We Make the Road While Walking: Dialogue for Critical Consciousness & Social Justice

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Industry Supported Research and Outside Relationships

No conflicts of interest or industry relationships to declare at this time
Some people, including our then 7-year-old son, Apollo, have openly questioned the motives behind the move…

The flight of the “anti-Trumpidians” from the States, November 2016
Wait you fool! Toronto’s the OTHER WAY!!!
And then...

Addressing the highly abnormal "new Normal"...
A path forward...
Notes from Exile: Teaching for Humanism and Social Justice
So, where do we go from here?
What kind of doctors do we wish to create?
Physicians who practice with excellence, compassion, and justice
Health Care

At its core, medicine is a profoundly humanistic, social, and ethical practice
Objectives

1. To explore a unified approach to teaching and learning in the areas of medicine of social or societal significance;

2. To explore the concepts of critical consciousness, stories, and dialogue in health professions education and clinical practice;

3. To understand the idea of “fearless speech” and its role in medicine and social change;

4. To leave with some sense of what can be done.
WE MAKE THE ROAD WHILE WALKING

• Part I  Person-Centered Care
• Part II  Teaching for Justice
• Part III  Listening to Stories
• Part IV  Dialogical teaching
Question

How does one teach for justice?
Part I. Person-Centered Care

The clinical expression of humanistic practice is person-centered care.
Calls for Patient-Centered Care

Patient-centered care

“...providing patient care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patients guide all clinical decisions.”

Institute of Medicine, 2001
Person-centered care:

Recognizing the patient as a moral being with agency, a life story, and a social context; attending to the care of the individual as well as to the structures and processes organizing that care, including equity and diversity.

--Ayelet Kuper, MD, DPhil, FRCPC & Lisa Richardson, MD, MEd, FRCPC
Words, words, words...
Terminology

“Patient-Centered Care”
(“Patient- and Family-Centered Care”)

“Person-Centered Care”

“Relationship-Centered Care”
Patient-Centered Care
("Patient- and Family-Centered Care")

Person-Centered Care

Relationship-Centered Care

Terminology
Part I Question 1:

What is care?

The Myth of Care
Hyginus 1st C AD cited by
M. Heidegger, Being and Time I.6.42
Care means...

- **Troubles** “burdened with care”
- **Watchful attention**: “concerning”
- **Administrative**: “health care”
- **Solicitude** “caring for another”

*Care-as-solicitude presupposes a relationship between individuals.*
The Leviathan (1650)

Thomas Hobbes (1588-1679)

The State of Nature: “Bellum omnium contra omnes” ("War of all against all")
Universal Ethics: the “Categorical Imperative”

1. Act as though your actions were to become the basis of universal law.

2. Act so that you treat humanity, whether in your own person or in that of another, always as an end and never as a means.

Metaphysical Foundations of Morals, 1785

Immanuel Kant
(1724-1804)
“Self-consciousness exists in itself and for itself, in that, and by the fact that it exists for another self-consciousness; that is to say, it is only by being acknowledged or ‘recognized.’

Phenomenology of Mind 1807
The Master and the Slave

“The relation of both self-consciousnesses is in this way so constituted that they prove themselves and each other through a life-and-death struggle..."

The one is independent, and its essential nature is to be for itself; the other is dependent, and its essence is life or existence for another. The former is the Master, or Lord, and the later, the Bondsman.

*The Phenomenology of Mind, 1807*

p. 229, p. 232
…man’s relationship to himself only becomes objective and real for him through his relationship to the other man. Thus, if the product of his labour, his labour objectified, is for him an alien, hostile, powerful object independent of him...if his own activity is to him an unfree activity, then he is treating it as an activity performed in the service, under the dominion, the coercion, the yoke of another man.”

The Economic and Philosophic Manuscripts of 1844

Karl Marx (1818-1883)
Le regard d’autrui (“the look of the other”)

“L’enfer, c’est les autres”
(“Hell, it’s other people”)

J.P. Sartre (1905-1980)

Huit clos, 1944
Care and the Question of Totality
Heidegger and the Question of Being

“For manifestly you have long been aware of what you mean when you use the expression “being.” We, however, who used to think we understood it, have now become perplexed.”

