### Your Mind on Medical Mistrust: Exploring Experiences of Minoritized Individuals with Dr. Kimberly Martin

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0:00:04.6 Ava Ma De Sousa: Welcome back to Minds Matter, a podcast sponsored by the Monash Center for Consciousness and Contemplative Studies. I'm Ava.

0:00:12.3 Beth Fisher: And I'm Beth. And on Minds Matter, we explore research from neuroscience to psychology whilst talking about our own personal experiences.

0:00:19.9 Ava Ma De Sousa: This week on the podcast, I spoke to Dr. Kimberly Martin, who is a University of California President's Post-doctoral Scholar in the Department of Psychiatry and Behavioral Sciences at UC San Francisco. On this episode, we talked primarily about Dr. Martin's work on Black American's perceptions of the healthcare system, and specifically their mistrust of the healthcare system and what it stems from, as well as potential interventions to create better experiences with healthcare in the future.

0:00:48.4 Dr. Kimberly Martin: I'm Dr. Kimberly Martin. I'm a University of California President's Post-doctoral Scholar in the Department of Psychiatry and Behavioral Sciences at UC San Francisco. I did undergrad at UC Berkeley, majoring in psychology and minoring in Dance and Performance Studies, and earned my PhD in Social Psychology at UCLA and my research centers, the lived experiences of minoritized people to understand the impacts of prejudice and the importance of history to perceptions, behaviors and mental and physical health outcomes. And more specifically, much of my research focuses on the experiences of Black Americans in the healthcare system. And I also test how to increase dominant group members, recognition of and support for addressing racism.

0:01:33.8 Ava Ma De Sousa: So you mentioned in your background that you actually did some studies in dance. So I was wondering if you could talk a little bit about your background and how you actually got into psychology. The reason I'm asking this is because I know the story and I think it's really amazing story and shows the value of interdisciplinarity also in a way that we don't typically think about it. I think in science we typically think of interdisciplinarity as different sciences talking to each other, maybe humanities, but art rarely comes into the picture.

0:02:00.7 Dr. Kimberly Martin: Yeah, that's such a good point. So for me, I started off in high school, loved school and loved to dance. So in high school that's very easy to do, right? [laughter] Your extracurriculars and you're taking all your classes. And then after high school, I thought I wanna be a professional dancer. I think that's where I wanna focus my energy and to save on some coins, knowing that I wanted to be a dancer and having the idea, at the time, I thought of, how much they make or didn't make. I went to community college. So I, from high school, I went to community college, was focused on being a dance major there. My plan was to transfer after two years to a four-year university, get my BA in dance, and then go out and audition. That was the plan. And then after two years in community college, kind of on a whim, I just auditioned for this company that I saw perform.

0:02:52.2 Dr. Kimberly Martin: I was in the Bay Area, I saw this company perform and then I read that they had auditions. And I was, I'm not professional yet, I can't do this. But I was really encouraged by my loved ones to go for it and just audition. Well, who could it hurt? What could happen? And so I went and I got the job and this was a nationally touring company and the artistic director for that company that I worked for was Dr. Tisha Evans, shout out to Tisha. And she is a clinical psychologist and she was having us do these really amazing pieces where we were looking at things, things like domestic violence and inequity and really exploring these different things through our movement. So really thinking about human behavior and social conditions through dance, right? And trying to explore that on the stage. And so was doing that for a while, worked for multiple companies, had the amazing opportunity to tour.

0:03:43.8 Dr. Kimberly Martin: And then I always knew I wanted to come back to school, I just wasn't sure for what. And so eventually I was like, I think I wanna go back to school, and I think maybe psychology. And I think that was very influenced by the companies that I was in and the kind of work that I was doing. And I was encouraged by Dr. Evans and others that were just like, yeah, totally. You don't have to just do one thing. You have more gifts and talents than just dance. Do whatever you want. So I had this encouragement to have this unlimited mindset, which was really, really helpful for me. And so I went back to school and this time was like, okay, let me take a few community college courses so that I can transition to psychology. Because I had taken a couple psychology courses before, liked them, but that wasn't the focus, right?

0:04:26.6 Dr. Kimberly Martin: So now I had to gear up for a transfer as a psychology major. So did that, applied to our wonderful UC and CSU system in California as a transfer student. And then went to UC Berkeley. And so I majored in psychology, but I minored in dance, so I could kind of keep both of those things going. And so that was the transition. And then my first semester at Berkeley, I took a social psychology class and that just changed my life. I was like, this is amazing. I wanna learn more. I was reading that textbook on the bar. Yes. Oh my gosh, this is so interesting. And so, yeah, really. And then I took a stigma prejudice class and I just really was like, oh, I think this is it. There's more to the story of course, of figuring out whether this is it, there's so many areas of psychology and I didn't know that going in, but that's kind of the short of it.

