

Stigma and Health

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Online First Publication, June 13, 2022. <http://dx.doi.org/10.1037/sah0000397>

CITATION

Else-Quest, N. M., French, A. M., & Telfer, N. A. (2022, June 13). The Intersectionality Imperative: Calling in Stigma and Health Research. *Stigma and Health*. Advance online publication. <http://dx.doi.org/10.1037/sah0000397>

The Intersectionality Imperative: Calling in Stigma and Health Research

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In drawing attention to the power, privilege, and inequities embedded in multiple interconnected social categories like gender, race, and class, intersectionality is a critical theory and approach well-suited to stigma and health research. With deep historical roots in 19th century Black feminism, intersectionality has traveled generatively across diverse disciplines. Like stigma, intersectionality is fundamentally about the power conferred by our social context. Like stigma research, intersectional research ultimately aims to rectify inequities and promote the well-being of members of stigmatized or marginalized groups. Using an intersectional approach in stigma and health can guide research aims; prompt new questions, and reframe, reconceptualize, or discover psychological phenomena or processes, as well as empower members of stigmatized groups and address disparities and inequities. It can be deployed to think innovatively about differences, similarities, connections, and coalitions among intersectional groups, or to analyze how institutions perpetuate disparities. Acknowledging the important contributions made by stigma and health research within an intersectional approach, we call in stigma and health researchers who either question intersectionality's relevance to their work or want to explore its applicability or feasibility. Reflecting on some of the debates within intersectionality scholarship around what intersectionality is, who it is for, and how it can be implemented, we also point to future directions for research. We affirm the intersectional imperative to identify and rectify inequities and disparities that construct and result from intersecting systems of oppression, while acknowledging a diversity of interpretations and methods that embrace that guiding principle.

Keywords: intersectionality, power, oppression, methodology, activism

Intersectionality is an integrative feminist approach that simultaneously considers the meaning and consequences of multiple, interconnected social categories that confer inequality, such as gender, race/ethnicity, class, and so on, with the aim of promoting social justice. It sharpens our focus on inequity and power and orients our research goals to analyzing, understanding, and redressing power imbalances. Some scholars have termed intersectionality a “buzzword” to note the frequency with which the concept is invoked without earnestness or integrity (e.g., Davis, 2008; Else-Quest & Hyde, 2016a). Indeed, while intersectionality has become familiar in the mainstream, its meaning and utility have varied for different stakeholders. In academic writings, intersectionality has traveled from legal scholarship to disciplines such as psychology,

sociology, political science, and public health, advancing research on diverse intersectional groups, but with varying degrees of veracity or commitment to its critical or liberatory aims (Agénor, 2020; Moradi et al., 2020). Meanwhile, in activist spaces and popular culture, including in community organizing and on social media, intersectionality has been invoked to amplify the voices and experiences of minoritized and marginalized groups, but with inconsistent consideration of the nuances and contested interpretations within intersectionality scholarship. And, invoking intersectionality by way of critical race theory, politicians have tarred the framework as “un-American,” effectively affirming White supremacy (e.g., White House Memo, 2020). While activism and academic scholarship are not unrelated or even incompatible, the varied and disparate usages of intersectionality point to the politics and key debates regarding the concept.

In this article, we aim to reveal and examine some of those debates within intersectionality scholarship and discuss the relevance and value of intersectionality to research on stigma and health. Intersectionality is a natural partner to stigma and health research: both share a focus on examining and rectifying injustice to improve the well-being of people who are marginalized because of socially constructed norms and power structures.

Queries for Intersectionality

To prompt reflection and discernment without presupposing a single conclusive or authoritative answer, we pose a series of queries about intersectionality. Our list of queries is not exhaustive, nor do we assume that our discussion of each query is comprehensive or decisive. Rather, the queries are presented to identify debates within

Editor's Note. Patrick Corrigan served as the action editor for this article.—PC

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All authors contributed to drafting and revising the article; Nicole M. Else-Quest conceived and designed the article; Allison M. French and Nicole A. Telfer made equal intellectual contributions to the article and are thus listed alphabetically. The authors thank Michele Berger for helpful insights during the article preparation process.

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intersectionality scholarship and describe our orientation and perspective, which inform our rationale for incorporating intersectionality in stigma and health research.

What Is Intersectionality?

