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Chapter 20

Coevolving through Disrupted Discussions on Critical Thinking, Human Rights and Empathy

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ABSTRACT

This chapter considers how teaching and learning cross culturally inevitably disrupts or interrupts and disturbs teachers' and students' assumptions. Such educational confrontation can produce mind-opening opportunities or mind-numbing fear that can preclude learning. The teacher's challenge is to find a balance between harnessing disruption as an impetus for learning and creating a safe environment for constructive learning exchanges.

Six stories illustrate some of the frustration, confusion, and insight that can arise from mis-interpretation, acontextual teaching, and pedagogical assumptions. The author discusses personal and pedagogical discoveries that emerged during an international social work education program with refugee teachers, health, and community workers from Burma living in exile on the Thailand Burma border (the border). Tensions between East and Western philosophies and methods of teaching called for processes to indigenize the Australian model of social work to the local cultures.

The resulting exchanges of knowledge laid the ground for knowledge and cultural exchanges in interactive, unexpected educational processes.

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BACKGROUND

This chapter explores processes of teaching and learning in an international environment, using a case study of an educational program with people displaced from Burma, living in Thailand. Their lives shattered by violence, war and flight from their country, Burmese refugees in Thailand face continual disruptions to their security, cultures, languages, health and identity and have minimal access to education.

Twenty years ago, Dr. Cynthia Maung established the Mae Tao Clinic (MTC, 2010) to provide free medical services to refugees seeking health care unavailable inside their country of Burma. Responsive to emerging problems, the clinic offers multiple services in the border townships (orphanages, women's shelters, boarding houses) and inside Burma (jungle clinics, outreach backpack medical teams, jungle health and education programs). Dr. Cynthia recruited international assistance to train medics and health workers and, in 2007, sought training to increase workers' awareness of and skills to respond to *social* problems. This formed the basis of a social work education project conducted in 2007 by the author, an Australian social work educator and practitioner. The chapter considers the author's core dilemma of how to deliver a culturally-relevant, sustainable educational program as an outsider.

The understanding of social work education in Australia is very different from social work training on the Thailand Burma border. In Australia and the Western world, social work is known as a vocational discipline which derives historically from church, charity and the welfare state's provision of a financial safety net for people unable to provide for themselves, and laws and policies to provide safety. The content and methods of teaching are prescribed and monitored through accreditation by international and national associations (the International Federation of Social Workers and, in Australia, the Australian Association of Social Workers, AASW).

In Thailand, there are 16,000 refugees displaced from Burma in refugee camps along the border (TBBC, 2010) and thousands of others who live as unregistered refugees and migrants. There is no government support and basic health and other care is provided by local and international aid. Education is minimal and vocational training such as health or social work training is provided through initiatives such as Dr Cynthia's request, which brings international people who have the motivation, time and resources to do so. Courses are not accredited, legal frameworks are ambiguous and while Thailand's fledgling democracy has seen some governmental commitment to social welfare through the introduction of child protection legislation and policies, the role of social workers remains unfamiliar to most people.

The Stories

Offering a six week course on social work for Burmese refugees in Thailand confronted the assumptions, beliefs and practices of the educator and participants. On many occasions, cross cultural or linguistic confusions rendered everyone unclear about how to proceed. The teacher had to bumble along, looking for clues that did not translate and making it up as she went along. These uncomfortable moments, however, were often resolved in a flash of understanding that deepened cross cultural understandings. The following stories illustrate such disruptive moments, each of which exemplifies Prigogine and Stenger's (1984) concept of a 'bifurcation point', described as a pivotal point of 'stuckness' or 'not knowing', which marks a 'singular moment' of discovery (Gibney, 1987). Being disrupted from your comfort zone can stretch you intellectually and personally, offering insights previously not considered.

The following stories illustrate six points of disruption in cross cultural education. The first describes challenges of interpreting and translating. The second considers Eastern versus

Western philosophies of teaching while the third story explores differences in east west emotional responses. Examples of cultural conflict and discrimination comprise the fourth and fifth story, with the final story reminding us of the costs of change. The chapter concludes with reflections on the interrelatedness of disruption and discovery with recommendations for transferring these insights to universal teaching and learning practices.