0:05:08.6 Ava Ma De Sousa: I think that's such a cool story. And I think people sometimes feel like if they choose a path, especially the undergrads that I talk to in the US, I mean I'm Canadian, so it feels like a very intense system where you kind of have to know what you wanna do going in. You have to have these perfectly manicured statements of who you are trying to get into college. And you can really pivot. And I was wondering, when you were reading the social psychology textbook, how explicit for you was the link between, oh, this is things that I explored in dance and now I'm getting to know it on a deeper level. Did you kind of craft that narrative looking back and being like, oh, that's actually what I did, or were you explicitly kind of knowing that that's what you were doing?

0:05:47.6 Dr. Kimberly Martin: Good question. I think those types of things actually came to the surface for me when I was crafting statements to go back to school, right? So it was, I had to explain why [laughter] I wanted to come back. I found at every stage of this thing, undergrad statements, PhD statements, post-doc statements, actually the reflecting and the writing things down is very helpful for me. It confirms for me that I'm doing the thing that I wanna be doing, right? And so I think, yeah, when I had to try to explain to these universities why have I been an dancer for the past few years and pursuing that so much and now I wanna come back and I wanna major in psychology, I needed to be able to explain that, which meant I needed to be able to explain to myself, right? [laughter] So it made sense to me, [laughter] but how do you explain it?

0:06:34.5 Dr. Kimberly Martin: And then I started thinking about, well, that's interesting because I've had some of these questions of exploring these things through dance and I would wonder, I'd have more questions. I mean, I'm trying to embody this through my physical movement. I'm exploring this, I'm reading up on these topics so that I can really get into character, what have you. But I had more questions and being able to talk to my artistic director about things, she was like, why do you think I don't just do one thing? Yes. You have all the questions, right? So that was really helpful for me. And then I was able to be like, okay, even though that might sound like a huge pivot, you were dancing and now you're doing social psychology, what it makes sense in my mind. It really just needs to make sense in your own mind, [laughter] maybe. So that you could continue on your path even if people were like, what are you doing?

0:07:21.0 Dr. Kimberly Martin: I found when I went back to school, people were like, yes, to my family. When I was dancing, they were like, oh, we thought, okay, good for you. [laughter] Right? And people don't always understand the vision, right? But I think that was helpful for me writing the statements at every stage being like, yeah, that's how I got from here to there. And sometimes it does take that reflection to pull things together 'cause it doesn't always make sense in the moment, right? I'm just going with the vibes, the love, the passion, [laughter] the interest, right? And then you can look back and be like, oh, that's how these things are linked together.

0:07:56.2 Ava Ma De Sousa: I think because the narrative does seem so perfect and tight, the idea of exploring different types of trauma through this medium and then getting to know it deeper through psychology, I think that's the reason I was just wondering how explicit was it or was it reflection? So it's good to know that it was reflection too.

0:08:11.5 Dr. Kimberly Martin: I mean I think oftentimes when we're talking about ourselves, we say things in a way where it sounds very put together, right? And why? Part of it is because I've thought about this so much and because I wrote those statements and they were edited by [laughter] knowledgeable people and put together very tightly, right? So now I can just be like, yeah, this is what happened. Right? Often talk to undergrads about, sometimes this idea that's like, oh man, everybody's just got it together and they know exactly what they're doing. And I'm like, no, none of us do. [laughter] Like honestly we're all figuring it out as we go. [laughter] But then you present yourself as if it made perfect sense the whole time. 'Cause it does by the time you get asked.

0:08:49.9 Ava Ma De Sousa: Yeah.

[laughter]

0:08:50.3 Ava Ma De Sousa: I think that's good to hear too, is that, you figure it out as you go even when it's your own narrative of your life. So thank you so much for sharing that more personal side. I don't think we've had anyone talk about their personal stories yet, but I think yours is just so valuable for people trying to figure it out on all stages of careers. So we can start talking about your research now.

0:09:09.3 Dr. Kimberly Martin: Yeah.

0:09:09.6 Ava Ma De Sousa: So one of the first studies that you conducted is a study that looked at COVID-19 and perceptions of the healthcare system specifically for Black Americans. So I was wondering if you could also discuss a little bit of the story of how you got there and how you kind of made the best out of a difficult situation graduate school, of being in grad school during COVID as well.

0:09:30.5 Dr. Kimberly Martin: Yes. Oh man, that was a lot, right? [laughter] For everyone and just full acknowledgement of my privilege of it was hard, but also being in grad school during the pandemic, I thought about that when, as compared to when I was dancing, right? And what that might have looked like. It's just full acknowledgement of the privilege in academia during the pandemic and quarantine. But yeah, so the research that you're talking about focused on understanding what contributed to early COVID-19 vaccination hesitancy and a lack of medical trust for Black Americans. And so if we try to think back to late 2020, COVID-19 vaccines were being approved for emergency use by the CDC. And there were also these reports coming out saying that Black Americans had some of the highest COVID-19 vaccination hesitancy in the country. And then this raised questions about why this would be happening.

