

# Intersectional Approaches to Queer Psychology



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## 1 Introduction

The realities and voices of White, cisgender, heterosexual, English-speaking, young, middle-class, able-bodied, Christian men have been centered in the social and behavioral sciences as preeminent in discourses of “normalcy”, power, and privilege. What has resulted are epistemologies that have become standard within social science research and theories; “elite white males’ perspectives are hegemonized, playing a regulatory role in scientific discourses and practices” (Pereira, 2015, p. 2330). Scientific discourses hierarchically position “elite White male” perspectives, values, beliefs, and uninterrogated power and privilege, thereby suppressing and invalidating the perspectives of all others who do not identify with or who are not included in this group. Consequently, hegemonic epistemologies maintain and normalize domination by an elite few, subordinating and marginalizing all others outside of this “elite” group. Categories such as race, gender, sexuality, and class have been constructed and defined using Eurocentric ideologies, values and beliefs, hegemonic theories and then positioning them as having hierarchical power and privilege while all others are positioned as the “Other”. Therefore, scholarly discussions of social identities “replicate rather than interrogate social hierarchies; “academic discourses can serve as potent mechanisms of dominance, infusing the reading situation with strategies of subordination that go unremarked because they are authorized by scholarly norms and traditions” (Tomlinson, 2013, p. 255) (Fig. 1).

When we review the long history of scientific research and literature in the field of psychology, “the implicit equation of minorities and pathology is a common theme” (Sue & Sue, 2003, p. 52). Moreover, because our scientific epistemologies have centered the “elite male” perspective in research and theories, consideration of

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**Fig. 1** Professor Andre Carrington and artist Gengoroh Tagame at the queers and comics conference in 2015. Photo courtesy of Center for LGBTQ Studies

“the others” have not been centered, and therefore have not been included in guiding our understanding of human behavior and psychological functioning. Consequently, much of the psychological literature has legitimized deficit-based research for members of minority and marginalized group members. Another consequence of hegemonic epistemologies is that they perpetuate the belief that all human behavior is universal, which again marginalizes individuals who are not part of an elite male paradigm. Although some researchers focused on marginalized and minority individuals, it wasn’t until the 1970’s when “social scientists ... argued that cultural differences [were] not synonymous with deviance or deprivation, a view that formed the basis for the cultural and social difference paradigm” (Carter, 1995, p. 43). Several psychologists, theorists and researchers emerged focusing on investigations of behavior that included the way in which race, ethnicity, gender, family, religion, sexuality, socioeconomic status, and a host of contextual factors affected and shaped behavior (Reid, 2002), as well as identity. Each of these “construct[s] emanate from its own set of unique sociopolitical contexts and historical underpinnings ..... [and] represent significant social group experiences whose membership incorporates critical psychological processes and consequences” (Miville & Ferguson 2014, p. 3).

A number of social identity theorists and researchers introduced theoretical perspectives and models that brought attention and visibility to distinct marginalized social groups (Atkinson et al., 1979; Carter, 1995; Casas & Pytluk, 1995; Cass, 1979; Cross Jr., 1971, 1995; Downing & Roush, 1985; Helms, 1984, 1995; Sue & Sue, 1977). Social identity models provided a contextual understanding of how sociopolitical and sociocultural worldviews significantly influenced an individual’s psychological development and well-being (Cross Jr., 1971, 1991, 1995; Phinney, 1996) as well as membership in marginalized social groups (Tajfel, 1974). This line of research and theorizing not only challenged decades long of misinformation and

stereotypes about members of marginalized groups, but also revealed the ways in which structural oppression and privilege negatively affected social group identity, interpersonal relationships, and personal self-esteem. These models also provided some of the first glimpses of how “social structures and institutions create, shape and maintain social identities” (Dottolo & Stewart, 2008, p. 350), introducing the field to concepts and processes that had previously been overlooked.

