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CRITICAL REFLECTION ON PRACTICE DEVELOPMENT

Exploring decolonising the curriculum in physiotherapy: our learning stories as dedicated novices

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Abstract

Background: There is increasing awareness that we must engage with decolonising physiotherapy curricula to respect plurality of knowledge and become more consistent with global priorities towards humanising healthcare.

Aim: By reflecting on our discomfort and vulnerabilities, we strove to understand and engage in decolonising the physiotherapy curriculum. Through this we hope to motivate others and contribute to this important transformation.

Conclusions: Using Mezirow's transformative learning theory, we reflected on our struggle with our disorienting dilemmas regarding the need to engage in decolonising the physiotherapy curriculum. We have become alert to insecurities about our knowledge and ability to engage sensitively in the necessary conversations. As we progress towards 'full' transformation, we have concluded that we must take action to generate change while continuing to learn and reflect.

Implications for practice:

- Decolonising curricula is necessary to humanise healthcare, with more value accorded to the plurality of knowledge and global experiences
- The journey towards decolonising is destabilising and relies on humility in moving from 'being the expert' to accepting a return to novice status
- Creating brave spaces where we trust one another's motivations, forgive ourselves and others as we fumble with the conversations, and are compassionate about the discomfort can facilitate these transformations

Keywords: Decolonising the curriculum, humanising healthcare, brave spaces, physiotherapy/physical therapy, Mezirow, reflection

Introduction

This critically reflective article focuses on the journeys of four academics who teach physiotherapy in a small university in Scotland (the authors of this article, Judith, Kavi, Jane and Cathy). I (Cathy) write as a narrator of our journeys. We meet as a group of likeminded people committed to challenging ourselves within our lives and work. One of the key drivers of our conversations has been the need to decolonise the curriculum in physiotherapy.

Decolonisation of the curriculum in higher education has attracted increasing interest in the UK since 2015 (Hack, 2020). Numerous definitions within academic discourse reflect its complexity and we align our reflection with the explanation of Vázquez and Icaza (2018, p 122):

‘Decolonisation of the university is a struggle to enrich our ways of teaching and learning by listening to the plurality of knowledge of the world.’

We recognise and relate to the struggle that is decolonisation and to the impact that coloniality – longstanding patterns of power that emerged as a result of colonialism – will continue to have on our practices.

Authors in South Africa have written on decolonising health professions since the late 1990s (Pillay et al., 1997; Pillay and Kathard, 2015; Ramugondo, 2015; Amosun et al., 2018). However, in North America and Europe, recognition of the impacts of coloniality on teaching and research may not come easily and may be seen as disruptive (Paton et al., 2020). Paradoxically, many health professions are responding to global and national imperatives to humanise healthcare, a process that aligns with the decolonising movement. The World Health Organization is driving prioritisation of person-centred health services (WHO, 2016) underpinned by principles that include respect for plurality of lived experience and personal values (McCormack et al., 2021). This raises an important question – is it possible to humanise healthcare and enact person-centred practice while rejecting (or not engaging with) plurality of knowledge? Pillay and Kathard (2015) in their proposed framework for healthcare curriculum, suggest decolonising is a crucial part of humanising the healthcare curriculum.

We each had different drivers for our engagement with the challenge of decolonising the curriculum. We explored our individual journeys using Mezirow’s transformative learning theory as a framework and this article synthesises our progress toward perspective transformation (see Table 1). The trigger for a transformative reflective journey is described as a disorienting dilemma that challenges a person’s own beliefs or world view, usually triggered by a crisis (Mezirow, 1991). Within this reflection, I start by synthesising our disorienting dilemmas to contextualise our learning journeys. While I (Cathy) narrate our learning journeys, this article was co-written by all four authors.