Story 1: "What is Ethics?" Issues in Interpretation

Hugman (2010) suggests that those teaching social work internationally must first consider what to include as core values and ethics in the curriculum. In their program of social work education in Vietnam, Hugman, Nguyen and Nguyen's (2007) curriculum included human rights, ethics and empathy which are core to the International and Australian codes of ethics (IFSW, 2005; AASW, 2010), so these values were selected as starting points. Consultation with prospective participants indicated their interest in learning about these concepts but it became clear that there was no shared understanding of what these values meant or could apply in this context:

When we stopped for morning tea an hour into the session on ethics, I thought things were going well since everybody looked content. I asked the interpreter how it was going. He said 'Fine. Only one question: What is 'etics'?'

The sickening feeling as I wondered how he had been translating 'ethics' to the group constituted an early bifurcation point. At that moment, I had to step away from my customary ways of working with interpreters and reflect critically. Critical thinking is an attempt at reviewing your own biases, determinants, assumptions. It is a social process of mutual observation and learning (Pakman, 1995).

Two realizations emerged from this disruption: One, body language and nonverbal indicators differ in a cross cultural context; contented-looking facial expressions do not indicate their comprehension. Second, professional jargon is doubly unfamiliar to an interpreter. How presumptuous of me to assume he knew what ethics meant, when students in Australia often ask for clarification that ethics are what people consider correct or right. It made me wonder what else I did not know about communication in this context and how I could teach if my words were not being conveyed accurately.

As a result, regular times were established to go over content, language and concepts with the interpreter well in advance of the lesson. This was difficult to do, with the constant day to day adaptation of the content to fit the context and participants' needs, often right up until the last minute. It was through time spent negotiating how to work together, however, that we found our way through this stuck point. Asking the teacher for clarification of terms was framed as a cultural exchange, resourcing the teacher, rather than a situation where the interpreter would 'lose face' (Goodfellow, O'Neil and Smith, 1996). We worked out how the interpreter would let me know if he was unsure of the meaning.

The interpreter explained that while Burmese is the assigned common language in that setting, many newly arrived refugees from different ethnic nationalities did not yet speak it well, so their friends were translating the interpreter's Burmese translation of my English, into their own languages. This left great room for error. A group of workers involved in a newly established (December 2010) mental health coordination group on the border (Derina from Ireland, Julia from Australia, Liberty who is Karen from Burma and Whitney from USA) is in the process of developing a lexicon of words and phrases constantly being translated in psychosocial work with refugees and migrants. They are describing the literal transla-

tion in each of the languages, some of which are referred to in the following stories.

Navigating language was only the first hurdle. The next challenge was to introduce one of the social work values – human rights.

While Burmese refugees on the border have a strong sense of injustice about the way they have been treated by the military in Burma, and anger at the mistreatment of Burmese factory workers by the Thais, few generalized the notion of human rights to include the practical implementation of justice for all people. Women's and children's rights have been overlooked in refugees' fights for survival, with no clear policies, laws or interventions against violence, apart from a few initiatives, for example by Dr. Cynthia Maung and the Migrant Assistance Program (MAP, 2010). What risks are there in raising awareness of people's rights when there are inadequate systems to assert them? Is the Western notion of human rights a relevant concept for people committed to the traditional Asian values of *responsibility, social norms, family, stability, and relationships* fundamental to the collective harmony of Confucian philosophy (Yip 2004)?

Is it possible and safe to even talk about human rights on the Thailand Burma border, where people are astutely alert to the risks of speaking out to unknown people? Many are ex-political prisoners who retain fear of speaking out, having borne the consequences of doing so inside Burma. Why would anyone risk naming human rights abuses to an outsider who needed an interpreter to communicate?

