



## NARRATIVE MEDICINE

# NAMING THE PAIN, CLAIMING THE HEALING

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August 8, 2022 — a date forever etched in my memory. It was the day before I was to see my favorite rap artist, Kendrick Lamar, perform in Philadelphia. Little did I know this day would mark a turning point in my life. At the time, I was serving as the equity management program coordinator for an organization in which I no longer work, one of a few departments within that large organization that was intentional about weaving equity into the fabric of its workforce and culture.

The day began with an email from one of the directors requesting a meeting with my supervisor and me to discuss the trajectory of the equity management program. I was filled with excitement and anticipation, having developed a comprehensive proposal to integrate a human-centered approach into our department. The plan included education workshops, town halls, curriculums, speakers, accountability measures for leadership, recruitment strategies, and policies aligned with the department's vision. I was confident this could have positive effects throughout the organization and the community. Moreover, I had a previous working relationship with this director before he'd assumed his new role, and I knew he recognized the value I brought to this work.

As my supervisor and I walked to the meeting, the director greeted us and led us into his office. The atmosphere was typical of a corporate office: dry, with stale carpet and the strong scent of cologne. We engaged in small talk while waiting, and I shared my excitement for the concert. To my surprise, the director revealed he was also a fan of Kendrick Lamar. This revelation challenged my biases, as I did not expect a polished, white-collar executive to be a fan of hip-hop.

However, the mood shifted dramatically when the second-in-command closed the door. The director's demeanor changed from warm and engaging to detached and emotionless. He crossed his legs, folded his arms, and stared blankly, saying, "Hattie, as of today, your program has been sunsetted." I was perplexed. "Sunsetted? What does that mean? Are we going on a field trip?" My supervisor asked for clari-

fication, and the director explained that the equity management program would be "discontinued effective immediately."

I had worked in this organization for nearly a dozen years, moved from being a vocational rehabilitation counselor to a program coordinator. I had faced challenges, including a strained relationship with a past supervisor, but I kept showing up, earning strong reviews, and believing I was building a career rooted in service and equity. That's why the meeting left me in shock.

The organization's current leadership was retiring, and there was uncertainty regarding new leadership. Whether true or not, my program was shut down. The director's team had already written a new role for me — résumé and career development for diverse candidates — and I would be reassigned to a supervisor I had known previously and whom I did not feel I could trust. On top of that, I was told some leaders thought I had a hidden agenda, that I made people uncomfortable, and that I had been labeled a bully, a racist, even an atheist.

I was given a choice: take a voluntary demotion with my pay intact or be placed under someone who didn't care for me, doing work I would hate. Either way, the message was the same: the work I had built and the reputation I thought I had earned had been stripped away. I felt an overwhelming sense of disbelief and rage. And in that moment, I unraveled — my chest tight, my breath uneven — tears spilled in front of my supervisor and the two executives.

I asked to be excused and left the office in urgency and despair. Later, I ignored the 10 calls from my supervisor, and although I went to the concert, front row for Kendrick Lamar, I could not shake the new burden and weight of what had just happened.

The next day, I emailed my director and supervisor, letting them know that I chose the position that allowed me to keep my current pay — a voluntary demotion into a job I knew I would hate. It wasn't what I wanted, but it allowed me to hold on to a shred of dignity.

After that, my professional performance deteriorated from commendable to questionable. I began arriving late to work, entering and leaving the building quietly. Often, I would leave the office to have lunch or cry in my car. This behavior was a sign of what I later realized was deep depression, compounded by the stress of applying to over 76 jobs without success.

The exhaustion of always code-switching and pretending to be fine weighed on me, even as I carried a quiet rage and the unspoken desire to confront those who had devalued me. For almost eight months, I repeated the words “racist” and “bully” in my mind, unable to look at my colleagues without wondering if they thought those things about me — or if they were the ones who said them.

I reached a breaking point and no longer wanted to go on. Everything I’d poured myself into felt wasted, invisible. I drove to Chickies Rock along the Susquehanna River, stood on a boulder with a view of the

water, and prayed for the wind to take me. Instead, I heard my late father’s voice: “No! This is not your way out. Don’t give up.” I found myself back on a bench, crying and praying.

Two weeks later, I came across a free course on Instagram about Racelighting and Racial Battle Fatigue.<sup>1</sup> Intrigued by the topic, I enrolled.

The seminar opened with an introduction by Dr. William A. Smith, distinguished professor of education, culture, and society at the University of Utah, who coined the phrase, “racial battle fatigue.” As the course progressed, his descriptions resonated with many experiences from my life, including my upbringing as a young Black girl from the South. Things started to make sense, and I felt outraged.

I was finally able to articulate what millions in Black and Brown communities face. We are not crazy. Racial battle fatigue reflects an ancestral trauma that has impacted Black and Brown bodies across generations. Understanding how the many forms of racism move through our bodies — physiologically, psychologically, and behaviorally — was enlightening.

**Table 1. Being an Ally to Those Facing Racial Battle Fatigue**

*Understanding racial battle fatigue is step one. Practicing allyship is step two. Allyship means listening, learning, and leveraging privilege to reduce systemic harm.<sup>5</sup>*

#### **Educate Yourself Without Expecting Emotional Labor**

Learn about systemic racism, microaggressions, and historical oppression without relying on those most affected to be your teachers. Listen, read, and engage with content produced by marginalized communities.

