RACE CLASS AND GENDER PART 2 pdf

1: Wikipedia:Categorization/Ethnicity, gender, religion and sexuality - Wikipedia

Critical theory would insist that gender, race, ethnicity, class, age, etc are fundamental components of our identities. However, from a Christian perspective, there are three far more fundamental categories of identity which critical theory ignores.

With base pair comparisons possible across the individuals sequenced, the estimate that any two humans are Paradoxically, the evidence of vast numbers of DNA base pairs at which humans differ also became known at this time. It is estimated currently that any two people will differ at approximately 3 million positions along their genomes. Previous chapters have discussed the contributions of the social environment, behavior, psychological factors, physiological mechanisms, and genetic variation to health. These complex traits are multifaceted, and the goal is to tease apart the facets at different levels of organization in order to identify which of them directly modulate health. Failing to distinguish these different facets, both in the aggregate and within each level of analysis, will compromise the ability to obtain a more fine-grained understanding of how the different aspects of these fundamental individual traits interact to influence health. Sex is a classification based on biological differencesâ€”for example, differences between males and females rooted in their anatomy or physiology. By contrast, gender is a classification based on the social construction and maintenance of cultural distinctions between males and females. Differences in the health of males and females often reflect the simultaneous influence of both sex and gender. Not only can gender relations influence the expression of biological traits, but also sex-associated biological characteristics can contribute to amplify gender differentials in health Krieger, The relative contributions of gender relations and sex-linked biology to health differences between males and females depend on the specific health outcome under consideration. In other instances, gender relations account substantially for observed gender differentials for a given health outcomeâ€”for example the higher prevalence of needle-stick injuries among female compared to male health care workers, which is in turn attributed to the gender segregation of the health care workforce. The prevalence of HIV infection through needle-stick injury is higher among female health care workers because the majority of doctors are men, the majority of nurses and phlebotomists are women, and drawing blood is relegated to nurses and phlebotomists who are mostly women Ippolito et al. In yet other instances, gender relations can act synergistically with sex-linked biology to produce a health outcome. For example, the risk of hypospadias is higher among male infants born to women exposed to potential endocrine-disrupting agents at work. In this example, maternal exposure to the endocrine-disrupting agent e. Once exposure occurs, the risk of the outcome is predicated on sex-linked biology and is different for women and men, as well as for female and male fetuses, because only women can be pregnant, and exposure can lead to the outcome hypospadias only among male fetuses all examples cited in Krieger, Finally, in some instances, sex-linked biology can be obscured by the influence of gender relations in producing health differentials between women and men. Arber and colleagues demonstrated the presence of such bias in a randomized experimental study involving video-vignettes of a scripted consultation in which patients presented with standardized symptoms of CHD. Women were asked fewer questions and received fewer diagnostic tests compared to men. Besides the behavior of health care providers, a number of other social processes are recognized as contributing to gender inequalities in health. At the macro or societal level, these include the gender segregation of the labor force alluded to above and gender discrimination. Gender segregation of the workforce and gender discrimination together contribute to the persistence of the gender wage gapâ€”that is the fact that women earn less than men in paid employment Reskin and Padavic, The gender wage gap in turn contributes to the feminization of poverty. Womenâ€” particularly female heads of householdsâ€—are over-represented among poor households in virtually every society. The adverse health effects of poverty see Chapter 2 of this report therefore fall disproportionately on women and their children. Within households, gender relations also are characterized by the unequal division of labor e. The stresses associated with care giving, particularly providing care for ill spouses, have been linked to adverse health outcomes, such as cardiovascular disease Lee et al. Men and women differ biologically because their primary reproductive hormones are different. Less

