Self-Awareness of Identity for Social Justice:
A Case Study of a Pre-medical Study Abroad Program

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Abstract

This paper explores the relationships students make between their identities, what they learn abroad, and their future career by focusing on 10 pre-medical students participating in a two week study abroad program to South India. Coming from a critical constructivist paradigm, the data for this case study was gathered through interviews before and after their trip. This paper adds new understandings to the existing study abroad literature by examining a unique student population, and to the literature on student identity by investigating this specific program's effects on students' perceptions of themselves and their futures. Findings were broken into three major themes related to students' identity and learning; their experiences, evolving understandings, and expressions of change. Analysis revealed the importance of intentionally reflecting with students about their personal identities and values as it relates to their experiences abroad and in their future careers. Recommendations include hosting study "abroad" programs in the students' home community and providing more structured reflection upon re-entry.

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Chapter 1: The Importance of Study Abroad for Pre-medical Students

Introduction

Study abroad is becoming increasingly popular for U.S. undergraduate students, with the number of students participating growing by 370% since 1988. 60% of students are abroad for short trips of eight weeks or less. Growth is especially strong in typical pre-medical[1] majors, the science, technology, engineering, and math fields (STEM), with a nine percent overall growth in the 2012 academic year (Institute of International Education, 2014). This growth in science-related fields exemplifies that study abroad and the globalization of knowledge is seen as important in a growing number of fields.

Questions about what and how students are learning abroad have spurred over a thousand scholarly publications in the last decade (Vande Berg, Paige, & Lou, 2012); this is due, in part, to scholars disagreeing on the characteristics of successful study abroad programs such as duration, intensity of immersions, and overall purpose of programs (Dwyer, 2004; Kehl & Morris, 2005; Lewis, 2005; Paige, Fry, Stallman, Jon, & Josić, 2010). Although conventional wisdom holds that any student going abroad will have a life-changing experience and learn cross-cultural competencies, some scholars have

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[1] Pre-medical is a term referring to undergraduate students or students changing from another career to medicine who are taking prerequisite courses with the intent of applying for medical school. These students can be pursuing any major; what designates them as pre-medical is their own desire to pursue the path to become a physician.

added nuance to this by examining students' identity[2] development. Willis (2012),

Jessup-Anger (2008), Talburt and Stewart (1999), for instance, argue that because of their

identity, students may experience differently the new contexts and experiences presented

to them during a learning abroad program.

The importance of self-awareness of identity in study abroad is echoed by Dolby

(2004) when she states, "Study abroad provides not only the possibility of encountering

the world, but of encountering oneself…in a context that may stimulate new questions

and new formations of that self" (p. 150). For example, especially if they are studying

abroad in non-traditional destinations such as countries in the global South, students may

become more aware of the privilege and power associated with various identities and

social systems due to the fact that these systems are unique from what they normally

experience. This awareness of identity developed through study abroad programs

committed to discussing "critical issues"[3] such as gender, class, or ethnocentrism, can

lead to the development of professional identities grounded in a commitment to social

justice. Critical pedagogy's focus on the alleviation of human suffering and the

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[2] Identity refers to the categories people could use to define themselves, including gender, profession, race, nationality, sexual orientation, age, or class. For instance, in this study, students commonly identify as Minnesotans, college students, women, or pre-medical. The categories are constructed by the individual as well as society as a whole (Abes et al., 2007).

[3] Similar to Freire's (2000) "generative themes", critical issues are the generalized concepts students bring up as incidents that change the way they think about themselves and the world. For example, if a student shares an experience of being questioned because they were seen as a female shopping for men's clothes, the critical issue in the situation is gender.

positionality of individuals and knowledge is a helpful tool in working towards this goal.

This is especially important for pre-medical students, who will be interacting with diverse

patients to seek improved health, an aspect of culture fraught with deeply held beliefs and

values. In this paper, I argue that instructors must couple critical pedagogy in which

students are exploring the role of power and identity in culture, and experiential learning

methods with reflection activities to assist students in connecting what they are learning

abroad to their lives back at home; if the goal, as with critical pedagogy, is justice and

equality for all. From the perspective of a critical educator, it is paramount to use the

learning abroad opportunity to equip students with the skills to utilize a more complex

self-awareness of their identities as they move through the rest of their lives.

Accordingly, the purpose of this paper is to explore the connections that one

group of pre-medical students made between their self-awareness of their individual

identities and what they learn while abroad on a two week program in India. While the

program being researched is not explicitly critical in its orientation, I contend that critical

pedagogy, because of its focus on social justice, would be the most effective method to

achieve the program's goals of self-reflection and understanding health disparities. A

critical constructivist lens will be used to examine student reflections on their personal

and professional identities before and after the program in India offered through a large

Midwest research university. Additionally, I seek to understand student reflections on the

ways short-duration learning abroad programs can assist students in becoming aware of

their own located identities as well as translating their experience into their work as professionals. Specifically, I intend to explore the following research questions:

- How do pre-medical students conceive of their personal and professional identities before and after participation in a two-week study abroad program to India?

- How do the identities of these students impact the ways they experienced "critical issues" during the program?

- What connections do the students make between their identities and their futures as practicing physicians?

Methods and Theoretical Framework

This study was designed as a qualitative case study of student participants in The Doctors of Intercultural Tomorrow (DoIT)[4] seminar. The theoretical paradigm of this study is best described as critical constructivism, meaning that knowledge is constructed by individuals, who in turn have their thoughts formulated by society which is steeped in power structures that promote certain interpretations over others (Kincheloe, 2005). This paradigm will be discussed further in Chapter 2. Based in this method, my research, my participation in the DoIT program as an orientation leader, and my own identity

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[4] To maintain the confidentiality of the participants in this study, the name of the program has been changed and the exact location of the research site has been obscured.

continually shaped one another, similar to the spiral described by Experiential Learning Theory[5] (Passarelli & Kolb, 2012) with the end goal being positive social change.

Secondly, theories of critical pedagogy were used to examine how students' understanding of their identities impacted their behavior. Aligning with the ideals of critical pedagogy, in the creation of this project I was "guided by passion and principle, to help students develop consciousness of freedom, recognize authoritarian tendencies, and connect knowledge to power and the ability to take constructive action" (Giroux, 2010, para. 1). In my work with students at the program orientation, I talked to them about their values and ask them to think about their own story. The conversation then shifted to where students were asked to see how others may stereotype them, and how they may be stereotyping others.

Description of the Research Site

The Doctors of Intercultural Tomorrow seminar is a course offed to pre-medical students at a large Midwest research university. Students range in age from first year college students to post-baccalaureate students. Between 20 and 26 students participate in the DoIT program each year, and are accompanied to India by two physicians from the medical school associated with the university. The students spend approximately two weeks in India learning about Indian culture, the health care system, as well as the social determinants of health and health care access such as class, education, religion, and

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[5] Experiential Learning Theory is a model which sees learning as a process, comprised of a cycle of concrete experience, reflective observation, abstract conceptualization, and active experimentation (Passarelli & Kolb, 2012).

gender. To create a successful experience, students attend seven hours of pre-departure

orientation and complete assignments before, during, and after the trip. Assignments

include examining comfort zones, learning about the Intercultural Development

Inventory (IDI),[6] and presenting a final poster about a topic of the student's choice

related to social determinants of health in India. The assignments are aimed at increasing

students' self-awareness and understanding of the social determinants of health on their

future practice as physicians. In India students are taught by local staff, and take many

field trips to important sites such as hospitals, temples, and schools. The layout and goals

of the program will be discussed in greater depth in Chapter 3.

Significance of the Study

> Minority patients, especially those not proficient in English, are less likely to
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> engender empathic responses from physicians, less likely to establish rapport with
>
> physicians, less likely to receive sufficient information, and less likely to be
>
> encouraged to participate in medical decision making. These characteristics have
>
> all been linked to patient satisfaction, patient compliance and care outcomes in the
>
> general literature on the doctor-patient relationship. (Ferguson & Candib, 2002, p.
>
> 359).

The importance of training a generation of future physicians who will be

committed to delivering culturally competent care cannot be understated. Minority and

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[6] The IDI is a development stage-based assessment tool used to measure cultural
competence (Hammer, 2012).

poor Americans have less access to quality healthcare; Whites receive better care than Blacks and Hispanics in 40% of quality measures, and high income individuals receive better care than the poor in 60% of quality measures (Agency for Healthcare Research and Quality, 2014). This is a clear case of how systems of oppression are negative for everyone, because if the marginalized members of the population do not have access to vaccines or preventative healthcare, illness and emergency costs affect everyone, including people in power.

If health providers were more sensitive to their own bias as well as the power associated with certain identities, they could work to reduce the health disparities based on these factors. However, physicians only receive about 14 minutes per year of cultural competency training (Nelson & Hackman, 2014). To address potential problems that cultural differences can cause in medical care, programs such as DoIT are critical to helping future physicians learn more about the cultural underpinnings of individuals' understanding of health and wellness. Beagan (2000) asserts in her study of medical students, "It is essential to help students understand their own social locatedness" (p. 1263). The DoIT program works toward this goal by including in its learning outcomes self-reflection and understanding of social, economic, political, and environmental factors that affect the health and prevention strategies. This study of DoIT participants contributes to our understanding of students' understandings of their own identities and how it affects their future profession life as physicians by hearing directly from them

about the ways who they are and what they experienced in India changed the way they think about how they will interact with patients.

The beliefs about health held by immigrant patients frequently differ from those held by the health care providers serving them. Western medicine has a strong focus on disease, germs, privacy, and efficiency. In contrast, patients from non-Western countries, such as India, may value a holistic model, where their health is a result of what happens with their spirituality, families, and communities in their daily lives (Pavlish, Noor & Brandt, 2010; Walker & Barnett, 2007; Fadiman, 1997). Programs like DoIT which expose students to the rich traditions of healing practices such as Ayurveda can help students learn to bridge the gap between the disease focused and natural balance focused ideologies. Seeing temples, meeting local elders, and participating in cultural ceremonies can lead to a respect of difference that is hard to achieve without this direct exposure to new things.

Pre-medical students are an important demographic to study because they are the future leaders of our health system; however, there appears to be no scholarly research on this demographic in relation to study abroad. Moreover, medical school students place a premium on the "hard" science courses, as opposed to "fluffy" (Donetto, 2012, p. 442) training about working with diverse patient populations. This makes the pre-medical experience all the more important, because it is a time when students are free to pursue a wider variety of interests and gain skills they may not have time to cultivate while in medical school. Developing reflection and perspective taking skills takes time, so

starting these sorts of activities early is important, so that by the time they get to medical school, students are ready to have robust conversations about the sociocultural determinants of health. The DoIT program strives to help students conceptualize what being a physician is really like, including consideration of the many factors outside of the clinic that affect a patient's health.

Medical schools are also becoming increasingly competitive, and the desire to get ahead of the competition drives some pre-medical students to study abroad. With science curriculums becoming more flexible, and the desire to gain "hands-on" experience so as to be competitive growing every year, the numbers of new pre-medical student focused study abroad programs are increasing (Asgary & Junck, 2012). In the last ten years, triple the numbers of students in health fields are going abroad (Fischer, 2013). Some of these programs are well designed to help students learn about cultural healthcare practices and achieve the learning outcome of self-reflection, and some are for-profit endeavors that put students in unethical and dangerous medical situations (Fischer, 2013). If the time abroad can be truly transformational for students' professional identity, instead of merely an event to check off a list, then we as educators have achieved our goal. The DoIT program is significant in this way, because while students do not perform any medical work while in India, they spend a significant amount of time on fieldtrips to local sites to learn more about Indian culture. Students also reflect daily about the life and work of a physician, which can help them in their decision of whether this is the right

career path for them, and starts them thinking about ethical issues they may face in the future.

Another significant aspect of the DoIT program is that it is short--only about two weeks. There is very little literature about programs of this length because most studies of short term programs focus on experiences of three to six weeks. If significant learning outcomes can be achieved in only two weeks, this offers great possibilities for working with students whose schedules may be inflexible for traveling.

Because of the importance of having physicians who understand the diverse cultures and values of patients as well as the lack of research on pre-medical students, a study such as this one about pre-medical student's reflection on their own multiple identities is needed. Abes, Jones, and McEwen (2007) agree that programs and research such as this are necessary when they say,

> The reconceptualized model of multiple identities suggests the importance of applying these three principles in the context of students' multiple identities. The many ways this might be accomplished include the incorporation of experiential and reflective components into identity-based academic courses and co-curricular advising (p. 19).

The principles of program development to which they are referring are the basis of the DoIT program. This study is designed to examine student experience, including the experiences of reflection, and how such experiences impact their capacity to know and work with others from different backgrounds (Abes et al., 2007).

Researcher's Background and Assumptions

My interest in this study is based in my own journey of self-awareness of identities. As a past study abroad participant to a non-traditional location through a program with a strong social justice bent, I know first-hand how these experiences can be impacting. I spent a semester living with host families in Central America learning about sociology of race, class and gender, as well as the fraught political history of the region and its relationship with the United States. I have also spent several years working in East Africa around issues of gender, education, and reconciliation. These sorts of experiences and my reflections on them have been crucial in opening doors to a more wholehearted relationship with the world.

Due to the fact that I work in the office where the DoIT program is planned, I have had the opportunity to observe this program from the inside as a co-instructor, as well as from the outside as a researcher. It is from this position that I have formulated certain assumptions that have influenced my interest in this topic and my perspective on social justice and critical pedagogy in pre-medical education. First, I assume that teachers of medical students should also see themselves as researchers to increase the quality of education (Kincheloe, 2008). By this I mean that teachers should engage students in conversations about how they are making meaning of their education and what challenges they are facing with the curriculum and with patients, so instructors can continually be revising the curriculum to meet the needs of the ever diversifying student and patient populations.

Second, I assume that one of the main purposes of study abroad is to increase the consciousness of students to the interplay of power, identity, and culture. Thus, I began this project with the hope that students' experiences abroad would lead them to be social justice allies when they came back home. I agree with hooks when she says, "our work is not merely to share information, but to share in the intellectual and spiritual growth of our students" (1994, p. 13). I recognize that this assumption may be seen as bias, an issue I take up in Chapter 3. However, based in the idea of critical pedagogy that no knowledge is neutral, I see this view of "education as a practice of freedom" (hooks, 1994) a necessary part of learning.

Summary

The goal of this chapter has been to illustrate the significance of study abroad and its ability to assist students in becoming more self-aware of their own identities through reflection. Coming from a critical constructivist paradigm, it is important this self-reflection be channeled into a greater understanding of privilege and power in the world, leading physicians to be better able to deliver care to diverse populations. Chapter 2 will examine literature relevant to the main themes of this study, namely, critical constructivism, the culture of medical education, formation and self-awareness of identity, and experiential learning. The third chapter will cover the methods used to conduct this critical constructivist investigation. Chapter 4 will explore the findings of the interviews with the students, and the final chapter will summarize the main themes in this study and discuss the relevance for future studies and practice.

Chapter 2: Interpreting the Literature on Learning, the Self, and the Future

Introduction

In the previous chapter, a broad overview was given of the relevance of study abroad and cross-cultural skills to pre-medical students. In this chapter, I will delve further into the culture of medical education, formation and self-awareness of identity, experiential learning, and how students integrate these things by examining the scholarly literature that has informed this research as well as the Doctors of Intercultural Tomorrow (DoIT) program. Starting with an examination of critical constructivism as the paradigm guiding this study, I will then move on to explain the changing culture of medicine and medical education. Next, theories of identity development and self-awareness, experiential learning and reflection, and integration of learning into everyday life will be explored. The goal of this chapter is to situate the study of pre-medical students' conceptions of their identities and its effects on their professional goals in the broader context of the literature to enable readers to understand how training is currently done in the medical field, what models can be used to understand students' identities, and what are best practices for helping students integrate these aspects of their lives.

Critical Constructivism

Critical constructivism can best be understood as a paradigm that assumes that knowledge and people are socially constructed by history and culture. Kincheloe (2005) describes it as maximizing the variables in research, as opposed to isolating and slimming them; critical constructivist research seeks to explore and interpret the understandings

people create based on their social, cultural, and educational tools. The outcome of this in critical constructivist thought is the belief that no knowledge is neutral; because it is based in the social and cultural system of whoever created it, all knowledge is inherently political (Kincheloe, 2005; Kincheloe, 2008; hooks, 1994). Beagan (2000) calls this the social locatedness of knowledge, a term I will use for the duration of this paper. She asserts that rather than privileging the knowledge created by people with power by treating it as neutral or without cultural bias or influence, medical educators must question the truths they have seen as objective, using a reflexive eye to see how the history, culture, and social structure the discipline was created in has affected what research and ideas have risen to prominence.

