

Critical Race Theory as Theoretical Framework and Analysis Tool for Population Health Research

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Abstract:

In population health research, it is important to consider socioecological perspectives that include cultural attitudes and beliefs which permeate all levels (intrapersonal, interpersonal, institutional/community, and structural/policy). Given the specificity of target populations centered on identity – ethnic and others – it is appropriate and warranted to centralize cultural studies theories into health determinant investigations. Cultural studies, which focus explicitly on identity exploration and impacts, have much to contribute to health research. In accordance with the transdisciplinary nature of population health and bearing in mind the significant role of ethnic identity in health outcomes, it is beneficial to utilize critical race theory (CRT) as a theoretical framework and analysis tool for population health research. This article will: (1) briefly overview a recent mental health study employing CRT, and a commentary that emphasizes how CRT can contribute to the sociology of mental health; and (2) propose ways CRT can be used in psychosocial health research.

Keywords: Anti-racism | Population health | Racism | Critical Race Theory | Health Research

Article:

Introduction

Research starts with philosophical assumptions and investigators' worldviews, paradigms, or sets of beliefs that inform the way studies are carried out. Interpretive and theoretical frameworks further shape investigations. These three elements (assumptions, worldviews, and frameworks) frequently overlap and support each other. Each interpretive community (e.g., the postmodern perspective, feminist theory, queer theory, disability theory, critical theory, and critical race theory (CRT)) has a disparate body of literature and distinct issues.

Interpretive views offer a perspective from which to engage all facets of qualitative investigations. Participants in interpretive projects may represent marginalized or underrepresented groups, whether in regard to race, sexuality, gender, or class (Ladson-Billings

and Donnor 2005), or some intersection of these. The problems examined reflect particular topics or issues: the circumstances that serve to exclude and disadvantage cultures or groups, such as racism, homonegativity, heterosexism, inequities, identity, hegemony, or unequal power relations in our society, as well as the outcomes resulting from these root problems, like disparities in morbidity and mortality. Critical theory, a particular interpretive community, is concerned with empowering human beings to rise above the restraints placed on them by race, gender, and sexuality (Fay 1987).

Central topics that a critical theory informed investigator may examine include transformation of social institutions through understanding the significance of health and social life; the historical problems of illness, power, hostility, and social struggles; and an analysis of society and envisions of new possibilities (Fay 1987, Morrow and Brown 1994). Research designed within a critical theory approach, according to sociologist Agger (1991), falls into two broad categories: methodological, in that it influences the ways in which people write (produce knowledge from data) and read (interpret data), and substantive, reflecting the theories and subject matter of the researcher (e.g., the function of medicine and culture in health). A type of critical theory, CRT, centers on race and how racism is intensely entrenched within the structure of American society (Parker and Lynn 2002). CRT recognizes the complex relationships and intersections that reside within race, class, gender, and sexuality differences and feature prominently in the social world of ethnic minorities.

Overview of CRT

CRT focuses on the experiential knowledge of ethnic minorities and their communities of origin with respect to race and race relations (Delgado and Stefancic 2001). CRT can be used to scrutinize the ways in which race and racism directly and indirectly affect ethnic minorities (Yosso 2005). Essentially, CRT examines racism as both a group and individual phenomenon that functions on many levels, and it offers a means by which to identify the functions of racism as an institutional and systematic phenomenon (Stovall 2005). CRT grew partially out of critical legal studies since racism has directly shaped the US legal system and the ways people think about the law, racial categories, and privilege (Harris 1993). However, CRT has now made its way into other fields of study, such as sociology and education.

