



## KEY CONCEPTS:

*“Language is never neutral.” — Paulo Freire.*



**Social Structure:** the policies, economic systems, and other institutions (judicial system, schools, etc.) that have produced and maintain modern social inequities as well as health disparities, often along the lines of social categories such as race, class, gender, and sexuality.

**Structural Violence:** “Structural violence is one way of describing social arrangements that put individuals and populations in harm’s way... The arrangements are structural because they are embedded in the political and economic organization of our social world; they are violent because they cause injury to people.” –Farmer et al. 2006

**Structural Vulnerability:** The risk that an individual experiences as a result of structural violence – including their location in socioeconomic hierarchies. It is not caused by, nor can it be repaired solely by, individual agency or behaviors.

**Naturalizing Inequality:** When social inequalities are preserved through the perception that the status quo is appropriate, deserved, and natural. Those at the top are seen as deserving their position at the top, and, especially, those at the bottom are seen to be at the bottom due to their own faults. Such perception is shaped by what we will call “implicit frameworks.”

**Implicit Frameworks:** Taken-for-granted lenses through which health professionals most commonly understand health and wellness, including individualizing behavioral frameworks and conflating cultural frameworks. Implicit as in “implicit bias.”

**Individualization:** The common perception in healthcare that the most important causes of a patient’s sickness lie in their individually chosen actions and habits and/or their individual biology (genetics, etc.). This leads to treatment plans focused primarily on education and incentive for individual level behavior change.

**Cultural Frameworks:** “In attempting to address racial and ethnic disparities in care through cultural competence training, educators too often conflate these distinct concepts. This leads to an inappropriate collapsing of many of the forces affecting racial and ethnic minority populations—such as poverty, violence, and racism—into the less threatening concept of culture. It also leads to the misdirected application of cultural competence education as a solution to health care disparities for minority populations who are as familiar with mainstream American health care practices and institutions as the majority population, but who lack the resources and political clout to improve their health and health care.” —Gregg and Saha

**Consider about how narrative/storytelling can be a resource for undoing violences wrought upon our bodies, communities, and minds by medicine, metrics, norms, and ‘cure.’**