The Intersectionality of Race and Ethnicity with Other Factors

INDIVIDUAL IDENTITY DEVELOPS BASED ON NUMEROUS WAYS IN WHICH people differ, such as along the lines of gender, race, ethnicity, sexual orientation, religion, ability status, and social class. The way in which these factors are weighted and the way they intersect in a person’s life may create disadvantages or privileges for her or him. It is important for social work professionals to understand that an individual’s identity cannot be easily defined by just one factor. In most cases, a variety of factors contribute to an individual’s sense of identity. This chapter provides general information on intersectionality and its effects on individuals in society and how social workers can use this knowledge about intersectionality to work effectively with members of various cultural groups.

INTERSECTIONALITY

The term “intersectionality” refers to the multidimensionality and complexity of the human cultural experience and describes the place where multiple identities come together, or intersect. Individuals hold positions within multiple systems of inequality based on race, ethnicity, gender, social class, sexual orientation, age, and ability status; particular sets of identities carry important social implications. For example, issues of race and gender oppression cut across social class lines. Women experience sexism—stereotyping, male dominance, and discrimination—regardless of their education and abilities and how well they are paid for their work, while men from racial minority groups retain privileges afforded to them in a sexist society. Such intersections of race and gender lead to a variety of experiences and opportunities for different individuals, producing outcomes that may reflect an accumulation of social advantages or disadvantages. P. Collins (1998) described the intersection of race, gender, and social class as constituting a “matrix of domination” (p. 18). Within this matrix, individuals may experience disadvantage or privilege as a result of their combination of identities. Ethnic minority women may face double jeopardy due to the combined disadvantages of their gender and their ethnic background, and may be relegated to the
most devalued occupations and jobs. Ethnic minority and poor immigrant women make up the vast majority of household domestic workers, who rank as the lowest-paid occupational group in the United States. In contrast, white women are much more likely to attain white-collar positions and typically are the middle- or upper-class employers of ethnic minority and poor immigrant women (Hondagneu-Sotelo, 2001).

Increasing recognition of the intersectionality of identities has prompted extensive research on its social implications. The existence of multiple systems of inequality suggests that the social world cannot be easily divided into oppressors and the oppressed. For example, white males, who exemplify privilege in U.S. society, are quite diverse as a group, with their own within-group variations in terms of privilege. Substantial numbers of white males live out their lives in the working class, suffering economic exploitation and bearing greater occupational risks to their health than do white men in higher social classes. White gay men and those with disabilities are often denied the full range of benefits that white heterosexual and able-male privilege brings to other men.

Research on intersectionality has demonstrated that different systems of inequality are interconnected (Anderson & Collins, 2004). For example, African American lesbians face triple jeopardy because they simultaneously occupy disadvantaged positions in social hierarchies based on gender, race, and sexual orientation. Despite the identities they share with other oppressed groups like white lesbians and heterosexual African American women, African American lesbians have struggled to gain visibility and influence within the feminist, gay, and black liberation movements (Diamond & Savin-Williams, 2000). All too often these groups strive for liberation in isolation or at cross-purposes from one another, without recognizing areas where they may enjoy privilege that other groups do not. Moreover, conflict and dissension among oppressed groups can be instigated by the majority groups in power, which diverts attention from the underlying systems of privilege.

In the history of the United States, successive immigrant ethnic groups have been blamed for the economic ills plaguing the U.S.-born working class and have become the targets of officially sanctioned discrimination. During an economic depression in 1893, strong opposition emerged against the admittance of immigrants from Italy, and Italians were suddenly regarded as paupers. Similarly, Chinese immigrants, who were originally welcomed as “honest,” “peaceful,” “industrious,” came to be perceived as “dangerous,” “vicious,” and “deceitful” when jobs became scarce and the Chinese started to seek work in mines and in factories, and on farms (Levin & Levin, 1982, p. 152). During the late nineteenth century, when cotton prices declined in the South, there was an increase in the number of lynchings of African Americans (Behrens, Uggen, & Manza, 2003). More recently, in the 1980s, an anti-immigrant movement in California was renewed and consolidated during an economic slowdown. Disempowered Mexican
immigrants working predominantly in minimum-wage jobs that few U.S.-born individuals would accept were viewed by some as responsible for the economic ills of the entire state of California.

The social implications of intersectionality, like the systems of inequality those implications are based on, are constantly changing. The civil rights and women’s movements have produced important changes in racial and gender relations, but these successes have also helped to alter the issues in contention. The history of affirmative action is a case in point. Established in the late 1960s and early 1970s to take steps beyond the elimination of open discrimination, affirmative action actively promoted racial and gender equity in employment, government contracting, and educational access. In recent years, societal debates and legal action concerning affirmative action have been focused on the use of race and ethnicity in the criteria for admission to colleges and universities. The ensuing controversies have revealed a growing awareness of multiple systems of inequality, particularly the intersections of race, ethnicity, and social class.

