

Do I Return to the Community That Traumatized Me?

Minna Wybrecht, BA

University of Michigan Medical School, Ann Arbor, Michigan

ABSTRACT

I grew up on food stamps, unlike many of my medical school classmates. Prostitution and drug deals were regular occurrences in my neighborhood. A man was shot to death in front of my childhood home. After I left my hometown, I was finally able to heal from those devastating circumstances and build a safer life for myself. Difficult questions surfaced as I considered where I wanted to work as a physician. To gain more clarity, I chose to return to my hometown as part of a monthlong clinical elective. This experience facilitated vulnerable introspection. I learned to honor the fact that my hometown is a place of tenacious, struggling, beautiful people. I had to accept that while I experienced survivor's guilt, people are agents of change in their own lives. To serve others, I owe it to myself to be safe and heal my own wounds first. Ultimately, I decided I want to partake in the story of humanity's inexorable will to survive in the face of structural barriers.

Ann Fam Med 2022;20:484-485. <https://doi.org/10.1370/afm.2866>

Unlike many of my medical school classmates, I grew up on a prostitution street. Four doors down was a pink house that the neighborhood called the drug dealer's place. A man was shot to death in front of my childhood home. His blood seeped onto the road and into the drain gutters. My neighbor hosed down the pavement so kids wouldn't be scared when the school bus delivered them home. Many of my childhood memories consist of surviving on food donations and police cars parked in front of houses to mediate domestic violence disputes.

I left behind other memories in my hometown I would rather forget: at age 15, shopping for groceries or at the library for books, strange men appraised my body and asked "how much?" People gazed at my racially ambiguous, half-Asian-half-white complexion and gushed over my "exotic" features. While traveling to the dentist to get my teeth cleaned, a drunk man followed me onto the bus and asked what color panties I wore.

When I left my hometown for college, I finally reflected on the traumatic experiences I had tucked away into the psychological recesses of my mind. My college town is 20 minutes away from where I grew up; but there, I don't have to painstakingly guard myself against blatant sexual harassment. Through my college town community, I built a life of stability and safety. Feeling safe is an immense privilege.

Paradoxically, I had more flashbacks and symptoms of posttraumatic stress disorder once I became safe. I still wake up in soaking night sweats most mornings as if I'd showered and forgotten to towel off. Sharing my story with others, I learned these are common experiences. For the millions of us who have experienced trauma—whether from fighting in a war, suffering abuse, or surviving natural disasters—safety allows us to heal.

During this time of reflection, I began imagining the trajectory of my career in medicine. Uncomfortable questions emerged. Where do I want to practice medicine? How do I balance my personal safety with the desire to partner with the people I grew up with? What do I owe my community? How does this relate to or affect what I owe myself?

Perhaps these questions are why, on one fall day, I found myself driving back to my hometown for an elective during medical school. Yellow and red leaves swirled around me onto the road as I drove to a clinic for underserved patients, much like the low-income clinic where I sought care growing up. I felt simultaneously passionate and uneasy. I was driving toward the city I anxiously avoided for so many years. This was immersion therapy at its finest. I felt my pulse pounding in my neck,

Conflicts of interest: author reports none.

CORRESPONDING AUTHOR

Minna Wybrecht
7300 Medical Science Building I, A Wing
1301 Catherine St
Ann Arbor, MI 48109-5624
mwybrech@med.umich.edu

my hands nervously adjusted and readjusted on the steering wheel. I took a deep breath to ground myself.

The clinic walls were painted fun colors: pastel green and muted purple. The staff were lovely. My 4-week rotation flew by with appointments for teen pregnancies, hormone follow-up for transgender individuals, and conversations about suicidal ideation. I was in a modest clinic—patched together with 3 buildings—away from the ivory tower of the hospital. I worked with staff who were not there for attractive paychecks, but for the people they served. The rotation certainly taught me important clinical skills for family medicine residency, but more impactfully, it created a space for candid and vulnerable reflection. Throughout this experience, I engaged in 3 areas of self-examination.

