

Teaching and Learning across Culture and Race: A Reflective Conversation between a White Student and a Black Teacher about Overcoming Resistance to Antiracism Practice

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Abstract

There is increasing awareness amongst educators in multi-racial, multi-ethnic, multicultural societies, about the need to prepare students for effective and appropriate practice. Additionally, there is agreement that teaching about racism and oppression presents both challenges and opportunities for growth for our students, and also for the faculty teaching such content, especially those who themselves live on the margins. When teaching such content resistance comes in many forms, but is particularly poignant when examining barriers created by *'what we teach'*, *'how we teach it'*, *'the social locations from which we teach'* and *the social locations from which our students are engaging and learning*. These realities all influence the teaching and learning experience, yet few get an opportunity to collectively reflect on such journeys.

This article is written by an African Canadian teacher and one of her former white Canadian students and is based on research they conducted to capture their shared, although separate, journey. Focusing on the issues of racism and white privilege, they use narrative storytelling to examine how they impact both the racially marginalized and the white privileged experience. The authors' analysis of racism, resistance and white privilege reinforce the importance of these issues to the counseling, social work and teaching professions. The results of this research indicate a need for institutions which train counselors, social workers and teachers to make antiracist and intercultural education a mandatory requirement within their university or college programs. Furthermore, the study suggests that for this type of education to successfully occur, racially marginalized faculty must be hired and, just as importantly, professionally supported within educational institutions. This article suggests that these supports should include an acknowledgement of the fact that many racially marginalized faculty may feel isolated; not only within the institution itself, but also within the community in which the institutions are housed. The article leaves readers with the hope that anti-racist teaching and learning can help to dismantle structures and systems that support the perpetuation of racism and white privilege.

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There is a Negro spiritual ... speaking about the end of the road, death: "When I leave this place may the lives that I touch speak for me." And I think that could be my theme song. That is really what I want. I want my work to speak for itself.

—Dr. Wanda

INTRODUCTION

This article was written by an African Canadian professor and her former white Canadian student. It emerges from graduate research conducted by the student as part of her EdM (Educational Psychology). The research was a narrative inquiry in which the student and teacher engaged in a reflective conversation about their journey of teaching and learning about cross-cultural and antiracist practice in helping professions. The article begins with a general introduction regarding why the authors decided to do this research. They then go on to discuss the research methodology and put the dialogue into perspective with a brief literature review in cross-cultural and multicultural counseling and white privilege. The authors then engage in dialogue about the teaching and learning process. Where dialogue is used, the authors use their real names, which is Bernedette for the student and Dr. Wanda¹ for the teacher to introduce their "talk." The purpose of this research was to explore the experiences and reality of one racially marginalized professor who works with both students and clients from diverse racial backgrounds, and the impact of this teaching on one white woman student. Thus, this research brings together the "now" and the "then" of how Dr. Wanda's experiences affected her life and that of her white student, Bernedette.

The Beginning

Bernedette: *When I was approved to do research on my cross-cultural work within Inuit communities in the Canadian Arctic, I realized I could not begin my story there. It would leave too many questions unanswered. Important questions such as: Why was I able to understand how very ignorant I was about the Inuit culture when I first arrived in the North when many other non-Inuit thought they were the "experts"? Why was I comfortable being the "student" as well as the "teacher" during my cross-cultural work? What had opened my mind up to the fact that truly listening means opening your mind up to other possibilities of what is "normal" or "right" as well as other realities? These questions came to me slowly and powerfully as I reviewed both my personal and professional experiences. Initially, I wanted to ignore these questions and get on with my approved research. But, the more I thought of my cross-cultural experiences, the more I knew that I had to find the answer to these types of questions before any other story made sense. As I pondered, it slowly dawned on me that it was my time spent with an African Canadian woman, Dr. Wanda, who was both a teacher and a friend, that had created a significant difference in the way I perceived life stories and realities. When I state that "it slowly dawned on me," I now realize that these experiences with this person had been woven so deeply into the fabric of my own life story that it was difficult to see them as separate occurrences. They had become "who" I was; not just events that had happened to me. Dr. Wanda had provided a new "lens" for me to view human experiences through and forced me to understand that this "lens" had the power to direct and change my life story and the way I approached other people's stories. I*

pondered how she had taught me so much that had affected me so deeply when, initially at least, I had been a reluctant student. I wondered if her teaching methods had an implication for all cross-cultural interactions, whether between a student and teacher or a counselor and client. I contacted Dr. Wanda by telephone to discuss my research. She and I had maintained casual contact so I anticipated that the conversation would be chatty and informal. However, I did not anticipate how nervous I would be in making my request. I knew from past conversations that she was very busy with professional commitments. I felt that she had already given me so much of her time, energy, and knowledge when I was a student that I was reluctant to put her on the spot by asking for more. I also knew that this project was going to require a great deal of self-reflection on my part and, frankly, I wondered if I was up to it. I made the telephone call and was immediately put at ease. Our talk comfortably flowed back and forth in the easy rhythm of friendship. We chatted about people we knew and laughed about past events we had enjoyed. We updated each other on happenings in our lives and I congratulated her on a much-deserved promotion she had received, to director of the School of Social Work. After our telephone call, the anticipation of learning more about the two of us through this experience began to be more significant and gave me hope that I could complete the journey I knew I had just begun.

Dr. Wanda: *When Bernedette initially approached me about participating in this reflective conversation about her work in my classes and the long-term impact that this had had on her, I was not sure that I wanted to engage in this dialogue. I felt that I have learned so much more about myself and teaching, and engaging across cultures since then, I worried that what I had taught in those early years might not be*

what I would value about my teaching today. I worried that I would be reminded of too many mistakes that I had made. I worried that the conversation might take us to areas that neither of us wanted to revisit. However, as I reflected more on Bernedette's request, I began to think about it in another way. I began to see a reflective conversation on my past ten years as an educator as a healthy exercise to engage in with a former student who was still benefiting from the learning. How could I not engage with such an enthusiastic learner, who had such a thirst for deeper meaning and understanding about cross-cultural and antiracist practice?