0:10:21.1 Dr. Kimberly Martin: And there was speculation happening around it and people were asking a lot about why, particularly because there were reports showing Black Americans were also more likely to be hospitalised and to die from COVID-19 as compared to White Americans. And so there was speculation in the news media I was seeing all over the place saying that the primary reason that Black Americans didn't wanna get vaccinated for COVID-19 was because of the Tuskegee Syphilis Study. So the Tuskegee Syphilis Study happened between 1932 and 1972 where the US Public Health Service studied syphilis in Black men. And this was done without the Black men's knowledge or consent effective treatment for syphilis was intentionally withheld from them. And many of the men died and transmitted syphilis to their families as a result of this. And so people were speculating in the news that Black Americans know about what happened with the Tuskegee Syphilis Study and that's why they don't wanna get vaccinated.

0:11:16.4 Dr. Kimberly Martin: And I kept seeing that narrative and I just found that explanation really lacking, to say the least. And that's honestly one thing that I really love about being a social psychologist because I was able to take my reaction to that news and those reports and create my own hypotheses and design a study to investigate things. Right? And so the first study that I did on that line, we collected data in late 2020 with Black and White Americans and found that Black people reported being significantly less likely to intend to get a COVID-19 vaccine. So reflecting the reports that were coming out. But we found out what explained that racial difference in vaccination intention was that Black people reported having less positive experiences in the healthcare system, which was then associated with less medical trust, right? So it was more about current experiences that was predicting this.

0:12:05.9 Dr. Kimberly Martin: And then we also asked participants about their knowledge of the Tuskegee Syphilis Study and found that knowledge of the circumstances of the Tuskegee Syphilis Study was not significantly associated with medical trust, nor was it significantly associated with the intention to get a COVID-19 vaccine. And this was true for both Black and White Americans. And also found that about 34% of Black participants and 38% of White participants reported no familiarity with the Tuskegee Syphilis Study at all. And then we did a second study on that line using a nationally representative sample of over 12,000 Black and White Americans in 2021 and found no significant racial differences in the intention to get a COVID-19 vaccine that time. At that later time point, however, Black Americans again reported significantly less trust in the medical community. And then a reason for that was because Black Americans reported their own personal physician cared less about their well-being.

0:13:00.5 Ava Ma De Sousa: So you find that it's not just about these historical things that people maybe know about, but it's actually about the present experience that people have with the medical system.

0:13:10.8 Dr. Kimberly Martin: Right? I really try to emphasize with that study that I'm not suggesting at all that history is not important, history is so important, but the idea that there would be one time point in history that would be the reason that all Black Americans, [laughter] was just, that framing was just so wild to me. So.

0:13:32.5 Ava Ma De Sousa: Have you done any research about the interplay between, not necessarily knowing a specific thing that happened, but knowing in general from your family and from your friends, that the medical system hasn't treated minorities, especially Black people, the best over the years and that there's reasons for there to be more mistrust in this kind of structural level that's more amorphous than a specific thing and how that might feed into their experiences going into a doctor's office or just that general feeling of, I guess I'm asking about the interplay between the more amorphous structural stuff that you might kind of know about and then your personal experience, even though it's not one specific historical event, if that makes sense.

0:14:14.9 Dr. Kimberly Martin: Yeah, I think it all interacts, right? So I think the history lays the foundation and then you have your own experiences and also maybe vicarious experiences that you learn about from maybe family members, right? And things that they've gone through or maybe historical knowledge about things. And then that's all interplaying with the systemic inequity that's going on, right? And so you've got individuals that are upholding systems and you've got [laughter] systems that are continuing to operate in ways of oppressing people. And so I think that they all interact, but I unfortunately, inequity and discrimination is common in our society, right? Racism happens all the time, unfortunately. And so I think it's important to know that history, but also we don't necessarily have to look to the past for examples of racism, right? It's important to know that history, but also it's important to highlight that this is still going on and all of these things are continuing to go on in a system that is not just oppressing one individual or it's not just one, physician or whatever. There are systems in place to create the conditions that keep that going. And so thinking about how do we break that down, change attitudes, change systems, dismantle things is important.

0:15:29.8 Ava Ma De Sousa: Kind of to this point, I'm wondering if this feeds into what I'm about to ask, which is that I think one of the really interesting things in this study is that you did measure both positive and negative experiences with physicians, and kind of contrary to expectations, or at least what my intuition would've been, it was the lack of positive experiences rather than increased negative experiences that predicted that medical mistrust. So I'm wondering if you could speak a little bit to that, why you think that is and do you think it maybe has to do with the fact that like everyone around them is having these, maybe they're hearing very extreme negative experiences? Is it a kind of relative deprivation comparison there?