I am not free while any woman is unfree, even when her shackles are very different from my own. And I am not free as long as one person of Color remains chained. Nor is any one of you. (Lorde, 1981, p. 8)

In just these few words, Black feminist Audre Lorde prompted attention to the overlapping systems of oppression based on race and gender, speaking volumes about intersectionality without using the term. She spoke about the shared struggles of oppressed people and the tensions among them. Intersectionality has been labeled variously as a heuristic or analytic tool (e.g., Collins, 2019; Collins & Bilge, 2016), lens or approach (Cole, 2009), method (MacKinnon, 2013), framework or perspective (Bowleg, 2012; Garry, 2011), theory or hypothesis (e.g., Walby et al., 2012), or some combination of these (e.g., Hancock, 2007). Intersectionality may be framed as a *critical* theory, in that it is an approach that aims to examine and redress social inequalities and inequities, as opposed to a falsifiable theory (i.e., in the positivist sense). To this point, May (2015) described intersectional approaches as “biased toward realizing collective justice” (p. 251). Regardless of whether intersectionality is characterized as a lens, framework, theory, or something else, the goal of examining and rectifying injustice is crucial.

Most scholars credit Black feminist theorist and legal scholar Kimberlé Crenshaw (1989, 1991) with having coined the term *intersectionality*. In writing about African American women’s experience of violence and the U.S. justice system, Crenshaw posited that for the experiences and voices of women of color to be understood, simultaneous consideration of race and gender is necessary. She maintained that analysis of gender by itself, or of race by itself, typically excludes women of color. In making this case in the *Stanford Law Review*, Crenshaw broke ground and initiated a form of critical inquiry that is foundational to intersectionality scholarship today (Collins & Bilge, 2016).

Yet, Black feminists had been describing the essence or principle of intersectionality for many years (Alexander-Floyd, 2012), what Hancock (2016) describes as “intersectionality-like thought” throughout the 19th and 20th centuries. In her famous “Ain’t I a Woman” speech given extemporaneously outside the Ohio Women’s Rights Convention in 1851, Sojourner Truth spoke about the importance of Black women’s rights in a feminist movement that had not fully welcomed or included her and other Black women, free or enslaved. She detailed how her experience as a Black woman who had been enslaved was unique on the basis of her gender *and* race within a particular sociopolitical context. Four decades later, Anna Julia Cooper (1892) articulated the marginalized and ambiguous status of Black women in the U.S., noting

The colored woman of to-day occupies, one may say, a unique position in this country. In a period of itself transitional and unsettled, her status seems one of the least ascertainable and definitive of all the forces which make for our civilization. She is confronted by both a woman question and a race problem, and is as yet an unknown or an unacknowledged factor in both. (Cooper, 1892, p. 134)

In the words of both Truth and Cooper, it is plain that the experience of their membership in the social category of gender is qualified by

their membership in the social category of race, and vice versa. Notwithstanding Black women’s commonalities with White women and Black men, to understand their experiences only as female or only as Black would miss the mark by a mile.

The question of how to understand multiple systems of oppression continued to be a focus of Black feminist scholarship in the 20th century through today. Beale (1970) characterized her experience as a Black woman encountering both racism and sexism as “double jeopardy,” suggesting that those systems of oppression have additive effects on an individual. By contrast, the Combahee River Collective offered the radical idea that racism, sexism, and heterosexism, as well as capitalism, are deeply connected, positing that “the major systems of oppression are interlocking” (Combahee River Collective, 1982, p. 13). Building on that theme of interconnected systems of oppression, Black feminist Patricia Hill Collins described how the experiences of Black women exist within a “matrix of domination characterized by intersecting oppressions” (Collins, 2000, p. 23). And, May (2015) proposed that intersectionality entails “matrix” thinking, rather than “single-axis” thinking, in that it assumes various systems of oppression (e.g., sexism, racism, classism) are interrelated and not independent. Other Black feminist scholars have articulated similar themes (Alexander-Floyd, 2012; Berger & Guidroz, 2009; Carastathis, 2016), though considerable disagreement exists on the nuances of what exactly intersectionality is and does.

Synthesizing these diverse perspectives to promote the incorporation of intersectionality in psychology, Else-Quest and Hyde (2016a) proposed three assumptions constituting a working definition of intersectionality. These assumptions include the recognition that

1. All individuals are characterized simultaneously by multiple social categories (or dimensions), such as gender, race and ethnicity, class, and sexual orientation; these multiple social categories are interconnected, such that the experience of each social category is linked to the other categories.

This first assumption directly addresses the heterogeneity and diversity within social categories and the interdependence of their experience. Likewise, it reflects how systems of oppression are interlocking (Combahee River Collective, 1982) or intermeshed (Garry, 2011), which connects to the second assumption.

2. Inequality or power is embedded within each of those socially constructed categories.

Recognition and analysis of inequality or power is essential to an intersectional approach. Citing the explicit role of power and inequality in her definition of intersectionality, McCall posited that intersectionality scholarship should be concerned with “multiple, overlapping, conflicting, and changing structures of inequality” (McCall, 2001, p. 14).

3. Those social categories can be understood not simply as properties of the individual but also as characteristics of their social context.