From the Preface, Being and Time 1929
The Totality of Being
Heidegger: at the core of Being is Care"

Concern (Sorge) “Equipment-ready-to-hand” intentionality

Care (Besorgen) of other beings-in-the-world, but it is factual, i.e., a primordially existential way of being-with

Solicitude (Fürsorge) of other beings-in-the-world, but as in “prenatal care,” “child care,” administrative care of a welfare state.

*Being and Time* I.4.26, I.6.41-42
Heidegger’s Notion of Care

Angst = anxiety of the “being-towards-death”
Where is the Other in the Notion of Care?
Person-Centered Care

What does it mean to “center one’s care” on the person?
Emmanuel Levinas

(1906-1995)
Self and Other and the Possibilities of Care

- The foundation of being human is the relationship with the Other, and this relationship is at its core ethical.
- The Other person presents him/herself in uniqueness and mystery. One can never fully know the Other.
- The “epiphany of the face” is the call, the insistent ethical demand of the Other; care as obligation, as a call to help.
Self and Other and the Possibilities of Care

• Heidegger’s notion of care (Sorge) is one of detached attention; in contrast, Levinas understands care as inescapably ethical and relational.

• For no reason other than being another human being, you give yourself completely and humbly to the Other...to the point of substitution of your life for theirs.
Metaphysical Ethics: Responsibility and the Other

“The more I am just, the more I am responsible. One is never quits of the Other.”

“Le plus que je suis juste, le plus que je suis responsable. L’on n’est jamais quitte de l’Autre.”

Ethics & Infinity, 1982
Sources of dehumanization

The pride of the Self: Seeing the Other as object and assuming total knowledge of her/him.
Both person-centred care and culturally safe care are illuminated by the same principle: JUSTICE
The Ultimate Goal?

The goal of person-centered care is to recognize the “mystery of the Other” and to act on this awareness and this obligation.
Part II

What does it mean to teach for justice?
“Cultural Competence”
Problems with “Cultural Competence”

TRAINING IN CULTURAL COMPETENCE = THE NIRVANA OF THE “CULTURALLY COMPETENT”

Kumagai, A.K., Lypson, M.L. Acad Med 84:82-87, 2009
What’s Cultural Competence?

CULTURAL COMPETENCE without SOCIAL JUSTICE =

“Cultural safaris” (Wear)
Alternatives to “Cultural Competency”

“Cultural Humility”

Alternatives to "Cultural Competency"

"Insurgent Multiculturalism"

So, if we're not asking people to memorize lists...

What is the object of knowledge—the “stuff” they need to learn?
Teaching & Learning for Social Justice

A proposal:

The goal of education for social justice is the development of critical consciousness of self, others, and the world

Kumagai, A.K., Lypson, M.L. Acad Med 84:82-87, 2009
Critical thinking versus Critical consciousness

Critical Thinking

Analytical, evaluative, and synthetic, driven by “objective” interpretation of evidence and application to problems.
The Practice of Medicine and Societal Needs
Here’s what I’ll teach you.

Students and Teachers: Traditional Models
New approaches means toppling old paradigms.
Paulo Freire

Paulo Freire (1921-1997)

1970
The “Banking Model”  
(Freire 1973)

“Problem-Posing”  
Education

“Reading the World”

Freire P. Pedagogy of the Oppressed. New York Continuum; 1973
Critical Consciousness
(Conscientização)

A recognition of individuals as conscious, reflective, social beings, an awareness of social contradictions and injustice, and a commitment to act to overcome injustice and oppression.

Freire P. Pedagogy of the Oppressed. New York Continuum; 1973
The Goals of Medical Training

Knowledge

Critical Thinking & Critical Consciousness

Clinical Skills

Skilled Communication
How does one nurture critical consciousness?
How does one nurture critical consciousness?

Through:

• Asking questions...
• Posing paradoxes...
• Disrupting thought
• Telling stories
• "Making strange..."

Ultimately, through *dialogical interactions*...
How does one nurture critical consciousness?