CRT is concerned with racial subordination, prejudice, and inequity and it accentuates the socially constructed and discursive nature of race. Delgado and Stefancic (1993) note the following main ideas in CRT: a critique of liberalism, the use of storytelling, the influence of structural determinism, and examination of the intersections of race, sex, and class, a debate between essentialism and anti-essentialism, a perspective of cultural nationalism/separatism, and the need for a critical pedagogy. According to Parker and Lynn (2002), CRT has three primary objectives: (1) to present stories about discrimination from the viewpoint of people of color; (2) to argue for the eradication of racial subjugation while simultaneously acknowledging that race is a social construct; and (3) to deal with other matters of dissimilarity, such as sexuality and class, and any injustices experienced by communities. In research, the use of CRT means that the investigator foregrounds race and racism in all facets of the research process and confronts conventional research texts and worldviews (Creswell 2007). Before outlining our recasting of core CRT tenets and how they can be used in all stages of the health research process, particularly psychosocial health, we review two papers that used CRT traditionally in the

examination of mental health issues. We have chosen to focus on psychosocial health to gain specificity as opposed to discussing health more generally and because the connection and relationship between race and mental health issues lends itself to clearly illustrate the relevance of incorporating CRT into population health research more centrally.

Use of CRT in mental health research

Masko (2005) published an ethnographic study titled, "I think about it all the time: a 12-year-old girl's internal crisis with racism and the effects on her mental health." Positioned within the framework of CRT, the study describes children's experiences with racism. The article focuses on Keandra Johnson, a girl whose experience typifies that of many others and is also exceptional. The study included multiple interviews with a large sample of children, was carried out in an urban after-school program, and investigated matters of racism in both the school and community settings. The author employed CRT to understand the relationships between and among children in a multiethnic setting.

The author used CRT in two ways: (1) use of six tenets as a guide in the formulation of the interview protocol and in the analysis (Table 1) and (2) use of storytelling. Masko viewed the contents of the interview transcripts through a critical race lens, allowing her interpretations to start from core CRT premises: racism is ordinary, not aberrational; and the current system of white-over-color ascendancy serves important purposes. Masko was then able to explore themes and insights in the data that might not otherwise have been recognized or deciphered. Masko's use of reflexive analysis and writing mirrored her acknowledgment that the accounts presented in the ethnography were her version of Keandra's meanings; she, in essence, "re-presented" her meanings (Emerson *et al.* 1995).

[Table 1 Omitted]

Masko dug deep into the stories by basing her analysis in part on the CRT thesis: race and races are products of social thought and relations; and the dominant society racializes different minority groups at different times. Through the use of CRT, the author was able to conclude that Keandra's story (her experiences with racism that led to both anger and sadness) supplies a stage for discussing the inner calamity of racism that children experience. Masko's analysis unveiled the presence of intersectionality and anti-essentialism, and Keandra's story demonstrated children's overlapping and conflicting identities and loyalties. Through telling Keandra Johnson's story, Masko suggested that racism is a widespread mental health issue in the lives of children.

Another paper relating to CRT and mental health, which was authored by Brown (2003), called for the use of CRT to inform the investigations of race and mental health by conceptualizing five mental health issues that could exist as a result of racial stratification. The hypothesized mental health challenges were: (1) nihilistic tendencies; (2) anti-self issues; (3) suppressed anger expression; (4) delusional denial tendencies; and (5) extreme racial paranoia. Brown argued that mental health issues such as these and undocumented others can only be recognized with consciousness of the social and personal consequences of racial stratification. Brown further suggested that the sociology of mental health, especially research in the areas of epidemiology, etiology, and social construction of psychiatric disorders and psychological issues, may gain

from a dialogue on CRT. The author proposed that such a dialogue might: “(1) offer the sociology of mental health a more complete explanation for enigmatic and complex findings in the literature regarding race and mental health, and (2) establish a nexus for a new research agenda (e.g., the emotional consequence of being black or being white, p. 295)”

Brown noted that there are at least three approaches that a critical race theorist may take in researching the meaning of race in relation to mental health and mental health issues: (1) investigation of societal circumstances (e.g., unemployment, crime, and poverty) or risk factors (e.g., perceived experiences of discrimination) linked with ethnic stratification that may be related to poor psychosocial health; (2) evaluation of customary markers of psychosocial health status and the construction of mental illnesses; and (3) assessment of disparate expressions of psychiatric health problems resulting from ethnic stratification. Brown noted that as new research presents unfathomable or multifarious relationships between race and mental health, sociologists of mental health must more thoroughly determine whether, how, and through what means racial stratification adds to observed patterns. Brown's aim was to promote a research agenda by (1) challenging imposed suppositions about the invariance of mental health outcomes, and (2) drawing attention to racial stratification as an etiologic factor influencing mental health outcomes. These works by Masko and Brown are examples of what CRT can bring (e.g., reflexivity) to health research, what can be learned, what conclusions can be drawn, and how findings can be deciphered.