In other words, a social category like gender is felt and experienced by an individual (as in one’s gender identity) as well as constructed by the social structures, institutions, and interpersonal interactions

that also enforce the power inequalities (as in gender roles, laws regarding same-gender marriage, etc.). Because these social categories are properties of both the individual and the social context, their construction, meaning, and significance may be fluid and dynamic.

These assumptions are mutually dependent and reflect the epistemological position that social categories or dimensions like gender, race, class, and so on are socially constructed. That position is fundamental to intersectionality specifically and to feminism and critical race theory more generally. Consistent with what Patricia Hill Collins (2015) has termed “intersectionality’s definitional dilemmas,” some scholars disagree with elements of these assumptions, and some have sought to define intersectionality differently. For example, recognition that a social category (e.g., gender) is neither wholly internal nor wholly contextual undergirds a considerable amount of debate about both gender and intersectionality (e.g., Hyde et al., 2019; Warner, 2016) and reflects the diversity of feminist thought.

Considering the depth and breadth of intersectionality and intersectionality-like theorizing within feminist activism and scholarship, we affirm that there is no arbiter or gatekeeper of intersectionality theory. For researchers new to intersectionality, as well as for scholars interested in the parameters of intersectionality, these assumptions offer a reasonable jumping-off point. As Collins has noted, “Definitions constitute starting points for investigation rather than end points of analysis” (Collins, 2015, p. 3). We recognize our own stance and interpretations of intersectionality and acknowledge that *any* attempt to synthesize or characterize the diverse literature on intersectionality is inherently partial. Our primary goal here is to call in stigma and health researchers who either question the relevance of intersectionality to their work or want to explore the applicability or feasibility of intersectionality to their work.

Who Is Intersectionality for?

Feminist politics aims to end domination to free us to be who we are—to live lives where we love justice, where we can live in peace. Feminism is for everybody. (hooks, 2000, p. 118)

Intersectionality, too, is for everybody. Intersectionality is applicable to every scholar’s work, and all research can be strengthened by intersectional thinking. Moreover, as an inherently interdisciplinary approach, intersectionality can generate new questions and knowledge on virtually any research topic in the social sciences, not just psychology. Within the field of psychology, intersectionality can be applied to research, teaching, and clinical practice in a multitude of ways (Rosenthal, 2016). Not only can intersectionality be helpful in advancing the field of psychology, but also psychologists can make valuable contributions in advancing social justice and equity. Else-Quest and Hyde (2020) posited that “intersectionality is relevant wherever power and inequality are linked to the multiple social categories that we inhabit.” In other words, if gender or race or class or disability (or other social categories embedded within and constructed by systems of oppression) are relevant to a research question, then intersectionality is also relevant. To that we add that intersectionality is plausibly relevant in countless spaces or dynamics that have not yet been theorized as such, in large part because of its critical status. That is, an intersectional lens can help us see phenomena or processes that have been otherwise invisible.

And, even when our research topics do not explicitly concern systems of oppression, intersectionality is relevant to ethical and responsible research conduct, including scientific collaborations and mentoring, citation practices, and data collection procedures, as well as epistemological orientation.

Intersectionality is inextricably linked to Black feminism and Black women are rightly credited with drawing upon their lived experience to develop the framework. Indeed, diverse feminisms of color have contributed to intersectionality scholarship, yet their continued leadership in intersectionality scholarship is sometimes ignored, marginalized, or dismissed. (Alexander-Floyd, 2012; Cole, 2020a) In a study utilizing citation network analysis, Moradi et al. (2020) found that some of the foundational ideas on intersectionality from Black feminist scholars have become invisible over time. A striking example of the erasure of Black feminist scholarship on intersectionality directly concerns stigma and health research. Coined by Michele Tracy Berger in her 2004 book, *Workable Sisterhood: The Political Journey of Stigmatized Women with HIV/AIDS*, *intersectional stigma* broadly describes the stigma experienced by those at a particular intersectional location. In the nearly 20 years since, an interdisciplinary body of work on intersectional stigma has emerged with few citations to the book (Berger, 2022). In fact, a PsycINFO search of the term “intersectional stigma” yields 64 journal articles, book chapters, and dissertations, yet only five of those sources cite Berger’s pioneering work.

Responding to concerns about the erasure of Black women in intersectionality scholarship (e.g., Alexander-Floyd, 2012), Cole (2020b) invoked the concept of “responsible stewardship,” in that the integrity of intersectionality requires a deep understanding of its origins in Black feminism. Cole cautioned that, “those claiming to work within this framework have a duty to read the foundational sources and act with fidelity to those commitments,” (Cole, 2020b, p.14). Likewise, psychological research that names but does not analyze or engage with intersectionality fails to use intersectionality responsibly (Moradi & Grzanka, 2017).

