

**Signature Assignment: Positionality Statement**

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EDU 6051: Culture, Equity, Power, and Influence

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### **Introduction**

I would like to address this Positionality Statement in part by using Social Identity Theory; first proposed by psychologist Henri Tajfel in 1979. While Social Identity Theory is not directly helpful in the delivery of my Signature Assignment, it does provide the right language to describe why I feel the way I do now and also how I identify my own unconscious bias, as well as how I intend to come at this assignment from a position of greater social power. I come to both this course and this statement from a position of privilege in both racial and economic advantage, which I acknowledge, and with the understanding that this makes it harder for me in many ways to intrinsically understand the inequities I am highlighting or fully represent the marginalized communities my Signature Assignment is designed to benefit.

### **Socioeconomic Background**

I grew up in small town rural Vermont, a state that is over 92% white with a 5% immigrant population. My household income at its highest sat right above the middle-class bottom line with my parents working three jobs nonstop throughout their careers. Both my parents are white, native-born, grew up in the middle class, and achieved Master's degrees - my father finishing his when I was in middle school. We were a very average family, with no serious physiological or interpersonal factors that would handicap my brother and my development into average, white, college-educated, middle-class adults. I have no diagnosed mental health conditions, but I believe that's just because I never asked for an assessment. I am privileged in that my mental health never impacted my life in so great a way that a diagnosis or treatment was required.

Where I deviate from the majority is in my sexual orientation and lifestyle identities. I am pansexual, polyamorous, and do not use any religious identifiers. These social groups that I

belong to both formed my sense of identity and gave me a space where I felt that my feelings and beliefs were seen and accepted. But this minority group membership also brought me into a world where I became someone on the receiving end of discrimination and verbal harassment. Social Identity Theory is a psychological theory that states exactly what I described – that my identity is fully connected to the social groups I belong to. In Social Identity Theory, feeling connected to a group heightens your feeling of similarity to others in that group and dissimilarity to folks outside that group, which strengthens a sense of “us” vs “them”. Because those two things are tied so close together, when other member who self-identify as part of my groups face discrimination, bias, harassment, or abuse, I feel connected to their struggle even if I am not facing the exact thing they are. The downside of this psychological process is that it strengthens the feeling of “outsiders” and “insiders” like we discussed in this course. However, I want to use that to my advantage in my workshop series and open with an activity designed to address the subtle bias and discrimination we all hold against other social groups. I am a strong supporter of micro-level change being the best stimulus of meso- and macro-level change because micro-level change makes it *personal* and when it's *personal*, you own it and drive it home. When I started working in Healthcare, I was finally exposed to an environment where I was the minority in that I wasn't an immigrant and was a native English speaker. But through working with so many communities of people I had never been around in my youth meant I could hear all their stories and learn who they were as people and how their experiences were different. I made many friends in this field and their stories and situations impacted me greatly.

### **My Career**

In my career, I am in a position within healthcare where I can use my influence to help re-balance the inequities that exist in my industry. I am still surrounded by immigrants and POC in

my workplace and if there are inequities in how my peers perceive these folks, that I can address directly. I want to simulate the experiences and knowledge I gained that changed my perspectives and stimulate that same change in the folks attending this workshop. I grew up with a lot of unconscious bias that I am still identifying and addressing and will likely be addressing for the rest of my life. This puts me in a position to connect with other folks who have similar upbringing to me, because I know what changed me and I can apply my experience. As long as the healthcare workforce is predominantly white in the upper levels, that puts me in a position of social power to use my familiarity and their unconscious bias to push for more equitable policies, procedures, and interpersonal relationships. I love offering statistics and research because those are often easier to accept when you are the white majority, vs just being told what to do and not to do. I am not afraid of going to my POC and immigrant coworkers and asking for their input on policy language regarding hair, or the best PPE products to cover hijab, and I check myself against them often. As an educator, I need them to educate me on the things I do not know and have not experienced. And as an educator, I can create a program to teach and assist other educators that I hope will change the very core of their unconscious bias, so each and every attendee will walk out of that workshop and notice more of the inequities all around them and understand how to fix them.