Arguments against affirmative action have frequently centered on its alleged failure to provide protection and assistance to those most in need and the alleged harm inflicted on others through reverse discrimination. Some critics of affirmative action have portrayed its beneficiaries as mostly ethnic minorities from middle- and upper-class families who do not need help as much as lower-class African Americans and Latinos or equally needy low-income whites. Debate has also arisen over differences in levels of need and the application of affirmative action to ethnic minority groups, such as the exclusion of Asian Americans from affirmative action and the higher educational achievement of Afro-Caribbean students than of African American students. This issue highlights the significant within-group diversity that exists within large racial categories. Notes from the field 3.1 provides an example of multiethnic and multiracial identities. Manuel’s story highlights the complexity of intersecting identities and illustrates how discreet ethnic and racial categories may not apply to some individuals.

SOCIAL CLASS

Societies throughout history have organized themselves into social classes. Although there are differences among societies in the degree of opportunity for upward mobility, such social stratification is ubiquitous. Even societies that undergo bloody revolutions to effect a rapid change in social structure often merely substitute one social class system for another. For example, under the official egalitarian ideology of Communist countries like the former Soviet Union, China, and Cuba, de facto social classes existed, allowing the small elite to enjoy privileges derived from their membership in the ruling party or close association with its members rather than from inheritance.
NOTES FROM THE FIELD 3.1
Who Is Manuel?

When asked about his race, Manuel Silva self-identifies as a black man and honors his African ancestry, but culturally he also recognizes his Puerto Rican–Latino background, his Roman Catholic faith, and his Taino (indigenous) roots. Manuel’s identity and social experiences emerge from the intersection of all those identities. Depending on his environment, he may stress a certain identity more than others. On the U.S. mainland, Manuel is often defined racially by others based on his physical appearance rather than on his multiple cultural roots. Others’ definitions of who he is often overlook Manuel’s intersectionalities and multiple sources of identity. When Manuel applies for a job with the city government, he asks his social worker which race/ethnicity category he should mark on the application form. The form allows for only one choice under race/ethnicity. Because he would like to recognize all his cultural heritages, he is thinking about choosing “other.”

Class is a powerful force in U.S. society, although it is not always as well recognized as many other forms of oppression and discrimination. Dividing lines between social classes in the United States are fluid, somewhat flexible, and often hidden. Rather than a rigid class hierarchy, the U.S. social class system is rooted in a triad of interconnected socioeconomic differences in income, education, and occupational status. These differences determine an individual’s position in the social hierarchy (and its associated privileges or disadvantages) and have wide-ranging implications for cultural identities, because they are systematically associated with gender, race, ethnicity, ability status, and other cultural identities.

People do not choose their social class. Members of the poor and working classes are limited by the opportunities afforded or denied by capitalism and its controlling profit motive. Political elites, the mass media, and the education system frequently promote the idea that U.S. society is a meritocracy, where rewards are allocated based on individual merit alone. However, the uneven playing field of social class gives crucial advantages to those from privileged backgrounds. Our education system is, in fact, a prime example of class-based inequities. School districts, and even the schools within them, vary enormously in terms of the adequacy of building facilities and equipment, teacher preparation and pay, class sizes, range of academic offerings, and quality of instruction. School financing through local property taxes and the residential segregation of the poor ensure that families from higher social classes are able to transfer their wealth directly into better schools for their children. These children also benefit from cultural capital, such as their parents’ better educational preparation, high educational
aspirations, knowledge of educational options and purchasing power, and more-extensive social networks that help them locate the best schools. Cultural capital also includes the implicit transmission of norms, values, and behaviors expected when socializing in higher social classes that enable individuals to fit in with fraternities or sororities, when they are out to lunch with colleagues, and in board rooms. Meanwhile, families from low-income neighborhoods struggle to afford even basic education, and their modest incomes and property values limit the taxable resources that are available to support their local public schools.

Overall, social class governs many of the life chances that determine opportunities for a long life and decent quality of living. The impact of social class on life chances was exemplified quite literally in 1912 when the Titanic sank. Only 25 percent of the third-class passengers survived. Most of the passengers in first class were American or upper class British, while most of the third-class passengers who perished were immigrating from Great Britain or other countries in Europe to the United States (Hanley, Turner, Bellera, & Telsch, 2003).

In the United States, there is a persisting gap between the upper and lower classes’ access to a college education. Statistics from the National Student Loan Program comparing families in the top income quartile to those in the bottom income quartile (that is, the quarter of the population earning the most vs. the quarter earning the least) show that whereas around 90 percent of children from the most affluent families attend college, barely half of those from the least affluent families do so, and this gap shows signs of widening rather than closing (Price, 2004). Students from families in the top income quartile are five times more likely to complete a college degree than are those from families at the bottom income quartile (Bailey & Dynarski, 2011). Moreover, contrary to the ethos of the meritocracy, a student’s socioeconomic background has been found to be a more important factor in whether she or he attends college than the student’s educational ability (Berliner, 2006). Only 8 percent of high-achieving low-income high school students apply to a wide spectrum of colleges that includes very selective schools, compared to 68 percent of their high-income counterparts, a disparity that helps account for the underrepresentation of low-income students at the most selective colleges and universities (Hoxby & Avery, 2013). In states that have begun to dismantle affirmative action policies governing college admissions, ethnic minority student enrollments did not decrease overall but their admissions shifted away from selective colleges to less-selective institutions (Hinrichs, 2010). This shift has significant implications for the eventual earning power of those students.