well recognized are the sex differences in certain aspects of immune function that stem from the fact that women and men face different immune challenges. Moreover, as is the case for many other mammalian species, other aspects of male and female biology also may differ because they have different roles in caring for offspring or function in different ecological niches, thus reducing parental competition. For example, a brief stressor mimicking a burrow collapse results in a more pronounced long-term innate inflammatory response in female rats than in male rats exposed to the same stressor Hermes et al. Given that females become aggressive during lactation and may likely suffer from wounding, selection would favor those who can mount an inflammatory response that is effective enough to enable them to survive at least long enough to wean their nursing pups. Given that males do not behave paternally in this species, a selection pressure at this juncture of the reproductive lifespan would not be as strong. The central point is that sex differences in health and risk for disease are not simply minor correlates of differences in reproductive hormones. They also result from deeply embedded highly coordinated physiological systems that have evolved to serve sex-specific functions. For example, women must have sufficient energy reserves to sustain the huge metabolic demands of pregnancy and lactation. Thus, it is not surprising to see sex differences in energy metabolism. Sex hormones have both genomic and nongenomic effects on the accumulation, distribution, and metabolism of adipose tissue, including the regulation of leptin Mayes and Watson, Leptin has long-term effects on the regulation of body weight, mediated through appetite, energy expenditure and body temperature. Marked sex differences can be seen in levels of leptin, which in men but not women are associated with hypertension Sheu et al. Moreover, leptin stimulates cellular components of innate immunity, stimulating T-cells, macrophages, and neutrophils, as well as preventing the programmed cell death of neutrophils apoptosis Bruno et al. Indeed, leptin is increased during infections. Thus, fat metabolism and immune functions are differentially controlled in men and women, and the implications for disease risk and treatment are only now beginning to be explored. In recent years, there has been an increased focus on understanding the differences and similarities between females and males at the societal level i. There is, of course, huge variation in the degree of overlap in the physical traits of men and women. Sexual dimorphism is typically reserved for traits for which the difference is relatively large, such as height population overlap of one standard deviationâ€”10 percent of men are smaller than the average woman , while smaller differences are typically termed as sexually differentiated, such as hand shape Williams et al. A significant number of studies have documented the differences between sexes across the lifespan. This may be the result of differences in exposure to the risk factors, the routes of exposure and processing of a foreign agent, and cellular responses to the body. Differences cannot simply be attributed to hormones. Sex affects behavior, perception, and health in multiple complex ways. Differences in the sex chromosomes are but one factor, although a significant one for a small number of diseases influenced by gene dosage i. Rather, it is a multifaceted variable, biologically, psychologically and socially, with each facet having different effects on health and risk for disease. However, there can be variance, if not sex reversals, along a given dimen sion without comparable variation in the others. This disassociation clearly demonstrates their independence. Thus, future research on the impact of interactions among social, behavioral, and genetic factors on health must determine which of these facets and dimensions contribute directly to sex differences in health and which are merely correlates. An example helps to illustrate human variation. There are XY individuals with a genetic variant of the androgen receptor who are unambiguously heterosexual women and who are engaged in feminine social roles ranging from actresses to Olympic athletes. They have testes and hormone levels higher than those of pubertal boys. But, because their androgen receptors do not bind androgen, their genitalia, secondary sex characteristics, and musculature are fully differentiated as women. Until the Olympic committee changed its definition of sex from genetic to hormonal sex, such women had to compete as men. These women share the health risk of gonadal cancer, and typically their testesâ€”their source of estrogensâ€”are removed. However, their social rolesâ€”as actresses or Olympic athletes, for exampleâ€” are better predictors of cardiovascular health and risk for muscle injury. The Science of Early Childhood Development The constructs of race and ethnicity, which have similar limitations and complexity as sex and gender, are explored in the following section. According to Shields and colleagues , with the exception of the health disparities context, in which self-identified race remains a socially important metric,

