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The POSITIONALITY Project

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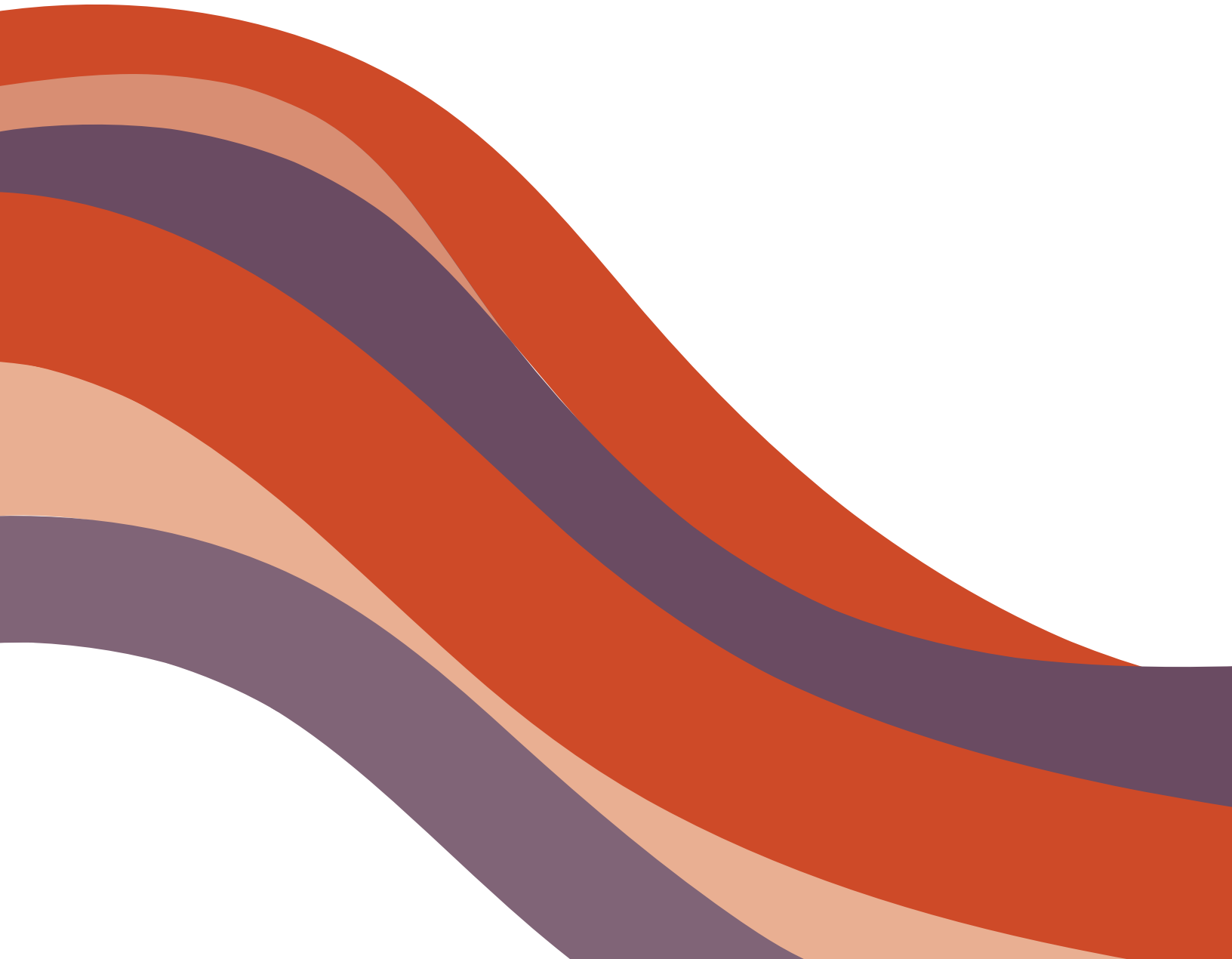

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About the Positionality Project

The Positionality Project at the South Southwest Mental Health Technology Transfer Center (MHTTC) aims to provide resources for the mental health workforce in Region 6 to understand positionality and how it shapes their work. For mental health providers, it is the hope that such understanding can improve quality of care by identifying how social positions impact relationships, systems, and culturally-responsive care. For researchers and advocates, positionality can help identify limitations of our work and expand representation and inclusion within it. Positionality statements may be a first step for improved community partnership and partnership across difference, as individuals build understanding of their biases, privileges, and insider or outsider status.