Bernedette: *When I reflect on the experience of doing this research with Dr. Wanda, I feel privileged to have accompanied her on this journey through her life and work. In reflecting upon how this journey has allowed me to examine my own life, I am struck with the powerful issues that emerge; not only for me, but for all involved with individual or group cross-cultural counseling. The issues of racism and white privilege were prevalent throughout Dr. Wanda's story and reinforced the importance of these issues to the counseling profession. Throughout the initial interviews, Dr. Wanda was very generous and expressed herself in an open manner that allowed me to capture the **pain** as well as the **joy** in her life story.*

Dr. Wanda: *You know, I might become emotional at some point because some of this story, much of this story—it's not this story; it's my story—much of it is really painful. And so I think that is another reason why I did not want to do too much preparing because I felt it would be best for you to have the full effect of my story. So if there are tears let there be tears ... it has not been a bed of roses. It has been a very*

difficult journey and I do not see it getting any easier.

Bernedette: *And it is that story and journey that Dr. Wanda graciously shared with me. It is a story and journey that she wanted other racially marginalized people to know was possible. It is also a journey that Dr. Wanda wants white people to know is both painful and necessary in order for racially marginalized people to succeed in a society which creates and sustains white privilege.*

To capture that experience in a meaningful manner we felt it was essential that we use narrative inquiry in order to hear their student and teacher stories through their own voices. We also used narrative inquiry to combine our life stories to capture the essence of the "teacher-student" relationship. To accomplish a better understanding of both the teacher's and the student's story and experiences, this research has two strong voices. Voice in narrative research is "the sharing of the experience of particular groups so that others may know life as they know it" (Cortazzi, 2001, p. 386). During the research, Dr. Wanda's voice shared the "teacher's" story. Bernedette's voice expressed "the learner's" story. Connelly and Clandinin (1990) stated, "We learned that we, too, needed to tell our stories. Scribes we were not; storytellers and story lovers we are. And in our story telling, the stories of our participants merged with our own to create new stories" (p. 12). Thus, Bernedette shared how she used the information that she learned from experiencing Dr. Wanda in her life and how these experiences affected her in the past and in the present.

Narrative inquiry is also positioned within a metaphorical three-dimensional space that consists of the "personal and social (interaction); past, present and future

(continuity); combined with the notion of place (situation)" (Clandinin & Connelly, 2000, p. 50). This three-dimensional space is difficult for the researcher, because each dimension must be considered at all times during the research. However, temporal considerations are perhaps the most difficult to factor into research. Clandinin and Connelly (2000) stated, "one's experience becomes tinged with time, making it sometimes difficult to sort out where exactly one is located in time" (p. 89). It is this difficult temporal journey that we took during this research. It is the "now" and the "then" of how Dr. Wanda's experiences affected her own life as well as Bernedette's. In this journey, we included the personal as well as the social considerations that made up our lives and how they continued to mold our existences over time. The concept of "place" was woven into the stories to provide coherence to our narratives and to provide the reader with the context needed to more fully understand the significance of our stories. This three-dimensional space framed the stories we collected and united them together to show how one person's life continued to be reflected in another's actions and thoughts.

Context

As Canadian demographics change, it is becoming increasingly important to study and learn how helping professionals and teachers can best work with their clients, whether they are visible minorities or Euro-Canadians. There are growing numbers of people with multiple ethnic origins in Canada and these changes will be reflected in the clients that will access counseling and mental health services (Statistics Canada, 2010). However, studies indicate that many counseling approaches fail to meet the needs of various ethnic and racially marginalized clients because of their stereotyped narrow perceptions of those needs. Thus, it is

essential that all helping professionals understand that race, culture, and ethnicity are parts of all of us, and are not limited to our racially marginalized clients. As counselors are increasingly called upon to serve clientele from culturally diverse backgrounds, studies indicate that the demand for cultural consideration in interpersonal practice will create pressure on helping professionals to train students for culturally competent practice with ethnic populations. In order to train students for this, we must understand what we are training them to do and why it is important. It is apparent that the major reason for therapeutic ineffectiveness lies in the poor training of mental health professionals. Even in graduate programs where a course or courses on cross-cultural counseling exist, they are often still only options and are not seen as part of the core program (Sue, Arredondo, & McDavis, 1992). Obviously, this can result in mental health professionals who lack skill in cross-cultural counseling. However, it also emphasizes that the institutions that provide the training do not see this as a necessary skill.

To successfully address cultural issues, culturally skilled helping professionals must understand their own values, biases, ethnocentric attitudes, and assumptions about human behavior. White, middle-class citizens are not taught to recognize how their status as white people confers on them many privileges and they often see society from a monocultural perspective—a perspective that assumes, often unconsciously, that persons of all races are in the same cultural system together, which makes them blind to each system's unique cultural specificity (McIntosh, 1992). Canadians of European ancestry think that racism is not an issue that affects them because they are not people of color and because they do not identify "whiteness" as a racial identity (McIntosh, 1992).

Counselors must become aware of their cultural background and socialization, as well as cultivate an understanding of how their heritage may have influenced other groups within a culturally pluralistic society. Counselors need to seek out training programs that promote awareness of their conceptual notions and/or emotional reactions to different cultural groups, strengthen their competencies to work with diverse clients, and foster the development of a nonracist identity (Arthur & Stewart, 2001).

TEACHER & STUDENT DIALOGUE ABOUT LEARNING ACROSS CULTURES

The Story of a Life Lived: Racism

During our interviews Dr. Wanda provided the following definition of racism:

Dr. Wanda: *My very simple definition of racism is that it is prejudice plus power. A lot of people struggle with that because they think anyone can be racist. I believe that anyone can have prejudice, but racism is really that prejudging on the basis of race plus the power to make a difference in terms of the people being discriminated against based on their race.*

She realizes that this definition may be hard for some to understand and/or accept. She accommodates that in her classroom by encouraging discussion:

Dr. Wanda: *... And people have to be free to talk it out. What are you thinking? What is holding you back? What is preventing you from understanding the definition?*

Dr. Wanda's definition of racism, which is derived from her own experiences, concurs with the operational definition

found in much of the literature dealing with racism (James, Este, Bernard, Benjamin, Lloyd, & Turner, 2010; McGibbon & Etowa 2009). She, too, finds that it is not the prejudiced attitudes and beliefs of others that have the most detrimental effects on minorities. Rather, it is the power to act on these prejudices through our behavior and decisions that creates oppression. Like Dr. Wanda, Hayes (2001) urges white people to take responsibility for white privilege and the racism that ensues from it. These excerpts also support McIntosh's (1992) opinion that many white people see racism as an individual act rather than as a system that creates dominance and privilege for white people.