Although it is a common perception that the United States is a classless society, recent trends in the income distribution suggest that wealth and influence are becoming more concentrated in the hands of a small elite. Economic analyses have demonstrated that the top 1 percent of income earners in 2010 reaped more than 93 percent of all of the nation’s total gains in income, with an average income gain of $4.2 million for individuals in the top .01 percent and $105,637
The Intersectionality of Race and Ethnicity with Other Factors

57

for those in the top 1 percent. On the other hand, the average person in the remaining 99 percent of the population had earnings gains of only .02 percent in that same year, with an average gain of only $80 annually (Piketty & Saez, 2012). The belief that well-educated people are making major advances socioeconomically (a characteristic of a meritocracy) is also challenged by the data. For example, U.S. census data show that real incomes for college graduates declined from 2009 to 2010 (U.S. Census Bureau, 2013).

These sharp socioeconomic differences are powerful evidence of the importance of social class in the perpetuation of inequalities in the United States. For many cultural groups whose opportunities for social and economic mobility have historically been blocked or thwarted, problems of socioeconomic inequality remain an acute challenge to their well-being.

GENDER

The United States as a society was profoundly shaped by eighteenth-century European American men who resisted or gave little thought to empowering others. Women continue to be a group that struggles to gain a place at the table of equality. Although they constitute a slight numerical majority, women remain a sociological minority in the United States, as they do in most societies. Indeed, gender equality has yet to be achieved in many important ways. For instance, women are paid less than men for doing the same jobs. Women who are the head of their households are more likely to live below poverty levels, and they are still primarily responsible for child care even when they have a partner and are employed full-time (McKernan & Ratcliffe, 2005). In a comparison of eighteen affluent democratic countries, the United States had the highest rate of single mothers living in poverty, followed in this order by the United Kingdom, the Netherlands, Canada, and Australia. Differences in rates of poverty among single mothers were explained by individual characteristics such as education, as well as by national policies that included universal wage replacement programs (Brady & Burroway, 2012).

Many women dwell on the periphery of society, on the lower rungs of social and institutional hierarchies, and in positions where they face oppression. This oppression is maintained in part by cultural norms that specify appropriate roles for men and women. These gender norms are socially constructed; violations of the norms can result in marginalization, discrimination, and violence. Men are socialized to be family providers and leaders and are provided with relatively clear guidelines about how to combine occupational and family roles, while women receive mixed messages about these same roles. Male roles are associated with highly valued characteristics like authority, strength, and decisiveness, while
women’s roles emphasize nurturance and caring, which are judged as having lesser value (O’Brien et al., 2000).

The persisting gender gap in wages makes it difficult for many women to manage financially as heads of households. This gender-wage gap is perpetuated by employers’ beliefs that women need to devote more of their energy to child care and family demands than men do; as a result, employers often do not consider women to be viable candidates for certain leadership positions. This perception then decreases women’s chances of securing jobs that have the most responsibility, authority, and remuneration. In 2011, even among the highly educated, women earned on average $27,677 less annually than their male counterparts with the same level of education (U.S. Census Bureau, 2013). Among some minority ethnic and religious groups, education for women is still considered inappropriate, and to be a waste of precious family resources best reserved for males. In many contemporary societies, women remain financially dependent on men because social taboos prevent them from accessing education and employment outside the home.

In societies like the United States, where women are highly involved in the labor force, they generally are relegated to less-lucrative occupations and professions. As organizational management emerged as a distinct professional field in the early twentieth century, many of its defining characteristics were imbued with a masculine ethic. Men established their privileged status by describing rationality and reason, a tough-minded approach to problems, and the analytic capability to abstract and plan (all of which were viewed as male characteristics) and the ability to set aside distinctly “feminine” personal, sentimental, and emotional considerations as the essential traits of the effective manager (Gartzia, 2011; Kanter, 1977).

Some feminists argue that the traditional Western family, with its authoritarian adult male rule, is the training ground that initially conditions individuals to accept group oppression as the natural order (hooks, 1984; Kuhn, 2013). Patriarchy has taken different shapes in different cultural subgroups and social classes, but has mostly survived, if not been strengthened, over time. Violence against women is one manifestation of patriarchal structures that perpetuate oppression (Hunnicutt, 2009). Although women are less likely to be victims of homicide, robbery, or assault, they are seven to fourteen times more likely to be victims of domestic violence (Tjaden & Thoennes, 2000) and they account for 90 percent of all incidents of reported rapes (Catalano, 2005). In a World Health Organization international survey of violence against women, lifetime rates of physical and sexual violence ranged from 15 percent to 71 percent, depending on the country (Garcia-Moreno, Jansen, Ellsberg, Heise, & Watts, 2006). In resource-poor countries and countries that had recently experienced war, women reported a much higher incidence of violence (Kaya & Cook, 2010); in Ethiopia, for example, 54 percent of the women reported experiencing sexual and physical violence (Garcia-Moreno et al., 2006), and in Pakistan 56 percent reported sexual violence and 52
percent reported physical violence (Ali, Asad, Mogren, & Krantz, 2011). In addition to these explicit expressions of oppression, the United Nations compiled statistics highlighting the wide variety of oppression that women face globally: women comprise 50 percent of the world’s population, but they do three-fourths of the world’s work, receive one-tenth of the world’s salary, own one one-hundredth of the world’s land, form two-thirds of all illiterate adults, and together with their dependent children are three-fourths of the world’s starving people.

