

Rethinking Intersectionality in Immigrant Mental Health Research Through Qualitative, Reflexive, and Decolonial Frameworks

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Abstract

Introduction: Immigrant mental health research continues to rely heavily on Eurocentric biomedical frameworks that inadequately capture the complex social, historical, and political forces shaping immigrant wellbeing. These models often obscure how migration, racism, gendered expectations, and colonial legacies intersect to structure mental health vulnerabilities among diverse immigrant populations. Intersectionality theory offers a corrective, yet its application remains limited by conceptual and methodological challenges.

Purpose: This paper critically examines the applicability of intersectionality in immigrant mental health research, using South Asian immigrants in Canada as an illustrative example. The aim is to evaluate both the strengths and limitations of intersectionality and propose ways to strengthen its use in population health research.

Methodology: This is a conceptual and theoretical analysis grounded in Black feminist scholarship, critical public health literature, and decolonial epistemologies. An interpretive approach is applied to examine how intersectionality has been used in immigrant mental health research and where it requires expansion.

Results: Findings demonstrate that intersectionality illuminates layered forms of oppression but is often hindered by theoretical overload, methodological ambiguity, essentialism, and Western centric epistemic boundaries. These constraints risk flattening diversity within immigrant groups and overlooking colonial histories that shape mental health outcomes.

Conclusions: An expanded intersectional framework, integrating qualitative inquiry, reflexivity, and decolonial approaches can more effectively capture the lived realities of immigrants and support culturally responsive mental health research. Strengthening intersectionality in this way advances health equity and enriches global mental health scholarship.

Keywords

Mental health, Intersectionality, Immigrant Mental Health, South Asian Immigrants, Systemic Oppression, Decolonial Theory, Qualitative Inquiry, Social Determinants of Health.

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Introduction

Despite growing attention to immigrant health disparities (WHO, 2022), mental health research often remains epistemologically constrained by frameworks that inadequately account for the complex, intersecting systems of oppression shaping immigrant experiences (Braveman et al., 2022; Viruell-Fuentes et al., 2012). Encounters with mental health care are not shaped solely by race, gender, or class in isolation, but through their interconnections with immigration histories, colonial legacies, and systemic inequities embedded within health institutions (Kirmayer et al., 2011; Millner et al., 2021). Standard models rooted in Eurocentric biomedical traditions often obscure these layered dynamics, resulting in analyses that underestimate structural determinants of immigrant mental health (Fernando, 2020).

Intersectionality theory offers a promising framework to address these limitations. Originating from Black feminist thought, intersectionality highlights how multiple dimensions of identity and power interact to co-produce lived experiences of advantage and disadvantage (Crenshaw, 1991; Collins & Bilge, 2016). In public health research, intersectionality enables a move beyond single-axis analyses toward refined examinations of how structures of oppression shape health outcomes (Bowleg, 2012; Hankivsky, 2014). However, despite its growing use, the application of intersectionality in immigrant mental health research remains fraught with theoretical, methodological, and epistemological challenges (Nash, 2020; Bhambra, 2014).

Purpose

The purpose of this paper is to critically examine the applicability of intersectionality theory to immigrant mental health research in Canada. Alongside theoretical critique engaging broadly with immigrant health scholarship, in this paper, South Asian immigrants are used as an illustrative example to concretely explore the strengths and limitations of an intersectional lens.

Specifically, the paper identifies how intersectionality highlights layered vulnerabilities in mental health experiences. It also interrogates the risks of theoretical overload, essentialism, and epistemological limitations. In this paper, I adopt a critical and qualitative interpretation of intersectionality that foregrounds lived experiences, structural power, and epistemic context. This differs from operationalized, quantitative approaches that tend to treat

intersectionality as additive or rely on interaction effects (McCall, 2005).

Building on these critiques, the paper proposes extending intersectionality through reflexive practices, qualitative inquiry, and decolonial frameworks to advance culturally responsive and equity-oriented approaches in immigrant mental health research.