Dr. Wanda continues to encounter people who are either surprised that racism exists at all or resist efforts to be educated on the issue of racism.

Dr. Wanda: *I was putting my tenure package together... I put the "Voice of the People" video in there and one of the comments back from the dean was that she looked at that video and she was profoundly struck by how the issues are still the same—although I did that video in 1990-1991.*

I remember one white student saying to me "My God, I didn't realize there was so much racism around. Maybe there is more than there ever was." And I said, "No, what else could be happening?" And she said, "I'm seeing it, of course. I wasn't seeing it before."

It is not just the resistance that she encounters when teaching about cross-cultural issues, oppression, and racism that affects Dr. Wanda. It is the day-to-day reality of being a black woman in an essentially white institution that exists in a portion of Halifax that is populated primarily by white people. As asserted by

Luther, Whitmore, and Moreau (2001), most racialized faculty in predominately white academic institutions in Canada are expected to be seen and not heard, and they struggle daily not only with their teaching, but their everyday experiences in the academy.

Dr. Wanda: *It is not just about teaching the cross-cultural course. It's about being a black woman teaching here. ...*

That resistance is evident in the comments that Dr. Wanda hears from her colleagues and community members.

Dr. Wanda: *I have heard so many racist comments from people over the years that it is somewhat astounding, even now as I reflect back on some examples. "Well, they're really lowering the standards at the XXX School of Social Work. They have two black social workers working there teaching for the summer." "It can't be much of a program there if they hired you." ... "I don't know if I should tell you this but some people, some people in the community are a bit worried with you being the director that this will only be a place for minority people. It will be a school where only minority students are comfortable."*

Dr. Wanda has the power and prestige of a directorship in a major university. Miller (2000) states that this type of power can be acquired. However, white privilege is innate and only accessible to white people. Thus, Dr. Wanda is denied the power and privileges associated with white privilege no matter how much power and prestige she may acquire through her own diligent efforts. Thus, it is not unexpected that she experiences individual and institutional racism every day because of her race.

Dr. Wanda: ... *When I'm out shopping, I am treated like any other black person in this society ... until they see something like my driver's license, which has "Doctor Wanda" on it, and I have done that deliberately because of the treatment I've had from police and other institutions. But until they see that, people don't treat me with any degree of respect at all. ...*

Bernedette: *The overt racism she experiences on a daily basis, the fact that she needs to worry about where she will live, where to eat lunch, as well as the way the police treat her when she is stopped, surprised me and I wondered at my surprise. I have observed individual and systemic racism directed towards racially marginalized people regardless of their socio-economic status. Logically, I shouldn't be surprised at all at Dr. Wanda's experiences. After reflection, I realized that my personal bias had clouded my perception of Dr. Wanda's reality. I saw Dr. Wanda as a unique individual as well as a respected professional, mentor, and friend. However, many people and institutions saw Dr. Wanda through their own racist perception. To them she was **just** a black woman—they did not look beyond the stereotypes and prejudices that they associated with that fact until they were forced to. And Dr. Wanda forces them to look beyond their racist perceptions in many ways: in her reminder to colleagues and students that she expects inclusion and respect, as well as the "Doctor" on her driver's license to remind police officers that there are black as well as white professionals.*

Dr. Wanda's stories also described potent examples of the racism that she faces on a daily basis within all areas of her life.

Dr. Wanda: *I have had occasions where I think ... race has played a role in terms of how people have acted—the license*

that they feel they have. It really is about privilege.

Dr. Wanda's experiences are not surprising, in fact they would appear typical. Hayes (2001) states that there is a "taken for grantedness that is whiteness" (p. 17). McIntosh (1992) explains that many white, middle-class people view society from a monocultural perspective. This prevents them from realizing that people from other races view themselves in terms of a culturally specific identity, not in relation to the white culture. She adds that to Canadians of European decent, whiteness is akin to normalness.

Dr. Wanda: *If I really wanted to protect myself against racism I would stay home. I would not listen to the radio and I would not watch TV, I would not read the paper and I would not pick up a magazine. I would just stay at home and not answer the door and maybe (laughter) not even answer the telephone. That is the only way to protect yourself against racism, to not engage in the world. But you have to engage in the world. So if you engage in the world, how do you protect yourself? One of the things that I do is that I don't want to walk the streets and deal with this stuff on my lunchtime, which is supposed to be a relaxing time. I prefer to eat in my office so I know I am not going to have an offensive experience ... that is my reality. And in the south end of Halifax, absolutely, I walk down the street or go down to Spring Garden Road, I don't see too many people who look like me. And there are not a lot of safe places around here (south end Halifax).*

Scheurich (1993) observes that the longer one group is dominant, the more effectively "the styles of thinking, acting, speaking, and behaving of the dominant group ... become the socially correct or privileged ways of thinking, acting,

speaking, and behaving" (p. 7). Dr. Wanda does not belong to the dominant racial group. Thus, she lives in a society that reminds her that she is not viewed as "normal."

Dr. Wanda: *I always worked twice as hard as the average person in the same position and that is a part of how racism has affected me. I recall an experience when I was applying for tenure, and there were so many positive letters about my work. One person stated, "I have never seen a file with only positive letters." -In other words, there is something wrong here. I know that I have to work two or three times as hard, just to be seen as credible. What happens is then people see me as exceptional, but what they don't realize is that I have worked so hard to get recognition that they get anyway. ... That is the one thing I find I can still get pretty angry about.*

Dr. Wanda's successes are often viewed from an individual, not a cultural, perspective. Scheurich (1993) maintains that the mainstream Western belief in individualism helps to hide the social inequities caused by racism. This is done by attributing success and failure to the behavior and characteristics of each person rather than to patterns of access and opportunity. Thus, the focus on the individual functions not only as a goal in white culture, but also as an explanation for differences in status and achievement. Similarly, McIntosh (1992) agrees that white privilege opens doors for white people through no virtue of their own. She adds that white people's lives are shaped by the opportunities that exist for them simply because they are white and benefit from white privilege. Thus, racism consists of culturally acceptable ideas, beliefs, and attitudes that serve to sustain white privilege.