One source of the power of systems of gender privilege and inequality is the idea that gender divides people in a fundamental and innate way into two clearly distinct groups. Although this idea is still largely taken for granted, there is growing evidence and recognition that gender is not a dichotomous characteristic. This fact is amply demonstrated by the existence of a transgender community, which, although traditionally grouped with lesbians, gays, and bisexuals, does not constitute a sexual orientation group but rather a gender group. Although definitions are evolving, the term “gender queer” is used increasingly to refer to a spectrum of gender identities that include transgender (those who have gone through or plan to undergo sexual reassignment) and a growing population of people who identify as intersex or as not fitting any traditional notions of gender, people who sometimes are referred to as nongendered or gender fluid.

SEXUAL ORIENTATION

The privilege accorded to a heterosexual orientation is based on heteronormativity, a belief system that views heterosexual attraction as superior to and more natural than same-sex or bisexual attraction. Heterosexism is a form of discrimination that reinforces systems that place nonheterosexuals in marginalized social and political positions. Heterosexism is a means of exerting social control through intimidation and exclusion. It is a way for heterosexuals to retain social positions that are widely agreed to be superior to those held by lesbians, gay men, bisexuals, and other queers. Heterosexual privilege is based on the unexamined assumption that heterosexuality is the norm and all other sexual orientations are deviations from that norm. Heterosexuals do not have to make public their sexual identity or come out. In contrast, lesbians, gays, bisexuals, and transgender people are part of a minority group. As a result, they are sometimes the target of homophobia (irrational fear of and aversion to sexual minorities), which is often expressed through discrimination and violence. Although the repression experienced by sexual minorities makes it difficult to obtain representative samples of them, studies of hate crimes and violent victimization suggest that a very large percentage of the lesbian, gay, bisexual, and transgender (LGBT) community is victimized by assault, vandalism, and theft. Unlike most violent crime in general, most of the crime prompted by homophobia is perpetrated by strangers
rather than by acquaintances (Herek, Cogan, & Gillis, 2002). Not only does homophobia manifest itself in acts of aggression and discrimination against the LGBT community, but it also can be internalized by members of the community who have unconsciously accepted heteronormative norms and derogatory cultural messages about themselves.

In addition, members of the LGBT community experience many legal disadvantages. In the United States same-sex couples have only recently been awarded equal rights in the areas of immigration, adoption, marriage, and inheritance at the federal level but not by many states. In older age they may face unequal treatment under Social Security (e.g., no rights to share a partner’s benefits), housing discrimination, and discriminatory practices in health care and long-term care. The U.S. Supreme Court in June 2013 ruled that married same-sex couples were entitled to federal benefits and, by declining to decide a case from California, effectively reinstated same-sex marriages there. The ruling did not affect the ban on gay marriage that exists in many states but had important consequences for married lesbian and gay couples in terms of benefits and other rights. For example, if a gay man is hospitalized, hospitals in many states may bar his partner from visiting because he is not considered a family member. Moreover, same-sex partners in some states may not make legally binding decisions about treatment or care for their partners when their partners are unable to do so for themselves. The federal protections for same-sex couples in the United States increased significantly after the Supreme Court struck down the federal Defense of Marriage Act in 2013, but the levels of protection continue to vary greatly from state to state and from municipality to municipality.

Historically, policies and laws have been used more often to oppress sexual minorities than to protect them. For example, in 1951 the U.S. Civil Service Commission, in a document entitled “Employment of Homosexuals and Other Sex Perverts in Government,” forbade the employment of LGBT people in government. One year later, the McCarran Act’s categorization of same-sex sexual attraction as a psychopathic personality trait barred them from entering the United States. The act also allowed for the deportation of alien (noncitizen) homosexuals, even those who had been living in the country for several years. Throughout most of the twentieth century, many forms of same-sex sexual behavior were explicitly outlawed in state constitutions, usually in the form of antisodomy laws. It was not until 1974 that the American Psychiatric Association removed the term “homosexuality” from its list of pathological diagnoses, and not until the U.S. Supreme Court’s 2003 ruling in Lawrence & Garner v. State of Texas that remaining statutes outlawing specifically same-sex sexual conduct were ruled unconstitutional.

These government statutes were generally a rejection of same-sex sexual conduct among men. The process of gay liberation has also often emphasized a male
gay culture while silencing or deemphasizing lesbian feminism and many other forms of gay life and identity. It is not surprising, then, that many ideas and assumptions about the LGBT community are based on the experiences and writings of white, middle-class gay men.

Oppression based on sexual orientation can intersect in complex ways with many other identities (see notes from the field 3.2). Social workers may be unprepared if called upon to work with clients who do not fit the stereotype of the white, well-off gay man. An occupationally successful lesbian client may be entangled in a relationship with a physically abusive female partner. An African American man might be referred for the stressful and health-threatening consequences of the double life that he leads as a heterosexual married man who has anonymous sex with other men. A working-class lesbian mother may be struggling to avoid losing custody of her children to an ex-husband who says her sexual orientation makes her an unfit parent. In each of these examples, in order to intervene in a culturally competent manner, the social worker must recognize the different ways in which the client expresses her or his sexual orientation.