In this paper, constructivism's interest in the social locatedness of all knowledge is coupled with critical theory's interest in exposing power structures and making the world more just. Reflection regarding culture's effect on what identities and knowledge are privileged is joined with a desire to use this self-reflection to dismantle systems of oppression which keep certain people in situations which lead to poor health outcomes.

Based on Kincheloe's (2005) outline of the key concepts of critical constructivism, it is clear to see how this study of the DoIT program fits with this school of thought. First, I see all participants as being molded by their environments in a way that shapes how they see and relate with the world. One goal of this research is to explore student's awareness of their own social locatedness. In addition, I assume that people and knowledge are not one-dimensional; they come from a web of socially located

realities and interacting forces such as family background, religion, and sexual orientation, 'maximizing variables' as mentioned earlier.

Because of the importance of social constructions like race, age, gender, socioeconomic status, or ability status in regards to identity understanding, it is assumed by critical constructivists that changing locations to a place where cultural norms and values are different can lead to new insights about power, privilege, and the self (Kincheloe, 2005). Therefore, a study abroad program like this one is likely to lead students to understand the privileges associated with being born a citizen of a certain nation, or how educational opportunities vary by gender in different places, or what their previously unexamined personal definition of wellness is.

An important concept in this discussion of critical constructivism and identity development is intersectionality. Intersectionality means taking all parts of a person's identity as an interrelated whole, creating new complexity. The convergence of identities creates a space of its own, as opposed to treating oneself as an amalgamation of severed parts. Critical Race Theorists used this term as a critique of the feminist movement, for example, asserting that the experiences at the meeting of Black and feminine identities were more than just simple addition. Poetically put, "There is no such thing as a single-issue struggle, because we do not live single-issue lives" (Lorde, 1984, p. 138). Many scholars have brought the discussion of intersectionality into an educational context (Abes et al., 2007; Baxter Magolda, 2009; hooks, 1994; Kowal, Franklin, & Paradies, 2013; Lostetter, 2010; Willis, 2012), reflecting on how student's multiple identities

interact both in traditional institutional settings, as well as abroad. The concept of intersectionality adds to the complexity of the critical constructivist paradigm. Utilizing the framework of intersectionality, when the social locatedness of knowledge is discussed, it can be done in a way that takes into account the multiple pieces that may be affecting the way in which the issue is conceived.

Critical constructivism enables a particular kind of analysis about the knowledge and 'facts' students learn in medical school that is also important for this study. As mentioned previously, it assumes that epistemologies are socially located, and some ways of seeking knowledge have been privileged over others. The work of Freire (2000) and hooks (1994) fits well in this paradigm because they contend that knowledge is not neutral; it is always situated in a particular context and shaped by relations of power. The purpose of education, they argue, is to make us aware of how we can make the world a more just place for people of all identities (Freire, 2000; hooks, 1994). Becoming aware of the ways power dynamics affect our lives though class, gender, race, and other social categories may allow people to redefine these social categories and make them empowering terms. In the case of the DoIT program, students learn about development projects that have failed in India due to the fact that ethnocentric international bodies did not seek local knowledge in the implementation of their interventions.

In sum, critical constructivism has the potential to inform the development of study abroad programs which allow for students to discover more about how knowledge is constructed, how power affects social relations in general and medicine in particular,

and how they themselves are both privileged and marginalized in different situations so that in the end they are able to better serve others as doctors. As I will discuss in the following section, however, the culture of medical education does not set students up for this goal related to social justice.

The Culture of Medical Education

In this section, I consider how changes in medical school admissions and the expanded focus on holistic review result in an increased incentive to study abroad. I also examine health disparities that reflect systems of oppression based on marginalized identities that medical students may not confront in their courses. I conclude this section by discussing the pressure medical students face in relation to the neutralizing of their own identities and the 'othering' of patients.

Medical school admission is growing increasingly competitive. Across the country, the number of medical school applicants has grown by 43% in the last decade ("Medical School Applicants", 2013). At the university where this study was based, the number of applications for medical school has doubled in the last decade, with over 4,000 applicants vying for 170 seats in 2013. Because of this competition, it is important for students to participate in unique experiences before they apply to enable them to rise above other applicants. Experience conducting research, volunteering, or working in a health care setting are all common amongst successful applicants. For some students, study abroad is one type of experience in which they choose to participate to enhance their student portfolio. At the university where this research is based, several special

programs exist specifically for pre-health professional students to give them an extra edge as they prepare for their future careers.

   The medical school admissions process is also changing, with factors besides Medical College Admission Test (MCAT) score and GPA holding more weight in admissions decisions (Monroe, Quinn, Samuelson, Dunleavy, & Dowd, 2013). Qualities such as commitment to global care, self-awareness, and resiliency are now considered essential for medical school applicants at the university where this study was completed. These qualities are measured through the portfolio of activities students include in their application, as well as the personal statement and interview. Additionally, the MCAT was updated in 2015, and includes sections about culture and social foundations of behavior not found in the old test ("What's on the MCAT2015 Exam", 2014). Topics such as immigration, sexual orientation, social movements, demographics, globalization and urbanization will now be included, because it is hoped that this will give students a better understanding of how sociocultural factors, not simply biology, affect health (Schwartzstein, Rosenfeld, Hilborn, Oyewole, & Mitchell, 2013). Study abroad experiences are ripe with opportunities to explore these topics.

   Not only is medical school admission changing, but the patient populations future doctors will be serving are also diversifying. The U.S. Census (2012) predicts that in less than 30 years, 'minority' groups will outnumber Whites, with the greatest increase in the Hispanic and Asian populations. Health disparities paint a stark picture of how minority status affects health. For example, infant mortality is twice as high for Black Americans

as for Whites, and preventable hospitalization was higher for low income Black and Hispanic people than for high income and White people (Center for Disease Control, 2013). Moreover, research shows that Black children spend more time than White children waiting to be seen by a physician and waiting to receive pain medication when they break a bone (Nelson & Hackman, 2014). Similarly, cystic fibrosis, a disease which affects predominately White Americans, gets ten times the funding support per capita from government and private sources as Sickle Cell Anemia, which almost exclusively affects Black Americans (Smith, Oyeku, Homer, & Zuckerman, 2006). These statistics are not random; they reflect systems of oppression which are perpetrated by people with privilege. Therefore, it is essential that all educators assist students in developing self-awareness about power and privilege long before they enroll in medical school so that they recognize how racism and class privilege may affect their level of care for different patients.

Class privilege is also present in the medical school acceptance process. For example, medical students were six times more likely than the general population to come from households with an income over $160,000 in a Canadian study (Dhalla et al., 2002). While students with physicians in their families may not be explicitly advantaged in the application process, some American medical school admissions deans say there are benefits these legacy students receive, such as easier access to shadowing opportunities or the ability to pay for expensive private tutoring courses for admissions tests (Elam & Wagoner, 2012). Attrition levels after the first two years of medical school are also

higher amongst students from a low socioeconomic background (Brewer & Grbic, 2010).

Ultimately, systems of oppression harm everyone, and even people with privilege would

be able to live freer lives if society as a whole were more equal (Edwards, 2006).

Students may themselves be members of both privileged and oppressed groups, and being

around people of various identities can assist them as they flesh out what participating in

ally[7] behavior looks like in their unique intersection of identity.

While in medical school, the majority of the curriculum is focused on biology,

anatomy, and other life science topics. This leaves little room for formal discussions

about race, class, gender and how student and patient identities affect their interactions

with each other. Several scholars, such as Beagan (2003), Dogra and Karnik (2003), and

Shapiro, Lie, Gutierrez, and Zhuang (2006), have found that medical students' opinions

about diversity training are generally positive, but students feel like there is little room

for talking about diversity when they are in the clinic. A common view among medical

students, according to Beagan, is that "at three in the morning [in the emergency room],

my culture, my class, my background, doesn't really make a difference" (2003, p. 612).

In her 2003 study, Beagan addresses the issue of cultural competence in medical

school curriculum. After interviewing 61 students about their experiences with their

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[7] In the 1990s the term ally came into use in student affairs literature (Broido, 2000). Ally
is often used to describe heterosexual people working for equality for members of the
GLBTQ community, but in my work I will apply it much more broadly, defining an ally
as a member of any "dominant social groups (e.g., men, Whites, heterosexuals) who are
working to end the system of oppression that gives them greater privilege and power
based on their social group membership" (Broido, 2000, p. 3).

school's new curriculum which included cultural diversity and social determinants of health, Beagan found that the new curriculum had not caused an increase in students' understanding of power and privilege in their interactions with patients. Her conclusion was that solely looking at difference while neglecting to explore one's own bias and identity leads students to believe it "makes no difference" (Beagan, 2003, p. 614) and even worse, can contribute to the 'othering' of the patents these students are supposedly trying to help. Accordingly, my study's focus on critical pedagogy and reflection borrows Beagan's (2003) assertion that education must "explicitly address power relations" (p. 614) if it is to cultivate critical thinking in students.

Furthermore, diversity training in medical education does not always meet the goals it strives towards. For instance, Kowal et al. (2013) note that health workers can experience a false sense of self-confidence in their cultural competency skills if they go to a special cultural competency training and get a completion certificate. Even the use of the word 'competency' can signal that once the training is completed, the individual is finished learning about the subject and has gained all necessary knowledge (Kumagai & Lypson, 2009). One community member who was interviewed, an indigenous woman, remarked that it is not good for health provider to "just go off for a two day course and have a piece of paper to say I know everything there is to know" (Fredericks, 2008, p. 5). These scholars recommend that if cultural diversity trainings are going to take place, it must be made clear that this work is lifelong. To be effective, the lessons learned from the training must be put into practice in everyday life and not left in books. Research

shows that trainings which are based in the idea that Western practitioners need to save or fix the problems of minority groups can be especially damaging (Fredericks, 2008). These sorts of trainings may reinforce the message that differences must be "tolerated," or they essentialize groups in an attempt to understand them, which can accentuate the 'othering' process even more (Kowal et al., 2013). This leads to a continuation of cycles of disparities and oppression in health care.

When medical students are not asked to reflect on the locatedness of their own identities, research shows that they may believe that patients are 'neutral' and think the same way they do as physicians, without understanding the role privilege plays in what ways of knowing are valued. Among medical graduates from the last 30 years, being White is the norm, accounting for 75% of physicians (Castillo-Page, 2010). Beagan (2000) found that medical students face great pressure to conform to a homogeneous standard of thinking and behavior, which has been shaped by the dominant medical practices put in place largely by White doctors and researchers. This is reinforced by the sort of training, topics, and schedule in which they participate. For instance, due to the long hours studying and working in hospitals, students become isolated from the unique people and pastimes that brought balance in their lives. Due to this separation from these positive factors in their lives due to the demands of medical education, Beagan (2000) found in her study of third year medical students that students felt like they were pushed to be the same, to strive for the same goals in the same sort of way. Moreover, medical students report that they are so busy they have little time to explore outside interests or

spend time with people outside of the medical field (Beagan, 2000). This standardization

can cause medical students to see not only patients, but also themselves as neutral, and

there is little space for equity and diversity work in their daily routine that might disrupt

this (Beagan, 2000). Based on these findings, I argue that rather than lengthen an already

long program of post-graduate student, it is crucial to start education about identity,

power, and privilege earlier, ideally when students are undergraduates, as they are in the

DoIT program. For many students, the undergraduate years are the time when they

decide who they are and what their goals and values are moving forward, making this

stage of life especially relevant for social justice education.

Formation and Self-Awareness of Identity

As has been shown in the previous section, it is important that doctors are able to

be reflective about their identities, and to look at their values and opinions and see how

they relate to the way people of other cultures see the world. This section explores the

way scholars have conceptualized identity and how it is part of students' lived

experiences, specifically in relation to study abroad.

In a discussion of college student identity development, many scholars have used

the seven vectors developed by Chickering and Reisser (1993). These include the

following:

1. Developing Competence

2. Managing Emotions

3. Moving through Autonomy toward Interdependence

4. Developing Mature Interpersonal Relationships

5. Establishing Identity

6. Developing Purpose

7. Developing Integrity

Study abroad is relevant to the work of Chickering and Reisser because of the seven vectors' focus on personal, relational, and multicultural growth (Willis, 2012). The three most relevant vectors to this research of the topic of identities and study abroad are developing mature interpersonal relationships, establishing identity, and developing integrity. Developing mature interpersonal relationships describes a process through which students mature and are better able to participate in relationships that fulfill their needs and the needs of the other people in relationship with them. Further, this maturing process leads students to be more accepting of diverse groups of people (Chickering & Reisser, 1993). Through the formation of these more honest, open relationships, students also explore their sense of self. In establishing identity, students clarify and establish their personal identities. For example, this is evidenced by students who have taken the time to explore their family histories and their own social and historical contexts. These students have high self-esteem, and feel comfortable with the person they have become. Developing integrity involves a shift from dichotomous thinking to a realization that various views on a topic exist, and there may be more than one right way of doing things. As a result, students are able to respect other people's point of view, while not letting go of their own. Students see that what they believe and do have an influence on other

people, humanizing their action. Together these vectors describe an ideal outcome of study abroad programs, namely, students who more clearly understand themselves and their place in the world (establishing identity and developing mature interpersonal relationships), and have an increased interest in social justice (developing integrity) (Willis, 2012).

Although this model is useful for my study, there are numerous critiques of the seven vectors model. These include that it is based on a predominantly White, male, middle class group of students (Abes et al., 2007; Evans, Forney, Guido, Patton, & Renn, 2010). While I consider Chickering and Reisser's work to be useful in understanding student identity development in study abroad, the theory is vague and thus proves less useful than models which incorporate the idea of intersectionality. This model does not focus on the locatedness of students' identities as have other scholars, which will be discussed later.

Building on Chickering and Reisser (1993), Willis (2012) saw a great increase in identity development in her study of Black women involved in community college study abroad programs. Through their experiences, students were able to see the host cultures as no better or worse than their own, an example of Chickering and Reisser's (1993) developing integrity vector. Willis (2012) also found an example of the establishing identity vector, in that Black women who went abroad came back with a greater feeling of self-esteem and a belief that they were "powerful agents within the world" (p. 186). They generally felt that if they could handle the challenges of studying abroad, they were

tough enough to handle many other difficult situations in their lives back in the United States.

A challenge faced by minority students while abroad is that they may experience unintended insults, or microaggressions (Solorzano, Ceja, & Yosso, 2000), related to an aspect of their identity. Willis affirms that microaggressions do not "mythically enter temporary stasis" (2012, p. 209) while students are abroad. Microagressions often become more pronounced when the student is in an unfamiliar environment because depending on the destination, local people may have less exposure to people of certain minority groups than in the students' home context. Therefore, it is essential that we do not ignore these situations, which can leave the student feeling isolated and culturally confused because if a marginalized aspect of their identity. The uncomfortable experiences should instead be the launching point for discussions exploring the students comfort zone and values, as well as the systems that perpetuate these negative power dynamics. These discussions of critical issues can increase the student's self-awareness of their own identity, as well as help them connect what is happening in their study abroad context to their life at home.

Furthermore, Willis (2012) found that students of color were forced into challenging situations with their intersectional identities. For example, a student may not fit into their host culture due to their race, but the host culture also may not see them as being American because they are not White. Willis noted that the United States is often associated with Whiteness, so the students of color did not always fit with existing

narratives about Americans. Additionally, these Black women also encountered sexual

harassment abroad, such as cat-calling or inappropriate physical touch. These

compounding factors of race, nationality, and gender forced students to wrestle with their

appearance and sexuality in ways they may not have done before at home.   However,

other scholars (Sweeney, 2013; Jackson, 2006; Talburt & Stewart, 1999) disagree about

whether students of color abroad are less successful in their relationships with people of

other cultures, or if they are better prepared than White students to engage with host

nationals because of the experience negotiating their identity at home.

White students' experiences in Dolby's (2004) study differed in some ways from

the Black students in Willis' (2012) study. Many of them had not thought about their

American identities before, and they were caught off-guard when they left the United

States and became an outsider with an accent. American students in Dolby's (2004)

study struggled with the way American identity was often perceived by and co-created

with host country nationals. For instance, many of the students had not experienced anti-

American sentiments or being in the minority before. The students also were challenged

when they encountered the fact that many non-Americans knew far more than they did

about American history and politics. Students became unsure of how to negotiate the

new saliency of their American identity and the meanings it carried in the host country.