Even though Dr. Wanda deals with racism on a daily basis, she had hoped that racism would be less of an issue for her daughter. She relates how she felt when she found out that even though she and her daughter are from different generations, their experiences on entering an integrated school were similar.

Dr. Wanda: *She had such a problem with racism ... she wanted to change her color. One day she came home and she wanted to bathe in the evening and we always did morning baths. I said why do you want two baths in one day? She was trying to rub off the color. She did not want to be black anymore. I thought, "Oh my goodness, I haven't prepared her to deal with this at this stage of life," and things just went from bad to worse. ... I really thought that things were going to be easier for her. I hadn't prepared her at the age of six to deal with racism; individual and systemic racism. I had not prepared her for that because I didn't really expect that it would happen. I felt that I should have known better. But I had sort of rested and thought things had changed. But they haven't [pause] and they still haven't and that was over 30 years ago.*

In his discussion of the relationship of the oppressor and the oppressed, Freire (1998) states that the oppressed are dehumanized by internalizing the image of the oppressor. In Dr. Wanda's daughter's case, she had internalized the negative view of black people that she received from her school environment. This internalization maintains the status, power, and domination of the oppressors because the oppressed have accepted their superiority. In Dr. Wanda's daughter's situation, there was a desire to become white in order to feel normal or accepted.

However, Dr. Wanda recognizes that only looking at the huge issue of

institutional racism can be overwhelming. So, although she is aware of the big picture, she feels that she maintains her energy and enthusiasm when she fights racism at a local level.

Dr. Wanda: *Looking at that big picture can be overwhelming. It can immobilize you, and I never want to be immobilized. I always want to be doing something. Being part of the struggle. ... If I can see some success, some growth, some empowerment, then I feel I have done a good job. If I can see that with one person, one client, one family, or one student, then I feel I have done a worthwhile job. So I had to give up a long time ago that notion of saving the world. Instead I do it one person at a time.*

Dr. Wanda also supplied a definition for antiracist practice. She talks specifically about antiracist social work practice, but one can easily apply it to all professional work.

Dr. Wanda: *Antiracist practice means you are actually taking some action to challenge the racism you see in your practice. Antiracist social work is really about naming racism and helping other people see it. And dealing with it. It is not just the individual acts of racism but also challenging institutional racism. If the professor is oppressive, then that really affects the learning. ... That is how I view the world. That is how I view these issues. You can spend a lot of energy about what has happened in the past. Feeling guilty about what your ancestors did. You can spend a lot of energy there. But I would see that as wasted energy. I think it is much more powerful if we use that energy to look at what we can do to make a difference now and in the future. For me that is really what antiracism work is about.*

I do not see myself as being here to maintain the status quo. ... When people like myself are in these positions we have a certain responsibility as educators—we are educators and not just people of color. All educators have a responsibility, not just in terms of the teaching that they pass on, but the skills that they should be teaching students in terms of how to be in the world and how to effect change. ... The ripple effect can be quite liberating when you think of the potential.

Bernedette: *Dr. Wanda's teachings and mentorship had played a central role in my development as a counseling professional. They sensitized me to the fact that racism does not just happen at a personal level but also, and perhaps more devastatingly, at an institutional level. In my professional work it has meant that I am more aware of the negative effects of racism on my racially marginalized clients. And it has provided me with effective tools to practice antiracist work in which I incorporate the information that I had learned from Dr. Wanda, both as a person and a teacher. I worked with students, teachers, clients, as well as other professionals in a manner that attempted to address the racism that existed in their lives and programs. As a social worker, I worked with Aboriginal clients. In many cases, the stories that my clients told me of their experiences with social services were riddled with incidents of racism. I relied heavily on the information I had learned and observed while with Dr. Wanda to ensure that I did not add to their burden. I learned from Dr. Wanda that counselors must develop attitudes that demonstrate both respect for and comfort with diverse groups within society—that racism isn't just something abstract, but something lived. Racism is also not only just perpetrated or lived by an individual but is systematically interwoven into our society. This message*

made me more sensitive to the institutional racism within the Social Service system.

Historically, institutional racism has clearly had, and continues to have, a profoundly devastating and lasting effect on many racialized clients within Social Service. Vinkle (2012) states that it should be mandatory that social workers obtain a cultural, social, and economic understanding of cultural competency and Aboriginal peoples in order to work competently with the issues they face. For example, Aboriginal people have been exposed to some of the most oppressive acts of systemic violence and racism, yet most government institutions and social agencies continue to ignore and overlook the issues that relate to marginalization and discrimination towards Aboriginal people in Canada and worldwide. Vinkle (2012) states

As social workers, Native or non-Native, it is important to understand cultural differences between Western and Indigenous societies as well as the historical context in which they are viewed. In order to “bridge the gap” between the systemic divide that exists within our institutions we need to be sensitive to the needs of those who we as a society continue to fail. (p. 141)

Mann (1990) states that people of different cultures and races can help us be better counselors “if we plan with them instead of for them, if we ask them instead of tell them, and if we learn from them as we teach them” (p. 2).

Margaret's Story

Bernedette: *As a social worker, I had been asked to meet with Margaret at her home in an attempt, as her white social worker put it, to “talk some sense into her.”*