Early sexual orientation models (Cass, 1979, 1984; Coleman, 1982; Troiden, 1989) were among the first to introduce the concept of sexuality as a way of framing how an individual made meaning of same-gendered sexuality as an identity formation process (Broido, 2000). These discourses and models focused on the developmental tasks required to form a positive gay or lesbian identity. Moreover, “gay identity theory represented an important shift in emphasis in developmental theory, ways from the concern of etiology and psychopathology characteristic of the illness model toward articulation of the factors involved in the formation of positive gay and lesbian identities (Fox, 1995, p. 53). However, inasmuch as these models and theories were groundbreaking, they primarily centered White middle-class cisgender men in both the conceptualization and in the samples. Consequently, other identity factors (e.g., gender identity, race, social class, immigration status) were not integrated in these models and therefore did not reflect the experiences of people outside of dominant hegemonic groups (i.e., White, male, cisgender). Subsequent research has found that the integration of multiple group memberships such as race and ethnicity (Fukuyama & Ferguson, 2000; Harper et al., 2004; Herek et al., 2009), class (Frable 1997; Liu et al. 2004), gender (Diamond & Butterworth 2008), age (Woolf, 1998; Cahill et al., 2000; Floyd & Bakeman, 2006), and (dis)ability (Gill 1997) can result in unique psychological stressors related to negotiating affiliations with multiple cultural group memberships, as well as negotiating multiple forms of oppression and discrimination (Ferguson et al., 2014).

## 2 LBGTQ+ Community (and Communities)

The term “LGBTQ+” is generally used to be inclusive of a broad, diverse spectrum of all nonheterosexual and noncisgender gender and sexual minorities (e.g., lesbian, gay, bisexual, transgender, queer; American Psychological Association, 2015; Morandini et al., 2017). In many ways, it is an imprecise construct to describe the many unique, specific characteristics and concerns of individuals generally included under this umbrella term. The term is imprecise for many reasons, one of them being that we live in a world in which gender and sexuality are socially constructed based on a Eurocentric heteronormative perspective. Consequently, individuals who either do not ascribe to, identify with, are nonconforming to binary gender roles or do not live their lives within heteronormative ideals and definitions have not been included in self-defining what it means to be a non-heterosexual, non-gender conforming individual. The structural oppression is framed in dual binaries: gender

(e.g., male/female) and sexuality/gender expression (e.g., heterosexual/non-heterosexual). As a result, individuals are left to define and frame their gender and sexuality either within or in juxtaposition of these binaries, which may feel limiting and constraining to an individual's true sense of self. Very little research has examined the ways in which LGBTQ+ individuals perceive and self-define their own identities that are most relevant to how they see themselves.

The term is also imprecise because it is uncertain who is being centered in the discourse and/or analyses. Much of the literature in the psychological and behavioral sciences has focused on the long history of discrimination (e.g., homophobia and heterosexism) and the negative psychological and physical consequences of discrimination LGBTQ+ people in the United States have experienced (see Casey et al., 2019). However, because singular frameworks of analyses are used, we have only a partial understanding of how discrimination affects individuals who identify as LGBTQ+ and how various social identities are situated within systems of oppression. Moreover, singular frameworks of analyses limit an exploration of how multiple forms of oppression impact not only the individual, but the communities in which the individual lives. For example, when exploring homophobia with a sample of LGBTQ+ communities as a sole form of oppression, this unit of analysis provides a limited understanding of how oppression impacts members of this group. Moreover, it perpetuates the belief that only one form of oppression can occur at one time with one group of people, and that sources of discrimination are experienced in the same way for all individuals within a respective social group. Other forms of oppression (e.g., racism, transphobia, biphobia, xenophobia) may also be significant sources of oppression but ignored due to the single framework of analysis. This framework also overlooks the relative status, prestige, power and privilege that may exist for "marginalized" populations. In this way, one must consider if there indeed is an LGBTQ community, or if it would be more accurate to use the label "LGBTQ communities".

Although marginalized group members share similar experiences of discrimination and oppression, forms of oppression vary based on a variety of systemic and individual factors such as: a) similarity or distance from Whiteness, White cultural values, and/or the "elite White male" norm(s); b) respective racial and cultural social histories in the United States; c) gendered social histories and identities; and d) level of sexual minority identity development. Scholars should take into consideration the interrelated factors that create complex patterns of discrimination that affect social identities, as well as the variations of oppression within as well as between social identity categories.