For example, some White students studying in Australia felt that by saying anything

(with their U.S. accent), it gave away their American identity and could lead to

misunderstandings. Dolby (2004) asserts that for most students, the critical take away

from their study abroad experience is their encounter with their American identity, a

point which needs to be emphasized because conventional wisdom states that the learning

in study abroad is about other cultures.

The importance of multiple dimensions of identity was described clearly by Jones

and McEwen (2000). In their atom-shaped model (see Figure 1), different identities ebb

and flow, and intersect with each other in differing ways depending on the context, with

the center illustrating the individual's sense of self. This model illustrates

intersectionality, meaning that individuals feel like all their identity categories (i.e. race,

sexual orientation, and class) add up to something more than the sum of their parts.

These pieces of identity are not to be separated into silos; instead, each part influences the

others to create the whole person.

In 2007, Abes et al. added another aspect to their model, a meaning making filter

which contextual influences pass through on their way to the self-perception of identity.

This filter added an interpersonal element to the original intrapersonal model. The new

meaning making filter was conceptualized based on Baxter Magolda's (2001) work on

self-authorship. Abes et al. used this as their definition of self-authorship, "an ability to

construct knowledge in a contextual world, an ability to construct an internal identity

separate from external influences, and an ability to engage in relationships without losing

one's internal identity" (Baxter Magolda, 1999b, p. 12 as cited in Abes et al., 2007). The

filter's permeability is based on the individual's capacity to make meaning in situations.

Baxter Magolda (2001) described three stages of meaning making leading to self-

authorship, called formulaic, transitional, and foundational. For example, in the Abes et al. study, a student in the first formulaic stage of meaning making performs minimal filtering of her context. She does not perceive intersectionality in her identities, and her sense of self is largely based on who society says she is (Abes et al., 2007).

Figure 1: Abes, Jones, and McEwen's (2007) model of identity
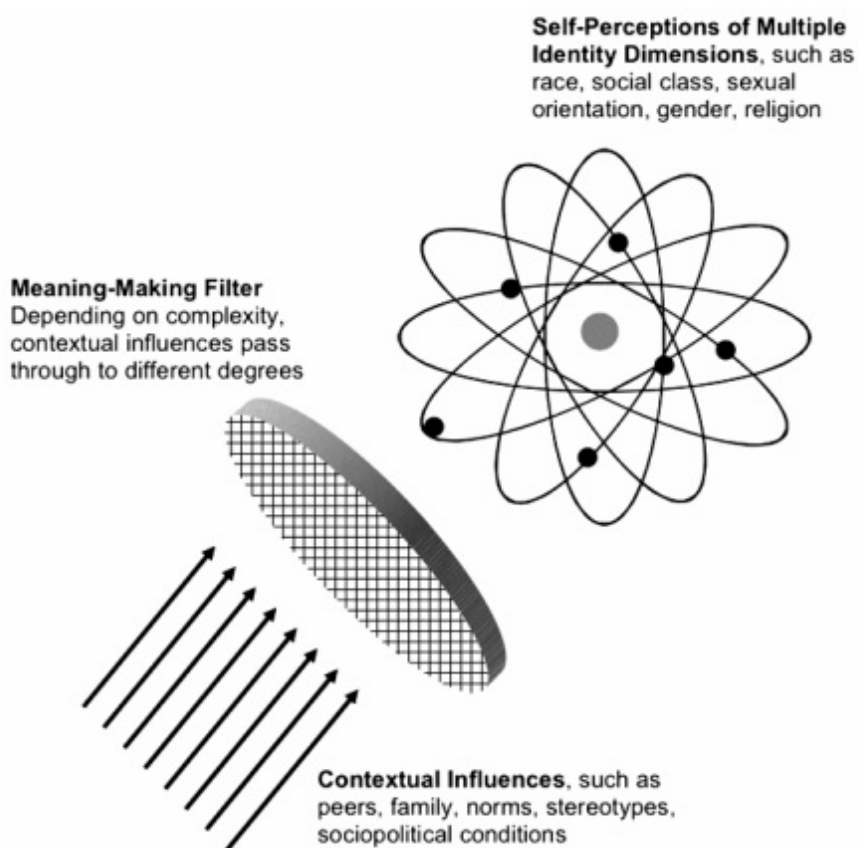
In contrast, a student in the transitional stage of meaning making will allow some societal contexts to come through their filter unchanged, but other things will be caught in a deeper part of the filter and evaluated by the individual. At this stage the person may

start to express intersectional pieces of their identity, but may not know how to fully express and embody all the pieces of who they say they are.

People in the final of Baxter Magolda's stages, called foundational meaning making, are able to embody their intersectional identities no matter what context they are in (Abes et al., 2007). Their meaning making filter is well developed, and the individual is able to filter out stereotypes provided by others. The student they interviewed from this stage discussed how different social identities, or as shown in the model above the "electrons" around the core of her personal identity, were more or less salient at different times of her life, but that did not change who she was at her core. Abes et al. (2007) encouraged other researchers to add to their holistic model by exploring other things besides a student's capacity for meaning making that inform identity, such as contextual influences like campus culture or, as interpreted by this case study, the context of study abroad.

Jessup-Anger takes this suggestion and bases her examination of student identity on the model developed by Jones and McEwen (2000). Because of its discussion the social complexity of identity, I find Jessup-Anger's (2008) use of Jones and McEwen's (2000) model of multiple dimensions of identities illustrates students' experiences abroad in a more compelling manner than the Chickering and Reisser (1993) psychosocial model mentioned earlier. In my own research I draw heavily upon Jessup-Anger's (2008) case study about student meaning making around gender while studying abroad for three weeks on a faculty led program. Her hope is that as students move through different

environments such as their hometown, their university, their learning abroad site, and their future work place, different parts of their identity will be in closer orbit to their sense of self, and they will resonate more with that part of themselves, causing more reflection and learning. She found that many teachable moments about gender were missed, because students downplayed the significance of cultural difference in the situations they encountered while in Australia and New Zealand, instead assuming that the host culture's view of gender was the same as the student's home culture. Jessup-Anger found that students were not reflecting on cultural significance and challenging their own assumptions about situations they encountered. She felt it is essential for students to analyze world issues through a critical lens, sharpened to gender and other sociocultural dimensions of identity such as race and socioeconomic status, so they can explore the cultural complexities of power and privilege.

Study abroad itself also cannot be considered free of issues of privilege, as more students from high socioeconomic backgrounds plan to participate in learning abroad experiences (Salisbury, Umbach, Paulsen, & Pascarella, 2008), and Black students, who make up 10% of U.S. college students (U.S. Department of Education, 2012), only make up 5% of those who study abroad (Institute of International Education, 2014). Critics argue that privileged White students do not reach outward for wider cultural understanding when they are presented with host nationals who disagree with their views as Americans. For example, in Dolby's (2004) interviews with students (many of whom fit this demographic), some said they became blindly patriotic, feeling they needed to

defend their country, even if they knew their non-American peers were more informed about the issues than they themselves were, causing feelings of identity contradictions. These frustrated students felt that people from outside the United States should not critique its politics or culture. On the other hand, some students were able to embrace the contradictions embodied by their American identities. They learned to see that they could simultaneously be proud to be American while also criticizing the United States (Dolby, 2004). Dolby (2004) concludes that students who realize that American identity is created not just by their fellow U.S. citizens, but by people around the world as a part of a global conversation, felt less defensive of their country while studying abroad. The students she interviewed who fell into this latter category were able to utilize their international friend's critiques to reflect on how the actions of Americans can be perceived as self-obsessed and accept that the right way to do things is not solely owned by the United States.

Once White students begin to see differences in the way certain people are treated based on their visible identities, they can begin to participate in the process of what Kowal et al. (2013) term "reflexive anti-racism" (p. 326). This reflexivity is characterized by an exploration of the impact of self-identity and background on the way one perceives the world. Using the schema of reflexive anti-racism, students can counteract their feelings of anxiety about their privilege by realizing that all acts, both racist and anti-racist, are racialized because of our history as a society. Using this knowledge, they can begin to see how society constructs identities and systems to

privilege some and not others. Being critically aware of their own identities and the roles those identities play in society is the crucial part of *reflexive* anti-racism. Once students can see a reflection of themselves in the experiences of the 'other', they can realize that their situations are not as different as they once thought. They can quell their feelings of guilt by moving through the world with a critical eye on their own identities, and the assurance that they will make mistakes in their process of combatting racism, sexism, or classism. These mistakes are part of the journey towards becoming a social justice ally.

Experiential Learning

How can faculty and study abroad program administrators drive students to critically examine their own identities instead of shutting down in the face of challenges? Lutterman-Aguilar and Gingerich (2002) assert that experiential learning is the key. Passarelli and Kolb (2012) describe experiential learning as a repeated process in which experience is turned into knowledge by testing assumptions through action. Similarly, Lutterman-Aguilar and Gingerich (2002) argue that this cyclical process gives students a more nuanced view of their surroundings because if they make sweeping generalizations about a place or culture, those ideas will not hold up to testing, and will continually be refined in the action, reflection, and examination processes. The experiential learning cycle as described by Passarelli and Kolb (2012) becomes an ever tightening spiral of learning, in which a student's learning becomes deeper and more complex with time and practice (see Figure 2). Building on this, I argue that the same is true about students' identities. As students are faced with situations that cause them to notice and examine

their identities, they wind toward deeper levels of knowing. This continuous revision of

identity and awareness assists students as they meet people different from themselves and

strive to create meaningful relationships.

Figure 2: Model of Experiential Learning from Te Kete Ipurangi (n.d.)
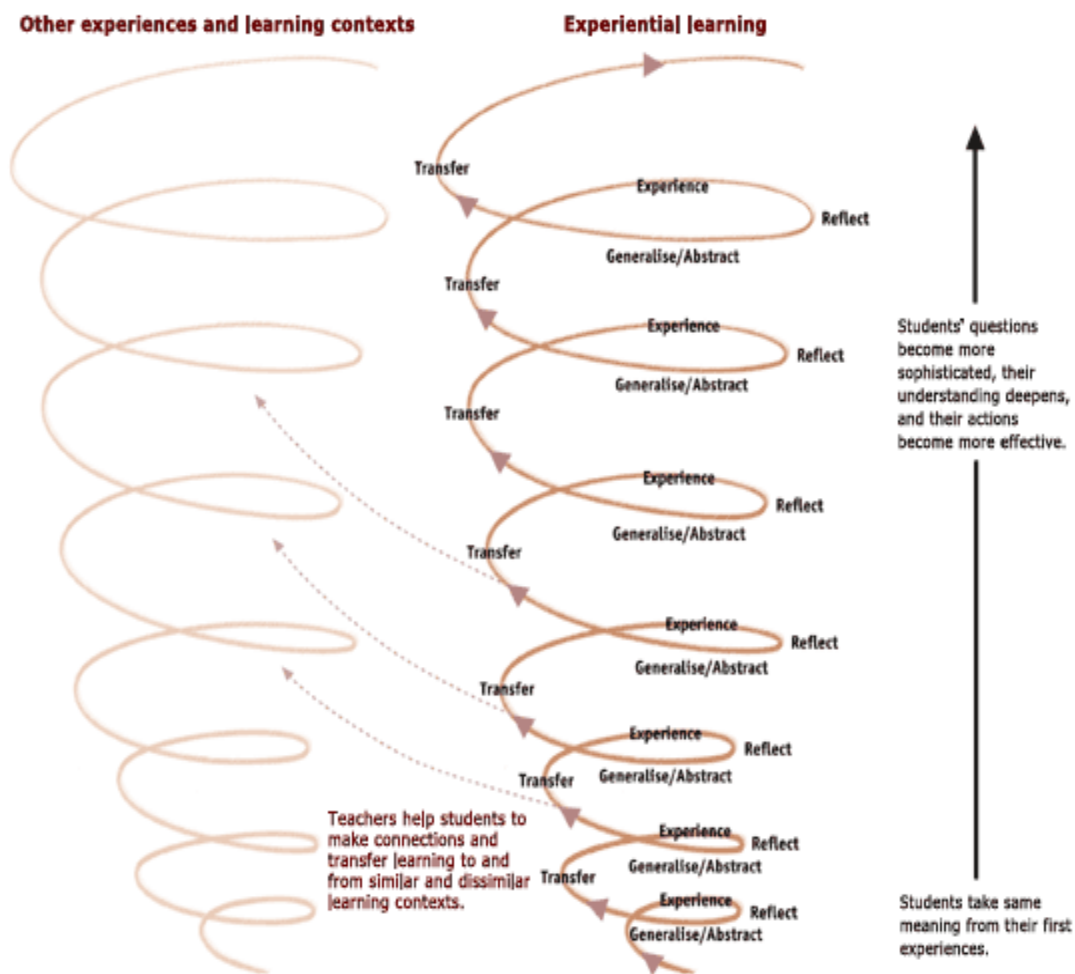
Jones and Abes (2004) suggest that an excellent way to encourage students to

form meaningful relationships in the community is through service learning. Jones and

Abes studied the identity development, especially related to privilege, of eight college

students who volunteered at an AIDS service organization in the United States. The students in their study tended to focus only on their economic privilege, without focusing on other identities, such a race or sexual orientation, even though some of them worked in an HIV clinic where such issues were undoubtedly present. Lutterman-Aguilar and Gingerich (2002) emphasize the importance of being able to identify the complexity of problems when they discuss the necessity of education and knowledge production being tied to a local community and its needs. This education can counteract a possible negative outcome of "voluntourism", in which well-meaning individuals create further problems in communities by not allowing local people to assess their own needs and assets.

Jessup-Anger (2008) argues that many study abroad programs do not give students adequate tools to interpret their cross cultural experiences, and the experiences alone are not enough. She discusses how students assume that the culture they are visiting has the same norms and values as their own until this is clearly proved otherwise. She suggests that staff engage students in activities which assist them in unearthing the cultural values and assumptions that they subconsciously hold. Program staff can create situations in which students interact with host nationals, and then spend time reflecting about what they experienced and how their identities impacted the case. Students must receive mentoring through the experiential learning cycle as described by Passarelli and Kolb (2012) to reap the full value of their international experience.

In teaching students about diverse perspectives, scholars argue that it is crucial for instructors to use equally diverse pedagogical methods. Drawing on the work of feminist theorists, experiential education becomes embodied in a kinesthetic way with the students, so they feel the purpose of what they are learning in context (Lutterman-Aguilar & Gingerich, 2002). Similarly, in questioning what should be the real subject of study abroad, Talburt and Stewart (1999) upend traditional pedagogy by contending that the learner's background and culture is not simply a factor of the student's success or failure but should be the basis for what is being taught in the classroom.

To achieve the experiential learning goal of students moving from their concrete experiences through abstract learning to the transfer of knowledge to new situations, Freire (2000) suggests educators use "generative themes" (p. 102) to teach students. Practically, this plays out by instructors capitalizing on the themes which students are struggling with in their daily lives (Lutterman-Aguilar & Gingerich, 2002). For example, if the students are challenged by the way they see female babies treated in India, the instructor would put together course content such as guest speakers, readings, or videos around the theme of gender. The use of real life problems encourages the students to engage with the subject both intellectually and emotionally. Lutterman-Aguilar and Gingerich (2002) put it well when they state, "Through problem-posing, students learn to question answers rather than merely to answer questions" (p. 14).

Lifestyle Integration

Through the use of diverse pedagogical methods, experiential learning, and reflection, students will learn more than they could while passively listening to a lecture. In this section, studies of student connecting their learning to their lives and future goals are discussed.

The Study Abroad for Global Engagement (SAGE) study (Paige et al., 2010) offers many insights into the impact of study abroad over a 50 year time period. This study formulated a scale to measure different aspects of study abroad programs, the four Ds. First is demographics, or who goes to study abroad. This is an important part of my study as well, relating to student identity. The other three Ds are destination, duration, and depth. The SAGE study found that the duration of a program is less significant in its impact on global engagement than is the depth or intensity of the program, emphasizing the value of critical reflection and engaging field trips. SAGE also found that non-traditional destinations are often linked with greater levels of program depth. This is an encouraging finding for a study abroad program like DoIT, a short term program to a non-traditional destination.

Some examples of the ways past study abroad participants were impacted include career choice, a desire for life balance, reflection on identity and values, philanthropic motivations, and developing critical consciousness. The SAGE study reported that about 60% of study abroad participants said that their experience had affected their future education decisions (Paige et al., 2010). 70% indicated it encouraged them to practice a

lifestyle of voluntary simplicity, meaning they were more concerned about making purchases from companies that aligned with their values, reducing waste, or taking a job with a humanitarian focus, even if it paid less (Paige et al., 2010).

