

REFLECTIVE ESSAY

“The light made us uncomfortable at the beginning, but we don’t want it to turn off again”: On decolonization and global health teaching

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My first global public health job as a newly graduated midwife in Iran during the 90s involved taking part in several collaborations in the field of family planning and reproductive health between the Ministry of Health and the United Nations Population Fund (UNFPA). Through those programs I was introduced to South-South cooperation and exchange programs between Iran and some other global South countries. At the time, the country’s post-revolutionary, strong anti-imperialist and decolonial policies (which faded away over time) across different sectors encouraged local capacity-building and knowledge creation in general and in the health sector in particular. During those experiences, there were ample opportunities to sit not only with subnational health workers and policy makers, but also counterparts from other Southern countries (e.g., Indonesia, Pakistan, or Turkey) and discuss our shared experiences with reproductive health policies and interventions. Within the South-South cooperation initiatives, we produced culturally sensitive health literacy materials or discussed nuances in global initiatives across the globe that may or may not be customized and localized to our specific contexts. The less hierarchical nature of those collaborations made it possible to openly discuss hurdles, create alternative solutions, and learn from one another. Despite the challenges and drawbacks of those programs, which are beyond the limits of this reflection, this was in practice my 101 applied course on a decolonial¹ approach to policy making in the area of global public health.

However, my experience took a different turn when I moved abroad to study in the United States in 2004 and in the Netherlands in 2008. The normalized conversation around public health of lower- and middle-income countries (LMICs) focused on failures and gaps and what could and should be fixed in the health sector in those countries by the international community. Often there were no (local) representatives from LMICs around those tables, and if there were any, their roles were reduced to translation or provision of data. This perspective towards the LMICs was the predominant gaze in international organizations and academia alike. With some exceptions, the unquestionable role for the so-called “developed” countries was to decide, design, and initiate ideas and proposals to fill the gaps in the area of public health research and practice in LMICs. The global South in those endeavors was largely

portrayed as poor, underdeveloped, and low-capacitated (including in terms of intellectual capacity) requiring help and needed rescuing.

Having experienced those very different educational settings and spaces in the past, one with a locally developed and tailored gaze on issues surrounding health and the other exactly the opposite, I entered academia in 2009. At the beginning of my teaching, identifying and discussing colonial legacies in higher education and global health teaching was an instinctive practice. However, it became an increasingly conscious effort in my pedagogy due to two key factors. First, given the demographic nature of the student body that I work with, I am often the only individual from the global South in the classroom. Therefore, discussions on migration, development, or health often move around “fixing” the cultures of the people in LMICs in order to address their problems. I felt the need to create space for students to read and learn about the colonial past and present, and, at the same time, critically reflect on not only the knowledge they have on development issues, but also the sources of that knowledge. The second reason for discussing colonial legacies in my classes is that in global health teaching, the history of health, if covered at all, is often presented from a Western-oriented perspective. Consequently, it does not inform students about different constructions of health theories or health behaviors from a non-Western point of view. For example, the Eurocentric analysis of refusal to go to hospital during the Ebola pandemic, by individuals who contracted the virus, were not able to reflect on colonial memories of hospitalization (Cerbino Neto, 2014); (Hirsch, 2020); (Kamara, 2016).

International health interventions still mirror colonial legacies to a large extent (Hassan et al., 2021). As such, introducing students to public health issues without regarding historic narratives leaves them unequipped for identifying the characteristics that continue to dehumanize individuals resulting in health inequalities (Marmot, 2018). For instance, before learning about colonialism and its impacts on global health disparities, students’ opinions in my classrooms often focus on the corrupted systems of LMICs and their primary association with health outcomes in LMICs. Such perspectives are reflected upon at later stages of the course, and students are often able to critically examine their constructed knowledge. Throughout the course, they also identify the role of the education system or media in creation of that knowledge. As a result, students learn the skills and develop the habit of critically discussing why for centuries some countries have had and continue to have poor health outcomes while others do not.

In the next sections, I share one of my recent experiences in decolonizing the classroom in one of my courses that focused on diversity and intersectionality in the context of health. I reflect on the emotional labor of that class for students as well as myself.

