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Health Inequities in Canada: Intersectional Frameworks and Practices



UBC Press · Vancouver · Toronto
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*I dedicate this book to my colleague and dear friend
Rita Kaur Dhamoon
and to the conversation that changed everything....*

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Introduction: Purpose, Overview, and Contribution

*Olena Hankivsky, Sarah de Leeuw, Jo-Anne Lee,
Bilkis Vissandjée, and Nazilla Khanlou*

Why This Collection?

Certainly, the transformational promise of intersectionality as a research paradigm for improving the understanding of and response to diversity in health and illness is increasingly recognized by health policy researchers.¹ Moreover, applications of intersectionality in clinical, health services, population health, and even basic science research contexts are beginning to emerge, including in the Canadian context.² And recently, a practical guide has been developed for researchers working across all health pillars and for policy makers who are interested in applying an intersectional framework (Hankivsky and Cormier 2009).

At the same time, intersectionality has not made significant strides in transforming mainstream health research and policy. Its slow uptake in health research is perhaps especially worthy of challenge because health is such a complex and multi-dimensional phenomenon, one determined and constituted in such great respect by the social, spatial, and temporal contexts in which people and communities exist. As manifest in people's health status and well-being, identity categories and their relationship to power and states of (dis)empowerment can be understood as embodied and eminently material. Thus, it seems especially urgent – when theorizing and researching health – to apply analytical frameworks that account for and that take seriously the ways in which people's identities, the places they live, and those with whom they engage are constantly affected by power while also interlocking and overlapping in ever-dynamic, always relational, unbounded and unfixed ways. The framework of intersectionality offers excellent potential to do just this. Health research that clearly demonstrates how intersectionality can be deployed offers much-needed examples of how to implement the theory.

To date, however, there has been only one edited collection that has examined the relationship between intersectionality and health: *Gender, Race, Class and Health: Intersectional Approaches* (Schulz and Mullings 2006),

which profiles US-based research that has primarily focused on the relationship between gender, race, and class. The present volume is thus a much-needed contribution to the existing intersectionality and health literature. For the first time, interdisciplinary scholars from nursing, medicine, public health, sociology, anthropology, social work, education, First Nations studies, political science, criminology, women's studies, geography, and health sciences as well as community-based researchers and activists are brought together to highlight exemplary Canadian innovations in intersectional health scholarship, to facilitate dialogue on key issues and tensions within the field, and to produce new knowledge about the concepts and methods of intersectionality research to inform research, policy, and practice.

The goal of this collection is to link theory and practice in a way that is largely absent in mainstream health research and policy. Theoretically, the book draws on cutting-edge social science literature to determine how to best conceptualize and understand intersectionality. The contributions illuminate how to analyze and address simultaneous but distinct axes of subjectification and how the intersectional perspective challenges hegemonic positions within knowledge production. This exercise promotes knowledge exchange between social science and health researchers, analysts, and advocates, an essential process for moving intersectional theoretical constructs to policy and practice. In terms of practice, the chapters demonstrate how researchers who are inspired by and who draw on an intersectionality perspective, albeit using different interpretations and approaches, can develop and execute research designs that include the use of qualitative, quantitative, and mixed methods. Some chapters seek to apply existing theories of intersectionality to concrete cases and practices; others build the theories by drawing on existing practices and lived experiences.

This volume developed out of "Intersectionality and Women's Health: From Theory to Practice," an April 2007 conference held at Simon Fraser University in Vancouver, which received generous support from the Women's Health Research Network funded by the Michael Smith Foundation for Health Research. The conference provided an excellent venue for bringing together, for the first in Canada, researchers who were actively engaged in theoretical and applied aspects of intersectionality. This collection also complements and builds on *Intersectionality: Moving Women's Health Research and Policy Forward* (Hankivsky and Cormier 2009), a step-by-step guide for applying an intersectionality perspective in health research and policy.

The present volume makes no claim to be comprehensive in terms of covering all possible health topics, but it does showcase important intersectionality approaches emerging in the Canadian context for identifying and responding to health inequities in the context of research, health services, policy, and advocacy. To ensure consistency and coherence, all contributing authors grappled with and responded to three key questions in their work:

- What is the approach to/definition of intersectionality used in your chapter?
- What is the value added of using an intersectionality approach to your research? (e.g., what is the transformative potential of an intersectionality-type approach/analysis for identifying and responding to health inequities, especially among traditionally vulnerable and marginalized populations?).
- What are the key challenges for future intersectionality work in your area of research?

The contributors' response to these questions reveals that work in this area is at very different stages of development and that researchers continue to be challenged by the complexities of intersectionality thinking. Nevertheless, the collection as a whole also demonstrates that the idea and promise of intersectionality have indeed taken hold in the Canadian health research community – across all health research pillars – and that they promise to make profound changes to how health disparities are understood and responded to.

The Organization of the Collection

In Chapter 1, Rita Dhamoon and Olena Hankivsky provide the theoretical grounding for the collection. They address conceptual dimensions of intersectionality, offer a critique of the scholarship to date, and suggest avenues for future research. In particular, they engage with current trends and debates in health studies, including important developments in terms of intersectional scholarship, and they demonstrate the significance of intersectionality for health research, especially through its application to the case example of cardiovascular disease. The remainder of the book is organized into four distinct but overlapping and complementary parts, detailed below. A unique feature of this collection is that it is a collaborative effort. Each part is co-edited, allowing for the inclusion of diverse perspectives from health scholars – from a variety of disciplines, a range of intersecting social locations and positions of power – who are united by their passion for and belief in the intellectual and applied project of intersectionality and health.

Part 1: Theoretical and Methodological Innovations

Edited by Sarah de Leeuw and Olena Hankivsky

Part 1 provides examples of new trajectories of thought and new modes of thinking about questions of health within the paradigm of intersectionality. Because many of the ideas explored in the chapters deal with as yet relatively undertheorized applications of intersectionality theory to understandings about health in the Canadian context, the nature of the methodological innovations discussed by the authors is not always straightforward. Still, the

essays are all consistent in that they highlight new ways to theorize and to empirically research the multiple factors and processes that ultimately determine people's health and well-being. They concretely demonstrate "putting intersectionality to work" while displaying an inspirational concern for social justice. They grapple with new ways to understand the many factors in people's lives that ultimately constitute health. Each chapter provides a unique example of implementing theories of intersectionality in order to answer specific questions about health or a lack thereof in the Canadian landscape. All the chapters display an abiding concern about how social, cultural, and spatial powers collude and intersect to produce states of health. Implicit in these concerns is methodological innovation, principally because the very act of thinking through questions of health by privileging intersectionality theory requires new theories and methods.

In Chapter 2, Sarah de Leeuw and Margo Greenwood demonstrate that the deep health divides between Indigenous and non-Indigenous people in Canada can never be properly addressed without an intersectional approach that accounts for social determinants such as colonial history, deterritorialization, and (en)forced constructions of socio-cultural identities. It is these, the authors argue, that have left (particularly) Indigenous women vulnerable to shifts in health policies, underscoring the need to think about health in a "complexified" way that accounts for multi-faceted factors (and the ways they interact with each other) that affect the health or well-being of Aboriginal people. In an intersectionality approach about the state of Indigenous people's health, the authors incorporate historical methodologies and analytical frameworks that link health policies to the social production of people's states of being. Like the other contributors, the authors are interested in promoting new ways of understanding Indigenous health in Canada, ways that at every turn carefully and complexly account for systems of socio-cultural power.

