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Navigating Criticisms of Intersectional Approaches: Reclaiming Intersectionality for Global Social Justice and Well-Being

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ABSTRACT

As the use of intersectionality continues to increase in psychology, so do the critiques and extensions of it. Scholars and practitioners who want to integrate intersectionality need to navigate these critiques to maximize its effectiveness and minimize its potential pitfalls. We examine critiques and extensions of intersectionality, particularly as they apply to mental health theory and practice. We focus on two particular cases, namely assemblage theory and decolonial intersectionality, to discuss ways in which extensions of intersectionality can promote a broader, more inclusive model of intersectional social justice and well-being.

KEYWORDS

Assemblage theory;
decolonial intersectionality;
global social justice;
intersectionality; well-being

In recent years, intersectionality has become a key paradigm for analyzing identity, subjectivity, and power relations within feminist scholarship. Intersectionality refers to the general idea that structures of inequality are mutually constitutive, and that subjectivity involves multiple, interrelated dimensions of experience fundamentally informed by these power structures (Crenshaw, 1989). In contrast to unidimensional conceptions of identity-based oppression, intersectional analyses situate experience within a web of power relations, including dimensions of gender, race, ethnicity, class, ability, and sexual orientation (Collins, 1990; Crenshaw, 1989; Hurtado, 1996). As an analytical and political tool, intersectionality provides means to better address the complexity of everyday life and the power relations that are central to it (Collins, 1990).

Although intersectionality has been labeled feminism's "success story" (Davis, 2008, p. 67), scholars have suggested that it might fall short of its transformative potential (cf. Patil, 2013). Below, we review some critiques and extensions of intersectionality and examine their usefulness for mental

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health contexts. We then discuss strategies for using these critiques and extensions to promote a broader, more inclusive model of intersectional social justice and well-being.

Current Applications of Intersectionality to Mental Health

To contextualize this discussion of critiques and extensions, we begin by emphasizing that mental health contexts have not always thoroughly engaged an intersectional lens. The prevalent approach to intersectionality within the mental health literature focuses on multiple identity categories without sufficient attention to power inequities (Adames, Chaves-Dueñas, Sharma, & La Roche, 2018; Bartoli, Bentley-Edwards, García, Michael, & Ervin, 2015; Mizock & Russinova, 2015). One reason for this tendency concerns reluctance among therapists to address multiple marginalized identities. As an example, Adames and colleagues (2018) described an AfroLatinx queer immigrant's experience of therapy. In this case study, the client's experience of alienation upon immigrating to the United States prompted the therapist to affirm his subjective experience as an ethnic, racial, queer, and immigrant individual. However, the therapist avoided discussing structures of inequality (e.g., nativism, racism, and heterocentrism) out of concern that doing so might undermine therapeutic rapport. Another reason for limited attention to power dynamics within therapeutic contexts might be due to the fact that much of the effort within therapy relies on individual client and therapist dyads or small groups (e.g., a family), as opposed to efforts toward change at an institutional or societal level (Grzanka & Miles, 2016).

As critics have noted, the pervasive approach to intersectionality within mental health contexts reifies "identity" and valorizes "social difference" in ways that essentialize gender, race, nationality, and sexual orientation (Bartoli et al., 2015). In other words, this approach often leads to unidimensional conceptions of "minority" experience and fails to shift the mental health discourse from an examination of multicultural diversity to a commitment for social justice (Mizock & Russinova, 2015).

In response to these concerns, scholars have suggested that mental health practitioners need to pay attention to political contradictions that shape therapeutic exchange (Watts-Jones, 2010) and provide space for dialogue about power structures in and outside therapy (Adames, Chavez-Dueñas, Sharma, & La Roche, 2018; Case, 2015). Therapists need to increase being "*comfortable with uncomfortable content*" (Adames et al., 2018, p. 77) so that clients can process the role of systemic inequality in their lives and develop skills to avoid internalizing oppression. This approach can reduce self-blame and encourage clients to consider possibilities for intersectional

activism and empowerment (Adames et al., 2018). An intersectional perspective that acknowledges multiple marginalized identities and intersecting forms of oppression can allow therapists to improve their understanding of clients' subjective experience and develop effective therapeutic alliance (Case, 2015). In particular, Case (2015) found that reflecting on the intersections of Eurocentric assumptions and White middle class norms (a) facilitated White counseling trainees' understanding of and empathy with their clients, (b) reduced reliance on social stereotypes, and (c) assisted therapists in the use of more culturally relevant therapeutic approaches.