According to this social worker, Margaret was oppositional and argumentative and refused to consider the best interests of her children. The worker was frustrated and annoyed with Margaret. According to the white social worker, Margaret was lucky to find a “decent” Aboriginal home that would take her children,” and the social worker did not understand how Margaret had the “nerve” to interfere. When I arrived for our appointment, Margaret invited me in and offered me tea. Margaret told me that “that woman” simply didn't like her. She never asked me, but Margaret must have wondered what the worker told me about her. The cancer that would soon take Margaret's life was winning the battle even then, and the pain she felt was evident in her movements and her face. I had reviewed her file and knew that her children had been removed before she had become sick and were placed with Aboriginal foster parents. The foster parents now wanted to adopt the children. Margaret's social worker wanted her to voluntarily put the children in permanent care so that they could be adopted sooner rather than later. As Margaret handed me a cup of tea, I said that I was there to listen. She asked me to sit in a chair close to her because she found talking difficult. Those were the last words she said for about five minutes. We sat in silence. During the silence, I wondered what she was feeling and thinking. I am a mother myself, and I can't imagine the thought of leaving my children forever. When she began to talk, her voice was low and sometimes I gently moved forward so I could hear her. I wanted to ensure she felt I was listening to her story, her version of how her children's lives should unfold. She talked for over an hour, even though it was obvious how much effort that took from her. It seemed important to her that she could voice her regret for her treatment of her children and how she would change it if she could. She told me a story

that was special to her about each of her children. With her permission I wrote the stories down and, afterwards, I gave them to her children. She talked about the future she dreamed for her children and the sadness she felt at leaving them so soon. She expressed a desire to remain involved with her children. Before our visit ended, she decided that the foster parents should adopt her children. She said she would like to see the children "settled" before she died. She had also created a visitation plan for herself and the children that all involved parties later agreed to. I remember her smile that day when she realized that her plan could actually work. At the end of the visit, Margaret thanked me. I had barely spoken a word throughout the entire visit. She stated she felt that we "visited well." And I had felt like I had visited. Visited another person's story, felt something of what she experienced. This allowed me to see solutions that may not have been visible from any other perspective.

Because of Dr. Wanda's teaching, I recognized that, because I was white and a social worker, I had a great deal of power and privilege in this situation. It was my responsibility to convince Margaret that I wanted to share that power with her. Dr. Wanda had emphasized that each culture has its own voice, and individuals within a culture use that voice to tell the stories that matter to them and their culture. In order to share the power I had, I needed to create an environment in which Margaret felt her story would be heard and respected. Dr. Wanda also emphasized the need to share power in order to create equality. In order to do this, I needed to involve Margaret in the decisions that affected both her and her children to the fullest extent possible. Thus, in order to be an effective support to Margaret, I had to do more than "just listen," which is a tool that most social workers/counselors are trained to do. I had

to actively and purposely put her story in a cultural context of institutional racism and view Margaret as an active, competent participant in her own story. While Child Welfare involvement is certainly not unique to the Aboriginal culture, the institutional marginalization and discrimination experienced by the Aboriginal culture within this system must be recognized and put in context. Margaret's efforts to be involved with decisions pertaining to her children were originally seen as argumentative and the idea that there would be an appropriate Aboriginal home that could meet her children's needs was seen as "lucky." These attitudes eliminated all reasonable chance for constructive dialogue and certainly would have reinforced the institutionalized racism experienced by Margaret previously. From Dr. Wanda's teaching, I knew that Margaret had her own history as well as a cultural history that included institutional racism. I knew I had to share the role of the expert with her and understand that there were lessons she could teach me. When I opened myself up to seeing Margaret as an expert on her own story, it allowed a space for positive solutions to become visible that had previously been hidden behind a veil of institutional racism. In situations such as this one with Margaret, I struggled with a paternalistic urge to "fix it" for my client by taking control and figuring out the "best" way to solve the client's problem. However, through Dr. Wanda's teaching I learned the importance of power sharing with clients. As a professional, I had a great deal of power over clients' lives. She emphasized that we need to recognize that power imbalance and relinquish some of that power to our clients in order that the client has the authority to voice both his or her individual and cultural needs with the expectation that his or her voice will be heard and respected.

A Story of A Life Lived: Teaching about White Privilege

Dr. Wanda uses her power as an educator to introduce the issue of power and privilege to all her students in a manner that engages them in antiracist work. However, it is particularly important to her that white students—particularly white males—understand these issues and join the struggle as antiracist professionals. Dr. Wanda understands that allies are important in the work against racism and she consciously and deliberately cultivates them. She understands that white people—especially white males—hold a great deal of power and influence in our society. Delpit (1995) states that people with power tend to lack awareness or acknowledgement of its existence. However, he adds that members of the subordinate group are very aware of their own lack of power and the power of the dominant group. McIntosh (1992) maintains that white people are not taught to recognize how their status as white people confers on them many privileges. Dr. Wanda encourages white people to understand that they must examine their white privilege and actively work against racism. However, Dr. Wanda realizes that many of her white students are confused and defensive when they are faced with discussions on racism. Scheurich and Young (1997) state that this denial is created by white people's belief that racism is an individual problem. They maintain that most white people do not consider themselves racist and may speak out or act against racism. However, their belief that racism is an individual phenomenon is a barrier to a more comprehensive understanding of racism.

Dr. Wanda: *If I treated white males with any kind of disdain, then I really wouldn't be doing what I feel needs to be done in terms of how we should be different in the world and how institutions should be*

different. And until we have a systemic change we really are going to have white males running most of our institutions. So I would rather have them as partners in the struggle than as enemies or as invisible nonracists. I don't need them to be nonracist; I need them to be antiracist. I think it is a little bit easier to engage women in the struggle because they know their own struggles. It is a little bit more difficult to engage white males because the majority have not owned struggles, therefore, this is so new to them. They have not really thought about it. They also have their own fears about embodying so much privilege and power that they fear they are going to get beat up on in class. They don't just fear that from me, they also fear it from their classmates. But it is important for them to realize the amount of power and privilege that they do have.

Dr. Wanda believes that white students need to be prepared for what they will hear from colleagues, friends, and family members. She speaks on this issue in class to prepare students and to offer an opportunity to discuss it.

Dr. Wanda: *It is because they are in a privileged space. The white-bodied space. I think that is part of the responsibility to prepare students for the things that they will deal with.*

Hayes (2001) asserts that whites live in a social formation that confers levels of privilege on them because they are defined and linked within that social formation as white. McIntosh (1992) adds that white privilege is an invisible package of unearned assets that one earns simply by being white. Hayes (2001) concludes that we as white people cannot exclude ourselves from the privileges attached to our skin color and culture. He adds that white people must establish a new set of social relationships

that allow for the possibility for antiracist political action.

Dr. Wanda understands that it is difficult for white people to willingly give up the power and privilege that they possess.