In Chapter 3, Jennifer Black and Gerry Veenstra employ theories and methods of intersectionality to explore health outcomes as shaped by the factors of race, gender, and place. Their study thoughtfully combines intersectionality with census and health survey data. This process reminds us that intercategory approaches to research can be deployed to answer a vast array of questions and that, as a function of how research is undertaken and envisioned, results can be rich and multi-dimensional. Further, the authors illustrate that material space and place, or the sites in which people live, are far from neutral or ambient. Instead, neighbourhood geographies must be conceptualized as active forces alongside race, gender, and class, and then integrated into the methodological ways that health is understood. Black and Veenstra conclude that in order to understand health outcomes and health disparities, it is not sufficient to simply add, or stack, the categories that define people. What must instead be theorized and researched are the

interactions between and among the categories (including locational categories) that define people. The principal methodological innovation achieved by Black and Veenstra is precisely that, in answering questions about how to understand health, they employed new ways of asking health-related questions, ways that integrate “the spatial” into more standard race-class-gender triads of intersectional analysis. Black and Veenstra’s work corroborates the conclusions of other chapters throughout the text: if the complex array of health disparities in Canada and elsewhere is to be understood, new theoretical and methodological lens and questions must be applied to the topic.

In Chapter 4, Colleen Reid and her colleagues sketch the importance of incorporating intersectionality into the burgeoning field of feminist participatory action research. In an in-depth and highly community-relevant research project, the authors examine linkages between women’s employability and their effect on health and well-being. This grounded participant-driven project, which explicitly takes power relations into account, could not have unfolded without the theoretical frameworks and methods afforded by an intersectionality approach, again demonstrating the relevance and importance of a lens that validates complexity and diversity among social subjects. Again, as in other chapters in this part of the book, the methodological innovations explored by the authors are anchored in the research itself. Conceptualizing women’s employability through neither a single analytical lens nor a straightforwardly intersectional approach results in new ways to theorize the health and well-being of women whose voices and experiences are not always fully represented in health research.

And in Chapter 5, like Black and Veenstra, who illustrate how new understandings of health come from integrating location into analytical frameworks, Sheryl Reimer-Kirkham and Sonya Sharma add religious orientation to the more standard categories of gender, class, and race. In doing so, and thus by providing another example of how to set intersectionality into the practice of health research, they demonstrate that the nature of care provision, and the ways in which patients engage clinicians and other patients, is an outcome of variable, interrelating, and diverse characteristics. The methodological innovations in this chapter are twofold. First, it draws from a broad range of interviews with subjects not often conceptualized through intersectionality theory. Secondly, it injects ideas of religiosity into intersectional analysis, an innovative methodological approach in itself.

Despite, then, the array of geographies, perspectives, and the different types of health themes addressed in the chapters that comprise Part 1, what remains a consistent and abiding message is that healthier states of being will arise for Canadians only if health research and practice embrace complex and nuanced approaches. A dynamic and pluralized collection of methodologies dealing with questions about health in Canada is ground-breaking.

The authors in this part of the book reinforce the idea that basing an investigation or intervention on a smattering of factors that contribute to people's marginalized health status is not sufficient. Nor is it sufficient to think about health as based on singular or individualized factors. Instead, and fundamentally, the authors propose that if social justice is to be achieved in Canada – health is a crucial component here – intersectionality must be embraced and put to work.

Part 2: Intersectionality Research across the Life Course

Edited by Nazilla Khanlou and Olena Hankivsky

The chapters in Part 2 contribute to our understanding of the intersections of life stages with selected identity markers and with axes of power, privilege, and oppression. This is an important contribution because, as Olena Hankivsky (2007, 81) has argued recently, “the current challenge is how to translate conceptual approaches to intersectionality to inform the practical requirements of lifespan frameworks” and in so doing, determine which factors should be included in this analysis and how multiple factors can be examined to capture the interactive complexity of different experiences (Carter, Sellers, and Squires 2002).

The first three chapters address the experiences of youth, whereas the latter two examine those of mid- to later life. Together, the chapters contribute to centring the lived experiences of those who “occupy multiple locations to advance their own freedoms and own agendas of justice” (this volume, 21). What emerges from the chapters is the voice of strength in diverse settings by diverse individuals and despite challenges. The findings deconstruct our notions of the marginalized Other and caution us to avoid the dichotomy created by our labelling of others.

In Chapter 6, Natalie Clark and Sarah Hunt consider rural young women's health experiences. Applying auto-ethnography as their research method, they link their community-based experiences as researchers and practitioners with those of the young women and with their own perceptions of health while growing up. The chapter contributes to an understudied area by focusing on the perspectives of young rural and Indigenous women. Throughout it, the authors intersperse their own voices, relay their experiences, and provide case studies. As a result, they create a bridge for the reader to experience the text at an intersubjective level, instead of as a distant observer.

In Chapter 7, Jo-Anne Lee and Alison Sum report on a participatory action research study. Using photovoice as their methodology, they examine the health and identity of racialized young women with transnational lives. Transnational and post-colonial feminist theories are integrated into an intersectional feminist analysis of the young women's experiences. The four emerging themes consist of self-understandings of health; mobility, identity,

and health (culturally hybrid subjects and situated experiential knowledge); living between worlds (exploring health, identity, and belonging); and finding balance (relational health and intimacy). Through poignant narratives from the young women as they discuss the photos they took for the study (photovoice), Lee and Sum call for a reconsideration of the concept of health in the context of transnational lives.

Chapter 8, by Nazilla Khanlou and Tahira Gonsalves, examines the psychosocial integration of immigrant and second-generation youth. The authors argue that prevailing models of integration do not apply for all immigrant and second-generation youth when considering the intersections of their life stage, gender, racialized status, and their immigrant status or that of their parents. Drawing from two community-based mixed-method studies (including qualitative and quantitative methods), the authors examine youth cultural identities and psychosocial integration and their relevance for youth mental health promotion in pluralistic societies. The authors suggest that an intersectional approach will aid our understanding of positions of oppression and privilege by immigrants and their children, leading to an comprehension of negotiation of their agency across structures.

The healthy immigrant effect (HIE) is considered by Karen Kobayashi and Steven Prus in Chapter 9. The authors utilize intersectionality as their conceptual framework and intercategory approach as their methodology to examine the HIE. Using data from the 2005 Canadian Community Health Survey, they explore the intersections of age (mid-life, older adult), gender, and visible minority status. The HIE is found to apply to mid-life males, but the differences are less consistent for mid-life women. Gender differences exist for recent visible minority immigrants who are above sixty-five years of age. However, the authors call for policy makers to consider the differential health care needs of immigrant adults, in light of the gender and age differences found in their analysis, pointing to a more complex understanding of how gender interacts with other factors. The authors discuss the implications of applying an intersectional framework and intercategory approach to future research on immigrant health.

In Chapter 10, Wendy Hulko applies intersectionality and an interlocking oppressions perspective to examine the later life experiences of older people with dementia. Employing grounded theory, she discusses the subjective experiences of dementia and their link to participants' social locations, focusing on experiencing, othering, and theorizing dementia. Her findings lead the author to argue that the extent to which dementia is problematized is related to the social location of the person with dementia. Specifically, more marginalized persons will resist being considered only in terms of their symptoms, whereas more privileged ones will consider their dementia negatively. Hulko concludes that an intersectional perspective challenges prevailing assumptions on disabling conditions.

Part 3: Social Context, Policy, and Health

Edited by Bilkis Vissandjée and Olena Hankivsky

Part 3 highlights the significance of intersecting social determinants of health such as gender, ethnicity, and migration, and how these evolve over the life trajectory. Discussions with illustrative examples demonstrate the extent to which social determinants of health are intertwined. This part of the book reveals that migration, a gendered experience, is a complex social determinant of health. It is well demonstrated that locality and the temporal nature of the migratory experience interact through changing culturally and socially bound “imperatives” and that situations of vulnerability as well as resilience are progressively constructed and multidirectional. The contributors also lay out with compelling examples the intersecting and dynamic nature of gender as it interacts with other social determinants and relations.