NOTES FROM THE FIELD 3.2
Discussing Female Sexuality

Rachel has been blind since birth. She was actively involved in the blind community in high school and worked on campaigns to address stigma and promote Braille education, a crucial skill for employment success. She came out as a lesbian her sophomore year of college but continued to identify more with her blind identity than with her sexual orientation. Rachel attributed this to the fact that her blindness is the first thing that people notice about her in any interaction. Incorporating some of the new feminist ideas that she has been recently exposed to in college, Rachel has become increasingly involved with feminist issues in the blind community. She is very interested in addressing the stereotypical images of women with disabilities as nongendered, nonsexual, and dependent. To begin a dialogue among women with disabilities about these issues Rachel has started an informal group where a small but growing number of young women with disabilities meet once a week to talk about sexuality, gender identity, and their experiences with dating. Creating this space for discussion and support has enabled Rachel to continue her advocacy work with the blind community and reaffirm her gender identity. In a future session, she plans to introduce the topic of sexual orientation and is considering coming out to the group, but she is not yet sure whether she will do so.
Religion can be an important source of identity and an instrument for positive social change, but at the same time it has been used throughout history to justify social inequities and promote discrimination against individuals and communities. For example, passages of the Bible equate blackness with punishment by God: “The punishment of my people is worse than the penalty of Sodom” (Lamentations 4:6, King James Version). “Her crowned princes were once purer than snow, whiter than milk. But their faces turned blacker than soot, and no one knew them in the street” (Lamentations 4:7–8, King James Version). As early as the first century CE, Christian warnings about Satan such as the Epistle of Saint Barnabas drew on the same imagery: “The Way of the Black One is crooked and full of cursing, for it is the way of death eternal with punishment, and in it are the things that destroy their soul: idolatry, forwardness, arrogance of power, hypocrisy, double-heartedness, adultery, murder, robbery, pride, transgressions, fraud, malice, self-sufficiency, enchantments magic, covetousness” (Barnabas, quoted in Owens, 1976).

Because religion provides the core beliefs that lay the foundation for its group members’ shared perceptions of social reality, religion can play an important role in a person’s identity. Not only are religious organizations important in the lives of many, but also even those who do not claim religious beliefs feel the influence of religious values on social life and politics. Religious texts need to be interpreted, and it is often in the interpretation that biased people are able to insert their prejudice. Christian texts, for example, are often used by some fringe groups to justify racism, anti-Semitism, sexism, and homophobia. For example, according to some Christian interpretations, the city of Sodom was destroyed because of its citizens’ same-sex sexual behavior.

Sometimes religion serves as a unifier of people and an agent of social control, while at other times it contributes to social conflict. The French sociologist Emile Durkheim (1912/1965) argued that the function of religion is to preserve social order by discouraging deviant behavior and giving moral authority to the established social system. Karl Marx (1843/1970) had originally adopted a more critical view of religion as a form of what he named “false consciousness,” that helps the ruling class perpetuate its domination by encouraging the poor and struggling to bear their suffering in the hope that they will be rewarded in the afterlife. Religion often plays a central role in defining political divisions, the distribution of power, and social inequalities. In medieval Europe, the Roman Catholic Church promoted the idea that kings ruled by divine right, thereby sustaining the feudal system. Similarly, throughout Indian history Hinduism helped preserve the hereditary caste system that restricted certain groups to particular occupations and social circles and institutionalized segregation and oppression. Even though the caste system was legally abolished in the 1960s, it had become so
entrenched over the two thousand years of India’s history that it still pervades most social transactions today.

The Spanish conquest of Mexico, as in the rest of Latin America, utilized both the sword and the cross. Following their military successes, the colonizers instituted a systematic campaign to eradicate indigenous religious belief systems and replace them with Christianity. Christianity was used to justify the exploitation and oppression of the Native populations. The suffering endured by the original inhabitants of Mesoamerica was viewed by their conquerors as a form of redemption and salvation. In the United States, enslaved Africans and Native Americans were also forced to adopt Christianity. More recently, China’s Falon Gong movement, a loosely organized group promoting spiritual development that meets in public places to practice its rituals, has become the target of repressive actions, including harassment and the imprisonment of the movement’s leaders, by the Chinese government.

Religion, whether expressed through violence, activism, or pacifism, can be employed as a force for political and social change. The Protestant majority and the Roman Catholic minority in Northern Ireland have been in conflict for several centuries. In the decades since 1968, outbreaks of sectarian violence between those groups have claimed over three thousand lives. When armed conflict in the disintegrating former Yugoslavia broke out in the 1990s, the most violent rifts were along the religious lines that separated Croatian Catholic, Serbian Orthodox, and Bosnian Muslim ethnic communities, resulting in systematic ethnic cleansing and the loss of tens of thousands of lives. Conflict in the Middle East provides almost daily examples of how religious differences can be used to ignite simmering political and economic grievances into waves of violence and retribution. Although it is virtually impossible to separate ethnic, political, economic, and historical motivations for conflict, religious narratives fuel clashes between the Sunni and Shia in Iraq, between Muslims and Buddhists in Burma, and between Muslims and Christians in Egypt.

