

Podcast Episode 44: Exploring the “invisible knapsack” concept developed by Peggy McIntosh to understand privilege and power in the context of health and diversity. Featuring Christina Jimenez, PhD.

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Christina Jimenez, Ph.D. is an Associate Professor at the University of Colorado, and an expert in the processes of privilege that can both limit and promote opportunities for individuals, dependent on factors such as race, ethnicity, gender and class. Building on dynamics articulated by Peggy McIntosh in her seminal publication “White Privilege: Unpacking the Invisible Knapsack”, Dr Jimenez discusses how most of the inequities we see in healthcare and wider society are structural and systemic, which means they are built-in, and automatically benefit certain groups. Fostering sensitivity to the power balance between “normative identities” and “others” is essential to inclusivity and minority empowerment. With Bonnie Simpson Mason.

Dr. Mason: Welcome to a new episode of the Health Disparities Podcast, conversations about health disparities with people who are working to eliminate them across the country. I am your host, Dr. Bonnie Simpson Mason and, this week we are recording our conversations at the National Harbour in Maryland, where we are enjoying a program of speakers and workshops at the annual Movement Is Life Caucus. Today, we have Dr. Christina Jimenez, a Professor of History at the University of Colorado in Colorado Springs. She specializes in Mexican History, Latin American History and City and Citizenship. Her research explores citizenship, urban

politics and popular culture in the Mexican city. As well as authoring several books, she has published in the Journal of Urban History, Black History Bulletin and she co-edited the Matrix Reader, examining the dynamics of oppression and privilege. She is with us today at the Caucus to talk about addressing power and privilege in your everyday interactions, which is something we so need to understand a lot more. Dr. Jimenez, thank you so much for joining us for the podcast.

Dr. Jimenez: Thank you for having me.

Dr. Mason: Absolutely. So, I'm so intrigued about you having identified the relationship between power and privilege. Tell us how that evolved and then talk to us about the tie-in and the dynamic.

Dr. Jimenez: Sure. So I am, as you mentioned, an educator in the university setting. It became very clear to myself and a group of colleagues who really wanted to understand better, how to best support our students of color, our first-generation students in the university setting, students from more towns, socioeconomic background, how we could allow them to feel like they belonged at the university. This is a place and space where they typically, you know, didn't have a lot of previous experience with, maybe their parents didn't go to college. So, it really set me off a path of trying to understand, supporting a diverse population and of course that's an idea that connects well beyond education to healthcare, to alternative

institutions in society where we want to be sure that we're not perpetuating exclusion, but rather we're making everyone feel included.

Dr. Mason: Absolutely.

Dr. Jimenez: You know, diversity work in the 1990s, when I really got to it, was about what I call potlucks and celebration of holidays.

Dr. Mason: Okay.

Dr. Jimenez: And that's important work to kind of add on to our discussions and our institutional practices. A new array of maybe cultural experiences, right? So people feel included.

Dr. Mason: Right.

Dr. Jimenez: But the more you look at the research, you realize that all sorts of inequities that we see in our society are systemic. These are perpetuated at a structural level, and it has to do with just really complex connections around racism, sexism, classism that have, I'm a historian have a long historic roots foundation in the US and other countries around the world. We have to understand that history. We have to understand that structural, those structural dynamics, if we're actually going to understand the situation that we're in. And, you know, my idea was that, and my

experience is that, I mean, celebrating Cinco de Mayo with the taco bar is great, but you know, tacos aren't going to solve systemic racism. So maybe it will be a place where we can start to have a conversation around it. But instead of just talking about diversity, myself and a group of colleagues, we really started to want to talk about power, privilege and oppression. So, this is the way that power is circulated in ways to really benefit some people and to really oppress and exclude other people. And this is something in our systems, whether or not we're good individuals, we all participate in a society which has this, not only history, but kind of built-in structural dynamics. So that's power, power, privilege, and oppression. And, I can name many authors that have done so much amazing extensive work on this. Of course, Peggy McIntosh is.

Dr. Mason: I love her. Dr. McIntosh is incredible. She actually led one of our workshops in a previous year here. Here at Movement is Life.

Dr. Jimenez: I know. She was here. So she identified this idea as a white woman, that, wow, she had this invisible knapsack of privilege that she kind of carried around with her is the way that she described it because she was white, that her colleagues of color did not experience, and she started thinking about all of the things that she could do that they couldn't do. For example, I can turn on the TV and see people that look just like me. She said, I can have my children be educated with textbooks that are telling the history in

a positive way of kind of their cultural ancestors. I can go into the drugstore and buy flesh colored Band-Aids.