In Chapter 12, Parin Dossa and Isabel Dyck discuss the role of agency in selected “intersectional” theories. They present rich narratives that intensify the requirement to go beyond social relations and political economies to understand the impact of social discrimination on the body. They skilfully build on recognized approaches in health geography to show how daily activities produce meanings and experiences of space as healthy or its converse. The creation of “healthy space” is orchestrated along the complex ways in which health, gender, and place are interrelated. Coordinated processes take place at multiple sites. Dossa and Dyck concur with Anthony Giddens (1984) and Judith Lorber (1994, 1997) as they indicate that there are clusters of rules and resources that are sustained across time and space within and among social systems such as gender, religion, and justice. One of their examples features food preparation and consumption practices along the lines of traditional healing and religious observance; physical, social, and symbolic dimensions of healthy space emerge through overwhelming women’s narratives as specifics of migration settlement issues are discussed. Yet, Dossa and Dyck are quite eloquent in their statement of the current “invisibility” of multiple locations that women occupy in the process of migration and resettlement, and in the “cartography” of healthy spaces.

The complex meanings given to food, as illustrated in the women’s accounts, attest to the importance associated with food along the migratory trajectory. Dossa and Dyck’s statement that the imperative of being a “good citizen” – which may be interpreted as a “good immigrant” – is to take responsibility for eating healthily feeds perfectly into Chapter 13, by Bilkis Vissandjée and Ilene Hyman. In it, the authors describe the importance of an intersectional analysis when deriving, implementing, and evaluating diabetes prevention and management programs. The explanations for the loss of the initial healthy migrant effect point to the lack of visibility in the cartography of healthy spaces as alluded to by Dossa and Dyck; in this regard,

the stress of settlement is certainly a contributing factor to sustained changes in dietary habits and lifestyle, which can lead to the potential disruption of metabolic processes and chronic disease precursors, such as obesity and diabetes. Describing the heterogeneity of experiences of women and the need for the analyses of intersecting determinants, Vissandjée and Hyman call for careful consideration of interacting distal mechanisms by which health inequality occurs in a diverse group. Relevant risk factors and selected successful interventions for prevention and management of diabetes are discussed at the end of their chapter while applying an intersectionality lens. Vissandjée and Hyman conclude by highlighting the importance of best policies, programs, and practices – in the case of diabetes prevention and management among migrants – which need to reflect the nuances of differences and heterogeneity of evolving identities.

In Chapter 11, building on the notions of prejudice and discrimination, Jacqueline Oxman-Martinez and Jill Hanley illustrate the potential for discrimination based on sex and ethnocultural characteristics, as gender issues and migration experiences reflect differentiated patterns of social relationships. Their chapter highlights the importance of asking effective questions, especially to vulnerable women, even if time and sensitivity may be at stake. They demonstrate that the process of informing policies sensitive to gender, ethnicity, and migration could easily turn into a messy and entangled legal process. This is particularly true in the case of violence experienced by women with precarious immigration status. The authors plead for an intersectional analysis in order to unravel the simultaneous influences of women's immigration status (systemic factor) and socio-cultural determinants leading – often too quietly – to different forms of violence. Oxman-Martinez and Hanley illustrate the influence of differential power relationships: already vulnerable women may be exposed to systemic and structural risks without adequately knowing their rights or the means to access the appropriate resources.

Though their topics differ, Oxman-Martinez and Hanley concur with Dossa and Dyck in calling for a much-needed debate on the rights of migrants while increasing the visibility of multiple locations that women occupy in the resettlement process and in the cartography of healthy spaces. By providing concrete examples, Oxman-Martinez and Hanley demonstrate that the much-sought option for migrant women – reunification – might in fact increase risk factors of exposure to structural as well as systemic violence. They conclude by reviewing the dimensions of the framework they presented in their chapter. This brings into sharper relief women's structural location within interrelated relationships of power as well as their ability to negotiate multiple markers of difference.

In Chapter 14, building on the capacity of negotiation with an intersectional perspective, Joan Samuels-Dennis, Marilyn Ford-Gilboe, and Annette Bailey present the interconnected fields of trauma, post-traumatic stress

disorder (PTSD), and recovery research. The depth of their analysis is quite appealing as they weave together the traumatic experiences of women along with the long-term introspective causes, effects, and consequences of abuse. Their intersectionality model of trauma and PTSD effectively integrates principles of intersectionality and the stress process model (Pearlin 1999). The examples provided make explicit the need to examine how various forms of social disadvantage intersect to influence exposure to violence, the response of self and others, and community and institutional support for women's escape and safety from violence. The authors demonstrate that a single stress-response framework to examine and understand the factors that influence the development and persistence of mental health problems among women simply cannot address the proximal and distal elements in the complex pathways of women's lives. In this regard, the authors concur with Oxman- Martinez and Hanley that an intersectional analysis allows for the disclosure of the numerous (evident and less evident) systems of oppression and exclusion leading to social and health inequalities.

Chapter 14 resonates with other chapters in Part 3 by highlighting the importance of grounding intersectionality in the social determinants of health approach. More specifically, referring to Dossa and Dyck's arguments, Samuels-Dennis, Bailey, and Ford-Gilboe identify women's neighbourhood of residence as one of the most important life contexts that both positively and negatively influence women's lived experiences. They subscribe to the fact that women's multiple social statuses intersect in geographic spaces. Oxman-Martinez and Hanley, as well as Vissandjée and Hyman, overlap with these authors with illustrations of power and privilege associated with these intersections leading to the development and ill-management of selected chronic diseases as well as the persistence of mental health problems through their influence on victimization, trauma-induced interpersonal stressors, and women's access to resources.

Part 4: Disrupting Power and Health Inequities

Edited by Jo-Anne Lee and Olena Hankivsky

The authors in Part 4 speak directly to health researchers who perceive social justice and equity in health as their goals. Because intersectional approaches centre social justice and equality, they hold great potential for more fully understanding the conditions that give rise to injustice and inequality, and how individuals and groups respond. The research studies discussed in Part 4 represent many of the principles the editors of this volume have identified as ideal intersectional-type research. As well as carefully demonstrating how they conceptualize their research, analyze findings, and operationalize methodologies in intersectional analyses, they identify key principles that help bridge the gap between intersectionality theory and practice. This

attention to the praxis of intersectional-type research prompts them to ask new and different questions, and to “drive research and policy work to be more responsive to social justice agendas.” Authors apply intersectional analyses to reveal previously hidden issues and operations of power in policy making, health services for women, and organizational governance in a national women’s organization.

In Chapter 17, Colleen Varcoe, Bernadette Pauly, and Shari Laliberté investigate questions of ethics in policy making; in Chapter 15, Annette Browne, Colleen Varcoe, and Alycia Fridkin take up health services and poverty, trauma, violence, and pain; in Chapter 16, Katherine Rossiter and Marina Morrow examine the implications of intersectionality for mental health research, policy, and practice; and in Chapter 18, Jo-Anne Lee reflects on a Canadian national women’s organization that champions the adoption of intersectional feminist frameworks (IFFs) in research while simultaneously confronting challenges of implementation in its practices.

Chapters 15 and 17 demonstrate Leslie McCall’s (2005) elaboration of inter- and intracategorical methods in intersectional research. They problematize and challenge popular and scientific constructions of marginalized individual and group social identities. For example, against depictions of abject despair and victimhood, Browne, Varcoe, and Fridkin uncover self-help community networks and individuals who provide support and care for one another. Extending this finding, they question how health researchers and media construct “the problem” in ways that reassert biased assumptions and stereotypes about drug addicts, the poor, and women. They argue that intersectional researchers must perform inter- and intracategorical analysis across multiple levels to reveal which structures of inequality are affecting individuals and limiting possibilities. They challenge how and which categories of analysis are seen as relevant to women’s health needs. Instead of asking questions about intersecting identities, they ask how social problems come together to affect poor women’s lives and question the paradoxical refusal on the part of policy makers to respond to complex problems with equally nuanced policy responses. They also disrupt normative discourses regarding social and health problems associated with these groups by revealing underlying assumptions and biases reflecting pre-existing and long-standing stereotypes. The baggage that comes with labelling a social problem as a health problem mediates how the problem will be addressed at the policy level and at the level of health service delivery as well as which government ministry, departments, and agencies will be involved. Too often, principles of simplicity and singularity govern policy and program design.