Core tenets of CRT applicable to population health research

Here, we offer a broader view of the ways in which CRT was used in the Masko study and proposed for use among sociologists in Brown's commentary. Our proposal extends beyond considerations of racism and racial stratification as an influencing factor in the explanation of mental health outcomes; it focuses on the entire research process from beginning to end, including the posing of research questions, data collection, methodology, and the presentation of findings. Table 2 sets CRT tenets and population health applications side by side to illustrate more clearly the utility and practicality of employing CRT as a theoretical framework and analysis tool in population health research. We propose a set of core CRT tenets, drawn from Crenshaw *et al.* (1995), Delgado and Stefancic (2001), Schneider (2003), and Moran (2004), for use in population health research among ethnic minorities.

[Table 2 Omitted]

Dominant cultural orientation privilege and discrimination

A central theme of CRT is the idea that institutions (churches, healthcare facilities, schools, governments, businesses, families, entertainment venues, community-based organizations, and others) often function based on values, principles, and foundations that are not culturally diverse or representative, irrespective of racial make-up. Dominant cultural customs are frequently presented as universal and the dominant cultural mores are used to characterize those of differing cultural orientations as either not qualified for admission into, or not suitable to succeed in institutions. Cultural partialities locate standards (tendencies, skills, and attributes) for performance that are sometimes Eurocentric, and all other groups are often compared against

these standards (Calmore 1995). Poor performance by members of ethnic minority groups is frequently interpreted as inferior aptitude that reflects overall group characteristics (Calmore 1995).

In this way, inequalities persist through subjective bias or privileging of certain cultural orientations over others. Traditional notions of merit are presented as aracial, culturally neutral, and impartial, but in fact the norms of certain cultural orientations are valued more than others. As a result, the devaluing of other cultural norms can lead ethnic minorities' cultural heritages to act as liabilities and sources of ineradicable shame. How the idea of dominant cultural orientation privilege plays out in the lives of ethnic minorities may bear significantly on their psychosocial health, just as violence, harassment, and other forms of discrimination do.

Race and ethnic relations approaches

CRT describes various perspectives from which Americans view and navigate racial and ethnic terrains. The degree to which ethnic minorities subscribe to particular ways of considering race issues and the extent to which these considerations affect how ethnic minorities move through racial topography may be associated with psychosocial health outcomes, through the positive or negative mediation of stressors and/or mental disorder triggers. Holding one or more of the perspectives below may affect how individuals and groups make decisions, how they treat and regard others, how others treat and regard them, and how they interpret their racial experiences and interactions. Subscription to one or more of the following outlooks may serve as protective or risk factors for psychological health:

- *Color-blind liberalism* – The individual is important, not her race, her creed, or her color. This view tends to rely on the contention that because race is socially constructed, it should not be given any substantial consideration.
- *Race-consciousness* – Because Americans' sociopolitical histories are intimately tied to race, race must be consciously engaged and centered in racial justice discourse and efforts (Peller 1995). Since much oppression is rooted in race, race must be confronted directly and embrace revisionist interpretation if true progress in racial justice is to be made
- *Interest convergence* – This approach prioritizes the search for and acts on intersections or points of mutual benefit to both dominant and subjugated groups with respect to race relations or racial justice efforts (Bell 1987). This perspective holds that a better way to advance is through joint gain rather than cases or instances in which one group concedes while the other profits.
- *Economic/material determinism* – Improvements in race relations occur when there are economic or capital incentives. Acquiring higher socioeconomic status or power by ethnic minorities can overcome, balance out, or nullify the effects of racism.
- *Structural determinism* – Systems, as a result of their structures and language, cannot rectify particular kinds of injustices (Delgado and Stefancic 2001). The organization, operations, and foundations of institutions dictate how they function and the associated outcomes.