After contending with issues of identity and culture with their classmates and instructors abroad, the re-entry process back into their original sites of privilege can lead to the jarring distress of reverse culture shock. Scholars contend that universities must assist students in their process of internalizing their newly discovered identity, so that race and other issues of social justice are no longer a threat. In his discussion of college study ally development, Edwards (2006) states that when students move to deeper levels of integrity, they will not feel the need to receive constant recognition for their allyship actions from members of oppressed groups, and will welcome criticism as an opportunity for learning.

In the end, the goal of reflecting about identity is for students to gain the maturity to see the world through different frames, and be able to apply what they learned abroad to their lives and work at home. Jessup-Anger (2008) highlights the importance of helping students to examine the challenging moments they face which force them to confront their identities. If there is no safe space for students to do this, she argues that they may continue to think that their culturally based assumptions about the way people are treating them is, or is not, due to gender, when if explored deeper, the student could learn about the host cultures differing worldviews and stereotypes of identities.

In Jones and Abes' (2004) study of the impact of service learning on identity development, they found that through the process of service learning students become more intrinsically motivated to work for the good of others because they see it as an integral part of their character, not simply a requirement for a class. This is essential for students interested in health professional programs, for most students a desire to help people is a major motivation to join the profession (Morris, 2013). For example, in their study of pre-service teachers studying abroad in Honduras, Phillion et al. (2008) found that instead of service abroad leading students to learn more about their privilege, the opposite happened. Hondurans were 'othered' through the interactions, especially when the White students brought large amounts of school supplies and gifts so they "looked like Santa Claus" (Phillion et al., 2008, p.377). This further solidified their ideas that Whiteness was the norm and even the ideal (Phillion et al., 2008).

Furthermore, Koskinen and Tossavainen (2004) studied nursing students recently returned from a study abroad experience. Many of the students felt the identity crisis they experienced while studying abroad led to their most meaningful learning. However, while the nursing students were effective at describing the health context of the host culture, they struggled to extrapolate the concepts to their own culture and health care system. Significant learning opportunities could be lost if the students do not have a mentor to guide them through the process of examining how their own culture differentially treats patients based on race, gender, and social class.

Putting students in morally enigmatic situations may seem counterintuitive when the goal is to help students move along a vector called 'developing integrity', but this can force students to wrestle with their own values and lead to greater formation of ethical reasoning. In Willis' 2012 study of Black women in community college study abroad programs, she found that due to the experience of being 'othered', or seen as an outsider by people in their host cultures, the Black women felt more empathy for marginalized groups, such as immigrants, at home in the United States. Furthermore, speaking from my own experience, a student studying in Guatemala may be forced to confront the fact that the United States was involved with giving weapons to militias who were involved in genocide, which has caused lasting trauma for the country. The student may feel an emotional pull between loyalty to their home and empathy for the local friends they meet in their program. In turn, this empathy may help them step outside their usual frame to see the perspective of others more clearly and hopefully will enable them to examine systems of government oppression in other countries as well as in the United States.

Helping students achieve high levels of identity awareness around privilege and power is necessary, but not easy. Seminar courses require extensive time and faculty resources because students need repetition of these challenging subjects to help them reduce self-bias, the thought that one's self and opinions are above average and better than others (Troisi, Young, & Harris, 2013). Further research must be done on how instructors can assist students to translate their experiences with difference into meaningful practice back home.

Accordingly, in working with students around areas of identity and privilege, it is important to address the pain these topics may cause for them. For example, hooks (1994) had a student approach her and say, "We take your class. We learn to look at the world from a critical standpoint…and we can't enjoy life anymore" (p.42). hooks learned to address the pain caused by shifting paradigms because when students returned home for holidays or interacted with friends and family members, they saw them in a new light, which sometimes caused conflict, shame, and isolation. Students studying abroad may face similar challenges upon returning, feeling like no one else understands the ways they have changed.

It is important to support students not just during the time they spend in our classrooms, but also as they work to integrate what they have learned into their relationships and careers goals. With this support, students may feel more congruous about how their identity, experiences, and future plans align. This intersectional view may also allow for greater acceptance of diversity.

Summary

In this chapter, I have reviewed studies that illustrate the appropriateness of critical constructivism as a theoretical paradigm for this study, including a discussion about the social locatedness of knowledge. Next, the cultural of medical education and its tendency towards seeing students, patients, and knowledge as neutral was explored. Third, ideas of experiential learning were related to a study abroad context, and finally I discussed the impact of helping students integrate their experiences abroad into their

lives. In the next chapter, I will explain the methodology used to conduct research with

the students in the DoIT program, before sharing the students' experiences in Chapter 4.

Chapter 3: Plan of Inquiry

Introduction

In the previous chapter I explored the changing culture of medical education and the importance of future doctors understanding the locatedness of their identities. This literature helped to elucidate both the importance of critically examining one's own personal identity through experiential learning as well as the gaps that still exist in both scholarly literature and educational practice. Specifically, no study has examined the connections students make between self-awareness of their identities and their future careers in medicine after participating in study abroad, which in this case study takes the form of a two week trip to India. Accordingly, my inquiry is grounded in critical constructivism, student identity theory, and experiential learning, each of which help to connect the ways students perceive themselves, experience a new culture, and synthesize these things to affect their professional life. This chapter will revisit the research questions, describe the DoIT program, explain the methodology used to gather and analyze data, and discuss limitations of the study.

Research Questions

Given this study's purpose on the relationship between student identity, study abroad experience, and students' notions of themselves as future physicians, my research focuses on the following questions:

- How do pre-medical students conceive of their personal and professional identities before and after participation in a two-week study abroad program to India?

- How do the identities of these students impact the ways they experienced "critical issues" during the program?

- What connections do the students make between their identities and their futures as practicing physicians?

Description of the Case

The DoIT program was first held during winter break of the 2011-2012 school year. Prior to creating DoIT, the founders of the program discussed the need for a seminar that would expose pre-medical students to medicine in a developing context. India was selected as the location due to faculty connections, as well as its position as a rapidly developing country with stark health disparities. Additionally, India serves as a good site because of its well-developed systems of Western medicine for those who can afford it, as well as holistic Ayurvedic medicine, giving students a unique perspective on health and healing.

The philosophy of the DoIT program is that students are studying abroad to learn, not to 'help,' and DoIT program staff discourage students from performing hands-on medical procedures for which they are not yet trained. The maxim "if you can't do it here [the United States], you shouldn't do it there" is often repeated. The program aims to help students understand the social determinants of health in a new context in a

number of ways. The students gain from the wisdom of Indian community leaders through meetings with experts in medicine, culture, and community health. They are also able to see the way local people solve problems themselves based in the local cultural context by spending time with local Master of Development Practice students who stay in the same hostel, going to a school set up by the non-profit organization that hosts them, visiting a sanitation plant, and more. Students who participate in this program encounter a way of life and a culture of medicine different from what they are used to at home, with an expectation that this experience will help them become higher quality doctors in the future who will be able to understand the complexities of culture, politics, economics and biology which effect health.

Program Goals/Objectives

The syllabus for the DoIT course has a clearly stated set of goals, which are broken into several categories, including comparing the health status of India and the United States, growth in cultural awareness, professionalism, and leadership. The goals of the program are to push students' tolerance of ambiguity, resiliency, enhanced communication skills, and knowledge of their own values. These outcomes are also in alignment with the student development goals of the university.

This is a sampling of specific goals from the syllabus which are relevant to this research:

Figure 3: Goals of the DoIT program as outlined in the syllabus

Compare the health status of Karnataka, India and the United States and explain:	Grow in cultural awareness by:	Grow in professionalism by:	Personal growth:
The social, economic, political, and environmental factors that affect the health and prevention strategies.	Using structured reflection to assess students own value system in the context of another culture.	Recognizing and adapting personal behavior through self-awareness and self-modulation.	Learn about personal capacity to adapt to the unknown.
The health system structures and functions impact on the health of populations and the role of major international and global organizations in influencing global health.	Explaining how expectations and bias can influence perspective of health and medicine.	Developing interpersonal skills: communication, teamwork, tolerance, leadership, diversity.	Experience unpredictability and ambiguity to expand comfort zone.
The similarities or differences between India and the U.S. policies (e.g. reproductive policies, immunization, economic, gender etc.) and how they affect health status and health systems.	Deepen insight into another culture, thereby building a foundation that promotes professionalism.	Building awareness, skills and knowledge geared towards enhancing student's abilities to practice in resource-poor settings.	Recognize similarities within human nature regardless of location.
The origin of Ayurvedic medicine and its impact on Western medicine.	Explaining the impact culture has on attitudes, behaviors, traditions, practices.	Integrate learning in this class into a personal statement and application to medical school.	Set personal growth goals that reflect what you want to improve.

The roles and structures of health care professionals including the use of interprofessional teams.	Describing the cultural differences between their home culture and the culture of Karnataka, India.		Practice self-reflection.
The differences in health disparities, disease burden both infectious and chronic.	Developing some basic language skills in the context of learning about culture, history, norms and traditions.		
How each prioritizes community resources and collaboration between community leaders, public health services, faith groups, governments and other NGOs.	Observing, interpreting, reflecting and synthesizing what they see and experience throughout their trip.		
The framework for understanding ethical dilemmas encountered in global health.			

While the goals outlined in the syllabus do not specifically mention social justice, the learning outcomes such as building awareness, skills and knowledge geared towards enhancing student's abilities to practice in resource-poor settings; collaboration between community leaders, public health services, faith groups, governments and other NGOs; explaining how expectations and bias can influence perspective of health and medicine; and practicing self-reflection lead conversations in this direction between students and instructors while in India. Because of the focus in the syllabus on self-reflection,

understanding personal bias, and understanding cross-cultural differences, the critical constructivist paradigm is appropriate in the formulation of this study.

Program Participants

Approximately 25 pre-medical students from the university participate in this program each year. The program has been offered for four years and approximately 100 students, drawn from a broad cross-section of majors from around the university have participated. Participation in the program is competitive, and roughly 50 students apply each year for the 25 open positions. Students submit two applications, a general one for the campus study abroad office, and one including essay questions for the DoIT staff. Students are chosen based on factors such as maturity, resilience, GPA, and completion of other DoIT classes in the past. While the program has reached a wide range of students, the participants who were interviewed in this case study are all traditional college-aged pre-medical students.

Setting

A small portion of the program is set in the Midwest. Before the trip, the students participate in two half-day orientation seminars. The majority of this time is spent sharing logistical information with students, but time is also spent on teambuilding exercises and cultural self-awareness exercises. Students also complete work online, including assignments to research do's and don'ts in India, reflect on their comfort zones before and after the trip, write blogs to be published on the university website, and learn

about global health ethics. After their return from India, the students present poster projects applying what they learned in front of their peers, instructors, friends, and family members.

After the orientation sessions, which are held one and two months before the trip, two weeks are spent in India during the university's winter break. DoIT primarily takes place in an urban setting in the state of Karnataka in South India. The city is home to nearly a million people, the majority of whom are Hindu. Students visit many local public and private hospitals of varying quality, medical and elementary schools, temples, palaces, and markets, trips that are designed to give them an appreciation of Indian culture. The accommodations are located in a non-profit community organization and school and include shared rooms, bucket showers, and a diet of local vegetarian food. A typical day for the students while in India consists of lectures with Indian faculty in the morning and a trip to a field site in the afternoon. The morning lectures cover topics such as Indian religions, the history of India, health care in India, NGO's roles, gender, population, and food security. Students are taught by local leaders, including physicians, lawyers, historians, and NGO workers. U.S. doctors from the university are responsible for traveling to all sites with the students and debriefing every day to help students understand what they are seeing in the context of healthcare back in the United States. The combination of these activities is intentional, as the program aims to meet the program's goals of training more self-reflective, culturally competent future physicians.

Case Study

A case study method was used to examine the "particularity and complexity" of the research problem (Stake, 1995, p. xi). The DoIT program is a small part of a larger university system and is bounded by location and time, which makes the case study method appropriate (Creswell, 2009; Merriam, 2009). Information about the DoIT program was gathered through course documents such as the syllabus, orientation manual, and assignments, participant observation during orientations, and interviews with the program founder as well as participating students.

Even though this is a study of only one site, it is relevant to the field of education and study abroad at large because medical education in the United States is fairly standardized, and the benefits of study abroad from this study may be generalizable to other students on very short-term programs as well. As discussed in the literature review, it is important for pre-medical students to be self-aware of their identities as they prepare to practice medicine in an increasingly diverse world. This specific program is a useful sample because of its focus on pre-medical students. While much research has been done on study abroad in general, nothing has been published on the relationship between study abroad participation and pre-medical students in general, or specifically about the desirable outcome of pre-medical students' identity self-awareness. For this reason, a case study was an appropriate method, because the DoIT program is unique in the field due to its curriculum and philosophy while the relevance of the study extends beyond this program or university (Yin, 2009).

Critical Constructivism

To explore the meaning students make of their identity while participating in the program, I used a methodology informed by critical constructivism. At the core of constructivism, also commonly referred to as interpretivism, is a belief in the importance of the meaning people make of their own surroundings and experiences (Rubin and Rubin, 2012). Stemming from this paradigm, a researcher would expect individuals in the same situation to come to different conclusions based on the expectations they each bring to the situation. Accordingly, I asked students about a specific shared experience, and I expected to receive divergent explanations of what happened and what it means. Rubin and Rubin's (2012) definition of a constructivist researcher resonates with me in that they believe that, instead of acting neutral, it is important for the researcher to understand their own expectations and bias. I emphasize self-awareness not just in my interviewees, but in myself as well.

This research also draws upon critical theory, as it seeks to explore ways to foster social justice in medical education through a study abroad program aimed at increasing students' self-awareness of their identities. Moreover, this new-found awareness of one's privileged position based on certain identities should be used to address social inequalities and make healthcare a more equitable and healing experience for all people. The following sentiment sums up the critical interpretivist paradigm beautifully: "Critical qualitative researchers who understand the relationship between identity formation and interpretive lenses are better equipped to understand the etymology of their own

assertions—especially the way power operates to shape them" (Kincheloe & Mclaren, 2011, p. 296). Because of this, I will subsequently explain my own lens and what has affected it.

It would be hypocritical to do research on the importance of students recognizing how their located identities impact their lives without addressing the positionality of the researcher. Drawing from the work of bell hooks (1994), I agree that all knowledge carries a political history, and we are fooling ourselves if we pretend it is neutral. Furthermore, I take note of Kincheloe and McLaren's (2011) point that it "is not that researchers should shed all worldly affiliations, but that they should identify those affiliations and understand their impacts on the way the researchers approach social and educational phenomena" (p. 297). I recognize that my embodiment as a White female steeped in a family culture that values higher education impacts the way I interact with the world. I am employed by the unit that runs the DoIT program at the same time as I conducted my own research on the program itself. I believe these factors impacts my approach to the study, particularly because I am invested in facilitating program longevity, growth, and improvement of student development outcome. I also participated in a study abroad program myself, and I am a believer in the importance of self-awareness as a journey towards social justice.

The process of creating this study informed the work I facilitated to prepare the students to study abroad. In critical constructivism, teaching and research are interwoven (Kincheloe, 2005). As a DoIT facilitator, I examined the curriculum of the program and

co-created assignments and activities along with the course instructors. Instructors used

self-awareness raising tools, such as the Intercultural Development Inventory (IDI), to

start conversations with students about differences and their perceptions of their own

identities and cultures. After taking the IDI assessment, students completed an online

debriefing module about the role of cultural difference in their lives. The IDI was woven

into the orientation activities, as well as the debriefing activities in India. I planned

activities for the students, such as a values continuum mapping exercise and a discussion

of a photo from India though the Describe, Interpret, Evaluate (DIE) process. This is a

process that helps students realize the values and expectations they subconsciously bring

to a situation. In the DIE activity, students are asked to answer the question "what do

you see?" in relation to a photo. After they have brainstormed a list of answers, they are

asked to cross off from the list anything that is not pure description, but contains a

judgment such as good, happy, beautiful, or assumptions about location or family

relations between people.

Besides the activities that I specifically led, this research process indirectly guided

additional assignments. Some of the pre-departure assignments were changed to include

extra focus on identity development as well as an exploration of personal values and

culture. For example, instead of simply listing behavior "do's and don'ts" the students

were also asked to reflect on the underlying values that might underpin those behaviors.