### **3 Intersectionality**

Social identity researchers and theorists brought much needed attention to the psychological development and experiences of minority individuals. Moreover, their efforts to isolate and describe the psychological effects of structural discrimination,

prejudice, and institutional forms of oppression on the formation of a healthy identity for marginalized group members was groundbreaking. However, one-dimensional, identity-based models often center and/or prioritize the relative importance of one social identity, thereby concentrating their analysis of identity formation and experiences of oppression to one dimension of an individual's social location. Consequently, these discourses fail to capture how individuals in multiple marginalized identity groups navigate and intersect social identities such as race, gender, class, sexual orientation, and disability at the micro level, as well as navigate multiple and interlocking structural systems of oppression (e.g., racism sexism, heterosexism) at the macro level (Collins, 1990; Crenshaw, 1989, 1991), as well as at the micro level.

Although many single-identity researchers provided much of the foundational theories that examined the ways in which discrimination and prejudice impacted marginalized individuals' identity development, they oversimplified the complex experiences of individuals who held several marginalized social identities simultaneously (Fattoracci et al., 2020), and privileged the "elite White male" perspectives (Dovidio & Gaertner, 2004). Since the development of these early theories, psychologists have recognized the need to adopt an intersectional approach to better capture how social identities work together to influence people's experiences (Cole, 2009). In this way, traditional thinking about sexual orientation and gender expression is expanded beyond a one-dimensional, homogenous category and instead looks at the range and dimensions of sexual minority identities that includes gender, race/ethnicity, (dis)ability, socioeconomic status, and age.

Though single-axis analyses can seem intuitive given that the scientific method requires that a variable be deconstructed into singular units of analysis in order to be understood, discussing only one social identity in isolation of other intersected identities perpetuates a perspective that social groups are homogenous and that as a member of a respective marginalized group (e.g., race, gender, sexual identity), all members experience forms of oppression equally, and in the same way(s). These discourses have lead researchers, practitioners, academics, and theorists to think of identity from a single, monolithic dimension, "speak[ing] as if race is something Blacks have, sexual orientation is something gays and lesbiawns have, gender is something women have, ethnicity is something so called 'ethnics' have" (Gates, 1996, p. 3) which serves to negate and disregard individuals who have multiple, marginalized social identities, thereby obscuring. One-dimensional identity models also "conflates or ignores intra-group differences" (Crenshaw, 1991, p. 1241).

As a way of understanding and analyzing the complexity of the ways in which individuals navigate multiple marginalized group memberships and multiple forms of oppression, intersectionality research helps analyze how people are located in terms of social structures that capture the power relationship implied by those structures (Stewart & McDermott, 2004). In her 1989 landmark legal paper "Demarginalizing the Intersection of Race and Sex," Kimberlé Crenshaw introduced the term intersectionality, which asserts that individuals experience disadvantage and oppression not from a singular factor such as sexual identity or race, but from the interaction of multiple factors that are necessarily inextricable (Crenshaw,

1991; Collins, 1995; Hooks, 1989). “This approach analyzes the mutually constitutive relations among hierarchical social identities such as those based on gender and race. The fundamental idea behind this approach is that any individual occupies different positions in different hierarchical systems” (Gianettoni & Roux, 2010). Intersectionality theory highlights the nuanced relationships between social identities and the social environment, and emphasizes how power and privilege uniquely influences social locations and identities (Mahalingam, 2007; Whitfield et al., 2014). In her interview with Steinmetz, (2020),

basically, a lens, a prism, for seeing the way in which various forms of inequality often operate together and exacerbate each other. We tend to talk about race inequality as separate from inequality based on gender, class, sexuality or immigrant status. What’s often missing is how some people are subject to all of these, and the experience is not just the sum of its parts (Steinmetz, 2020, p. 82).