Dr. Wanda: *No matter how enlightened you are, when your power base is threatened, the tendency is to fight back, to try to hold on to power. I think that part of the problem is there is so much benefit in not speaking out. They do not see the loss. Most white people do not want to talk about their privilege.*

Bernedette: *Dr. Wanda's stories and reflections on the experiences of being racially marginalized had helped me realize that no matter how much I try to understand or be sensitized to these experiences, as a white person, I am too far away from these experiences to ever fully understand them. As a woman who grew up poor, I can understand oppression. However, I cannot fully understand racial oppression. Even as a poor white woman, the society I lived in told me that I was "normal" in many important ways. All around me the lawmakers and enforcers were white. They shared my cultural viewpoint of what was wrong and right. The educational institutions I attended always had primarily white instructors, many of them white women. The courses offered were taught from my cultural perspective and in my language. The tests I was given measured my ability to communicate and learn in a white culture. As I came to the realization that I could not ever fully understand racial oppression, I also realized that I would forever be a "student" attempting to more fully understand the racially marginalized experience. I realized that I need my racially marginalized friends, colleagues, and clients to help me understand their experiences through their words and their actions. I need*

to always be open to the fact that I needed them to become my "teachers" because without their assistance, the distance between our experiences is too wide for me to cross. I also need to be aware that this distance exists or I risk underestimating the devastating effects of racism.

Dr. Wanda recognizes the difficulty involved in asking those with power to acknowledge it, give it up, or share it. Tatum (1997) claims that those who benefit from privilege have little apparent reason to question what has always been assumed to be true. McLaren (1998) cautions that there is an unwillingness to let go of a racial identity that has required much time and effort in the making. He adds that we must expect that it will take at least as much effort to move our identity in a different direction. Dr. Wanda believes that white students need to be able to feel affirmed for the positive choices that they make in their antiracist work and she attempts to build that affirmation into her feedback to students. Tatum (1997) suggests that white people who have begun questioning racism and the systems that maintain and perpetuate it, may feel as if they have been cut off from the basis of their identity and become immobilized by both the magnitude of the problem and their lack of support by their white peers. Dr. Wanda recognizes her white students' need to be supported in their antiracist work and incorporates that support into her teaching.

Dr. Wanda: *I think affirming people for the positive choices they make is a way of refueling the energy. So that will help you to keep going and to keep the staying power... you'll need to stay in the fight, and to stay in the struggle.*

It is important that white students have a space to learn and unlearn without feeling guilty or shutting down, while

simultaneously creating space for racialized students to voice their experiences and to have them validated (Nicotera & Kang, 2009). A better understanding of why students desire not to learn is key to their learning journey, and may be rooted in an understanding of white privilege (Kumashiro, 2002). Dr. Wanda recognizes that the challenge is to create strategies that support both students and teachers, especially those from the margins, during the process. Dr. Wanda believes that these experiences provide students with the opportunity to make a difference. Although she acknowledges that making this positive difference can take a toll both mentally and physically, she knows that it also provides hope; not only for others but for those who make the difference as well.

Dr. Wanda: *I have learned that my experiences form a lens through which I see the world and interact in it. I have learned to appreciate all of my experiences, for struggle leads to resistance, and resistance enables me to reclaim hope.*

Wilson (1994) states, "I often hear Euro-American students complain that they don't have a culture. This indicates to me that these students don't know that they are cultural agents, that they transmit a culture that they aren't aware of in every movement, in every action that they take, in every word that they speak" (p. 223). She maintains that teachers and helping professionals must understand their own backgrounds, their cultural ties, their traditions, and the significance of their experiences. Without such awareness, the counselor who works with a culturally different client may be engaging in cultural oppression using unethical and harmful practices.

Bernedette: *Since the initial research for this article was completed, I have worked as a social worker for*

approximately 10 years and then a registered psychologist for approximately 11 years. The lessons I have learned from Dr. Wanda have become an important part of who I am personally and professionally, but that does not mean that it has become easy. It is a conscious exercise to be aware that I am a part of a white culture and, at best, can only be a visitor in someone else's culture. To see what I see as "normal" and to make conscious my knowledge that it is only "normal" to me because it is part of my specific cultural norms is a conscious exercise, which makes nothing certain and anything possible at the same time. This is an uneasy feeling sometimes as a professional; a professional who has been taught that she should have the answers—not more questions. But it is the questions that Dr. Wanda stresses were important. Questions such as: Who is this person? What is his/her cultural/racial framework? What is that person's lens on the world? How does my lens of my own world and his/her world affect how and why I interact with this person? As difficult as they are, Dr. Wanda showed me that these questions are essential to recognize the importance of sharing the "expert" role in a professional setting with people from different cultures and races. These questions also allow me to understand that we are all students when it comes to understanding our own and other's cultures and that I should always be prepared to be the teacher and student interchangeably.

But perhaps even more difficult sometimes is the need to be the professional in the room who sees what others can or will not. For example, I was at a staff meeting where the institution I worked for had new pamphlets made for several different departments. I pointed out that the pamphlets depicted only white-skinned professionals and white, happy families. The single parents and "desperate looking"

clients were all dark skinned. My comment that this sent a strong visual message of white power and racism seemed to confound many at the meeting. One director stated that he was positive no one would even notice such things. Taking lessons learned from Dr. Wanda, I believed it was lack of knowledge and not will that prevented my colleagues and bosses from seeing the pamphlet's message from a different cultural perspective. I reviewed some of my concerns and engaged colleagues who provided other cultural viewpoints. This resulted in new pamphlets and a commitment to engage feedback regarding future pamphlets and community messages. Was it easy being the initial questioning voice when I knew these questions could make colleagues I liked and respected uncomfortable? No, it really wasn't. But, Dr. Wanda had taught me through her words and example that this necessary work, although not easy, was essential.

Planting Seeds

Literature seldom focuses on the racially marginalized counselor or teacher working with students from cultures other than her/his own. However, Wilson (1994) suggests that the experience racially marginalized helping professionals bring to the learning situation, combined with their own sense of caring, empathy, and genuineness are probably the most vital tools they can possess. She states that, combined with sensitivity, these practical tools will work across all cultures and foster positive professional relationships.

Bernedette: *I am white. I grew up in a rural area in Canada. All my school peers were white, my teachers were white, and white, middle-class people staffed all the agencies that I dealt with. When I learned of other cultures or races in school, the teachers stressed that all people were the*

same inside regardless of the color of their skin. That implied to me that all people experienced the world like I did. And the way I experienced the world then was based only on socio-economic factors. Power and privilege came to those who had access to financial wealth.