Despite the use of religion to incite and justify acts of violence, religion can also be a vehicle for positive social change through nonviolence. Religious leaders came together at the Southern Christian Leadership Conference to launch and sustain the U.S. civil rights movement of the 1950s and 1960s, providing moral authority to their drive to end racial segregation and discrimination. In the 1970s a liberation theology movement in Latin America developed both the religious ideas and the social organization needed to focus attention on redressing massive economic inequities within society.

In the United States, religion has been used to promote social change, defend the status quo, justify inequities, and agitate for the redress of injustices. Among Westernized democracies, the United States stands out as an unusually religious nation. Over 90 percent of the population says they believe in God, the majority
claim to belong to a religious denomination and report that religion is very important in their lives, and nearly half say they attend weekly religious services (Wald & Calhoun-Brown, 2006). Stances on controversial issues like legalized abortion, gay and lesbian marriage, and the death penalty vary not only across religions, but also within religions. Many religious organizations sponsor their own social service networks, and social workers may encounter conflicts between the profession’s code of ethics and the policies of their employers. For example, a social worker working with adolescent boys in a group home setting run by a Roman Catholic charity organization may be told that she cannot talk to the youths about birth control. Although there is no consensus in Islam about abortion, a Muslim social worker employed in a health clinic that provides abortions may feel that offering these services as an option to the patients is a violation of her personal ethics. In these situations, the social worker has a responsibility to adhere to the policies of the organization as long as they are in place and serve the best interest and well-being of the client. This may require the social worker to make referrals to other agencies or seriously consider if remaining employed at the agency is in her own best interest or in the best interest of the individuals that she serves. The social worker also has the option of challenging agency policies that he or she feels are unjust or unethical. Religious faith can be a source of inspiration and commitment for social workers, but religious commitment and loyalty to a doctrine emanating from organized religion are very personal and private choices. While performing a professional role, if any conflicts emerge between the expectations of the religious group and the profession, social workers adhere to the profession’s code of ethics.

ABILITY STATUS

The stigma attached to mental and physical disability frequently results in discrimination, and sometimes oppression, against the people who bear those labels. Since the early twentieth century, researchers have argued that individuals who are labeled mentally ill are often those who simply do not conform to the prevailing cultural definition of normality (Koh, 2006). Because normality is culturally defined, people labeled mentally ill in one culture may be able to function well in another. A respected mystic, visionary, or healer with extraordinary powers in a traditional society may be considered psychotic in many postindustrial societies. Additionally, a client’s reactions to trauma, poverty, abuse, and neglect, such as depression, anxiety, and PTSD, are often pathologized and labeled as mental illness. Unlike other intersecting identities that have been identified, ability status may be temporary or fixed, with an individual having the potential to become disabled at any time. This is illustrated in notes from the field 3.3.
NOTES FROM THE FIELD 3.3
Addressing Unseen Wounds

Michael's convoy had been hit by an IED when it was conducting a regular patrol in Afghanistan. Michael lost a leg in the explosion and was sent to an army hospital in the United States to recover. In addition to coping with his new disability, Michael was grieving the loss of two friends in the explosion. He had conflicting emotions: he was grateful that his life had been spared, but also felt extreme grief and a desire to take the place of his buddies that died. His wife had been with him every day as he went through physical therapy and was his biggest fan, but he felt isolated from her and was not able to explain what he had experienced and to share his profound sadness. He put on a strong face for her but inside he was devastated. He was healing well physically, and after four months of intense physical therapy he was released home. Once he got home he started having dreams about the explosion that would not allow him to sleep through the night. He was dealing well with his physical disability, which is what people saw, but the emotional difficulties he was experiencing, or the invisible disability, was paralyzing him. When he was fully mobile with his prosthetic leg, his wife began to encourage him to do some work outside of the house, hoping that the activity would pull him out of the depression; instead, the extreme anxiety that he felt in crowded public places kept him from going out. After having a panic attack at a local shopping mall, Michael began attending support groups at the VA for veterans of the recent conflicts. In the groups he found out that what he was going through was the normal signs and symptoms of PTSD. He was able to talk about the guilt he felt leaving his fellow soldiers behind, his fear, his anxiety, and his grief. Although talking about it did not immediately take away the symptoms, it did make him feel like he was not alone and that he had a place he could go where he was understood. Additionally, his wife started attending groups for spouses and, like her husband, found support from other people who had been living with the nightmares, the mood swings, and the anxiety. She was able to develop strategies to take care of herself and help her husband heal.

Society's views of mental illness reflect a social construction of the notion of mental illness rather than the reality, and can result in feelings of distrust, embarrassment, and fear for people who carry the burden of a diagnosis of mental illness. This is important in social work, as the mistaken and hurtful views and beliefs perpetuated by society's construction of mental illness affect many clients and their relatives. As part of the assessment of the social context, social workers
can serve clients by investigating the role that cultural beliefs play in shaping community responses to mental illness. The negative attitudes held by much of society toward mental illness and the stigmatization of mentally ill individuals have eased significantly since the 1990s, but the desire that many people have to maintain their distance from people who have been diagnosed with a mental illness persists, particularly in ethnic minority communities and around the globe (Aromaa, Tolvanen, Tuulari, & Wahlbeck, 2011; Ouellette-Kuntz, Burge, Brown, & Arsenault, 2010). This stigmatization makes many people in need of psychological help reluctant to seek that help for fear that they will be labeled mentally ill.