This booklet includes foundational information for the mental health provider to understand positionality. It provides a metaphor to understand positionality,explores how positionality can be used in mental health and a hypothetical example, and shares guiding questions for developing a positionality statement. A glossary of terms is provided at the end of the booklet. We hope that the booklet provides an introduction to this critical topic and inspires further learning.

Additional learning resources, including writing, videos, and podcasts, can be found on the Positionality Project page on the South Southwest MHTTC website at [mhttcnetwork.org/centers/south-southwest-mhttc/positionality-project.](mhttcnetwork.org/centers/south-southwest-mhttc/positionality-project)

Please email southsouthwest@mhttcnetwork.org if you have any questions.about the Positionality Project.

About the Authors

Grace Cruse, BA (she/they) | Texas Institute for Excellence in Mental Health
I am a white, pansexual woman with living experiences of mental health conditions. My living experiences inspire my passion for mental health awareness and advocacy. I believe that positionality in mental health is important because we can use it as a tool to center lived experiences in care and research and advocate for better representation, inclusion, and equity in mental health spheres. I am excited to serve on the Positionality Project as both an author and designer of this brochure.

Margaret Duvall, MA (any pronouns) | University of California, Davis English Department PhD Candidate
As someone who holds a position of relative privilege in the United States–white, able-bodied, middle-class citizen with access to upward mobility through education–I work on analyzing ways that white supremacy culture shapes knowledge and discipline in the US. Although I identify as queer and gender fluid, I am generally able to keep these aspects of myself private until it is safe to share them. I believe an honest reckoning with position and privilege not only creates more just research but fosters humility and solidarity across difference.

Oladunni Oluwoye, PhD (she/her) | Elson S. Floyd College of Medicine at Washington State University
My positionality is shaped by experiences of marginalization as a Black woman and the privilege associated with having a PhD. It is through my own family's experiences and that of being a Black person in the U.S that informs how I navigate life which includes my work. Work focused on shedding light and addressing inequities. But it is the lived experiences and stories from others that are shared with me that provide me with a better understanding.

Eleanor Longden, PhD (she/her) | Greater Manchester Mental Health NHS Foundation Trust
I am a white, cis, college-educated woman whose work is strongly influenced by my lived experience of trauma and psychosis. Positionality has been an important means for me to reflect on my own perceptions and privileges, and I believe it has an invaluable role in helping foster more cooperative, collaborative, and person-centred approaches within mental healthcare. Given the impact of solidarity and inclusivity within my personal recovery journey, it has been an honour to collaborate on a project which is seeking to make these frameworks more broadly applicable and accessible across different communities in the future.

Samantha J. Reznik, PhD (she/her) | Texas Institute for Excellence in Mental Health
As a white, cis Woman with a PhD, I am a person with predominantly privileged social positions whose work focuses on individuals who have more marginalized social positions. I am alert to the potential for harm in my doing this work and reflection on my positionality is critical for me to mitigate such potential harms. My family's multigenerational legacy of trauma motivates a passion for social justice, and positionality has helped me to collaborate across difference and center lived experience and marginalized perspectives to advance equity. I was honored to coordinate this project.

Mx. Yaffa, AS (they/she) | Muslim Alliance for Sexual and Gender Diversity and Meraj Consulting
As a trans, Muslim, autistic, Indigenous Palestinian, mental health care, equity, and justice are deeply rooted in my survival. Positionality is a critical and essential framework that supports building equity into every sphere.