To summarize, an intersectional approach to mental health is still relatively recent (Bartoli et al., 2015). Moreover, mental health practitioners tend to focus on identity categories without sufficient attention to systemic inequality. Even in cases where practitioners address systemic inequality, much of mental health practice remains focused on individual well-being rather than institutional transformation. It is within this context of mental health practitioners' limited engagement with intersectionality that we turn to our discussion of critiques and extensions of intersectionality.

Critiques and Extensions of Intersectionality

Despite significant contributions, intersectionality has generated much scholarly controversy and contestation (Collins & Bilge, 2016; May, 2015). While some critiques may reveal shortcomings, they can also signal resistance against intersectionality's call to dismantle systems of oppression, and they serve to reassert dominant worldviews (Carbado, Crenshaw, Mays, & Tomlinson, 2013; May, 2015). Some scholars (e.g., Collins & Bilge, 2016; May, 2015) described the sheer number of critiques as so pervasive that they signal a backlash against intersectionality's call to dismantle structures of oppression. As May (2015) succinctly states, "Critique can be a vital way to engage with and further an idea, but also to disengage and flatten a concept" (p. 135). Hence, scholars must distinguish between critiques that extend versus those that limit the radical potential of intersectionality. Here, we make a distinction between *problematic* and *facilitative* critiques of intersectionality in terms of their potential contribution to mental health praxis.

Problematic Critiques and Extensions of Intersectionality

We define problematic critiques as those that limit the potential of intersectionality to challenge structures of inequality. We focus on three interrelated critiques. One problematic critique is that intersectionality undermines women and gender as a lens through which to examine

trauma, mental illness, and well-being. According to this view, intersectionality divides women and gender in ways that occlude shared experiences (Dietzche, Yekani, & Michaelis, 2018). Another critique is that intersectionality segregates subjects into ever-dividing oppressed groups (Carasthasthis, 2008), in ways that prevent disparate groups from understanding each other or working together (Dietze et al., 2018). The third critique concerns a theoretical overreliance on Women of Color as “prototypical intersectional subjects” (Nash, 2008, p. 4), rather than centering all social positions (e.g., Whites, men).

These critiques share commonalities in their problematic assumptions. First, they harken back to the illusion that, prior to intersectionality, the categories of women and gender could successfully describe shared lived experience (Collins & Bilge, 2016; May, 2015). These critiques tend to ignore that, without intersectionality, “women” and “gender” represent experiences of those in positions of power afforded by colonialism, capitalism, and the advancement of slavery (May, 2015). Moreover, these critiques devalue perspectives of Women of Color. May (2015) suggests that critiques of intersectionality can reflect colonial racism which views Black and Latinx people in the U.S. and colonized people in the Global South via a deficit model (e.g., Alarcón, 1990; Mohanty, 1991). Intersectionality, through its origins in Black, Latinx/Chicana, and other marginalized perspectives of feminist scholarship, is particularly at risk for being delegitimized as a deficit model (Alarcón, 1990). As a counter narrative, intersectionality scholars have argued that although the history, explanatory power, and potential of intersectionality for dismantling structures of inequality will always be rooted in Women of Color’s experiences, the theory has wider applications beyond these experiences (Carbado et al., 2013; Collins, 1990; May, 2015; Moradi & Grzanka, 2017). Cole (2015) argues that, rather than considering intersectionality as “owned” by a particular group of scholars, the way to honor intersectionality’s foremothers involves engaging with their work and following their political priorities.