Nussbaum (2000) offers a practical and ethical way around some of these questions. She suggests that rights-based initiatives should focus on *doing* things rather than just talking about seemingly unachievable concepts such as rights. By identifying problems of oppression, then finding ways (capabilities) to attain rights with and for those affected, people learning about human rights can see how they look and feel. Hugman (2010) suggests that where local and contextual

values conflict with universal values, it is useful to prioritize them as primary or secondary. Primary values are universal (such as human rights) and secondary values are local (such as ensuring people are not arrested by border police despite their rights to citizenship not being addressed). Hugman calls this 'ethical pluralism' (p. 133).

Prioritizing values as Hugman (2010) suggested, and heeding Nussbaum's (2000) idea of doing things rather than just talking about them, some decisions were made. First, it was right to teach the principles and practices of human rights, despite the lack of opportunity for them to be realized in the context on the border. Second, it should be done in ways that make sense in terms of local norms and culture, experientially, so that people have a vision of what having rights feels like. Third, there are lessons from others who have liberated silenced people, notably Freire (1973) and Boal (1979), three decades ago.

Boal's (1979) *Theatre of the Oppressed* emerged originally to give voice to peasants and workers in Chile about their oppressive social and political conditions. Freire (1973) and Boal (1979) used creative arts and drama with illiterate impoverished people to express their views and generate solutions. Through drama, people play out real life situations. The facilitator invites them to 'act' out suggestions for positive change. The key moment of transformation occurs when the facilitator invites members of the audience to step into the shoes of the 'actors' and play it differently. Experiencing and offering alternative responses from the outside, then stepping inside to try it out, participants and audience gain insight, empathy and shifts in thinking and beliefs (Boal, 1995).

A *Theatre of the oppressed* method was used in the project in Thailand by asking the participants first to list the problems confronting them. Small groups selected a problem each to enact in silent, still, drama scenes, while the other groups watched. One group depicted a woman being abused by her husband while their scared children crouched behind their mother. Another

group acted refugees being locked up by Thai security guards and returned to Burma. A third group showed children being sold for unpaid labour and sex work.

In the next step, each group created an image of a resolution of their problem, again in silence. In the first group, the abused women was now being hugged and cared for by a loving husband in a scene of a happy family, (wishful thinking as most social workers know, particularly so in this context where violence against women does not register as illegal).

The transformational third step asked the group to act out another scene depicting one transitional step that could change the problem towards resolution. Members of the audience could step in and act out a suggestion.

After conferring together, the group created a scene where the community leader took the 'violent' man aside and admonished him for his violent behaviour, while the women sheltered the woman and children. This was an achievable community step. As Freire (1973) and Boal (1979) described, drama can liberate people's capacity to think critically, through silent action and communal problem-solving. Drama addressed several confronting issues: problems were defined by the group, rather than the teacher; silence avoided the need for interpreting, speaking out or discussion; and the act of developing a realistic transitional image demanded collaborative critical thinking where participants chose their own solutions to achieve human rights and responsibility.

The next step was to introduce the social worker's role in responding to emotional pain, as requested by Dr. Cynthia. Medical treatment was not helping people with loss, trauma, grief or mental illnesses.

Story 2. "Why Did You Make her Cry?" Disrupting Values – Empathy

Although human rights depend on the implementation of and access to laws, the values of compas-

sion, patience, commitment and selflessness are also necessary for human rights practice (Hugman, 2010), along with ethics, humanity and empathy (Hugman, Nguyen, & Nguyen, 2007). Empathy is 'the ability to stand in another's shoes, to feel what it's like there and to care about making it better if it hurts' (Szalavitz & Perry, 2010, p.12). In Burmese translation, it is 'sar nar day' which means sharing the feeling of others. In Karen language, it is interpreted as 'heart echo'. Szalavitz and Perry argue that empathy determines brain development and survival. The infant's attachment experience determines well-being, mental health and relationships in adulthood. Empathic responses can assist recovery from abuse, neglect and trauma. This story describes experiences of learning about and trying to teach empathy as responses to people's social and emotional problems.

As part of a project to raise awareness and money for children needing expensive medical care, I interviewed their parents with a nurse acting as interpreter, and wrote about their stories on the clinic website. On one such occasion, a young Burmese mother cried as she told of her husband's death as they ran from soldiers and their burning village. I responded with concern for her situation. While we were talking, the nurse who was interpreting was giggling with another nurse. I glared at them. Afterwards, I asked them why they were laughing. 'Because', one said, the other nodding, 'You were making her cry by asking her those questions. We were trying to cheer her up'.