Methodology

This paper employs a conceptual, theoretical, and interpretive design grounded in post colonial scholarship, and decolonial epistemologies. The paper synthesizes and analyzes peer reviewed research across population health, immigration studies, mental health, and intersectionality theory to evaluate how intersectionality has been operationalized within immigrant mental health research.

A conceptual approach is appropriate because the paper seeks to evaluate the epistemological and methodological foundations of immigrant mental health research rather than assess individual-level experiences or clinical outcomes. Intersectionality is inherently a theoretical framework; therefore, evaluating its application requires interpretive engagement with conceptual, theoretical, and policy literature.

Ethical considerations

This is a theoretical and methodological manuscript that does not involve human participants or animals. As such, ethical board approval was not required.

Declaration of Generative AI and AI-Assisted Technologies in the Writing Process

During the preparation of this work, the author used Grammarly in order to proofread and edit. After using this tool/service, the author reviewed and edited the content as needed and takes full responsibility for the content of the publication.

Review and Discussion

Intersectionality and Immigrant Mental Health Research

Intersectionality, first introduced by Crenshaw (1991), offers a critical framework for understanding how multiple systems of oppression interact to shape lived experiences. Developed within Black feminist thought and activist movements, intersectionality emerged as a response to the erasure of Black women's experiences in both antiracist and feminist

discourses (Crenshaw, 1989; Collins, 1990). Rather than treating social identities such as race, gender, or class as discrete variables, intersectionality emphasizes that these axes are interdependent and co-constructed within historically specific relations of power (Collins & Bilge, 2016). It provides a means to capture the complexity of marginalization, recognizing that the experiences of those situated at multiple axes of oppression cannot be understood through additive models of discrimination alone (Abrams et al., 2020; Harari & Lee, 2021).

In the field of population health, intersectionality has been increasingly recognized as a crucial framework for moving beyond reductionist models of health disparities (Hankivsky, 2014; Bowleg, 2021; Holman et al., 2021). Traditional public health research often isolates social determinants such as race, gender, income, or education, as separate predictors of health outcomes (Krieger, 2014; Marmot, 2015). Intersectionality challenges this fragmentation by insisting that these determinants operate collectively (Tinner et al., 2023), and that structural forces such as systemic racism, capitalism, patriarchy, shape health experiences in ways that are not reducible to any single axis.

The application of intersectionality to immigrant health research is particularly critical. Immigrants' experiences of health and healthcare access are shaped not only by their immigration status but also by the intersections of racialization, gendered expectations, class positioning, legal precarity, and colonial legacies (Braveman et al., 2022; Liu et al., 2023; Tuyisenge & Goldenberg, 2021; Koseoglu Ornek et al., 2022). Within settler colonial states such as Canada, immigrants' experiences of marginalization are also shaped by ongoing structures of settler colonialism that privilege certain groups while subordinating others (Allan & Smylie, 2015; Wispelwey et al., 2023). As a result, understanding immigrant mental health requires moving beyond culturalist or individualist models.

Mental health research with immigrant populations has historically been dominated by Eurocentric biomedical frameworks that pathologize distress while neglecting its socio-political origins (Fernando, 2020; Beresford & Rose, 2023; Antić et al., 2023). Such frameworks tend to focus on diagnosing and treating symptoms within individuals, often overlooking how systemic racism, migration-related stressors, labor market exclusions, and legal barriers shape immigrants' mental health (Bhakuni & Abimbola, 2021; Côté-Olijnyk et al., 2024). Intersectionality offers a corrective by foregrounding the broader structures that create and sustain health inequities. Recent scholarship has highlighted the

promise of intersectionality for immigrant health research particularly in linking legal precarity and racialization to health inequities (Tuyisenge & Goldenberg, 2021; Lin, 2023).