Through:

• Asking questions...
• Posing paradoxes...
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• Telling stories
• "Making strange..."

Ultimately, through *dialogical interactions*...
Approaches: Teaching for Critical Consciousness

Longitudinal Case: Infertility
The Case of Jana and Rashid Chatila

Clinical Perspectives

Basic Science Perspectives

Psychosocial, Cultural, Ethical Perspectives
Posing Paradoxes

Please divide up into groups of 2-3 and discuss your thoughts about the following scenarios:

SCENARIO #1

Jana Chatila, a young woman of Lebanese American heritage and a “occasionally observant” Muslim by faith, has been reluctant to see a male GYN, and this had resulted in her avoiding medical care for what might be problems related to infertility. Should you, as a health care provider, facilitate her finding a doctor according to her preference?
Imagine you are the attending physician on an inpatient service. You send one of two med students in to see a new patient. She returns and tells you that the patient refuses to let her examine him because she’s Black. What if a patient refuses to see a physician (or medical student) due to prejudice? Should his wishes be honored?
Paradoxes

SCENARIO #1

Jana Chatila has been reluctant to see a male GYN. Should you, as a health care provider, facilitate her finding a doctor according to her preference?

SCENARIO #2

Your new patient refuses to let your medical student examine him because she's Black. What if a patient refuses to see a physician (or medical student) due to prejudice? Should his wishes be honored?
How does one nurture critical consciousness?

Through:

• Asking questions...
• Posing paradoxes...
• Disrupting thought
  • Telling stories
  • "Making strange..."

Ultimately, through dialogical interactions...
Cognitive Disequilibrium
(Piaget, 1975)

Encounters with the unfamiliar prompts self-reflection and the opening up of perspectives

Cognitive Disequilibrium

(Piaget, 1975)

- Plato’s “aporia” (fr. Euthyphro)
- Dewey’s “branch points,” 1910
- Heidegger’s “strangeness of being” (1927)
- Freire’s “reading the world,” 1963
- Schön’s “surprise leading to reflection in action,” 1983
- Habermas’ “hypothesizing attitudes,” 1990
- Daloz’ “Encounters with ‘Otherness.”
- Mezirow’s “disorienting dilemmas”, 2000
How does one nurture critical consciousness?

Through:

- Asking questions...
- Posing paradoxes...
- Disrupting thought
- Telling stories
- "Making strange..."

Ultimately, through dialogical interactions...
Part III. Listening to Stories

N. Schon, The Dialogue, 1964
The Basis of the FCE: The stories that people tell of chronic illness and its care.
Summary: Stories

• Foster a different type of “knowing” of illness and its care that is personal, human, and rooted in specific social contexts;

• Create “affective anchors” with individuals with chronic illness and their families and impact students on cognitive, affective, and experiential levels;

• Create “encounters with Otherness” (Daloz 2000) with others whose lives are very different from one’s own.

• Foster self-reflection, perspective-taking, empathy, and growth through challenging previous assumptions, beliefs, and perspectives.

The risks of narrative.

Y. Klein *Le Saut dans le Vide*, 1960
The risks of narrative. Spectating versus Bearing Witness.

Boler M. Feeling Power: Emotions and Education. 1999

“These ‘others’ whose lives we imagine don’t want empathy, they want justice.”
--quoted in M. Boler, “Risks of Narrative”
Nurturing Critical Consciousness: Telling stories without endings...

An elderly Korean man presenting with jaundice and ascites...

Luo Erchun (1930-2015)

How does one nurture critical consciousness?

Through:

- Asking questions...
- Posing paradoxes...
- Disrupting thought
- Telling stories

"Making strange..."

Ultimately, through dialogical interactions...
“Ostranenie” = “Enstrangement”

In order to return sensation to our limbs, in order to make us feel objects, to make a stone feel stony, man has been given the tool of art. The purpose of art, then, is to lead us to a knowledge of a thing through the organ of sight instead of through recognition. By “enstranging” objects and complicating form, the device of art makes perception long and “laborious.”