The nurses' response shocked me in its apparent lack of empathy for the mother. Their accusation of my improper behaviour left me feeling bewildered. I did not know how to judge whether I was being culturally inappropriate, if the nurses had compassion fatigue or if it was something else.

Nguyen and Bowles (1988) emphasize the need for empathic listening, moving slowly, with the right timing. My quick empathic response and

judgement of the giggling nurses was probably mis-timed, yet Nguyen and Bowles say that ‘a sure sign that Vietnamese clients are ready to talk about something is the rare occasion of them losing control and crying’ (p. 45). That provides an opportunity for them to share their pain. Bang (1983) emphasizes the need for emotionally articulate Western workers to understand the importance of non-verbal communication in Asian cultures, but she is not referring to observing facial expressions. She means practical support, showing interest in people’s extended family and stories and being honest and open in response to questions. These writers see empathy as a necessary part of the process of building trust and rapport in Asian cultures where open expression of emotions and problems is less common.

This was not the view of one of the clinic staff who provided counselling and assistance to people with mental health issues or who came to have their HIV status clarified.

It’s easy to see people who are HIV positive as you know what to tell them - get plenty of sleep, eat good food, don’t injure yourself... but what do you tell someone with a mental health problem?

The fact that the counsellors saw their role as ‘telling’ people (about, or to do something) indicated a culturally different interpretation of counselling from the empathic, meaning-making approach espoused in the social work program. Linguistically, there are at least two different interpretations of counselling in Burmese and Karen; one means consoling, another means giving advice. A directive, advice-giving approach is perhaps the most practical in the circumstances on the border where there are few medical resources for HIV positive people, and minimal understanding of psychiatric illnesses. There seemed to be no room for empathy, however, and no structural analysis of their problems.

In an exercise developed to explore ‘empathy’, the class studied a locally developed case scenario

of a young Muslim Burmese woman, Ma Phyu, pregnant with her recently deceased HIV positive partner’s child. Alone and without an income, she wanted an abortion, which is illegal and forbidden, and threatened suicide if she had to continue her pregnancy. The concept and practice of empathy was explained, then the participants were asked to identify and respond with empathy to an emotion Ma Phyu might be feeling. We went around the circle hearing from each person:

The first problem was that the ‘emotion’ that many described was ‘crying’. This produced another one of those ‘where do I go with this?’ disruptive moments that had become quite common. I side-stepped a grammar lesson and moved on to their responses - the second problem. Their ‘empathic’ response to the woman crying was to say: ‘Stop crying’, ‘There’s no point crying’, ‘Crying isn’t going to help’ and, another suggestion further along the circle, which was at least different: ‘No need to cry now. I am a social worker and will fix everything for you’. I gave up hoping they would say something empathic so modeled it myself, repetitively: ‘you seem really sad’; ‘the situation has made you really unhappy’; ‘no wonder you are scared’.....

When the 27th, 28th and 29th participant actually reflected the feeling they had identified and said something along the line modelled, it was difficult to tell if they understood how to show empathy or if it was ‘empty verbalism’ (Buckingham, 1993). Their unexpected responses were confronting. Their lack of empathy shocked me but, on reflection, made sense if viewed as a dissociative response to trauma that many had experienced in Burma.

As a way to find common understandings, next time the group considered the circumstantial and structural factors (social empathy) affecting Ma Phyu. This was followed by a role play demonstration of an empathic conversation with ‘Ma Phyu’, with the idea that watching a practical

example would demystify the process of empathy. In this dramatization, the interpreter nurse who had made the pregnant widow laugh to ‘cheer her up’ in the earlier situation, volunteered to play the pregnant woman. The ‘social worker’ modelled an empowerment approach, identifying Ma Phyu’s strengths in the face of structural and discriminatory barriers.

