

MARGINALIZATION

Marginalization: The process of being relegated to the “sidelines” of society-*excluded*- as a function of individual or group traits that are targets of oppression.

- Marginalization reflects the active combination of oppressions and exclusion
- Marginalization reflects dominant class “codes” for inclusion/exclusion, superiority/inferiority, normality/abnormality and desirability/undesirability
- Marginalization results in decreased access to meaningful participation in the larger community: its history, its norms, its resources and its services
- Marginalization results in increased, or at least protected, access for the dominant (aka privileged) class
- Marginalization assures increased exposure to social injustice

Marginalization results from oppressive processes, particularly in the form of *microaggressions*.

- Microaggressions convey the “active manifestation” of oppressive cultural views that create and sustain marginalization
- Microaggressions enforce marginalization through processes of imposition and deprivation: *imposition* of false beliefs and abusive messages and *deprivation* of access to resources and opportunities
- Microaggressions create the interminable quality of marginalized existence.

Important questions

- In what ways are your mental health clients marginalized? Consider multiple societal levels: family, peers, neighborhood, community, educational system, health care system, governance, religious practice, etc.
- Who, or what organizations, are the primary perpetrators of this marginalization?
- What microaggressions are most significant in the marginalization process?
- What steps can you, as a clinician, take to address the marginalization of your client(s)?
- Where is your compassion for your client’s marginalized experience most important? How are you able to express your compassion for their exclusion?
- What therapeutic strategies can you afford your client specific to their marginalized experience(s)?