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Intersectional Approaches to Risk, Resilience, and Mental Health in Marginalized Populations: Introduction to the Special Section

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Although persistent health disparities affecting marginalized communities have long been recognized, marginalized populations (i.e., oppressed groups with stigmatized social identities) have remained significantly understudied in clinical science and allied disciplines. To reduce mental health disparities, it is critical to examine the experiences of Black, Indigenous, and people of color and sexual and gender minority populations within an intersectional framework (i.e., intersection of multiple marginalized identities) and to identify processes through which these experiences relate to risk and resilience for negative mental health outcomes. The goal of this special section is to highlight recent efforts to address this critical need by examining mental health among marginalized individuals impacted by multiple systems of oppression. These studies demonstrate the generative potential of intersectional approaches in clinical science. Our hope is that these studies will encourage future work in this field, with the ultimate aim of addressing disparities in underserved and understudied populations.

General Scientific Summary

There is a critical need for research examining the experiences of individuals with multiple marginalized identities within an intersectional framework, as well as the processes through which these experiences relate to mental health outcomes. Work in this area is necessary to reduce mental health disparities in marginalized populations.

Keywords: intersectionality, marginalized populations, mental health, racism, LGBTQ

Multiple systems of oppression (e.g., racism, sexism, genderism, and heterosexism) are entrenched in our society. Racism, sexism, genderism, and heterosexism each result in the differential distribution of power and resources based on social identities (e.g., race, gender, and sexual identity) and the stigmatization and marginalization of people of color, women, and sexual and gender minorities (Guess, 2006; Pharr, 1997). These systems have historically functioned to preserve a patriarchal, heteronormative, White supremacist culture (i.e., implicit and explicit ideas about the superiority and justified dominance of White people, men, heterosexual, and cisgender individuals across multiple sectors of society; Grzanka et al., 2019). These systems of oppression create social hierarchies that marginalize (i.e., exclude and stigmatize) those perceived as different from the perceived dominant group.

Despite long-standing recognition that significant health disparities affecting diverse marginalized populations are a product of structural and interpersonal stigma and discrimination (Brooks, 1981; Clark et al., 1999; Haas et al., 2011; Hatzenbuehler, 2009; Hendricks & Testa, 2012; Meyer, 2003; National Institutes of Health, 2019; U.S. Department of Health and Human Services, 2001), there remains a persistent lack of research on (and thus limitations in our understanding of) mental health disparities affecting multiply marginalized populations and factors contributing to their risk and resilience (Adams & Miller, 2021; Akinhanmi et al., 2018; Cha et al., 2018; Goel et al., 2022; Pedersen et al., 2022; Polanco-Roman & Miranda, 2022). In some cases, even basic epidemiological data for marginalized populations are lacking (National Institutes of Health, 2021). At the same time, mental health disparities have either persisted or increased (e.g., Bridge et al., 2015; Parodi et al., 2022; Sheftall et al., 2022), in some cases amplified

Editor's Note. This is an introduction to the special section "Intersectional Approaches to Risk, Resilience, and Mental Health in Marginalized Populations." Please see the Table of Contents here: http://psycnet.apa.org/journals/abn/132/5/.—AM

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by the COVID-19 pandemic (Lee & Singh, 2021; Nguyen et al., 2022; Parenteau et al., n.d.; Saltzman et al., 2021).

Applying an intersectional framework to the study of marginalized communities in clinical science and allied disciplines may be necessary to genuinely capture the lived experiences and their impact on the mental health of marginalized individuals (Cole, 2009; Crenshaw, 1989). This framework highlights how the unique experiences of individuals with multiple marginalized identities and social group memberships may contribute to their risk and resilience in the face of stigma and oppression in ways that are not simply additive but qualitatively distinct. Experiences of oppression are inherently intersectional in that it is impossible to separate one's location in the social hierarchy for one identity from their location along the dimensions of another (e.g., being a gay Black transgender man; Grzanka & Cole, 2022; Roberts & Rizzo, 2021).