Table 1: Ten stages of Mezirow’s transformative learning theory (1991)

Stage 1	A disorienting dilemma
Stage 2	A self-examination – with feelings of guilt, anger and shame
Stage 3	A critical assessment of assumptions
Stage 4	Recognition that one’s discontent and the process of transformation are shared
Stage 5	Exploration of options for new roles, relationships and actions
Stage 6	Planning a course of action
Stage 7	Acquiring knowledge and skills for implementing the plan
Stage 8	Provisional trying of new roles
Stage 9	Building self-confidence and competence in new roles and relationships
Stage 10	A reintegration of one’s life on the basis of conditions dictated by one’s new perspectives

Our disorienting dilemmas

Judith describes her initial disorienting dilemma as having crystallised following a discussion with physiotherapy students about cultural humility (Cleaver, 2016). This was one moment among many in which she has engaged in conversations on inequalities and discrimination in physiotherapy practice, and the implications for all those involved in healthcare interactions. She distilled her discomfort within the question: *'What right do I, as a white middle-class woman, have to teach issues of race and discrimination?'* She felt challenged by trying to reconcile her drive to be an ally with feelings of insecurity.

Kavi moved from India to Scotland to study for a PhD some years ago and explained the trigger to his discomfort as a realisation that he had seen himself as 'moving up the ladder' by coming to the UK. He had seen physiotherapy study and practice within the UK as being more developed, or of a higher status. Although he saw the importance of decolonising subjects such as history, he could not see the need in physiotherapy as an evidence-based profession. On reflection, he was shocked by his internal biases, ingrained from a culture that has been so influenced by colonisation. In his disorienting dilemma, Kavi realised that he needed to decolonise himself.

Jane described her experience as someone who was born and raised in Aotearoa, New Zealand, and had built a life in the UK from early in her career. Living and working in the multi-ethnic environment of east London and latterly in the comparative mono-culture of Scotland, she struggled to reconcile the traditional practices of physiotherapy with the needs of people from different cultures. Jane was challenged to draw these complex conversations into the classroom with integrity and meaning. She also recognised that to some degree her choice of physiotherapy as a profession was influenced by recognition and status, and that she needed to reconcile her Pākehā identity (a Māori term for New Zealanders primarily of European descent, Jones 2020).

I (Cathy) started my journey feeling like a witness and supporter of my peers. With my focus more on research, I initially saw myself as peripheral to the discussion about decolonising the curriculum. I gradually came to see this as a stance that was embedded in the luxury of my white privilege. Standing on the sidelines ignores the enormous challenges to researchers whose ability to contribute to knowledge is deeply challenged by the effects of colonisation (Arday and Mirza, 2018).

Moving forward, we engaged in deep reflection, triggering further reading and ongoing committed and vulnerable conversations. This article explores our progress toward perspective transformation and further steps we are taking to support positive change in the physiotherapy curriculum. We aim to be authentic about our discomfort and encourage others to engage with decolonising the physiotherapy curriculum, with suggestions of how we can support one another to do this.

A painful confrontation with self

This section synthesises journeys between Mezirow's stages 2 and 3: 'A self-examination with feelings of guilt or shame' and 'A critical assessment of epistemic, sociocultural, or psychic assumptions' (Mezirow, 1991, p 168).

In Judith's initial experiences, she felt some students were disengaged from the discussions about discriminatory behaviours and wondered about the reasons. Did the students feel she didn't have the credentials to lead such a discussion? Did they feel that the discussion had already been 'had'? Judith explored different strategies, using role-playing tasks to enable self-reflection, but it felt like 'scratching the surface'. She reflected on feelings of confusion and shame in relation to her lack of knowledge and experience. Such feelings have been described in the literature as 'white fragility' (DiAngelo, 2018) and Judith realised the students' psychological withdrawal from the conversation may not have been unusual (Tatum, 1994). Within this space, the traditional role of lecturer as 'expert' felt challenged and maintaining this role had parallels with ideas of colonialism.

In Kavi's reflections, he considered that his education had instilled rigid views of what constitutes valid knowledge, which influenced his perception of the acceptability of existing physiotherapy curricula and practice. He recognised his enjoyment of the position of 'expert' within a Western educational setting, and of 'knowing best'. Opening his mind to other ways of knowing and learning required that he confronted these prior assumptions. As he puts it: *'I brought these perspectives into my teaching and learning, and have not been able to admit, identify, understand, or challenge othering which happens in curriculum.'*

Jane remembered having a desire for absolutes in her learning since her early schooling. She was driven by curiosity, assuming that behind new doors of enquiry she would find the truth. Reflecting on her past choices, Jane believes she chose physiotherapy as a career that was attractive because of its perceived scientifically driven status within the white Western world, particularly for a woman seeking equivalent status to men. While growing up in New Zealand, Jane did not recognise her white privilege, living in a primarily white community that coexisted in parallel to the local Māori community. She describes her current motivation for learning as *'what will have greatest good for the greatest number'*. This has led her to strive for a more diversifying and humanising approach to physiotherapy, and to this current dilemma.