Dr. Mason: Yes.

Dr. Jimenez: And they actually are my flesh color. Yes. So, she, she identified these dynamics of, of privilege based, in that case, on her racial identity as a white woman. But then she also started identifying as a woman, how she couldn't do things that her male colleagues could do. So that's another social identity in terms of gender, gender expression, where she was saying, hey, this is not just one thing. I'm not just a white person, therefore, I experience privilege in all aspects of my life.

Dr. Mason: Right.

Dr. Jimenez: But rather, I'm a white woman, and therefore I might get these benefits that I haven't done anything to really earn that the system just confers on me because that's what we call kind of a dominant, normative racial identity in the US. But as a woman, I'm in a completely different category. That leads us to the idea of intersectionality,

Dr. Mason: Right.

Dr. Jimenez: So, and she was willing to look at the lens, look through the lens of intersectionality very early on and recognize that if she were white, as a white woman, she had certain privilege based on race. As a woman, she had certain limitations based on gender and when I heard her speak, she said, and then she actually thought about the fact that if you were a woman, you had certain limitations, but what if you were a black woman? And she, like, I think that is what, one of the things that really moved me about her, that she was willing to take, put herself in someone else's shoes and those shoes she was completely shocked about.

Dr. Mason: Yes.

Dr. Jimenez: So, she was not the only person, but, in early, I think voice for the idea that we need to think about these dynamics intersectionally, and, as a historian, I know this, this kind of whole concept really comes out of black feminists of the 1960s and 70s who understood that they did experience something different than their male colleagues.

Dr. Mason: Yes.

Dr. Jimenez: So it does have a long history. Patricia Hill Collins is, of course, the name that comes to mind. She talked about how we all have a variety of social locations or social identities, and that, depending on, not just our race and

gender, but our socioeconomic class actually, where we live, move, our kind of geographic location. We know this with some of the speakers that in moving of life have been talking about the challenges for rural communities in particular.

Dr. Mason: Sure.

Dr. Jimenez: Of course your religion is going to impact the way that you are treated. So these are social identities that kind of will cue people in terms of their perceptions of you. And I think this is so important when we're thinking about our work as educators or health providers, because we all have unconscious implicit biases. We might try to eliminate them, but all sorts of research shows that, as people, we have a tendency to stereotype. We have predispositions, the way our cognitive brain is structured to just be biased implicitly unconsciously.

Dr. Mason: Well, and not only that. It's what's reinforced in the media, by the information on the internet. I mean, I can't tell you that I've already had to have gender equity discussions with my sons who are nine and 10 and I'm listen, listen, listen, buddies. We're not going to have any talk other than those of gender equity, because you see me cutting the grass just as you see your Dad cooking, right? So you're not going to sit here and, you know, we have these discussions, so it starts at a very early age,

especially, and it might not be, you know, isolated to our society, but definitely here in the US. It starts so early, especially even due to those external and internal influences, I would think.

Dr. Jimenez: Absolutely. And you are talking about just gendered expectations around a woman's work, quote, unquote or femininity.

Dr. Mason: Oh yeah.

Dr. Jimenez: And I think, for boys and men, masculinity can be just an incredibly challenging and limiting box that they're put in, in order to be masculine in this society, you have to kind of measure up to these expectations. And of course, masculinity connects deeply to the notion of heteronormativity, which is the idea that, if you're masculine, you need to be straight quote, unquote, because gay is often posed as a counterpoint to what it means to be masculine. What message? That's a message that is in our media, that's in our culture. What is that doing to young boys, men who know that they're gay are feeling that, right? So getting back to the idea of intersectionality, I'll take myself as an example. I identify as Latina. I'm a woman, but I'm a white skinned Latina. So my experience of being Latina is going to be mediated in terms of how people perceive me by a whole range of things. So, my skin color, yes, my ethnicity, maybe when I'm speaking Spanish, there'll be another perception, certainly as a woman.

But I have the privilege in terms of not having to worry about my sexuality and the way that people are perceiving me and, maybe judging or oppressing or excluding me, based on the fact that I am straight. So as a heterosexual, my husband and I can walk down the street and hold hands and not worry about threats to ourselves. Intersectionality gets at the idea that, and this is something we spoke about in the session.