Such responses to the label of mental illness parallel society’s attitudes toward the concept of disability; disability, like mental illness, is in many ways often a matter of perception, and is not just a physical or bodily state. Many of the problems of the mentally ill and physically disabled arise primarily from an ideology of ableism that discriminates against and stigmatizes them. A key factor in society’s treatment of people with physical disabilities is the process of social labeling, by which the disability becomes their defining or master status. The stigma imposed by society on people with disabilities erects social obstacles for them that may be more difficult to manage than the disability itself. People may respond to this stigma by treating people with disabilities like helpless and dependent children in need of guidance, avoiding or condescending to them, reacting to them with fear, or being reluctant to view them as having an equal claim to society’s resources. Shawn responds to this stigma in notes from the field 3.4.

More than two decades after passage of the Americans with Disabilities Act in 1990, people with disabilities are at higher risk than the nondisabled of being unemployed, living on very low incomes, lacking health insurance, and being unsatisfied with life (Centers for Disease Control and Prevention[CDC], 2007). Despite the perception that they are a small minority consisting mostly of the elderly, over one in five Americans—54.4 million people—is disabled, and 37.8 percent of these are under sixty-five years of age (Brault, 2012). Ethnic minorities are disproportionally represented among the disabled as a result of motor vehicle–related injuries and the HIV pandemic, in part as a result of a lack of awareness of and access to services (McKenna, Michaud, Murray, & Marks, 2005).

Invisible disabilities refer to symptoms that are not obvious to the onlooker but that can limit daily activities. About 10 percent of the U.S. population has invisible disabilities that can include debilitating pain, fatigue, dizziness, weakness, cognitive dysfunctions, learning differences, mental disorders, and hearing and vision impairments (Brault, 2012).

AGE

Some cultures associate youth with health and beauty, and associate age with weakened health and loss of beauty (Calasanti, 2005). Age-related discrimination
Shawn began hearing voices when he was twenty. He was living with a roommate in college when the noise became overwhelming and he was not able to distinguish what was real from what was imaginary. Unable to focus in class or sleep, he had to drop out and move home with his parents. When living at home, his parents noticed that he was talking to himself and insisted that he see a psychiatrist. He was diagnosed with schizophrenia and put on medication. After his diagnosis, his parents and friends started to treat him as if he were a child. They would constantly ask him if he was okay, and if he needed anything. They stopped bugging him about getting a job or what he was going to do in the future. That was nice at first, but then Shawn started to feel they were patronizing him. The medication that he was prescribed was working; it quieted the voices and took the edge off the anxiety, but he did not feel like himself. It dulled his emotions and took away his sense of humor; he was not able to banter with his friends because everything seemed to be slowed down. During their meetings, his psychiatrist rushed him through a series of questions, nodded, and then wrote another prescription for the same medication. His parents attended these meeting with him and frequently spoke for him when the doctor asked the questions. Shawn became very frustrated and decided that at the next meeting he was going to talk for himself and ask for a different medication. The meeting started out the way it usually did, with Shawn’s parents and the doctor talking about him as if he were not in the room. Halfway through the appointment, Shawn said, “I don’t like the medication that I am on and I would like to be prescribed something else.” Shocked, the doctor and his parents turned and looked at him as if they were surprised to find him sitting there. They did not respond to him and simply continued talking. A couple of seconds later Shawn said again, “I don’t like the medication I am on and I would like to try something different.” This time the doctor responded asking him what he did not like about the medication. He explained how the medication made him feel. The thought of changing the medication made his parent feel very uncomfortable. What if the voices come back? They chimed in and said, “But you are so much better. We don’t want to go back to how things were.” Shawn was not deterred. He was tired of being treated like a sick child. He said, “Look, I am a grown man with a mental illness. I am the only one who knows how it feels to be me, and I am capable of making my own decisions. I don’t like what I am on and I want to try something else. Yes, the voices are gone, but I don’t feel happy because I am not able to be myself. I need something that will quiet my voices and my anxiety but not the rest of me.” Finally hearing, the doctor nodded his head, waited a minute, and then said, “I understand. I will prescribe you something else. Also, while I want to continue to include your parents in your treatment plan, I think you and I should start meeting without them every other week.” Pleased that the doctor recognized his need for independence and control over his treatment, Shawn agreed.
is often called ageism; it occurs when someone is treated less favorably than another person just because of his or her age. Ageism and age discrimination can affect anyone throughout life, from children to elders. In some countries, including many Latin American countries, the United States, and others, there is a lack of legal protection against discrimination by age. For example, in many countries the law protects adults from corporal punishment, but does not protect children in the same way. In the United States, even the Age Discrimination clause in the Americans with Disabilities Employment Act (ADEA) forbids age discrimination only against people who are age forty or older.