In Chapter 17, Varcoe, Pauly, and Laliberté pose similar questions about policies and programs that are framed and developed in ways that do not reflect the lived reality of those most affected. In their study on ethics and policy making, they draw attention to intersections of multiple problems

that produce multiple effects. Turning away from a view of policy making as a rational process in which research findings provide evidence that will prompt a response from policy makers, they suggest that evidence can be used to help mobilize public outcry and, once attention to an issue has been achieved, to use evidence to support the community's preferred response. Policy making is viewed as problem solving, where health problems compete for public and media attention. Furthermore, the authors suggest a critical relational view of social justice that aligns with intersectional approaches as an alternative to the distributive model of social justice. In a critical relational view, health justice entails more than equality of access or even of outcomes. Rather, a critical relational view attends to political, economic, and structural contexts that create ongoing conditions of inequality. Hence, social justice in health is more than simply redistributing resources to provide access to health services: it is also about addressing the historical roots and structural conditions that give rise to the specific social problems confronting those most oppressed – poor, racialized, and Indigenous women.

Mental health continues to be an underscrutinized and undertheorized area of health research. Chapter 16, by Rossiter and Morrow, is an important contribution to discussions about this often invisible part of Canada's health landscape. In efforts to expand and make more responsive mental health services and clinical practices, the authors employ intersectionality inspired methods and theories to push the edges of mental health research. Like the other discussions in Part 4, this chapter addresses the specific issue of power through the explorations of two important developments in the field: programs to address stigma/discrimination against people with mental illnesses, and recovery models of care. The authors conclude that the improvement of people's health, and specifically disparities rooted in mental health, rests both on more nuanced – and thus more accurate – assessments of the experiences of individuals and the recognition of complex and relational needs across diverse populations.

In Chapter 18, hidden structures and mechanisms of power are also revealed in Lee's self-ethnography of her role in the Canadian Research Institute for the Advancement of Women. As Lee states, "although epistemological debates may help to clarify what we mean by feminist intersectional approaches at the level of theory, these debates on their own are insufficient to fully understand and address the overall, multiple, and shifting effects of intersecting structures of inequality" (this volume, 360). She cautions against being overly optimistic about the efficacy of intersectional analyses: "If one is working within an established organization that is struggling to understand gender discrimination, whose governance structure does not reflect principles underlying IFFs, whose research staff might not have the necessary training in IFFs, and where the most marginalized women are not at the decision-making table, then IFFs will not only meet considerable resistance and foot

dragging, but any conceptual contributions [to advancing social justice and equity] will be moot” (this volume, 360).

Some feminists, including a number of contributors to this volume, do not adopt any specific terms to address the interwoven relationship between modes of difference. Therefore, the term “intersectionality” is not universally deployed. Alternative language and terminology describing the relationship between distinct axes of differences does appear, such as “interactions,” to punctuate the dynamic nature of the relationship. Contestability around how to describe relationships of difference reflects the flexibility and multiplicity of approaches that exist both within the United States (where the term first gained prominence among feminists) and beyond. Debates about discursive and conceptual boundaries are not unique to this field of study; indeed, there may be utility in maintaining “intersectionality” as a broad umbrella term rather than a definitive description of how difference, power, or identity operate. At the same time, intersectionality has gained widespread usage, and it is a recognizable term that delineates the broad body of scholarship that emphasizes the ways in which differences work through one another to produce something unique and distinct from any single form of difference standing alone. As the reader will note, several general patterns of this paradigm or framework are consistently present in the chapters of this book and the analytic insights they produce advance novel and fresh perspectives on health inequities.

First, the authors identify that an intersectionality framework not only challenges the primacy of a singular category (such as “women” or gender), but it also transcends an additive approach because of its emphasis on simultaneity and mutuality of differences. Second, this research paradigm provides a way to address the complexities of othering – namely, the ways in which difference is produced so as to (re)assert standards of normalcy. Thus, rather than thinking in terms of single binaries of man-woman, black-white, straight-gay, an intersectionality framework addresses variations within and between such binaries. Third, it places the focus of analysis on the social nature of difference – namely, the inseparability of the self and the social – and as such, it moves away from the individualization of difference. Fourth, this framework pays attention to lived experiences that are often constant aspects of the analysis. Fifth, it attends to both the variation between and among social collectivities, and the relationality that exists between social collectives; in other words, an intersectionality framework challenges the homogenization that often occurs in the study of social groups, and it shows that differences exist not in isolation but in relation to other socially produced differences. Sixth, this framework places context at its centre, thereby highlighting the significance of socio-political patterns and the particularities of time and space, as well as the implications of these commonalities and differences for social life. Finally, power is a central

theme of the analysis, not only in terms of multi-constitutive axes of oppression, but also in terms of interacting modes of productive power and resistance.

Notes

- 1 On intersectionality as a research paradigm in the study of health and illness, refer to Hankivsky and Cormier (2009), Bates, Hankivsky, and Springer (2009), Doyal (2009), Warner (2008), Collins, von Unger, and Armbrister (2008), Schulz and Mullings (2006), Weber (2006), Weber and Parra-Medina (2003), Vinz and Dören (2007).
- 2 On applications of intersectionality in clinical, health services, population health, and basic science research, refer to Bredström (2006), Burman (2004), Chuback et al. (2007), Cummings and Jackson (2008), Deeb-Sossa (2007), Rowland Hogue (2000), Schulz and Mullings (2006), Steinbugler, Press, and Johnson Dias (2006), Greenwood and Christian (2008), Kelly (2009), Reid and Herbert (2005), Meyer, Schwartz, and Frost (2008), Collins, von Unger, and Armbrister (2008), Bowleg (2008). On applications of intersectionality and intersectional research in the health sciences field in Canada, refer to Anderson (2004), Benoit et al. (2007), Hankivsky and Christoffersen (2008), Reid, Tom, and Frisby (2006), Varcoe and Dick (2008), Mulvihill, Mailloux, and Atkin (2001), Hulko (2009).

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1

Why the Theory and Practice of Intersectionality Matter to Health Research and Policy

Rita Kaur Dhamoon and Olena Hankivsky

There is a growing sense that current approaches to health inequities in Canada and elsewhere are insufficient for increasing the understanding of multifactorial and multi-level complexities of health disparities and for identifying the most effective strategies to reduce them (Hankivsky and Cormier 2009; Hankivsky and Christoffersen 2008; Varcoe, Hankivsky, and Morrow 2007).¹ Traditional frameworks often fragment vulnerabilities into distinct categories such as sex, gender, race/ethnicity, socio-economic, sexuality, geography, or disease status, prioritize one category over others or look at two or three common variables at a time, and fail to fully consider and analyze the context and influence of social power inequities. Fully understanding health inequities requires alternative research frameworks, such as those emerging from an intersectional perspective, which can investigate the interaction of numerous characteristics of vulnerable populations, not only at the individual level but also at structural levels so as to capture the multiple contexts that shape individual lives and health statuses.

Intersectionality is concerned with simultaneous intersections between aspects of social difference and identity (as related to meanings of race/ethnicity, indigeneity, gender, class, sexuality, geography, age, disability/ability, migration status, religion) and forms of systemic oppression (racism, classism, sexism, ableism, homophobia) at macro and micro levels in ways that are complex and interdependent (Hankivsky and Cormier 2009). Across disciplines, but especially in the social sciences, intersectionality is now recognized as an important normative and empirical paradigm (Hancock 2007a). In the words of Bates, Hankivsky, and Springer (2009, 1002), “the intersectionality perspective brings to the fore the complexity and contingency of social inequities.” In the realm of health, scholarship is emerging that demonstrates the significance of intersectionality.