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What is Positionality?

Positionality refers to the social positions we hold in our society that influence how we interact with the world. Social positions, such as race, ethnicity, class, gender, socioeconomic status, political affiliation, educational attainment, (dis)ability, nationality, and sexual orientation, hold meaning in our society because of cultural and historical contexts that have attached certain advantages and disadvantages to these characteristics. Social positions, however, are different from identity. Social positions are socially-constructed by the world around us and may not always reflect our true identities. For example, even if we are disabled, the world may perceive us as able-bodied.

Positionality influences our perception of the world, how we engage with others, and how others interact with us, regardless of whether or not we identify our positions. Understanding positionality requires a critical reflection of our positions and how or why these characteristics afford us certain privileges, power, or disadvantages. Reflection on positionality is meant to be an iterative, constant process. Our positions change over time, so we must continuously reflect on our positions and how they interact with our environment. Beyond the practice of continual reflection and re-examination of our positions, biases, and limitations, what we learn about ourselves and its relation to our work must be translated into action. Positionality without action is simply reflection.

Choosing to work towards uplifting all perspectives, diversifying our work, and advocating for equity is true positionality. Embracing differences allows us to strengthen the integrity of our work through more robust study and improved idea creation, collaboration, and production, as well as promote equity in research, mental health services, and our culture. One of the ultimate goals of this work is to transform systems so that barriers preventing individuals from thriving are removed. Positionality is one of the first steps towards justice.

Positionality influences our perception of the world, how we engage with others, and how others interact with us.

The Garden of Positionality Metaphor

The **Garden of Positionality** is meant to serve as a metaphor to bolster your understanding of positionality. We use this metaphor as a tool for understanding the complex topic of positionality by comparing it with the more familiar concept of a garden. However, using a metaphor reduces complexity, and may only serve as a starting point in understanding of positionality. We caution against extending the metaphor beyond the elements in the diagram, and recognize the limitations of metaphor in diversity. We do not hold specific knowledge of plant science and are alluding only to an elementary understanding of a garden.

In particular, we recognize that choosing a metaphor that includes naturally occurring phenomena, may imply that our social positions are also naturally occurring. However, we do not support biological determinism, as social positions are not natural phenomena. We hope to raise broader questions, such as: Who are the gardeners? How might the construction of the garden dictate the way certain flowers flourish or struggle? Who benefits (and who does not) from the ways that we are currently gardening? How can we use resources differently to help everyone be celebrated? We encourage the reader to identify their own garden (e.g., mental health services, education, research).

The interactive graphic below allows you to learn about the different components of this metaphor. Please click each “i” to show more information.

Positionality in Mental Health

Acknowledging positionality in mental health is vital for several reasons. Reflecting on our positionality as mental health providers and researchers allows us to examine ways in which we ourselves, through our array of positions, are influenced by larger systems. As a result of these systems, we may hold certain biases or have experiences that shape the care we provide. Reflecting on our positionality provides the space needed to examine how our own positions affect our ability to provide thoughtful care or research, show up with our clients, and affect our ability to provide personalized and tailored care. Examining our positionality and taking steps to recognize our limitations, diversify our research and practices, and advocate for equity can help us to be better providers and researchers, strengthen our practice, and provide the best care possible for those accessing mental health services.

Positionality helps mental health professionals and caregivers provide more effective and culturally-competent care. By recognizing and valuing diverse experiences and positions, practitioners can tailor treatment plans to meet the specific needs and challenges faced by different individuals or communities. Providers can also recognize the influence of their own positions and biases in their work. This approach increases the likelihood of positive outcomes and reduces the risk of misdiagnosis or inappropriate treatment.

Moreover, considering positionality contributes to breaking down the stigma associated with mental health within marginalized communities. Historically, certain groups have faced discrimination and mistreatment in mental health settings, leading to mistrust and avoidance of seeking help. By incorporating cultural sensitivity and understanding, mental health services can become more inclusive and welcoming, encouraging individuals from all backgrounds to access the support they need without fear of judgment or prejudice.

