A2: Intersections of Oppressions

Type of exercise: classroom discussion based on reading

Level: Advanced

Length of time it takes: 3 hours for reading of book on line; 1 hour for the written assignment, 1 hour for discussion

Resources needed: internet access to the classic book "Homophobia: A Weapon of Sexism" by Suzanne Pharr

Instructions: Introduce the group to the important messages from this reading.

Suzanne Pharr (1997) said about the interconnectedness of isms:

"it is virtually impossible to view one oppression, such as sexism or homophobia, in isolation because they are all connected: sexism, racism, homophobia, classism, ableism, anti-Semitism, ageism. They are linked by a common origin--economic power and control--and by common methods of limiting, controlling and destroying lives. There is no hierarchy of oppressions” (p. 53).

Pharr addresses how isms are tied together--these include 8 ways that society creates marginalization they include:

- Establishment of a social norm that elevates one group over others
- Violence or the threat of violence against those who are different
- Stereotyping of the “others”
- Blaming the victim
- Horizontal hostility (creating dissent among marginalized groups so they will not band together against the majority group)
- Isolation
- Assimilation/tokenism
- Individual solution (ignoring the societal level power that creates the problem)

Classroom Discussion Suggestions

- Working in small groups share examples of how different –isms are interconnected or linked. For example gay men are often called feminizing terms; this perpetuates misogyny and sex role stereotyping.
• Discuss your understanding of sexism, racism, heterosexism, and homophobia within the general culture. Begin to look at ways various isms are expressed within health care and current health care practices.

• What is heterosexual privilege and what effect does it have on LGBTQ people? How does heterosexual privilege play out in your personal interactions with others in a health care setting?

• What is gender privilege or gender normativity? How does it play out in health care settings?

• What is white privilege and how does it play out in health care settings?