"When No One Sees You as Black": The Effect of Racial Violence on Black Trainees and Physicians

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Abstract

Purpose

The United States has an implicit agreement known as the *racial contract* that exists between white and non-white communities. Recently, the racial contract has produced much tension, expressed in racial violence and police brutality. This study explores how this racial violence and police brutality have affected the practice and education of Black trainees and physicians who are members of the racial community being targeted.

Method

This qualitative cross-sectional study interviewed 7 Black trainees and 12 physicians from 2 Southern medical schools in 2020. Interview data were collected using aspects of constructivist grounded theory, and then analyzed

using the concept of *racial* trauma; a form of race-based stress minoritized individuals experience as a result of inferior treatment in society. Data were then organized by the *causes* participants cited for feeling unsafe, *conditions* they cited as producing these feelings, and the *consequences* these feelings had on their education and practice.

Results

The results show that even though participants were not direct victims of racial violence, because their social identity is linked to the Black community, they experienced these events vicariously. The increase in racial violence triggered unresolved personal and collective memories of intergenerational racial trauma, feelings of retraumatization after

more than 400 years of mistreatment, and an awakening to the fact that the white community was unaware of their current and historical trauma. These events were felt in both their personal and professional lives.

Conclusions

As more minoritized physicians enter medicine and medical education, the profession needs a deeper understanding of their unique experiences and sociohistorical contexts, and the effect that these contexts have on their education and practice. While all community members are responsible for this, leaders play an important role in creating psychologically safe places where issues of systemic racism can be addressed.

The year 2020 magnified the underlying racial tension that exists between Black communities and much of the United States. This tension is a result of centuries of systemic racism dating back to the enslavement of Black individuals in the 1600s[1] and the maintenance of what Mills calls America's *racial contract*.[2] From Mills' perspective, the racial contract is an implicit agreement between white society and minoritized communities that privileges whites' interests and legitimizes the mistreatment of non-white communities. This contract exists

because white individuals have long taken their racial privilege for granted and overlooked how race is used as a form of political and racial domination. As such, racism runs rampant in the United States, working in both formal and informal ways to maintain the subjugation of non-white communities. Mills' ideas on the racial contract are grounded in critical race theory (CRT)[3]; a powerful framework for addressing the ways people of color are ordered and constrained in society.

Recently, the racial contract has produced much tension between the Black community and white society, expressed in highly visible acts of racial violence and police brutality throughout the United States. To call attention to the racial contract, many Black physicians[4–7] have used their professional positions to draw attention to the challenges of living and working in a predominantly white society[8] by calling attention to the complex challenges they experience.[9] These challenges include psychological distress from ongoing microaggressions[10] and extra burdens placed on them as a result of being a minority.[11] Many have

noted a lack of psychological safety, the belief that as an individual they will not be punished or humiliated for raising concern as racialized individuals. Psychological safety is critical for individuals' overall well-being and ability to overcome barriers in challenging environments.[12] It is particularly important in professions where there is a high need for interdependence and where hierarchy and status are inherent in the organizational structure.[13]

One area where Black medical students and physicians seem to experience a lack of psychological safety is in their training and work environments because there are so few physicians who share and understand their history. Black/African American individuals, like many others who belong to minoritized communities, experience racial trauma; the cumulative effect of racism on an individual's mental and physical health. Racial trauma can include both direct acts of racism, such as hate crimes or workplace discrimination, as well as more systemic forms such as health disparities and financial inequity.[14] Understanding racial trauma is important because it has the

ability to affect individuals' relationships, workplace performance, and educational outcomes.[15]

Of concern in this study is the fact that Black communities have experienced a long history of racial trauma and violence[16] at the hands of white society. The most powerfully communicated form has been through lynching.[17] While many white individuals may think of lynching as a relic of the past, Black individuals cannot forget the images of men dangling from trees while white Southern men pose next to their bodies. When Black individuals lie helplessly on the ground under police officers' knees asking to breathe, the message is still clear: white society continues to exhibit ultimate displays of power.[18,19] Given this larger historical context between Black individuals and white society, when current events such as the murders of George Floyd[20] and Ahmaud Arbery[21] occur, these events cannot be considered in isolation. Rather, they need to be understood as part of a larger historical context of race relations in the United States.[16]