race should be avoided or used with caution and clarification, as its meaning encompasses both ancestry â€¦ and ethnicity â€¦ Both race and ethnicity can be potent predictors for disease risk; however, it is important to emphasize the distinction between correlation and causation and to explore interactions among factors, while rejecting a unidirectional model that moves from genotype to phenotype. With the increased attention being given to racial disparities in health, the definition of race has come under increased scientific scrutiny. Race continues to be one of the most politically charged subjects in American life, because its associated sociocultural component often has led to categorizations that have been misleading and inappropriately used Kittles and Weiss, Definitions of race involve descriptions that are embedded in cultural as well as biological factors, and a careful distinction must be made between race as a statistical risk factor and as causal genetic variables Kittles and Weiss, Thus, genetics cannot provide a single all-purpose human classification scheme that will be adequate for addressing all of the multifaceted dimensions of health differentials. It may be found that some alleles associated with destructive or protective factors related to disease and health are created, modified, or triggered by cultural and contextual factors. Race also is notoriously difficult to define and is inconsistently reported in the literature and in self-reports. Self-report has been the classic measure for race and is still reliable in some cases given certain caveats. The usefulness of the data derived from self-reports of race in health research, however, has been the subject of much debate Risch et al. In , Burchard and colleagues wrote the following: Excessive focus on racial or ethnic differences runs the risk of undervaluing the great diversity that exists among persons within groups. However, this risk needs to be weighed against the fact that in epidemiologic and clinical research, racial and ethnic categories are useful for generating and exploring hypotheses about environmental and genetic risk factors, as well as interactions between risk factors, for important medical outcomes. Erecting barriers to the collection of information such as race and ethnic background may provide protection against the aforementioned risks; however, it will simultaneously retard progress in biomedical research and limit the effectiveness of clinical decision-making. Although there are requirements for reporting race in specific categories in federally sponsored research, the Office of Management and Budget directive that set out this requirement notes that these are not scientific categories. The National Institutes of Health NIH has reiterated that researchers should collect any additional data that would be more useful or appropriate for their specific projects. Researchers would advance our understanding of race and ethnicity by addressing factors that are related to race such as geographic area of ancestry or by providing greater detail about ancestors. In the Census, less than 3 percent 6. However, even those who report one race may have very complex backgrounds in terms of geography. NIH has prescribed that all research projects will involve a good faith effort to include minorities when appropriate. By requiring funded research to make appropriate accommodations for minority subject recruitment, NIH has encouraged scientists to begin to consider issues of race, ethnicity, and culture in research as never before. Some of the emphasis on learning more about minority populations arises from the acknowledgement of the stark disparities in health when comparisons are made across racial groups. Asians on many accounts are found to have more positive health profiles but are not without disadvantages in comparison with Caucasians Whitfield et al. The gap in health seems to be greatest between the ages of 51 and 63 Hayward et al. Despite the year trend toward convergence, the age-adjusted mortality rate from all causes of death for African Americans remains 1. This differential produces a life expectancy gap between African Americans and Caucasians of 5. Furthermore, it also appears that African Americans are less likely to survive to middle age, and if they do, they are more likely to have health problems Hayward et al. Health disparities are a major public health concern and are a major emphasis of research across the country and across many disciplines. Genetic, social, and behavioral studies have shown that there are a large number of correlated differences across ethnic groups at the genetic, cultural, and environmental levels. From a methodological point of view, any comparison across ethnic groups from a single disciplinary vantage point will have a tremendous confounding issue. It is only by studying the multiple levels and risk factors simultaneously within subgroups defined by ethnicity, geography, genetic backgrounds, and exposures to the environment that we will begin to understand how specific combinations of environmental factors combine with specific combinations of genetic factors to give rise to health differences. Race and Genetic Variation Geographic origin, patterns of migration, selection, and historic events can lead to

development of populations with very different genetic allele frequencies. Historically, to the extent that barriers such as large deserts or bodies of water, high mountains, or major cultural factors impeded communication and interaction of people, mating was restricted within group, producing genetic marker differences and thus, differences in the presence of specific disease-related alleles see Box Kittles and Weiss,
In line with this, Burchard and colleagues found that population genetic research of the last 20 years shows that the largest genetic differences occur between groups separated by continents. However, an analysis of meta-analyses of genetic association studies by Ioannidis et al.

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2: www.enganchecubano.com: Customer reviews: Race, Class, and Gender: an Anthology

Part 1 - The Good Part 2 - The Bad Part 3 - The Ugly Part 4 - Critical Theory and Christianity Part 5 - Why Does it Matter? Race, Class, and Gender is a + page anthology of essays, excerpts from books, and journal articles.