While intersectionality's conceptual contributions are widely recognized, its practical operationalization within immigrant health research remains underdeveloped (Collins & Bilge, 2016; Harari & Lee, 2021; Ghasemi et al., 2021). Most studies employing intersectionality remain descriptive, identifying multiple dimensions of identity without fully theorizing how these dimensions interact within larger systems of oppression (Bilge, 2013; Carbado et al., 2013; Holman et al., 2021). Furthermore, many applications of intersectionality in public health have treated it as a static categorization tool, rather than as a framework demanding reflexive, structural, and decolonial analysis (Bauer, 2014; Bowleg, 2021).

In the context of Canadian immigrant mental health research, these gaps are particularly salient (Lin, 2023). Although scholars increasingly recognize that mental health outcomes among immigrants are influenced by systemic inequities, few studies systematically apply intersectionality to interrogate it (Kirmayer & Jarvis, 2019; Liu et al., 2023). Even when intersectionality is referenced, there remains a tendency to treat immigrant populations as internally homogenous, masking critical differences along lines of caste, ethnicity, religion, legal status, and migration pathway.

Thus, while intersectionality offers a powerful framework for immigrant mental health research, its potential has not yet been fully realized. (Lentin, 2012). It demands methodological innovation, including approaches that center qualitative participant experiences, recognize multiple epistemologies, and interrogate the researcher's own positionality in knowledge production (Zhang et al., 2021; Montenegro et al., 2024).

Strengths and Limitations of Intersectionality

Intersectionality has been widely proposed as a framework for analyzing immigrant mental health broadly (Rocha-Jiménez et al., 2025; Viruell-Fuentes et al., 2012). The experiences of South Asian immigrants in Canada offer a useful case to explore its conceptual strengths and practical limitations. By foregrounding how race, gender, class, and immigration status interact, intersectionality captures the layered vulnerabilities that shape health outcomes (Bowleg, 2012; Viruell-Fuentes et al., 2012). South Asian immigrant women, for example, often navigate compounded barriers arising from racial discrimination in healthcare systems, gendered expectations within both immigrant communities

and Canadian society, and precarious employment or legal status (Kipp & Busolo, 2025; Shankar et al., 2024). Intersectionality thus moves beyond simple categorical frameworks to reveal how multiple axes of oppression produce specific patterns of exclusion and disadvantage.

One of intersectionality's major strengths lies in its ability to frame mental health not as an individual pathology, but as a product of broader systemic inequalities (Hankivsky & Cormier, 2010; Bowleg, 2021). Mental health struggles among South Asian immigrants are often linked to cultural stigma, economic marginalization, and historical displacements tied to colonial legacies (Millner et al., 2021). Intersectionality provides the conceptual space to recognize these connections, offering a more structural and historically grounded understanding of mental well-being than traditional models allow.

Furthermore, intersectionality enables a critical shift from documenting disparities to interrogating the systems that create and sustain them (Bowleg, 2021; Viruell-Fuentes et al., 2012). It directs attention to how health services, immigration policies, labor markets, and societal discourses work together to reinforce immigrant precarity (Côté-Olijnyk et al., 2024). For South Asian immigrants, whose experiences are shaped by both pre-migration histories and post-migration exclusions (Satia, 2019), intersectionality makes visible the cumulative impact of systemic forces on mental health access, quality of care, and outcomes.

Despite these important contributions, the application of intersectionality also presents significant limitations that warrant critical reflection. One persistent challenge is the risk of theoretical overload. In attempting to account for the multiplicity of identities and structures that shape immigrant experiences, intersectional analyses can become fragmented (Hancock, 2007). In studying South Asian immigrants, for instance, dimensions such as caste, religion, immigration pathway, linguistic affiliation, and generation status plausibly intersect with gender, race, and class. Without clear methodological guidance, efforts to incorporate all these intersections can overwhelm analysis and obscure coherent findings (Bauer et al., 2021; Christoffersen et al., 2025).