Facilitative Critiques and Extensions of Intersectionality

In light of these concerns, what might a critique that honors rather than undermines intersectionality entail? One model to draw from is Cole’s (2015) notion of “responsible stewardship,” which involves two features: (a) acknowledging the long history of intersectionality rooted in Black, Latinx, Native American, working-class, and queer feminist scholarship and activism; and (b) applying the concepts of intersectionality theory to further domains to facilitate a more complex understanding of structural inequality (Cole, 2015; Moradi & Grzanka, 2017). We present two representative cases

of facilitative critique and extension that embody the spirit of responsible stewardship: assemblage theory and decolonial intersectionality.

Assemblage Theory

Puar (2007, 2011) presents assemblage theory as a re-reading of intersectionality. Assemblage theory considers identity not as an attribute of individuals, but rather as an event or action, whereby a multitude of factors such as historical context, geographic location, and social context contribute to the experience of “identity.” Thus, rather than orienting around identities, scholars orient around *assemblages*: patterns of affective, discursive, embodied, and material relations built around these events and actions.

Assemblage theory offers a framework for understanding that heterogeneous physical bodies (bodies that vary from one another in many different ways) become connected to one another. As an example, consider when intersections of race, class, and gender are simultaneously identified, such as labeling Donald Trump supporters as disenfranchized White working- and middle-class men who long for the post-World War II promise of cultural dominance and economic prosperity. From the standpoint of assemblage theory, bodies are “tagged” (in this case, a White working- or middle-class man) to produce an assemblage in a particular historical, cultural, and geographically-contingent moment in time. Which bodies are assembled as “White working class” at any particular moment will change based on a number of different factors, such as lawmakers’ interpretation of the term, the relative wealth of those in surrounding neighborhoods, the current national discourse on “the working class,” and so forth. In other words, Puar (2007, 2011) provides a way to talk about the fluidity of the meaning of identity categories.

Scholars who use assemblage theory do not desire to replace intersectionality, but rather to relate to it in “frictional ways” by re-envisioning intersectionality as assemblage (Palmeri & Rylander, 2016; Puar, 2011). Importantly, and consistent with responsible stewardship, Puar (2011) acknowledges that Crenshaw’s (1989) foundational work presents intersectionality as dynamic encounters with multiple influences and dynamic meanings that vary over time and place. Thus, assemblage theory is partly a critique of a popular (mis)interpretation of intersectionality as representing essentialized ideas of identity and instead offers a way to promote a stronger intersectionality. For example, assemblage avoids essentializing a category such as “queer woman” by observing that social structures, practices, and myriad other contextual factors (e.g., patriotism, geographic location, and moment in time; Palmeri & Rylander, 2016; Puar, 2007) create a shifting constellation of material and symbolic practices (i.e., the

assemblage) to constitute what it means to be a “queer woman.” Central to this analytic disposition is the understanding that all of these factors shift such that “queer assemblages constantly unfold and expand, resisting epistemological closure” (Palmeri & Rylander, 2016, p. 32). Assemblage theory acknowledges that one’s attempt to represent subjects within structures of power will always be incomplete and unfolding to some extent.

Another example of the use of assemblage in relation to women’s mental health and well-being is Chadwick’s (2017) interviews with low-income South African women on their experiences with obstetric violence (i.e., the abuse of women during childbirth). Chadwick (2017) uses assemblage as an analytic tool to expand the dominant narrative in public health literature that positions low-income South African women as passive victims and their service providers (e.g., hospital nurses) as unethical. When viewing obstetric violence as an assemblage, the focus shifts to the structural influences that produce such acts of violence. Similarly, nurses and birthing women are no longer described as possessing static identities, but rather as intersectional subjects in relation to social power. For example, hospital nurses are themselves constrained by colonial legacies to “moralize and save the sick” (Chadwick, 2017, p. 505), in which they retain a fragile middle-class status by policing birthing women in a context where nurses are overworked and under-resourced. Birthing women, positioned as immoral for being young, HIV+, and/or poor, are subject to moral judgment and physical coercion to “restore order to their unruly laboring bodies” (Chadwick, 2017, p. 502). In reaction to this positioning, some birthing women enact a “good patient” script even when experiencing severe labor pains, whereas others resist this script.