Settles et al. (2020) explained how, within psychology, intersectionality has been *epistemically* excluded. In other words, psychologists have tended to devalue intersectional work because it is viewed as outside of mainstream psychology. Research invoking intersectionality often focuses on phenomena occurring among members of multiply marginalized groups (e.g., gendered racial microaggressions; Lewis & Neville, 2015), which some journal reviewers and editors may erroneously consider too narrow a focus or not sufficiently generalizable. Moreover, to the extent that intersectionality research only focuses on the experiences of multiply marginalized groups such as Black women, it will continue to affirm their othering and systematically center or normalize more privileged groups, overemphasize intersectional group differences (e.g., between Black women and White women or Black men), and restrict opportunities to build diverse coalitions (e.g., among Black women and Indigenous women) and understand mechanisms of both privilege and disadvantage.

Intersectionality is for everybody also in the sense that, ultimately, it advocates for the analysis and dismantling of systems of oppression, which benefits all of us, spiritually as well as practically. Of course, because the maintenance of oppressive systems is in many ways beneficial to those in positions of power, the dismantling of those systems will benefit some more than others. More proximally, intersectionality aims to support the empowerment, development,

and well-being of marginalized or minoritized individuals and communities. While much intersectionality research has focused the lens on the voices and experiences of multiply marginalized groups, intersectionality cannot fully realize its ultimate social justice aim if it is not also deployed to understand power and privilege. Because social categories and the power they confer are inherently context-dependent and fluid, intersectional locations are constructed by elements of both privilege and disadvantage. To hold both a deep consciousness and respect for intersectionality's origins as well as a vigilant but hopeful vision for intersectionality's potential is crucial as the theory and approach are mainstreamed.

What Does Intersectionality Have to Do With Identity?

If critics think intersectionality is a matter of identity rather than power, they cannot see which differences make a difference. Yet it is exactly our analyses of power that reveal which differences carry significance. (Tomlinson, 2013, p. 1012)

While intersectionality theory became well-known as a legal theory about systems and policy (e.g., Crenshaw, 1989), it is now sometimes invoked as a qualifier of identity. Although much psychological research applying intersectionality is about identity, intersectionality is not a theory of identity per se. An intersectional lens is focused not on identities but on the social dynamics of identity and the power and inequality conferred by a system, institution, or social structure that values some identities more than others.

Likewise, feminist scholars have long debated where “identities” like gender reside (e.g., Butler, 1990; Hyde et al., 2019; Lorber, 1994; West & Zimmerman, 1987). They both reflect and construct the social context, as noted in Else-Quest and Hyde's third assumption of intersectionality theories (Else-Quest & Hyde, 2016a). Because psychologists have long focused on the individual as the unit of analysis, attempts to apply intersectionality in psychology are often focused on identity while limited in their attention to processes, institutions, or other meso- and macro-level factors. Because psychologists understand and examine identity as including both personal and individual as well as social and collective aspects (e.g., Tajfel, 1981), what intersectionality has to do with identity is contingent on the strength of the connections among these factors—that is, between the personal and the political. Intersectionality has implications for one's personal identity and identity salience, insofar as one's personal identity develops within a social, political, and cultural milieu and as aspects of one's identity are fluid and fluctuate in salience across contexts. Thus, social hierarchies confer power and privilege (or stigma and disadvantage) to some social categories, which may be internalized or incorporated into one's worldview and personal identity or prompt self-stigmatization. And, because collective or social identities emphasize the connections and shared interests among people, they are a potential site of coalition building. (Collins, 2015). In short, an intersectional lens can reveal linkages between the political and personal, but the heart of intersectionality is political.

What Is Intersectional Research?

What makes an analysis intersectional—whatever terms it deploys, whatever its iteration, whatever its field or discipline—is its adoption of an intersectional way of thinking about the problem of sameness and difference and its relation to power. This framing—conceiving of

categories not as distinct but as always permeated by other categories, fluid and changing, always in the process of creating and being created by dynamics of power—emphasizes what intersectionality does rather than what intersectionality is. (Cho et al., 2013, p. 795)

Much debate about intersectionality in the social sciences has centered on epistemologies and method (e.g., Bauer, 2014; Bowleg, 2008; Choo & Ferree, 2010; Else-Quest & Hyde, 2016b). Although psychologists have not always clearly and systematically distinguished epistemologies and methods, epistemologies and methods are connected. (Sprague, 2016) Purposefully choosing our research methods to be consistent with our epistemological orientation is important for the integrity of our work, and some epistemologies are more compatible with intersectionality than others. That is, epistemologies differ in their specific assumptions about the knower, what is known, and the process of knowing, each of which are systematically interrelated with power and inequality (Guba & Lincoln, 1994; Harding, 1986; Sprague, 2016).