In this special section of the *Journal of Psychopathology and Clinical Science*, we aim to begin to address the critical need for further intersectional, on marginalized populations by assembling a set of studies that demonstrate the ways in which intersectional approaches provide important advances in our understanding of the mental health of marginalized communities. These studies emphasize (a) the importance of extending intersectionality beyond individual-level social identities to include structural and environmental inequities; (b) the nuanced understanding of intersectional experiences that can be obtained through examining within-group differences; and (c) the ways in which sex and gender are incorporated into intersectional research (Cole, 2009; Cole & Duncan, 2023; Crenshaw, 1989).

An intersectional approach to improving mental health acknowledges that these social categories (e.g., race, class, gender, and sexual orientation) capture more than just individual-level social identities; they encompass structural categories connected to systems of oppression and inequitable distributions of power across such categories (Mahalingam, 2013). The five papers in this special section demonstrate the importance of examining this heterogeneity of social categorization within ethnoracial minoritized groups by moving away from the oversimplified Black–White, gay–straight comparisons, which implicitly center privileged groups as "normative." These papers suggest investigating heterogeneity within groups may be more meaningful for predicting mental health outcomes for minoritized groups and move the focus from the "normative" group to the marginalized group.

Several of the papers in this issue have empirically examined predictors of the mental health of multiply marginalized individuals using advanced methods to demonstrate the ways multiple social identities merge in nuanced ways to influence experiences of disadvantage and protection. For example, Jenkins and colleagues (2023) focused on the roles of romantic relationship adjustment and neighborhood context on psychological health among Black people. For Black men, living in neighborhoods with low social cohesion negated the protective effect of having high relationship adjustment on negative affect 10 years later. This highlights how an intersectional approach needs to incorporate the environments in which marginalized individuals are more likely to inhabit.

Addressing social determinants, which are social and environmental conditions experienced across the life span and over generations (U.S. Department of Health and Human Services & Office of Disease Prevention and Health Promotion, 2018), is acknowledged as one of the five overarching ways to improve overall health in the United States during the next decade in Healthy People 2030 (Hasbrouck, 2021). Racism and discrimination, physical environment, and poverty are specifically named in this initiative. The neighborhood encompasses many of these social determinants including the physical environment, social connections, and capital. Historically, neighborhoods have been racially segregated through policy, law, and informal practices in such a way that ethnoracial minoritized individuals are more likely than White people to live in segregated disadvantaged neighborhood settings with concentrated poverty, lower-resourced schools, and more unemployment (Massey, 2001; Williams & Mohammed, 2013). Crabtree and colleagues (2023) address this issue by focusing on American Indian adolescents attending reservation-serving schools and identifying predictors of binge drinking, which is elevated in this population and increases the risk for developing alcohol use disorder (Stanley et al., 2014). They found American Indian female adolescents attending schools with high peer alcohol use were more likely to binge than American Indian male adolescents attending similar schools, highlighting the importance of the school's social environment, which may have an even stronger impact on behavior for those living on or near reservations. In another paper in this special section, the important role of the neighborhood in mental health was examined in a very different population. Jenkins and colleagues (2023) demonstrated that lack of neighborhood safety and cohesion prospectively predicted poorer mental health in both Black men and women 10 years later.

Social-environmental determinants, such as racial discrimination, have also been identified as contributors to poor mental health outcomes among minoritized individuals through cumulative stress (Berger & Sarnyai, 2015). Evidence for this was provided in this special section by a paper on neighborhood poverty, discrimination, and trauma in Black women. Ravi and colleagues (2023) found that racial discrimination amplified the impact of neighborhood poverty on posttraumatic stress disorder (PTSD) symptoms among Black women. This not only speaks to the powerful impact of being othered racially as Black women on mental health but also demonstrates that poverty in one's neighborhood becomes that much more relevant in the context of discrimination. It highlights the importance of examining the intersections of personal individual experiences and structural lived experiences, especially among marginalized Black people.