One thing to keep in mind when looking at how privilege operates is that privilege, discrimination, and social groups all operate within interrelated hierarchies of power, dominance, and exclusion. Being able-bodied and without mental disability. Actors with disabilities frequently find themselves passed up for roles even if those roles are for characters with the same disability. Moreover, while fully enabled actors are often cast in roles as disabled characters, actors with a disability are almost never asked to play enabled characters. Class can be understood both in terms of economic status and social class, both of which provide privilege. Social class can determine access to opportunities, to participation in politics, and opens up particular educational and vocational doors more easily. From a social and media standpoint, consider how different social classes are represented. It is also important to note that the majority of the media are created by and for a specific social class. Access to higher education confers with it a number of privileges as well. Educational privilege opens a number of doors to higher paying careers which links it to social class privilege. Educational privilege can also confer unearned credibility on an individual: Male-identified, masculine individuals still hold a level of privilege over people of other genders. In the media, we still see male authority superseding others. Men continue to be overrepresented in leadership roles and as news commentators. While often linked to sexual orientation and gender privilege, this is the privilege that comes with having a gender identity how one identifies and express oneself in gendered terms that conforms to the gender identity that was assigned at birth and to societal and cultural expectations of such a gender identity. In terms of media representation, it is extremely rare to find representations of individuals whose gender identity does not conform to cultural expectations. Passing is the ability to appear to belong to another group. The ability to pass is itself a privilege because it allows an individual to claim the advantages of a more privileged group. In the media, passing becomes easier for certain groups than for others and certain types of passing are particularly celebrated: At the same time, we rarely see many accolades when a queer-identified individual plays straight and there are rare instances in which a person with an apparent disability plays a character who is fully enabled. In the West, racial privilege is usually equated with white privilege since power, money, and influence tends to be concentrated among Caucasians in Western Europe and North America. Racial privilege is institutionalized racism: In North America and much of Europe, Christian faiths hold privilege over most others. Heterosexual privilege includes the assumption that everyone is heterosexual which forces Queer people to be constantly undergoing a coming out process in their daily lives. This is not the case if the character is in a same-sex relationship but it goes unnoticed because of its privileged status.

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3: Intersectionality - Wikipedia

In which John Green teaches you MORE about To Kill a Mockingbird. In this installment, John teaches you about race, class, and gender in the American south, as seen through the eyes of Scout and.

Received Sep 21; Accepted Jan This article has been cited by other articles in PMC. Abstract Background Intersectionality theory, a way of understanding social inequalities by race, gender, class, and sexuality that emphasizes their mutually constitutive natures, possesses potential to uncover and explicate previously unknown health inequalities. In this paper, the intersectionality principles of "directionality," "simultaneity," "multiplicativity," and "multiple jeopardy" are applied to inequalities in self-rated health by race, gender, class, and sexual orientation in a Canadian sample. The additive stage involved regressing self-rated health on race, gender, class, and sexual orientation singly and then as a set. The intersectional stage involved consideration of two-way and three-way interaction terms between the inequality variables added to the full additive model created in the previous stage. Results From an additive perspective, poor self-rated health outcomes were reported by respondents claiming Aboriginal, Asian, or South Asian affiliations, lower class respondents, and bisexual respondents. However, each axis of inequality interacted significantly with at least one other: I conclude that an intersectionality theory well suited for explicating health inequalities in Canada should be capable of accommodating axis intersections of multiple kinds and qualities. Background Sizeable health inequalities by race [1 , 2], gender [3 , 4] and class [5] have been recorded in Canada. Consistent with traditional sociological understandings of social inequality, these axes of inequality have for the most part been considered individually, with researchers only considering potential interconnectedness when investigating whether class mediates associations between race and health or gender and health. Whether class influences health differently for visible minority Canadians and White Canadians or race influences health differently for men and women, for example, has not yet been investigated. When statistical interactions such as these have received analytical attention - for example, whether class influences health differently for Canadian men and women [3] - they have not been adequately theorized. Intersectionality theory, an influential theoretical tradition inspired by the feminist and antiracist traditions, demands that inequalities by race, gender, and class and sexuality as well be considered in tandem rather than distinctly. This is because these fundamental axes of inequality in contemporary societies are considered to be intrinsically entwined; they mutually constitute and reinforce one another and as such cannot be disentangled from one another. Intersectionality theory presents a new way of understanding social inequalities that possesses potential to uncover and explicate previously unknown health inequalities. The remainder of this background section describes some of the central principles of this theoretical tradition followed by a description of the analytical strategy used to apply these principles in an empirical investigation of inequalities in self-rated health in Canada. Intersectionality theory In the forward to a recent book on new theories and methods for studying race, class, and gender, Lynn Weber [6] describes how American women of color in the s and early s, many from working class backgrounds, came to critique the patriarchy tradition within gender studies for privileging gender over race and class and subsequently critiqued the stratification tradition for privileging class over gender and race, etc. They argued that these axes of inequality are in fact analytically inseparable, and that "the multidimensionality and interconnected nature of race, class, and gender hierarchies were especially visible to those who faced oppression along more than one dimension of inequality" [6: These scholars envisioned axes of inequality pertaining to gender, race, and class that intersect with one another, i. Power relationships along the lines of gender, race, and class were thought to be mutually defining and mutually reinforcing rather than analytically distinct systems of oppression, together forming a "matrix of domination" [8]. By the mids, lesbians of color had bridged the gap between gay and lesbian studies and the growing body of race, gender, and class research that had to that point ignored heterosexism [6], and axes of inequality pertaining to national origin, citizenship status, religion, disability, and age also received some attention. The contributions of these various scholars gave rise to what is now known as "intersectionality theory. Founded upon analyses of relations of power in general and inspired by theories of racism, patriarchy, classism, and