The term “intersectionality” is rooted in Black feminist activism and scholarship. Originally, the concept challenged the marginalization of Black women, particularly in mainstream feminist discourses and activism. Crenshaw argued that Black women experienced discrimination (e.g., racism and sexism) because of both their race and gender. She further asserted that due to the social structures of power and privilege, Black men had male privilege and were centered in discourses of antiracism; White women had White privilege and were centered in discourses of gender and sexism. Yet, Black women’s unique experience of oppression is often marginalized and sometimes invisible in discourses and scholarly research pertaining to racism *and* sexism. In this regard, Black women’s voices and concerns are silenced.

While intersectionality was initially centered on the marginalization of Black women it has been expanded to include other women of color (e.g., Combahee River Collective, 1982; Morága, 1983; Morága & Anzáldua, 1983) who were prompted to voice their subordinated positionalities. Hill Collins, (1990) went on to apply the principles of intersectionality to include class, and later sexual orientation. Further, intersectionality also consider[s] the conflux not only of multiple identities, but also of various oppressions (systemic and internalized values of domination based on one’s social location), privileges (access to resources and opportunities), history (the lineage and the collaboration of policies and laws that reinscribe values of domination that either maintain groups’ susceptibility or providing opportunity (Ferguson et al., 2014).

Membership in multiple marginalized social groups poses challenges relative to navigating intersected, social identities. The intersections of race, ethnicity, gender, sexual orientation/gender identity, class, (dis)ability, sexuality, religion, immigration status are experienced as a coherent identity at the individual level and shapes the way an individual makes meaning of their sense of self, formulates their personal and interpersonal presentation, enters into intimate relationships, interacts within and outside of respective social groups, and interact with family. One identity cannot be extracted (e.g., gender) to assert its primacy among other identities (e.g., race, class, immigrant stats), and one form of oppression cannot be extracted (e.g., sexism, cissexism, racism) to assert its primacy among other oppressions.





**Fig. 2** Three LGBTQ+ community leaders (Marta Esquilin, Denise Hinds, Julie Schwartzburg) at an event hosted by the Center for LGBTQ+ Studies. Photo by Nivea Castro

Intersectionality asserts that the interaction of multiple identity factors is interdependent, as well as the structural forms of oppressions in which they live. Intersectionality asserts that advantage and disadvantage are conferred not from a singular factor such as sexual identity, but from the interaction of multiple factors that are interlocking and inextricable (Crenshaw, 1989; Collins, 1995; hooks, 1989). Advantage and disadvantage are contingent on context and the systems in which the individual is interacting (Fig. 2).

“At its core, intersectionality is the embodiment in theory of the real-world fact that systems of inequality, from the experiential to the structural, are interdependent. The upshot of this for psychologists is that social identities cannot be studied independently of one another, nor separately from the processes that maintain inequality (be it racism, sexism, classism, ableism, or heterosexism)” (Warner & Shields, 2013 p. 804).

## 4 LGBTQ+ and Intersectionality

The Stonewall Riots (June 28, 1969) were a defining historical event for the LGBTQ+ community. It served as a catalyst for the visibility of LGBTQ+ individuals and foundation of LGBTQ+ activism and civil rights. Much of the narrative concerning this event has centered on one social category (sexual orientation/gender identity) and only one form of structural oppression (homophobia). However, fractures along myriad points of identity (e.g., race, gender, sexuality, gender identity, religion, class) were also present. At this same time period, other social/political movements were occurring (e.g., Black activism and women’s activism), and while social/political collectives are important to push a political agenda, they can also marginalize members within those collectives. Therefore, activism and civil rights

may have been different for a gay cisgender White male and for a Latinx transgender woman. In this example, the intersectionality of race, gender, sexual orientation/gender identity can cut across each other in various combinations; the individual's experience of oppression, power and privilege may vary depending on setting and context.