Brecht: the "Alienation Effect"

The artist's object is to appear strange and even surprising to the audience. He achieves this by looking strangely at himself and his work. As a result everything put forward by him has a touch of the amazing. Everyday things are thereby raised above the level of the obvious and automatic.
Making Strange

Francis Bacon

Study of Pope Innocent, 1953
Making Strange

Francis Bacon
*Figure with Meat*, 1954
Making Strange

Frida Kahlo
The Broken Column, 1944
Nurturing Critical Consciousness: “Making Strange”

Face of Illness

Luke Li, Alexis Carulli, & Sadhana Nayak-Young

*Academic Medicine* cover, June 2011
"Making strange": the ability of art to distort perceptions such that we see things, the world and ourselves anew.


Perelstein, Le, Huff  
Face of Illness, 2011
Learning justice, fostering critical consciousness

These exchanges are driven by the power of dialogue.

E. Kyeyune The Conversation, 1963
Break
Part IV: The Dialogical Encounter

Eoláí gan Fhéle, The Conversation, 2010
What's the difference between a discussion and a dialogue?

E. Kyeyune *The Conversation*, 1963
Discussions versus Dialogues

A scenario

An inpatient ward team considers the differential diagnosis of jaundice, weight loss, and an abdominal mass in a 63-yo woman...

Eventually their work-up reveals an advanced, inoperable pancreatic cancer. The teams goes to the patient’s room to break the news to the woman and her family...


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<thead>
<tr>
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<th>DISCUSSION</th>
<th>DIALOGUE</th>
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<tr>
<td><strong>Approach</strong></td>
<td>Chiefly cognitive</td>
<td>Cognitive, affective, experiential</td>
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<tr>
<td><strong>Emphasis</strong></td>
<td>“Objectivity”</td>
<td>Subjective, inter-subjective interactions</td>
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<td><strong>Authority</strong></td>
<td>Preserved</td>
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<td><strong>GOAL</strong></td>
<td>A SOLUTION</td>
<td>UNDERSTANDING through new questions and possibilities</td>
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Dialogue...

...opens up new possibilities of seeing and knowing...
This approach is different from the traditional “Socratic Dialogue”


The School of Athens
Raphael 1509
Dialogue presents itself as an indispensable process of both learning and knowing...

P. Freire, 1960
Teaching for Social Justice

The Educational Environment
What building blocks are necessary to create an environment for teaching and learning social justice?
In other words...

What are the essential conditions for dialogue?

Eolaí gan Fhéle, The Conversation, 2010
Dialogues and Differences

What do the different participants bring to the conversation?
Interpersonal Dynamics: Habitus (P. Bourdieu, 1994)

How we perceive and structure the world around us is dependent on the identities we carry with us...

The Habitus

Distinction
A Social Critique of the Judgement of Taste
Pierre Bourdieu
Translated by Richard Nice
Who am I?

- Male
- Asian American
- Straight
- Able-bodied
- Physician and VC Medicine, Univ of Toronto
- Upper-middle class
- No formal religious affiliation
- Former resident of Ann Arbor, MI
Interpersonal Dynamics: the Field

The Field or *le Champ*

...a social space in which forces or influences interact (*champ de pouvoir*) as well as a space of struggle (*champ de lutte*) characterized by differences in power and privilege.

P. Bourdieu

*Raison pratique: sur la théorie de l'action* 1994
Enhancing reflection through dialogue

Habitus and Field

Social interactions may be seen as occurring in "fields" in which the habitus of each individual intersects and interacts with those of others within contexts of power and privilege.
Leveling the field...

N. Schon, The Dialogue, 1964

Through the power of stories...
The Power of Stories

*Sickle Cell Vision: A Sickle Cell Patient's Photographic Illustration of Coping* by Heather Davis

“La Facultad” (Ability)  
Living on the “Border”

Those who have experienced powerlessness and oppression have a unique potential of seeing “the deep structure below the surface,” a sensing that “causes the depths to open up, causes a shift in perception.”