Researchers have consistently found that older adults are perceived more negatively than younger individuals in terms of attractiveness, competence, and behavior (Kite, Stockdale, Whitley, & Johnson, 2005). From advertising to television, youth is the standard by which people are judged (Bayer, 2005; Hatch, 2005). Age is viewed as taking a greater toll on the physical appearance and social worth of women than of men. This attitude is based on the notion that women’s power is based on temporary values such as beauty and sexual attraction, whereas men’s power is embedded in more-durable values such as status and wealth (Calasanti & Slevin, 2001). Age-discrimination in employment is worse for women in professions that place an emphasis on an individual’s appearance, such as modeling, acting, and advertisement/media (Clarke, 2002). While the U.S. Equal Employment Opportunity Commission reported a 17 percent jump in the number of age-discrimination complaints filed since 2007, the number of unemployed older workers has increased by 330 percent from 2003 to 2013 (Neumark & Button, 2013). This tendency to favor youthfulness transcends life. A recent study of obituaries suggested that the age-inaccurate photographs chosen to remember the deceased were another indication of the preference for youth (Ogletree, Figueroa, & Pena, 2005).

INTERSECTIONALITIES: JEWS AND ARABS

This review of the key factors of gender, ethnicity, religion, social class, sexual orientation, and ability status provides the foundation for the rest of this book. Intersectionality will be presented as the unifying concept that allows for an integration of these factors into the lives of real people living in real social and historical contexts. The intersectionality of cultural identities is a very dynamic phenomenon and reflects changes in time and place; it is, in other words, contextual. But the full significance and meaning of intersectionality cannot be limited to a short list of its possible axes. For example, age and ageism, immigration and acculturation status, and place of residence (urban or rural) are all critical factors to consider in social work practice. Jews and Arabs provide interesting examples of the complexity of intersectionality.
There is disagreement as to whether Judaism is a religion, an ethnicity, or both. Many Jews who are not religious think of themselves as being part of an ethnic group or a culture that is connected to their Jewish heritage. Social workers may encounter clients who are culturally Jewish but who self-identify as secular (not religious), or clients who were not born Jewish, and thus cannot be considered ethnically Jewish, but who have converted and are very observant. According to those who believe that Judaism is a religion, not an ethnicity, most American and European Jews can be divided into two ethnic groups: Ashkenazi Jews, whose ancestry can be traced to Central or Eastern Europe; and Sephardic Jews, descendants of Jews who were expelled from Spain and Portugal in 1492 during the Spanish Inquisition. However, there are other sects of Judaism that do not fall into these categories, such as the Bene Israel of India and the Jews of Ethiopia, often called Falasha. Many of the Bene Israel and the Falasha now live in Israel.

Although the great majority of American Jews are Ashkenazi, the original twenty-three Jews who landed in New Amsterdam (New York) in 1654 were Sephardim who first immigrated to Recife, Brazil, but who then left when the Portuguese recaptured Brazil from the Dutch (Karp, 1976). There are families in New Mexico and in other areas of the Southwest that trace their ancestry to the crypto-Jews, Jews who were forced to convert to Christianity during the Spanish Inquisition but who secretly continued to practice the Jewish faith. Although these families do not consider themselves Jewish, many of them continue to practice aspects of the Jewish faith that their families kept alive and passed on from one generation to the next.

There are several aspects of Judaism with which practitioners working with Jewish clients must be aware: Ashkenazi Judaism consists of religious branches or movements (e.g., orthodox, conservative, reform) with corresponding sets of norms and beliefs and their own synagogues. For example, gender roles and the level of equality between women and men can vary greatly across Jewish communities. These and other variables such as migration history, level of assimilation, intermarriage, posttraumatic stress related to anti-Jewish prejudice and discrimination, and the family's history related to the Holocaust need to be considered.

Arabs and Arab Americans are also very diverse groups. To be an Arab is to be a member of an ethnic group, but many people think of Arab culture as synonymous with Islam. Although most Arabs are Muslim, many Arabs are Christian, and some belong to religions other than Islam or Christianity (for example, some Arabs are Jewish) or do not belong to any religion. In the United States there are about 6 million Arabs, about one-third of whom are Muslim (Dwairy, 2006). On the other hand, millions of the world’s Muslims, including those in Indonesia, the nation with the largest Muslim population in the world, are not Arabs. There are many Muslims who do not speak Arabic as their vernacular language; all Muslims read the Qur’an and conduct Islam’s five daily prayers in Arabic, however.
The tragic attacks against the World Trade Center and the Pentagon on September 11, 2001, exacerbated anti-Muslim and anti-Arab sentiments and fostered distrust toward Muslim communities across the nation. Many social service agencies serving these communities are attempting to convey the message that their agencies are safety zones and that they are committed to providing high-quality culturally relevant services. Muslim clients might not self-identify to the social worker as Muslim for fear of being rejected or judged (Dwairy, 2006). Because of the centrality of the faith in many Muslim families, religious affiliation is a core identity that can be integrated effectively into the biopsychosocial-spiritual assessment.

**Key Concepts**

**Intersectionality**: The meeting point of multiple identities such as race, ethnicity, gender, social class, sexual orientation, age, and ability status

**Double jeopardy**: The compounding of disadvantages based on the intersection of two individual characteristics, such as ethnicity and gender

**Affirmative action**: Legal regulations that promote racial and gender equality in employment, government contracting, and educational access

**Meritocracy**: A system in which rewards are allocated based on individual merit alone