“Your people have always been servants” – unmasking internalized racism in academic medicine

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The COVID-19 pandemic and Black Lives Matter protests catalysed a global racial awakening, intensifying an outcry to abolish structural racism, including making science more equitable and accountable. Many minoritized people had an epiphany: that we are standing at the foot of a 'hostile obstacle course'[1], which contrasts with the popular, but passive, 'leaky pipeline' analogy. The undercurrent of racism in academic medicine is pervasive – preferential treatment, failure to acknowledge intellectual contributions, stealth othering, and denial of opportunity and sponsorship. This manifests in differential attainment, disillusionment and attrition. Minoritized pioneers have been deleted from history with deliberate exclusion from success metrics e.g. grants and publications. Gate-keepers, including funding bodies[3] and peer-reviewed journals[4] have conceded their role in colluding with the status quo. Dismantling barriers is the appropriate top priority, but the taboo topic of internalised racism[5] has received less attention. This refers to 'conscious/unconscious acceptance of racial hierarchies by minoritized people'. Self-subordination and over-assimilation propagates the problem. People of colour need to self-examine and phagocytose the locus of control. Anti-racism agendas should include rewiring the colonised mentality to empower people of colour to dissolve the psychological chains and concrete ceilings holding them captive.

Racial identity is a social construct; one component of a multi-variate model of privilege'[6], demonstrating the complexity of intersectionality. Everyone has characteristics that decrease (e.g. dark skin colour, female gender) and increase (e.g. wealth) their perceived power. People of colour are under-represented in leadership positions. Workplace tribalism proliferates as people feel safer in groups that resemble themselves and reinforces their own beliefs. White-washing remnants of racial identity and mimicking 'superior' traits are common approaches to minimise differences between the minoritized and those wielding power. Well-intentioned advice may include "code-switching" e.g. altering speech, behaviour and appearance, and sharing survival strategies e.g. advising against "ethnic" profile pictures. Compliments regarding articulate speech inadvertently convey that cadence is incongruent with darker skin colour. This idealises 'white professionalism'.

Internalised racism may also manifest as a 'gratitude tax'[7], which refers to feeling indebted to institutions or seniors for opportunities, despite achievements being earned and not gifted. UK-born medical graduates of colour may even be reminded to be 'grateful' to practice medicine in this country. This diminishes their sense of accomplishment, self-worth and agency. Minoritized people often push themselves to overachieve and perform acts of service, e.g. administrative tasks such as

typing minutes, to prove their worth. These become expected and not appreciated. Minoritised groups may experience shame and fear stereo-typing, e.g. stifling self-advocacy against racism to avoid being labelled 'the angry black woman' or 'playing the race card'. Self-doubt, identity confusion and feelings of inferiority may result in a yearning for belonging, approval and external validation.

Openly dissecting the anatomy of internalised racism and striking the Goldilocks level of discomfort (just enough to grow, but not too much to shut down), is critical to transformational change. This includes addressing maladaptive coping mechanisms contributing to our own moral injury. Challenging self-talk and when mentoring others is imperative. Feigning commonality and pseudo-representation, with disingenuous "role models" that pull the ladder up, promotes burnout and fails to empower minorities. Instead of coaching to bleach racial identities for a Western palate, we should encourage healthy integration, boundaries and pride in our duality and heritage. We are all like light both particle and wave. Hiding our differences, rather than celebrating them, denies our co-workers access to and acceptance of our culture and people that look like us.

There is truth in the immigrant parent's ubiquitous expression of working ten times harder[8], in order to be equally (or less) valued. Intersectionality carries a cost, but the edge affords a unique lens; being marginalised enough to recognise inequity and privileged enough to enact change. The truth can be triggering and fragility may manifest as retaliation rather than reflection. Calling out racism is unsafe; inner strength is vital for self-advocacy to withstand potential retribution.

Years ago when my patient said "you are a public servant; your people have always been servants", a senior leapt to the racist patient's defence with "they've had a difficult life". In silence I accepted the absence of empathy, responsibility and support. I minimised, compartmentalised, desensitised and sanitised. Today I see that unconsciously the patient was right – we are doing ourselves a disservice with an attitude of gratitude and servitude. Instead of relying solely on allyship and saviours, we need to save ourselves. Finding our voice is critical to advocate for self and others; liberating authentic self-expression required to drive innovation, creativity and progress to benefit all of us. Instead of proving our worth, we should focus on knowing our worth. This will deliver dividends for all of us. Eliminating internalised racism is critical in reclaiming our power and making academia truly international and inclusive.

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