Dr. Mason: I see.

Dr. Jimenez: That we all experience based on a range of social identities, varying degrees of being included, feeling included, right, or being kind of privileged by these systems of isms, right. Or being excluded by them or feeling oppressed by them. It's very important that, I think for each of us, we do self-reflection and self-examination and think about, well, so maybe, for me as a woman, I can experience, I know what it feels like to be excluded and oppressed and there's allies I need to reach out to, to help kind of, maybe change things for girls and women. But as a Christian, for example, or a straight woman, maybe there are things that I can do to really educate people around me, society, my spheres of influence about how do Muslims feel in our university context, for example. How are they being treated? And, in that sense, you use your different perspectives to create empathy and understanding, and hopefully action for other social identities and social locations that are being excluded and oppressed.

Dr. Mason: Yeah. That are being used to exclude.

Dr. Jimenez: Exactly. Does that make sense?

Dr. Mason: I'm tracking with you now.

Dr. Jimenez: Am I okay?

Dr. Mason: I needed to really make sure I was clear about this because my basic understanding was that intersectionality originally grew out of the conversation about being a woman, but also being a black woman. But I hear you extrapolating it to some of the other social constructs that, in which we live and grow in our nation. So I want to go back to the power. So, are you saying that the power structure is, or centres around the more you said the hetero masculine normative?

Dr. Jimenez: Thank you. I throw a lot out there that just shows you super smart. Okay.

Dr. Mason: So it's that hetero masculine normative that is the holder of the power and the privilege is that at the core, and we have to build sensitivities around the other identities that are not bad because those are the ones that are oppressed because they are not hetero masculine,

Dr. Jimenez: Normative, and I would add white and yes ---

Dr. Mason: Yes, absolutely.

Dr. Jimenez: So if we look at those three social identities, for example, we have a kind of a white racial identity that's privileged in our society. And let me give you a definition of privilege. And I'll just kind of read off my sheet here.

Dr. Mason: That's good.

Dr. Jimenez: So, privilege is a systematic favouring, valuing validating of certain kind of normative identities over others. So privilege is something that you're given you, can't opt out of it. It's not really something that you earn at all. It's something that you are just kind of receiving because you participate in a society, a system, which is conferring certain privilege on you. There's a great quote here. I am going to see if I could find it. This is, by a scholar, Harry Broad. He wrote, and I'm going to quote him here. "We need to be clear that there's no such thing as giving up one's privilege to be outside of the system", right? That one is always in the system. These are the system of, of just socialization and kind of structural institutional, kind of societal dynamics. The only question he says is whether we're part of a

system in a way that challenges or strengthens the status quo and privilege is something that I would say we want to challenge in a way. So Harry Broden, in one of his pieces in, actually a book called "*Men's Lives*", he says, quote, "We need to be clear that there's no such thing as giving up one's privilege to be outside the system. One is always in the system. The only question is whether one is part of the system in a way that challenges or strengthens the status quo. Privilege is not something I take and which therefore I have the option of not taking. It's something that society gives me, and I change the institutions, which give it to me, they will continue to give it and I will continue to have it however, noble and egalitarian my intentions." So, this is the idea that it's not an individual choice to be, or feel privileged, but it's something that the system confers on to you. So, our challenge, and this is the same with those other identities that you mentioned, heterosexism and...

Dr. Mason: Masculinity.

Dr. Jimenez: Masculinity. Thank you. So our work around privilege oppression and power is to get people to see it because naming it, you know, it's like going to the doctor, you have to diagnose what the problem is first before you can kind of think about what is a treatment or what are steps towards moving to our healthier state. And I would say that, what's very true is that privilege often works in a way that it makes itself invisible. So that, for

example, a very common example is when you're describing someone who you just met, you'll say, or let's say your doctor. I went to the doctor today. I have a new doctor. Oh, really? People say, what's he like?

Dr. Mason: Yep.

Dr. Jimenez: They're assuming you don't have to say I went to a male doctor. So I went to the doctor and the male is invisible there because it's the privileged norm idea that it's going to be a male doctor. So, then the same can be true when someone, maybe they walked in the room and they saw a black woman doctor. Are they going to assume that she's the doctor or the nurse or the medical assistant?

Dr. Mason: Or the custodian.

Dr. Jimenez: Right. And then after they might go back home and say, they're not just going to say, I went to see the doctor today. And the doctor came in they'll typically need to name these things.

Dr. Mason: Yes.

