

Learning from “Racism, Not Race” for Intersectionality Research and the Research Enterprise

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To understand and address better the myriad and entrenched disparities faced by Black, Indigenous, and people of color (BIPOC), researchers have increasingly begun to focus on racism rather than race itself as a driver of health and social inequities (Boyd, Lindo, Weeks, & McLemore, 2020; James & Iacopetti, 2021; Mateo & Williams, 2021). Racism, sexism, cis-centrism and transphobia, heterocentrism and homophobia, and ableism, among other “isms,” and health and social inequities all have long-standing and entrenched histories, but recently attention to intersectionality has been increasing in frequency and depth (Bowleg, 2020). Coined by Crenshaw (1989), *intersectionality* refers to the interaction and interplay of multiple forms of discrimination, marginalization, exclusion, and stigma (herein referred to as “oppression” for the sake of brevity). Research on intersectionality has mirrored the growth in attention, including challenges for state-of-the-art research (for reviews, see Bauer et al., 2021; Jackson-Best & Edwards, 2018; Layland et al., 2020; Nichols & Stahl, 2019). This article builds on the “racism, not race” imperative to (a) derive lessons learned for more valid and rigorous intersectionality research; (b) identify gaps, challenges, and opportunities that have received less, if any, attention in the literature; and (c) describe action steps for social work researchers and the larger research enterprise.

INTERSECTIONALITY RESEARCH: LEARNING FROM RACISM, NOT RACE

Race corresponds to a phenotype, which in turn is determined by biology (specifically, genetics and epigenetics). The entrenched and major social and health disparities shouldered by BIPOC in the

United States are fundamentally driven by social factors and not biological factors (see Box 1 for an example). As noted earlier, these disparities are understood to be functions of racism rather than race itself. Thus, research must assess and analyze the following: measures of structural and institutional racism; experiences and perceptions of race-based oppression; exposure to interpersonal racism, race-based violence, and microaggressions; and internalized racism. The corollary for intersectionality research is to focus on social processes and experiences rather than the constituent identities and categories (Cole, 2009). That is, in addition to racism, intersectionality research should focus on patriarchy and misogyny, heterocentrism and homophobia, cis-centrism and transphobia, and ableism rather than on sex, sexual orientation, gender, and disability identities and categories.

Even moving from identities to processes, the preponderance of intersectionality research literature focuses on compounded adversity in which the whole is worse than the sum of the parts. Much less attention and consideration is paid to a potential buffering effect whereby the intersectional impact is less than the sum of the parts. For example, Black sexual minority men may report that coping with and overcoming racism has equipped them to overcome heterocentrism and homophobia (or vice versa) (Wu, El-Bassel, McVinnay, Fontaine, & Hess, 2010). Buffering against allostatic load—the cumulative biological wear arising from individual experiences of oppression and systemic and structural oppression (for example, police violence against Black and transgender individuals, exclusion from social and physical structures)—can be a key to exhibiting resilience from stress that affects

Box 1: HIV Racial Disparities

Black Americans—and Latinx and Native Americans to a lesser but significant degree—carry a stark disproportionate burden of HIV morbidity and mortality compared with their White counterparts across age, sexual orientation, and other socioeconomic statuses (Sullivan et al., 2021). HIV is an inanimate/nonliving complex of molecules. In simple terms, HIV cannot “see” race; no molecular mechanism to explain HIV racial disparities has been found. Thus, HIV racial disparities must be driven by behavioral and sociocultural factors.

The case of Black sexual minority men who experience one of the most profound disparities in HIV infection despite lower rates of individual risk (Millett, Flores, Peterson, & Bakeman, 2007) underscores the impact of more “macro” systems of oppression, such as historical, cultural, institutional, and structural racism and stigma. Medical mistrust and maltreatment, housing segregation, hypersexualization, and mass incarceration have collectively resulted in lower rates of testing and higher likelihood of unknown HIV infection, lower medication treatment and adherence rates, and higher community viral load for Black sexual minority men (Babel, Wang, Alessi, Raymond, & Wei, 2021).

cardiovascular, nervous, immune, and endocrine systems (Strain, 2018).

INTERSECTIONALITY, NOT INTERSECTION

This column presents challenges to the current research enterprise when extending racism, not race to “intersectionality, not intersection.” That is, one cannot understand intersectionality only by comparing people who have multiple identities to others.