While on the trip the students were asked to describe critical incidents to the faculty

physicians to assist in processing the experiences. Students were asked to explore their

own culture and views of illness and wellness while learning about the Indian paradigm of wellbeing.

Interviews

Due to the personal nature of the topic being explored, I used interviews as the primary research method. Like other qualitative researchers, I found that a "small number of interview transcripts provided insights that might have been impossible to achieve in a larger sample" (Ropers-Huilman, Winters, & Enke, 2013, p. 37). I used a semi-structured interview protocol (see Appendix A and B), which allowed me to ask follow up questions and probe for specific examples of the generalized topics that students mentioned. All interviews were conducted individually in person at my place of work in the office which coordinates the DoIT program, a familiar place to all the students. Interviews were recorded with the Voice Memos app and transcribed by the researcher in MS Word.

I invited all 23 students in the program to participate. Sixteen students participated in first interviews, and ten of the sixteen participated in the follow up interview after the DoIT program concluded. The students who participated in both interviews represent 40 percent of the total participants for 2015. The sample included three males and seven females. Six males and seven females chose not to complete the study. The ten students who graciously shared their stories for this research came from a wide variety of backgrounds. Two came from rural areas; the majority grew up in

suburbs. All were traditional college age, with six sophomores in college and the others in their junior or senior year. Four non-White and six White students were interviewed.

The only interaction the students had with me was at the interviews and the two pre-trip orientations. At the first orientation I had a limited role; students saw me describe my research project and introduce other presenters who talked about the IDI. At the second orientation I took a more active role, facilitating discussion of the values continuum and the DIE activity described previously. However, I had not taught classes with any of them before, nor did I participate in the trip to India.

Students were interviewed in person twice, each time for approximately thirty minutes. The first interview took place in early November between the first and second orientation days, before the students went on the trip. The second interviews took place in February, approximately one month after the students returned. During the first interview, students were asked to reflect on a series of questions about how they conceptualized their own identity and culture and how this impacted their goals for the future. The interviews also included one question in which students were asked to visually represent their identities. For this prompt, students were given free time to write or draw freely what they wished to express about themselves (see Figure 4). These pictures were saved for use in the second interview upon the students' return. As mentioned earlier in this chapter, coming from a critical constructivist paradigm, these interviews were not merely seen as a chance for me as the interviewer to collect facts about the student's lives. The interview's questions about identity and professional goals

also lead to rich conversations in which the participants and I shaped each other's views about the topics discussed, which impacted the way they perceived the program and I thought about the research, leading to more self-reflection on both of our parts.

Figure 4: Identity drawing made by a student during the pre-trip interview
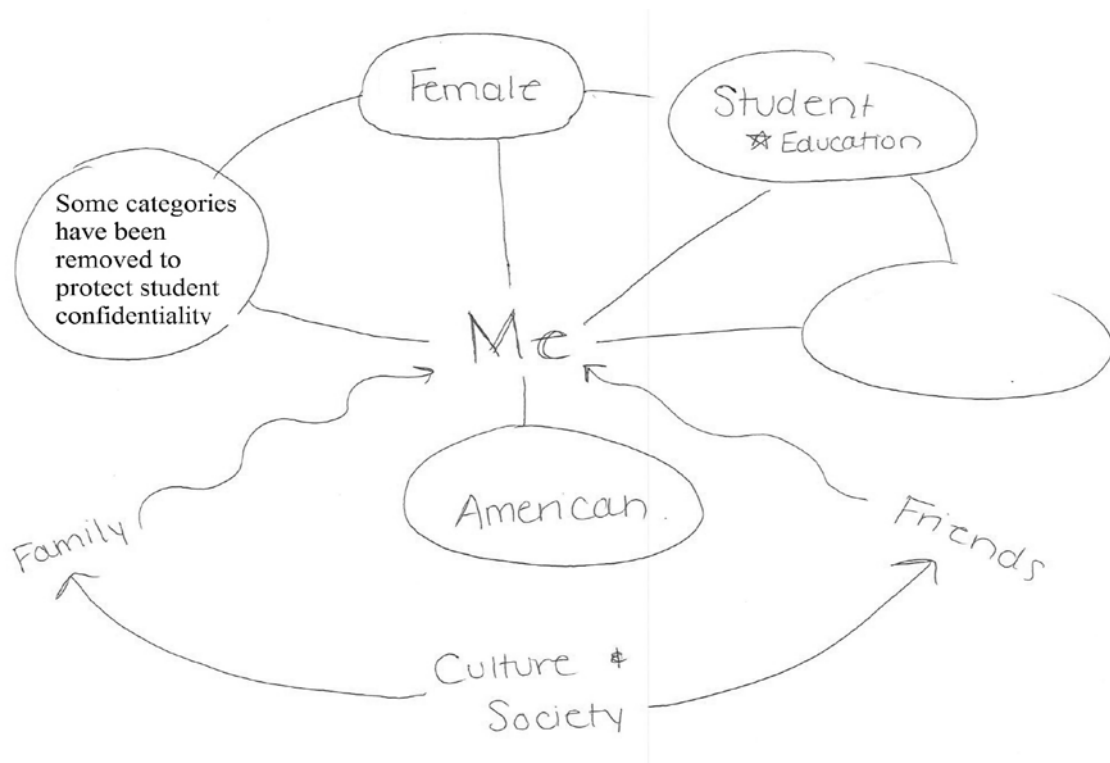
The questions asked in the second set of interviews were shaped by the themes which came through in the first interview. For instance, students were asked to look at the picture they had drawn in the first interview and reflect on how things about their identity may have shifted or changed since the first interview. They also discussed how they believe the trip will impact the way they work with patients in the future and if it affected their career goals.

Data Analysis

After each interview period (November and February), I reviewed all the interviews and extracted relevant themes. This was done by listening to and reading the interviews multiple times and creating codes that fit each individual interview as well as the group as a whole. Through this process, codes emerged from the data, such as family, individuality, and conflict (Rubin & Rubin, 2012). Other codes were based on the literature reviewed, for example, neutrality, intersectionality, or experiential learning. The data from this process of coding and will be discussed in the next chapter.

Limitations of the Study

There are several limitations to this study that should be addressed. First, this study is limited to one short-term program at one university focused on a small number of pre-medical students. Therefore, generalizations to all pre-medical students or study abroad programs cannot be made. Second, there were some pre-medical students who did not apply for the program or were accepted to the program but did not want to be interviewed. This raises the possibility that the students who were interviewed were more interested in self-reflection from the start. Third, there were some logistical limitations which could have impacted the way students responded in the interviews. One limitation in the data collection from interviews was timing. Interviews were conducted in between the first and second orientations. It would have been better to do the interview before the students had any exposure to the DoIT curriculum to be completely unaffected by the course materials. A few students specifically stated that

they had not thought about aspects of their identity until they looked at the course

materials, but it was not always clear from the interviews whether students began

thinking about identity before or after initial engagement with the curriculum. Another

logistical issue related to limited student schedules. Some interviews were cut short due

to the fact that students had to rush to exams or other obligations. However, this only

happened to a couple students, and we were able to revisit anything they wanted to add in

their second interview.

Another challenge of this research on the DoIT program is its length. At only two

weeks in duration (comparatively short for a study abroad program), some may doubt its

ability to meaningfully impact students' perceptions (Dwyer, 2004; Kehl & Morris,

2005). However, I perceive the length as an interesting variable. While the students are

only on the ground in India for two weeks, the preceding orientations, onsite debriefing,

and assignments due before, during, and after the trip lead to a more robust experience

than critics may suggest. These sorts of activities create depth in the program, leading to

a stronger impact (Lewis, 2005; Paige et al., 2010). With short term study abroad

programs becoming increasingly popular (Institute of International Education, 2014) this

study fills a growing hole in the field.

Summary

In summary, qualitative interview methods were the most appropriate way to

discover the meaning students made of the experience in India and its relationship to their

personal and professional identities. The interviews allowed for in depth exploration

with students about the meaning they ascribe to their experiences. Their journeys of self-awareness can be visualized through the pictures they were asked to draw in their one on one interviews. In the next chapter, I will share the students' stories about their time in India, how that relates to their identities, what helped them learn, and how the experience changed their ideas regarding their future goals.

Chapter 4: Experiences, Evolutions, and Expressions of Change

Introduction

In the previous chapter, the methodology and methods for this study were explored. In this chapter, the perspectives of the DoIT students themselves and the five major themes that emerged from the analysis of their interviews will be presented. In part due to the differing identity understandings exhibited by the students, differing critical issues or "generative themes" (Freire, 2000) came up during the pre- and post-experience interviews. Because all three research questions in this study are focused on student perceptions of identity, the themes in this chapter will also focus on student identity, specifically as it relates to the following categories: (1) gender, (2) race and ethnicity, (3) class and socioeconomic status, (4) being a future physician, and (5) the students' desire to be global citizens. These five themes were chosen due to the frequency with which they were mentioned by students. The first three categories – gender identity, racial and ethnic identity, and socioeconomic status and class identity – can be considered demographic categories of identity that (often, but not always) are outside an individual's control as well as visible to the outside world. The final two categories – a student's professional identity as a future physician and identity as a global citizen – are less outwardly visible, and are self-adopted by the students.

Within each theme, I will describe what sorts of learning experiences impacted students most, explore the students' evolving understanding of identity, and investigate the ways in which students express lessons they learned abroad into their lives back in the

United States through their behavior. The purpose of this chapter's thematic analysis is to explore similarities and differences between how students experienced these critical issues of identity. Further, understanding students' identities better will illuminate where the DoIT program is effective and where there is room for growth in helping students reflect about these topics. Ultimately, the aim of this study is to inform and improve short-term study abroad opportunities by creating learning and reflection experiences that cause students to not only see cultural difference, but to translate these experiences back into their own communities.

Gender Identity

The first of the five areas of identity to be explored is gender. Similar learning experiences from the DoIT program were mentioned across several interviews. Before the trip, when students illustrated their identities, six students, one man and five women, included their gender on their identity maps; two men and two women did not include this category. Similarly to the identity illustrations, gender was a frequent category to emerge from the post-experience interviews and six of the women and two men brought up situations related to gender when describing their time in India, pointing to the fact that this category of identity was important for students.

Experiences with gender identity

To start the discussion of students' learning around gender, this section will detail experiences in which students encountered gender, and especially gender differences.

Students were confronted with issues related to gender in class, but also noticed gender differences in their informal experiences with host nationals.

As a part of the DoIT program, gender was formally addressed by a lecture in the students' classes in India about the social determinants of health. As a result, during the interviews, many students told me they learned about the vast problem of domestic abuse in India, as well as the disparity in education and health opportunities for girls. The students described this as an especially significant issue in rural areas of India. One student[8] was shocked at how accepting people were of the domestic abuse, saying it was important to educate people about their rights.

Students also experienced gender in many informal ways while in India. Playing volleyball with Indian Master's students from the hostel was one gendered experience four of the ten interviewees mentioned. The fact that the Indian women did not play was confounding for several students. One female participant reflected back on the experience in this way, "the [Indian] girls couldn't play because, I don't know…they just don't." Another student reported that she loves playing volleyball and explained, "That was interesting to see how gender plays a role in different aspects of life, like dictating what sports you can play." She was pleased when towards the end of their stay one Indian woman began to play volleyball with them, saying, "Maybe we are rubbing off on

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[8] To ensure confidentiality for the students interviewed, I have chosen to not use pseudonyms for them and to only give demographic information regarding a specific statement when it is relevant for the theme. Gender pronouns have also been intermittently mixed and may not always represent the participant's actual gender. This additional protection is due to the small sample size in this study.

them." Neither of these students commented on the fact that in the United States volleyball is generally perceived as a team sport for women. These students are exhibiting a myopic view of culture; they see difference, but cannot translate the experience back to their own context, or come up with a reason why the behavior of the host nationals is dissimilar to their own. This sort of 'othering' behavior will be further explored in the next chapter.

Because of cultural differences, shown in part in the volleyball example above, some students struggled to make connections with women while in India. A male student mentioned how he became more aware of gender because he noticed that Indian women were absent in many situations – whether that was an actual physical absence in public spaces or a more subtle absence, such as not speaking up in conversations. A female participant who had traveled abroad before echoed this challenge connecting with Indian women, mentioning she has "trouble connecting with men more than I do women here [in the United States], but when I go to other countries it is way easier for me to connect to men than women. And it's something I observed and I have no idea why." Possibly because this U.S. student was approaching new people and initiating conversations, which may have fit male norms in Indian culture, the Indian women who are usually more reserved were less receptive to the student.

In contrast, when asked about her identity, another student said she "definitely felt more like a woman" while in India because of how the gender roles were more clearly defined, and because of the differences from her home context. She was careful to dress

in a culturally appropriate manner, and practiced sitting in a more "womanly way." She shared a situation where an Indian woman sitting behind her moved the collar of the student's shirt to cover a bra strap that was slightly showing. The student felt embarrassed that she had not hid the strap and was a bit surprised, saying in the United States "no one would think anything of it."

As shown through these examples, students noticed gender in the Indian context and expressed that it was different than in the United States. This understanding was because of the behavior of Indian women that students saw as contrasting to the behavior of women in their home context. In the next section I will explore how students understanding of gender evolved due to these experiences.

Evolving understanding of gender

Because of the above mentioned experiences with gender, students were put in a situation in which they had to develop explanations of their own to aid in their understanding of the cultural differences they observed. Several students remarked that they were shocked to observe striking gender inequality in India. As one male participant said, "here [in the United States] it is totally not like that. It is equal." A female participant had similar feelings, saying "I knew going in it was going to be different, but I didn't expect their acceptance of it there, because it is so different here." Although these students appear to have become more aware of Indian gender inequalities during this program, few gave examples during the interviews of the challenges women face today in the United States, such as inequality in wages or rates of domestic violence; one gave the

example of women winning the right to vote as an example of American equality, failing to note that suffrage was achieved nearly a century ago. When asked to draw a picture of her identity, one student included "woman" as one of her categories, however, when asked several times about how being a woman impacted her life or to share some examples of women's rights issues in her American setting, she responded with examples of how Indian women were oppressed. Only one student gave an example of where India leads the United States in gender equality, saying "It was also interesting that they have had a women prime minister and have women in power, we haven't had anything." In fact, all the students' comparisons between the United States and India regarding gender put the United States in a morally superior position.

Both of the male participants who mentioned gender assumed it would have been harder for the women on the trip because of the gender discrepancies they were seeing and learning about. However, neither of them had talked to the women on the trip about it, nor did they comment on how this inequality might impact them. One of these two male participants to mention gender thought it would have been interesting to share in that conversation with the American women on the trip. Unfortunately, while the men were interested in learning and thinking about gender, they do not seem to have known how to appropriately approach the subject with people who were different from them, including their female friends on the trip.

Expressing change around gender

Due to experiences with gender inequality, a subset of students were moved to take action following the trip. Four of the female students interviewed said they were more interested in learning about women's empowerment around the world and in the United States after hearing about the challenges women face in India. For example, two students chose gender related topics for their final class project. Another student had participated in a webinar about women's rights in the month since she returned.

Interestingly, only one male student brought up a specific situation involving gender in the post-trip interviews. During the trip, this male student felt he was able to bypass the American gender stereotype that men shouldn't share their feelings, and he could be vulnerable and connect emotionally with other male participants because of the challenges inherent in an unfamiliar context. However, when asked if he was able to bring this sensitivity back to the United States in his new relationships with peers from the program, he said, "I think the macho man vibe – being individualized and not sharing your feelings – has returned unfortunately. I don't feel that vulnerability or need to share my feelings as much anymore because I am more comfortable [in the United States]." Additionally, he mentioned he had a hard time connecting with his male friends who had not gone on the trip and shared that he had been unsuccessful in sharing what he experienced in India. He commented that when there is some sort of shared agony, people bond and are able to share their feelings more deeply. Now that he has returned to the United States, he said he shares his feelings only with his girlfriend, not his male

friends. He also said this is true with men who went on the India trip with him, and wished he could be closer to them even outside of the Indian context. Although they could share feelings in India, because they are now in the United States where things are more familiar, the necessity of sharing feelings had disappeared.

As shown in these three sections, students experienced gender both in and out of the classroom while in India. These experiences led them to comment that the United States is more advanced in terms of gender equity. Additionally, students struggled to express why women behaved differently in India, whether that be not playing sports, or being accepting of domestic abuse. This struggle to relate their experiences with inequality in India to inequality in the United States will be explored more in the next chapter. However, in returning to the United States, some students did want to learn more about women's issues around the world.