Else-Quest and Hyde (2016a) discussed several epistemologies vis-à-vis intersectionality, noting that as a critical theory, intersectionality assumes that power and inequality are fundamental to the construction of thought, experience, and knowledge. Thus, intersectionality is most compatible with epistemological stances that assume knowledge is socially constructed, partial, and inextricably linked to power and privilege, such as standpoint theory (Harding, 1986; Hare-Mustin & Marecek, 1988; Sprague, 2016). That is, social constructionism and standpoint theory draw explicit connections between the knower, knowledge creation, and power thus rejecting notions of one universal “truth” and challenging traditional or mainstream psychology and positivism (Settles et al., 2020). By contrast, a positivist orientation views the researcher as a neutral observer, which tends to decenter and decontextualize the experiences of oppressed groups. Positivism struggles to make sense of intersectionality in large part because its claims to objectivity and universal truth and its requirements of falsifiability are inherently at odds with critical theory. Thus, the ideal of objectivity or value-neutral knowledge construction is supplanted by the ideal of social justice. For many psychological scientists whose professional training and education were steeped in positivism (explicitly or implicitly), the very idea of conducting research in the name of social justice is heresy. Yet, despite our best efforts, nothing created by humans is or can be objective or neutral.

The assumptions of intersectionality make clear that we, as scientists, must confront our own biases and blind spots (Rosenthal, 2016). Intersectional approaches require that we examine our own participation or complicity in systems of oppression, which is both a moral and scholarly effort (Garry, 2011). And, acknowledging one's own power and biases is not just intersectional praxis, it is good science. To that end, *reflexivity* as both a personal and methodological practice is essential. It entails a cultivated awareness and mindfulness of how power and inequality are transmitted via our methodological choices, guided by reflections on our own motivations, intentions, and assumptions (Berger, 2013). For further guidance, Abrams et al. (2020) described several strategies for reflexivity in qualitative health research using an intersectional approach.

No single methodological technique or strategy constitutes intersectionality. For example, while intersectional research requires more than a factorial design or description of group differences, these techniques may contribute to an intersectional project. Just as

many methods can be used in the interest of advancing sexism or White supremacy, many methods can be part of an intersectional approach, provided that the guiding principles of analyzing power and promoting social justice are followed.

How Can Intersectionality Contribute to Stigma and Health Research?

... stigma does not refer to inherent moral flaws of particular individuals or groups but rather to the sociocultural process by which members of marginalized groups are labeled by others as abnormal, shameful, or otherwise undesirable. The problem of stigma thus does not lie within the individual with the mark, but rather in the stigmatizing communities in which individuals find themselves. (Jones & Corrigan, 2014, p. 9)

While Goffman (1963) gave limited attention to what he termed *tribal stigma*—that is, stigma related to race and other social categories—members of minoritized groups are branded as possessing “an undesired differentness” (p. 5) akin to other forms of stigma. Emphasizing the importance of the social context in stigma, Goffman noted that “a language of relationships, not attributes, is really needed” (Goffman, 1963, p. 3). For stigma and health research, the generative potential of intersectionality is robust because of the focus on examining and redressing injustice to improve the well-being of people who are marginalized or oppressed. For both stigma and intersectionality, power and social context are fundamental.

Indeed, for these reasons, intersectional approaches have been implemented in many areas of stigma and health research, including but not limited to the literature on intersectional stigma (e.g., Berger, 2004; Turan et al., 2019). We share some of that work here to both acknowledge those contributions and provide examples for stigma and health researchers who are skeptical or unsure of how they might use intersectional approaches.

Intersectional Considerations for Theory and Framing

One way in which intersectionality can contribute to a deeper, more complex study of stigmatization and its impacts is at the level of theory and framing. Theory conveys values and guides the phenomena that are examined and the research questions that are asked. Some theoretical perspectives are explicitly intersectional. The intersectional invisibility hypothesis (Purdie-Vaughns & Eibach, 2008) maintains that individuals who belong to multiply marginalized groups are socially invisible because they are not “prototypical” of any particular social category. For example, people who identify as both Black and belonging to a sexual minority group may experience intersectional invisibility and encounter intracommunity stigma within both the predominantly heterosexual Black community and the predominantly White lesbian, gay, bisexual, transgender, and queer or questioning; LGBTQ community (Jackson et al., 2020). That is, they experience “a sense of not belonging and not being accepted as members by any existing group because of their uniqueness; for them, all groups are outgroups” (Vivero & Jenkins, 1999, p. 12). Jackson et al. (2020) urged future researchers to continue to highlight the pervasiveness of racism and homophobia among Black sexual minorities and examine the intersectional invisibility of this group. The intersectional invisibility hypothesis is just one opportunity for stigma and health research to engage with intersectionality.