Methodological ambiguity further complicates the operationalization of intersectionality. Although intersectionality calls for the simultaneous examination of multiple social locations, it offers limited practical direction on how researchers should select which intersections are most salient for a given study population (Cho et al., 2013). This ambiguity becomes especially salient when working with diverse South Asian

communities, whose mental health experiences vary across region, language, religious background, immigration histories, and socio-economic status. Researchers must exercise careful reflexivity in selecting and prioritizing intersections, ideally informed by participants' lived experiences rather than imposed frameworks (Esposito, 2024).

A related limitation is the risk of essentialism. Despite intersectionality's goal of capturing complexity and diversity, if applied carelessly, it can inadvertently homogenize groups (Nash, 2020; Davis, 2008). Treating "South Asian immigrants" as a unified or monolithic category risks flattening important internal differences, such as those between Hindu, Muslim, Sikh, and Christian communities, or between economic immigrants and refugees. Recognizing intra-group diversity is crucial to avoiding the reproduction of reductive categorizations that intersectionality itself seeks to challenge (Bauer et al., 2021).

Finally, intersectionality's theoretical origins in Western feminist and critical race traditions raise epistemological tensions when applied to postcolonial immigrant populations (Thomas, 2020; Savaş & Dutt, 2023). While intersectionality offers important insights into structural inequality, it may insufficiently capture the historical and geopolitical specificities that shape immigrant experiences, particularly those tied to colonialism, empire, and global migration flows (Bhambra, 2014). For South Asian immigrants, whose experiences are deeply intertwined with the histories of British colonialism, partition, and forced displacement (Satia, 2019), a solely intersectional analysis may risk overlooking the broader structures of colonial violence that continue to shape contemporary realities.

Thus, while intersectionality provides a vital foundation for understanding the mental health experiences of South Asian immigrants, its application must be expanded and refined. Addressing issues of theoretical overload, methodological ambiguity, intra-group diversity, and colonial epistemologies is necessary to strengthen intersectionality's critical potential. To move toward more inclusive immigrant mental health research, intersectionality must be integrated with reflexive practices, qualitative methodologies, and decolonial frameworks (Christoffersen et al., 2025; Savaş & Dutt, 2023).

Expanding Intersectionality

While intersectionality offers a critical framework for examining multiple systems of oppression, its potential can be strengthened by integrating reflexive, qualitative, and decolonial approaches. These extensions allow for a more

situated and ethically grounded analysis of immigrant mental health, particularly when working with racialized and postcolonial populations such as South Asian immigrants in Canada.

Qualitative inquiry provides one pathway to operationalize intersectionality without fragmenting analysis (Abrams et al., 2020; Bauer et al., 2021). Rather than predefining which identities are most salient, qualitative methods allow participants to articulate how their experiences of race, gender, migration, and class intersect in their own terms (Clandinin & Connelly, 2000; Abrams et al., 2020). In immigrant mental health research, qualitative data highlights the ways individuals make sense of mental health within broader cultural and historical contexts, offering insights that may be obscured by category driven frameworks. By privileging participant experiences, researchers can avoid imposing static identity labels and better capture the fluid nature of intersecting oppressions (Riessman, 2008; Bauer et al., 2021).

Reflexivity is also essential in expanding intersectional analyses. Researchers must continually interrogate their own positionalities, epistemological assumptions, and methodological choices throughout the research process (Braun & Clarke, 2022; Pillow, 2003). In immigrant health research, reflexivity requires acknowledging the colonial histories that structure researcher-participant relationships and the ways academic knowledge production can reproduce marginalization (Bhakuni & Abimbola, 2021; Abimbola et al., 2024). Explicit attention to reflexivity enhances analytical transparency and mitigates the risks of speaking for or over marginalized communities (Fine et al., 2004).