heterosexism in particular, in American intersectionality discourse the disadvantaged groups along the inequality axes of race, gender, class, and sexual orientation are assumed to be visible minorities from various backgrounds especially African Americans , women, members of the lower and working classes, and gays, lesbians, and bisexuals. These comprise implicit intersectionality assumptions of "directionality. The principle of "simultaneity" maintains that all of the axes and their corresponding identities should be incorporated into social analyses. This recognition that one category may have salience over another for a given time and place does not minimize the theoretical importance of assuming that race, class and gender as categories of analysis structure all relationships" [7: That is, while some axes and identities may be more pertinent to a specific social context or outcome than are others, simultaneity implies that a social researcher should never discard an axis of inequality before investigating its potential relevance for the problem at hand. Intersections between axes are thought to create complex social locations that are more central to the nature of social experiences than are any of the axes of inequality considered singly. For example, people of the same race will experience race differently depending upon their location in the class structure as working class, professional managerial class or unemployed; in the gender structure as female or male; and in structures of sexuality as heterosexual, homosexual or bisexual" [Thus "multiplicativity" should supplant additivity [10]. A lower-class Black lesbian is necessarily all of these things, and their mutual manifestation represents a unique state of being and a unique set of social experiences and structural constraints. The matrix of domination seeks to account for the multiple ways that women experience themselves as gendered, raced, classed and sexualized" [Experiences of gender are racialized, sexualized, and classed; experiences of class are gendered, racialized, and sexualized, etc. From the abovementioned principles of directionality, simultaneity, and multiplicativity arise new versions of double jeopardy and triple jeopardy, renamed "multiple jeopardy" by Deborah King [11], wherein disadvantaged identities experienced in tandem are seen to result in inordinate, i. Thus complex social locations comprised of disadvantaged identities held in tandem are thought to lead to multiplicative disadvantage; that is, combinations of these identities are thought to have an aggravating rather than a simply cumulative or mitigating effect. In addition, because of the relational nature of intersectional theories, some complex locations, such as the one inhabited by wealthy heterosexual White men, in turn experience multiplicative advantage. Despite the immense popularity of intersectionality theory in humanities and social sciences circles and the large and growing body of intersectionality research that includes applications of both qualitative and quantitative methodologies, very little quantitative research has explicitly applied intersectionality theory to health outcomes. However, many health determinants researchers have unintentionally addressed simultaneity and multiplicativity by identifying two-way statistical interactions between axes of inequality in regression modeling. In Canada, Zheng Wu and colleagues [2] identified interactions between race and socioeconomic status for depression. But only a few quantitative studies have explicitly studied illness states associated with complex social positions arising from intersections between three axes of inequality [16 - 19], none of them Canadian, and no studies have studied intersections between all four of the primary axes of inequality of intersectionality theory. Given the seeming complicity of all of race [2 , 20 - 23], gender [3 , 4 , 24], class [5 , 25 - 29], and sexual orientation [30 - 33] in North American health inequalities, this lack of attention to health inequalities that accrue to multiple combinations of inequality identities represents an important gap in the health determinants literature. Analytical strategy Modeling the main effects of inequality identities additivity and then statistical interactions between them multiplicativity in multivariate regression models on health can establish whether two-way or three-way statistical interactions intersections between axes of inequality contribute to explaining variability in health above and beyond the additive approach to health inequalities that currently dominates health determinants research. This paper uses a two-stage analytical strategy, the first additive and the second multiplicative, applied to a large representative survey dataset from Canada in order to investigate health outcomes associated with intersections between race, gender, class, and sexual orientation. Second, simultaneity and multiplicativity imply that the inequality identities should interact meaningfully with one another as predictors of health, that is, statistical interactions between the inequality variables of race, gender, class, and sexual orientation should manifest significant effects above and beyond their main effects in the abovementioned