As noted earlier in the chapter, the epistemologies that have become standard within social and behavioral science research and theories have emerged from the "elite white male" perspective. Consequently, most research that has been conducted uses a dominant group population as the default population under study unless otherwise noted. Individuals belonging to and/or identifying as non-members of the "elite male group" are often subordinated, marginalized, or are minimally included in the sample population. As a result, research paradigms that compare dominant group members (e.g., White, able-bodied men) to marginalized group members (e.g., White, able-bodied women) perpetuate the inherent power and privilege individuals with dominant social identities enjoy and the disparities that are experienced by individuals with non-majority social identities. Therefore, most research focused on discrimination often discusses the negative effects of not only the experience of discrimination but also the effects of social structures that prevent the marginalized individual/group from enjoying the many privileges of society (Helms & Cook, 1999, p. 28).

Discrimination against LGBTQ+ individuals has received a great deal of attention from researchers during the past several years (Herek, 2007). However, much less research has attended to the complexity of LGBTQ+ identities by including the multidimensional and dynamic interactions between race, gender, sexuality, class, (dis)ability, and religion. These identities help define individual and group identity; they impact respective within group cultural assumptions and influence many of the activities and personal spaces of an LGBTQ+ person. "The confluence of one's multiple marginalized and privileged identities is an interaction that creates a unique experience" (Museus & Griffin, 2001, p. 8). Although LGBTQ+ individuals may experience similar discriminatory oppressions (homophobia, heterosexism), key differences are experienced by individuals depending on their social categories. Consequently, gaps exist about the psychosocial costs and benefits of LGBTQ+ individuals' experiences at the intersections of their social identities. Purdie-Vaughns and Eibach (2008) asserted that individuals with multiple stigmatized or marginalized identities are placed in a position of subordination within at least two majority/minority social groups (e.g., racial minority/sexual minority). However, individuals with multiple stigmatized or marginalized identities may hold several concurrent majority and minority identities (e.g., cisgender Latinx male, transgender African American woman, cisgender White female; cisgender White bisexual) and may experience multiple, simultaneous forms of oppression.

The United States has seen many advances with regard to social justice issues, however despite these advances, systemic injustices, inequities and oppressions still remain with regard to race, gender, sexuality, religion (dis)ability and age, "widening the gap of disparities in economics, health care, employment, housing, education, and .... overall quality of life" (Woody, 2014, p. 146). Additionally, despite the



advances that have been made examining marginalized populations, social group experiences continue to be discussed within the framework of structural oppression. “Categories such as race, gender, social class, and sexuality do not simply describe groups that may be different or similar; they encapsulate historical and continuing relations of political, material, and social inequality and stigma” (Cole, 2009, p. 173). Health outcomes, psychological health, economic and education disparities are all implicitly or explicitly framed around the structural ways in which power and privilege are afforded to just an elite few. More specifically, structural inequality influences contact between and within marginalized communities primarily due to their relationship to the “elite White male” paradigm.

## **4.1 Race**

Carter (1995) asserted that “the role and influence of race have been debated in the [social sciences] for many decades” (p. 48). It is a significant identifier, particularly within Western society, and although it has no consensual biological or physiological definition, most researchers’ conceptions of race are often correlated with phenotypic attributes (Helms & Cook, 1999). Race has long been a silent construct within social and behavioral research unless the focus has been on non-White racial/ethnic groups or if the research compared White group members with non-White group members; primarily because “many Whites do not think of themselves in racial terms” (Carter, 1995). However, despite the fact that Whiteness is often not explicitly stated/addressed in discussions of race, it is implicitly centered by default. As a result, Whiteness has not been interrogated in a way as to explore the implicit and explicit power and privilege that it bestows upon its group members, and its discussion in research perpetuates “a ‘deficit model paradigm’ in our methodologies, continuing the ideology that Whiteness [is] superior to . . . . non-White racial and ethnic groups” (Ferguson et al., 2014, p. 50). Much of the research focused on LGBTQ+ individuals also center White, cisgender males, and generally addresses one form of oppression (e.g., homophobia), but does not address the privilege and power of belonging to a majority racial social group. Researchers have often defined homophobia from this lens, and erroneously concluded that all LGBTQ+ members experience homophobia, and experience it in the same way. The idea that homophobia may also be gendered or racialized has yet to be researched and discussed within the layered and intersected ways that oppression may be experienced.