As a student in a social work program, I participated in a mandatory cross-cultural course taught by Dr. Wanda. This was the first time I would become aware of the significance of cultural and racial differences. Initially, I resisted the view that racism oppressed people of color regardless of their socio-economic status. Dr. Wanda encouraged my questions, commented on my journal entries, and endured my respectful challenges to her definitions of racism and prejudice. Slowly, my mind began to open up to the new view of the world. My journal entries began to reflect that I was becoming aware of racism and how it affects us all. This awareness was created through the examination of my own prejudices, and the tendency to stereotype clients of different races and cultures is a continuous process. Dr. Wanda encouraged my learning by facilitating open discussions in class that allowed me to explore this new information in a safe, supportive environment. But now, as an older professional who has worked as a social worker and psychologist for over 25 years, I wonder why Dr. Wanda's message was so effective. Yes, she was caring, empathic, and genuine. And yes, she had experienced racism on an individual and institutional level and shared her knowledge of those experiences with us. And yes, all of those things helped build a framework where learning was possible. However, the ingredient that spurred me to incorporate what I learned from Dr. Wanda into my personal and professional life was her actions. She "walked the walk and talked the talk." If she had power, she shared it

appropriately with her students. When a student faced a barrier, Dr. Wanda demonstrated through her own actions that barriers could be overcome and was willing to work through that process with her students. She asked her students for action and she was active in the community exposing racism and being an example for others in her community. She asked her students to speak up and she spoke up and arranged community forums. Dr. Wanda did not just say change was possible, she showed her students that it was doable. I look back now and realize that Dr. Wanda's combination of voice and action did not just teach me new skills but also showed me those new skills in action.

Dr. Wanda: *I try to plant seeds. ... I don't try and beat them over the head and say, "This is the way you have to behave, this is the way you think, this is the way you have to see the world. You have to see the world according to Dr. Wanda." I basically raise ideas, put out some issues, plant some seeds ... let that sink into people's subconscious and let that take hold ... it's like planting seeds. If it grabs, you are going to have a beautiful flower or beautiful plants ... and I am thankful for each one.*

In her role as an educator, Dr. Wanda reaches out to all students but is conscious that it is the students who respond and recognize the seriousness of racism and oppression that make her work most gratifying and worthwhile.

Dr. Wanda: *Yes, I take it very seriously. What I appreciate is when students respond in that way and recognize the seriousness of it and that they take it on. What I have come to realize is that I cannot expect all students to be change agents. So now I adopt the attitude that if I can get one student per year that gets excited and is prepared to carry the torch, then I feel I*

have done a good job. I don't go for the whole class anymore. There is always a shining star; there is usually more than one, but I only hope for or expect one. In my Africentric course, there were 12 that worked with me over 2 years. They wanted to turn their learning into learning for the wider community. That was something to celebrate.

Dr. Wanda's definition of an educator summarizes her own unique style in the classroom. Her eagerness to encourage her students to take their new knowledge and passion from the classroom into the community is congruent with her message that professionals should always maintain their own passion for learning.

Dr. Wanda: *I see learning as extending beyond the walls of the classroom. ... I allow people to look at their own workplace and look at what is there. Look at the positives that are there and look at the problems. ... So it was really about them looking and taking hold of the power that they had to affect change and to figure out a way to do that inclusively. It is not something that they can impose on someone ... it has to engage and involve people. ... I also organize assignments in a way that they can do a lot of preparatory work through assignments ... so the thinking about it and the planning can happen as part of the class. ... I am giving them support. Saying yes, this is possible.*

However, even in a classroom where open discussion is encouraged and modeled, Dr. Wanda finds that recently there is a reluctance to ask questions.

Dr. Wanda: *... If you don't ask the question then you go away with all sorts of assumptions, or you go away feeling wounded. ... People should be able to ask those questions in the classroom. And that is*

part of what I am seeing now. For the last couple of years I have seen a real conservative kind of swing. That makes me really nervous. Most people are afraid to ask, afraid to ask the "wrong" thing.

While doing her PhD work, Dr. Wanda began, for the first time, to recognize the power and privilege she possessed as a healthy, educated, heterosexual woman who holds a powerful position within a Canadian university. Dr. Wanda used her new insight as an educational tool to model power sharing in her classrooms. This is congruent with Dr. Wanda's antiracist philosophy. She defines racism as prejudice plus power. By recognizing her own power, she limits the power others can have over her. By sharing her power with her students she is modeling behavior that is the core of antiracist practice.

Dr. Wanda: *I guess one of the things that I have learned since I taught you in that course is that I have some power as well. I never used to think of that. I used to think of the oppression. The oppression based on race, class, and gender. I never thought of the privileges I had or the power I had. The unearned privilege I have as a heterosexual woman, being a part of the younger generation, educated, able-bodied, healthy. Those are all privileges. And those privileges all bring a certain amount of power. And being a professor—professors in universities have a lot of power over students. We can **use** that power or **abuse** it. And I think one of the great lessons for me was to model power sharing in the classroom. What I am trying to do there is not just making a difference with the students in the class with me, but it is also modeling for them how they can share power with their clients.*

Once again, Dr. Wanda uses a life lesson to ensure that others benefit from her new knowledge.

Dr. Wanda: *So it has affected the way I organize the course. It affects the way I teach the course. Not just that course, but my other teaching as well. It has affected the way I am with people because I now see people more holistically. Before, I was tending to compartmentalize people based on whether I thought they were privileged or not privileged. ... It is not that simple because while you may embody privilege as a white-skinned person, as a woman you experience gender oppression. ... I have learned to understand the intersecting and interlocking nature of oppression.*

Dr. Wanda realizes that it is her personality and approach to teaching that may attract students' attention to the issues she discusses. However, it is the congruency between who she is and what she teaches that inspires the lasting change she sees in many students. She asserts that anti-oppression educators must strive for congruency between what they teach and how they teach, but adds that congruency must also be found in how we live.