I (Cathy) felt I was entering the transformation journey later than my co-authors. Truly engaging in our conversations led to the realisation that this is something in which we should all engage to be anti-racist. Striving for all to belong in a learning community requires engagement with the challenge of decolonising – whether that is in research, teaching or practice – and with spaces of mutual influence. Through reading about decolonising research, I began to understand the implications of remaining embedded in solely Western ontological, epistemological and methodological viewpoints. As well as excluding others, this has significance in relation to the ethics, quality and relevance of research structures and processes (Mkwananzi and Cin, 2020).

Sharing and caring

In Mezirow's stage 4, there is 'recognition that one's discontent and the process of transformation are shared and that others have negotiated a similar change' (1991, p 168). People do not necessarily travel through all stages of the transformative learning theory in a neat and organised manner (Hill, 2021). We reached a point where we experienced a further disorienting dilemma. The more we read, the more we needed to read. The more we learned, the more we realised we were scratching the surface. Decolonising the curriculum is a complex topic (Shahjahan et al., 2022) with a language that must be learned to fully understand the writing. It felt impenetrable for us, as a group of academics in physiotherapy. We felt lost and inadequate. As Judith articulated, we had developed a further dilemma about being credible scholars in this area.

Despite our insecurities, the practices of decolonising are wasted if the learning does not cascade through all disciplines and professions. If the knowledge base underpinning the physiotherapy profession remains dominated by eurocentric Western knowledge paradigms (Smith et al., 2020), we cannot decolonise our profession. Binagwaho and colleagues (2022) argue there is a need to challenge the white supremacy ideology that currently permeates global health education. Therefore, we cannot simply bow down to our insecurity and avoid the issue. We are physiotherapists and academics, not scholars in decolonising. If we do not engage with this scholarship, however, practices within our discipline will remain 'colonised'. This is not acceptable to us – therefore we must engage with our further disorienting dilemma. We must put aside our expertise in our own disciplines and approach the challenge as novices.

Encouragingly, it has become clear that others share this dilemma. Early in this journey, Kavi, Judith and Jane presented a 'Lightning talk' (a short presentation of a few minutes) at a university event focusing on decolonising the curriculum that took place at the end of 2020. Subsequently they were

invited to share their knowledge and experience with other staff groups at the university, to join a working group on decolonising the curriculum for transnational education partnerships and lead a session for early-career academics.

Continuing our journey

Stage 5 in Mezirow's transformative learning theory is moving forward: 'Exploration of options for new roles, relationships and actions', while the sixth stage is 'Planning a course of action' (1991, p 168).

In academic spaces it can be difficult to step back and revisit what we see as core within our disciplines, let alone within ourselves. As Nicholls (2018, p 8) argues in his critique of physiotherapy, we 'do not possess the necessary historical, philosophical, political and socio-cultural vocabulary' to describe ourselves. Conversations about decolonising the curriculum and practices can feel intimidating, as there is so much potential to make mistakes in our language and to expose parts of our thinking that we were not aware of and that could hurt others.

In our learning journey we explored the idea of 'brave spaces' rather than safe spaces. Arao and Clemens (2013) challenge the idea that we can discuss complex issues relating to social justice in safe spaces that avoid conflict. Confronting such issues requires courage:

'We have to be brave because along the way we are going to be "vulnerable and exposed"; we are going to encounter images that are "alienating and shocking". We are going to be very unsafe' (Boost Rom, 1998, p 407).

This means honesty and authenticity must underpin such learning, which means people will disagree; they will be confronted with insights into themselves that are not comfortable. The underlying 'ground rules' of brave spaces include controversy with civility (Astin and Astin, 1996), accepting that strong emotion and challenge are natural outcomes of complex conversations within a diverse group.

Informed by these principles, we created our own brave space. Being able to explore who we are and how we are unintentionally influenced by our colonial roots in a brave space has been empowering and given us room to grow. Testing our ideas and thoughts with one another has helped us to raise the conversation with others with kindness and authenticity, as well as forgiveness as we clumsily negotiate this journey of learning and becoming.