For example, it has been shown to make a concrete difference to the understanding and interrogation of a variety of health issues such as HIV/AIDS (Collins, von Unger, and Armbrister 2008; Doyal 2009), mental health

(Kohn and Hudson 2002; Collins, von Unger, and Armbrister 2008; Warner 2008), violence against women (Crenshaw 1994; El-Khoury, Dutton, and Goodman 2004), and access to and quality of health care services (Iyer, Sen, and Östlin 2008). Numerous arguments have been put forward for its potential to enhance biomedical approaches to health (Weber and Fore 2007; Kelly 2009), existing tools for analyzing health inequities such as sex- and gender-based analysis (Clow et al. 2009), and conceptualizations of health determinants (Hankivsky and Christoffersen 2008). Moreover, the promise of intersectionality to create new and broader frameworks for health disparities research has been widely acknowledged (Schulz and Mullings 2006; Weber 2006; Weber and Parra-Medina 2003). And significantly, the need for more Canadian work in the field of intersectionality and health has been emphasized (Zawilski and Levine-Rasky 2005; Hankivsky et al. 2010; Hankivsky and Cormier 2009).

However, a number of obstacles impede intersectionality's progress in the realm of health. First, health researchers, practitioners, and advocates have paid little attention to the breadth of theoretical developments and current debates and discussions in the field. In other words, intersectionality as research paradigm has a longer and more substantive history in the theoretical literature than it does in some fields of research and policy. Although a significant body of empirical work (much of it qualitative) draws on the experiences of marginalized individuals and social groups, and reflects that intersectionality theory emerged from living practices, this close link between theory and practice has not been adequately incorporated into some dominant research paradigms. Conventional streams of the social sciences and policy development, for example, have been critical of oral traditions, narratives, storytelling, biography, and personal testimony because they are not seen as positivist, objective, rigorous, theoretical, or scholarly enough. Yet, methods considered anti-positivist are traditional tools of existing intersectionality work because they centre situated and experiential knowledge. This centring fosters a close link between established and emerging theories and established and emerging practices; it also counters positivist approaches that are limited to the study of static, categorical, error-free variables. But, because researchers in the mainstream are often focused on the "applied" side of knowledge production (whether from choice or because of disciplinary and policy conventions and requirements), theory is seen as too complicated, too abstract, or simply as irrelevant to research and policy processes. Without doubt, moving between these two realms is an imperfect exercise; the complexity and nuances of theory are not always well suited to the clarity and expedience required for practical applications. However, fostering the link between theory and practice, and thereby drawing on one of the building blocks of intersectionality, can expand and deepen the set of tools available to deconstruct the work of power.

Second, intersectional frameworks remain underutilized because developing theoretically informed and methodologically sound approaches for their health research application is in its nascent stages. In fact, many scholars have argued that there is a lack of methods and tools that can be drawn on by intersectionality researchers and policy makers in their applied work (Nash 2008; Hancock 2007a, 2007b; Phoenix and Pattynama 2006). Moreover, only recently has there been an explicit recognition that intersectionality can be applied to every type of research method, including quantitative methodologies, and that it has currency, relevance, and transformational potential vis-à-vis biomedical research, which has dominated the field. In this way, it is not simply the domain of “social” determinants health scholars. That said, it is also true that applications of intersectionality in health research are in their early stages. As Olena Hankivsky et al. (2010, 12) have argued, “more methodological development is needed so that research design can reflect innovative thinking about identity, equity, and power.”

Third, despite often good intentions to undertake an intersectionality framework, conventional exclusionary paradigms of knowledge-production remain intact, in both the theory and policy realm, with the effect of oversimplifying and/or depoliticizing issues of difference. Indeed, some research only symbolically notes the importance of differences and intersections, and continues to assume and foreground categorical essentialisms (such as a universalized category of “woman”). Even where there is recognition of intersecting differences, the overall acceptance of this approach is slow, in large part because it complicates established straightforward modes of research and policy making. As Patricia Hill Collins (2009, xii) says, “Seemingly inclusionary knowledge produced in exclusionary contexts remains suspect, no matter how well intentioned the practitioners might be.”

With these three issues in mind, this book seeks ways to illuminate, better understand, and bridge some of the distance by linking the theory to mainstream health research and policy contexts. What becomes clear is that a dialectical relationship exists between theory and practice, one where theories of intersectionality are informed by and informing of practice. In this particular chapter, we contribute to the central goals of the collection by first identifying and exploring five considerations that the theoretical literature raises for the application of intersectionality:

- What are the discursive parameters of intersectionality as a concept?
- What should be studied – interacting/intersecting identities, categories, processes, or systems of difference?
- How can the complexities that are foregrounded by this research paradigm be analyzed?

- Which model(s) is currently available and ideally suited to describe intersectionality methods?
- How does the researcher/analyst decide which interactions to analyze?

Although the following analysis is by no means a comprehensive survey of all intersectionality work, we synthesize some of the tensions and debates raised in the theoretical literature, linking them to those highlighted in this book, so as to develop one possible “model” framework for the application of the theory. In the second part of the chapter, the value and concrete implications of an intersectionality analysis for health research and policy are illustrated through a case example of cardiovascular disease (CVD). The case study reveals the significant gaps in health studies between intersectional theorizing and one area of health research and policy. Despite these gaps, and specifically the confines of current health research and policy in terms of operationalizing the key features of intersectionality, this chapter, like the others in the collection, begins to demonstrate the real transformative potential of an intersectionality-based analysis for identifying and responding to the health needs of traditionally vulnerable and excluded populations.

Part 1: Theoretical Considerations

The Discursive and Conceptual Framework of Intersectionality

Although the intersectionality discourse has been popularized since the 1980s through the work of American critical race scholar Kimberlé Crenshaw (1989, 1994, 1997), the analytical framework for examining the relationship between various aspects of identification and modes of oppression has been a long-standing feature of anti-slavery and anti-colonial struggles against practices of gendered racism. In nineteenth- and twentieth-century America, for example, Anna Julia Cooper, who was born a slave and later became an educator and earned a PhD; Mary Church Terrell, who was the first president of the National Association of Colored Women; and Sojourner Truth, who advocated for women’s rights and fought against slavery – all spoke in different ways to the struggles facing women, blacks, and black women (King 1988, 42-43). As well, anti-racist and post-colonial feminists such as Audre Lorde (1984), bell hooks (1981, 1984, 1989), T. Minh-ha Trinh (1989), and Gayatri Chakravorty Spivak (1995) all deployed an intersectionality framework before the term became widely used. Overall, it was non-white women who challenged the universalizations and essentialisms of many struggles dominated by white women (such as the Western feminisms of the 1960s and 1970s) and non-white men (such as the American black civil rights movement) that initially developed frameworks of intersectionality. Yet, as the chapters in this book testify, intersectionality is a burgeoning idea

(Phoenix and Pattynama 2006). In the words of Collins (2009, vii), “Despite the widespread belief that intersectionality has arrived, I think it is important to stop and recognize that this way of looking at and living within the world constitutes a new area of inquiry that is still in its infancy.” It is a new and developing area of inquiry insofar as original and innovative conceptual frameworks, theoretical approaches, methodologies (qualitative, quantitative, and mixed), and cases have emerged over the last ten years. Thus, against a backdrop of a rich history in social struggles and writings by feminists of colour that pushed against the norms of earlier versions of feminism, intersectionality is a discourse and body of work in flux.

This perhaps is most clearly evident in the contestability regarding the very language of intersectionality. The concept of intersectionality has increasingly been contested because it continues to suggest that aspects of oppression merely meet at the intersection rather than mutually constitute one another. This has led some feminists to use alternative terms, such as “interlocking oppressions” (Razack 1998), “multiple jeopardy” (King 1988), “discrimination-within-discrimination” (Kirkness 1986-88), “multiple consciousness” (King 1988; Matsuda 1992), “multiplicity” (Wing 1990-91), “multiplex epistemologies” (Phoenix and Pattynama 2006, 187), “translocational positionality” (Anthias 2001), and “complexifying” (see Chapter 18 this volume).

What Is Being Studied and How?

When one adopts an intersectionality framework, it is important to be clear about what precisely is being examined; this is because the substantive content of what is studied shapes research conclusions as well as normative and policy directions. In the current theoretical literature, at least four kinds of interactions are analyzed: the identities of an individual, set of individuals, or a social group that are marked as different (such as a non-white woman, non-white women as a group, or a specific group of non-white women), the categories of difference (race, gender), the processes of differentiation (racialization, gendering), and the systems of domination (racism, colonialism, sexism, and patriarchy). Sometimes these four aspects of analysis are distinct; at other times they merge into one another, or a combination exists as is the case with the study of interacting social locations. Although all four are consistent with intersectionality forms of analysis, each emphasizes something different in our understanding of subject formation and power. Here, the distinctions are explored so as to identify what is brought into view and what is eclipsed in each instance.