FEELINGS OF DISCOMFORT

Decolonizing classroom in my teaching involves the choice of teaching style and pedagogy, defining the knowledge space (curricula), democratizing the classroom, and close engagement with students. All these components are still progressing in my work, and they all have their particular demands. For example, being the only person from the global South often leads to a situation where I need to choose between providing arguments and examples that counter students’ perspectives or taking some distance and letting the discussions flow

naturally and observing students' growth over time. The latter would mean allowing students to provide counterarguments to each other's perspectives when discussing sensitive issues like racism or coloniality, which may not always happen naturally given the classroom's demographics. Additionally, students are predominantly unfamiliar with the pedagogy that I apply in democratizing the classroom or the problem-based (student-led) learning approach. As a result, they easily feel that they are not in control anymore and they do not know how to function in an educational setting that is unknown to them. Finally, many students get to learn the link between colonialism and global health for the first time in my teachings. In this instance, our classes sometimes could feel intense, and for some students it may lead to experiencing diverse emotions, such as senses of confrontation, intimidation, vulnerability, anger, or guilt. Until recently, we did not discuss such discomforts in the classroom and, instead, students would share those feelings through course evaluations, or on some rare occasions, during individual office hours. In one of the classes of this course, I included discussions around emerging emotions in the classroom. My aim was for them to realize that those feelings of discomfort are shared. They talked about the roots of those emotions together, and their collective reflections accommodated a nice sense of community in the classroom. It also helped them to move on from those individual and collective feelings and focus on deep structural causes, including the flaws of the education system that denied them critical history lessons. In their group reflection of that week, they expressed their experience in the class as: "It feels like someone had turned the lights on in a dark room. The light made us uncomfortable at the beginning, but we don't want it to turn off again."

Once students started to reflect on their feelings in the class and pushed themselves beyond their comfort zones, I decided to share some of my own experiences as well. In my teaching experiences, there have been several occasions where I felt confronted in the classroom with a hegemonic dynamic by students who were uncomfortable or intimidated in the class due to the discussions or the pedagogy that I applied. I used to discuss those experiences and my own intimidation by the hegemony of the class with my colleagues. However, in this class, I shared some of those experiences with my students, which allowed them to reflect on their own interactions with me. The reason why I shared these experiences in this class was the conversation I had with one of my colleagues when I was actually experiencing one of those interactions in a different course I taught. My colleague had experienced the same hegemony, and we thought it may be useful to let students know about it. We thought it could help students to see us as human beings behind the role we had as teachers and realize how their interactions in the class could also evoke emotions for us. This sharing led to a more engaged and dynamic conversation between students. They reflected on the racial experiences, identities, and interactions that shape dynamics of the classroom. Some of them checked on me in several classes after that and during the course. They wanted to better and more deeply understand the emotional labor and vulnerabilities that I experienced. This process lowered the hierarchies, improved our collective trust, and increased students' agency in trying to take an active share in the dynamics of the classroom.

The level of engagement in discussing issues around race or gender and at the same time acknowledging the emotional aspects of those conversations were elevated when students increased their involvement inside and outside the classroom. In the classroom, for

example, they tried to contribute in creating a safe space for discussions and feelings. In their roles as class leads, some students initiated explicit or implicit rules for normalizing emotions. For example, in one of the students-led sessions, the discussion leads included a video in order to stimulate discussions around disability and its intersection with race and gender. At the beginning of the class they spent some time explaining that the video might trigger emotions and that individuals who experience discomfort should feel free to express their discomfort or leave the classroom. They were able to lead a critical discussion on intersectional vulnerabilities and structural flaws that overlook those vulnerabilities. Simultaneously, they attended to the emotional responses of their peers who shared their personal experiences by pausing, offering them the space to share, and actively listening. In other circumstances if a student showed emotional responses to conversations, others would pause, allowing for their peer to express or process their emotions. At the end of the course, a student mentioned in the weekly group reflection that crying and emotional responses in the classroom need to be normalized. In the reflections we had with students during and after the course, they believed, this level of engagement developed because they felt their feelings about the course and its content, the classroom, and teaching approaches were acknowledged.

The share students had in this partnership and in leading the agenda of the class increased over time when they realized they were being listened to. During the first few weeks of the course we had a very quiet session where most of the students who often shared their views did not talk. Once I stopped the class to ask what was going on, it became clear that they felt stressed with not having a “normal” class where I would lecture them. They found it overwhelming to read the readings and share their understandings in the class or let one another know what they had learned or what they found contradictory in different sources. The fact that the class presented them the space to share their experience helped with having an open conversation to also discuss the reasons behind that frustration. They problematized the education system and how they have been socialized in receiving lectures and instructions as opposed to partnering in the classroom. While I listened to their reflections and tried to explain the reason behind my approach to teaching, I had faith that the approach would work at the end because of the reflections of my former students of the same class. Each year they approach me to share how they feel after a year or so about that course and its dynamics. They believe that not having a teaching figure to present classic lectures was extremely frustrating at the time. The task of deep and active reading and the responsibility of discussing the articles in the class as opposed to listening to an “expert” who lectures made them feel confused and stressed during that course. However, with a distanced reflection, they could make sense of what was going on and eventually valued that experience.