Embracing positionality in mental health research helps us to identify gaps in our work and leads to a more comprehensive and nuanced understanding of mental health issues. Studies that include diverse samples and perspectives generate insights into how mental health is experienced and perceived across various populations. This knowledge can help refine existing theories and models, enhancing the overall effectiveness of mental health interventions. Diverse representation on research teams and including individuals with lived and marginalized experiences improves the ability of our research to ask the right questions and study the right outcomes for these communities.

Embracing positionality is a significant step towards building a more equitable and compassionate mental health landscape.

Recognizing positionality in mental health is crucial for fostering culturally competent and inclusive research and mental health services. By understanding and appreciating the unique experiences and backgrounds of individuals seeking support, mental health professionals can provide more effective care, reduce disparities, and promote mental well-being for all.

Applying Positionality

**See Developing Your Own Positionality Statement on the next page*

Positionality in Action

Reflecting on our positions–including the privileges or disadvantages we have experienced as a result of them–is a foundational aspect of positionality. However, positionality also requires going beyond reflection. We must take actions to diversify and expand our knowledge, promote equity, and advocate for change within unjust mental health systems. How can you implement positionality? Let's consider the example of Dr. Anne.

Dr. Anne is a researcher studying access to treatment for psychosis in urban areas. As a graduate student in the mid '90s she felt alienated from "hard sciences" because the field was male dominated, so she identifies strongly as a woman in STEM and has volunteered her time building a professional organization for young women scholars. She is taken aback when a graduate student researcher points out some gaps in her analysis: her research focuses primarily on Black women but does not explicitly theorize race, erases trans and gender-nonconforming experiences, and only cites and references white male researchers. The student wants to include qualitative data to supplement and develop the research program to make it more reflective and useful to participants.

Upon reflection and reading, Dr. Anne realizes that growing up white and middle class in the rural Midwest, she was taught that it is rude to speak about or acknowledge race. She also feels afraid of being seen as "feminine" or "soft" in a research setting by including qualitative data and is concerned about losing power and ability to affect change if she produces less "objective" data. Because she lacks confidence in qualitative methods, she fears making an embarrassing misstep.

What can Dr. Anne do?

- Find and contact other researchers with qualitative expertise and think about how to begin collaborative research
- Read a wider variety of journals that prioritize publishing diverse voices and methods
- Learn about the history of exclusion in her particular field (psychology)
- Start a reading group in her department or lab
- Learn from community organizations
- Narrow the focus of her research to make it more specific to the experiences and concerns of those directly implicated by engaging with community to make it more specific
- Connect with a community network or group that is looking for quantitative expertise or support and offer her skills
- Recognize that positionality is a lifelong process and that making mistakes and learning to accept critique will create more effective and powerful research in the long term
- Have a discussion with the student and be open to learning from their expertise
- Get creative!

Developing Your Own Positionality Statement

There is not one correct way to apply positionality, so learning about positionality may feel overwhelming. One way to start learning about positionality can be to develop your own positionality statement. A positionality statement is a product that authentically and transparently shares one's social positions and how they have impacted their current work. Although often produced in written format, such as the examples at the beginning of this brochure, they can include visual art, film, or other media. They can be developed in individual or group settings and change over time and in context. Below, we provide possible guiding questions for developing a positionality statement. These questions are not intended to produce a standardized process or answer, but rather spark a genuine process of exploration and learning.

1. What social positions do you hold? What parts of your identity are important to you? Think about these various levels: society, workplace, and home.

2. Reflect on what ways your life and experiences have informed aspects of your positionality.

3. How do each of these aspects relate to privilege or marginalization?

4. In what ways do these positions and experiences inform your interactions with others (e.g., peers, co-workers, participants, clients)?
Do you share (or not share) any positions (culture, class, gender, age, religion, sexual orientation, lived or living experiences, contexts, worldview, perspectives, etc.) with the individuals in these settings?