In addition to how individuals within ethnic groups view race, investigators and disciplines may hold to any of these perspectives and, thus, research is affected by the perspective taken but is not often examined (e.g., the questions asked, methods chosen, topical focus, data collected, and interpretation).

Narrative as inquiry

CRT theory involves existential voice (Calmore 1995), and the existential grounding of narrative methods enhances understanding by rich and intricate contextual accounts of events and sentiments (Lawrence 1995). Narrative (whether dominant, counter, or some mix of the two) is valuable as data because it is dense in the detailed and moving articulation of the teller's or subject's life experience and feelings. Stories always refer to a particular context, place, and moment. The historical and cultural setting is critical to researchers' interpretation of facts, feelings, and understanding.

Narrative is a medium in which intersectionality plays out in a complex manner without being watered down or only marginally taken up. Thus, narrative can be a forum in which to examine race, sex, class, national origin, and sexual orientation, and ways in which their combination play out in a range of situations. A premium is placed on perspectivalism, the belief that a person's or group's position or standpoint influences how they see truth and reality (Delgado and Stefancic 2001). Storytelling is an important part of many ethnic minorities' cultural experience, including African-Americans' traditional use of storytelling as a tool for nuanced and complex communication and dissemination of vital information. Thus, employing narrative research methods, population health investigators may be able to acquire vital data that other methods could not obtain.

Contextual and historicized analysis

An integral premise of CRT is that data should not be perspectiveless, but should be considered in particular social contexts. The lived experiences of subjects as self reported and measured are sensitive to the implications of history. The past offers a way to contextualize ethnic minorities' current experiences of race and racism in their lives. The perspectives of subjects must inform data interpretation and meaning designation. That is, perspectives of research participants are positioned and understood from a historical context (e.g., the influence of chattel slavery). Data, considered in the absence of context, are often misperceived, misconstrued, and mismanaged (Lawrence 1995). CRT purports that careful attention must be paid to this matter, particularly in the use of narrative methods. The researcher considering data in the abstract, devoid of context, will inexorably supply a setting of her own. This fantasy contextualization, though frequently unacknowledged, will be forged based on the researcher's experiences or background and can potentially contradict the context of the subjects from whom the data were garnered (Matsuda *et al.* 1993).

Investigator relationship to research and the scholarly voice

A major thesis of CRT centers on the ways in which investigators think and write about their connection to research subjects and their work overall. Conventionally, scholarly writing

necessitates a lack of empathy and existential bond with research participants and is described as detached. The artificial impersonality of the traditional scholarly voice is often pitted against “emotional” writing. False objectivity of the conventional scholarly voice is mirrored by the false neutrality assumed by the reigning image of empirical research.

CRT insists that investigators be more honest and forthcoming regarding their subjective perspective in design, data collection, interpretation, and the research endeavor as a whole. The investigator embraces certain values that show up in and affect her work and should be candid in addressing this subjectivity in study writings. An attempt to distance oneself from a reality one seeks to describe only takes one further from answers. Achieving an unbiased and impartial observation of a play in which the observers must also be actors is futile (Lawrence 1995). Investigators’ senses, feelings, and experiences are fused with their research, so instead of attempting to down play their significance, CRT acknowledges and openly discusses what investigators bring to their research and how it affects their work.