A researcher also can apply an intersectional lens to an existing theory or model of stigma and bring to light phenomena or experiences that previously have been neglected by researchers. Consider Pryor and Reeder’s (2011; see also Bos et al., 2013) conceptual model of four dynamically interrelated manifestations of stigma. Central is *public stigma* (i.e., the shared or collective understanding that an attributed is devalued), with *structural stigma* (i.e., the institutional and structural legitimization and perpetuation of a stigmatized status), *stigma by association* (i.e., stigmatization stemming from association or relations with stigmatized individuals as well as one’s own reaction to the association), and *self-stigma* (i.e., the affective and cognitive impact of possessing a stigma on the individual), linked bidirectionally to public stigma and to one another. Each of these four manifestations has been examined empirically and could be further developed with intersectionality. For example, structural stigma is a natural fit to intersectionality because of the focus on institutional and structural factors.

Intersectionality can also inform the study of stigma by association, with consideration of how attitudes and behaviors regarding one stigmatized group may vary or be better contextualized according to membership in one or more stigmatized or marginalized groups. In one such study, DuPont-Reyes et al. (2020) examined mental illness knowledge and stigma among youth of diverse racial, ethnic, and socioeconomic groups, finding that Black and Latinx youth, particularly boys, desired more social distance from a peer with a mental illness. This finding may reflect how members of a group marginalized based on one social category (e.g., race or ethnicity) may be more vulnerable to stigma by association, and therefore more motivated to avoid contact with another marginalized group (e.g., those with mental illness). At the same time, the caregiving norms associated with the female gender role—which may be constructed differently across racial/ethnic groups—may complicate the desire for social distance. By extending analysis of stigma by association to incorporate analysis of race/ethnicity and gender, DuPont-Reyes et al. foreground the intersectionality of ableism, racism, and sexism, spurs new research questions about stigma, and provides insights on targeting antistigma efforts.

Another way to incorporate intersectionality in stigma and health research at the level of theory and framing is to deploy participatory methods. Participatory methods such as community-based participatory research (CBPR) are inherently compatible with intersectionality because of their emic, strength-based approach, and activist stance (Tolhurst et al., 2012; see also Fine et al., 2021). CBPR can guide researchers in framing research questions and research design by incorporating and leveraging the perspectives, experiences, and priorities of specific communities (Muhammad et al., 2015; Wallerstein et al., 2018). By engaging community stakeholders as partners in identifying both challenges and solutions, participatory methods draw upon the community knowledge and lived experience of “insiders” with an emic approach that is also strength-based, consistent with the critical aims of intersectionality, and standpoint epistemology. In addition, the coleadership approach in participatory methods can enhance trust within communities, thereby reducing barriers to participant recruitment via active collaboration (Sprague et al., 2019). For example, Sheehan et al. (2021) described a CBPR project with African Americans with serious and persistent mental illness, led by a team including academic researchers, health service providers, and African Americans with serious and persistent mental illness. Similarly, Lampe et al. (2020) consulted with transgender and

nonbinary community members to create an interview guide for research on transgender and nonbinary New Yorkers and their experiences with stigma in neighborhoods and public spaces. In empowering community stakeholders as partners on a research project, elevating lived experience, and explicitly promoting social justice, participatory methods are clearly aligned with intersectionality's emancipatory and critical aims. Stigma and health research is an ideal site for participatory methods (Corrigan, 2020).

Intersectional Considerations for Design

Social categories can be framed in different ways—namely, as person variables and/or as stimulus variables. For example, a category like race/ethnicity can be framed as a property of the individual (i.e., a personal characteristic in social context), but it can also be a social stimulus to which others respond. Along similar lines, Bauer (2014) distinguished the study of identities and intersectional locations in social and political context from the study of processes and policies related to power and inequality. In stigma research, this distinction in framing is made in terms of felt or internalized stigma and enacted stigma (Goffman, 1963).

While researchers may opt for a *between-groups design* that facilitates comparative analysis of multiple intersectional groups, intersectional research also can use a *within-groups design or focus*, as when studying a multiply marginalized group. Such a design can provide depth and a potentially rich or thick description or characterization of that social location. For example, in a qualitative project on intersectional stigma, sexual health, and substance use, Medina-Perucha et al. (2019) interviewed women receiving treatment for opioid addiction. Still, such a within-groups design prohibits any comparison with other intersectional locations or groups, which is an important aspect of social context. In short, factorial designs are neither necessary nor sufficient for an intersectional approach.

Intersectional Considerations for Sampling

Researchers aiming to take an intersectional approach with a comparative between-groups design are sometimes overwhelmed by what seems like an imperative to analyze an endless and overwhelming combination of social categories in their research designs and samples (Williams & Fredrick, 2015). In one study, researchers identified 93 different marginalized characteristics related to stigma and health, yielding a seemingly impossible number of combinations of characteristics to analyze in a meaningful way (Rodriguez-Seijas et al., 2019). Of course, no single study can compare all intersectional locations or groups with adequate statistical power. At the same time, intersectionality also entails attention to the heterogeneity within a given group (Cole, 2009). The potential of “lumping errors,” in which samples of heterogeneous groups are treated as homogeneous, may occur when heterogeneous samples are too low frequency to be divided into appropriate subgroups. Thus, another intersectional consideration in sampling has to do with how researchers group research participants and how they represent and give voice to the diversity of experiences and social locations.