After the role play, participants said they were surprised that the pregnant woman was not just lying to get a service from the clinic and that she seemed to have a genuine problem. The nurse actor told the group that although she felt very sad ‘being’ the pregnant woman, she was pleased to be believed and gained hope from the options and support offered. Through the experience of ‘stepping into the shoes of’ the character, she said she felt sad for the woman and more inclined to believe people who came to the clinic with social problems.

The development of empathy in the refugee workers raised a reflective question: What effects would using an empathic approach have on workers, many of whom had suffered trauma? Conscious of the risks of imposing Western therapeutic approaches, the next stage sought to indigenize the educational program (Gray, 2005). Indigenization includes consultation with, respect for and inclusion of local and diverse people’s knowledge, skills and case examples.

Story 3: “We’d Stone Her”: Disruptive Values – Discrimination

The training programs comprised people from many ethnic nationalities from Burma and beyond: Arakan, British, Burmese, Canadian, Dashelay, Filipina, Karen, Mon, Pa O, Paulong, Tavoy and Thai. When forming small groups to respond to exercises, people grouped according to ethnic, or non-ethnic categories based on religion or the geographic area they came from. There was always a group of people who did not fit into any of the identified categories, so they became a group of

their own, different each time. Being flexible provided opportunities for self-selected cultural groups to share their village and cultural practices.

While the cultural diversity of participants had been acknowledged, there had been no reference to ‘culturally specific ways of help-seeking behaviour and traditional ways of coping with emotional distress’ (Miller, Kulkarni, & Kushner, 2006, p. 409). For example, Chan, Chan, and Ng (2006) draw on Eastern philosophies and concepts from traditional Chinese medicine to advocate restoring clients’ mental strength through meditation, healing rituals, social support and philosophical teachings.

Miller and Rasco (2004) argue that mental health interventions for refugees should target the psychological consequences of their exposure to the violence and destruction of wartime experiences, as well as the distress they experience living in exile. They encourage attention to local beliefs and practices that culturally construct meanings.

These ideas motivated an exercise attempting to acknowledge local wisdom and practices, where, in cultural, ethnic or spiritual groups, participants could discuss how their traditional communities respond to some of the social problems they had identified: aggressive people, migrant workers, AIDS, HIV, alcoholism, mental illness, poverty, security, unwanted pregnancy and abandoned babies.

These are the notes from their responses:

- ***People with HIV AIDS:*** *You get it because you had sex with too many people. We don’t dare to be close to them, we don’t touch them, we look down on them, hate them, feel they are dirty, I know I shouldn’t look down on them but in practice I can’t be near them. We discriminate against them, don’t eat with them. We can only give education how to prevent HIV.*
- ***Unwanted pregnancy & abortion:*** *We look down on them, say bad things about them, they are bad, they don’t make*

friends, they are bad women. Nobody feel sorry for them. People think they have to take responsibility for self, we think they are guilty. We punish them, kick them out from the village, some are tied in rope and thrown with stone, but not in our village.

- **Mental illness:** *If we see people with mental problems, we feel sorry for them; think they are foolish, but don't blame them. We think they are funny when they do crazy things. We don't think they have any value.*

So much for respecting local culture! Rather than discovering and including useful local responses, this exercise produced a range of discriminatory, excluding and inhumane ways of responding to vulnerable people. I was shocked and had difficulty managing my own emotional response to the inherent discrimination within the group. It is difficult respecting different cultural practices that do not sit comfortably with us (Laird, 1998). Blackwell (2005) describes the need for people working with refugees to be aware of their own defenses in preparation for being unprepared. A discussion with the group about our earlier role play with the pregnant woman drew some connections between their apparent empathy in that situation and general discriminatory behavior.

Story 4: "She's Not One of Us": Disruptive Values – Exclusion

Gravers (2007) argues that people from ethnic minorities on the Thailand Burma border harbor internalized hostilities from their former lives, which contribute to their sense of being 'victims'. They lose sight of the possibility that they can intervene and change the perspectives of those in power (hooks, 2003). The exercise described in the last story invited different ethnic groups to describe their community's responses to different social problems, as outlined in the last section. People could group in ethnic nationalities, or ac-

ording to religious, language, place or any other group identifier.