Using assemblage theory thus allows both clients and service providers to reflect on their own positions in relation to power. Using assemblage as an analytic disposition allowed Chadwick (2017) to examine the ambiguity of birthing women’s and their nurses’ agency, as neither fully coerced by nor separate from relations of power. This approach can circumvent a criticism that intersectionality can lead researchers to fall into a dualist privilege/oppression framework that pigeonholes subjects into victimization and marginality, rather than sufficiently acknowledging their power or agency (Puar, 2011).

Furthermore, Puar’s (2007) envisioning of the subject as embodied, material, and continually in transformation allowed Chadwick (2017) to recognize the embodied nature of agency that unfolded dynamically through the birthing process. Similar analytics have emerged under different names, such as “embodied intersectionality” (Mirza, 2013), which critique conceptualizations of intersectionality that view gender, race, and class and other representations simply as discursive or socially constructed

and therefore abstracted from the body. Instead, embodied intersectionality proposes that power is written on and experienced through the raced and sexed body. For example, Mirza (2013) found that in Britain, treatment of transnational Muslim women as the “Muslim woman” Other was not based on nationality or ethnicity, but instead on whether or not they engaged in embodied practices (e.g., wearing the hijab or eating halal food) that dominant British society reconfigured to depict “Muslim women”.

In summary, assemblage theory enhances our understanding of intersectional locations by revealing the multiplicity of forces that affect social power (Warner & Shields, 2018). In terms of its implications for well-being, assemblage theory can aid clients to avoid internalizing self-blame and instead contextualize their social situation within a dynamic matrix of power structures. Specifically, by exploring the constellation of material and symbolic practices that constrain or facilitate individual agency, clients can explore further avenues for activism. For example, immigrant clients could critically examine the myriad social forces that determine who is counted as “American” by examining that this category is dynamic and changes depending on historical context. Activism could then involve reclaiming these categories to include immigrants. In other words, by emphasizing that identity categories are fluid and shifting, rather than essentialized, clients can better see the path to empowerment. In addition, assemblage theory provides a lens through which therapists can think critically about their own position within different assemblages (e.g., their own positionality in relation to “American”) and therefore focus more squarely on the political contradictions that shape therapeutic exchange.

Decolonial Intersectionality

A second example of “responsible stewardship” that provides a facilitative extension comes from perspectives of *decolonial intersectionality* (Kurtiş & Adams, 2017; Salem, 2014). Prevailing discussions of intersectionality tend to focus narrowly on experience in the United States, constituting what Patil (2013) refers to as “domestic intersectionality” (p. 854). A disproportionate focus on U.S. realities within domestic intersectionality is problematic because it reflects and perpetuates ongoing tendencies of Eurocentricity, coloniality, and racial privilege in intersectional productions of knowledge (Lugones, 2007). The failure to apply an intersectional lens to majority-world experiences, i.e., the so-called developing world who represent the numerical majority of humankind (Kağıtçıbaşı, 1995), reinforces essentialist and monolithic conceptions of gender and gender-based oppression (Chowdhury, 2009).

As an example, scholars have noted that Western feminist discourses tend to homogenize (and pathologize) the experiences of women in diverse

majority-world spaces and attribute their oppression to their timeless cultural traditions (Mohanty, 1991; Narayan, 1997). For example, Western discourses portray Muslim women's expressions of "shyness" and wearing a hijab as examples of their complicity to patriarchal conservative values, rather than recognizing gendered religious agency in such practices (Mirza, 2013). Such portrayals of majority-world women as victims of their cultural traditions reflect the racially privileged location of mainstream feminist scholarship. Moreover, these discourses attribute cultural superiority to the West, enhance self-representations of Western women (Mohanty, 1991) as relatively liberated, and direct attention away from typically obscured forms of everyday oppression within Western settings (see Grabe, 2013).

