

Using Mind-Body Practices to Uproot Unconscious Bias in the Education Profession

Niki Elliott, Ph.D.

LaFetra College of Education, University of La Verne

Abstract

Many professional development sessions focused on anti-racism have become spaces of defensiveness and opposition to the methods and language used to engage participants, particularly those of the dominant culture. School administrators have reported that many staff either refuse to attend, avoid participation in the space, or even walk out of trainings when directly challenged to discuss anti-racism. Utilizing polyvagal theory as a grounding framework (Porges, 2017), this point of view paper explores why confrontational approaches to equity work are often unsuccessful at producing a long-term transformation of white educators' mindsets and behaviors. The author offers a description of lessons learned from implementing a mindfulness-based approach to uprooting unconscious bias that centralizes the primary need for felt-safety and empathy among all participants engaged in diversity, equity, and inclusion trainings. This healing-centered approach to equity work offers a glimpse at what is possible for the field, and points the way toward moving the needle on critical conversations about embodied experiences of bias and racism in schools.

Keywords: mindfulness, unconscious bias, teacher mindset, teacher socio-emotional learning, polyvagal theory, trauma-informed teacher development

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The brutal police killings of George Floyd and Breonna Taylor gripped the hearts of Americans nationwide in 2020, sparking a dramatic increase in demand for training and professional development in the areas of anti-racism, diversity, and cultural proficiency. In this climate, critical race historian Ibram X. Kendi rose to national prominence when his book, *How to be an Anti-Racist* (2019), topped the New York Times Bestseller list. Leaders across disciplines turned to Kendi and other prominent voices to define exactly what it means to be racist, and how to be an effective anti-racist ally for the Black community during this critical time in history. In the book, Kendi writes:

To be antiracist is to think nothing is behaviorally wrong or right—inferior or superior—with any of the racial groups. Whenever the antiracist sees individuals behaving positively or negatively, the antiracist sees exactly that: individuals behaving positively or negatively, not representatives of whole races. To be antiracist is to deracialize behavior, to remove the tattooed stereotype from every racialized body. Behavior is something humans do, not races do. (Kendi, 2019, p 105)

From this definition, one may gather that the current work of anti-racism is to identify and dismantle the structures of power (embedded in policies and practices) that result in inequities or justify existing inequities based on race. Kendi suggests that racial inequity is a problem of bad policy, *not bad people*. His intention is to keep the focus of anti-racist training on the actions, policies, and ideas that contribute to systemic inequalities, not on condemning any specific group of people. To clarify, he states, “To be anti-racist is to never conflate racist people with White people, knowing there are anti-racist Whites and racist non-Whites (p.129).” If all anti-racist theorists and professional development trainers shared a similar perspective and definition as Kendi’s, I would not have received the distressed phone call from a state-level association of K-12 school administrators that I did.

An Urgent Call for Support

In August 2020, I was contacted by the co-chairs of the diversity committee for a statewide body of special education

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directors. They informed me that the committee was desperately in need of professional development for a group of 200 administrators to address diversity and equity issues within the membership. They had recently experienced significant backlash after several White members of the group walked out of the previous two anti-racism trainings they hosted. In each of the two trainings, the presenters spoke in a directly confrontational tone that many of the participants considered to be “angry and threatening.” More than a dozen White administrators walked out of the second training when the presenter declared to the audience, “If you are White, you are racist, period!” A statement of this nature is in direct opposition to Kendi’s recommendation to “never conflate racist people with White people.”

As the co-chairs filled me in on the details of the previous trainings and what led to them being derailed, they continued to reflect on feedback from the White administrators, who had said they felt publicly shamed by the trainers and ostracized from the larger group, which reflects a diverse body of individuals from all racial groups. Many of those who walked out perceived themselves to be allies of the Black Lives Matter movement. While they were willing to acknowledge and address the presence of unconscious bias that impacts their leadership, they refused to see themselves as racists who were actively working to perpetuate injustice toward students and colleagues of color. More importantly, they refused to remain physically in a space where condemnation, shame, guilt, and division were being used as tools to motivate learning and transformation.