## **4.2 Gender**

For most societies and cultures around the world, gender has been conceptualized as a binary construct (being either “male” or “female”) largely determined by biological anatomy (genetic and hormonal), and considered absolute and stable across the lifespan. Moreover, some scholars have asserted how heteronormative

ideology (Hegarty, Pratto, & Lemieux, 2004) and heterosexual masculinity (Herek, 1986) “serve as a social force that maintains dominant group members’ status” (Ray & Parkhill, 2021, p. 49), which privileges and normalizes the experiences and identities of White, cisgender, heterosexual men. Black feminist scholars have criticized White feminist scholars for centering White, cisgender women in discourses pertaining to gender as well. “In the United States, the normative form of hegemonic masculinity is defined by race (White), sexual orientation (heterosexual), socioeconomic status (middle class) and the possession of certain traits: assertiveness, dominance, control, physical strength, and emotional restraint” (Griffith et al., 2012, p. S187). Consequently, the fluidity and complexity of the diverse ways in which individuals experience their biological sex, gender, and sexuality are marginalized, and the “experiences of men and women of color ..... are missing, overlooked, or generalized within the experiences of White individuals, thereby constricting the scope of the discourse related to multiple or diverse forms of gender, sexual identity and sexuality” (Ferguson et al., 2014 p. 49). Additionally, individuals who do not fully uphold and/or adhere to hegemonic ideals of masculinity (e.g., cisgender women, gender nonconforming people, non-heterosexual men, transgender people) are often marginalized and not centered in discourses of gender in positive, privileged ways.

### 4.3 Age

Much of the aging literature is based on the assumption that older adults are a homogeneous group; the “traditional focus in the aging population has been centered on older, White, middle class women. Thus, much of the theory, research, and perceptions of those over age 65, as well as health care practices, have routinely targeted this demographic group” (Vacha-Haase et al., 2014, p. 66). Consequently, individuals who hold other identities are not centered in the discourses of aging. Despite there being no official census count available of the number of LGBT senior adults living in the United States (Choi and Meyer, 2016), it is estimated that there are approximately 2.7 million LGBTQ+ senior adults 50+ in the United States (Fredriksen-Goldsen et al., 2016).

Older adults share similar age-related experiences, regardless of characteristics such as gender, sexual orientation, race/ethnicity, socioeconomic status, religion and (dis)ability. Many experience physical, biological/neurological, cognitive, and social support challenges due to an aging body and a changing social environment with regard to family, friendship groups, and housing. However, several differences exist within this group due to structural oppression that pose barriers such as access to adequate health care and social services, or availability of suitable living alternatives. For example, structural oppressions are located differently in social contexts such that a White cisgender male may have privilege and face less discrimination in accessing health care than an Asian transgender male or a cisgender Latinx person with a (dis)ability.

#### 4.4 *Socioeconomic Status*

Socioeconomic status (SES) is pervasive in and affects all aspects of individuals' lives (e.g., psychological and physical well-being and health, personal, social, and environmental, and material resources) and includes broad dimensions (e.g., education, income, occupation, material resources).

Although social scientists continue to disagree about how best to operationalize SES,

which indicators are the most valid (e.g., occupation vs. education vs. neighborhood), and the translation of different combinations of these indicators into class groupings (e.g., college degree plus corporate position equals "middle class"), the fundamental conceptualization involves access to resources" (APA, 2007, p. 5).