additive models. The existence of interactions speaks to multiplicativity. The qualities of the interactions themselves speak to multiple jeopardy and directionality. At least three multiplicative scenarios are possible for a given statistical interaction: Aggravating effects support the assumption of multiple jeopardy and reinforce the directionality identified in the additive models whereas non-aggravating effects run contrary to the assumption of multiple jeopardy and complicate directionality. Finally, contributions to predicted variability in the models address multiplicativity by providing an indication of the "value added" of the statistical interactions; comparisons of R2 values between regression models with and without the cross-product terms can be used to assess the magnitude of their contributions to explaining variability in health above and beyond the contributions of the main effects. The target population for this cross-sectional survey was all persons 12 years of age and older residing in Canada, excluding individuals living on Indian Reserves and on Crown Lands, institutional residents, fulltime members of the Canadian Armed Forces, and residents of some remote regions. Sampling considered province or territory and health region of residence and applied three sampling frames a multistage stratified cluster design in an area frame, a list frame of telephone numbers, and a random digit dialing frame to select the sample of households. One person was chosen randomly from each household to complete the survey. A total of , usable responses were obtained, representing a national response rate of Final person estimation weights were provided by Statistics Canada. This investigation focuses on survey respondents who were aged 25 and older at the time of the survey. The logistic regression models were applied to the 90, respondents with valid information for the age, race, gender, education, household income, sexual orientation, and self-rated health variables. In comparison with the working sample, the sample of missing cases was older, poorer, and less educated on average and contained proportionately more widows, non-Whites, and adult immigrants to Canada. Table 1 Characteristics of the sample weighted data Variable.

RACE CLASS AND GENDER PART 2 pdf

4: A Long Review of Race, Class, and Gender â€“ Part 1 â€“ Neil Shenvi â€“ Apologetics

Race, Class, and Gender: An Anthology / Edition 2 RACE, CLASS, AND, GENDER, includes many interdisciplinary readings. The author's selection of very accessible articles show how race, class, and gender shape people's experiences, and help students to see the issues in an analytic, as well as descriptive way.