As an antidote to such tendencies, Kurtiş and Adams (2017) have drawn upon perspectives in transnational feminisms (e.g., Alexander & Mohanty, 1997; Grewal & Kaplan, 2000) to propose possibilities for a *decolonial intersectionality* (Salem, 2014). Consistent with the initial articulation of intersectionality (Crenshaw, 1989), decolonial intersectionality illuminates how discourses of liberation can serve as sites of marginalization and domination by failing to attend to experiences of the majority of humanity and leaving unexamined the (neo)coloniality of social relations. Decolonial intersectionality provides several major contributions to intersectional perspectives, including (a) the inclusion of marginalized voices from majority-world settings in discussions of identity, oppression, and well-being; (b) an emphasis on the epistemological position of marginalized majority-world communities to propose a more human(e) vision of equality, justice, and well-being; and (c) an opportunity for considering privilege within Western feminist psychological science and practice. These three contributions together invite scholars to recognize and address unacknowledged racial and (neo)colonial relations.

One example of decolonial intersectionality that included and centered majority-world voices emerged in the context of a study by Kurtiş, (second author) among women in Turkish settings (Kurtiş, 2010). The primary inspiration for this work was Silencing the Self Theory (Jack, 1991) which proposes that women experience an oppressive loss of self when they enact patriarchal norms that require burdens of care, inhibition of self-expression, and sacrifice of their needs in service to others. From this perspective, an emphasis on interpersonal silence and care is a gendered phenomenon that disproportionately harms women's well-being.

A decolonial intersectional perspective led Kurtiş to re-think Silencing the Self Theory among women in majority-world settings. Without dismissing the possibility that particular relationship practices among various majority-world communities may have oppressive consequences, a decolonial intersectionality analysis encourages scholars to rethink the ways such

patterns of relationship may have benefits. Rather than a suboptimal form of relationality or as evidence of universal gender oppression, Kurtiş's research suggests an understanding of care and silence as beneficial within majority-world settings that value an interdependent cultural construction of the self. In particular, West African and East Asian cultures tend to be rooted in interdependent constructions of the self, characterized by the self as relational, inherently connected to other people, the land, and spiritual forces (Riesman, 1986). In contrast, North American dominant culture is rooted in independent experiences of the self where the self is a separate entity insulated from social contexts (e.g., Markus & Kitayama, 1991).

Kurtiş critiqued the Silencing the Self Theory as based on independent cultural assumptions that one's "voice" (i.e., verbalizing one's own needs and wants) is necessary for expressing authentic personal desires and women's well-being. For example, "voice," in the form of self-disclosure, is assumed in independent contexts to be necessary for relationship-building, and yet, self-disclosure is less often the path to sustain intimacy in interdependent cultural contexts (e.g., Adams, Anderson, & Adonu, 2004). In fact, rather than self-disclosure, silence may be a protective act, since revealing sensitive information about one's self might lead a person to be vulnerable to gossip or other relational dangers (Shaw, 2000). This perspective suggests that silence and care are not antithetical to authentic personal desires and do not necessarily pose a threat to women's well-being. In fact, they may even be expressive of personal desires and promotive of well-being. Thus, inclusion of majority-world voices and centering their epistemological positions can lead mental health practitioners to rethink the path to well-being.

Furthermore, decolonial intersectionality provides an opportunity for considering privilege within Western feminist psychological science and practice. In particular, decolonial intersectionality challenges what hegemonic discourses in psychology and mental health depict as natural standards. For example, mental health in Eurocentric contexts tend to promote growth-oriented tendencies, defined as an emphasis on uninhibited pursuit of self-expression, expansion of the authentic self, and emotional satisfaction as enhancing individual well-being (Adams, Kurtiş, Salter, & Anderson, 2012). However, these tendencies are more likely to enhance well-being in independent cultures associated with Western, Educated, Industrialized, Rich, Democratic (i.e., WEIRD; Henrich, Heine, & Norenzayan, 2010) contexts.