Additionally, the distribution of resources and the extent of economic inequality is tied to the axes of structural oppression, which is connected to the social demographics within that society. Researchers have found that many individuals who have minority or marginalized social identities (e.g., culture, race, ethnicity, gender, age, disability status, and sexuality) often experience overall lower SES, are uninsured or underinsured, experience a greater proportion of concentrated poverty, have lower overall incomes even when they have the same levels of education and occupation as their peers, constitute a disproportionate percentage of the unemployed and underemployed, and/or live below the poverty line (APA, 2007; Gay and Lesbian Medical Association, 2001; Massey, 1990; Shapiro, 2004). This is not to say that all individuals with minority/marginalized identities experience inequality in the distribution of wealth, and/or access to material resources; however, multiple axes of oppression often shape any one dimension of SES and can determine relative status, power, privilege, ultimately resulting in varying access to resources, (e.g., health and mental health access, housing). Additionally, some aspects of SES may result in more or less advantages for people of color, older adults, people living with a dis(ability) and LGBTQ+ individuals. For example, a transgender Latinx female may not have the same job opportunities as a White cisgender gay male, despite both individuals having the same level of education and/or social class. Due to existing structural oppressions, past and ongoing forms of discrimination (e.g., racism, heterosexism, ableism, ageism), poverty rates, employment, health and mental health access will continue to have an effect on individuals' ability to attain material and economic resources as well as determine relative status, power, privilege.

### 5 Case Study

Andrea is a 57-year old cisgender Black lesbian-identified woman. She has a master's degree in business, has attended church all of her life, and has had few dating relationships during her lifetime. She remembers being attracted to women all of her

life, but she did not discuss her feelings with anyone in her family or with her friends. The high school she attended was predominantly White, but students of various racial/ethnic groups were also present. Although Andrea was very involved in high school activities (e.g., band, student clubs, drama club) and was well liked, she never felt that she fit in and always felt somewhat isolated and separate from many of the students. In her current job, she is also well liked and respected however, she has been denied promotion in her organization for the past 3 years, despite receiving high evaluations from her supervisors and being well qualified for the promotion.

Andrea's identities locate her in unique ways relative to the structural oppressions that exist in any one context, thus she may be experiencing many proximal (internalized) and distal (external) forms of oppression. She is an African American cisgender lesbian woman in a society and organization in which social structures of racism, sexism, heterosexism, and ageism converge.

Her Christian religion, being cisgender and having an advanced education are areas of privilege for Andrea, however she has also experienced overt "isms" and microaggressions all of her life. As a young girl, her awareness of herself as a Black person was very clear to her. Her family members were Black and she resided in a community in which she felt the strong presence of Black people in her life. Andrea felt very connected to her Black Church, however as she emerged into her teenage years, she began feeling somewhat separated from members of the congregation and awkward when engaged in conversations pertaining to dating and romantic interests.

Within the context of her family, community and church, Andrea felt very centered and empowered relative to her racial identity. Race was one of the first identifiable aspects of Andrea's identity; her family, community and church's racial socialization helped her develop strategies for managing racism in her life. However, she felt disempowered relative to her sexual orientation, and the overt/covert oppression of sexism and heterosexism within these contexts. Andrea grew up in a family, and attended a church in which dominant heteronormative beliefs regarding biological sex and gender prevailed; that is, men and women were expected to ascribe to cisgender masculine and feminine roles, respectively and were presumed to engage in "traditional" heterosexual relationships and sexual behavior (Harbath, 2014; Ray and Parkhill, 2021). Andrea's gender and sexual orientation identities did not locate her as centered in heteronormative privilege; her feelings of disempowerment often led her to remain silent.

Throughout childhood, Andrea heard many messages that reflected heterosexual, homophobic and sexist beliefs such as: (a) When will you get married (e.g., what is his name)? (b) When will you have children (e.g., biological children with a male); You don't want children when you're old? (c) What's wrong with those people (LGBTQ); why can't they just be normal? (d) They've sinned against God; he will punish them; (e) Don't be too ambitious dear; you don't want to make more money than your husband. All of these messages conveyed structural forms of oppression that existed both in-and-outside of Andrea's home. Although messages related to Andrea's racial identity were not expressed inside her home, however she certainly heard many racial slurs in her school, in the media, and from some community members. Her identities related to gender and sexual orientation were spouted throughout her childhood and internalized as ways in which she wasn't "normal" and in indirect ways, she was "othered".