Racial and Ethnic Identity

In addition to the critical issue of gender, many students shared stories relating to experiences around race and ethnicity. However, while students experienced gender in many of the same ways while in India, their experiences with race and ethnicity where quite different. Unlike gender, race and ethnicity were not explicitly addressed in the DoIT curriculum. The purpose of this section is to illustrate how students were treated differently based on their appearance to the Indian people they interacted with, which lead to divergent interpretations of situations.

Experiences with racial and ethnic identity

For many of the White students on the trip, being in India was the first time they had experienced being a racial minority, which lead to many interesting observations. All the White students brought up the fact that while in India they got a lot of attention because they looked different. Some mentioned they were treated as "celebrities" because of their Whiteness, being asked for autographs or to have photos taken with local people. The students had mixed feelings about this. Some liked the attention, while others grew tired of it. One White student felt like "we are not that special," and another was taken aback to find that some people had never seen a White person before. A second participant vividly recalled boarding the flight to India and thinking, "'oh my God, I feel like a White person surrounded by Indians'...it really struck me and I noticed it."

This "celebrity" experience was not experienced in the same way by non-White students, and non-White students reported different experiences with race in India than did the White students. One non-White student commented that it was interesting to watch Indian children run up to her White classmates and kiss their hands while she was "sort of out of the box…They knew I was a foreigner but they understood that I wasn't White." Similar to the women in Willis' (2012) study of Black women studying abroad, this same student described microaggressions experienced in India as similar to what she had seen in the United States. For example, a store keeper asked a group of students where they were from, and after they said the United States, he looked at the student and

said "where are YOU from? Are you really from America?" This student said that

explaining her parents' immigration experience seemed like too a long story to provide to

this man. While she understood his lack of a complex understanding of U.S. cultural

diversity, she also said, "What bothered me was that I felt like they put Caucasian people

on a pedestal."

In contrast to the non-White student mentioned above who felt 'othered' by her

experiences with local people, an Indian-American student felt like she "identified way

more as Indian" while she was on the trip, partially because "I felt like [my classmates]

definitely saw me as Indian and a resource they could go to when they didn't know about

any cultural norms." However, she also felt pressure because of her identification as

'Indian.' In one class when an Indian professor was talking about Americans being

oblivious about the world, she commented:

> I was concerned about how my peers felt about how he addressed that [bluntly
>
> saying Americans are unaware of world issues]. How would they think of
>
> it…what would their perception of Indians be as a result of that; and I am
>
> associated with that Indian identity and would they see me in that way?

In the end her peers agreed with the professor that they needed to be more aware of world

issues. This surprised her because she was unsure about how her peers would react to

such a message and what impact it would have on her as a person of Indian descent.

While in India, this student felt conflict within her identity; a desire to proudly share her

culture with her classmates, and probably a hope to not be 'othered' in the same way she saw her classmates doing with other Indians.

Evolving understanding of race and ethnicity

Several students also experienced challenges relating to their American identities, not only due to their race or ethnicity, while in India. As one example, a DoIT student shared that when the group went out for New Year's Eve at a nice restaurant, the American students were the only ones dancing. Everyone watched them, and the DJ played "what you would imagine American music is if you were not American… it was like we are doing a trashy dumb representation of Americans." These students were, often for the first time, realizing that American identity is not something only formed by people in the United States, but that this identity is also created through the understandings of people around the world.

This discomfort was shared by White and non-White students alike, whether or not Indians with whom they came into contact identified them as American or not. One Asian student commented on her embarrassment of her American peers in this way, "I noticed that some people in our group, when we were all together we would talk really loud so everyone in the village would stare at us like why are they talking so loud!" At night during the jungle retreat field trip, she said, "we could hear all the crazy Americans playing their crazy drinking games and laughing and hooting and hollering, and it was like 'oh my gosh! Is that how we are!?'" This embarrassment about being American was new for her:

I am here in America I will see how the foreign exchange students from Asia[9] act and I will be like "oh my gosh that is so embarrassing I wish they would stop doing that." It's weird here because I am embarrassed of being Asian. But…for the first time in my life I was embarrassed of being American. And I realized it depends on where you are and how the people perceive you…I used to be in conflict with myself, like why am I embarrassed to be Asian, that is a big part of me, but I never realized I am American too, and that is something I can be embarrassed of as well.

One White student disassociated herself from her American identity by claiming her regional identity, saying "it's hard for me to identify as an American with all the stereotypes that come along with it, being in another country. And so it's like I'm American, but I'm from the Midwest and we are better there." Whatever their background, loudness, drinking behavior, and obliviousness to world issues – all perceived to be 'American' characteristics – were not things with which most of these students wanted to be identified.

The Indian-American students interviewed felt a pull on both sides of their identity. They both reflected about how different their life would have been if they had stayed in India. One student was on the one hand highly critical of Indian culture, stating that their desire for collectivism and peace were holding back development. On the other

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[9] She gave a specific country, which I have not used here for confidentiality reasons.

hand, this student came to a new level of realization of how Indian culture had affected her view of the world.

The other student felt homesick for India, and seeing all her friends with paying jobs already and her still being in college, she was asking herself, "I wonder what my life would have been like if I would have stayed there." This student was surprised by how much she learned from the trip, because Indian culture is not new to her. She faced some interesting situations related to her Indian American identity, because on the one hand, her American peers looked to her for help understanding Indian culture which made her feel more Indian, but on the other hand, her Indian friends and family members continually made her aware of how she had changed so much by living in America. This frustrated the student, because she felt like she looked, acted, and talked the same as all her friends, and no one could describe what actually made her different. In the end she reconciled this by saying, "I choose what I take from my culture and the American culture." I found it interesting that the student used the word *my* in this situation for her Indian culture. In other places, she used similar possessive adjectives towards American culture. This shows how, in different situations, different aspects of this student's identity are more salient to her.

Expressing change around race and ethnicity

After reflecting on her experiences with race and ethnicity in India, one student had a new perspective on her relationships. In talking about past friends she had, she showed her new awareness of privilege, saying, "Even in the friendship, they [her diverse

friends] have gravitated towards my culture because they are surrounded by people of my [White, upper-middle class] culture in the school. I didn't really gravitate towards their culture." Instead of using her diverse friends as a trophy to prove she was not racist or classist, this student practiced a deep level of self-reflection to explore systems of privilege that were affecting her relationships. She realized that because she came from a privileged group, she did not have to change her behavior to make friends. However, people of marginalized identities were transforming themselves to be like her, a part of the dominant culture. With her new found awareness, this participant commented that she is paying attention to this dynamic of privilege in her current social interactions.

After going to India, this student also decided she wanted to learn more about other cultures in the United States. She decided to sign up for an African American Studies class, which has helped her continue to explore disparities in society. She reflected on the fact that this was the first class where she had a Black teacher and half of her classmates were Black. These things were making her think about what her own White culture had taught her about professionalism and the way a person should act in classroom.

While every student commented about race and ethnicity in some way during the interviews, only the student mentioned above gave a concrete example of how the program had affected her behavior since coming home. This is possibly due to the fact the race and ethnicity are not topics covered in the curriculum. Next I will discuss

socioeconomic status and class identity, which were often linked with American

Whiteness in the minds of the Indian people the students interacted with.

Socioeconomic Status and Class Identity

Tied to their status as Americans, the students mentioned that they were perceived

as being wealthy while in India. Even more than the previous two categories of gender

and race and ethnicity, the students' thoughts about socioeconomic status and class were

strongly swayed by the underlying values of their own culture. The students often

reacted to these situations with feelings of guilt or gratitude.

Experiences with socioeconomic status and class identity

The students encountered socioeconomic status and class both in and out of the

classroom. Wealth disparities were discussed in class, fieldtrips gave concrete examples

of the concepts, and students also learned informally about the disparities by seeing many

people in poverty on the streets. Many students mentioned how in India, the disparities

of wealth and health were "right in your face." Several students mentioned that in the

United States, people from different classes are separated from each other, or try to blend

in and look middle class, which they said is contrary to what they experienced in India.

There, people of different classes were visible to each other, for example, "there is a nice

restaurant and then slums all around it." Students were shocked and saddened by these

disparities. One student said, "there is not a good area and bad area, it's just

interspersed…I am eating all this food that could feed how many people? And the

amount we paid for the meal is just like so sad." For students who have not experienced extreme poverty before in their lives, an experience like this can be emotionally jarring.

The awareness of wealth disparity also came up in discussions of Indian health care. As one example, many students discussed a fieldtrip they took to a public and private hospital. One participant described it this way:

The public hospital, they treat 5,000 patients a day, it was built in 1927, had no updates since. It was so dirty, the windows were broken, there were lines of people; it was just shocking. The private hospitals were just like ours, they had empty beds, so many doctors, it was just sad to see the disparities.

This participant also found it comical that when they visited the private hospital the tour guide was proud of the televisions and nurse call buttons in the rooms, saying "they showed [the call button] like three times and we were like yep we have those…kind of funny how they were so proud of everything." While she had a strong emotional reaction at the public hospital, the private hospital felt unexceptional to her.

Reflecting on another informal encounter, one participant shared a story regarding a homeless man the group came across:

This big example that I love, there was this time where there was a homeless man sitting by all these puppies, and we were like "Oh my gosh cute puppies! They are so small and so sad!" and we were all taking pictures of them, and then I was looking through my pictures, and I saw that the homeless man was sitting next to them, and we were like why didn't we recognize him, his presence? Why weren't

we like poor homeless man instead of poor puppies? In America we kind of blame

homeless people for being lazy and not trying to achieve greatness, but over in

India being homeless that is not something to be blamed for.

This experience obviously impacted the student, because she told the story with a very

animated voice, seeming proud of her learning. She said she had shared this with her

parents and they had helped her come to the realization that she was focusing on the

puppies, not the man.

Evolving understanding of socioeconomic status and class identity

Students struggled as they contemplated the wealth disparities they saw, leading to

feelings of sadness and guilt. Similarly, this student felt very unhappy about the poverty:

We would drive through the town; we would see people, like they don't wear

shoes, they live in shacks, and I'm like "oh my gosh I don't think I could ever do

that," and I felt really sad. But I'm like, ok that's what they are used to, they don't

know anything different.

When I asked her why people lived that way in India, and whether she thought they

wanted that way of life, she restated her previous rationalization, saying, "I think that is

what they are just used to, they were born into that, they don't see a problem with it."

This students simplistic understanding of the experience of living in poverty is

concerning. While on the one hand this student spoke of how fancy hotels and

restaurants are visibly mixed in with slums, on the other hand this student somehow feels

like the people living in shacks don't know anything other than poverty and must be ok with living in this abject situation.

Beyond an acknowledgement of socioeconomic inequalities, for the majority of students exposure to inequality also brought on a sense of gratitude. Most of this gratitude was based in material things, such as access to food, clean water, and medical supplies, but some also talked about not taking things like education or speaking English for granted. While this appreciation of material comforts is not a problem, the lack of acknowledgement of privilege on the part of the majority of the students could be understood as an example of the 'othering.' For example, one student justified wealth inequality by asserting that the United States is the richest and most powerful nation because the wealthy people in the United States are more intelligent and hardworking than everyone else in the world. This student commented, "U.S. people who are brilliant people work harder than people in the rest of the world who are brilliant so they can have more of the collective resources for their own interest". This student also downplayed the seriousness of wealth inequality in the United States, contending, "We have the luxury of complaining about these little things [like an increase in the minimum wage]." Statements like this show a lack of insight about political and social forces that have shaped systems of wealth inequality in the world, and a lack of empathy for people who are living in situations of dire poverty because of these systems.

There were a few students who brought up situations of wealth inequality in the United States. This participant commented on her class-ascribed identity and its effect on her life in this way:

I think I am just realizing how many opportunities I have had because of money…how many challenges I haven't had to face because of money. I think a theme from the trip was if you don't have money, the system here [in the United States] doesn't really take care of you.

The American doctors told the students about how the very poor area they work in is cut off from the rest of the city by highway infrastructure so that the disparities are hidden from view. This caused some students to think about structural inequalities that exist in their own city.

Expressing change around socioeconomic status and class identity

Of the three demographic categories of identity mentioned so far, students expressed behavior change the least around this topic. For example, in the situation previously shared about the puppies and the homeless man, when the student was asked if this perspective about homelessness continued with her when she returned to the United States, she said, "I would still stick to the American view of homelessness here [in the United States] especially because over in India there are a lot of aspects they can't help, but here we have a lot of programs that can help the homeless people." Another student expressed a similar feeling, explaining, "I think in India they really do need the money, but in the United States we think…do they really need the money?" This difference in

some students' views of homelessness in India and the United States suggests they are struggling to examine the deeper cultural values behind different situations.

This student did tell me he had shifted his perspective, saying in the past when he saw a homeless person "it's like eww it's disgusting, you did something wrong," but now he feels like "it might not necessarily be their fault, and there are things that we can do to reduce the number of people in that situation." However, when asked if there are ways he plans to get involved in this work, he said no, nothing concrete.

While all of the students mentioned inequality and disparities, none of the students mentioned concrete changes they plan to make in their lives to address the situation. The issue may feel too huge, resulting in the feelings of guilt and sadness that came up in the interviews. Many students did make a connection between poverty and poor health, which made them think about their future in medicine, the topic of the next section.

Professional Identity as a Future Physician

As one would expect, after the trip to India all the students had much to say about their identity as future physicians. This contrasted with the explanations of their identity they gave before they left for India, in which only a few identified themselves as future doctors.

Experiencing a professional identity as a future physician

After returning from India, the students felt a stronger sense that they want to become physicians in the future. The motivation to be a great physician was fueled by

the trip because students spent time with doctors, both from India and the United States, who encouraged them to think more deeply about ethical issues, social determinants of health, and the importance of connecting on a human level with patients. These lessons were pointedly addressed throughout the entirety of the program through many lectures about different aspects of health, field trips to locations such as an Ayurvedic clinic and a public hospital, as well as daily debriefing sessions.

Evolving understanding of a professional identity as a future physician

Students' understanding of themselves as future physicians grew during and after the trip. One student pronounced, "How I see myself a physician is huge now." Another student, when asked to comment about the picture of her identity before the trip, wanted to add "becoming the best physician that I can." A third student said, "Also I feel more tied to being a pre-med student after this trip. I feel like I made more connections and I am more determined to do things that will make me stronger as a premed student." It is encouraging to see these students find an ambition they are so passionate about.

Some participants were able to connect their commitment to pursuing medicine to other aspects of their identities, made more salient by the trip to India. For instance, two participants from rural backgrounds became more interested in practicing medicine in rural areas and made connections between what they learned about the challenges of rural health care in India and their experiences back home. One student explained, "When [Indian doctors] talked about the challenges they have in rural communities, theirs are

such on a grander scale, but they are similar to what we have here [in the United States]." This synthesis of identities is an important step for students as they continue to mature.

Besides progressing in their perception of themselves as future physicians, the students' view of the scope of health and medicine also expanded. Students learned a great deal about the multiple factors that affect health besides one's biologic makeup. For example, one student mentioned the fact that Indian families often wait longer to take girls to seek treatment rather than boys, because boys are the priority for financial and time resources. Another student mentioned how exercise is less of a cultural norm in India than in the United States, leading to problems as the country grows increasingly more Western in its lifestyle. Another student said, "Health isn't just your genes, it's everything. It's where you live, environment, socioeconomic status; it encompasses all those."

To help with transferring knowledge of social determinants of health back to the United States, the American physicians on the trip shared stories with the students of their experiences with patients. For example, one doctor shared about his experience dealing with a patient of a different religious background, saying that the encounter didn't go as well as he had hoped because he didn't understand the patient's beliefs. Conversation with the U.S. doctors caused some students to think about inequalities that exist in their own city. Two students spoke about how "glitches" or "loose ends" in the American system create poor health outcomes for underserved populations. These students were making the connection that if a person does not have financial resources,

they may not be able to get the care they need even if there is a physician nearby. While students expressed new understanding about how different factors of identity such as gender, socioeconomic status, and educational attainment affected health, they did not clearly communicate about how the U.S. healthcare system itself disenfranchises certain people due to things like insurance plans tied to one's employer, or only covering certain approved providers or medications (which rarely include cultural remedies).

Expressing change around a professional identity as a future physician

Several students talked about their renewed commitment to being physicians, but they also went beyond this by expressing the desire to supplement what they will learn in medical school with other educational experiences. For example, some talked about pursuing a public health minor while still an undergraduate, or a master of public health (MPH) degree alongside their medical school coursework. One student talked about completing an MPH because of a new interest in public policy and its effect on medicine. Another said she is more interested in taking gap years to travel and do research, "taking time to have more experiences like the ones I had in India" before she begins eight more years of school. One student noted that disease crosses national borders, so she would need to learn about and work with people from other countries. The students saw these experiences as adding value to their future medical practice by allowing them to learn more about social determinants of health, illness prevention, and global issues.