Within one group, I noticed some wriggling and tense body language, so, via the interpreter, asked what was going on. One of the women in the Burman group, Soe Soe, was objecting to another woman, Mi Yin, joining them because previously she was in another group, the Mons. Through the interpreter, she told us that last time she was with the Mons as her mother was Mon. Today she wanted to be with the Burmans, like her father. Soe Soe objected – no, you're Mon! You're not one of us!

Remembering that "(a)cts of acknowledgement [...] can serve a strong educative and transformative function" (Howard, 1999, p. 78), this issue was pursued in dialogue with the whole group:

Who else has two or more ethnic identities? A third of the group responded, including Soe Soe whose father is Chinese: 'but' she said, 'I'm not Chinese, I'm Burman like my mum'. This led to a theoretical discussion of the constructed nature and politics of ethnicity. What was it like for Mi Yin's Mon friends for her to want to leave them and join the Burman group? They felt hurt and insulted. What were the dilemmas for those with multiple ethnicities? Some told stories of confused loyalties, of not belonging and feeling embarrassed. People listened.

One man, however, celebrated his multiple ethnicities: 'I'm part of many groups, not just one'. He was a popular, funny member of the group and his viewpoint had an impact. We returned to what we knew about human rights. Do Min Yi and Soe Soe have the right to decide their ethnic allegiances? Do they have the right to change their mind?

At the end of this discussion, Soe Soe invited Min Yi into their group. Min Yi had a tearful conver-

sation with her Mon friends and then joined the Burman group for the rest of the exercise.

Laird (1998) describes culture as a fluid, contextual *performance*. Culture is intersectional in that no one fits only one category: a woman has a race, class, sexual orientation and age, each with contextually ascribed meanings. Culture is political in that people do not have equal voice in shaping their personal narratives. These narratives are embedded in larger social discourses that become known as ‘truths’. They can be liberating and open possibilities, or subjugating and limit the range of possibilities for ourselves and lives. While Laird was not only referring to the literal performance of culture, a performance on the final day of the training program captured the liberatory possibilities of naming cultural differences in the way people did in this program:

When I returned from the lunch break, the room was alive with music and dancing. Each group was demonstrating their ethnic songs and dancing, teaching each other the moves, laughing at funny actions and hugging.

Pakman (1998) uses the term ‘cultural borderlands’ to refer to the socially constructed boundaries between cultures that are ‘created, maintained, and perpetuated by discourses and daily micro-practices’ (p. 23). Cultural borders are maintained through ongoing perceptions of difference and the potential for tension or enrichment. Pakman argues that merely training people to ‘understand’ ‘other cultures’ is condescending and risks differences being misconstrued according to one’s own traditions. Rather, he suggests, cultural borderlands are opportunities for reflections together on the perception of the fluctuating, socially constructed hierarchies of differences. Our therapeutic role, says Pakman, is to create communication processes where we can reflect on ourselves and the world in which we live. ‘Reflection is the process that, through differ-

ent means, allows people to see themselves and others through different eyes, stepping out of the restrictions they have set for themselves’ (p. 29).

Critical reflection is central to transformative processes but must include emotion and intuition, space for deep listening to conversations that involve everyone, the use of narratives and questions and an ethical use of knowledge where the adult learners are coequals in the learning experience. Within this framework, disagreements can be seen as diverse ‘pieces of a whole’ brought together through collaboration and connection (Wiessner & Mezirow, 2000). Through reflection, dialogue and dance, the group embarked on a process of dismantling the ‘frozen products of tradition that are maintained through ... the micro-politics of everyday experience’ (Pakman, 1998, p. 25). What is it like for displaced people who experience such change?

