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### *Our March*

*“To those of you who experience a feeling of being powerless, disparaged, victimized, antagonized, threatened and abused, to those of you who for the first time felt the pain that my people have felt since they were brought here with chains shackled on our legs, today I say to you, welcome to my world. Welcome to our world”*

-Tamika Mallory, National Co-Chair of the Women’s March on Washington

Standing on Independence Avenue with my sun-burn-prone white skin, blue eyes, and blonde hair, I knew the words echoing through the loudspeakers were meant for me. For when have I, a cis-gendered, able-bodied, heterosexual, white girl from the suburbs, experienced adversity? Throughout American history, the supremacy of whiteness, of maleness, of practicing Christianity, of cis-gender and “straight” orientation consistently self-sustains through principles of segregation, entitlement to comfort and belonging, psychic freedom, and targeted propaganda. Therefore, I ask again: when has my curated segregation, ubiquitous entitlement and sense of belonging been challenged by the experience of being an “other”? When has my inherited supremacy been stretched far enough to vibrate with the frequency of adversity so described above by Tamika Mallory?

Perhaps once.

4% of medical students endorse suicidality and unfortunately, I now count myself in that small, but growing, minority.<sup>1</sup> Anxiety and ‘type A’ personality traits served me well throughout the medical school

application process, but quickly turned sour in an environment survivors nostalgically call “drinking water out of a fire hose.” I would not recommend blending inattention, panic, and anhedonia as study tools for microbiology exams. Fortunately, my supports brought me to the hospital once I started studying acetaminophen toxicity nomograms and I was afforded a summer with minimal financial responsibilities to allow for therapy, appointments, and ultimately, for recovery.

Mental illness is a frank example of adversity and pervasive stigma impedes broader society from treating it with the seriousness it deserves. I experienced illness and adversity, but in all honesty, my demographic advantages precluded my reality from crossing into the realm of disparagement, victimization, and abuse. Yes, I experienced powerlessness secondary to my anxiety, but many others experience external subjugation, constant threat, and lack of security as a norm in their way of life, profoundly impacting their mental health and development. Even with this pertinent past medical history, the first line of Tamika Mallory’s address is not meant for me.

Being able to count instances of adversity on one hand certainly attests to my “privileged” life and I credit the many concealed strategies of supremacy for my pre-and post-illness successes. Throughout my journey back to baseline, I segregated myself from the everyday reality of marginalized communities because my “safe” neighborhood never required me to face the imposed poverty present throughout my own city.

I turned off the news, never seeing images of my brothers and sisters murdered by police or my houses of worship labeled as terrorist mills. Never once did I search intake forms for the “other” box; white and female sit at the top of lists. I never once doubted my entitlement to treatment and services for white illness is respected with an external etiology, something to be quantified and treated. Behavioral deviation amongst people of color is more frequently defined as a character flaw and a signal of further inferiority. Never once did I fear that the white medical establishment operated on ulterior motives other than my best interest; no one performed experiments on my ancestors within the last hundred years.

My white skin provided the psychic freedom to focus on my own cognitive recovery, practice my CBT exercises, and isolate myself in supportive, easily-attainable safe spaces. Throughout the supremacist history of segregation, entitlement, and persistent propaganda, I come to represent what our dominant cultural narratives define as a true “American.” I have recovered because white meritocracy is a societal norm. I have recovered because an amazing amount of resources and accommodations have been interwoven into the fabric of society to make it so.

“I have inequitably benefited mentally, physically, and financially from a systemic paucity of adversity.”

Thus, to attain the equitable society that so many righteously espouse, white, heterosexual, able-bodied individuals need to readily accept more adversity, not less. Only through the renouncement of advantage and structural supremacy can we as privileged citizens of the United States expect to equitably redistribute our resources. We can counter segregation by relentless integration, from our now-isolated living communities to our children’s “good schools” to our “Medicaid-not-accepted-here” doctor’s offices. We can challenge our entitlement and fragility by engaging in hard conversations, patronizing expressive works from marginalized communities, and by rewriting our “winner-takes-all” history books. We can discard our sense of superior belonging by discrediting the myth of American meritocracy, supporting innovative revolutions, and eliminating structural disparities.

We can ensure widespread psychic freedom so that all people equitably input the emotional labor necessary to deconstruct our demographic ideological divides. Finally, by challenging the white, heteronormative, patriarchal lens that is applied to our dominant cultural narratives, we can finally proclaim the true belief that “all people are created equal.” These strategies assuring authentic integration are limitless and each brings a layer of adversity that white, heterosexual, able-bodied individuals need to welcome with the open arms of Lady Liberty.

For people like me benefiting from the current power hierarchy, adversity is not something to overcome, but rather something to integrate into our lives. True, I have experienced some adversity in my story of mental illness, but this has been the exception, not the rule. Instead, I have inequitably benefited mentally,

physically, and financially from a systemic paucity of adversity. Robin DiAngelo asserts in a paper on White Fragility that “white racism is ultimately a white problem and the burden for interrupting it belongs to white people.”<sup>2</sup> I must agree. In broader terms, the dismantlement of the white supremacist heteronormative patriarchy will be a lifetime calling for over-advantaged individuals like myself. Adversity will become our choice and (in contrast to our long history of haughty self-segregation) we will be readily welcomed into the already marching ranks along Independence Avenue.

1. Schwenk, T., Davis, L., & Wimsatt, L. (2010). Depression, Stigma, and Suicidal Ideation in Medical Students. *The Journal of the American Medical Association*, 304(11), 1181-1190.
2. DiAngelo, R. (2011). White Fragility. *International Journal of Critical Pedagogy*, 3(3), 54-70.