I listened patiently as the co-chairs continued to tell their story. Finally, I found a natural pause in the conversation that allowed me to ask my most pressing question: “I understand you have a serious challenge ahead of you to find a trainer who can help your group of special education administrators address diversity and equity issues, but may I ask why you were referred to me?” The leading co-chair quickly responded, “We were referred to you by a school district that has benefited greatly from your work in educational neurobiology and mindfulness. We understand your work can potentially help us approach this topic in a way that minimizes the shame and fear that keep shutting

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down our attempts to make progress. This work has to move in a different direction. We heard you have a healing presence, and that people seem to listen and respond to hard conversations with you because you teach from a trauma-informed perspective and consider what people's brains need to feel safe. We're hoping you'd be willing to take what you teach classroom teachers about trauma-informed education and mindfulness and help us apply it to bias and equity work for administrators."

Taking in their request, I sat for a long moment of silence. I absorbed the gravity of what I was being asked to step into and considered if what I had to offer could make a difference for this divided group. My initial thought was to turn down the opportunity and stay in my lane. However, after consideration, I accepted their request and began to envision how my understanding of educational neurobiology, trauma-informed teaching practices, and holistic mind-body wellness strategies could be integrated to overcome the type of stonewalling that often disrupts race and equity conversations among educators.

Polyvagal Theory: Honoring the Biological Need for Felt-Safety

As has been established, professional development facilitators sometimes employ racial guilt, shame, blame, or confrontational language as means to shock white participants into acknowledging white supremacy and making a commitment to dismantle racist structures. However, we know that shame, especially in the context of education, dehumanizes, and often triggers rage as the most common self-protective reaction (hooks, 2003). From a physiological perspective, this reaction is as true for people from marginalized groups as it is for those who benefit from oppressive systems (Menakem, 2017).

When I teach education neurobiology to special education teachers, the most important lesson I must convey to them is the foundational need for students to have a sense of felt-safety in the classroom. They must be set up to learn in an environment that eliminates toxic stress, real or perceived threat, bullying, shame, and unhealthy division or ostracization. My teachers understand that no constructive learning or lasting positive

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behavior transformation is likely to occur if the environment does not provide the learner with a *neuroception* of safety. This term, coined by Stephen Porges, forms the foundation of the polyvagal theory, which establishes the framework I promote, not only for trauma-informed teaching for children, but also for leading adults in trainings that deal with potentially triggering content such as racism and bias.

According to Porges (2017), “safe states are a prerequisite not only for social behavior, but also for accessing the higher brain structures that allow humans to be creative and generative” (47). When assessing a safe and trusting environment, he argues that in addition to physical safety, humans must also feel emotional safety, which is an internal felt sense of being safe. Therefore, feeling safe depends on our interpersonal environment, possibly more than our physical environment. As educators, we understand that when the neurobiology of fear is active, our students’ thinking narrows, turns rigid, and become focused on the perceived threat. At that point, as educators, we must establish mutual trust that is communicated from us to our students. Feeling safe is a nonconscious experience that is assessed by our autonomic nervous system (ANS), through a process Porges refers to as neuroception. If a learner assesses the environment and registers a neuroception of safety, the ventral vagal parasympathetic branch of the ANS is activated, allowing social engagement and optimum learning. However, if the learner assesses a neuroception of danger due to real or perceived threats in the space, the sympathetic branch of the nervous system will trigger a fight or flight response, which explains why shaming often leads to reactions of rage or aggression. In this state, the learner does not have the capacity to engage socially, learn optimally, or transform behavior. This reflects the state of the administrators who fled the professional development by leaving the training. Finally, if the learner assesses the environment and registers a neuroception of hopelessness (nothing I do can make a difference here), their ANS may trigger the dorsal vagal freeze response. In this case, the learner will withdraw, disassociate, or possibly sink into depression. From the perspective of educational neurobiology, we understand that all learners (children and adults alike) adaptively

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respond to danger by stopping the learning process in the brain and prioritizing survival and self-protection. When this happens, our first responsibility as educators or facilitators must be to get everyone back to an emotionally safe place and re-activate interpersonal trust before they can begin to learn or transform behavior (Cozolino, 2013).