Identities of Individuals and Social Groups

Much feminist intersectionality analysis focuses on the individual or social group marked as oppressed. As Leslie McCall (2005, 1780) notes, in these

instances, “the primary subject of analysis is typically a social group at a neglected point of intersecting master categories, or a particular social setting or ideological construction, or both.” This kind of analysis often occurs through case studies and/or narratives of various othered subjects, such as black women, Third World women, Muslim women, and indigenous women – either as individuals, as a general group, or a specific group. An intersectionality analysis of these specific individuals and social groups especially emphasizes lived experiences and situated knowledge, whereby narratives of lived experience provide knowledge about the social location embodied by that individual or group.

This kind of embodied knowledge has been significant on a number of levels. First, and perhaps most importantly, it has emphasized and celebrated the voices, experiences, perspectives, and agency of those who are traditionally marginalized and erased in mainstream academic literature and public policy. Indeed, many of the authors in this book take up the marginalization of indigenous women, religious minorities, non-white immigrant women, those with mental health considerations, young girls, those with precarious status, such as women refugees and temporary workers, and so on. Second, experiences located in a particular identity provide a way to belong to a social group and thus open up collective relationships, shared spaces for living, and a sense of home. In particular, intersectionality-based research that foregrounds lived experiences helps us to see that marginalized people occupy multiple locations to advance their own freedoms and agendas of justice. Third, as well as providing knowledge about Others, a more nuanced analysis of subjects marked by *privilege* can be developed, thus illustrating that an intersectionality framework is “applicable to any group of people, advantaged as well as disadvantaged” (Yuval-Davis 2006, 201). Fourth, specific and general assessments can be made, especially with regard to differential experiences of discrimination. Embodied knowledge of an identity serves to contextualize oppression, discrimination, subject formation, and forms of resistance, and also illuminates how social locations and identities are changeable and contingent according to a spatial, temporal, and relational context.

The focus on identity, however, can become overdetermined in ways that are essentializing even when multiple aspects of identity are analyzed together. This occurs when a form of difference of one individual or specific group is collapsed as being representative of an entire social collectivity, even though individuals marked as a member of a group may not necessarily celebrate a mode of identification in the same way. Identities are historically and legally shaped but do not necessarily reflect how a person or group understand themselves. For example, the identities of some migrant women in Canada are shaped by the Live-In Caregiver Program and the immigration point system, First Nations women’s identities are shaped by the Indian

Act, and the legal identities of transgendered people are determined by vital statistics legislation and medical norms. When identities are overdetermined, narratives of identity politics become conflated with descriptions of positionality (ibid., 195). Although these externally imposed norms are relevant to the lives of subjects, they are not necessarily in tune with self-directed modes of identification.

Furthermore, claims about identity often require that some sense of boundedness and thus some interpretations of difference are privileged over others even though a singular dimension of identity can be interpreted in many ways, both by the self and others, and identities are not always self-evident (for example, a mixed-race person may look white but may not identify as such). Essentializing representations of identity can be especially troubling because they invite researchers to seek out “authentic” subjects with the effect of determining who is purely the Other, who is really worth saving, and who is truly different (Trinh 1989, 88-89; Smith 1999, 74). Furthermore, the focus on identity can falsely pit groups against one another (indigenous men versus indigenous women) without recognition of how these groups may have much in common, even when identities are conceptualized in complex ways.

Certainly, feminists who use an intersectionality method are not unaware of this essentializing risk. As Leslie McCall (2005) says, feminists have developed anti-categorical approaches that deconstruct existing systems of categorization (for example, not just women, but many kinds of women), intracategorical approaches in which the experiences of a single social group (such as women of colour) are defined by an intersection of multiple dimensions, and intercategorical approaches in which there are complex relations among multiple groups within and across identities and analytic categories (such as black women in relation to other non-white women and to different groups of men). These are important techniques for countering hegemonic ways of seeing identity, but the risk of essentialism is unavoidable because claims of identity necessarily lead to some sense of boundedness. As a way to deal with this problem, many feminists do provide caveats regarding specificity, context, and the contingency of social group identity and experience, but these nuances can get lost in translation.

Categories of Difference

In feminist theory, identities and categories of difference are often conflated with one another (Yuval-Davis 2006, 203-5), whereby the identity of a subject at the intersections is synonymously described in terms of categories. In this regard, the issues raised above regarding identity are tied up with issues concerning categories (such as race, class, gender, sexuality, nationality, religion). Accordingly, whereas an analysis of categories is a useful starting point because it punctuates points of connection and disjuncture, this second

area of study provides many of the same benefits and pitfalls as above. Rather than rehearsing the limitations mentioned above, we will focus on two additional problems raised within feminist theory as they relate to the study of categories.

The first problem concerns what Patricia A. Monture (2007, 199) calls a “race-class-gender trinity,” whereby “some forms of oppression are explained as more damaging than others.” There are, of course, some good reasons for this privileged trinity: decision makers are directly unsettled by the gendered non-white subject, and therefore feminists must confront dominant ways of organizing race, class, and gender (ibid.). Also, non-white feminists have had to counter racism and class privilege within white feminism and have thereby emphasized the trinity. Yet the privileging of this trinity not only masks less traditional modes of difference such as religion, spirituality and faith, chronic pain, addictions, place, mental health, disability, literacy, employment status, transnationality, age, migrant status, indigeneity, whiteness, gender identity and expression, and marital status – all of which are taken up by the authors in this book – but it also creates what Elizabeth Martinez (1993) aptly calls the “Oppression Olympics.” In the Oppression Olympics, “groups compete for the mantle of ‘most oppressed’ to gain the attention and political support of dominant groups as they pursue policy remedies, leaving the overall system of stratification unchanged” (Hancock 2007b, 68).

The mantra of race-class-gender categories, in other words, emphasizes some kinds of difference at the exclusion of others. As many of the chapters in this book illustrate, the study of categories does not, of course, have to be confined to this trinity. Indeed, research has shown that an intersectionality lens is applicable to the dynamics between systems of disability, sexuality, and gendering (D’Aoust 1999; Garland-Thomson 2002; Shuttleworth 2001), disability, race, culture, and ethnicity (Jakubowicz and Meekosha 2003; Kliewer and Fitzgerald 2001; Titchkosky 2002; Vernon 1999), and race and sexuality (Harper et al. 1997; Hawley 2001). But when the emphasis is on race-class-gender, analysts need to specify why these categories are chosen in preference to others.

A second potential problem with the study of categories is that they are sometimes treated as if they were analogous to one another. In other words, categories such as race, ethnicity, class, gender, and sexual orientation are treated as if they were alike in content and form. In these instances, a claim, for example, about the oppression of a black woman becomes another way of saying either that she suffers from a “triple oppression” because she is black, a woman, and working class, or that to be black or a woman is another way of being a member of the working class (Yuval-Davis 2006, 195-200). Yet, as Floya Anthias and Nira Yuval-Davis argue in their joint and separate work, each category has a different ontological basis that is irreducible to

other social divisions (Anthias 1998, 2001; Anthias and Yuval-Davis 1983, 1992; Yuval-Davis 2006). Although categories of division are intermeshed in one another, they are not the same. To treat them as if they were would be to conflate positions, identities, and values. Given this, when studying interactive categories, it is important to avoid the problem of analytic conflation.