For stigma and health research, sampling techniques that may facilitate amplifying the voices of participants from stigmatized or marginalized groups and facilitate more inclusive sampling may be particularly valuable. Strategies like quota or stratified random sampling,

purposive or purposeful sampling, and respondent-driven or snowball sampling can potentially be used to help researchers recruit diverse samples and give voice to participants from stigmatized populations. Alternatively, other innovative recruitment techniques (Williams & Fredrick, 2015), such as venue-based sampling (e.g., Medina-Perucha et al., 2019), may be used to facilitate recruiting members from hard-to-reach populations. Nonetheless, while inclusive sampling is valuable for many reasons, it does inherently comprise or facilitate an intersectional approach without attention to power and inequality.

Intersectional Considerations for Measurement

Measurement offers an exciting opportunity for intersectionality. At a minimum, intersectional research requires testing assumptions of conceptual equivalence and measurement invariance. A measure that does not fully or precisely capture the same phenomenon or process across populations (e.g., racist discrimination experienced by diverse racial and gender groups in health care settings) introduces critical flaws in a comparative or between-groups design, which may ultimately reproduce disparities. Thus, researchers might examine the internal features of a measure of felt disease stigma (e.g., assessing reliability or internal consistency, patterns of item-total correlations, factor structure, and specific factor loadings) as well as associations with other variables (e.g., assessing criterion validity and associations with measures of other constructs) across diverse intersectional groups.

In addition to critically examining existing measures that take a “single-axis” approach to stigma, there is a need to develop tools that take an explicitly intersectional or “matrix” approach. Researchers may identify intersectional phenomena (i.e., unique or novel phenomena at a given intersectional location) and develop tools to assess their impacts. This measurement strategy differs from the more common strategy of administering multiple parallel single-axis measures—for example, separate inventories of racist discrimination and sexist discrimination—which reflects a more limited accounting of multiple marginalization that cannot capture intersectional phenomena. An example of intersectional measurement is the LGBT People of Color Microaggressions Scale (Balsam et al., 2011), which assesses experiences like racism in LGBT communities, heterosexism in racial/ethnic minority communities, and racism in dating and close relationships. The scale focuses on unique, fundamentally intersectional phenomena that would be ignored by single-axis measures that assess only racist or only heterosexist microaggressions.

Intersectional Considerations for Data Analysis

Numerous qualitative and quantitative data analytic strategies can be employed in intersectional research. Qualitative strategies have long been a mainstay of research engaging with intersectionality, including in health-related research (e.g., Abrams et al., 2020). And, while thorough discussion of possible quantitative and mixed-methods data analytic strategies for intersectional approaches are available elsewhere (e.g., Else-Quest & Hyde, 2016b; Turan et al., 2019), they point to another area of debate (e.g., Bowleg & Bauer, 2016). Sidestepping the details of that debate here because they are beyond the scope of this article, we nonetheless note that many different quantitative and qualitative analytic techniques can be appropriate, given sufficient attention to the essential elements of intersectionality. For example, person-

centered methods (e.g., latent class, profile, and transition analyses), multilevel modeling, meta-analysis, and moderated mediation are all *potential* quantitative analytic techniques that can be used within an intersectional approach. Each of these methods has strengths and limitations. For instance, within meta-analysis, macro-level factors such as a country's gender parity in education access or maternal mortality rates may be tested as moderators of effects across multiple studies (Else-Quest & Grabe, 2012). Yet, the capacity to conduct such a valuable meta-analytic study depends upon the availability of high-quality research and theoretically relevant macro-level data. And multilevel modeling aligns well with some of the theoretical underpinnings of intersectionality, as it allows for better characterization of the social context by partitioning variables into two levels of variation, within- and between-group (Evans et al., 2018; Turan et al., 2019). However, this approach requires large data sets across sufficient contexts to reliably estimate such macro-level effects.

Likewise, many commonly used data analytic strategies can be used to identify *additive effects* and *multiplicative effects*. There is debate about whether it is appropriate to examine additive effects within an intersectional approach, in part because additive effects are sometimes conflated with additive approaches. *Additive approaches* consider social categories as entirely independent, distinct, and mutually exclusive, and thus are antithetical to intersectionality (Else-Quest & Hyde, 2016a). However, findings of additive effects do not assume additive or nonintersectional approaches but rather simply reflect patterns of findings sometimes described as “double jeopardy” effects, as when the effects of belonging to two marginalized social categories seem to accumulate or accrue (e.g., in multiple statistical main effects of, say, participant gender and race/ethnicity on a particular outcome). That debate also stems from the statistical assumption of independence among the “independent” variables, which seems inconsistent with an intersectional understanding of systems of oppression as interlocking or interconnected. Yet, understanding sexism and racism as interlocking infers that the *experience or salience* of one's gender and race/ethnicity (but not gender and race/ethnicity per se) are interdependent. In other words, a person's experience of their race/ethnicity is contingent on their gender, just as their experience of their gender is contingent on their race/ethnicity. Thus, we frame additive effects as one of the many potential findings of intersectional projects.