Part 5 â€” Why Does it Matter? Part 4 â€” Critical theory and Christianity In the last section, I gave several general reasons to reject the tenets of critical theory. Both Christianity and critical theory are worldviews; that is, they are comprehensive, coherent ways of looking at reality. However, I believe that they are mutually incompatible. To the extent that a person adopts a Christian worldview, they will have to abandon the basic tenets of critical theory if they are to remain consistent. The first conflict between critical theory and Christianity relates to the issue of identity. Identity that is, how we view ourselves and others plays a tremendously important role in critical theory and in postmodernism. Critical theory would insist that gender, race, ethnicity, class, age, etcâ€¦ are fundamental components of our identities. However, from a Christian perspective, there are three far more fundamental categories of identity which critical theory ignores. What is more, this omission is not accidental; it is a consequence of critical theory itself. As a result, we cannot simply tack Christianity on to critical theory, or vice versa. One will have to be rejected. The three categories I have in mind are: Can this omission be ascribed to the secular target audience of the book? On a Christian view, the difference between human and animal, or human and inanimate object, is so radical that it relativizes all other differences. If there is a rock or a tree blocking my path, I can smash it to pieces. If there is a human being in my path, I owe him the same deference that I would show to my child or my wife. Yet this acknowledgement is unacceptable to critical theory because it would form a basis for solidarity between the powerful and the powerless. Many of the authors commented on how otherwise hostile groups were held together in coalition only by a common enemy. For example, several black feminists lamented the indifference of white feminists to racism. Yet feminists can still be united by their common gender, which is not shared by their male oppressors. Incidentally, this realization is what has led nations to dehumanize their enemies during wartime. The doctrine of the Imago Dei is radically subversive to racism, sexism, classism, but also to critical theory. And for exactly the same reason. Identity and sin The second core piece of Christian anthropology is even harder to fit into critical theory: According to the Bible, human beings are united in their rebellion against God. We are united under the fall of the first man and woman and we ratify their rebellion in our daily acts of disobedience. The doctrine of sin causes two problems for critical theory. Yet if sin is primarily against God, then our position in society or lack of power does not determine whether a thought, word, or deed is sin. While there is no question that certain demographic groups have -in aggregate- used their power to oppress other demographic groups, we dare not see their sin as something alien to us. To the extent that our identity is rooted in our common rebellion and our common need for mercy, that will undermine the sharp line that critical theory draws between victims and victimizers. Identity and redemption Finally, Christians are committed to a view of identity that is antithetical to the idea that our fundamental unity is found in the experience of oppression. The Bible says that for Christians, the divisions between male and female, Jew and Greek, slave and free are all broken down. These differences are not erased, but they are demoted in importance. All Christians share equal access to God and equal standing before God. Jesus went so far as to say that even our relationship to our biological family let alone our ethnicity, or our nation is secondary to our relationship with fellow Christians Matt. If Christianity is true, then the identity that Christians share in their Savior goes deeper than any differences in race, class, or gender. We are fundamentally united by our humanity, by our corruption, and by our Savior. Worldview and power Second, the tenets of critical theory come into fundamental conflict with Christianity over the nature of power. Recall that the principle aim of critical theory is to dismantle power structures, which necessarily result in oppression. To be clear, the Bible recognizes and condemns the fact that the powerful often oppress the weak. So Christianity does not reject the connection between power and oppression. The difference between critical theory and the Bible is that the former sees power as necessarily oppressive while the latter sees the abuse of power as oppressive. In the Bible, not all

human relationships are defined by power dynamics and not all power differentials lead to oppression. This difference might seem minor, but it has massive implications. From the perspective of critical theory, this analysis is uncontroversial; power differentials necessarily result in oppression. But from the perspective of the Bible, it is not the power of adults that is a problem, but the abuse of that power. Two different worldviews provide two very different analyses of the parent-child relationship. Or consider the power that many husbands have over their wives. Even in the most egalitarian of marriages, the husband is -on average- physically stronger and makes more money than his wife. Does this mean that his wife should see him as her oppressor? Or should she recognize that within the context of a loving, marriage relationship, she can trust him to use his power to serve her? The most serious implication of the link between power and oppression arises when we reflect on God himself. The greatest power differential of all is the one between creature and Creator. If we take critical theory seriously and consistently reject all power structures as oppressive, how can we suddenly balk when we apply this critique to God? Seeing power as intrinsically oppressive leads to a very different view of the world than the one offered by Christianity. Something will have to go: In both these cases, the critical theorist deconstructs the values of the powerful, in order to liberate the oppressed from their bondage. The problem with this critique is that it is grounded in moral relativism, which Christians reject. The Christian must insist that there exist transcendent moral laws to which all cultures and all people are accountable, even cultures which are currently experiencing unjust oppression. Simply pointing out that the dominant group embraces certain values or that the oppressed group does not is insufficient to determine whether those values are evil. In other words, the critical theorist aims to expose all the values of the oppressor as human constructs and tools of oppression, which can then be rejected.

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5: South Africaâ€™s Jenna Bass on Race, Class and Gender in â€˜High Fantasyâ€™ â€“ Variety

Part 2, Gender, race, and class in the labor market: multiple disadvantages and key assets for recovery schema:name " Institute for Women"s Policy Research briefing paper" ;.