0:16:08.1 Dr. Kimberly Martin: Yeah, that's a really great question. I've been thinking about that a lot. And so it's an open, and it's an empirical question. [laughter] But to hypothesise about it a bit, I've wondered if for Black Americans specifically, it may not always be immediately clear that a medical interaction was negative, right? Particularly in this national sample as it was in the studies that I did. So, and this could be, I mentioned in part because sadly discrimination is so common in our society, right? So as an example, if I as a Black American go to the doctor and the physician is using a lot of medical jargon, really dominating the conversation rather than really listening to me, maybe they're not being very compassionate, they're not spending very much time with me in the appointment. I might perceive this as this is what it's like to go to the doctor.

0:17:00.1 Dr. Kimberly Martin: Like this is what it's like when you go. If you asked me was that experience negative? Maybe, but it certainly wasn't positive, right? And so there might be the coding of, I know that wasn't positive, but I might not have coded as negative. And all of those examples that I mentioned in the medical interaction are things that research shows are more likely to happen to a Black patient in the medical system, right? And so those things are not good. And there's so much inequity in healthcare where Black patients are not given the same medication for the same amount of pain and the same injuries as White patients. There's so many things that go on. And so that knowledge is really helpful when we know what's going on with the medical system. But in the moment, I know even from personal experience, like in the moment, it's not always easy to code was, you're just trying to get help, right?

0:17:47.7 Dr. Kimberly Martin: Maybe in a hospital you're trying to get help for whatever's going on with you. And sometimes it might be a while before you're like, wait a minute? What was that? [laughter] What was going on there? How come I had to wait in the hallway and wasn't seen for so long? And then they just sent me home and then later I found out they were complicated... There could be all kinds of things going on. And so, and I think it's complicated, but this is just my speculation. I'd love to do further studies to tease that out more.

0:18:13.0 Ava Ma De Sousa: I was also wondering, with the study for the second time point, you did find that there wasn't a difference in perceptions of vaccines between the White and Black sample anymore. So I was wondering if you could speak a little bit to that and whether you think there's a way to generalize that, because it seems kind of hopeful, but maybe your explanation will show that it doesn't actually have to do at all with the broader structures and perceptions.

0:18:38.0 Dr. Kimberly Martin: Yeah. I don't personally have data on that, but there is evidence suggesting that the change in vaccination hesitancy for Black Americans overtime was in part due to the increase in believing in the necessity of the vaccine to keep themselves safe. And there could be lots of reasons why people over time were like, this is the right thing to do, including to keep me and my community and my family and my friends safe. That makes sense. But I do have evidence to suggest that it wasn't medical trust increased and that's why Black Americans started getting vaccinated. That was not the reason. There was something that happened there. And I'd like to emphasize with those studies that even though that hesitancy reduced and they were more likely to get vaccinated, it's really important that we focus on addressing those other issues, which is medical trust, lack of medical trust, and those worse experiences in health care that really those experiences in health care need to change. That's still a problem.

0:19:32.8 Ava Ma De Sousa: I feel like with this idea of medical mistrust and behaviors that are truly helpful for everyone to do get vaccinated when there's a crazy infectious disease that's also killing people from your group because the medical system is not taking care of your group those are things that we need to encourage. And this medical mistrust seems to be the source of that, but I guess it's really important to not just try to reduce medical mistrust on the side of Black Americans rather than being like, We need to fix all the negative or a lack of positive experiences that they're having... And I'm not saying that this is the focus of your work at all, but with this study, the focal issue is that medical mistrust that's preventing this specific behavior, that's good, but at the same time, there's reasons for that, so I know.

0:20:22.5 Dr. Kimberly Martin: Absolutely, yeah. That was part of what was frustrating for me with how things were being reported back in 2020, because there seemed to be this narrative, circulating I actually saw some skips and stuff about this that was like, oh, Black people would just change their trust, if they would just change their minds, they would do the right thing, and it was like, we definitely want everybody being vaccinated for COVID 19, right. But pinning it as, this is just something in your mind that needs to change was so problematic to me when there's so many issues going on and There's so much justifiable mistrust for Black Americans specifically for the future I'm really interested in interventions that creating things that make the medical system more trustworthy, so how do we reduce and eradicate medical racism and mistreatment that contributes to the justifiable medical mistrust that Black Americans have, not just...

0:21:10.5 Ava Ma De Sousa: How do we tell Black Americans just trust it? Trust what, what evidence is there that I should go into any sort of medical system or medical situation and just trust that I'm going to get the care that I need, that would be irresponsible to advise people to do that. So I think thinking about how we can make the system more trustworthy should be the focus, and that's what I aim to do with future research, how do we make the system more trustworthy, so that when people say they don't trust this we are gonna say. I don't know that with the history, I don't know that we would ever get to a point where even if we change everything right now, boom, everybody's trustworthy, the system doesn't have racism anymore, I would still be like wait a minute justifiably like, how do I know that's true. But I think thinking about how can we create more trustworthiness from specific positions, from medical institutions through policy changes, different things like that, I think would be a step in the right direction.