Individuals who feel endangered or unwelcomed in any environment experience higher amygdala activation levels than an individual who feels safe and welcomed. The activation of the amygdala affects the sympathetic nervous system (fight, flight, freeze response) which in turn releases adrenaline, norepinephrine, and cortisol in the body (Olson, 2014). These neurotransmitters increase implicit memory encoding (unconscious body-based sensory memory) and hinder explicit memory encoding (cognitive memory consolidation). Individuals who remain alert and in defense mode for extended periods of time experience sustained sympathetic activation and cortisol release, which inhibits access to the higher learning centers of the brain, or the ability to prioritize social engagement. Instead, implicit memories are encoded in the body as emotional memories with behavioral impulses, perceptions, and sensory fragments that are stimulated by both internal and external stimuli. This often occurs outside a person's conscious awareness. In the case of unconscious bias, these implicit, body-based reactions form the basis for automatic fear or stress responses that interrupt a person's ability to sustain challenging conversations about racial trauma (Menakem, 2017).

In *My Grandmother's Hands: Racialized Trauma and the Pathway to Mending our Hearts and Dodies*, Resmaa Menakem (2017) states:

When many white Americans' bodies encounter black bodies, the white bodies automatically constrict, and their lizard brains (amygdala) go on high alert. Most forms of dialogue, diversity training, and other cognitive interventions are going to have little effect on this reflexive fear response, because the white body has been trained to respond in this non-cognitive way. (Menakem, 2017, p. 91)

Menakem, also building on Porges' theory, suggests that

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attempts to advance racial reconciliation must first take these automatic, unconscious, body-based fear responses into account when designing diversity trainings before attempting to move the needle on the cognitive aspects of dismantling structural racism. This perspective of engaging in a body-based or somatic release of fear, anger, trauma or stress energy prior to engaging in talk or cognitive therapy is also held by Peter Levine (2010), a leading psychologist, researcher and trauma therapist. It was through my understanding of Porges' polyvagal theory, Levine's work in Somatic Experiencing, Menakem's teachings on body-based healing of racial trauma, and my personal certifications in Kundalini Yoga and clinical breath work, that I came to see this missing link in creating healing spaces for race and equity training.

Porges' polyvagal theory has become the foundational framework in the field of trauma-informed teaching practices (Berardi & Morton, 2019), as well as trauma-informed therapy among mental health providers (van der Kolk, 2014). This theory, grounding both Menakem and Levine's work, centers the importance of activating the *vagus nerve*, the longest nerve in the body and the most important component of the calming parasympathetic nerves. Activating the vagus nerve is crucial for signaling the body to rest, digest, heal, connect intimately with others, or to learn. Only when the body experiences felt-safety is the vagus nerve able to disarm the body's fight, flight or freeze response. Activities that reduce amygdala reactivity and stimulate and strengthen the vagus nerve include mindfulness or meditation practices (Kral, et al., 2018), breathwork (Brown & Gerbarg, 2012), prayer, exercise, yoga, laughter, human touch, visualization, singing, and connection with nature. Understanding the importance of the vagus nerve in creating a strong mind-body connection that leads to felt-safety for learning, trust and social engagement, I had a clear sense that direct instruction on polyvagal theory, coupled with actual mind-body practices that would help participants become conscious of the body-based fear and stress reactions they hold related to race and bias would help the group of administrators turn the tide on their professional development experiences.

A Framework for Using Mind-Body Practices to Uproot Unconscious Bias

One of the primary benefits of body-mind practices is to help individuals do something I refer to as *cultivate unknowing*. When we face a problem or uncertainty, especially concerning other people, our minds are often quick to find closure. We want an immediate answer or solution to what we have perceived as a problem. Our brains need a narrative to explain what seems out of balance in order to eliminate uncertainty. This tendency is a near-automatic response from our survival brain that is designed to protect us from danger (uncertainty can feel threatening). However, we can use mind-body tools like mindfulness and breathwork to practice cultivating unknowing. The process of unknowing invites us to use mind-body practices to pause before acting, reacting, or speaking. It invites us to become conscious of our body's automatic sensations and experiences, long enough to question our mind's assumptions about others or a situation. It creates space for us to allow a new thought or possibility to emerge as we examine the other, because we have made space for not automatically knowing based on prior knowledge or experiences. This skill is critical for pausing long enough to examine the effect that media stereotypes, social indoctrination, and religious teachings have on our automatic reactions to people we perceive as "other." Cultivating unknowing in the body and mind becomes the core basis for incorporating mind-body techniques to address and uproot unconscious bias and all body-based fears of difficult conversations about race and equity. Since we are only able to cultivate unknowing when we are in a relaxed state of social engagement, implementing intentional practices that stimulate the vagus nerve and maintaining a secure neuroception of safety emerge as the key components of advancing transformative teachings on race, equity, and bias.