The intersection of structural-level factors and social identity was also demonstrated in Jackson and colleagues' (2023) analysis of lesbian, gay, bisexual, transgender, queer or questioning and other sexual and gender minority (LGBTQ+) Black and Latinx adolescents. In addition to demonstrating that both ethnoracial and sexual orientation bullying predicted depression, they found that living in states with elevated anti-LGBTQ+ community-level stigma was a risk factor for depression, whereas living in states with protective LGBTQ+ policies was a protective factor. Their index of state-level anti-LGBTQ+ structural stigma was uniquely designed to focus on indicators most relevant to adolescents, demonstrating the importance of integrating a developmental lens into intersectional research. The papers in this special section expand intersectionality to include social determinants and structural stigma, demonstrating that they play a central role in shaping the mental health of multiply marginalized populations. The study of psychopathology and clinical science would benefit from taking this more expansive approach when it comes to research and intervention.

Sex and gender also particularly warrant mention as these constructs have been inconsistently attended in intersectionality research. As a result, the intersections between gender and other

marginalized identities are better understood in some areas of research, like the effects of gendered racism (e.g., Lewis et al., 2017; Thomas et al., 2008), than in other areas, such as differences between sexual minority men and women in the effects of risk factors for substance use. The set of studies included in this special section contributes to the development of a more advanced understanding of the ways in which gender interacts with other marginalized identities to answer a range of research questions across different populations. Jardas and colleagues (2023) examine the ways in which the experiences of gender minorities differ based on their gender identities and sex assigned at birth, demonstrating that transmasculine and transfeminine youth report more experiences of biased treatment and more anxiety and depression than nonbinary youth. This substantially advances the limited existing research examining heterogeneity in the experiences of gender minorities by attending to the experiences of nonbinary youth. Ravi and colleagues (2023) focus specifically on urban Black women in their study of factors contributing to PTSD symptoms, providing critical information that advances our understanding of considerably elevated rates of PTSD in this population. Jenkins and colleagues (2023) and Crabtree and colleagues (2023) both examine the ways in which the effects of risk and protective factors differ based on sex and gender among Black and American Indian populations, respectively. Together, these studies highlight the diverse ways in which the experiences of marginalized populations differ by sex and gender, exemplify a number of different approaches to studying the roles of sex and gender in intersectional research and emphasize the importance of ensuring that intersectional research more consistently attends to the roles of sex and gender.

We believe that the five papers in this special section illustrate the rich potential of intersectionality research and provide important direction for future research on the mental health of multiply marginalized individuals using intersectional perspectives. It is our hope that these studies will motivate future work exploring intersecting identities and structural and environmental inequities in relation to psychopathological outcomes.

References

Adams, L. M., & Miller, A. B. (2021). Mechanisms of mental-health disparities among minoritized groups: How well are the top journals in clinical psychology representing this work? *Clinical Psychological Science*, *10*(3), 387–416. https://doi.org/10.1177/21677026211026979

Akinhanmi, M. O., Biernacka, J. M., Strakowski, S. M., McElroy, S. L., Balls Berry, J. E., Merikangas, K. R., Assari, S., McInnis, M. G., Schulze, T. G., LeBoyer, M., Tamminga, C., Patten, C., & Frye, M. A. (2018). Racial disparities in bipolar disorder treatment and research: A call to action. *Bipolar Disorders*, *20*(6), 506–514. https://doi.org/10.1111/bdi.12638

Berger, M., & Sarnyai, Z. (2015). "More than skin deep": Stress neurobiology and mental health consequences of racial discrimination. *Stress*, *18*(1), 1–10. https://doi.org/10.3109/10253890.2014.989204

Bridge, J. A., Asti, L., Horowitz, L. M., Greenhouse, J. B., Fontanella, C. A., Sheftall, A. H., Kelleher, K. J., & Campo, J. V. (2015). Suicide trends among elementary school-aged children in the United States from 1993 to 2012. *JAMA Pediatrics*, *169*(7), 673–677. https://doi.org/10.1001/jamapediatrics.2015.0465

Brooks, V. R. (1981). *Minority stress and lesbian women*. Lexington Books.