BLPCAT , either through direct speech or through actions like serving in an official clerical position for the religion. For a dead person, there must be a verified consensus of reliable published sources that the description is appropriate. Sexuality[edit] Categories regarding sexual orientation of a living person are subject to Wikipedia: For example, a living person who is caught in a gay prostitution scandal, but continues to assert their heterosexuality, may not be categorized as gay. For example, while some sources have claimed that William Shakespeare was gay or bisexual, there is not a sufficient consensus among scholars to support categorizing him as suchâ€”but no such doubt exists about the sexuality of Oscar Wilde or Radclyffe Hall. Categories that make allegations about sexualityâ€”such as "closeted homosexuals" or "people suspected of being gay"â€”are not acceptable under any circumstances. If such a category is created, it should be immediately depopulated and deleted. Note that as similar categories of this type have actually been attempted in the past, they may be speedily deleted as a G4 and do not require another debate at Wikipedia: Disability, intersex, medical, or psychological conditions[edit] There are several guidelines that apply to categorization of people with disabilities, intersex conditions, and other medical or psychological states or conditions. People with these conditions should not be added to subcategories of Category: People with disabilities , Category: Intersex people or Category: People by medical or psychological condition unless that condition is considered WP: Thus, we have Category: Deaf musicians and Category: Amputee sportspeople and Category: Actors with dwarfism since these intersections are relevant to the topic and discussed in reliable sources, but we should not create Category: Biologists with cerebral palsy , since the intersection of Category: People with cerebral palsy is not closely relevant to the job of biologist nor is it a grouping that reliable sources discuss in depth. For example, even if reliable sources regularly discussed Category: Deaf flight attendants , this category should not be created since it would be a final rung category underneath Category: Blind musicians should not remove the article from Category: Musicians or any of its diffusing subcategories. A person in Category: Special subcategories[edit] Dedicated group-subject subcategories, such as Category: LGBT writers or Category: African-American musicians , should be created only where that combination is itself recognized as a distinct and unique cultural topic in its own right. If a substantial and encyclopedic head article not just a list cannot be written for such a category, then the category should not be created. Please note that this does not mean that the head article must already exist before a category can be created, but that it must at least be possible to create one. Generally, this means that the basic criterion for such a category is whether the topic has already been established as academically or culturally significant by external sources. If this criterion has not been met, then the category essentially constitutes original research. Although there are exceptions, this will usually mean that categories relating to social or cultural subjects are more likely to be valid than others. Remember as well, that a category is not automatically a valid substitute for a list. For example, LGBT writers are a well-studied biographical category with secondary sources discussing the personal experiences of LGBT writers as a class, unique publishing houses, awards, censorship, a distinctive literary contribution LGBT literature , and other professional concerns, and therefore Category: LGBT writers is valid. However, gay people in linguistics do not represent a particularly distinct or unique class within their field, so Category: Gay linguists should not be created. For similar reasons, Category: African-American musicians is valid, but Category: African-American surgeons should not exist. Similarly, an " ethnicity politicians" category should only be created if politicians of that ethnic background constitute a distinct and identifiable group with a specific cultural and political context. There is no significant or notable difference in context between being a German American politician and a Swedish American politician. But an American politician of Native American descent is a different context from an American politician of European background. Native American politicians is valid, but Category: German American politicians and Category: Swedish American politicians should not exist. Whether such a grouping constitutes a positive or negative portrayal of the racial

or sexual group in question is also not, in and of itself, a valid criterion for determining the legitimacy of a category. At all times, the bottom line remains can a valid, encyclopedic head article be written for this grouping? Other considerations[edit] People who occupy the grey areas are not a valid argument against the existence of a category; if they do not fit, they simply should not be added to it. Concerns about the neutral point of view status of a particular category must be weighed against the fact that not having such a category may also unacceptably advance a particular point of view. Your personal feelings should not enter into the matter: This is the only way in which the myriad points of view on the matter can be realistically reconciled into a relatively neutral position. Be aware as well, that under these criteria, categories may change over time. Something that is not currently an appropriate category may become a valid one in the future, or vice versa, if social circumstances change. The criterion of whether an encyclopedic article is possible should be the gauge. If a new field of social or cultural study emerges in the future and lends itself to an encyclopedic article, the related categories will then become valid even if they have previously been deleted.

6: Forms of Privilege | MediaSmarts

This week focuses on what ads teach about race, class, gender, and sexuality as a kind of secondary messages beyond the overt messages promoting products and services.

7: A Long Review of Race, Class, and Gender â€“ Part 4 â€“ Neil Shenvi â€“ Apologetics

Race, Class, and Gender in the United States: An Integrated Study / Edition 10 This best-selling anthology expertly explores concepts of identity, diversity and inequality as it introduces students to race, class, gender, and sexuality in the United States.

RACE CLASS AND GENDER PART 2 pdf

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