The Problem with Reductive and Incremental Approaches

The research tradition is rife with partializing, that is, attempting to understand more complex systems and phenomena by studying constituent pieces; the premise is that the systems dynamics can be understood by combining single effects. The notion of intersectionality, not intersection, is exemplified in a very succinct manner by Bowleg (2008): “Black + lesbian + woman \neq Black lesbian woman” clearly presents how additive models of single effects, no matter how strong the methodology, fail to capture the actual lived intersectional experience. Bowleg also summarized how prominent quantitative (and some qualitative) methodological approaches fall short. Even contemporary approaches informing empirical analysis (see, for example, Bauer & Scheim, 2019; Evans, Williams, Onnela, & Subramanian, 2018; Gustafsson, Sebastián, & Mosquera, 2016; Wemrell, Mulinari, & Merlo, 2017; Yette & Ahern, 2018) present results that must be understood only within certain constraints, conditions, or terms (Bauer et al., 2021; Evans et al., 2018; Jackson &

VanderWeele, 2019; Lizotte, Mahendran, Churchill, & Bauer, 2020). Paradigm intersectionality (Hancock, 2013) and set-analytic methods (Ragin & Fiss, 2016) critique traditional hypothesis testing and formulation itself and shift away from partializing individual-level interactions. It is notable that the methods and studies predominantly seek to quantify the impacts of intersectionality, leaving a gap in the methods and knowledge base on the nature and development of intersectionality in and of itself.

The Dangers of Relying on and Generalizing from Between-Person Difference

Quantitative studies have predominantly relied on between-person differences to make inferences about intersectionality and health and psychosocial outcomes (Jackson-Best & Edwards, 2018). Consider the example of Black sexual minority men. It is easy to envision two Black sexual minority men having different intersectionality experiences: One may experience compounding oppression whereas his counterpart may have a buffered effect. The between-person effect will fail to reject the null hypothesis if the adversity effect experienced by some is canceled out by the buffering effect experienced by others; failure to reject the null hypothesis would gravely miss that intersectional effects are acting in opposite directions. Even if the null hypothesis is rejected, those who experience the opposite effect are likely to be missed and made invisible. Given the preponderance of findings to date indicating compounded adversity, it is not surprising that strengths-based and

resilience factors such as buffering have received little, if any, attention. In addition, within-person change in intersectionality effects can depend on immediate context. For example, in some situations, an individual may experience compounded adversity whereas in a different context, the individual may exhibit resilience or buffering. There is also a growing literature on allostatic load and temporal varying aspects and consequences of resilience among BIPOC (Brody et al., 2013; Currie, Copeland, & Metz, 2019; Gupta, Bélanger, & Phillips, 2019).

Dominant Narratives Tend to Do Exactly That: Dominate

Ironically, dominant group thinking is reflected in much intersectionality research. Research often focuses on attributes and experiences of individuals that differ from the dominant group: BIPOC versus White, sexual minority versus heterosexual, transgender or gender nonconforming versus cisgender, disabled versus able-bodied or neurotypical. The problem of effectively centering on the dominant, privileged group by referencing to them is obvious. A more insidious impact of dominant group thinking is how it affects research participants. Bowleg (2008) cautioned: “Ask an additive question, get an additive answer” (p. 314). Furthermore, asking participants to partialize (or choose, rank, or prioritize) among multiple experiences of oppression may trigger stress in and of itself; an attempt to partialize can uniquely oppress those with multiple marginalized identities. These caveats pose both ethical challenges (for example, adverse events) and scientific challenges (for example, threats to internal validity due to reactivity) for intersectionality research.

MULTIUNIT INTERSECTIONALITY: A NEW FRONTIER FOR THEORY AND RESEARCH

As racism, not race prompts a focus on social processes rather than identities, it opens the door to other units of analysis that are subject to social processes (and do not have easily defined or operationalized identities or categories). Consider a dyadic system. Research with couples found an association between concordance versus discordance of partners’ HIV statuses with levels of psychological distress (Wu, El-Bassel, Gilbert, & Morse, 2006). The observed buffering effect as HIV status intersected between partners was originally conceptualized and tested using cybernetic systems theory, but the po-

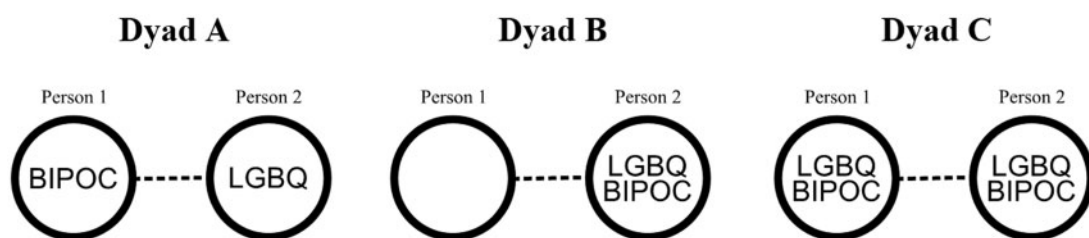
tential relevance and applicability of intersectionality is tantalizing to contemplate. Multiunit intersectionality might posit that some partners could support—hence buffer—each other whereas other couples may experience compounded adversity.