Several of the students also showed an increased interest in primary care specialties, who are the first point of contact for most patients and include doctors

working in family medicine, internal medicine, and pediatrics. These types of physicians often provide preventative care for patients and get to know their patients well over the course of many years. For example, one student said she wants to be "involved educating patients more on their condition, saying, 'this is what I think, what I recommend, what are your thoughts?' Having that interactive part…I like long term relationships." This new interest in primary care was most likely spurred by the fact that the founder of the trip, as well as the U.S. doctors who lead the students to India, are all family medicine doctors. The focus on how health is impacted by personal and community forces is also a part of the DoIT program that fits with the philosophy of family medicine.

All students, even those who were not considering primary care specialties, exhibited an increase in interest in getting to know their patients following the DoIT program. A student who is considering orthopedics, said, "I don't want to just be a surgeon who only does surgeries, or becomes a researcher; I want to interact with patients." Another spoke of her desire to work more holistically with patients, "asking questions not just about your symptoms and signs, but where do you live, what is your environment, do you have access to healthy food, do you feel safe where you live, the whole package, not just diagnosing and prescribing medication." Several other students mentioned similar views, as one student said, "I don't want to just give people pain killers and then tell them to get out of my office." Many wanted to help patients understand the care they were receiving, and they sought to find common ground between them and their patients. One participant explained, "It's harder to like drag

someone to where you are than it is to bring yourself to where they are and then do the journey together." Another student talked about how he planned to combat medical burnout by helping patients, especially immigrants like himself, navigate the complicated health care system. However, one student spoke of "being able to develop a cultural common ground between other people and being able to try to convince them of my perceived best route of options of their treatment." In this explanation, there is no indication of his movement towards understanding the patient's culture; instead, he appears to want to learn the best way to get the patient to accept his opinion, using the cultural background of his patient as leverage.

The desire to connect with patients will hopefully stay with the students throughout their careers as physicians. However, it is also clear that sometimes the good intentions to connect and educate comes from an ethnocentric mindset. The next section will address the students' desire to be more aware of what is happening around the world.

Identifying as a Global Citizen

Another enduring, salient category for the DoIT students was becoming a "global citizen." This term was frequently used by students, and they all mentioned growing in their global understanding on the trip. It is significant that the students mentioned that they wanted to identify as global citizens, because before the trip when asked to draw pictures and describe their identity, none of them mentioned this theme. Five of the students used the exact words "global citizen" while others used similar worlds to describe the concepts, such as "world perspective" or "accepting other cultures and

seeing things from a different perspective." Their meaning making around this concept is detailed below.

Experiences as a global citizen

For the majority of the students on the DoIT program, traveling half-way across the world to a "third world country" was a completely new experience. A couple had been out of the country on vacation before, but they described that as being quite different because they were in places populated by tourists. Experiencing a new culture first hand through talking with host nationals, eating new foods, and visiting significant religious sites illuminated that there was a different way of living life than what they saw at home.

The students were also taught about being global citizens in one of their lectures by an Indian faculty member. He spoke about aspects of U.S. economic and foreign policies that affect life in India, encouraging students to be more aware of current events. One student described her experience this way:

> I have never felt so unaware of what is happening in my own country. How am I supposed to know what is happening here [in India] when I don't even know how what we [Americans] are doing is impacting them. I need to see how that [U.S. policy] is affecting everywhere else and what is going on in other places.

This desire to be more aware of world issues was common in many of the post-trip interviews with students.

Evolving understanding of global citizenship

The way the students seemed to define the term global citizen can be summed up by this student, "how I think about the world and my impacts I want to have on it." Students' understanding of what it meant to be a global citizen was to first, be aware of the world around them and second, not be wasteful, because there are people around the world that do not have the same access to material resources that the students did. This understanding was encouraged by program staff, who spoke about the importance of reading the news and conserving resources. For example, at the hostel where they stayed only vegetarian food was allowed, students were instructed to only take the amount of food they would eat, and while they were not forced to do this, most of the students chose to adopt the local custom of eating with their hands. While participating in these things, students felt proud of how they were doing a good job adapting to the local culture.

Despite a desire by most students to find common ground and become global citizens, they also expressed the view that India was "completely different" from the United States. For example, one student described India and the United States as representing opposite sides of a spectrum of competitive and collectivist based progress. Another student described India as a "totally foreign place…where there was almost nothing to identify with". This general perspective suggests that students are not making the connection between what they are learning in India and their lives in the U.S., contributing to the attitude of 'othering' present in previous quotes which have been shared. This may explain why some of the students mentioned earlier felt like things they

had learned in India about homelessness, for example, were not relevant to their lives in the United States.

While most students wholeheartedly desired to become more globally minded, one student stood out as a dissenting opinion, saying she was "not a big fan of these globalistic ideals." She felt it was too idealistic to think people could all get along and work together; instead, competition between people over resources is what she thinks fuels hard work. Despite this, she didn't always want to share her dissenting opinions with the group because she doesn't like these serious conversations, and she feared the conflict it might bring. However, this student later mentioned she felt the United States was strong because of its acceptance of diversity, and mentioned the importance of finding common ground. Throughout both interviews with this student, it was easy to tell that her value dissonance was causing strife for her. When asked self-reflective questions, she would deflect into theoretical answers with few specifics. This student's struggle with self-reflection will need to be addressed before she can move on to more mature stages of self-authorship and cultural competency.

Expressing change as a global citizen

More than the previous four themes, the idea of being a global citizen motivated students to make tangible changes in their lives. A probable reason for this is that, unlike the previous four themes mentioned, the students were presented with straightforward actions to take to create change and become a global citizen. For example, the student mentioned above who felt unaware of what the United States was doing after a lecture

said she wanted to read the news and know what was going on in the world. She related

this to her future profession, saying that if she had "a patient come in that has family in a

part of the world that has a civil war, then you can understand some added stress." She,

and several other students, spoke about possibly trying to follow the news more. She said

usually when the world news came on, "I switch to 'House Hunters' so I am trying to

watch more of the world news." Another participant said he read the news while he was

home over winter break, following the trip, but since returning to school, has struggled to

find time. While this new interest in global issues is commendable, it is hard to tell how

long this will last.

Another participant decided to take an intercultural communications class

following the trip so she could get a non-health perspective on some of the things she

learned about in India. She mentioned how the class was helping her think about the

question of where she is from both geographically and socially, which led to helpful self-

reflection. She was also trying to bring pieces of the Indian lifestyle back to the United

States, saying:

> I felt [both physically and emotionally] so much better there. I wish I felt like this
>
> all the time. Sleeping [on a consistent schedule] and eating [healthy fresh food]
>
> and doing yoga, that's what it was. And I just want to find a way to make that a
>
> bigger part of who I am here.

This student found positive aspects in Indian culture that she wanted to incorporate into

her U.S. culture. Not all students saw it this way, as with the examples mentioned in

previous sections of the student who was glad her U.S. culture was rubbing off on the women playing volleyball, or the student who wanted his patients to see healthcare from his cultural point of view.

A majority of students also talked about a new commitment to conservation of resources, attributed to the DoIT trip. For example, learning about water scarcity and taking bucket showers in India led them to reduce their water use and to encourage their American friends to do the same. One student spoke about the wasting of food in dormitory cafeterias in the United States, and he said his opinions on this have caused his girlfriend to not waste food.

While they perceived the changes as positive, many students explained that these behavior changes had resulted in some conflict with peers and family members. For example, one student's family, who came from a small farming community, treated his new desire to eat less meat as a phase he was going through, telling him that it would not make a difference in the world. Another student was frustrated with his roommates' continual wasting of water and mentioned that when they would leave the water running while brushing their teeth, he would reach over to shut it off for them. There was an overarching feeling that people who had not been abroad to a less wealthy country did not understand what they had gone through or how important these lessons were to them. Students also reported that parents and friends were often less interested in listening to their stories from their trip than the students had expected. In describing her family's reaction, one student said, "they would be like 'How was India?' [And I would say] 'It

was amazing!' That's about it … my mom would be like 'I just don't understand, I don't know what you are talking about!'" These people from home did not have the same emotional connection to the learning in India about things like conservation and health disparities that the DoIT students had; thus, these other people have little desire to change their behaviors based on what the students were telling them about their experiences in India.

Some of the changes students expressed were more conceptual in nature. For example, a student used her new skills of seeing situations from another person's cultural perspective with her college roommate in the United States, who is from India. When I interviewed her before she left, she mentioned how she had a lot of conflict with her roommate about things like cleaning. She felt their relationship had improved because now she was able to see things from the cultural perspective of the roommate, and that they were able to talk through their conflicts instead of being mad at each other. One would hope that the positive response her roommate is giving to the student's efforts at seeing conflict from the roommate's point of view will lead to even more perspective taking in this student's life.

Integrating the Parts of Identity

As was shown in the preceding five sections relating to parts of identity, all of the students experienced the program in India in different ways. Things such as gender, race, and culture played a role in what students learned. For some students though, the change is harder to name; it is as though they have broadened themselves as learners by having a

new outlook on situations. For example, this student showed perspective-taking skills on

their field trip to a temple when some Indian people cut in line in front of the group of

U.S. students. He said, "I was conflicted because I wanted them to wait in line like

everyone else, but at the same time it's more important to them than it is to me." Instead

of letting his cultural value of the importance of waiting in line cause conflict, he was

able to see the situation from the perspective of the local people who were at the temple

to worship, not as tourists. He brought this new mindset home to the United States as

well, saying:

> I definitely realized that I judge situations way too quickly based on the mindset
>
> that I have, whereas getting back I have tried to take the time more to consider
>
> more aspects of a situation…if somebody does something that I don't like, why
>
> don't I like it and why did they do it versus, 'oh you are stupid why did you do
>
> that.'

The ability of this student to look at a situation from various angles is a great success

after the DoIT program. This perspective taking skill will be incredibly helpful as a

future physician.

This student also spoke about how after the trip he is becoming more relaxed with

regard to time management. Instead of filling every minute with activity, he is taking

time to relax and reflect. He also said he is "noticeably more outgoing," participating

more in class, and saying yes to new opportunities, like volunteering to teach health

classes in a local school. Another participant expressed similar feelings, commenting, "I

am less hesitant to say 'I don't know you super well, [thus] I'm going to not do it yet.'"

He has been a teaching assistant for the same class for several years, but this time he is

purposefully engaging with the students instead of reluctantly waiting for them to ask

questions of him. He said because if this change in his behavior, more students knew his

name and were willing to ask questions, which in the end helped him learn more about

the subject, too. This willingness to take risks, and thus increase learning, is also an

encouraging outcome of the program to observe.

In summary, it is apparent from these interviews that students encountered aspects

of their identity differently in India than they had previously in the United States. For

some, the experience caused them to retreat to an ethnocentric mindset, while for others,

the experience was an invitation to see the world in the new way through the perspective

of people different from them. The five topics covered in this chapter, gender, race and

ethnicity, socioeconomic status, professional identity as a future physician, and global

citizenship were addressed in a variety of ways by the DoIT program. This led to a

diversity of outcomes, with some topics more effective than others. In the next chapter I

will explore how these findings from the interviews with the DoIT students relate to the

literature reviewed in Chapter 2, followed by suggestions for future research and practice.

Chapter 5: Self Awareness of Identity for Social Justice

Introduction

In this chapter, I will explore how the findings from Chapter 4 relate to the literature detailed in Chapter 2. This analysis will be done using categories similar to those in the last chapter, (1) Experiencing Identities, (2) Evolution of Understandings, and (3) Expressing Changes. The purpose of this chapter is to examine where the DoIT program has been successful in creating learning experiences for the students.

Experiencing Identities

In my exploration of what helped students on the DoIT program learn the most, the experiential learning cycle, which is a rotation of action, reflection, conceptualization, and application, continually surfaced. In this section, I will connect the circumstances students mentioned when asked about what their greatest learning experiences were to the experiential learning cycle.

When asked about their most important learning experiences, students listed a wide variety of situations which related to various parts of the experiential learning cycle (ELC). Some things that were mentioned were specifically part of the course curriculum, including lectures (abstraction portion of ELC), fieldtrips to temples and hospitals (experience portion of ELC), and the daily debriefs (reflection portion of ELC). However, unstructured activities were also brought up with great frequency in regards to learning. As mentioned before, the volleyball games with Indian students from the hostel caused the students to interact with new people, consider women's roles in new ways,

and hear stories about life in India. Conversations with market vendors, with Indian students over meals, and with hostel staff were also mentioned as experiences that helped students learn more about Indian culture, including ideas of education, gender, and family. Several students mentioned how open and welcoming the people at the hostel were to them, asking about their lives and what they were learning. Students felt these experiences helped them to apply what they were learning in class to real situations; that through talking to host nationals they were able to add a human element to the theories they were learning. The DoIT program is also effectively catering to different students' learning styles, shown by the lack of consensus about what was the single best learning experience of the trip. Because students are in different developmental stages, it is good to have a variety of programing.

Several students also mentioned the cyclical nature of the learning during the DoIT program. Students mentioned a cycle of learning by seeing things out in the real world, interpreting them though their American lens, hearing about the Indian perspective, and then going back out into the world to see more new things. One student talked about how she would interpret things she saw from her American perspective, and then go to class the next day and hear the professors discuss the significance in Indian culture. She repeated this cycle "over and over every day and something we would learn in class, we would go out and see." Another participant said she "learned a bulk of the information" from lectures, but also appreciated the fieldtrips, "not just hearing it but actually seeing it." A third student was in great support of the weekend jungle retreat,

where the students spend two days relaxing and enjoying nature at the midpoint of their

weeks of class. He said:

> I felt emotionally pounded by the trip up until a certain point. [The jungle retreat]
>
> was almost like sleeping. You were able to live a day, and then have a really great
>
> rest and compile those things and make sense and organize them in your mind.

The jungle retreat allowed this student to spend time moving his concrete experiences

from the fieldtrips of the previous week to the reflection and abstraction phases of the

experiential learning cycle.

Many students stated that they especially appreciated the time spent on the

reflection part of the Experiential Learning Cycle. One said that this is not something she

had experienced in her other classes:

> I really like learning in the way we were learning which is a small group setting,
>
> where you can ask questions, and can discuss it with people, and talk about how it
>
> impacts you, and how you are growing. I really like doing that and it's not
>
> something I really get to do here, especially being in the biological sciences. It's
>
> like, this is how it is we are not going to talk about how we feel about it.

A practical example of the experiential learning cycle which was mentioned in the

last chapter is the situation of the student reducing conflict by understanding her

roommate's perspective. The student experienced things in India which she was able to

reflect on and transfer the knowledge to her relationship with her roommate.

However, the experiential components of the DoIT program did not always lead to great learning outcomes, as often times the students struggled to translate what they learned back into the context of the United States unless it was explicitly done for them by the U.S. physicians present on the trip. This is consistent with the findings of Koskinen and Tossavainen (2004) in their study of nursing students who felt that their study abroad location was totally different, something they could not connect to their life at home. Such findings indicate that while students say they learned a lot in India, they may not be effectively reflecting and abstracting their knowledge from India to new contexts in the United States.

As shown in these interviews with the students, experiential activities alone are not enough. Even though students are participating in various parts of the experiential learning cycle, they are not making the transfer of knowledge from what they are seeing in India to their home contexts. The experiential learning activities are helping students observe things that matter, but only when they are quite blatant. The students are often not seeing things like gender, race, or class inequalities in more subtle or familiar ways. If the students go to India and say they have a life changing experience, but when they speak of their new awareness they express they "kind of left it in India," there is still work to do. The point of this trip is for students to become better doctors in the future, so if they see it as an interesting case study of how healthcare operates in a developing country but not an experience that makes them reflect on healthcare in the United States, then we must find ways to help them make the translation.

Evolution of Understandings

Through the experiences previously mentioned, students had a different lens through which they could examine their identity. In this section, Abes et al.'s (2007) model of identity will be used to describe students' evolving understandings of identity.

While in India, students were faced with a new context in which to navigate their identity. Several students described their identities in a manner consistent with the atom model of identity outlined by Abes et al. (2007) as shown in Chapter 2 of this paper. This model describes a filter which, depending on the stage of meaning making the student is in, allows contextual influences to sift through in varying ways. After passing the meaning making filter, the context interacts with the student's perception of their identity, with differing parts of their identity moving closer and further from their core self, like electrons around an atom.