The first area of introspection allowed me to reconcile a paradox: my hometown is both a traumatizing *and* wonderful place. Every morning on my way to work, I walked past the bus stop where the drunk man had followed me onto the bus years ago. Three blocks away was the library where someone asked me to do sex work as a middle schooler. At the same time, my hometown is where I met some of the kindest people. When I was hospitalized for a ruptured appendix around Christmastime, my 5th-grade teacher visited me in the hospital. She brought me gifts and read from the book, *Trumpet of the Swan*, until I fell asleep. One of my favorite cafes was cultivated through community investment. Volunteers completed major building renovations for the grand opening. When I heard about this, I was in awe of the community solidarity.

Sometimes, recognizing the beauty of my hometown felt like I was minimizing my trauma. Conversely, acknowledging my anguish felt like I was undermining the beauty of this community. My hometown is a place of complex, dignified, beautiful, and struggling people. The place is traumatic *and* joyful. Two seemingly opposite things can be true.

My second challenge was answering the question: What do I owe my community? I struggled with resolving my survivor's guilt while avoiding a savior complex—the compulsion to “save” other people who are less fortunate. Every day in clinic, I saw younger versions of myself. They asked questions about affording \$10 copays, where to get clothing donations, and how childhood sexual abuse might affect their risk of diabetes later in life. At night before sleep, I remembered the people and places I left behind: friends who attended schools with knife fights, situations where parents introduced their children to IV drugs, and homes filled with both designer shoes and foreclosure notices.

I want to support the people I grew up with to overcome social challenges and build safer lives like I did. But I am not a savior who can rescue others from unfortunate circumstances. Someone I knew experienced decades of interpersonal violence, but they were not ready to leave that relationship.

Change, good or bad, only happens when people are ready. So, I realized, the question became not: what do I owe others, but instead: do I want to partake in the beautiful story of human will to survive in the face of structural violence? And the answer is yes.

Some of the people I grew up with did empower themselves to change their lives for the better. They distanced themselves from abusive parents and embraced chosen family. They worked 3 jobs and successfully juggled classes toward their dream degree. I am humbled by their tenacity and bravery. These are stories that I want to be a part of.

My last question required further introspection: how do I serve out of compassion and not guilt? I am still grappling with this today. Millions of people are denied the basic human need for safety. However, I owe it to myself to be safe and heal my own wounds first, especially since I am at higher risk for becoming re-traumatized while supporting others. I cannot keep others afloat while I am sinking. During the rotation, working with child protective services gave me vivid flashbacks. Talking about rape still made my heart race. The psychological toll of this work was tangible.

I noticed tremendous progress in my healing too. Just a few years ago, I was not ready to return to my hometown. Now, after several years of intentionally distancing myself and processing what I survived, I feel safe to do so. I am strong enough to reach out for support when I need it now. I can verbally process the emotional toll of being a secondary survivor to patients' experiences. I have practiced setting and enforcing healthy boundaries with others. These are important skills for me to do this kind of work and prevent burnout.

On my final day at the clinic, as I walked through the moss green and lavender hallways for the last time, handed free diapers to my last patients, double checked that vaccinations were free for those uninsured, I realized with profound clarity that I want to support patients who are “just like me.” I intend to return to the community which traumatized me once I am a physician. But not out of guilt, pity, or a savior complex. Instead, I will return out of grace, respect, and gratitude.



[Read or post commentaries in response to this article.](#)

Key words: mental health: posttraumatic stress; family life: domestic violence; privilege; poverty; medical student perspective; family medicine

Submitted December 29, 2021; submitted, revised, May 12, 2022; accepted May 19, 2022.

Acknowledgments: Special thanks to Samuel Schotland for his encouragement and invaluable support on this project.

Biography: Minna is a rising 4th-year medical student at the University of Michigan who is applying into family medicine. She graduated from University of Michigan with a B.A. in Creative Writing & Literature. Her passions include creative expression, the medical humanities, and empowering individuals through storytelling. You can find her writing in outlets such as the *Journal of Medical Humanities*.