From this perspective, therapeutic emphasis on growth-oriented relationality is not naturally superior or inherently liberatory. Instead, it reflects and (re)produces a neoliberal individualist sense of freedom from constraint and abstraction from physical or social context (Adams et al., 2012).

Neoliberalism refers to an understanding of self and society as a “free market” of “free agents” who engage in social relations based on costs and benefits in a market economy. A key component of neoliberalism is an emphasis on the individual as disconnected from social contexts. As decolonial and feminist scholars argue, this separation is itself a product of privilege derived from colonial and patriarchal appropriation of others’ productive activity such as gendered practices of household labor and the racialized violence of slavery and colonialism (e.g., Shaw, 2000).

For example, the trend to recommend (White, middle and upper class) women in the United States to “lean in” (Sandberg, 2013) is a neoliberal approach to well-being that encourages women’s “freedom” to take individual responsibility for solving gender equity issues at work (Lakämper, 2017). This approach implicitly communicates that those who “lean in” should rely on majority-world women to engage in their household labor, such as cleaning their houses and caring for their children. Furthermore, it promotes a focus on corporate ladder-climbing rather than on challenging corporate neocolonial practices, such as sweatshop-based factory production in majority-world spaces. Thus, this form of growth-oriented relationality reflects and reproduces the marginalization of people in less privileged positions (Shaw, 2000) and may further perpetuate injustice by encouraging people to pursue personal fulfillment without recognition of their participation in ongoing domination. Furthermore, this relationality is not available to people in less privileged positions (i.e., the vast majority of humanity) and actually directs attention away from more urgent concerns of people (e.g., such as safety during war or state-level conflict) in the majority-world.

As a counterpoint, decolonial intersectionality invites developing a strong collective agenda in mental health care settings beyond individualistic conceptions of well-being concerning persons, families, and communities. Hernández-Wolfe (2011) stressed that in redressing the trauma and mental health problems that Latinx individuals experience, therapists need to engage with families and communities harmed by colonialism and not just individual clients. In this way, decolonial intersectionality encourages therapists to develop a ‘mestiza’ consciousness to understand how multiple cultures, language, discourses, sexualities and intersecting identities position persons and communities. Mental health practitioners can challenge hegemonic colonial relations by focusing on the effects of historical trauma, such as (denied) colonial histories on people’s lives, marked by civil wars, political instabilities, genocide, poverty, racism, and dominance continued through ongoing globally reproduced power imbalances. (For an in-depth example, see Ciofalo, 2018.)

Thus, a decolonial intersectionality can serve as a means to more effectively resist the extent to which scholars and practitioners in WEIRD spaces

present and prescribe their particular ways of knowing and being derived from European (American) experience as universal standards for all humanity. Instead of enabling a privileged few to better participate in the ongoing domination of the marginalized many, a decolonial approach to intersectionality can help formulate new models of social relations that more adequately serve the well-being of the majority of humanity (Kurtiş & Adams, 2015, 2017).

Reclaiming Intersectionality for Global Social Justice and Well-Being

Intersectionality has radically transformed understandings of women's experience (Carbado et al., 2013), and it has also generated critiques (May, 2015). We examined various critiques and facilitative extensions of intersectionality and, in particular, highlighted perspectives of assemblage theory and decolonial intersectionality. In this concluding section, we explain the utility of facilitative critiques for mental health practitioners.

Assemblage theory provides a reframing of identities that can direct mental health practitioners' attention to intersecting power inequities and a commitment to social justice, as opposed to a narrow focus on "social difference." Assemblage theory shifts attention to intersecting power differences by relocating questions about identity from the interior psychoanalytical subject to the level of populations (Liu, 2017; Puar, 2011). This reframing is helpful for therapists who are hesitant to address structures of inequality with clients for it reconceptualizes concepts initially depicted as originating within one's subjective experience, such as affect, as operating across social groups. As an example, Liu (2017) explains that shame about gender and sexual identity goes beyond one's internal experience, but rather gets projected onto those further marginalized by their positionality. In particular, Liu (2017) highlights that public discourse in the U.S. has transformed White, cisgender, gay and lesbian individuals to the normalized population and has displaced shame and shamefulness onto transgender People of Color. This view of shame encourages a social justice orientation to concepts typically framed as inner feelings in therapeutic exchanges.