This process is intended to bring an explicit awareness of how race and identity-based stress is experienced at a somatic level in the body. Once identified and recognized, participants can be helped to build an understanding of how drawing attention to previously unconscious body reactions, and addressing them specifically with mind-body practices, offers a greater degree of

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self-awareness and self-regulation. The goal of this professional development process is to help individuals make a clear distinction between what is simply an emotional trigger, and what is an actual threat to one's safety during difficult conversations around race and equity. Helping people understand that triggers are not actual threats, and giving them tools to diffuse reactions and cultivate unknowing, creates an opportunity to help them effectively manage nervous system arousal and the intense emotional energy associated with equity work. With continued practice of the mind-body techniques over time, participants are able to increase their capacity to remain engaged in critical conversations about race and other identity-based biases without moving into the fight/flight/freeze survival mode.

The following steps outline the framework I developed for facilitating professional development sessions that use mind-body practices to uproot unconscious bias among education professionals.

Step One: Introduce the Science of the Vagus Nerve and the Impact of the Social Engagement System on Sustainable Equity Work

The most important component for beginning this work is creating an environment that fosters a sense of felt safety within a nonthreatening learning space. In my work, I have found that the best way to do this is to begin the work with an overview of the neurobiology of bias and how our experiences are mediated through the brain, the heart, and the nervous system. I begin all trainings by introducing participants to the fact that our biases are connected to neurobiological mechanisms that can restrict person's ability to be open to multiple perspectives and that affect a person's experience of being triggered into fight, flight or freeze when challenged to examine internal biases (Sukhera & Watling, 2018). Participants find significant value in understanding that our brains and nervous systems were designed to make us rigid in our thinking as a survival mechanism that is common to everyone. When participants understand how their autonomic nervous systems are automatically triggered, and that there are subconscious body reactions attached to those triggers, it disarms

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them and allows them to become curious about their bodies and the role of the body in unconscious bias (Porges, 2017). It also gives them a sense that if they can understand how these physiological mechanisms operate within themselves, that there may be something that they can then do to interrupt those automatic triggers that move them into biased behaviors, thoughts, and actions. Additionally, understanding the science of epigenetics and how our beliefs and emotional triggers for safety are passed down from generation to generation also helps many people understand how they react unconsciously in stereotypical ways that do not reflect their current belief systems and ideologies. This approach—by beginning with an overview of the vagus nerve, how it functions, and our need to establish safe social engagement as a necessary prerequisite prior to launching into difficult discussions around race—is also very effective at keeping people of color in the center of the conversation. It allows BIPOC an opportunity to realize that they too have significant triggers that spark various types of bias across other sociopolitical identity markers. The approach makes everyone an equal participant on the playing field to observe and address the neurobiology of bias, rather than having bias be something that only the white people in the space need to address. Most participants find that receiving an introductory overview of the vagus nerve and the neuroception of safety and danger creates a very solid foundation of openness, curiosity, and collaboration among the majority of participants across diverse identities.

Step Two: Facilitate Exercises that Help Participants Examine Their Intersecting Sociopolitical Identities and Unpack Somatic Experiences Related to Bias

Once the basic neurobiology of the autonomic nervous system and unconscious experiences of safety and danger have been explained, I lead a reflective exercise I created that was inspired by an exercise developed by Elena Aguilar (2018). The exercise (Appendix A: Exercise) invites participants to examine their sociopolitical identity across a wide range of identity markers, including race, gender, ethnicity, religion, marital status, education status, and financial status. The activity is done in two parts.