0:22:07.8 Ava Ma De Sousa: Yeah, I think with Social Psych sometimes it feels like if there's a study like this that's like, Oh, medical mistrust is what leads to vaccine hesitancy, and that's something that we wanna prevent, then it feels sometimes the easy idea of how to fix that is, "Okay, let's just try to increase medical trust." Without actually changing those structures that need to be changed because there's a reason that that's there, it kinda reminds me of the research on inter-group relations and how when dominant group members become friends with group members who are minoritized, they tend to have more positive attitudes and also potentially want to increase their engagement and movements to actually change how bad the situation is for people that aren't in their group, but the flip kind of occurs when minoritized, group members become close with dominant group members because it's this artificial... Everything's okay, I know this person who's [0:23:00.0] \_\_\_\_ class or White, and they're great, so why should I try to change this system that is fine.

0:23:05.3 Ava Ma De Sousa: So it feels like if we were to just target that medical mistrust, it would be artificial, and of course, I know that you're not saying we should just do that, but I think the conclusions of the study could be, as you say, manipulated in the sense of supporting social media skits of like, Oh, we just need to get those people to not think these crazy thoughts...

0:23:24.0 Dr. Kimberly Martin: Yeah, I think it's putting the onus on the wrong target...

0:23:26.8 Ava Ma De Sousa: Exactly. Yeah.

0:23:27.9 Dr. Kimberly Martin: The Responsibility isn't just on changing the perceptions of Black people, and that's actually almost like gas lighting. Right, why don't you just trust this thing that is not just worthy at all, right. And to be honest, there was lots of hesitancy from a lot of people about COVID 19 vaccines, and in conversations with people, people would bring up all kinds of reasons why they were thinking about getting it or thinking about not getting it. And some of the stuff is like, Oh no. That's a myth. There's evidence on this, we can talk about it, and then some stuff people bring up, especially about their personal experiences at the doctor that's valid. How do we address that? 'cause people's personal stories. That's evidence too. That's data too. So how do we say, okay, let's address that. And I'm thankful that so many people have gotten vaccinated.

0:24:12.3 Dr. Kimberly Martin: It doesn't take away the need to address those other ravels.

0:24:20.0 Beth Fisher: So I found Kim's interview super interesting, and it's actually something... Because I have worked in hospital settings before as a researcher a bit in those environments and was in pre-med and when you are in those kind of things. I feel like I've had an insight into how these medical systems and structures work, and one of the things that I found the most upsetting and one of the things that is not even in service of the aim of medicine is the way certain patients are treated, and it's a massive problem, and it's a problem in Australia as well, and people not being listened to, people not being listened to about their own bodies, which they clearly know, then the power dynamic between people who feel that, okay, well, a doctor is the expert, they know I'm just gonna listen to anything they say.

0:25:03.2 Beth Fisher: But then a lot of these doctors, they're not always listening to the patient, so they're not always getting the right information, they're not getting the right diagnosis, but then people don't feel empowered to say, hey, now listen to me because I've been taught that these people are the experts and they know everything, and it's a real problem, it's so upsetting to see, and then people aren't getting treatment, and that's a whole whole purpose of that field, and you really need someone to go in with people to advocate for them and I have friends who've had experiences in the healthcare system here in Australia with serious problems, and then telling me what's going on and the way that being treated is just not okay, but because they're not in that space they think that is okay.

0:25:57.4 Beth Fisher: So it's something that I really care about and I think needs to be changed. Totally changed. So I think it's amazing that Kim is doing this kind of work and making it really clear and she's right. Why would you, if that's your experience, why would you trust the medical system, and I think her comment when you guys were speaking about, Well, it's not actually even a good advice for us to say no, you should just trust the doctors because that won't lead to the best outcomes. So yeah, I think it's a massive issue. I definitely know from working in America, I saw it first hand there. And in Australia, I see it there as well. I can't speak for other countries. But I think it's something that really needs to be changed, and I don't think we talk about it enough. Really?

0:26:45.1 Ava Ma De Sousa: Yeah, I definitely don't have a close contact with the medical system as you or obviously, Kim, I think it's becoming more and more like a hot topic of discussion, especially with basically any group that's not as usual, honestly, but it's really true in this case, that's not a white man, because even in women's health in general, and I'm just speaking about this, not to say that we shouldn't be speaking about the experiences of Black Americans, it's just that Beth and me don't have first-hand experience of that. And we only have the expert that was on the podcast Kim clearly, but of course, we know that Black women die more in Child birth, we saw how horrible COVID outcomes were for Black and Hispanic specifically in America, and clearly their pain isn't being taken seriously. There's also a lot of research in the medical field about how there's a really intense dehumanisation that happens with Black Americans and Black women, where they're assumed to have a higher pain tolerance, and there's a discounting of people of color's pain, specifically Black people, and to a certain extent Hispanic patients as well. And I think this clearly shows the structural ways that biases can intervene, but also the really nefarious effects of implicit bias, 'cause I think sometimes when we think of implicit bias, some people will think, as long as I'm nice to a person of color, and I make an explicit effort to try to treat them the same.