...“a piercing that reaches the underworld (the realm of the soul).”
A plethora of voices enrich dialogical interactions… …gives rise to new and generative ways of looking at the world…

“Heteroglossia”
Bakhtin (1984)
What are the possible challenges, obstacles, and solutions to teaching about race, gender, sexual orientation, and class?
Multicultural Pedagogy: Some Pedagogical Risks

• Predominance of the “technical/instrumental” knowledge and approaches of the biomedical sciences

• “Political correctness” vs moral relativism;

• Taking about “race” without talking about racism, gender without sexism, “homosexuality” without homophobia…

• Further marginalization of the already marginalized: making students of color “spokespersons for their people.”

• Preventing “etiquette” and polite silence from interfering with engaged discussion;

• Dealing with resistance or hostility to themes—by students and faculty;

• Teaching the teachers
The Risks of Narrative, continued

Narratives as:
- “Affective anchors”
- Ways to “engage with otherness” (Daloz)
- Stimuli for moral outrage

BUT
What about as a source of trauma?
What is the responsibility of educators in teaching on issues that may provoke trauma?

Teaching Contexts: Voicing Opinions

Please take a moment and consider the following scenario:

You are scheduled to present a series of lectures on sexual assault and intimate partner violence to a second-year medical school class. You are aware that statistically speaking, there will be students in the audience who are either in, have been in or are survivors of violent relationships or assault. How would you, as a faculty member, respond to this situation?
“free speech” and “trigger warnings”
During a discussion on “the difficult patient,” a student asserts that the suspicion with which African Americans regard the health care system is a direct legacy of Tuskegee. A white male student responds, “Why can’t people just get past all that? I treat people as people, all the same.” The students are silent and turn to the single student of color in the group, who looks deeply uncomfortable.

How could you, as a faculty member, respond to this situation?
Marcuse’s “Repressive Tolerance” (1965)

“Under the rule of a repressive whole, liberty can be made into a powerful instrument of domination.”

Or,

Every opinion, no matter how bigoted is worth protected expression.
Dialogic “Space”

How do we create a place of safety for dialogical interactions to occur?

Magritte L’empire des lumières, 1950
Confronting Injustice
“Bloody Sunday” Selma, Alabama March 7, 1965

Edmund Pettus Bridge
Hosea Williams (SCLC)
and John Lewis (SNCC)

John Lewis attacked by Alabama State Troopers, Selma, March 7, 1965
Profiles in Courage
Truth and Reconciliation Commission of Canada

Honoring the Courage and Stories of Survivors
Parrhesia: Fearless Speech

- Speech that “comes from the heart”
- Speech that is true.
- Speech that is dangerous, i.e., entails risk in speaking
- Speech directed against the powerful, against the mighty
Parrhesia = “Speaking Truth to Power”
POSITION PAPER

Teaching Fearlessness: A Manifesto

D Wear*, J Zarconi*, N Dhillon*

1. Northeast Ohio Medical University, Rootstown, Ohio, USA
2. Summa Health System, Akron, Ohio, USA
3. Riverside Methodist Hospital, Columbus, Ohio, USA

Published: December 2011

Weare D, Zarconi J, Dhillon N

Teaching Fearlessness: A Manifesto

Available from: http://www.educationforhealth.net/
Stories of Fearless Speech:

Please divide up into groups of 2-3 and if safe, discuss the following:

Describe an incident during your training, your work, or your personal life where you witnessed or engaged in fearless speech.

- In what way(s) was the incident an example of *parrhesia*?
- How did it feel to witness/engage in it?
- What were the consequences?
- Was it worth it?
“Fearless Speech” is not just speech...

It must be linked with ACTION.
When I dare to be powerful—
To use my strength in the service of my vision,
Then it becomes less and less important
Whether I am afraid.

The Cancer Journals 1980

Audre Lorde
(1934-1992)
We make the road by walking...

Caminante, no hay camino, se hace camino al andar.

Wanderer, there is no path, Make the path by walking
A. Machado 1912
The role of the faculty...

To help to create a authentic sense of community rich with interacting perspectives

To do so with a sense of humility and awe and wonder...

To “teach with fearlessness” in confronting social and societal inequities and injustice
What do learners bring?
A Passion for Justice.

John Lewis and friends, Edmund Pettus Bridge
March 7, 2015
“Teaching is the practice of freedom”

Paulo Freire (1922-1997)
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