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In the first part, participants are invited to look across all of their identity markers to determine within which sociopolitical identities they regularly experience a sense of safety and belonging as they move through the world. Next, they are asked to examine and reflect again on that same list of sociopolitical identities and mark which ones create experiences where they have sensed a real or perceived threat, lack of safety, or lack of belonging. Next, they're asked to reflect on which types of emotions and physical or somatic experiences they have in their bodies when they are triggered into feeling a lack of felt safety and belonging within and across their various sociopolitical identities.

After they complete this first section they move on to Part 2 of the process. Here they are asked to reflect on the same questions, but this time, they're asked to identify the emotions and somatic, body-based sensations they feel when they engage in biased behavior either toward or against people of specific sociopolitical identities. This section of the reflective work is very enlightening for many people because, for some, it's the first time that they've begun to associate heart palpitations, eye twitches, stomach aches, headaches, shoulder tension, or back pain with specific instances where they have been made to feel unsafe or unwelcome, or experienced bias based on their identity (Parker, 2020). It's also the first time that many have made a connection that certain constrictions of energy in their bodies, or sensations that trigger a sense of deep fear, or deep affinity, actually drive their biased behaviors toward others, even when they intend to act in equitable ways.

Step Three: Introduce Physical Movements that Discharge Trapped Energy from Identified Bias Triggers to Help Settle the Body

Once participants have been made aware of the ways in which they are affected at the body level by unconscious bias triggers, it becomes important to teach them effective mind-body techniques that help them discharge that energy from the body, settle their nervous systems, and create the mental space that is required to sustain difficult conversations around race and equity. The work of Peter Levine and other somatic therapists point to shaking, tapping, and/or dancing as the most effective strategies

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to help release “highly charged survival energy that lurks in the body.” According to Levine, shaking is a mechanism that helps us reset our equilibrium of our nervous system and to reset after we have been threatened or highly aroused (Levine, 2010). Over time, shaking can help release trauma and PTSD from the body in therapeutic settings. Although this is a non-clinical wellness framework, it can have a similar effect on racial stress (Menakem, 2017; Parker, 2020).

After offering participants an explanation of the therapeutic benefits of shaking, tapping, and dancing, they are led through a seven to ten minute exercise to experience the practice of connecting with unprocessed physical and emotional energy and literally shaking it out of their bodies. I demonstrate basic body shaking, following by using the pads of the finger tips to tap energy points throughout the body while dancing to upbeat music (Brown & Gerbarg, 2012). Once understanding that this exercise is meant to help discharge pent up energy and deep seated emotional triggers, most participants are eager to engage in the activity with an intention of “shaking off their responses and triggers for unconscious bias.”

Step Four: Guide Regulated Breathing Practices that Help Participants Balance Their Nervous System and Move Toward Self-Regulation.

After the shaking and discharge of emotional energy has come to a close, participants are invited to either sit in a chair or lay down on the floor or a yoga mat to practice voluntarily regulated breathing. While there are many effective breathing techniques for calming the body, coherent breathing has been shown by research to be one of the fastest regulated breathing practices for helping to calm and settle the nervous system. Before introducing coherent breathing, I take time to help participants understand that the ways in which we tend to breathe, especially when triggered or upset, can actually exacerbate our feelings of overwhelm and dysregulation. I help participants explore their natural breathing patterns, helping them to notice whether or not they are vertical breathers (people who suck the belly in and breathe up with tight high shoulders) or whether they are horizontal breathers

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(those who inhale and exhale through the rib cage, diaphragm and belly). The goal is to help eliminate horizontal breathing to help manage stress states. I help them draw attention to whether or not they are nose breathers or mouth breathers, because research shows us that nose breathing is calming, while mouth breathing is stimulating to the sympathetic nerves (Brown & Gerbarg, 2012).

It is very empowering to help participants understand that their breath and emotions are bi-directional, and that they can control their emotions by controlling their breath pattern and breath rate. By slowing down the number of breath cycles per minute, people are able to achieve degrees of self-regulation and calm rapidly. This is necessary to activate the parasympathetic nervous system and the vagus nerve. Slow breathing increases GABA, which is an inhibitory neurotransmitter that reduces anxiety. It also increases oxytocin levels, which is supportive of human bonding and compassion. So, giving participants this foundational instruction in the breath provides them with a sense of empowerment—a mind-body tool that they can use going forward at any time that they feel themselves being physically or emotionally triggered by conversations around bias.