CRT informs population health research questions

Extensive research has been conducted on violence, discrimination, and harassment's (VDH) effect on psychosocial health and identity development as a result of racism (Kessler *et al.* 1999, Fife and Wright 2000, Finch *et al.* 2000). There is, however, a paucity of research on the closely related matter of frequent misalignment between the cultural orientation privileged in social institutions, including health institutions, which distribute social goods, and the cultural orientations of many ethnic minorities. The extent to which ethnic minorities attribute difficulties and challenges entering and navigating institutions or acquiring social goods to a misalignment between the cultural orientations of the institutions they want to or must move through and their own cultural orientations can be both quantitatively and qualitatively explored, similar to VDH. The frequency with which research participants recognize differing cultural orientations that negatively affect them can be established and characterized, and these can be added to current discrimination scales or serve as the basis for development of new scales.

Associations between psychosocial health outcomes and research subjects’ perceptions of the influence of this cultural mismatch on their lives can then be identified. Dominant cultural orientation privilege, through denial of admission into or successful promotion in institutions (health establishments certainly, and indeed most social institutions), may adversely affect those of other cultural orientations by limiting resource acquisition, decreasing social mobility, and stunting economic advancement, through narrowing educational, employment and housing opportunities, and through diminishing the likelihood of receipt of quality and effective healthcare and health promotion services. These disadvantages in turn lead to lower class status, typified by impediments to acquiring basic needs (such as food, clothing, and shelter) and inhibit earning potential and constrict material possessions at best. Additionally, acculturation pressure to prevent marginalization, disenfranchisement, and repression, and community or self-imposed pressure to preserve culture or regain lost cultural pieces may serve as sources of stress. These could then potentially act as risk factors for poor mental health outcomes and can thus guide research agendas and inform research questions.

CRT informs study design and methods selected

Each of the aforementioned approaches to race and ethnic relations (color-blind liberalism, race consciousness, interest convergence, economic/material determinism, and structural determinism) can be further explored qualitatively; and assessment tools can be devised to measure these perspectives, which can then be used in statistical analyses. Associations between psychosocial health outcomes and subscriptions to one or more of these views can be determined and described. Individuals who hold a color-blind liberal perspective may, for example, overlook the contribution of racialized conceptions of beauty to poor body image and attribute their low self-esteem to personal shortcomings. Or those possessing a race-conscious perspective may insulate themselves from the harmful emotional effects of dominant conceptions of beauty by identifying the associated prejudices and biases as illegitimate and rooted in racialized history. These individuals may also have the language of critique and reform at their disposal to act as a coping strategy.

Investigators holding an interest convergence perspective might design a study to include both ethnic majorities and minorities to investigate how both groups are affected, or view a situation, or search for health solutions that will benefit all groups. An investigator holding an economic/material determinism perspective might design a study that focuses on socioeconomic status as a significant factor influencing mental health outcomes. While these scenarios are hypothetical, they are examples of the potential ways in which the tenets of CRT may affect psychosocial health and research design. Moreover, narrative can be used as a method to investigate certain sociocultural aspects of groups and communities thought to bear significantly on individual and collective psychosocial health.

Narrative, while a preferred method in CRT, is not unique to CRT; is a method juxtaposed to phenomenology, discourse analysis, and others; and is commonly used in many other interpretive communities as a focus on the multiple-perspective accounts of communities and groups. Narrative can take an oral or written form in which researchers minimally prompt participants on some subject or topic that may highlight a host of issues like intersectionality, such as first recognition of sexual orientation or lesbian gay bisexual transgender (LGBT) ethnic minorities' coming-out experience. The oral form of narrative is different from the interview method in that participants focus on a particular question or consideration that they may have been informed of prior to the meeting so that they can think about the matter and their response in detail. Participants are also allowed to elaborate and speak at length uninterrupted, whereas in an interview, participants are asked a series of questions that vary in degree of relatedness and they are expected to answer within a few seconds. Further, in the interview, participants are often not privy to the questions prior to the meeting and there are frequently time limits.