Using CRT,[22] which examines the ways in which racism is perpetuated by an unfair social system, this study explores how the racial violence of 2020 has affected Black physicians in both their personal and professional lives as members of the racial community being targeted. Drawing on previous work demonstrating the inextricable link between Black physicians' professional identity and their social identity,[23,24] the purpose of this study is to explore how racial violence affects Black physicians in their education and practice, given their strong tie to their ethnic/racial community.[25,26]

Method

This qualitative cross-sectional study[27] is part of a larger critical research agenda on the professional experiences of Black trainees and physicians at 2 Southern medical schools, the Medical College of Georgia and Emory University.[23,24] Cross-sectional studies are thought to be ideal when data are considered immediately relevant or time sensitive, but researchers do not have the time to engage in longitudinal research. CRT[22] was used to frame this study because it forwards the idea that racism is a systemic form of oppression that

is embedded in society in ways that disadvantage minoritized individuals and groups, while advantaging the interests of whites. From a CRT perspective, white individuals are thought to have little incentive to eradicate racism because they benefit from having Black communities as a subordinated group.

CRT was chosen as a framework because of its usefulness in identifying and addressing the consequences of race and racism on minoritized individuals' mental and physical health.[28] Although some may find it challenging to identify, the practices performed by physicians are steeped in reasoning, beliefs, and practices that are intertwined with power relationships that create inequality between those with social status and those without.[29] Additionally, the researchers also wanted to challenge the idea that systemic racism is only relevant to Black individuals who live and work outside of the privileged circle of medicine and that somehow Black physicians, because of their professional status, are protected from larger social issues such as racial violence.

Participants included 7 Black trainees (i.e., students and residents) and 12 attending physicians who were recruited through the researchers' personal and professional networks at their respective institutions. Researchers initially used word of mouth and recruitment emails, and then switched to the snowball method.[30] In total, 11 participants had participated in the researchers' previous studies on professional identity formation[23,24] and 8 participants were not affiliated with previous work (see Table 1).

Data were collected in the form of audio-recorded semistructured interviews lasting approximately 45 minutes in June and July of 2020 by T.R.W. and N.R.-W. Each interview consisted of 1 question: *How have the recent escalations of racial violence against the Black community affected you as a physician or trainee?* Probing questions explored areas such as participants' emotional responses, coping strategies, fears, changes in professional practice, interactions with other Black individuals and non-Black individuals, etc. Given that there is no published literature on this topic within medical education, the researchers used aspects of constructivist grounded theory[31] to

Table 1
Demographic Information

Participant characteristic	No. (n = 19)
Gender	
Male	3
Female	16
Specialty	
Student/no specialty	5
Emergency medicine	5
Internal medicine	4
Pediatrics	1
Psychiatry	3
Surgery	1

collect and analyze data. For example, researchers engaged in theoretical sampling[32] whereby responses and analysis from early interviews guided the direction of inquiry in subsequent interviews and provided new directions for further questioning. Additionally, researchers attempted to recruit participants to identify experiences not previously reported by other participants. To ensure a coordinated effort, the 2 interviewers met weekly to discuss and process the findings. Data collection continued until theoretical sufficiency[32] was reached, at which point no new participants were recruited.

Interviews were transcribed and analyzed using constant comparative analysis by T.R.T and T.R.W. using the concept of *racial trauma*.[14] Racial trauma is connected to ideas found within CRT because it is a form of race-based stress minoritized individuals experience as a result of inferior treatment in society. In this study, racial trauma was operationalized as the emotional reaction minoritized individuals have to dangerous events, real or perceived, at the level of the individual and community, and across generations.[33,34] Racial trauma is thought to be inextricably linked to social identity because in the passage of time, historical representations of the past help shape groups' responses to new challenges and affect how one sees their identity in relation to a group.[35] Once analyzed through this lens, the data were then organized by causes, conditions, and consequences[27] to understand how the data are interrelated. Specifically, this was defined as the *causes* participants cited for feeling unsafe, *conditions* producing

these feelings, and the *consequences* these feelings had on their education and practice.

The study team consists of 2 Black physicians (T.R.T., D.W.) and 2 white qualitative researchers (T.R.W., N.R.-W.) who initiated this study after several colleagues at both institutions expressed that they were affected both personally and professionally by the racial violence. The likelihood that racial violence affects Black physicians was noted in earlier research with participants,[24] but at the time there was insufficient data to explore this topic on its own. However, 2 of the team members expressed similar sentiments to those being shared by the participants, thus driving the current study forward. Undoubtedly, the experiences of the Black members of the research team shaped the analysis and interpretation. Therefore, member checks were made by T.R.W., one of the white researchers to ensure the final analysis was reflective of participants' experiences. In total, 5 participants commented on the interpretation, and minor adjustments to the analysis were made. This study was approved by Augusta University's Institutional Review Board, #1557155.