The coherent breathing technique was first researched by Stephen Elliott and was refined and taught to me in the Breath, Body, Mind training developed by psychiatrists Richard Brown, MD and Patricia Gerbarg, MD. Coherent breathing requires us to slow the breathing rate down from an average of 12–16 cycles per minute to 5–6 breath cycles per minute. I spend an average of 20–30 minutes teaching basic calming breath and coherent breathing and giving participants time to become familiar and comfortable with the practice. For those who tend to be vertical breathers or mouth breathers, this exercise is challenging, yet liberating. It's also somewhat difficult for those who are prone to stress or anxiety. Yet after completing the calming breathing exercises, many people express a sense of mental peace and regulation that is not normally available to them. Participants are encouraged to utilize these breathing practices on a daily basis, so that they are able to draw upon them intuitively during times when they need to manage their emotional responses to triggers during conversations around race and other identity-based threats.

Step Five: Facilitate Evidence-based Guided Mindfulness Practices with Visualization to Increase Compassion and Social Engagement

After completing the breathing practices, I move the group into a guided mindfulness meditation, the final stage of the mind-body practices that balance the nervous system. A significant amount of research has been conducted on the loving-kindness meditation (Kang et.al, 2014). It has been found to significantly help participants increase a sense of compassion and empathy for others and has been shown to help reduce implicit bias (Todd, 2009). I do not believe that the loving-kindness meditation as it stands alone is a single handed solution for uprooting unconscious bias, but when implemented as one part of an overall strategy of helping others use visualization and mental focus to enhance social connection with others, it becomes a very powerful component as an overall framework. The loving-kindness meditation requires individuals to close their eyes and visualize themselves facing a number of individuals and reciting an affirmation of well-being. First, they address the affirmation to themselves. Next, they visualize repeating it to a person for whom they have deep love and affection. Third, they visualize themselves facing and addressing someone toward whom they have neutral feeling. Fourth, they visualize themselves addressing someone toward whom they have animosity or feel upset toward. Fifth, they visualize addressing their community or the world at large. And finally, they visualize repeating the affirmation to themselves again. The loving-kindness affirmation repeated in each cycle states, “may you be healthy, may you be happy, may you live in peace.”

Research shows that as we engage in mindfulness practices such as the loving-kindness meditation, particularly those that include visualization, affirmation, and elevated emotions such as compassion, gratitude, and love, our bodies produce the neurochemicals oxytocin, dopamine, serotonin, endorphins, and acetylcholine that stimulate the vagus nerve and also increase empathy and compassion. This enhances our capacity for increased social bonding and connection. The increased presence of these neurochemicals can enhance an experience of trust

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and connection among a group of people who are set to engage in challenging conversations around bias. The loving-kindness meditation in a full version averages approximately 15 minutes, although it can be reduced to approximately 5–7 minutes with similar positive effect. After completing the loving-kindness meditation and visualization, participants are invited to reflect on what it felt like for them to wish happiness, health, and peace for themselves and their loved ones, as well as toward others for whom they have hard feelings or toward those who have hurt them.

Step Six: Integrate the Total Experience with Journaling and Small Group Reflection Using the Healing Power of Storytelling to Interrupt Unconscious Bias

The framework concludes with having participants journal answers to six questions (Appendix B: Reflection Questions) that help them reflect on their responses, insights, and personal revelations. After about five to seven minutes of journaling, participants are organized into small groups of three to four people to engage in a discussion about their personal discoveries. Careful agreements around safety, confidentiality, and mutual respect are established within the groups before sharing begins. Creating space for participants to share at this level of depth is extremely eye-opening for members of the dominant culture. Many are deeply impacted emotionally when they hear the stories of other group members who live daily with nervous system stressors and a lack of felt safety due to their identity. The very process of storytelling in a disarming, socially engaged setting is healing to the nervous system and disrupts ingrained social bias. Social neuroscience research shows us that sharing personal stories in a safe environment boosts the levels of the neurotransmitter oxytocin in the brains of both the storyteller and the listener (Cozolino, 2013). Oxytocin has been shown to be the chemical that is responsible for enhancing bonding, trust, and compassion between people. It is when people bond and connect at this level that we provide one another with disconfirming experiences that disrupt deeply held biases. The transformative power of this small group sharing and storytelling cannot be overestimated.