Dr. Wanda: *I think it is beyond personality though. It is not just personality. It is a piece of it. It is also philosophy, it's also congruency; really it's about the congruency. It's not just the content of what you're teaching; it's also the process of teaching. And it is not just about the teaching; it's the way you live your life. You can't just talk about it. It is not a theoretical construct; it's really the convergence of theory and practice; of content and process. And people really have to struggle to get that to fit.*

Dr. Wanda's story is one that emphasizes congruency more than anything else. She lives what she teaches. She teaches her students to fight racism while she is actively fighting racism in the school and in the community. She teaches them to share their power as professionals while she models power sharing in the classroom. She teaches them to recognize their privilege while she examines her own. She tells them to reach out to those who need support while she reaches out to community members and students who benefit from her guidance and commitment. She tells students that they need to build a support system while she puts energy into building her own. Dr. Wanda feels that this congruency is essential in antiracist work. It is not just a certain personality type or a single incident: It is how you live your life.

Bernedette: *Dr. Wanda's story reflects the negative impact that racism can have on those who endure it. But after 10 years of cross-cultural work, racism was also taking its toll on me. It was always difficult and often discouraging to observe so much blatant racism both on an individual and at an institutional level. I began to concentrate on the institutional racism that exists and became almost immobilized. It began to seem insignificant to me that I was helping one person or client when racism affected so many. I had failed to build up a support system of others who supported antiracism and I was beginning to feel isolated and discouraged.*

I began this research as a way of examining that discouragement. I felt I had begun to look for reasons to discontinue my antiracist practice. But something inside of me told me that wasn't the answer for me either. Interviewing Dr. Wanda was a way of attempting to recapture the feeling that I could make a positive difference. For this reason, it was important that I interviewed

Dr. Wanda in Halifax, Nova Scotia. I used the time in between interviews to retrace my steps as a student and visit many places that held significance for me at that time, and to remember who I was then and the small positive differences I had made to many lives because of who I had become. Again—as she had so often in the past—Dr. Wanda served as my mentor during these interviews. Through the stories and laughter we shared, I came away with a deeper understanding of both the negative effects of racism and the value of antiracist work. When I left Dr. Wanda, I reviewed our interviews as I transcribed each tape. As I listened, I allowed her words to permeate my thoughts. Her experiences and words again became lessons for me. These lessons renewed my passion for antiracist work. I realized that Dr. Wanda and other people of color have no choice but to struggle against racism every day. In learning from Dr. Wanda's struggle, I am reminded that I need to build alliances that encourage and support antiracist work.

Implications for Helping Professionals

The delivery of effective services to racially marginalized clients necessitates that helping professionals examine their own personal feelings and attitudes toward cross-cultural issues. Helping professionals often fail to identify and deal with their own biases and prejudices. To offer effective services to clients from other cultures, helping professionals must be willing to examine these feelings and relegate them to a state where they don't cause us to covertly or overtly harm human beings who are different from ourselves. Certainly, maintaining awareness of our personal prejudices and the tendency to stereotype clients of different races and cultures is a continuous process. However, if we are able to develop an introspective awareness, we are certainly better prepared to guide our

intervention efforts from a cultural perspective using our client's own strength. White people require allies if they are going to be a force in the construction of an antiracist society. This is not just an alliance with racially marginalized groups; it is also an alliance with other white people who fight against racism (Titone, 1999). It is not acceptable to just denounce racism by ignoring or denouncing racist individuals. White people must view all possible courses of action within the parameters of a social structure that created and supports white privilege (Hayes, 2001).

All helping professionals must realize that before they can give that sensitivity and understanding to others, they must learn how to look at and analyze their own culture. Wilson (1994) states that "helping professionals must understand their own backgrounds, their cultural ties, their traditions and the significance of their experiences" (p. 244) in order to fully understand their culturally diverse clientele. There is a strong need for helping professionals to understand that there are many world views and that their cultural framework is only one among many. However, their own framework provides the lens through which they see (or don't see) and experience (or don't experience) all other cultures. Helping professionals must be taught to recognize that racism and white privilege isolate racially marginalized people. In order for minorities to be included, changes to the status quo are required. Although the American Psychological Association (1993) has developed Guidelines for Providers of Psychological Service to Ethnic, Linguistic and Culturally Diverse Populations, this alone is not enough. In order for these guidelines to have any positive effect, it is essential that the institutions that train helping professionals make cross-cultural as well as intercultural education a mandatory

requirement of counseling education. For this type of education to occur, racially marginalized faculty must be hired and, just as importantly, professionally supported within educational institutions. These supports should include an acknowledgement of the fact that many racially marginalized faculty may feel isolated; not only within the institution itself, but also within the community in which the institutions are housed.

Arthur and Stewart (2001) stress that

counselors have responsibility to seek out information which enhances their competence to provide service to culturally diverse groups. The systems and organizations that surround counseling must also be carefully examined to consider ways that institutional culture may impede culturally responsive services. While individual counselors are challenged to consider how their worldview may be subject to mono-cultural thinking, counselor educators and managers of counseling agencies are challenged to consider how organizational structures, policies, and practices may serve particular stakeholders while excluding members of non-dominant groups. Multicultural organizations can demonstrate commitment to diverse representation throughout all levels of the organization. Organizations can also ensure that ongoing operations are responsive to the diverse needs of its [sic] staff and be prepared to address issues that block access and effective service to clients served by the organization. Counselors have an advocacy role to influence the policies and procedures of organizations and to create positive changes for the delivery of

services to culturally diverse clients.
(p. 23)

Dr. Wanda's story also provides an important message to all helping professionals. A counselor who chooses to ignore different stories or other voices in order to pacify the status quo, however good her/his intentions, contributes to social problems like racism by allowing them to exist unquestioned and unchallenged. In fact, indifference is essential for racism to flourish (Scott, 2001). Dr. Wanda echoes this sentiment in her teaching and her work. She

believes that all people, especially professionals, must actively engage in antiracist work to create change; to sit idle is to endorse the status quo.

We shall have to repent in our time

*Not merely for the vitriolic words of
the bad men [sic]*

*But also, for the appalling silence of
the good ones.*

—Dr. Martin Luther King

ⁱ We choose to use our own names in the article to openly share our experiences as both an act of resistance and transformation. Because she is one of the first African Nova Scotians to earn a doctoral degree, many students and community members affectionately refer to Dr. Wanda Thomas Bernard as *Dr. Wanda*, hence the shortened name for her.

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