For example, DuPont-Reyes et al. (2020) examined multiple main effects of participant race/ethnicity and gender on mental illness stigma, reporting that boys as well as Black and Latinx youth desired greater social distance from a peer with mental illness, relative to girls and White youth, respectively. Multiplicative effects describe findings in which two social categories exert effects that exacerbate one another or, alternatively, contradict, buffer, or mitigate one another, as may be identified in statistical interactions. For example, Himmelstein et al. (2017) found in a study of weight stigma and coping behavior with a large diverse sample survey significant gender by race/ethnicity interactions in coping with internalized weight stigma via disordered eating. That is, despite racial/ethnic similarities among men, differences among women revealed that White women were more likely than Black women, but less likely than Hispanic women, to engage in disordered eating to cope with weight stigma.

Importantly, while both additive and multiplicative effects cannot be identified without a factorial design, a factorial design does not

make research intersectional. The guiding principles of analyzing power and promoting social justice are essential to any intersectional research project, regardless of method.

Moving Forward With Intersectionality in Stigma and Health Research

As we call in stigma and health researchers to join the intersectional movement in psychology, we also note several ways to expand intersectional stigma and health research. One key area involves the value of interdisciplinary collaboration, particularly as it serves to incorporate more diverse perspectives and connects micro-, meso-, and macro-level factors. Likewise, Agénor (2020) has encouraged researchers to incorporate intersectionality's core ideas on social inequality, power, and complexity by drawing on scholarship from other social sciences (e.g., sociology, history) and consider how their research will inform policies, programs, and practices that will advance social justice and health equity.

In addition, intersectional analyses of gender and sexual orientation—especially those that do not assume a binary organization or structure—warrant deeper analysis in stigma and health research. Multidisciplinary empirical research demonstrates that both gender and sexual orientation are more accurately understood as nonbinary, multidimensional, and fluid constructs, rather than a fixed and essential dichotomous category (e.g., Hyde et al., 2019; Katz-Wise & Hyde, 2015). Stigma and health research that analyzes gender and sexual orientation as binary or fixed characteristics erases or misrepresents trans, nonbinary, genderqueer, and queer identities. Thus, when dialogue on stigma and health occurs, members of these groups may be excluded from the conversation and remain invisible or marginalized (Fehrenbacher & Patel, 2020). And, given transphobic and cisgenderist bias and the pathologization of transgender identity and experience within physical and mental health institutions (James et al., 2016; Koch et al., 2019), members of these groups may refrain from reporting or seeking help for mental health issues to avoid further stigmatization (e.g., trans women; Goldenberg et al., 2021).

Stigma and health research also can highlight the intersectional consciousness or awareness that members of multiply marginalized groups may develop. For example, in a study examining transgender and nonbinary adults and their experiences with stigma in New York neighborhoods and public spaces, Lampe et al. (2020) found that many participants described how interlocking forces—for example, gender and race—contributed to their experiences of stigma and safety in certain neighborhoods and spaces. In addition to the participants' own identities, the demographic makeup of different neighborhoods shaped participant perceptions of safety and gender-based stigma. Likewise, Mizock et al. (2018) studied transgender and gender diverse individuals to learn more about their experiences with transphobia in the workplace, finding that participants described experiencing intersectional discrimination. Exploring participants' consciousness of their own lived experience as relating to intersecting systems of oppressions is an opportunity for intersectionality in stigma and health research.

In this article, we have sought to call in stigma and health researchers to incorporate intersectional approaches in their work and acknowledge the work of researchers who have already done so. In its fundamental focus on identifying and rectifying injustice, intersectionality is imperative in stigma and health research.

Intersectionality can be deployed in many ways throughout the research process. It can be used to guide research aims, ask new questions; and reframe, reconceptualize, or discover psychological phenomena or processes. It can be deployed to think differently about connections among intersectional groups or to analyze how institutions perpetuate disparities or privilege some groups and not others. As we hope is clear, the generative potential for intersectionality in psychological research is profound. Regardless of any specific sample or methodological technique, earnest analysis of power and inequality are fundamental and indispensable in intersectional research. Stigma and health research engaging with intersectionality has the potential to do science that has a meaningful impact on understanding how our physical and psychological health are deeply connected to the systems of oppression in our social context.

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Received February 2, 2022

Revision received May 16, 2022

Accepted May 20, 2022 ■