0:28:05.7 Ava Ma De Sousa: Then everything is okay, but really, when people in positions of power have these, you could call it small ways of thinking that different bodies and races are different, but it comes out and not taking someone's pain seriously, like we see that that results in death. And I think in the US, women dying in labor has only been increasing in the last few years, and I think a lot of that has to do with women of color giving birth it's clearly there are these horrible outcomes, and then in general I'll just plug a friend Almarada, who's in my program as well, who's a graduate student.

0:28:39.3 Ava Ma De Sousa: She gave a TEDx talk that we'll link in our show notes where she talks about her experience as someone who researches neuro-endocrinology and women's health, and going into a space where she was trying to get diagnosed and figure out what was going on with her because she'd just been automatically put on the pill as kind of a band-aid to her problems when she was a teenager, maybe even almost a pre-teen, and she wasn't getting the treatment that she needed... And the only reason she was able to advocate for herself was because she asked to see her labs and she's an expert in that field, so she saw that something was wrong, but even the women doctors that were treating her refused to treat her, and so that's clearly also beyond just interpersonal bias, that's a structural thing, because as she says in the TED Talk, there's no mandatory Women's Health classes or really about menopause and almost every medical school.

0:29:30.8 Ava Ma De Sousa: So that's just ridiculous. And then if we bring intersectionality into it and think about women of color, it's over... So I think it's so important that these are things that are being investigated more and taken more seriously, because it is so infuriating and these are the people that are supposed to treat us and keep us alive, and when biases come into those systems... Yeah, horrible things happen. And people die. And who's dying? Clearly, the people that are not in power. So I think it's very discouraging to hear about all of this stuff, but also amazing to see people working on this one thing that Kim is doing that I think is so important, is really bridging that gap between interpersonal prejudice of people's experiences with their doctors, but also those broader structural systems and how to use psychology to actually change things from the bottom up level from individual patients and doctors to actually trickle out into the system, and I think that's something that psychology hasn't done enough.

0:30:36.0 Ava Ma De Sousa: Just now, you said people's experiences is data too, and so you do have a study that you ran, which was more qualitative, and I know that we can't talk about the full results from that, but in that first kind of phase in the COVID 19, say you found that there was this medical mistrust that was predicting these negative outcomes, specifically not taking vaccine or vaccine hesitancy, and then you wanted to look more deeply at what are those lack of positive experiences or potentially negative experiences that are just not being categorised that way, so you specifically have a line of work that looks at Black women's experiences with their treatment for breast cancer, so I know you can't fully talk about it, but I was wondering if you could talk about how that study came about and also some of the aspects of doing that study because it is a qualitative study, and I think the way that you run it is very different, obviously from our quantitative studies, but also from a lot of qualitative studies that we hear about.

0:31:28.1 Dr. Kimberly Martin: Yeah. So that research actually started pre-pandemic, when all of these medical trust ideas were formulating, that project is called Project SOAR, SOAR stands for speaking our African American realities and Project SOAR is a community academic partnership between University of California researchers and a non-profit organization called carries touch, which is based in Sacramento, California. The co-principal investigators for Project SOAR are Reverend Dr. Tammie Denyse, who is a 17-year breast cancer survivor and patient advocate and Co-Founder and President of Carrie's TOUCH. And then Dr. Annette Stanton, who is a professor and researcher at UCLA and the Johnson Comprehensive Cancer Center, I became involved in Project SOAR as a graduate student when Dr. Denyse and Dr. Stanton hired me to be a Graduate Student Researcher and a project coordinator after they had secured funding for the project, so that was really an amazing opportunity that I had in grad school, and I continued to work on this, and that research really centers the experiences as you mentioned the Black women who are breast cancer survivors. We conducted multiple of what we call gatherings, which we refer to as culturally curated focus groups, so focus groups that were really created thinking and being very mindful of Black women and Black women breast cancer survivor specifically.

0:32:43.7 Dr. Kimberly Martin: And we did this across California, three different places in California, and so right now we have and are continuing to publish work on Project SOAR and this includes looking specifically at what sort of negative and positive experiences that Black women with breast cancer have in the medical system. And with specific medical professionals and how this can contribute to medical mistrust, the gathering is really led by Reverend Dr. Denise, we really wanted to make sure that the gatherings were inclusive and welcoming and not sterile or just done white room in a hospital setting or something like that. So we did three gatherings across California, and we thought about them as being really sort of intimate conversations with our participants, but we also had them as half day events, and so we had breakfast with the women, we did an icebreaker activity with everybody, we got informed consent.