Step Seven: Creating Opportunities to Collect Ongoing Participant Feedback to Assess how the Process Impacted the Group and Whether it has become an Embedded Practice in Their Organization's Ongoing Equity Work

When delivering this work in a virtual classroom space, it's possible to collect the transcripts of comments and questions posted by the group in the chat box. The feedback posted there in real time provides a rich source of in the moment reflection and reaction of the participants to the work. The questions posted in the chat, as well as the depth of the feedback shared by participants, help the facilitator make sometimes minor and sometimes significant adjustments along the way to best support the maintenance of a container of safety and trust. Being responsive to this ongoing feedback in the moment, in real time, is a critical skill set that any facilitator of this work must have. According to polyvagal theory, optimal teaching, learning, social connection, and personal transformation are less likely, if not impossible, to achieve if the participants have been triggered in any significant way into a new neuroception of danger or hopelessness. Remaining attuned to participant feedback and evaluations at all stages of the work makes the difference in establishing the level of rapport and trust that participants need in order to have faith in the facilitator and in the process as a whole. Follow-up feedback after the event in the form of participant surveys conducted one week post-event allows the facilitator to assess the degree to which the participants have increased awareness of the unconscious physical sensations and emotions that trigger their biased actions, as well as their defensiveness to engaging in conversations around bias and equity.

Ideally, when I conduct follow-up assessments and evaluations with a group that I have worked with, I am looking to see whether the participants are now able to notice and name physical sensations as they arise in the body and track those feelings and the associated emotional energies. I hope to see that they're increasingly able to utilize the movement, breathwork, mindfulness and visualization strategies to create more space in their bodies. Also, I read the evaluations to see if participants express that they perceive themselves to have a greater capacity for self-regulation

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in the midst of what would otherwise be triggering conversations. These continual cycles of ongoing feedback, assessment and evaluation, and communication with groups provides the greatest source of input to refine the framework and increase participation and transformation.

In the case of the Special Education administrator professional development I was invited to facilitate, I received encouraging feedback from a white, male director. At the end of the session, he stated publicly to the entire group that in all of his years in education, this was the first time he was not made to feel defensive as the target of a professional development on racism or bias. He reflected that being made to feel safe, and having the science of interpersonal neurobiology as a framework, invited him to feel that he could explore this topic on an equal level with everyone else in the group. He stated that he had never felt so safe and comfortable to discuss his privilege in a group setting, and that he was more committed than ever before to use his voice and power to interrupt bias and inequity in his school district. For him, the work no longer felt like “us vs. them,” but that everyone deserved to walk through the world feeling safe in their identity at the nervous system level. This is the type of transformative breakthrough we look for in program evaluations to determine the efficacy of this approach to bias and equity work.

Conclusion: Healing-Centered Engagement as the Way Forward in Equity Work

There are a number of key takeaways I would like to offer as a way forward for the critical equity work that must be conducted in more sustainable ways in order to transform the hearts and minds of educators nationwide. I am inspired by the work of Shawn Ginwright, Associate Professor of Education at San Francisco State University. As an alternative to hyper-focusing on trauma, Ginwright proposes a model of *healing-centered engagement* (2016). His call to center healing in justice work is timely. He promotes this lens as a way of interacting and engaging with students of color, particularly those who have been highly impacted by traumatic life experiences. Of the four tenets in his healing-centered engagement model, what strikes me most is the

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4th tenet. Ginwright asserts that a continual commitment to self-healing among the adults in charge of the education process is mandatory for creating environments where sustainable healing, justice, and equity work can move forward.

My past experience in teacher education and my current venture into administrator professional development have shown me that a great majority of educators are hungry for safe spaces where they can address systemic racism and begin the long process of uprooting their automatic, embodied reactions (rooted in unconscious bias) that cause them to act against their moral desire for equity and reconciliation. Given the right conditions, and with compassionate facilitation, I believe most educators are willing to stay in the room to understand what they have done, consciously or unconsciously, to uphold structural racism. Many are open to exploring new ways of seeing, of being and of interacting that enable them to provide healing-centered engagement for their students and colleagues.