Cha, C. B., Tezanos, K. M., Peros, O. M., Ng, M. Y., Ribeiro, J. D., Nock, M. K., & Franklin, J. C. (2018). Accounting for diversity in suicide research: Sampling and sample reporting practices in the United States. *Suicide and Life-Threatening Behavior*, *48*(2), 131–139. https://doi.org/10.1111/sltb.12344

Clark, R., Anderson, N. B., Clark, V. R., & Williams, D. R. (1999). Racism as a stressor for African Americans: A biopsychosocial model. *American Psychologist*, *54*(10), 805–816. https://doi.org/10.1037/0003-066X.54.10.805

Cole, E. R. (2009). Intersectionality and research in psychology. *American Psychologist*, *64*(3), 170–180. https://doi.org/10.1037/a0014564

Cole, E. R., & Duncan, L. E. (2023). Better policy interventions through intersectionality. *Social Issues and Policy Review*, *17*(1), 62–78. https://doi.org/10.1111/sipr.12090

Crabtree, M. A., Emery, N. N., Stanley, L. R., Prince, M. A., & Swaim, R. C. (2023). Intersecting sex and American Indian identity moderates school and individual correlates of binge drinking among reservation-area adolescents. *Journal of Psychopathology and Clinical Science*, *132*(5), 555–566. https://doi.org/10.1037/abn0000817

Crenshaw, K. W. (1989). Demarginalizing the intersection of race and sex: A black feminist critique of antidiscrimination doctrine, feminist theory and antiracist politics. *University of Chicago Legal Forum*, 139–167.

Goel, N. J., Jennings Mathis, K., Egbert, A. H., Petterway, F., Breithaupt, L., Eddy, K. T., Franko, D. L., & Graham, A. K. (2022). Accountability in promoting representation of historically marginalized racial and ethnic populations in the eating disorders field: A call to action. *International Journal of Eating Disorders*, *55*(4), 463–469. https://doi.org/10.1002/eat.23682

Grzanka, P. R., & Cole, E. R. (2022). Intersectionality is not a footnote: Commentary on Roberts and Rizzo (2021). *American Psychologist*, *77*(3), 476–478. https://doi.org/10.1037/amp0000911

Grzanka, P. R., Gonzalez, K. A., & Spanierman, L. B. (2019). White supremacy and counseling psychology: A critical–conceptual framework. *Counseling Psychologist*, *47*(4), 478–529. https://doi.org/10.1177/0011000019880843

Guess, T. J. (2006). The social construction of whiteness: Racism by intent, racism by consequence. *Critical Sociology*, *32*(4), 649–673. https://doi.org/10.1163/156916306779155199

Haas, A. P., Eliason, M., Mays, V. M., Mathy, R. M., Cochran, S. D., D'Augelli, A. R., Silverman, M. M., Fisher, P. W., Hughes, T., Rosario, M., Russell, S. T., Malley, E., Reed, J., Litts, D. A., Haller, E., Sell, R. L., Remafedi, G., Bradford, J., Beautrais, A. L., … Clayton, P. J. (2011). Suicide and suicide risk in lesbian, gay, bisexual, and transgender populations: Review and recommendations. *Journal of Homosexuality*, *58*(1), 10–51. https://doi.org/10.1080/00918369.2011.534038

Hasbrouck, L. (2021). Healthy people 2030: An improved framework. *Health Education & Behavior*, *48*(2), 113–114. https://doi.org/10.1177/1090198121997812

