‘Friendly racism’ and white guilt: some preliminary observations of midwifery students’ engagement with Aboriginal content in their program

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Background

• Faculty of Health Sciences introduces a common first year in 2011

• Compulsory half unit *Indigenous Cultures and Health* is completed by up to 1700 students each year

• Introduces ATSI history, diversity, social structures, patterns of communication, contemporary policies and implications for health professionals

• Invites students to reflect on own social & cultural backgrounds

• Broader aim: to commence the journey towards ‘Indigenous cultural competency’
Culturally secure practice in midwifery education and service delivery for Aboriginal women

Cohort 1: midwifery students completing ICH (N=15)

Cohort 2: 2nd & 3rd year midwifery students

Cohort 3: PG Diploma midwifery students

Remote experience midwifery students

International experiences US & Canada

Aboriginal students & midwives

Medical school & midwifery curriculum developers
Cohort 1 Methodology

**Pre-unit questionnaire**
Distributed in person to provide context; demographics, knowledge about Aboriginal issues, attitudes & factors shaping attitudes towards Aboriginal people (N=15), 100% response rate

**Classroom observations**
An ‘unobtrusive/complete observer’ 2 hours a week across 12 teaching weeks, July – October 2012 (in corner, with laptop, ignored)

**Post unit questionnaire**
As above **plus** opinions on the unit content and its impact, 80% response rate

**Student reflective practice journals** (assessment based)

**Student interviews & tutor interview**: not yet completed
Aims of Cohort 1 study

To explore:

1. Strategies employed by teaching staff and students to create a safe learning environment

2. Emotional responses and indicators of receptivity and resistance to Aboriginal content by students

3. Development of ‘deep thinking’/sophisticated critical thinking across the semester including attitude change
1. Facilitating a ‘manageable disquiet’: the art of creating a safe learning space

McDermott (2012) identifies successful strategies including:

- **Clear guidelines** for mutually respectful discussions
- **Team teaching** with Indigenous & non-Indigenous facilitators
- **Inclusive attitude** – not ‘them & us’, concept of partnership
- **Small group discussions**
- **Personalised material**
- **Practical application of learning**

MORE COMPLEX THAN A CHECK LIST

SKILLS OF AND SUPPORT FOR FACILITATOR
A safe learning environment: some preliminary observations

Clear guidelines:
‘how do we ensure we all feel safe with challenging conversations?’

Student responses:
‘respecting people’s rights to differ’
‘no mean words’
‘racist is such a harsh word’
‘remain open minded’ ‘remain friends instead of saying she is so racist’.

Tutor: ‘being brave to talk about things – an open space to have courageous conversations’
A safe learning environment?

Team Teaching: No, but visitors gave insights to potential

Inclusive attitude: occurred over time as critical thinking developed e.g. ‘I feel awful saying they; I should be saying we, as we are in this together’ (birthing context)

Small group discussions: Yes

Personalised material: Yes, great strength (vodcasts, tutor’s experiences), induced empathy

Practical application: To some extent

Skilful tutor: Yes, brought experience, enthusiasm & positivity
2. Emotional responses and indicators of receptivity and resistance

Research suggests a spectrum of responses (McDermott, 2010)

- Positive: open to new information
- Sorrowful: ashamed but not personally responsible
- Distressed: resentful, angry & rejecting

Paul, Allen & Edgill (2011) identify themes from medical student reflections based upon clinical encounters with Aboriginal patients:

- Fear/apprehension: resistance
- Challenging: racism
- Assumptions/stereotypes: theory versus reality
- Holistic: beyond books!
‘Friendly racism’ and other things my mother taught me

Student A: ‘I feel very nervous about working with Aboriginal people. I guess you could call me a ‘friendly racist’. I was taught to cross the road if ever I saw an Aboriginal person and now I’ve got to deal with that’

Student B: ‘I’m really conscious that I stereotype. We only hear about the bad stuff and I’ve had some bad experiences’

Student C: ‘My family is very prejudiced and I was raised in this environment. I know I’ve got to come to terms with this’

Student D: ‘I saw a ‘very Aboriginal’ person the other day . . .’ (authenticity)

McDermott(2012) refers to unlearning behaviours and transformational unlearning

Reflexivity is the starting point.
Emotional responses: ‘white guilt’

As the semester progressed, some students expressed their sense of shame and shock at past policies and practices:

**Student A** ‘researching the stolen generations for a presentation upset me greatly – the stories I read were so sad. I also felt angry that Australia perpetrated such horrific acts against Aboriginal people’

**Student B** ‘I felt very sad about the issues facing Aboriginal people not just in the past but still today. I feel a strong sense of injustice on behalf of Aboriginal people’

Not paralysing ‘white guilt’ rather constructive ‘guilt’, directed towards telling others, applying new knowledge and understanding in clinical practice
Receptivity and Resistance

Which of the following statements best describes your emotional response to content delivered in the Indigenous Cultures and health unit?

<table>
<thead>
<tr>
<th>Statement</th>
<th>No.</th>
<th>%</th>
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<tbody>
<tr>
<td>Resistant for most of the semester, couldn’t see the point</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Resistant at first, but this changed over the semester</td>
<td>3</td>
<td>25</td>
</tr>
<tr>
<td>Generally receptive, open to new information</td>
<td>2</td>
<td>16</td>
</tr>
<tr>
<td>Very receptive, would like more content in our program</td>
<td>7</td>
<td>59</td>
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‘resistance (if that’s what I’m detecting) can take many shapes and forms: quietness, facial expressions, raising the refrain ‘but it’s like that for everyone’, texting, switching off. I see it occasionally. Am I imagining it, or has the group fractured?

(Field notes)

Are midwifery students different?
‘we get it, because we work with women who are often disempowered during the birthing process’ BUT findings from students in later semesters suggest this is not necessarily the case.
3. Sophisticated critical thinking/deep thinking

Clear evidence emerged by Week 6 that students were working at a deeper level:

“really useful discussion of the ‘third space’ and some sound critical thinking is emerging, e.g. ‘flexibility is all very well but we are working in an inflexible health care system. So how do we deal with that?’ Students are contextualising and more inclined to relate issues to professional practice. Very interesting discussion on ‘light skin’ and ‘strong identity’. (Field notes)

Developing empathy (walking in someone else’s shoes): discussion of ‘stolen generation’ was powerful especially for those with children

‘I have kids and I can’t imagine the horror of having them taken from me’ (student on watching clip from Rabbit Proof Fence)
Did attitudes towards Aboriginal people change? *Pre-unit questionnaire mean: 63.3%*  
*Post-unit questionnaire mean: 75.4%*
Elephant in the room: unresolved issues

‘I was blown away at some of the attitudes of fellow peers and found that confronting’

‘I found it interesting that people really don’t get it. I think I must spend my time with open-minded people because I was disturbed by the narrow-mindedness (of others)’

Post unit questionnaires

Classroom observations and post unit questionnaires revealed an unresolved tension revolving round race. Interviews with final year students indicate that this remains an issue and they deal with it by ‘not going there’ when socialising with peers.
Thank you

Questions?