Most effectively, this work of uprooting unconscious bias and promoting self-healing among educators should begin at the pre-service level. Foundational knowledge about educational neurobiology (including the vagus nerve), mindfulness, and trauma-informed teaching practices should be required for everyone entering the profession. An immersion course of this nature, including a residential immersion retreat for self-exploration, would be ideal for creating enough time and space for the depth of reflection and ongoing processing that is required for lasting personal transformation. While short-term in-service professional development sessions may excite and inspire, they usually don't offer the type of extended accountability and processing that is possible when a bonded group of people create a container of felt-safety over time. For that reason, professional development for in-service education professionals would be delivered continuously over a period of 4 months to resemble the semester model of course instruction. To move the needle more quickly to benefit our current generation of PK–12 students, we need a two pronged approach to move this work into both pre-service education and in-service training simultaneously.

The most critical takeaway is the skill and personal disposition

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of the facilitator or instructor who delivers a course or training on this topic. The facilitator must be someone who is continually committed to their own process of mind-body self-healing practices. The teaching environment they create, and their ability to consistently maintain a neuroception of safety among participants, is the most critical predictor of success in this work. In order to make progress in diversity, equity, and inclusion, it is imperative that we raise up a cadre of teacher educators who are willing to lead the way in this work by mastering this body of knowledge, integrating it into their own teaching practices so as to model this type of healing-centered engagement for the educators they train. It is only by embodying and modeling this mind-body approach to equity work that classroom teachers and administrators will feel the effects of it in their own bodies and minds from the learner's perspective. Only through embodied experience and personal transformation will educators be able to uproot their own unconscious bias, work to dismantle systemic racism, and truly embody the type of healing-centered engagement we hope for them to model for the students and families they have committed to serve.

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Appendix A: Exercise

Appendix A

Impact of Sociopolitical Identities on My Autonomic Nervous System Regulation Part 1

Sociopolitical Identity	Check the identities where you regularly feel a sense of safety and belonging	Check the identities where you feel a threat to your sense of your personal or safety and belonging	When you experience this identity threat, which emotions do you feel? Which zone does your ANS move into?	Describe the physical sensations connected with these emotions. Where do you feel them in your body?
Ability				
Age				
Career Status				
Ethnicity				
Education Level				
Financial Status				
Gender				
Immigration Status				
Marital Status				
Nationality				
Physical appearance				
Political Affiliation				
Race				
Sexual Orientation				
Spiritual/Religious Beliefs				
Other				

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Appendix A

Impact of Sociopolitical Identities on My Autonomic Nervous System Regulation Part 2

Sociopolitical Identity	Check the identities that you have shown bias toward in your personal or professional life	Check the identities that you have shown bias against in your personal or professional life	When this bias is triggered or challenged by someone, which zone does your ANS move into?	Describe the physical sensations connected with your bias triggers. Where do you feel them in your body?
Ability				
Age				
Career Status				
Ethnicity				
Education Level				
Financial Status				
Gender				
Immigration Status				
Marital Status				
Nationality				
Physical appearance				
Political Affiliation				
Race				
Sexual Orientation				
Spiritual/Religious Beliefs				
Other				

Appendix B: Reflection Questions

1. Which sociopolitical identities have afforded you with the greatest sense of safety and belonging, elevated status, or life advantages?
2. Which sociopolitical identities have been your greatest sources of identity threat, exposing you to bias and a lack of felt safety and belonging?
3. Which sociopolitical identity has had the greatest negative impact on your nervous system, affecting your physical/mental health, ability to focus and learn, or to engage socially in trusting relationships?
4. Which sociopolitical identification has provided your nervous system with the greatest source of resilience, healing, or hope?
5. What insights did you glean from examining the sociopolitical identities that you have shown bias toward or against? As a leader, what has been the impact of your bias on the people who hold those identities?
6. What are the most helpful mind-body strategies you can utilize to help you “act aware” when you experience physical sensations and emotions that trigger you into biased words, behaviors, or decisions that impact others?