0:33:38.5 Dr. Kimberly Martin: We asked consent to take pictures, consent to use their real names, all these kinds of things, and then the whole space was an all Black and an all women space to try to encourage more comfortability and openness, and then we had our two hour Q and A period where we got into our specific questions for the research, and then we had an invited speaker come because we had talked about a lot of stuff, and it was a really emotional day. And so we had an invited speaker come in to try to uplift our participants after the Q and A, and then we all had lunch together and we had more discussion, and we've also kept in contact with our participants afterwards, so we've had follow-up gatherings with them.

0:34:16.4 Dr. Kimberly Martin: We've done follow-up online surveys with them, particularly during the pandemic, to see how they were doing, and so it was really important to us that we try to kinda change the narrative or create a method that would be more inclusive for our participants, actually part of the motivation for Project SOAR was the knowledge of how research generally and how psychological research specifically has historically excluded Black voices, excluded Black perspectives and Black experiences, and even when Black participants are included in research, there is a history of not getting consent from those participants actively harming Black participants and taking data from Black participants and from communities without those communities being actively involved in the research questions and design and interpretation, or giving back to those communities after they are open enough to give you that data and so that was really top of mind for us in how we created the gatherings and thought about how we conducted Project SOAR.

0:35:14.3 Dr. Kimberly Martin: And I think for me, it was this amazing experience, I was just so honoured to be able to sit down with these women and so grateful to our participants for sharing their stories with us, really deep personal stories that they were just willing to open up to us about and allow us to shed a light on what's going on in those doctor-patient interactions that are contributing to mistrust when things are going well, which we heard about less often, honestly, but when things that are not going well, when those doctors are not paying attention or not being respectful or really sharing what that was like, and I think it really shed a light on a lot of the quantitative data that I have collected and that I have read... So if you read a study where it says Black as compared to White patients reported that doctors were more contentious with them or spoken in a less compassionate tone.

0:36:06.9 Dr. Kimberly Martin: It's like, that's interesting. That's a really important finding. But also, what does that mean? What do you mean less compassionate tone? What do you mean contentious? And so this qualitative data really shed a light on what is being said in those interactions, what are these physicians saying to their patients, and from the patient's perspective, how that affected them, how that affected their treatment plans, their mood. All of these things was so eye-opening and important, I was like, I have been doing these literature reviews, reading about all of this, and I said to Reverend Dr. Tammie Denyse, right after we finished the very first gathering, I just looked at her, I was like, I have not read this in literature, what we just experienced in this room with these women, like... I have not read this. People need to know what is going on, you know. And so, I'm so happy that we're publishing the work now, I'm sorry, I can't give more details, I really want to, but very soon I will be because we have multiple papers under review, invited recent mission, so I'm really excited to just see all these different papers come out.

0:37:08.6 Ava Ma De Sousa: Definitely. When those come out, let us know and we'll attach them to our show notes and everything so people can see those.

0:37:15.5 Dr. Kimberly Martin: Oh that'd be great. Yeah.

0:37:15.6 Ava Ma De Sousa: I think qualitative research in general, but especially in this kind of realm with health and obviously with a group that has been so underserved by the healthcare system, I think it to me, it just shows how ridiculous it is for people to say research is not okay, because it's just like there's all of these things that are true, that as social psychologists trying to investigate these people's experiences with these questions that are a priority we think are going to speak to their experience contentious-ness or whatever, but without actually asking people what they're experiencing... We don't actually understand what's going on.

0:37:56.0 Dr. Kimberly Martin: Yeah, it's so interesting because that's something that... That was new to me, I was hearing people say, Oh, research is research. And I was like, oh, okay, whatever. And then we also see these shifts, right, even in statements where they're asking, Well, how do your personal experiences contribute? Right, so then it's like... So it's a good thing. How is it being framed, but I think it's important because there's things that you could miss... It goes back to what I was talking about, the COVID 19 vaccination study. Who came up with this idea that the Tuskegee Syphilis study was the reason... The reason that people were just like, Oh yeah, even conversations, people would be like, oh yeah, Black Americans they don't wanna get vaccinated because of Tuskegee that's so terrible, and it was like. No. I think that there are things that... There's knowledge within communities. Right? That you don't necessarily know, sitting in an ivory tower observing people and going mm-hmm this seems to be a problem, this is what I think is going on. It's really important to be in the community.

0:38:56.5 Dr. Kimberly Martin: And really listening and trying to seek understanding, having the humility to say, you know what, I don't know, I could be in an ivory tower looking at something and putting all of my science to it, but that doesn't mean that I actually understand that experience, and if you're not a part of that community, you cannot fully understand the experience, you can not... You try to shed light on things maybe, but you're not gonna be able to fully deeply understand that experience, so I think it's important to me as I continue to move in these academic circles to stay grounded in community, and I love talking about my research, not just with other academics, but with my family, with my friends, with people like me, that love going to conferences and talking at the talks and, at the mixers and whatever, but then also going to the restaurant and talking...

