Intersectionality and The Medical Subject: More than just a Metaphor

Devora Shapiro

Our current diagnostic methods are insufficient to properly engage the patient as an individual. An intersectional approach to diagnostics, however, could. Individuals do not represent categories of risk. They are not proxies for risk. They are not homogenous with their socially determined risk category. They are individuals. Intersectional theory gives us a way to think about individuals.

Intersectionality identifies subjects of a life as distinct and unique, none of whom can be defined, generalized, or predicted based on individual social identity markers. Instead they are identified as intersectional moments connected through time, embodied and persisting, with a past, future, and present, entirely and uniquely theirs. Previously identity politics had urged us into models and theorizing that account for individuals as representative of groups, whose collective identity was determined by a single, and presumably causally significant social marker.

Not only does such a computation fail to accurately represent the experience of such an individual, it also leaves open the very real possibility that an individual will be circumscribed primarily into one of her constitutive identities, for the purposes of those who would use her as one of their numbers, to further their own political agendas. Such was the experience of black feminists in the 70s, who rebelled against white women writers of the dominant feminist agenda. Instead and in response, researchers such as Patricia Hill Collins and Kimberle Crenshaw developed alternative methods for theorizing the experience and embodied lives of multiply marginalized individuals. Their solution was intersectional analyses.

An interesting difficulty arises in diagnostic practices of physicians, as well as in treatment determinations for patients representing multiple risk categories. Oftentimes such patients are taken as members of single characteristic risk groups, and are given treatment recommendations based on their membership in such groups. This happens for a number of possible reasons: it may be for expediency, it might be a method of risk aversion on part of practitioners, or it might be that practitioners use patient identifiers as proxies in order to find "evidence based" solutions for problems that have no reliable or well researched comparison class.

This diagnostic reality arises in part from 1) the fact that, historically, dominant populations have driven interest in disease and diseases that directly affect their populations and 2) that the sample study and population is, in high stakes research, often the dominant population with the most activated monetary interests, and 3) that, paradoxically, use of research populations outside the

target market (in the global South, for example) can often introduce miscategorized or irrelevant data.

Though dominantly positioned subjects may, in fact, have multiple medically significant identity markers, but unlike intersectional subjects, these dominantly grouped markers *become* "whole" – maintaining their integrity, and benefiting from research and medical recommendations tried and tested on persons with bodies and histories like them. And though research populations outside of the demographic boundaries targeted may produce useful data, such data can be misleadingly engaged. These are both medical, diagnostic, problems, as well as concrete social problems.

In this paper I investigate the impact that an intersectional approach to research and research design could have on medical diagnosis and treatment. I evaluate recent developments in epidemiology's uses of intersectional modeling, identify preliminary findings from physician interviews regarding diagnostic practices, and incorporate representative medical cases that illustrate the ways in which the medical subject can concretely benefit from being seen as an intersectional subject. Finally, I explore the ways in which an intersectional treatment module might be useful in motivating future research, and in generating future data.