Hatzenbuehler, M. L. (2009). How does sexual minority stigma "get under the skin"? A psychological mediation framework. *Psychological Bulletin*, *135*(5), 707–730. https://doi.org/10.1037/a0016441

Hendricks, M. L., & Testa, R. J. (2012). A conceptual framework for clinical work with transgender and gender nonconforming clients: An adaptation of the minority stress model. *Professional Psychology: Research and Practice*, *43*(5), 460–467. https://doi.org/10.1037/a0029597

Jackson, S. D., Harvey, T. D., Watson, R. J., Pereira, K., & Clark, K. A. (2023). Multilevel stigma and depression among a national sample of Black and Latinx LGBTQ+ adolescents in the United States. *Journal of Psychopathology and Clinical Science*, *132*(5), 577–589. https://doi.org/10.1037/abn0000841

Jardas, E. J., Ladd, B. A., Maheux, A. J., Choukas-Bradley, S., Salk, R. H. & Thoma, B. C. (2023). Testing the minority stress model across gender identity, race, and ethnicity among U.S. gender minority adolescents. *Journal of Psychopathology and Clinical Science*, *132*(5), 542–554. https://doi.org/10.1037/abn0000834

Jenkins, A. I. C., Fredman, S. J., Gamaldo, A. A., King, V., & Almeida, D. M. (2023). Love, health, and the 'hood: An examination of romantic

relationship adjustment and perceived neighborhood quality as predictors of partnered Black Americans' long-term psychological health. *Journal of Psychopathology and Clinical Science*, *132*(5), 531–541. https://doi.org/10.1037/abn0000821

Lee, H., & Singh, G. K. (2021). Monthly trends in self-reported health status and depression by race/ethnicity and socioeconomic status during the COVID-19 pandemic, United States, April 2020–May 2021. *Annals of Epidemiology*, *63*, 52–62. https://doi.org/10.1016/j.annepidem.2021.07.014

Lewis, J. A., Williams, M. G., Peppers, E. J., & Gadson, C. A. (2017). Applying intersectionality to explore the relations between gendered racism and health among Black women. *Journal of Counseling Psychology*, *64*(5), 475–486. https://doi.org/10.1037/cou0000231

Mahalingam, R. (2013). Cultural psychology and marginality: An explorative study of Indian Diaspora. In R. Mahalingam (Ed.), *Cultural psychology of immigrants* (pp. 167–182). Psychology Press.

Massey, D. S. (2001). Residential segregation and neighborhood conditions in U.S. metropolitan areas. In N. J. Smelser, W. J. Wilson, & F. Mitchell (Eds.), *America becoming: Racial trends and their consequences* (1st ed., Vol. 1, pp. 391–434). National Academies Press. https://doi.org/10.17226/9599

Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin*, *129*(5), 674–697. https://doi.org/10.1037/0033-2909.129.5.674

National Institutes of Health. (2019). *Sexual and gender minority populations in NIH-supported research*. https://grants.nih.gov/grants/guide/notice-files/NOT-OD-19-139.html

National Institutes of Health. (2021). *NOT-HL-23-001: Notice of Special Interest (NOSI): Epidemiologic studies in Asian Americans, Native Hawaiians, and Pacific Islanders (Parent R01 Clinical Trial Not Allowed)*. https://grants.nih.gov/grants/guide/notice-files/NOT-HL-23-001.html

Nguyen, L. H., Anyane-Yeboa, A., Klaser, K., Merino, J., Drew, D. A., Ma, W., Mehta, R. S., Kim, D. Y., Warner, E. T., Joshi, A. D., Graham, M. S., Sudre, C. H., Thompson, E. J., May, A., Hu, C., Jørgensen, S., Selvachandran, S., Berry, S. E., David, S. P., … Chan, A. T. (2022). The mental health burden of racial and ethnic minorities during the COVID-19 pandemic. *PLoS ONE*, *17*(8), Article e0271661. https://doi.org/10.1371/journal.pone.0271661