Story 5: “I Cannot Go Back”: The Dangers of Change

Transformative learning is often prompted by a disorienting dilemma, an experience that causes a person to question what he or she has previously believed to be unquestionable’ (Wiessner & Mezirow, 2000, p. 333). The dilemma can be epochal (sudden) or cumulative (unfolding over time) and can be exciting, painful or both:

Ler Moo described his deep sadness at the sense of loss he’d experienced since he left his village in Karen state three years before. He now works in a senior position with an NGO, having been selected for an education program in leadership, human rights and critical thinking. Now, he said, he finds it almost impossible to go back to his village, not because of the dangers of travelling through land mine infested jungles but because, when he goes there, he no longer feels he belongs. His family and community now seem like peasants. He feels ashamed of their simple uncritical life. Yet that life existed for centuries, he said. Sons

take over paddy farming from their fathers and grandfathers with a certainty that was now missing from his life. He feels his individual quest for education has disrupted a culture that he yearns for but no longer feels part of. He questioned the legitimacy of this process.

Ler Moo's critique exemplifies the disorienting dilemma that can occur in the move between traditional Eastern values of community and village egalitarianism, relational and familial obligations and identities and the commitment to harmony and solidarity (Milner & Quilty, 1996) and the individualistic, liberal-democratic traditions of the west. It is a circular argument, one that he found difficult, because despite his criticisms, he has chosen and benefited from his education. Ler Moo's dilemma exemplifies the 'masochistic ritual which underlies all great intellectual efforts in the West, [which is] a circle of intellectual torture' (Kowalski, 1999, p. 205). There are no simple answers to the dilemmas that emerge with greater learning and insight, and there is no going back.

CONCLUSION AND RECOMMENDATIONS

The final story seems a good way to end because it is unsettling and disruptive to assumptions that international education is useful, relevant or sustainable. Where people's lives are disrupted by their past, present and unknown futures, educators need to be wary of inflicting additional risks and pressures by imposing Western concepts and teaching methods. Deeply held culturally prescribed beliefs and assumptions are not easily challenged or changed, for neither the outsider teacher nor the host country learners.

Cross cultural learning occurs through a process of co-evolution of knowledge, which includes times of Not Knowing. Neither teacher

nor students are fully aware of what they do not know and it can be intimidating and humiliating finding out. The international educator steps out of her or his comfort zone into linguistic, cultural and pedagogically unfamiliar territory, becoming a learner of new ways of thinking, speaking and listening.

Communication does not work in expected ways in an international context. Cues from body language need to be reinterpreted within the new cultural context and it is not straightforward to ask about nonverbal behaviours. Working with interpreters presents linguistic, ethical and professional challenges in the international context. Eastern notions of respect for the teacher and the risk of 'losing face' disrupt communication processes that seem natural in your home environment.

Attempting to teach from a Western educational philosophy based on critical thinking, discussion and democracy requires mutual adjustment for the teacher and students in the Asian context. The Western focus on rights, equality, individual autonomy, change and empowerment clash with Asian values of family obligation, responsibility and stability. Discussions of human rights and empathy may be conceptually and experientially unfamiliar and present risks for people expressing individual views.

The process of education can therefore create mind-opening opportunities and mind-numbing fear that precludes learning. The teacher's challenge is to create a safe environment for constructive learning exchanges, harnessing the discomfort of not knowing as an impetus for learning.

As with any social work experience, relationships provide the way through dilemmas. Through listening, laughter, warmth and honesty, connections can circumvent cultural boundaries. Drama and other nonverbal communication methods can provide ways for people to acknowledge cultural differences and ethnic hostilities that are difficult to articulate verbally. The resulting exchanges

of knowledge lay the ground for knowledge and cultural exchange in interactive, transformational, unexpected educational processes.

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KEY TERMS AND DEFINITIONS

Bifurcation: Splitting or division. A ‘bifurcation point’ is a moment of critical decision where through ‘not knowing’, a person must make certain choices and in so doing, discovers new ways of thinking.

Cultural Relativism: The view that human values vary according to different cultural perspectives, rather than being universal.

Displacement: The process where people are forced to move from their home or country because of war, persecution or environmental disasters.

Empathy: The ability to identify with, understand and care about another's feelings and situation.

Ethics: Relates to what is considered correct or right by a culture or group.

Indigenization: Includes consultation with, respect for and inclusion of local and diverse people's knowledge, skills and case examples.