Results

The results show that when asked how the recent upsurge in racial violence affected them in their education and practice, participants primarily focused on how it affected them *personally* because it made them feel helpless as Black individuals. They experienced these events as a form of retraumatization from over 400 years of mistreatment by white society and described having to process the immediate grief from contemporary racial violence, while also working through grief that runs throughout generations as a result of their historical mistreatment. As a result, participants described feelings of being unsafe as they woke up to the racial trauma in their personal lives, as well as the racial trauma felt in their communities and practices.

The impact of racial violence was deeply personal

During the height of racial violence that occurred in the summer of 2020, participants indicated they were deeply affected by the events in anticipated ways. Many described feeling vulnerable in ways they had not experienced since entering medical school, such as one physician who shared, "I feel much less secure living in this world, heightened with a sense of anxiety" (Physician 13), and others, who described having "nightmares for months" (Student 1).

Residents described being more tired and weary at having to process their feelings while focusing on their training, "I was getting more fatigued, more irritable, and it was more than just a typical burnout" (Resident 8). However, of all the participant groups, attending physicians seemed to have the most complex experience. Not only did they have to process their own emotions around the racial violence, but they also tended to it in their clinical settings. For example, one trauma surgeon saw protesters in her operating room who had been beaten by police. Seeing the tangible effect of these events was disturbing and affected her personally and professionally. As she described, "I've actually seen people injured from the recent protests come in [to the ED] as trauma patients, and it's really hit me in my face in my professional life" (Physician 18).

As a result, participants described feeling "helpless as a Black person" (Physician 14) and perceived the need to modulate their social identity in front of their white colleagues. They expressed an inability to share their concerns and attempted to keep their feelings hidden. Participants rationalized this need by describing the existence of a pervasive myth about highly educated Black individuals, suggesting that as an individual attains higher education, they are somehow protected against the trauma experienced in the Black community, which keeps aspects of themselves concealed. One described this myth by sharing, "White people think we're exempt from those experiences" (Physician 14). However participants also explained that no amount of training is protective and, "prestige won't really help you or save you from any of this" (Resident 8).

Given the myths about educated Black individuals, participants indicated they felt hurt by their colleagues' inability to see them as Black. As minoritized individuals, outside the profession they are immediately recognized as members of the Black community, as this participant explained, "before I'm a physician, I'm still a Black woman" (Physician 1). However, in medicine, they are recognized by colleagues as physicians first, which obscures their vulnerability to systemic racism even though they experience the same interactions with police.[36,37] Without a deeper awareness of the lived experiences of Black physicians, participants expressed their fear and grief went unrecognized in a moment when acknowledgment and solidarity from colleagues were needed.

Racial violence as retraumatization: "It's a long-term grief"

Participants also described the explosion of racial violence as "nothing new" (Student 8), while also describing it as a retraumatization or "long-term grief" (Physician 17). Several described these events as pain, which has accrued over the course of the nation's history, "Unfortunately, we are still revisiting *this* 400 plus years later" (Physician 1). The reference to "*this*" is meant to signal both issues regarding the historical enslavement of the Black community and the public murders of Black individuals. Participants suggested that for a Black physician, these events are not separate; rather, they are interrelated and part of a long history of mistreatment and reminders of larger historical events that never seem to end, "Since that time [slavery] … we've just seen it over and over again" (Physician 11).

Participants also explained that seeing these murders, in particular Ahmaud Arbery's, which occurred in a southern Georgia town, provoked incredible fear. For example, several were physically near the site of the murder while training at a local hospital system and were extremely scared they could be the next victim. Others who were less proximal changed their behaviors outside of work to decrease their chances of becoming the next victim, "I stopped running in my neighborhood … I live in a majority white neighborhood, and I'm relatively new here [and] I'm not going to take no chances" (Physician 11). Still others were in utter disbelief, "When I first discovered the Ahmaud Arbery case in Georgia, I was like, 'How could this be in Georgia and not far from where I live? [Why] is this still something that is happening?'" (Physician 17).