Dr. Jimenez: Because it's, it's part of our, again, socialization.

Dr. Mason: And we've heard this example used many times. As a black female physician, you walk in to see the patient and you talk to the patient and then you'll turn around and leave the room. And they'll say, well, when is the doctor coming to see me?

Dr. Jimenez: Yes.

Dr. Mason: I just spent 10 minutes speaking with you, but you could not connect that I was, the physician. I might have on the white coat, name badge the entire thing, but you cannot, that person could not connect with the fact that you were their physician.

Dr. Jimenez: Right. And I think that there could be many reasons for that. And in terms of the individual, but sometimes, generally is that this is, this is the system that we're talking about. This is a system that we're socialized in. It's kind of like being a fish living in water and understanding certain things that you don't have.

Dr. Mason: These are the characteristics of the ocean that we're in, right. Not just limited to that fish, right? The water is salty. The pH is of a certain acidic or basic balance. Like those are the constructs within the ocean. This is good stuff. So this is the systemic problem, right? Not just one problem of the individuals. See, now I'm all charged up.

Dr. Jimenez: Absolutely.

Dr. Mason: What suggestions do you give in your session yesterday about addressing these everyday interactions around these types of challenges that all of us face, right?

Dr. Jimenez: Yes.

Dr. Mason: It's not just a problem or an issue for the people who are on the oppressed side of your equation, but it's this affects all of us in the ocean.

Dr. Jimenez: Yes, absolutely. Well, I think your example of just interactions with patients and people not assuming that you're a doctor is a great point because those are microaggressions and those microaggressions are rooted in unconscious and implicit bias.

Dr. Mason: How about subconscious? Can you say that too?

Dr. Jimenez: Sure.

Dr. Mason: Oh, okay. I didn't know that could be included. Because I feel like some of it's conscious, but.

Dr. Jimenez: Right. Yeah. Probably, yeah. Absolutely. So, again, as I said, just being able to talk about it and name it.

Dr. Mason: Building awareness.

Dr. Jimenez: Building awareness, and then building skills to be able to, first of all, recognize when it's happening as well. Right. When someone is microaggressing for example, and then taking that courageous step to say something, to address it. And I think people don't take that step because they don't want to be mean or unkind. They feel like the person didn't quote unquote mean it, that they're, quote unquote well-intended and that all might be true. They might be a great person that just has been swimming in this salty water ocean as you put it for too long and they don't even realize how they are perpetuating these things. But if they really want to be what I call an ally, someone who wants to work towards more equity for everyone, then they're going to be able to take being challenged. Right? And when, they come into an encounter and they make a faulty assumption, if someone says, no, actually, if I tell them, actually I am your professor, you might not, assume that I was going to be the professor, but I am your professor. Then they'll have to say, "Oh, okay. I didn't realize you were going to..."

Dr. Mason: Yeah. But the only problem I have with that, naming it and calling it out with that person, then the person who received the microaggression, you do feel this need. Now I have to counsel you right. When you were the one perpetuating the privilege that you have. But now I feel like, well, now I have got to make you feel better. Right. About having said that to me, because now you're uncomfortable. And it was never our intention to be uncomfortable. We just showed up.

Dr. Jimenez: Right.

Dr. Mason: And then you made certain assumptions based on the system, the ocean that we're in. But now with me saying something, so we're just working through the process that you're bringing up, I've now named it, I'm calling it out. Well, you know, I actually am your physician. Then, what does the other person, how does this continue to play out?

Dr. Jimenez: Well, it all depends on how they react and respond to that. Right. The thing that I really talk about in terms of microaggressions, is that the intention is one thing that's totally separate from the impact. So that, you've been able to say something in that context that, you know what, you might not have intended this as an insult, but the impact on me is that I feel really invalidated. Why would you make this assumption that I was the medical assistant, and not your doctor when I have been, you know,

describing to you my treatment plans, et cetera, et cetera. And it is uncomfortable. So, what I always say is that comfort is overrated because if we're going to move on, in our everyday interactions and in our society and world to a more just place, we're going to need to go through some discomfort. And that's both us stepping up and being courageous every day. Even if it's in a kind way, that's can still be courageous, right? And maybe you make someone uncomfortable, but hopefully that's a learning moment for them. Maybe it won't be. Another metaphor I like to use is the idea of, planting a seed. So, this is really hard work and you're right, that it has an impact on people who have to step up and challenge and kind of be an interrupter. Maybe we don't see the positive kind of aha moment response that we want to, in that person, right. But maybe we planted a seed and that the next time that they experienced this, there won't be an aha moment either, but that's going to be the watering the seed. And maybe there's going to be five or 10 interactions where that seed is being watered and watered. But then the more that that particular person is given wisdom and understanding about this broader context, maybe there'll be a sprout.