Similar to the atom in Abes et al.'s (2007) model, due to the new context they were in, students found parts of their identity became more important to them then they had been in the United States. This is consistent with Dolby's (2004) study of students' encounters with their American selves when studying abroad, where she found that students became more aware of how their American identity was perceived by and co-created with host nationals. As another example, a participant mentioned in the gender section spoke of how her female identity was more important, a student in the race and ethnicity section described how, depending whether she was with her Indian or American friends, the opposite part of her identity became more pronounced. Another student

brought up W. E. B. Du Bois's concept of "double consciousness," saying he is always aware of how, because he is a racial minority, he must be thinking of his culture, as well as how he is perceived in White culture.

Moving from the atom to the filter portion of Abes et al.'s (2007) model, one student's description fit in the transitional stage of meaning making about his identity, or as Baxter-Magolda (2009) called it, the "crossroads," which is when a student is transitioning from allowing external influences to define their identity to letting their own voice define who they are, called self-authorship. He explained, "It was like I didn't have a true identity. Like I just walked into an identity and I didn't have one before that, which is not a good feeling." This feeling of "existing in an environment where there was almost nothing to identify with" was exhausting for him, probably because initially his thin meaning making filter allowed his surroundings to dictate his identity. He began to realize the authority he had over himself, saying "you are the one that is perceiving this [overwhelming cultural difference] in a really difficult way and if you can work past your differences with other people and find a way to communicate; you have to do that yourself."

The meaning making filter described in the Abes et al.'s (2007) model also seemed to grow more complex for another student, who said, "I noticed more myself compared to other people rather than myself compared to myself at first while we were there, but I think coming back is when I noticed how I changed and how I thought about things." Instead of having contextual influences pass through her filter unexamined, the

student began to see who she was regardless of context: "If I'm not in the cold and the snow [where I am from] I don't forget who [I am]…While I was there I could immerse myself in the culture without losing sight of what my culture was."

A third student exhibited a complex meaning making filter, describing how she felt that she didn't have to change herself to match what other people were doing. She stated that a change for her as a result of the trip is "being comfortable with that difference and not realizing that I have to morph to the vibe, and being comfortable with who I am." When she drew her identity illustration before the trip, she drew a circle in the middle with the traits and attitudes she felt were her true core self, surrounded by a frame with the outward socially-constructed categories that comprise her identity, such as "woman", "young", "upper middle class", and "of European descent." Her model looked remarkably similar to the atom model, which suggests that this student had previously spent time reflecting on her identities, and she aknowleged the impact these identities had on the way her world was constructed. Looking at the ways students are grappling with their identities is important, because they students may experience being taken out of their comfort zone in diverging ways. Students with less meaning making capacity will likely need more support in a program like DoIT than students in the self-authorship stage with strong meaning making abilities.

Besides changes in their thoughts about identity, students' ideas about culture were also evolving throughout the DoIT program. For example, the absence of an explanation for underlying cultural differences regarding gender that was expressed by

multiple students in regards to sports, systems of oppression, and friendships corroborates

Jessup-Anger's (2008) findings about gender and study abroad. Specifically, Jessup-

Anger found that students often didn't pay attention to gender, and when they did, they

usually assumed it was the same as in their home culture, at the risk of "developing a

false understanding of a new culture, one that is laden with judgment informed through

their own sociocultural context" (Jessup-Anger, 2008). As a result DoIT students found

some of the behaviors of the Indian women to be a bit strange, rather than exploring the

complex cultural underpinnings of their actions. This supports Jessup-Anger's (2008)

concern that teachable moments in study abroad are missed because students do not have

the tools to reflect on their own and other cultures' underlying values. One place where

my findings seem discrepant from those of Jessup-Anger (2008) is that she argued that

students abroad assumed the host culture had similar values to theirs, unless it was

explicitly shown to be otherwise. I found the opposite with the students on the DoIT

program. The DoIT students often saw Indian culture as being totally different.

However, as mentioned above, the students still judged Indian culture based on their own

cultural values.

     While on the DoIT program, students had new realizations about how social

context made certain pieces of their identity more important to them at different times.

However, their thinking about cultural context did not always lead them to cogent

conclusion about culture and its effects on behavior.

Expressing Changes

The DoIT program inspired the participants to make various changes in their lives, either now or in the future as physicians. In general, the changes they described match with what one would expect based on the literature around the topic, which is detailed in this section.

The behavior changes DoIT students spoke of were directly related to what Paige et al. (2010) found in the SAGE study. The past study abroad participants surveyed in the SAGE study described how their experiences abroad had affected their professional development, caused them to think differently about international news media, strengthened their humanitarian goals, and increased their desire to live an environmentally conscious lifestyle which the research team termed "voluntary simplicity" (Paige et al., 2010, p. 8). The DoIT program students responded to my questions about global engagement in several similar ways to the SAGE participants.

Nevertheless, behavior change after study abroad is not always easy. As described in the previous chapter, some of the students faced resistance from people at home regarding the ways they had changed while in India, especially when the students were asking people around them to change their behaviors as well. This supports hooks' (1994) finding with her students who found it challenging to relate the social justice lessons they learned to their friends and families.

It is encouraging to see so many of the students from the DoIT program verbalize the importance of culture and its impact on healthcare. Hopefully, their belief in the

importance of understanding a patient's cultural background will continue to grow. In Beagan's (2003) study she found that medical students thought their cultural training didn't make a difference in their care, so hopefully the DoIT students can help create a new culture in medical education. However, Beagan (2003) also found that if medical training about diversity doesn't confront one's own identity, culture, and bias, the participant can begin to see themselves as neutral and the patient as 'other.' For instance, some of the students' views about providing culturally competent care, for example, the student who wanted patients to move to his point to view, appear to reinforce the process of 'othering,' which Kowal et al. (2013) spoke of in their study of health providers participating in cultural competency trainings. Kowal et al. (2013) said that in trying to learn about diverse cultures, sometimes trainings focus on how different the other group is, simplifying them into a stereotype. Phillion et al. (2008) also observed 'othering' in their study of pre-service teachers in Honduras. The undergraduate pre-service teachers in the study were not able to associate their White American identity with privilege, but instead focused on how they were blessed to have material resources. This is similar to the student who was shocked by the people living in shacks who felt like she could not live like that but assumed those people did not know anything else and thus were fine with the situation. Similar to the DoIT students, the pre-service teachers also commented on how poverty was so visible while they were abroad, as opposed to the United States where it is observed at a distance. While there is no specific literature on how pre-medical students conceptualize their identity or study abroad experiences, the students

react in the way one would expect based on the previously mentioned literature on study abroad in general and on medical students and cultural diversity trainings.

In talking with students, it was clear that they all had good intentions when they discussed learning experiences they had in India and their intentions to be a more globally aware citizen. A challenge for them was that, besides conserving resources and watching the news, they didn't know how to concretely put their learning into practice. While their behavior can sometimes be seen as ethnocentric, it did not intentionally come from a place of condescension. The students were genuinely moved by what they saw, but they often did not have the skills to interpret the thoughts and emotions into tangible actions. When they were given specific ways they could make the world a better place, for example by not wasting food, they acted accordingly. However, when they were not given similar instructions for the challenges they faced with gender or class, they were left their own formulation of what to do, which lead to a lack of action towards change.

After this discussion of the significance of the findings from the participants in the DoIT program, it is clear to see that there are many good learning opportunities and there are there are also opportunities to better meet the program goals. However, the DoIT program is just the start. As Kowal et al. (2013), Fredericks (2008), and Kumagai and Lypson (2009) mentioned, it is crucial that students are taught about cultural competency as a journey, not as an endpoint that they can achieve by taking a trip to India. This student put it well:

I don't think this trip in a bubble will [affect the way I deal with patients], but it

has helped make me think about cultural competency as a skill, like we learned,

and this trip is just one stepping stone on the way to being more culturally

competent or generally aware of populations outside my own.

Taking this trip is one small step on a journey of opening oneself to reflect about things

previously unknown. In the next chapter, I will explore opportunities for putting the

results of this research into practice, as well as suggest ideas for future research about this

topic.

Chapter 6: Where (in the World) Do We Go from Here?

Introduction

This case study has examined the experiences of ten pre-medical students who participated in the two week DoIT program in Southern India. Students' experiences, evolving understandings, and expressions of change around the topic of identity were analyzed through a critical constructivist lens. This study filled a gap in the literature in several ways, including exploring a previously unresearched type of student, and delving deeper into student identity conceptualizations after a short term study abroad program, a type of trip that is increasing in popularity. In synthesizing the students' observations of the program as well as the literature, it was revealed that while students have positive feeling about the program, what they learned, and how it will change them, their examination of their experiences with culture led to 'othering' of people different from themselves. To conclude this study of the DoIT program participants, I will offer suggestions for current student affairs practitioners and researchers.

Recommendations for Practice

After reviewing the literature and hearing students' stories in their interviews, recommendations for future programs have been developed. The three mentioned here are the need for intentional reflection, local experiences with diversity, and supportive relationships to guide transformation.

It would be helpful to give students more opportunities to practice their perspective taking skills, both while abroad in India and in the United States. This testing

of abstract ideas is an important part of the experiential learning cycle, and is a necessary skill for effective future doctors. A way to make this happen more effectively for students would be to intentionally focus reflection on critical issues students are facing related to identity, such as interacting with the homeless, celebrity treatment due to race, or gender inequality. Helping the students find where they fit in these systems of culture and privilege may help them to translate the learning from one context to another. As a student mentioned, pre-medical students often not get a chance to reflect on what they are learning in their science classes while in the United States. Instead of having reflection as something that only happens while one is abroad, it would be advisable to bring this sort of reflection into classrooms everywhere.

Furthermore, students need not only have experiences with diverse populations while abroad. Some students struggled to bring their learning back into a U.S. context because the experiential components, like field trips, all happened in India. I would contend that a trip with similar goals to the DoIT program could be run in the United States with similar results. There are many examples of social determinants of health, inequality, and the importance of cultural understanding in the students' backyards, and it would be a shame for them to only learn about these things in an international context. This sort of local study abroad could also help break down a financial barrier for students who could not afford the expensive plane ticket to go abroad, making this sort of local immersion experience more accessible to a diverse group of students.

Having a local study "abroad" experience may also reduce some of the 'othering' ways of thinking which were present with the DoIT students. Sometimes when the DoIT students were exposed to things they could not reconcile in their minds, like issues of domestic abuse or people living in shacks, they reverted to the "it's a totally different, foreign place" way of thinking. This hindered the students' reflection around systems of privilege by setting up an us/them dichotomy. This can lead to students seeing the U.S. system (of healthcare, gender relations, and social services, for example) as a superior way of doing things without seeing the systems flaws or how it disenfranchises certain people. By exploring inequality and social determinants of health in their own community where people look like them, the students may be more likely to connect the issues they are learning about with their own identity and privilege, especially if this reflection is guided by instructors. This recommendation is based on Beagan's (2003) study, in which she found that cultural diversity trainings were not effective unless students learned about their own identity and privilege. My hope is for students to realize that every identity has meaning, and that we can be much more effective in creating a just world by facing the discomfort of learning about our own biases head on.

To create sustainable change in behavior, it is crucial for students to have people around them who support their transformation. Many students struggle to communicate their learning to their friends and family in a way that is consequential to both parties. Spending time with students crafting strategies for communication upon reentry may help with the transition. Also, having structured opportunities for reflection with fellow trip

members upon return to the university could make students feel the experience was less like a "dream that didn't happen" as one student described it. Having supportive instructors and peers assist in the re-entry process could solidify the learning that had started in India.

This sort of supportive relationship between instructors and students can lead to learning on both sides. hooks (1994) imagined her teaching about freedom not only being for her students, but for herself as well. If we want students to be vulnerable and open in the classroom, we as teachers must be open as well. If we want students to leave our classrooms empowered, we ourselves must be working towards the process of self-actualization (hooks, 1994). For example, in my interviews with students, we both found the process enlightening. The conversations I had with students have motivated me to think more deeply about myself and my pedagogical philosophy. The students also commented on how participating in the interview process itself was helpful for them. One student asked for his interview transcripts to include with his reflection journal, saying that the interview helped him express things he had not previously been able to find words for. These are the benefits of a critical constructivist paradigm, in which the co-creation of knowledge and the relationships between students, instructors, and researchers are seen as a crucial part of learning.

Ideas for Future Research

As I conducted this research, many new questions and interests arose. Just as the DoIT program is the start of a journey toward cultural understanding for students, I hope

this case study is a step towards a greater conversation about how to create learning experiences that increase students' awareness of identity, privilege, and social justice. Below are two ideas of where this discussion could proceed next.

First, because the interviews with the DoIT students were done only one month after they returned from India, it is hard to say what the long term effects on their understandings of identity will be. In further research, it would be intriguing to interview the students when they are in medical school and when they choose a specialty for residency to explore to what extent the trip did actually impact the specialty they choose or the way they are relating with patients.

Second, there were multiple stage based theoretical models used in this paper including the experiential learning cycle, meaning making towards self-authorship, Intercultural Development Inventory, social justice allyship, and seven vectors. In my research, I found that some of the descriptions of the progression through the various stages sounded similar across models, even though they were measuring different things. It would be illuminating to compare students across these models, to explore if these models describe disparate parts of the student development experience, or for example if students in IDI stage four have also progressed further along in their meaning making and social justice allyship.

Conclusion

To accomplish the goal of helping pre-medical students synthesize their identities and experiences into a coherent whole, instructors must develop curricula that help pre-

medical students confront contentious, sensitive, and polarizing issues instead of shying away from them. These conversations will be difficult and sometimes uncomfortable, but that is the cost of moving to higher levels of self-awareness. Jessup-Anger (2008) puts it well when she says, "To omit discussion of the new cultural context within the formal curriculum is to allow the elephant in the room [the new and different cultural context] to block students' view of the chalkboard," (p. 372). Individuals must reflect on their lives to see what they value, so that they can in turn respect the values of others (Lutterman-Aguilar & Gingerich, 2002).

Summing up what I hope students achieve while abroad is this:

Developing integrity involves reviewing personal values in an inquiring environment that emphasizes diversity, critical thinking, the use of evidence, and experimentation. It may involve an affirmation of values that have ongoing relevance, a search for new ways to interpret complex realities and reconcile discordant perspectives, or a substantive shift away from old values (Chickering and Reisser, 1993, p. 235).

My hope is that by learning about other cultures, the students will learn more about themselves. Through this self-reflection, an awareness of privilege can lead to a greater interest in social justice. Furthermore, this knowledge could increase personal insight as to how cultural bias could affect patient care when the students become physicians. This is a lofty goal, but one instructors must strive towards if they desire to

have citizens who respect each other as equals, confront systems of oppression, and are critically aware of their own identities and values.

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Appendix A: Pre Trip Interview Questions

1. Why did you choose to participate in this particular program?
2. Describe a time when cultural differences mattered to you. What happens when differences are overlaid by the complexities of race, ability, gender or sexual orientation?
3. What has informed your understanding of your own identity and culture (your own or other cultures)?
4. How would you describe your identity before the trip? For me, these would be things like, "I am a woman, a biker, a student, etc." Include whatever cultures you identify with. Please draw a picture of your responses. Make the circles bigger depending on how important they are to you, or make them touch if they relate to one another.
    a. How would you describe your professional identity? If you have not already included it, draw a picture of that, too. How do you see your personal and professional identity interacting with each other?
5. When you imagine your future career, what does it look like?
6. What are you looking forward to about going to India? Are you nervous about anything?

Appendix B: Post Trip Interview Questions

1. What were the most important learning experiences that you had on this program?
2. How did your experience help you reflect on your life in the United States? To what extent did you face challenges or find connections that helped you understand your own culture?
3. What, if anything, made you uncomfortable?
4. How would you describe your identity after the trip?
   a. Students will be shown their pictures from the first interview as an aid in this question.
   b. How do you think these things have changed or stayed the same since the program? If there was a change, can you describe to me what cause that change?
   c. When did you being noticing these changes?
5. How did the way other people perceived who you are affect your time in India?
6. To what extent do you feel like this program (and/or the identity change we just discussed) has impacted the way you will interact with patients?
7. To what extent has your time in India impacted what career or specialty you want to go into?
8. What was the biggest lesson you learned about yourself and your own values?

Demographics
1. Age
2. Gender
3. Year in school
4. What ethnicity/race(s) do you most closely identify yourself with?