5. How has your positionality been consequential to the work you do in mental health?
Think about what led you to work in your current space.
How has this work and these spaces changed you?
How does it inform the methods, practices, or tools you use?
What are your areas of expertise and areas of non-expertise? In other words, where should you defer to others? Is there anywhere you have overstepped?

Glossary

The following are a collection of foundational terms related to the concept of positionality.

Bias: The tendency to view certain ideas, things, beliefs, individuals, groups, or cultures in an unfair (i.e., overly positive or negative) and unproven way. Biases can be conscious (explicit) or subconscious (implicit). Our biases influence our thoughts, attitudes, and actions, whether we are aware of them or not. Biases are typically learned and can be institutionalized through policy and practice. Reflecting on positionality can help us become aware of some of our unconscious biases.

Biological Determinism: Biological determinism holds that human behavior is primarily controlled by an individual's genes and evolutionary history–In other words, our actions are determined by our biology. This view is historically tied to overt racism, ableism, and sexism, as early proponents of this idea believed in the inherent biological inferiority of women, disabled people, and people of color and the inheritability of undesirable personality traits. Today, researchers in various fields tend to fall somewhere on the spectrum between biological determinism and social constructionism, sometimes referred to as "nature vs. nurture." Positionality is a practice that leans more toward the social constructionist side of the spectrum because it recognizes the way institutions, culture, and power profoundly affect behavior.

Discrimination: Unjust or prejudicial treatment of individuals or groups of people based on certain characteristics or social positions. Discrimination can take place on both an individual and institutional level. Discrimination often occurs on the basis of a person's positionality.

Diversity: The practice of embracing the wide range of human differences, such as differences in gender, age, ability, language, and culture. Diversity involves recognizing that differences lead to greater openness, improved creativity, increased empathy, and stronger communities. Positionality may help us see where diversity is and is not present in our lives as we become more aware of the value in difference.

Equality: Each individual or group is provided identical resources or treatment, without consideration of differences in circumstance or need. In equality, positionality would not be considered.

Equity: Equity is when each individual or group is provided with the resources or opportunities needed to reach equal outcomes. Equity involves recognizing the unique circumstances that differentially impact someone's ability to thrive and seeks to address these barriers with tailored interventions. When social systems are unfair, equity can be a potential solution. We can use positionality to promote equity.

Identity: Identity refers to the subjective feelings and beliefs we use to categorize ourselves. Our identity differs from our social positions—our social positions reflect social constructions, whereas our identity reflects our personal sense of ourselves. Our social positions and our identity may not align. For example, we may identify as disabled, yet the world may perceive us as able-bodied.

Inclusivity: Inclusivity involves valuing and respecting each person for their unique experiences, skills, perspectives, differences, and identities. Inclusivity includes creating welcoming environments that acknowledge that each individual has something valuable to contribute. We can use positionality to reflect on inclusion within our workplace and other social spheres and take actions to ensure that people of different positionalities are represented.

Institutions: Institutions refer to the larger social systems that implement policies, practices, and programs that dictate people's realities, enforce norms, and oversee access to resources and opportunities. Examples of institutions include education, healthcare, workplace, churches/places of worship, finance, legal, etc. Our positionality influences the way we interact with institutions as well as how institutions interact with us.

Intersectionality: Intersectionality is the concept that one's social positions and identities intersect across multiple and often simultaneous levels to create a complex convergence of oppression. Social positions do not exist independently of each other; rather, each position interacts with the other to create a unique experience of oppression and privilege. Individuals can hold positions that intersect to create privilege and oppression at the same time. Intersectionality is an important component of positionality because it provides us with the framework needed to reflect on how our positions influence our relative privileges and oppressions.