Now consider multiple different marginalized identities in a dyad. Figure 1 presents some possible configurations for how multiple marginalized identities might be distributed among a dyad (for example, intimate partners, parent–child pairs). Dyad A, in which one individual is BIPOC and the other is lesbian, gay, bisexual, or queer, is likely to experience stressors that threaten the integrity and quality of the relationship (dotted line in Figure 1) in ways that cannot be accounted for by adding the impact of racism and heterocentrism and homophobia.

Compounded adversity for the dyad could arise from each individual experiencing stress that adds additional stress *on top of* the stress that the other partner is experiencing; stress arising from a dynamic of competing oppressions (for example, “My experiences of racism are more harmful than your experiences of heterocentrism”); or disagreements arising out of false claims of equivalency (for example, “I know exactly how you feel when you experience racism because I experience homophobia”). The relationship of Dyad B, in which only one individual (Person 2) experiences multiple oppressions, is likely to be shaped more strongly by the particular manifestation of intersectionality for that person. For Dyad C, in which both members of the dyad have multiple marginalized identities, this relationship may have to deal with stress arising from one partner experiencing compounded adversity while the other partner has a buffered experience; research could identify if and when this intersectional difference could buffer or add stress to the relationship. These are some nonexhaustive yet plausible ways that intersectionality can guide a more nuanced understanding of dyads with different configurations of multiple oppressions.

A CALL TO ACTION FOR SOCIAL WORK RESEARCHERS

Mixed-methods longitudinal panel studies with very large samples could address these challenges, yet it is easy to see how impractical and infeasible that approach would be. However, some actionable steps emerge if one leans into the recognition

Figure 1: Possible Configurations of Multiple Identities within a Dyad

Notes: BIPOC = Black, Indigenous, person of color; LGBQ = lesbian, gay, bisexual, queer.

that social work researchers are gatekeepers to scientific knowledge generation and dissemination:

- Promote research that focuses on experiences of oppression rather than identity; discourage studies that rely on identity categories and interaction terms.
- Ensure that resilience and strengths are not overlooked. Be sure to consider and implement designs and methods that can elucidate buffering intersectionality effects.
- Avoid mis- or overinterpreting estimates based on averages over people or time (for example, a null result could mistakenly be interpreted as lack of evidence for intersectionality when both buffering and compounding dynamics are occurring).
- Advance quantitative methods that can better handle the complexity of interacting systems of oppression, which in turn can have differential impacts based on context and positionality and exist among more macro forms of oppression.
- Critically (re)evaluate the limitations and prioritization of forms of reliability and validity. The danger of placing a high priority on external validity (that is, generalizability) has been noted earlier. Unexplained variance—often too quickly categorized as noise or error—can stem from the nonlinear nature of intersectionality.
- Explore and advance how a multiunit intersectionality lens may advance well-being, threats, and resilience for systems of people (for example, dyads).
- Cede power and control to members of the affected communities whenever possible throughout all phases of research (for

example, community-based participatory research).

Taking these steps conscientiously and successfully is fostered by attending to one's own positionality (especially one's own blind spots) and prompting other researchers to be similarly aware and responsive. As all researchers, especially those from dominant groups, can unintentionally propagate dominant thinking, reflecting on one's own positionality as one evaluates research for funding or publication is essential to guard against causing or propagating harm to multiply oppressed individuals and groups.

A hope is that this article not only presents a preliminary set of considerations to further advance intersectionality research, but also serves as a clarion call for social workers to attend to and take responsibility and accountability for their positionality. Social work values and perspectives—especially in combination with a gatekeeping role throughout the research enterprise—can drive the science to more fully realize *and extend* the value of intersectionality. This in turn can better and more effectively redress the inequities among those who experience combinations of oppression—and at multiple levels (individual, historical, cultural, institutional, and structural)—based on race, sex, gender, sexuality, (dis)ability, and other marginalized, stigmatized, or otherwise “othered” dimensions. **SWR**

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