In addition, assemblage theory helps clients process the role of systemic inequality in their lives by shifting from questions of representation to a focus on bodies and matter as they entwine with representation. This means that while gender and race are social constructions, we cannot ignore the fact that bodies inform this social construction. For example, Puar (2012) problematizes the privileging of the White upwardly-mobile gay male in the "It Gets Better" campaign against LGBT youth suicide. She does so by including an analysis of neoliberal narratives of "recovery,"

which produce sexual and racial pathologization of “unproductive” (p. 154) queer person-of-color bodies incapable of fully recuperating. She observes that these unproductive bodies fall victim to an endlessly expanding recovery (e.g., as evidenced by the role of compounding medical care expenses on bankruptcy). Thus, medical actions taken toward bodies, coupled with this representation of recovery, ultimately serve capitalist goals of profitability and contribute to inequality. This framing can reduce clients’ internalized oppression by changing the narrative from blaming individuals to recognizing that systems of inequality dictate conditions for recovery.

Decolonial intersectionality also has the potential to transform well-being and mental health by encouraging rethinking of hegemonic accounts. First, a decolonial intersectionality acknowledges multiple ways of being human and illuminates alternative conceptions that promote more sustainable well-being for global humanity. To attain this more global vision, a decolonial intersectional approach draws upon majority-world spaces for insights about alternative forms of human experience, including alternative understandings and resources for mental health that are typically absent from mainstream accounts. As an example, within cultural ecologies of interdependence that are prevalent in numerous majority-world spaces, the experience of well-being depends not on the uninhibited pursuit of self-expression and personal satisfaction, but instead on attunement of self to physical and social context (Kitayama, Karasawa, Curhan, Ryff, & Markus, 2010). Moreover, maintenance-oriented approaches to relationships such as an emphasis on silence and care within these ecologies are not necessary threats to well-being. Instead, silence and care constitute healthy adaptations within interdependent cultural contexts. Scholars and practitioners of mental health can learn from and emulate these alternative models of relationality and well-being that prevail across various majority-world spaces. For example, therapeutic efforts could include reflecting on the important role of silence in facilitating well-being, particularly in contexts where the self is understood to be relational, inherently connected to other people, the land, and spiritual forces.

Second, decolonial intersectionality challenges neoliberal models of well-being that inform mainstream psychological science and practice. Neoliberal models of well-being might enable a well-positioned minority of humanity to better function within existing power structures. However, these models emerged and persist in the context of colonial relations and hence tend to perpetuate systems of oppression and undermine sustainable well-being for the majority of humanity (Freire, 1970/1993; Mohanty, 1991). Practitioners that work with individuals in majority-world spaces should reflect on how their practices reflect and reproduce ideologies of neoliberal individualism and its associated history of racial and colonial

violence (Becker & Marecek, 2008). However, even practitioners who work primarily with the over-privileged minority in WEIRD contexts need to consider that their practice can have consequences for those in majority world spaces, particularly in terms of therapeutic advice that advances neo-liberal ideas of personal growth and fulfillment.

In conclusion, our exploration of critiques and extensions of intersectionality seeks to reaffirm intersectionality's continued core goal as a social justice movement to deconstruct and redistribute social power and resources (Carbado et al., 2013; Collins & Bilge, 2016; Moradi & Grzanka, 2017). Carbado and colleagues (2013), in their discussion of the substantial traveling of intersectionality within and across disciplines, call for scholars to consider current engagement with intersectionality not as evidence of the theory's end, but as a starting point. We take up this call by examining the "uncharted terrains" (p. 312) of intersectionality so as to reclaim it for women's well-being and global social justice.

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