It is important to recognise that taking this learning beyond a small group needs support at the highest levels. While it is about exploring our own biases, it is vital that organisational policies and practices are examined and time is made available to invest in the thinking and changes required (Liyanage, 2020; Marcus, 2021). Once this is on the agenda, there is a need for people to carry it forward.

We do not feel we have completed our journey to perspective transformation. We are in the process of developing our knowledge in the area (stage 7) and trying new roles while building our confidence in relation to them (stages 8 and 9) (Mezirow, 1991). We argue that these are not necessarily sequential, however. Our attempts to improve ideas are 'like sailors who have to rebuild their ship on the open sea' (Neurath, 1932; cited in Godfrey-Smith, 2003, p 30). Replacing pieces of the ship piece by piece leads to major change while still keeping the ship afloat. We are engaging in this complex journey towards full integration of our transformed perspectives (stage 10) with full awareness of our 'novicehood' but with a feeling of resolution and bravery. We can learn in community.

Conclusion

Decolonising the curriculum – as well as practice and research – is a truly important endeavour. It is, however, fraught with difficulty for academics who work in entirely different disciplines and who do not feel confident with the language, the knowledge base or how to have the conversation while

managing feelings of being exposed and inadequate. Despite this, we must engage with the debate and generate change. We have found that being able to start our learning in a brave space is empowering and doing so has enabled us to engage with others in progressing the conversation. There is a long way to go – but it is a start, and we must start somewhere.

References

- Amosun, S., Maart, S. and Naidoo, N. (2018) Addressing change in physiotherapy education in South Africa. *South African Journal of Physiotherapy*. Vol. 74. No. 1. <https://doi.org/10.4102/sajp.v74i1.431>.
- Arao, B. and Clemens, K. (2013) From safe spaces to brave spaces: a new way to frame dialogue around diversity and social justice. Chp 8 in Landreman, L. (Ed.) (2013) *The Art of Effective Facilitation: Reflections from Social Justice Educators*. Sterling, US: Stylus. pp 143-150.
- Arday, J. and Mirza, H. (2018) *Dismantling Race in Higher Education Racism, Whiteness and Decolonising the Academy*. Cham, Switzerland: Palgrave Macmillan.
- Astin, H. and Astin, A. (1996) *A Social Change Model of Leadership Development Guidebook. Version 3*. Los Angeles: Higher Education Research Institute, University of California.
- Binagwaho, A., Ngarambe, B. and Mathewos, K. (2022) Eliminating the white supremacy mindset from global health education. *Annals of Global Health*. Vol. 88. No. 1. Article 32. <http://doi.org/10.5334/aogh.3578>.
- Boost Rom, R. (1998) 'Safe spaces': reflections on an educational metaphor. *Journal of Curriculum Studies*. Vol. 30. No. 4. pp 397-408. <https://doi.org/10.1080/002202798183549>.
- Cleaver, S. (2016) Cultural humility: a way of thinking to inform practice globally. *Physiotherapy Canada*. Vol. 68. No. 1. pp 1-4. <https://doi.org/10.3138/ptc.68.1.GEE>.
- DiAngelo, R. (2018) *White Fragility: Why it's So Hard for White People to Talk About Racism*. Boston: Beacon Press.
- Godfrey-Smith, P. (2003) *Theory and Reality: An Introduction to the Philosophy of Science*. Chicago: University of Chicago Press.
- Hack, K. (2020) *Decolonisation of the Curriculum: a Conversation*. Hitchin, UK: Advance HE Staff Development Forum. Retrieved from: <tinyurl.com/Hack-decolonisation>. (Last accessed 14th September 2022).
- Hill, G. (2021) *The Distinctiveness of Lesbian, Gay, Bisexual (LGB) Persons Affected by Cancer Treatment and Impact on Personhood: A Participatory Research Study*. Doctoral Thesis. Edinburgh: Queen Margaret University. Retrieved from: <tinyurl.com/GHill-thesis>. (Last accessed 14th September 2022).
- Jones, A. (2020) *This Pākehā Life: An Unsettled Memoir*. Wellington, NZ: Bridget Williams Books.
- Liyanage, M. (2020) *Miseducation: Decolonising Curricula, Culture and Pedagogy in UK Universities*. Oxford: Higher Education Policy Institute. Retrieved from: <tinyurl.com/HEPI-Liyanage>. (Last accessed 14th September 2022).
- McCormack, B., McCance, T. and Martin, S. (2021) What is person-centredness? Chp 2 in McCormack, B., McCance, T., Bulley, C., Brown, D., McMillan, A. and Martin, S. (Eds.) (2021) *Fundamentals of Person-Centred Healthcare Practice*. Chichester, UK: Wiley-Blackwell. pp 14-23.
- Marcus, G. (2021) *Decolonising the Curriculum: Silence is not an Option*. Retrieved from <tinyurl.com/Marcus-decolonising>. (Last accessed 14th September 2022).
- Mezirow, J. (1991) *Transformative Dimensions of Adult Learning*. San Francisco: Jossey-Bass.
- Mkwananzi, F. and Cin, M. (2020) What does a decolonised research culture look like? *Research Professional News*. Retrieved from: <tinyurl.com/Mkwananzi-Cin>. (Last accessed 14th September 2022).
- Neurath, O. (1932) Protocol statements (1932). Chp 7 in Cohen, R. and Neurath, M. (Eds.) (1983) *Philosophical Papers 1913-1946*. Dordrecht, Netherlands: Reidel.
- Nicholls, D. (2018) *The End of Physiotherapy*. Abingdon, UK: Routledge.
- Paton, M., Naidu, T., Wyatt, T., Oluwasemipe, O., Lorello, G., Najeeb, U., Feilchenfeld, Z., Waterman, S., Whitehead, C. and Luper, A. (2020) Dismantling the master's house: new ways of knowing for equity and social justice in health professions education. *Advances in Health Sciences Education*. Vol. 25. pp 1107-1126. <https://doi.org/10.1007/s10459-020-10006-x>.