Outside of the classroom, students had weekly group reflections to talk about the class, its dynamics, and their engagement with the discussions. Those group reflections created an anchor for students and strengthened their trust in one another. They were also sources of insight for me to understand the emotional dimension of the classroom and to decide where I should intervene, have a collective conversation, or introduce activities that were less intensive. For example, after noticing the intensity of emotions in one of the weekly reflections, I decided to show a movie and cancelled the class. Responding to the concerns that were raised about the emotional labor of the class in the group reflection, cancelling the class and watching the

movie helped a lot in lightening their experiences and in making them feeling heard. They all reflected on it positively even after the course was over.

THE EMOTIONAL LABOR AS A TEACHER

Witnessing students' discomfort in the classroom, although new and intimidating to me, has been experienced and elaborated on for years in teachings that focus on race or colonialism. These pedagogies are referred to as the pedagogy of discomfort (Iseke-Barnes, 2008), pedagogy of dignity, embodied learning (Motta, 2018); (Ng, 2018), or pedagogy from below (Vergès, 2018). Some of the mentioned concepts emerged primarily from teaching critical thinking in formerly colonized countries (e.g., South Africa) (Vergès, 2018), through discourses initiated by indigenous peoples (in Canada or Australia) (Iseke-Barnes, 2008); (Motta, 2018), or teachings on race and social justice by African American scholars (Hooks, 2010). My experience in observing emerging emotions of sadness, helplessness, or frustration in the classroom initially caused a sense of intimidation, and if I am being very honest, a sense of fear. My current faculty is supportive, and decolonizing the curricula and education is high on our agenda. There are collective reflections on improving a decolonized approach to education that involves lecturers and managers across the hierarchies. But, this was not the case in my previous academic experiences. As such, my sense of fear emerged partly from not knowing where the students' discomfort was heading. It was also partly an unconscious (default) sense of being the "other" and presenting yet another example of how and in what ways I do not fit. Having experienced teaching in such classes, below are some of the aspects in teaching global health that I could summarize and also initiatives that I would take as next steps:

- Allowing space for emotions in the classroom helps students learn to navigate through social justice issues in the presence of such emotions.
- However, opening up to emotions in the classroom, when all else is in line with the mainstream rules of higher education, has particular hurdles for students. Some of my students who were not open to discuss their feelings claimed that they needed to stay emotionally distant to be able to maintain control over their intensive agenda and to attend other classes or prepare for their exams or assignments. They thought creating space for their emotions in the classroom would be distracting and constraining for what they were supposed to do in their next classes.
- Thus, efforts in decolonizing the classroom cannot be done in isolation from the institutional norms of universities that are inherited from the colonial design of academia. In other words, if after my classes students need to return to business as usual (e.g., assignments and deadlines), they actually carry a double burden: the flaws of the mainstream design of the education system on the one hand, and the discomfort that is created in my classrooms that might require extra time and effort to navigate through.
- Intensive conversations and the discomfort that emerges in the classroom are not only difficult for students, they could also have their emotional toll on lecturers (Ahmed, 2012); (Hooks, 2010), (Hooks, 2013). While it is encouraging to observe students' growth and transformation, it is difficult to see them struggle. In my experience in this

particular class, students grew as a community throughout the course, and there was a strong sense of collectiveness. This in turn, improved the feeling of safety in the class and students became increasingly comfortable with sharing their stories and emotions. This was an important development to observe, but it was emotionally draining for me as the teacher. Additionally, once the course ended, so did the sense of community that had developed in class that I was also part of. What was helpful in this process was the support I had from my colleagues who I actively reached out to. Through conversations with other lecturers who have gone through similar processes, I was able to discuss, share, and learn coping mechanisms to help me. It was also very helpful to read experiences and narratives of lecturers who teach critical thinking. bell hooks (2013) refers to the emotional work that teachers deal with and suggests a teaching-free term after such courses. In my case, a teaching-free term was naturally planned in my schedule. However, in most cases, the complexities of scheduling and fair distribution of teaching tasks cannot accommodate such a space for lecturers who make efforts in decolonizing the classroom and curricula.

- Partnership with students and trying to understand their perspective, in my experience, continues even when the courses end. Talking to them helped me unpack some of the uneasy moments that I experienced throughout the class. Their perspectives help me reflect further and identify areas where our partnership could improve. Conversation with my former students helped me design the next step together with them which also included having them talk to their peers about their journey. Their input into the level and ranges of the reading or pedagogy is insightful for me when fine-tuning the curriculum.

I hope this reflection will create a dialogue with students and scholars who experience similar pedagogies and present a space for collective growth.

NOTES

1. Although in this paper I critically reflect on approaches that resemble colonial thinking in the field of global health, I do not intend to use decolonization as a metaphor (Tuck & Yang, 2012). I deeply believe that decolonization takes place when Indigenous peoples and communities that are dislocated return to their lands and their lands are returned to them.

NOTE ON CONTRIBUTOR

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