Processes of Differentiation and Systems of Domination

As well as analyzing identities or categories through an intersectionality approach, some feminist theories focus on interactive processes of differentiation and interactive systems of domination. Processes of differentiation are self-directed, other-directed, and other-imposed so as to constitute, organize, and govern identities and categories. This includes such processes as racialization, gendering, sexualization, ethnicization, and disabling. Systems of domination are those that organize the privilege of some norms and, by extension, some subjects over others. These include such systems as racism, colonialism, patriarchy, sexism, capitalism, homophobia, transphobia, oralism, disableism, and so on. In both cases, the focus is not on the intersection/interaction itself but on what the intersection/interaction reveals about power. Importantly, an analysis of identities and categories is not erased; instead, the study of processes and systems requires an examination of how identities and/or categories are constituted, resisted, and governed in the first place. Although the study of processes and systems can also be overdetermined, these further an understanding of difference in two key ways.

First, this focus shifts from “different” identities and bodies per se to doing or making of difference – namely, to the contextual processes and socio-political conditions in which representations of identity and categories of difference are produced, governed, and socially organized. The shift is especially necessary because identities and categories are sometimes treated as real *even when it is stated that they are socially constructed*. Some have used quotation marks around categories to emphasize their socially constructed nature. But quotation marks are inconsistently used or overused and therefore are not a good substitute. As Sherene Razack (1998, 165) argues, all social concepts lack scientific validity, but it is often race that appears in quotation marks, as if it were somehow more socially constructed than categories such as gender and class. To counter this tendency, the focus on processes of differentiation and how these processes are constituted by and constitutive of systems of domination would provide a way to critically examine how norms are produced and how they function in and through representations of identity and the body at different levels of socio-political life. Thus, rather than presenting essentialist characterizations of social groups, such an analysis would attend to the many manifestations of otherness. This is because

an intersectionality framework reveals that similar kinds of processes of differentiation and systems of domination are operationalized in distinct and specific historical and temporal ways. For example, although the social locations of indigenous women and black women are both constituted through processes of racialized gendering, the different histories of colonization, slavery, gendered imperialism, and white supremacy function in distinct ways so as to position various non-white women differently. This theme of variation runs through many of the following chapters.

Second, in foregrounding the relationship between processes of differentiation and systems of domination, an intersectionality framework can be directly applied to critiques of power – how it operates to produce something specific, how it is resisted, and how difference is governed on a discursive and structural level. To put it differently, the study of processes addresses systemic issues and avoids the tendency to reduce issues of difference to individuals. Accordingly, it is not that analysts examine either interacting discourses or interacting structures, but how these operate together. In Foucauldian terms, the focus of analysis would therefore not strictly be an individual, or group, or institution (although these are not absent either) but the techniques of power. Subjects or categories, in this regard, are not to be studied outside the mechanisms of subjection, subjectivity, domination, and exploitation (Foucault 1982, 212-13). That is, researchers and policy makers are never looking solely at the identities of individual/social group or intersecting categories; rather, they are looking at specific ways, specific moments, and specific contexts in which subjects come into being *relationally*, and, how these processes function, and are resisted, within systems of domination. These are the micro and macro conditions that give meaning to a specific identity or category in the first place. This kind of analysis is hence analytically significant because it shifts the gaze from the othered identity and/or category of otherness to the relational processes of othering and normalization, and their pertinent contexts of power.

The Complexity of Identity Formation and Power

The theoretical literature also points toward a third consideration – namely, how to conceptualize the complexity of difference formation and the work of power, and how to navigate this complexity. The complexity arises for three reasons. First, an intersectionality analysis expands the focus from one dimension to many dimensions, and it simultaneously enables an analysis of the relationship between different dimensions. Thus, what is germane is not simply the fact of plural differences but the relationship between these. In particular, an intersectionality framework starts from the premise that each system needs the others in order to function. Mary Louise Fellows and Sherene Razack (1998, 335) describe this relationship in the following way: “Systems of oppression (capitalism, imperialism, patriarchy) rely on one

another in complex ways. The 'interlocking' effect means that the systems of oppression could not be accomplished without gender and racial hierarchies; imperialism could not function without class exploitation, sexism, heterosexism, and so on." The link between these systems has been interpreted in many different ways, but the main point is that it goes beyond a unidimensional analysis.

Second, an understanding of subject formation and power is further complicated by an intersectionality framework because it serves to capture everyday, subjective, structural, and social levels of differentiation. Collins (1990, 227) describes these as multiple levels of domination, which include "the level of personal biography; the group or community level of the cultural context created by race, class, and gender; and the systemic level of social institutions." Anthias and Yuval-Davis refer to these levels of analysis as different social divisions that take on organizational, intersubjective, experiential, and representational forms (Anthias 1998; Anthias and Yuval-Davis 1983, 1992; Yuval-Davis 2006). An analysis of these levels complicates an understanding of subject formation and power by illuminating that it is not simply that interactions occur but that they occur in particular and multiple ways.

Issues of subject formation and power are complicated by intersectionality in a third way because such a framework shifts the focus from a binary-based understanding of difference (e.g., male/female) to one in which binaries are examined in terms of how they interact with one another. This shift is important because it reveals that there are few pure victims or oppressors because each "individual derives varying amounts of penalty and privilege from the multiple systems of oppression which frame everyone's lives" (Collins 1990, 229). Attention to the ways in which "an individual may be an oppressor, a member of an oppressed group, or simultaneously oppressor and oppressed" (*ibid.*, 225) is especially important because it reveals the relational differences not only between norm-Other but also between different kinds of Others (Dhamoon 2009). In attending to these varying degrees and forms, we can avoid what Fellows and Razack (1998, 335) refer to as "the race to innocence," whereby one subject marked by otherness claims that her own marginality is the worst one and fails to interrogate her complicity (however unevenly manifest) in the position of other Others.

To summarize, when an intersectionality paradigm is adopted, three aspects of complexity need to be considered: the multi-dimensional ways in which power operates and subjectivity, subjection, and social location are subsequently constructed; the different levels at which interactions occur; and the differing degrees and forms of penalty and privilege between social locations and subjects. An intersectionality analysis may or may not attend to all three aspects of complexity, but when it does not, it is important to

consider and name what kinds of complex relations and contradictory dynamics are being foregrounded and which are missed or underexamined in the analysis and why.

This complexity may make the application of an intersectionality framework seem impossible, but it is useful to bear the following in mind: First, a comparative framework can help to navigate this complexity. In particular, as a way to maximize the analytic capacities of an intersectionality framework, it is necessary to go beyond the examination of one set of interactions and instead to compare multiple interactions, compare across many levels of social life, and compare interactions relationally. Such an approach would help to attend to the variation within and across social differences. Second, research and policy making are inevitably incomplete and partial endeavours. A singular project is simply inadequate to address all the complexities of difference. Thus, it is essential to undertake quantitative, qualitative, and mixed methods research, and to bring different intersectionality methodologies into dialogue with other methodologies that are grounded in social constructivism (rather than biomedical models in the case of health).

This book alone demonstrates the breadth of methodologies that are grounded in an intersectionality paradigm, from discourse analysis of policies, laws, and strategies adopted by governments and community organizations, to a social determinants approach, ethnography and auto-ethnography, regression modelling, narrative-based studies, participatory action and community-based research, photovoice, situated standpoint, statistical data analysis, interview and survey analysis, as well as analytic perspectives drawn from hybridity theory, post-colonial feminism, indigenous philosophies, and political economy approaches. Some of these methods are in tension with one another, all reveal the limits of knowing, and some have been narrowly defined (for example, as noted by some of the contributors, the social determinants approach has failed to adequately integrate indigenous philosophies and perspectives). However, the important point is that there is no single ideal way to undertake intersectionality work; in fact, different kinds of complementary research are essential.

Which Model?

A fourth issue raised in the theoretical literature regards the particular model that is used to describe and explain the relationship between multiple systems of power and multiple modes of identification. As noted, at the base of an intersectionality framework is the idea that a unitary approach or a multiple approach are insufficient. As Ange-Marie Hancock (2007b, 64) states, this means that more than one category is addressed, that categories matter equally and that the relationship between them is an open empirical question, that a dynamic interaction exists between individual and institutional

factors, that members within a category are diverse, that analysis of the individual or set of individuals is integrated with institutional analysis, and that empirical and theoretical claims are both possible and necessary.