Dr. Mason: Okay. Okay. I'll go with that analogy. But that sounds like, a drop in the ocean in terms of that approach to addressing this. What suggestions do you have about addressing this at the system level, at the larger or higher

level to maybe move change or disrupt this notion of power and privilege on a larger scale?

Dr. Jimenez: Well, I think we just have to talk about it in our institutions, and I'll tell you, I mean, the Movement of Life Caucus taking on a workshop and topics like this is a real model in the sense of trying to name it and make these invisible, dynamics that we all, experience visible and named. I'll tell you at the university, we integrated it in curriculum. So hopefully that students are learning. It's not just important to know, for example, Latino history, our African American history or women's history. It's important to understand how that history is still with us with these systemic dynamics. So, it's not always an easy conversation. It's certainly not a comfortable conversation all the time, especially if students haven't heard it for the first time, but it's a necessary conversation. If we're going to be able to move to really kind of discussing the health disparities and the social determinants that are really impacting all sorts of communities across our country.

Dr. Mason: Well, and are the result of the systemic practices of racism, classism, sexism, heterosexism.

Dr. Mason: Ooh, I have to add that to this list. Heterosexism. I'm learning all kinds of things today. This is wonderful. Well, I think you've given us a lot to think about and a lot to chew on. I'm going to be picking your brain personally.

Dr. Jimenez: Great.

Dr. Mason: With another couple of projects that I have coming down the pipe. But I think, even just breaking down, an approach to say, let's build awareness, right? Let's recognize the microaggression when it's happening to you, which is sometimes I find, cause this happens all the time, right? Where you look up and you're like, wait, did she just say that? Did that person just say that to me? And then you spend actually another period of time processing? Did I just experience what I think I experienced? Did I hear what I think I heard? Yes, I did. Sometimes the person may have left and you might have missed that moment to name it, but also, too, then you experience a whole other set of processes because, Oh, I should've said something, I didn't say something fast enough. Why do they think of me that way?

Dr. Jimenez: Yeah.

Dr. Mason: And then we can turn around and internalize that. And I don't think we always think about the impact of repeated microaggressions and how those can be internalized because maybe no one's given us permission to name it before, without you being the angry black woman.

Dr. Jimenez: Absolutely. And microaggressions, we talk about them as paper cuts. So if you ever had a bad paper cut, it's very annoying. It bugs you all day and you keep thinking about it, right. That paper cut everything that you're doing. But think about if you're getting five, 10 paper cuts every day and every day you're experiencing this. We actually know based on research, that people that are regularly experiencing microaggressions, it does have an impact on their psychological sense of well-being, on their physical health.

Dr. Mason: Yes.

Dr. Jimenez: So, it's a real issue and challenge, and we need to all step up and understand, how we're, we're kind of part of this system, not only in ways that we're kind of experiencing oppression and exclusion, but in ways that we're experiencing privilege and then who who's being left out there, what can we do to kind of move towards social justice and equity?

Dr. Mason: That's in one of Dr. McIntosh's articles, she gives like 25 examples of privilege. And in her workshop, I think that really brought it home, from the addressing the privilege perspective of what that looks like. I don't have to worry about my son getting stopped by the police. I don't have to worry about, I don't have to think about my son's teacher because it's likely going to be a white woman. You know, I do not think about the color of the

band-aids. So she gave like all of these examples, just to bring home how to address the privileged side of it, but then how to address the people who are on the quote unquote oppressed side of it as well. So, we're going to be talking to you more, Dr. Jimenez. Thank you so much for your time today.

Dr. Jimenez: Thank you for having me. It was a pleasure.

Dr. Mason: I learned so much. This is outstanding. Great. And thank you everyone who's listening for attending this session of our Health Disparities podcast. Join us again at movementislifecaucus.com or you can subscribe to the podcast at iTunes, Google, Spotify, and Stitcher. Our new episodes post every two weeks and look out for our special series featuring thought leaders from our partner organizations who are working to end health care disparities to end to increase health equity with passion and purpose. Thank you so much.

Dr. Jimenez: Thank you.