Participants indicated that these murders prompted them to begin thinking about historical trauma and racial violence

against the Black community in ways not previously considered. For example, one student remarked, "[This] has had me thinking of the stories my parents used to tell me and the things that I personally went through growing up. It has me reminiscing on a bunch of stuff and it's not good" (Student 8). To process the violence, they began thinking through the history of the Black community. Even those who described themselves as being "desensitized to the violence" (Physician 12) because "it's just a part of being a Black person" (Physician 11) narrated repositioning these murders as part of a larger historical context and seeing their history for what it is, "Re-experiencing [these murders] does something to you [because] there's never any processing of that past trauma" (Physician 1).

To participants, these violent acts seemed to reinforce their feelings that not much has changed for Black communities, causing some to wonder what, if anything, might help the nation move forward. One student explained, "It's traumatizing on an already open wound. You feel like you've [been] suffocating for a long time. I've never felt so unhealed" (Student 1). This long-term grief contributed to deep-seated feelings of not being safe in society or at work and whether safety was even attainable. Participants experienced compounded trauma from multiple sources, which affected their ability to train and practice in medicine.

Awakening to/from trauma: "Were we lying before? Were we making this up?"

As participants began to process their feelings outside of work, they indicated that they learned more about their own racial history and described a reawakening to broader experiences of racial trauma in their community. For example, in the midst of the ongoing police brutality, 1 participant learned about the 1921 Tulsa, Oklahoma massacre in which Black residents were attacked by white mobs, subsequently eliminating an entire community and their businesses.[19] This participant explained that understanding the history of the Black community in the United States helps to make sense of the present in ways she had not considered before: "We were not educated about this. [It was] essentially erased from our history. We have to understand the evolution of where [these events] come from"

(Physician 12). Sharing these historical events helped them to process through the racial trauma that intersects between individuals, groups, and generations of minoritized groups.

Others described how the conditions of racial violence and an awakening to their own racial trauma precipitated anger which had been dormant for a long time. Participants indicated this anger stems from feeling helpless at creating change in society, "No matter what you do, what outcries you make, you're not going to be the person who's able to make the changes. It's white people who have to be antiracist and make changes. That's what's going to change America" (Physician 14). This participant explained that they felt the Black community did not create the system that oppresses them, and therefore they feel they cannot undo it, which is perceived like an injustice in itself, "Again, it centers the whole conversation around white people and their experiences, and not what the Black population is going through" (Physician 14).

Participants often described feeling at the mercy of white society to recognize the issues of racial trauma and make amends for them. Many indicated that Black physicians cannot feel safe until white physicians demonstrate an understanding of the trauma society has inflicted on their community. Participants' realization that their suffering had gone unnoticed by the very group who had inflicted their trauma contributed to feelings of helplessness and exhaustion both personally and at work. At the same time, it catalyzed a personal and community-level awakening within the Black community, which reified their felt sense of social identity as Black individuals who have had to endure generations of racial trauma yet to be processed.

Participants also described a salient consequence of the recent racial trauma as an awakening to how much white society did not know or understand the experiences of Black individuals, as another participant explained, "Now all of a sudden, everyone wants to come to terms with the actual realities of America … [I'm] having to teach white people what it is that they should have been doing over 400 years ago" (Physician 14). They realized that white society has not been paying attention to what has been happening in the Black community, thus

reifying participants' feelings of not being seen by the rest of society, "I have been shocked that people really [didn't] believe [racial violence] exists" (Physician 13).

Other participants were more cynical as they realized white society has not been paying attention to the experiences in the Black community, asking rhetorically, "Were we lying before? Were we making this up?" (Physician 14). Another physician described experiencing countertransference in clinic with their white patients, especially those who were "White, female, in their fifties or sixties [who] are very demanding and entitled" (Physician 7). This participant explained, "I think I've always had an issue with them, but it seems lately with the murder of a lot of these Black men … it has really caused a lot of internal disruption for me" (Physician 7).

Discussion

Our study explored how racial violence affects Black physicians who are not direct recipients of these events, but have social identities tied to communities being targeted. Our results demonstrated the deep and personal ways that Black physicians experienced these events. Most prominently, their experiences were simultaneously direct and vicarious, as their unacknowledged personal and collective memories of intergenerational historical trauma were retraumatizing due to its unresolved and unacknowledged nature.[17] Although previous research has studied racial violence in health care, the focus has always been on how to assist professionals in addressing issues of racial violence within the community,[38] and how individuals, units, and institutions might respond if a racist patient attacks a provider.[39] However, the current study shows that Black physicians feel traumatized even in situations where they are not the target.