On this basis, an intersectionality model does not view systems of power or modes of identification in isolation, precisely because these exist, perform, and function through one another. Nor are they outside the subject and therefore extractable as pure or contained and non-contradictory entities. They are not simply added to each other and overlapping, hierarchically structured whereby one mode of difference is assumed to be salient over others, or merely multi-dimensional. Instead, it is important to examine how specific interactions occur in specific contexts and how these function in relation to other interactions at different levels of life and across time and space.

Several intersectionality models have been developed over the years to capture this complexity. Some are presented in the context of specific case studies (see Chapter 14 this volume, for example) but have general applicability. One general model that serves to illustrate the paradigmatic shift in thinking that is constitutive of intersectionality is the image of a matrix. Although not entirely satisfactory, the matrix captures the complex webs of power that produce, organize, and govern difference. In particular, rather than seeing systems of domination as having independent effects, or conceptualizing systems as independent but overlapping, or perceiving one or more systems as more significant even though these mutually reinforce others (Weldon 2006, 240-44), the metaphor of a matrix is premised on the idea that systems of domination are mutually dependent but analytically distinct. The idea of a matrix has, of course, been developed by Collins in her first edition of *Black Feminist Thought* (1990, 225) and is taken up by numerous feminists (including some in this book). Collins deploys the notion of a “matrix of domination” to make the shift away from additive models of oppression, which, she rightly argues, “are firmly rooted in the either/or dichotomous thinking of Eurocentric, masculinist thought” (ibid.).

The matrix of domination, she states, refers to how intersecting oppressions, such as race and gender, are actually organized at structural, disciplinary, hegemonic, and interpersonal levels (Collins 2000, 18). More specifically, the matrix addresses the “overall social organization within which intersecting oppressions originate, develop and are contained” (ibid., 228-29). As one example, Collins cites case studies of black women who head households. She deploys the matrix idea so as to attend simultaneously to racially segmented local labour market and community patterns, changes in local political economies, and established racial and gender ideologies for a given location (Collins 1990, 224). By examining how these differing aspects function through one another, she argues that it becomes possible to “deconstruct Eurocentric, masculinist analyses that implicitly rely on controlling images

of the matriarch or the welfare mother” and produce generalizations across national and international contexts (ibid.). In addition, the matrix model not only centres black women’s experiences, but it also shows that subjects can revise constraining definitions of family and community, thereby revealing their agency.

The image of the matrix has three key interrelated advantages. First, since the matrix itself is structured at different levels, it does not conflate how interactive processes of differentiation and systems of domination function at various levels of social life (such as level of personal biography, cultural context, and institutionally). Nor does it separate these social levels but instead provides a way to make linkages between them. As such, the matrix model describes and explains the relationship between the micro and macro – namely, how specific processes of differentiation and systems of domination interactively operate in the context of the broader structure of power.

Second, this model shifts the focus from one set of interactive processes of differentiation and systems of domination to the *relationship* between multiple interactive processes and systems, and thus attends to the issues of complexity discussed above. In particular, the model concerns itself not only with a neglected intersection but with how various intersectional meanings and effects of power are relationally constituted and how they produce relational differences. Attention to these differences provides a way to be precise about a specific set of interactive processes and systems, to recognize that social locations vary even when the same kinds of interactive systems are at play (that is, interactions between racialization, disability and ability, and gendering have different manifestations), and to locate the pattern of interactive norms that is upheld through such representations of difference (such as, in this case, whiteness, ability, and masculinity).

Third, since the matrix model is predicated on the idea that processes of differentiation and systems of power rely on one another, it illustrates that it is not possible to critique and thus disrupt one process and system without simultaneously disrupting them all. Thus, racism cannot be disrupted without also disrupting sexism, capitalism, homophobia, transphobia, disableism, and so on. As Fellows and Razack (1998, 335-36) state, “systems of oppression (capitalism, imperialism, and patriarchy) rely on one another in complex ways. This ‘interlocking’ effect means that the systems of oppression come into existence in and through one another so that class exploitation could not be accomplished without gender and racial hierarchies, imperialism could not function without class exploitation, sexism, heterosexism, and so on. Because the systems rely on one another in these complex ways, it is ultimately futile to attempt to disrupt one system without simultaneously disrupting others.” The matrix idea therefore keeps the overall conditions of difference formation and power front and centre, and in doing so, it directs attention to issues of social (in)justice.

Which Interactions?

The final issue raised in the theoretical literature that should be considered in the practical application of intersectionality concerns the problem of deciding which differences and interactions to examine. Of course, several factors shape this choice, including analytic intelligibility, data availability, an interest in the specific social identities and/or categories that are most directly affected, the findings of particular case studies, the emphasis of particular research subjects who draw from their own experiences, and topical political issues that gain the attention of the public or governments. In other words, there is no preset list for determining which differences and interactions are most salient; indeed, the choice is often made pragmatically by context, is shaped by what the analyst knows about the particular topic (for, as analysts we never come to a topic value-free), or arises from a sense of engaged subjectivity (what the analyst is passionate about or is directly or indirectly affected by). Regardless, it is necessary not to predetermine the scope of an intersectionality project in ways that close off unexpected findings. Indeed, only by keeping the selection of social interactions open can one perceive which are relevant, for sometimes the findings can reveal that some interactions are less relevant or more salient than expected, that more research is needed before establishing relevancy, or that the set of interactions must be expanded.

As well, it is important for researchers to be self-reflexive about their own positionality and their relationships of power to knowledge production and research subjects. Intersectionality should not be approached as an academic or community-based fad – ours is not a call to well-meaning scholars and policy makers to claim the domain of difference by appropriating studies about non-white women, non-white lesbians and queers, migrant transsexuals, or other marginalized people – but requires instead that the researcher situates herself in the social matrix of domination. This kind of situated framework has been especially successful through participatory and community-based research, which brings together academics and other stakeholders such as community partners and policy makers in order to actively define research questions and approaches, and to analyze and interpret data. This is a challenging process that demands a commitment to collaborative work, self-reflection about power dynamics, and a willingness to name uncomfortable relations of penalty and privilege. Therefore, it should not be idealized (Hankivsky et al. 2010). But, as many authors in this book argue, much evidence shows that the capacity of participatory and community-based research to illuminate the multiplicity of differences and key interacting systems is strengthened when individual experiences and perspectives are socially contextualized.

Moreover, though several factors may determine the choice of which interactions will be studied, the choice should be driven by the specific aspect

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20 19 18 17 16 15 14 13 12 11 5 4 3 2 1

Printed in Canada on FSC-certified ancient-forest-free paper
(100% post-consumer recycled) that is processed chlorine- and acid-free.

Library and Archives Canada Cataloguing in Publication

Health inequities in Canada : intersectional frameworks and practices /
edited by Olena Hankivsky.

Includes bibliographical references and index.

ISBN 978-0-7748-1975-6

1. Health services accessibility – Canada. 2. Health – Social aspects – Canada.
3. Equality – Health aspects – Canada. 4. Health and race – Canada. 5. Health – Sex
differences – Canada. 6. Women's health services – Canada. 7. Minorities – Medical
care – Canada. 8. Social medicine – Canada. I. Hankivsky, Olena

RA449.H424 2011

362.1'0420971

C2011-900894-7

Canada

UBC Press gratefully acknowledges the financial support for our publishing program of the Government of Canada (through the Canada Book Fund), the Canada Council for the Arts, and the British Columbia Arts Council.

This book has been published with the help of a grant from the Canadian Federation for the Humanities and Social Sciences, through the Aid to Scholarly Publications Program, using funds provided by the Social Sciences and Humanities Research Council of Canada.

Printed and bound in Canada by Friesens
Set in Stone by Artegraphica Design Co. Ltd.
Copy editor: Deborah Kerr
Proofreader: Tara Tovell
Indexer: Pat Buchanan

UBC Press
The University of British Columbia
2029 West Mall
Vancouver, BC V6T 1Z2
www.ubcpress.ca

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