0:39:19.4 Dr. Kimberly Martin: I've had great conversations just like talking to the restaurant owners like, well, what do you do? Oh what's social psychology, Oh, what's that about... And then we have great conversions and it's meaningful to me when they give me the feedback, whether it's constructive criticism or it's uplifting, I'm so glad that we can talk about this because that's what I'm doing it for as an academic I'm supposed to be doing this for the publications, whatever that has to be part of the job, but that's not actually why I'm doing it, what I'm doing like... I am really doing my research trying to eradicate eliminate racism, trying to address inequity, trying to improve experiences of minoritised people, that is my focus, so if I can get it back to the communities and they vibe with this, then I feel I'm on the right track that's truly all the feedback I care about a lot too...

0:40:19.9 Ava Ma De Sousa: Yeah, I think that approach is so important, and I think with qualitative research, you really get that kind of flipping of power dynamics where participants are in a sense passive, we're just asking them specific questions in quantitative research without their input really, and that's a huge problem 'cause sometimes we ask them questions and they just don't fit anywhere on that Likert scale or what they're telling us on that Likert scale could mean a ton of different things 'cause we don't know... We've also had a researcher who talked about Indigenous Methodologies on the podcast, and she was talking about that method that is called the yearning and she called her participants knowledge holders rather than participants, and I thought that idea of flipping who's actually in charge seems the way to go because there's so many things that we're trying to understand that we just don't understand if we're just looking down on it from those perspectives that are not at all on the ground.

0:41:13.5 Dr. Kimberly Martin: And I think quantitative and qualitative research are really important. I do a lot of quantitative stuff, so I think the quantitative gives you the breadth, you can get thousands and thousands of people and hopefully gain a better understanding of perceptions and experiences on average, which is really important to know, and then I think the qualitative work really gives you that depth. So I was saying if I'm wondering what are Black Americans experiences in healthcare system, then having a conversation with Black people and letting them tell me in an in-depth way about those experiences, then that can go beyond just the numbers.

0:41:47.9 Dr. Kimberly Martin: So I hope that my research has breadth and depth, that's what I'm aiming for.

0:41:51.4 Ava Ma De Sousa: So do you feel the qualitative research and quantitative research kind of work in a circle where you would have maybe that first part of figuring something out in this kind of more broad way that medical mistrust leads to the vaccine hesitancy and then getting more into it with that actual qualitative data and then going back and getting more quantitative data, or do you see them as more side by side?

0:42:16.7 Dr. Kimberly Martin: I honestly think you can do it in so many different ways, there's so many possibilities with that. Right? So I have heard of qualitative just who do the qualitative first and really try to understand what's going on, and then that generates hypotheses to collect quantitative data, and like you mentioned, it could probably also be done in reverse. Some people focus just on the qualitative and really highlight the importance of understanding the voices in those stories, some people are just quantitative folks and they wanna understand that breadth and what is going on more generally. So I think there are lots of ways to do it. I just... My hope is that we just value all of it, we just understand they're all important. And to really think about the importance of those stories. Some of the things that people have provided quantitative evidence to have been... What? You said knowledge the term knowledge holders, knowledge holders have known this and have shared this for maybe centuries that's been passed down, you think Black people being mistreated in the medical system that drives all the way back to enslavement. Right? So the knowledge that Black people are not treated well by physicians, that's been known, now in the last, maybe over 100 years, we call it a data on that's right where we're saying, oh, there's a study that was published that shows... Or there was a book that was written that shows right? But this has been going on for a really long time.

0:43:38.1 Dr. Kimberly Martin: And so I think understanding how those things inter-play, interact and support each other, I hope that my research would reflect what knowledge holders are showing.

0:43:46.1 Ava Ma De Sousa: Yeah, that makes a lot of sense. We're close to running out of time, so I was wondering if you could just share what you're working on next, maybe in this part, you could talk a little bit about the perspective taking research that you're doing.

0:44:00.2 Dr. Kimberly Martin: Yeah. So I am looking at how to improve physician Black patient interactions in the future, and doing this by creating interventions with physicians and medical students aiming to increase their perspective taking. I have some previous work looking at how learning history can increase perspective-taking, I'm really excited about that work, and looking at how to increase perspective taking with Black patients, how to improve physician Black patient interactions, and ultimately thinking about how to improve Black patients' perceptions and physiological health outcomes, but again, by making that medical system more trustworthy, improving their perceptions, because the actual behavior... Our environment has changed. So that's what I'll be working on next. I'm super excited about new upcoming things.

[music]

0:44:42.4 Ava Ma De Sousa: Minds Matter is mixed, edited and created by Beth Fisher, she's the Australian one. Our intro and outro music is; Nobody stayed for the DJ by Glassio. Our transition music is Back from war, also by Glassio and me, Ava Ma De Sousa, we'll be back in two weeks with a brand new episode of Minds Matter in the meantime, find all our episodes and show notes on mindsmatterpodcast.com.