Further, decolonial and pluriverse frameworks can deepen intersectional analyses by challenging the Eurocentric assumptions embedded within mental health discourses (De Sousa Santos, 2015; Beresford & Rose, 2023; Savaş & Dutt, 2023). Decolonial theory insists on recognizing multiple ways of knowing and being, rather than subordinating non-Western epistemologies to Western standards of validity (Mignolo, 2007; Smith, 2012; Santos, 2014). For South Asian immigrants, this means valuing indigenous understandings of mental health, such as collective healing practices, intergenerational resilience, and the spiritual dimensions of well-being, that are often marginalized within western systems (Fernando, 2020).

A pluriverse approach, as outlined by Escobar (2018) also resists the homogenization of immigrant experiences. Instead of seeking a single, universal narrative of immigrant mental

health, it supports the coexistence of diverse experiences shaped by distinct historical, cultural, and socio-political contexts (García-Ramírez et al., 2022; Escobar, 2018). For example, the mental health experiences of Tamil refugees from Sri Lanka may differ substantially from those of Punjabi economic immigrants from India, despite both groups being categorized under "South Asian immigrants." Recognizing these differences requires moving beyond intersectionality's tendency to cluster identities and embracing more flexible, participant driven models of analysis.

Together, qualitative inquiry, reflexivity, and decolonial methodologies enhance intersectionality's capacity to analyze immigrant mental health critically and ethically. They move research beyond mapping multiple oppressions, toward centering marginalized knowledge, amplifying agency, and advocating for systemic transformation. For population health scholarship, this expanded intersectional approach offers a pathway toward more equitable and culturally responsive mental health systems that better serve diverse immigrant communities.

Strengths and Limitations

This study offers several conceptual strengths. By synthesizing literature across intersectionality, immigrant mental health, and decolonial theory, the paper advances a multidimensional understanding of how structural forces shape mental health outcomes among racialized and immigrant populations. Its analytical integration of qualitative inquiry, reflexivity, and decolonial epistemologies provides a theoretically robust and methodological extension of intersectionality. The paper also contributes a nuanced critique of Western biomedical dominance and demonstrates how expanded frameworks can better capture the lived realities of South Asian and other immigrant communities.

The study also has limitations. As a theoretical and conceptual paper, it does not present empirical data, which restricts the ability to illustrate expanded intersectional methods through primary participant experiences. The focus on South Asian immigrants as an illustrative example, while analytically useful, may limit the generalizability of some arguments to other immigrant groups shaped by different geopolitical, historical, or cultural trajectories. Additionally, the reliance on existing peer-reviewed literature means the analysis is constrained by the epistemic boundaries, omissions, and biases present in the current research landscape. Despite these limitations,

the study lays important groundwork for future empirical applications.

Practical and social value

This study holds practical and social relevance for global mental health research, policy, and practice. By interrogating how intersectionality is currently operationalized, and where it falls short, the paper offers guidance for researchers seeking to apply the framework with greater methodological rigor and cultural sensitivity. For practitioners and service providers, the expanded intersectional model highlights the need to move beyond individualizing or culturally reductionist interpretations of immigrant mental health, advocating instead for relational, community rooted approaches.

At the policy level, the study underscores how mental health disparities among immigrants cannot be addressed without confronting systemic racism, exclusionary immigration regimes, and colonial legacies embedded within health systems. The incorporation of qualitative, reflexive, and decolonial tools provides a pathway toward designing more equitable and materially grounded mental health interventions that recognize the complexity of immigrant experiences.

Conclusion

This paper evaluated the applicability of intersectionality within immigrant mental health research and demonstrated how its strengths are accompanied by conceptual and methodological tensions. While intersectionality remains essential for understanding the overlapping systems that shape immigrant mental health, its potential is limited when applied through narrow, additive, or Western centric frameworks. By integrating qualitative inquiry, reflexivity, and decolonial approaches, the paper proposes an expanded intersectional model capable of capturing plural ways of knowing, honoring lived experiences, and addressing structural inequities.

Future research may empirically apply this expanded framework across diverse immigrant populations, examine how experiences reflect geopolitical histories, and explore how decolonial and pluriversal methodologies can be operationalized within mental health studies.

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Conflict of interest

The author declares no conflicts of interest.

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