- Pillay, M. and Kathard, H. (2015) Decolonizing health professional's education: audiology & speech therapy in South Africa. *African Journal of Rhetoric*. Vol. 7. No. 1. pp 194-226. <https://hdl.handle.net/10520/EJC172807>.
- Pillay, M., Kathard, H. and Samuel, M. (1997) The curriculum of practice: a conceptual framework for speech-language therapy and audiology practice with a Black African first language clientele. *South African Journal of Communication Disorders*. Vol. 44. No. 1. pp 109-116. <https://doi.org/10.4102/sajcd.v44i1.232>.
- Ramugondo, E. (2015) Occupational consciousness. *Journal of Occupational Science*. Vol. 22. No. 4. pp 488-501. <https://doi.org/10.1080/14427591.2015.1042516>.
- Shahjahan, R., Estera, A., Surla, K.L. and Edwards, K. (2022) 'Decolonising' curriculum and pedagogy: a comparative review across disciplines and global higher education contexts. *Review of Educational Research*. Vol. 92. No. 1. pp 73-113. <https://doi.org/10.3102/00346543211042423>.
- Smith, L., Abonyi, S., Durocher, L., Roy, T. and Oosman, S. (2020) Mâmawi-atoskêwin, 'working together in partnership' – challenging Eurocentric physical therapy practice guided by Indigenous Métis worldview and knowledge. Chp 8 in Nicholls, D., Groven, K., Kinsella, E. and Anjum, R. (Eds.) (2020) *Mobilising Knowledge in Physiotherapy*. London: Routledge. pp 97-112.
- Tatum, B. (1994) Teaching white students about racism: the search for white allies and the restoration of hope. *Teacher College Record*. Vol. 95. No. 4. pp 462-476. <https://doi.org/10.1177/016146819409500412>.
- Vázquez, R. and Icaza, G. (2018) Diversity or decolonization? Researching diversity at the University of Amsterdam. Chp 7 in Bhabra, G., Nişancioğlu, K. and Gebrial, D. (Eds.) (2018) *Decolonizing the University*. London: Pluto Press. pp 108-128.
- World Health Organization (2016) *Global Framework on Integrated, People-centred Health Services*. Geneva: WHO. Retrieved from: tinyurl.com/WHO-integrated. (Last accessed 14th September 2022).

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