As Andrea achieved advanced educational degrees, she found that they allowed her to compete for jobs in a variety of employment and career areas that others with less educational degrees did not. She also thought that her advanced education would place her in higher level positions in organizations. Education located her in a position of potential socioeconomic advantage, access to health insurance, and housing choices. “However, women still continue to face workplace hardships such as fewer promotions, less support and implicit bias. Additionally, on average women are paid 80 cents less for every dollar a man earns—a trend that’s expected to continue through the 23rd century. Latinas earn \$1,135,440 less than men, and Black women receive \$946,120 less over the course of a 40-year career” (Brown, 2019). The structural oppressions that exist in the workplace are complex and are embedded in the traditional so-called “boy’s club”. In this context, Andrea’s gender, race, sexual orientation, and age locate her in disadvantaged positions within the workplace, despite her level of education, years of experience, and workplace performance. Moreover, although Andrea was not explicitly “excluded” from the workplace, her opportunities for advancement and other career benefits (e.g., promotion, pay equity) may likely be systemically stifled.

Andrea also may have been exposed to the threat of ageism in her workplace. Implicit bias about her cognitive functioning, her skill in the use of technology, her perceived inflexibility, and potential health problems may have existed in the structural oppressions in the workplace, leading to negative stereotypes of her. Andrea considered leaving her current organization and applying to other organizations locally and out-of-state, however she feared that her potential employers might perceive her as “too old” to hire her. Ageism is based on opinions that older people are slow, resistant to change, crotchety, do not know and cannot learn about technology, have multiple health problems, and are simply behind the times (Nelson, 2005). Although ADEA (Age Discrimination in Employment Act) was signed into law in 1967, it did not provide age-based protections to employees similar to the way in which Title VII of the Civil Rights Act provided protections related to race, gender or religion. Consequently, many “older” people experience age discrimination in their workplaces, with little recourse. Under the law, Andrea’s social identities are treated as separate because forms of discrimination (e.g., race; gender; age; and sexual orientation) are viewed as independent of one another, as each form of oppression is connected to a separate statute. The legal system fails to protect against cases involving intersectional forms of oppression, all of which serve as potential barriers to workplace opportunities.

Andrea has experienced a great deal of advantage regarding her religious practices, as she belongs to a Christian faith. She enjoys the freedom of openly talking about her faith in God and does not worry about discrimination based on her Christian affiliation. However, like many churches, her church has conservative religious views, is opposed to same-sex marriage, and views homosexuality as sinful. Although her church is tolerant of LGB individuals, they are not as tolerant of transgender congregants, and Andrea does not openly express her sexual orientation in church or at church activities/events. This lack of acceptance and the homophobia that exists in the church has a negative impact on her religious spirit.

Andrea's life as a cisgender, Black lesbian is not only shaped by heterosexism and homophobia, but by multiple forms of oppression throughout her life. These axes of oppression impact her personal, social, employment, religious and environmental experiences. In order to understand Andrea, it is important to not view her as simply having three separate identities (e.g., race, gender, sexual orientation), but to view her identities as intersected in her everyday life. Collins (2000) asserted that people can locate themselves within a primary system of oppression, but are challenged so see how their thoughts and behaviors contribute to another person's subordination (see also Windsong, 2018). In this way, it is important to not only understand oppression at the micro level (e.g. individual attitudes and behaviors), but also at the macro level (e.g., individual privilege and disadvantage).

## 6 Summary

Intersectionality is a unique way of viewing and conceptualizing individuals who have multiple, social identities. That individual's identity "produces altogether new forms of subjective experiences that are unique, nonadditive, and not reducible to the original identities that went into them" (Diamond & Butterworth, 2008, p. 366). Single dimensional identity models center one aspect of an individual's identity and "conflates or ignores intra-group differences" (Crenshaw, 1991, p. 1241). It is important that researchers, practitioners, and theorists consider that multiple social identities, as well as multiple forms of oppression are intersected with and shape all of an individual's identities and that facets of psychological health and well-being reflect combinations of identities (Fig. 3).



**Fig. 3** Dr. Axel Monroig (clinical psychologist) and Geena Rocero (model/activist) at the LGBTQ scholars of color national conference in 2015. Photo courtesy of Riya Ortiz/Red Papillon photography



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