saying it, than private. There's some very interior work that I think is really critical, and then there's a lot of exterior work. And it is grounded again in relationship, and it's grounded in curiosity and reflection. All skills that I think contemplative practice traditions have important things to say about.

[\(45:33\)](#) And I think yeah, commitment to staying in relationship, and a commitment to also being an activist as well, in local and larger ways. So, a recognition of inequality in ways that are linked to identity status has always been at the heart of the research that I have done, and in particular focused around gender. I think for me, I guess since this summer I have committed to, and have been committed to, systematically reviewing every project, every team, every course, every decision, through a lens of anti-racism and anti-oppression. And that has resulted in taking on new projects. It's resulted in stepping away from some projects. It's resulted in new collaborations, and also really hard, difficult, personal reflections. And also hard conversations with colleagues and friends around racism and oppression. And I think this time is a time of reckoning. And it's a time for questioning. It's a time of listening, a time for humility on the part of... And the questioning, the listening, and the humility — I think it's a time for white people to really bring those to the fore.

[\(47:40\)](#) So, it is central. The focus on anti-racism and commitment to linking anti-racism in particular to an understanding of the health and social impacts of the pandemic, and the wellness implications of the pandemic, was central in the course that we developed for first year students. And that was with a whole team of people, including my incredible colleagues, Daryl Maeda and Donna Mejia.

[\(48:07\)](#) And it also has been really central in work that we have done on a project specifically focused on mindfulness classes for college students, and development of a curriculum. And that project, through

bringing the focus on anti-racism and a commitment to racial justice, has really required fundamentally rethinking the aims of that work. And raising questions around, who has a right to wellness? And when we offer practices, when practices are foregrounded like breathing practices — in a context where the centrality of the statement, "I can't breathe" in Black Lives Matter, or the experience... the nature of COVID, and the loss of friends and family members that many students have had due to COVID — it requires us to really rethink some of these practices in historical and contemporary contexts. So there's a lot of work that needs to be done there. And I think we're just getting started.

Wendy Hasenkamp (49:31): Yeah. I really appreciate all the work you're doing in this space, and I think it's clear how there's a through line. Like you said, so much of your work has been focused on systems of inequality, whether it's around gender or race, or other issues. And so, I just really appreciate how you're weaving it all together, and the heart that you're bringing to this work. So, thanks so much for sharing your time and wisdom with us today.

Sona Dimidjian (49:59): Oh, it has been a pleasure. And thank you so much, Wendy, for this podcast series, and really I think the intention that animates this work, which is how to bring these practices and ideas and knowledge to all people for whom this could hold benefit. So I think it's really critical to have these different channels, and I think your podcast is a really critical one.

Outro – Wendy Hasenkamp (50:34): *This episode was edited and produced by me and Phil Walker. Music on the show is from Blue Dot Sessions and Universal. Show notes and resources for this and other episodes can be found at podcast.mindandlife.org. If you enjoyed this episode, please rate and review us on iTunes, and share it with a friend. If something in this conversation sparked insight for you, we'd love to know about it. You can send an email or a voice memo to podcast@mindandlife.org. Mind & Life is a production of the Mind & Life Institute. Visit us at mindandlife.org, where you can learn more about how we bridge science and contemplative wisdom to foster insight and inspire action towards flourishing. There, you can also support our work, including this podcast.*