#### **Trust and Validate Lived Experience**

When someone shares a racialized experience, do not minimize or explain it away. Instead, say: “I believe you. That’s not okay. What do you need from me?”

#### **Interrupt Harm in Real Time**

Whether in a staff meeting, classroom, or social space — speak up when you notice microaggressions or racist actions. Silence is complicity.

#### **Use Your Voice Where Others Stay Silent**

Advocate in decision-making spaces for fair policies, equitable representation, and accountability — even when no one is applauding.

#### **Check Your Own Bias and Fragility**

Being an ally isn’t about perfection — it’s about being open to feedback and willing to shift your behavior, even when it feels uncomfortable.

#### **Create Space, Not Just Support**

Real allies don’t just “help” — they build power alongside others by advocating for marginalized peers to lead projects, shape policy, and co-design solutions.

#### **Prioritize Rest and Healing**

Acknowledge that those experiencing racial battle fatigue may need space to recharge, set boundaries, or step back. Respect that need.

#### **Stay Committed Beyond the Headlines**

RBF doesn’t take a break — and neither should allyship. Consistency matters, even when it’s not convenient or trendy.

#### **RACIAL BATTLE FATIGUE**

In 2004, Dr. Smith introduced the theory of racial battle fatigue (RBF) as a way of explaining the cumulative physical and psychological responses to the stress experienced by people of color — specifically Black Americans — in racially stressful or invalidating surroundings.<sup>2</sup> RBF is a term to describe the accumulated effect of sustained exposure to racial microaggressions, discrimination, marginalization, and institutional oppression that drains a person’s well-being over time.<sup>3</sup> It is the fatigue that results from being “on guard” all the time, performing, hiding feelings, and constantly needing to prove one’s humanity in environments where race is devalued or weaponized.

Dr. Smith began developing the RBF model while researching Black male employees and stu-

dents in predominantly white institutions (PWIs). The research revealed that such individuals frequently experienced recurring race-related stressors that triggered their body's physiological stress responses. Symptoms of RBF often include anxiety, hypervigilance, depressed mood, anger, increased blood pressure, sleep disturbances, and feelings of isolation.<sup>4</sup> These are not only affective but also somatic, which means that racism can have a physical impact on well-being and the capacity to succeed.

Since first being coined, the term “racial battle fatigue” has been used to describe the symptoms and experiences of individuals in many environments – including workplaces, hospitals, police interactions, and everyday community life. Minorities in the corporate world can find themselves subjected to daily slights – being mistaken for administrative staff, excluded from leadership discussions, or barraged with subtle innuendos about “fit” and “professionalism.” Those micro-slurs, often unnoticed or unchecked by colleagues or managers, take a crushing psychological toll. The constant race stressors can lead to burnout, disillusionment, and exodus.<sup>2</sup>

RBF arises from more than interpersonal interactions; it may also originate in systemic disparities that can be embedded in society's very fabric. The silence and inaction of bystanders and leadership only deepen the exhaustion. When people of color speak about their realities, they are often met with skepticism, defensiveness, or requests to “be more civil,” which can mute the expression of their experiences. This invalidation compounds emotional labor and erodes trust in organizational systems.

The concept that individual interactions and systemic constructs can have physiological effects also allows us to think about solutions. How can we support, how can we encourage, how can we help marginalized individuals heal? To respond to racial battle fatigue, organizations must be more than observers. They must commit to systemic reform and active allyship (see Table 1 on page 113).

## CONCLUSION

That moment of realization, inspired by Dr. Smith, flipped everything for me. Naming my pain gave me permission to honor it instead of hiding it. Healing, I've learned, isn't about bouncing back – it's

about standing unapologetically in my truth. Racial battle fatigue, as Dr. Smith describes it, isn't weakness. It's the body and spirit responding to a system that demands silence as the price of survival.<sup>2</sup> But silence is not safety. And survival is not the goal – liberation is.

So, here's the charge: If you call yourself an ally, you must be more than a witness. Listening isn't enough. Words aren't enough. Allyship means showing up when it's inconvenient, speaking up when it's unpopular, and standing tall when the room goes quiet. It's using your influence when no one is watching. It's choosing to break patterns, even when you benefit from them. It's the courage to stand in the breach when voices tremble, to amplify truth when it's being muted, and to embrace discomfort when comfort equals complicity.

My story is mine – the hurt, the breaking, the rebuilding. But what you do with it is yours. Will you turn away, or will you lean in? Will you keep demanding resilience from the harmed, or will you finally help stop the harm?

The choice is yours ... because healing doesn't begin with time. It doesn't begin with silence. Healing begins when enough of us decide to stop the bleeding, call things by their name, and build a future where survival is no longer the bar. Liberation is. And that work – that choice – can start with you.

## REFERENCES

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This article alludes to suicidal ideation, depression, and grief/adjustment issues. If you, a colleague, or a patient needs help, please call the Suicide & Crisis Lifeline at 9-8-8 or scan the QR code at right for additional resources.