Of concern in this study is that when participants were asked how racial violence affected them in education and practice, the participants primarily relayed how the racially violent events affected them *personally*. This finding reifies earlier work demonstrating that Black physicians think of themselves as Black individuals first and physicians second.[23,24] Our findings also underscore the need for medical education to better acknowledge that Black physicians' social identity is inextricably tied to their racial community.[23,24] For Black physicians, the Black community is

not external to the self nor does it simply act as an *influence* on the self. Rather, their community is wholly intertwined with the self.[40] This relationship might have been challenging to see when the profession had very few Black physicians. However, as greater numbers of non-white physicians join the medical community, the normative practice of seeing a physician as a physician first, and a member of a minoritized community second, needs to change.[41] And yet, when Black physicians described how the racial violence affects them professionally, they indicated that their white colleagues' silence exacerbated a feeling of invisibility in white society. This finding underscores the need for leaders to create safe spaces for minoritized physicians to grieve racially violent events in the workplace, and that Eurocentric notions of professional identity formation remain problematic,[42] and the need to view personal and professional identity in a more integrated way.[23,24]

While there are various approaches to addressing racial trauma in the workplace that leaders could adopt,[15,43] many of these strategies backfire when not implemented well.[44] Our findings suggest that leaders begin by educating themselves on the perspectives and experiences of Black physicians, particularly around the issue of *rememory*, a term coined by the author Toni Morrison[45] to describe traumatic memories that follow individuals in their day-to-day activities, such as the legacy of slavery and its aftermath for many Black individuals.[46] Minoritized communities experience these rememories as part of their troubled relationship with the past, and leaders need to be sensitive to the ways they follow physicians.

We also suggest leaders adopt strategies outlined in models such as Trauma and Violence Informed Care,[47] a model that recognizes that many individuals have experienced trauma in their life, and they need psychologically safe environments that avoid or minimize retraumatization.[48] Leaders do not need to be experts on how to handle specific racially violent events but do need to be able to create space for others to engage in emotional processing. One example of how to implement such an approach from the literature is the Open The Front Door (OTFD) model,[49] which was originally designed for bystanders to address microaggressions, but can be used to create a psychologically safe space to discuss racial issues. Using this model, leaders could address racial violence in this way: *Observe* (i.e., "I noticed there was another incident over the weekend."); *Think* (i.e., "I am troubled by this, and I think there may be others on the team who are, too."); *Feel* (i.e., "I feel that these events are becoming commonplace and I do not want to normalize them."); and *Desire* (i.e., "I would like to take the opportunity to discuss this issue if anyone is interested in sharing their thoughts."). Models such as OTFD acknowledge the pain individuals may be experiencing in a nonthreatening way, but instead create safe spaces for physicians and trainees to express themselves. Other models include ACTION,[50] which stands for Ask clarifying questions, Come from curiosity, Tell me what you observed, Impact exploration, Own your own thoughts, and Next steps, and XYZ,[51] in which an individual states, "I feel X when you say Y because Z." Regardless of which model is pursued, the goal is to focus on what was observed and the resulting thoughts or feelings to encourage dialogue among team members.

While this study has resulted in important findings, there are several limitations worth mentioning. First, the study was conducted in the South, a context known for its racial violence and mistreatment of the Black community, and participants may have been more sensitive to these issues. Future research might explore nuances and regional differences within Black physicians' communities that are tied to pressing issues in their own geographical area. Second, 2 of the researchers were Black physicians and described having similar experiences to those shared in the interviews. In qualitative studies, researchers bring their personal experiences to the analytical work, and this study is no exception. However, the research team took several steps to ensure the data were grounded in participants' experiences through member checking and ensuring the interpretation was shared by both participants and researchers. Third, the researchers enrolled participants from their personal and professional networks. Future research should reach more broadly into medical education to expand, refute, or corroborate these findings. Additionally, the current study enrolled primarily female participants, and researchers might want to also explore the effect of racial violence specifically on male physicians and how their experiences might differ from those of females. Finally, this study only examined racially violent events that were highly visible and public. Future research should explore other, more subtle forms of racial violence, and the ways these affect physicians' education and practice.

In conclusion, Black trainees and physicians experienced direct and vicarious racial trauma during the summer of 2020 as they witnessed police officers murdering unarmed Black men and women. This racial trauma is grounded in nearly 400 years of unresolved and unacknowledged trauma they have experienced at the hands of white society. As more minoritized individuals enter into medical education, the field will need to work toward creating psychological safety for these physicians in both their education and practice environments.

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