Justice: The fair treatment of individuals and equitable distribution of resources and opportunities. Justice involves fixing imbalanced social systems in a way that prioritizes equity and sustainability. Justice refers to the eradication of unjust social systems by removing barriers to resources and opportunities. Positionality allows us to reflect on our role in dismantling unjust systems and promoting a world free from barriers to mental healthcare.

Lived Experience: Lived experience refers to the knowledge gained through direct experience with a social or (mental) health condition, as well as involvement in the services or systems aimed to address those issues. These lived experiences also frequently involve marginalization. Because people with lived mental health experience are the experts on their own recovery, we can use positionality to be cognizant of when it would be more appropriate for us to step back, listen, and allow people with lived experience to direct mental health systems, research, policies, and practices.

Marginalization: Marginalization refers to the process by which certain individuals or groups, based on their social positions, are relegated to the outer fringes of society. When an individual or group becomes marginalized, their access to resources, power, opportunities, civil rights, and safety is denied or severely limited. Marginalization can occur through prejudiced attitudes and discriminatory behaviors, policies, and practices within institutions. Positionality allows us to recognize our marginalized social positions while advocating for others with our privileged social positions.

Power: Power is a complex and abstract force that is dispersed through our lives, and we all access it in different ways. Sometimes, individuals or groups of people hold power–through institutional position, financial ability, or social markers–and use it to influence or control others through discipline. Other times, power can be built through solidarity and can be a generative and creative force. Power is neither good nor bad. However, mapping and understanding how and where power flows through social organizations or institutions can help us see where it needs to be redistributed and how our social positions influence our access to this resource.

Privilege: Privilege refers to an advantage that someone has as a result of a particular social position. Social positions that are often privileged in the United States include being white, cisgender, high socioeconomic status, able-bodied, and high education levels. A person may hold both privileged and marginalized social positions. Reflecting on one's positionality is important to recognizing one's privilege. These privileges may lead to unearned advantages on individual or systemic levels that are important to reflect on within mental health. ("2021 Equity Challenge Day 3: What is Privilege?," n.d., para. 1-2).

Social Constructionism: Social constructionism is a wide field of theory that focuses on the way culture, language, and history shape human behavior and categorization. Characteristics like gender, race, ability, and sexuality are seen more subjectively in social constructionism, as concepts that humans construct through language and change depending on time, culture, and place. For example, proponents of this view might point to the way racial categories in the US have changed over the past 500 years. This view is in direct contrast with biological determinism. Positionality sees categories as primarily socially constructed, but believes these categories can have real, material effects on an individual's body and mind.

Social Determinants of (Mental) Health: Social determinants of health (SDOH) are the conditions of the environments around us that may influence our long-term health or mental health outcomes. There are often five categories identified as SDOH: economic stability, education access and quality, health care access and quality, neighborhood and built environment, and social and community context ("Social Determinants of Health at CDC," n.d.) SDOH are critically important to consider in mental health research, policy, and service delivery. Positionality influences SDOH and our experiences of SDOH.

Social Position: The location in which an individual is situated within a social system or hierarchy. Social positions can include ascribed characteristics, such as race, ethnicity, and age, as well as achieved characteristics like education level, occupation, or income. In a hierarchical society, a person's social positions influence their access to hold power. Positionality refers to one's social positions.

Solidarity: Solidarity refers to forming collaborative relationships across social positions to address systemic oppression. Solidarity often includes understanding how different forms of oppression influence different social positions and the intersections between these forms of oppression; addressing systemic oppression requires solidarity across social positions.

Systemic Oppression: Systemic oppression includes marginalization or discrimination based on an individual's social positions. Systemic oppression can occur at institutional or structural levels. Institutional levels refer to mental health policies or practices at a particular organization, whereas structural oppression includes mental health systems across institutions or historical mental health systems. It is critical to understand how positionality relates to systemic oppression. ("The Lens of Systemic Oppression," n.d., para. 4). (Visit https://www.nationalequityproject.org/frameworks/lens-of-systemic-oppression for visual explanation.)

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