A written narrative enables subjects to spend an extended period of time crafting, constructing, and drafting their story to their liking, in contrast to the oral form in which subjects are not able to change or reform their stories once told. In the oral form of narrative the story is being simultaneously told and revised, while in the written form, the researcher is privy only to the finished or final product. Both forms of narrative (oral and written) and the interview have benefits and drawbacks that depend on the needs of the particular research. Because numerous accounts progress White privilege through "majoritarian" master narratives, counter-stories of people of color can assist in doing away with the contentment that may go along with such

privilege and confront the overriding discourses that serve to repress communities at the social margins (Solorzano and Yosso 2002).

CRT informs data analysis, interpretations, and presentation

In addition to the data we plan to collect, CRT leads us to examine other sources of information. In order to provide contextual and historicized analysis, as is often the case in the long held tradition of qualitative social science (e.g., ethnography), literature from a variety of disciplines must be drawn on and incorporated, such as cultural studies and history. A researcher must do a broad review because the one sided views resulting from racism will be bound to many works. Thus, investigators should be cautioned about simply reviewing the literature, they must contextualize this literature to provide historical depth. In doing so, researchers can develop historically based analyses of racist ideologies and practices (Solomos 1986), for example, or emphasize ways in which over time communities come to terms with or contest the cultural structures that control them (Morrow and Brown 1994).

Context data must also be collected from subjects. With such data the idea of rearticulation can be utilized to examine, for instance, the continuing contestation of racial significance (Omi and Winant 2002), or reveal ideological effects on communities', institutions', and cultures' views of health. Furthermore, in order to address some of the deficiencies in the traditional scholarly voice and the relationship between the researcher and subject, population health investigators should observe themselves during the research process. In addition to observing participants, they should be cognizant of their particular effects on projects, and reserve space throughout study write-ups, and the discussion section in particular, to note the details and specifics of their influence on the work. Investigators should recognize their own influence, engage in dialogue, and utilize theory to understand or clarify societal action (Madison 2005).

How investigations are presented is also important. The writing and writing style should reflect the emotional nature of the work; the researcher's passions, concerns, and purpose; and the political aspects of the research endeavor – which all can include first person narration. More varied means for presenting research findings ought to be engaged. Study findings may be presented in conventional ways, such as journal articles, or in more diverse mediums, such as poetry or theatre.

CRT's approach, not unlike other interpretive lens might also lead to the call for action and transformation (the goals of social justice) in which the research studies conclude with specific steps for or an incitement to action. Analysis, interpretation, and presentation might include social theorizing, which Morrow and Brown (1994, p. 211) define as “the desire to comprehend and, in some cases, transform (through praxis) the underlying orders of social life – those social and systemic relations that constitute society”. Through CRT analysis, interpretation, and presentation, investigators can challenge traditional theories used to explicate the experiences of people of color. They can then put forward transformative solutions to racial, sexual, and class subordination in social and institutional structures (Creswell 2007). Employing these strategies will enable readers and reviewers to better understand the inner workings of the research process, provide them with more information with which to assess project qualities, and allow them to better contextualize study conclusions. Dealing with these issues is particularly appropriate for

psychosocial health studies in which the nature of the work is highly personal and deals intimately with relationships, emotions, and such severe outcomes as suicide.

Conclusion

Useful research necessitates making clear the assumptions, frameworks, and paradigms used in the crafting of investigations, and articulating that they affect the way research is carried out. The procedures of research, such as data collection, data analysis, representing findings to constituencies, and standards of ethics stress an interpretive stance. Given the grave health inequities faced around the world today, it is important to incorporate cultural theories into our interpretive stances. In particular it may be beneficial to use CRT as a framework and analysis tool in population health research.

This article briefly summarized a recent mental health study employing CRT, and a commentary emphasizing how CRT can contribute to the sociology of mental health; and proposed ways with which CRT can be used in psychosocial health research to identify causal mechanisms that interventions can target, explore links between structural and psychological aspects of health, and highlight health inequities. Race is not a set notion, but instead is fluid and constantly formed and reformed by political considerations and is informed by collective lived experiences. Therefore, employing the CRT tenets in population health research will improve the quality and robustness of investigations and ultimately serve to more effectively protect and assure the health of ethnic minorities.

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