Parenteau, A. M., Boyer, C. J., Campos, L. J., Carranza, A. F., Deer, L. K., Hartman, D. T., Bidwell, J. T., & Hostinar, C. E. (n.d.). A review of mental health disparities during COVID-19: Evidence, mechanisms, and policy recommendations for promoting societal resilience. *Development and Psychopathology*. https://doi.org/10.1017/S0954579422000499

Parodi, K. B., Holt, M. K., Green, J. G., Porche, M. V., Koenig, B., & Xuan, Z. (2022). Time trends and disparities in anxiety among adolescents, 2012–2018. *Social Psychiatry and Psychiatric Epidemiology*, *57*(1), 127–137. https://doi.org/10.1007/s00127-021-02122-9

Pedersen, S. L., Lindstrom, R., Powe, P. M., Louie, K., & Escobar-Viera, C. (2022). Lack of representation in psychiatric research: A data-driven example from scientific articles published in 2019 and 2020 in the American Journal of Psychiatry. *American Journal of Psychiatry*, *179*(5), 388–392. https://doi.org/10.1176/appi.ajp.21070758

Pharr, S. (1997). *Homophobia: A weapon of sexism*. Chardon Press.

Polanco-Roman, L., & Miranda, R. (2022). A cycle of exclusion that impedes suicide research among racial and ethnic minority youth. *Suicide & Life-Threatening Behavior*, *52*(1), 171–174. https://doi.org/10.1111/sltb.12752

Ravi, M., Mekawi, Y., Blevins, J., Michopoulos, V., & Stevens, J. (2023). Intersections of oppression: Examining the interactive effect of racial discrimination and neighborhood poverty on PTSD symptoms in Black women. *Journal of Psychopathology and Clinical Science*, *132*(5), 567–576. https://doi.org/10.1037/abn0000818

Roberts, S. O., & Rizzo, M. T. (2021). The psychology of American racism. *American Psychologist*, *76*(3), 475–487. https://doi.org/10.1037/amp0000642

Saltzman, L. Y., Lesen, A. E., Henry, V., Hansel, T. C., & Bordnick, P. S. (2021). COVID-19 mental health disparities. *Health Security*, *19*(S1), S-5–S-13. https://doi.org/10.1089/hs.2021.0017

Sheftall, A. H., Vakil, F., Ruch, D. A., Boyd, R. C., Lindsey, M. A., & Bridge, J. A. (2022). Black youth suicide: Investigation of current trends and precipitating circumstances. *Journal of the American Academy of Child & Adolescent Psychiatry*, *61*(5), 662–675. https://doi.org/10.1016/j.jaac.2021.08.021

Stanley, L. R., Harness, S. D., Swaim, R. C., & Beauvais, F. (2014). Rates of substance use of American Indian students in 8th, 10th, and 12th grades living on or near reservations: Update, 2009–2012. *Public Health Reports*, *129*(2), 156–163. https://doi.org/10.1177/003335491412900209

Thomas, A. J., Witherspoon, K. M., & Speight, S. L. (2008). Gendered racism, psychological distress, and coping styles of African American women. *Cultural Diversity & Ethnic Minority Psychology*, *14*(4), 307–314. https://doi.org/10.1037/1099-9809.14.4.307

U.S. Department of Health and Human Services. (2001). *Mental health: Culture, race, and ethnicity—A supplement to mental health: A report of the Surgeon General*. US Public Health Service: Substance Abuse and Mental Health Services Administration.

U.S. Department of Health and Human Services & Office of Disease Prevention and Health Promotion. (2018). *Social determinants of health—Healthy people 2030*. https://health.gov/healthypeople/priority-areas/social-determinants-health

Williams, D. R., & Mohammed, S. A. (2013). Racism and health I: Pathways and scientific evidence. *American Behavioral Scientist*, *57*(8), 1152–1173. https://doi.org/10.1177/0002764213487340

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