

**Paper #2: A Lesson on Complexity Theory and its Relationship with Medical Practices and
Aboriginal People(s) of Australia**

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Part of our study abroad program for our graduate medical/healthcare students at Sacred Heart University will be an experiential learning experience that examines the relationship that Indigenous Australians have with the history of colonization and medical practices in Australia. This lesson will help to achieve the learning objective of providing our students with a deeper understanding of how policies are affected by our history. Using complexity theory to examine this history will allow students to see how it provides a much clearer picture of the relationship of Aboriginal people(s) with modern medicine and the Australian government than traditional Newtonian explanations. This examination can lead students to better understand how to develop future policies that are more inclusive and accessible to marginalized populations. The students will be asked to read articles, attend a lecture/discussion session attended by an expert on the history of Indigenous Australian people and their relationship with Western medicine, attend an Aboriginal cultural experience at the Spirits of the Red Sand Aboriginal experience (Spirits of the Red Sand, 2021), and culminate in the students working together to create a presentation.

Prior to the lecture/discussion session, students will be asked to read about the history of the adoption of Westernized practices in Australian Aboriginal populations. They will read articles such as: Coleborne and McCarthy's (2012) piece titled *Health and Place in Historical Perspective: Medicine, Ethnicity, and Colonial Identities* to gain a historical understanding of the colonization of Australia and its effects; to reflect on how to decolonize Aboriginal Medical practices students will read Karanja's (2019) piece titled *Land and Healing: A Decolonizing Inquiry for Centering Land as the Site of Indigenous Medicine and Healing*. To develop an understanding of how complexity theory is at play in these relationships students will read John Urry's (2005) piece titled *The Complexities of the Global* and a selection from Peter Russell's

(2005) book, *Recognizing Aboriginal Title: The Mabo Case and Indigenous Resistance to English-Settler Colonialism Chapter 1: Preparation of an Indigenous Challenger*. These readings will provide students with a knowledge of the history of Australia, some contemporary issues and approaches to medicine in Australia, and through an examination of the legal case of *Mabo v. Queensland* understand how complexity theory is at work in the medical field's practices and policies.

In our lecture/discussion section of this lesson the students will look at the *Mabo v. Queensland* case using the four key concepts that are present in complexity theory: emergence, non-linear dynamics, positive feedback loops, and self-organizing nature (Fenwick, 2011). The ruling for *Mabo* in this case resulted in the emergence of an Indigenous Australian identity. Some students might see the ruling in this case from a Newtonian perspective and suggest that *Mabo's* win in this case is the direct cause of the emergence of an Indigenous Australian identity, however complexity theory would suggest that while this emergence is related to *Mabo's* win, it is an oversimplified view. In our discussions about the colonization of Australia, the adoption of medical practices, and this law, we hope to encourage students to identify the other actions, actors, history, causes and effects that are related to the dynamic relationship that Indigenous Australians have with medical practices and policies in Australia. This will develop their critical thinking skills regarding marginalized populations in other settings, and hopefully encourage them to go beyond surface level understandings of policies and practices and how they affect the lives of disenfranchised people.

After we discuss the emergent patterns of the *Mabo* case, we will discuss how the adoption of medical policies is non-linear. In the last ten years, like many Western based healthcare systems, the Australian healthcare system has been in the process of converting paper

patient records to electronic patient records. The Aboriginal population has been slower to adapt to these new technological advancements. Through our discussion we will discover that there are many reasons for slower adoption rates, such as access to technology and the ways that the Mabo case highlights the mistrust Indigenous Australians have of a government that has abused them in the past. This difference in adoption rates will demonstrate to our medical/healthcare students the non-linear nature of complexity theory and will allow them to look more closely at these relationships to identify additional causes of the slower-adoption rate of converting to electronic patient records in Aboriginal populations.

Next, our lecture/discussion session will review the positive feedback loops that have reinforced the adoption of Westernized medical practices into Indigenous Australian culture. One of the current medical challenges facing Aboriginal Australians is the high rate of substance abuse amongst its population. There are many government programs that have been developed to try to combat these issues. An examination of the positive feedback loops in programs, such as the National Best Practice Unit for Tackling Indigenous Smoking (Australian Government Department of Health, 2021) along with discussing the Mabo case, and the importance of representation will help develop our medical/healthcare students ability to identify three things: what practices are working and which are not; additional possible reasons for the slower adoption rate; and how to find ways to incorporate the voices that lack representation in deciding on the policies and practices that will affect their every day lives. Brogger (2014) reminds us “It is continuously asserted that globalization has a tremendous impact on everyday life, and yet is it difficult for us to demonstrate the ways in which this is so if we insist that globalization is related only to macro-structural changes and transformations” (p. 524). When we apply complexity theory to large moments and look beyond that moment to identify other patterns, actors, belief

systems, approaches, etc., we encourage our students to identify how all these pieces are working together to form the varied lived experiences of people.

We close the lecture/discussion session by exploring the self-organizing nature of complexity theory and how all of these elements work together to establish the parameters and rules that guide the movement and direction of relationships, without generalizing or attempting to predict future responses. Discussing the colonialization of Australia in combination with the Mabo vs. Queensland case will demonstrate the self-organizing nature of complexity theory. Prior to European settlement, there was a vast network of coexisting Aboriginal Mobs that spoke thousands of different languages, but through the redaction of land and European policies those groups were forced to come into close contact with each other and the Europeans, resulting in conflict and the destruction of many groups altogether. With the Mabo case there became a unification in the fight for Aboriginal rights that united many groups behind a single cause-the recognition of the Indigenous Australian identity. Studying the development and history of what led up to the win in court for Mabo and the Indigenous Australian people provides an example for our medical/healthcare students of the self-organizing component of complexity theory.

Finally, to gain an increased knowledge and awareness of Aboriginal culture and experiences our students will attend an immersive day event at the Spirit of the Red Sand Aboriginal Experience. This event will not only allow students to become more familiar with Indigenous Australian culture, but also develop an appreciation for the challenges and difficult life experiences that Aboriginal peoples faced not only in the past, but today. We chose this event because it demonstrates the ways Indigenous Aboriginal peoples are educating people about their history and traditions. More importantly this includes a dinner and theatre experience

that asks students to reflect on the effects of colonization in Australia and how those are still manifesting into the challenges facing Indigenous Australians today.

On the final day of the study-abroad program we will divide students into groups of three-to-four people and task them with creating an interactive presentation incorporating what they have learned about complexity theory and how they see it applying to a current medical issue facing Indigenous Australians today. This will allow us to assess the students' skills and knowledge obtained in the program as well as gain insight into the ways that this experience informed and might change some of their ideas about how to practice in their medical/healthcare field.

Using complexity theory to guide our lesson on the history of the relationship between Indigenous Australians and Westernized medicine will provide for deeper and richer discussion and analysis of the past, present, and future. In shedding the traditional approach focused solely on one cause and effect we shift the focus from only macro issues towards including the micro issues. We hope this encourages our medical/healthcare students to go beyond a surface level understanding. To seek a more profound and deeper knowledge of the innerworkings of the complexity of all not only Aboriginal Australians relationship with medical practices and policies, but also to find ways to apply their complexity theory knowledge and skills in their future practice as medical/healthcare professionals.

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