Towards a Feminist Standpoint in Refugee Mental Health Research

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Abstract

Historically, psychiatry has been criticized by feminist activists and scholars as a patriarchal and misogynist discipline. I argue that feminist approaches can contribute to refugee mental health research by questioning some of its epistemological assumptions, by centering the experiences of women and other marginalized groups, and by acknowledging the social, cultural and political dimensions in the production of scientific knowledge about refugees, potentially bridging the gap between academia and activism in ways that are relevant to the subjects involved.

This paper includes 1) an overview of some contributions that feminist scholarship has made to the fields of mental health and refugee research, 2) a critical reflection on the intersections between psychiatry and migration studies, highlighting how gender has been read as a binary category used primarily to compare differences between sexes, and 3) a discussion of possible future directions for broadening the scope of refugee mental health research.

Keywords: feminism, refugee mental health research, gender

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Introduction

In an article which appeared in 2020, activist and writer MSunnia considers how queer and trans perspectives may expose migration studies to new ways of reimagining concepts such as migration, diaspora, borders, kinship, and economics. She argues that overturning and complicating heteronormative understandings of these categories facilitates the possibility of wider inquiries in the field (2020, p.321). Following this line of thought, I reflect in this essay how traditionally narrow epistemological frameworks of research have been and can potentially be further broadened and enriched by adopting a critical feminist perspective. I will focus on the domain of refugee mental health research and discuss how this approach can complicate issues of gender, power and identity.

I argue that feminism is useful not only to understand women's experiences of mental illness, but as a theoretical framework that contextualizes, historicizes and challenges established notions of gender, migration and mental health, bringing to the fore the voices of marginalized and underrepresented subjects. As I understand feminism as one of many valid approaches to deepen our understanding of the refugee predicament, my intention is not to advocate for a paradigm shift in a specific direction, but rather to open up a dialogue between disciplines that do not often talk - or listen - to each other. Moreover, feminism is not a static, unequivocal concept. Although it has been largely understood as a perspective that focuses on women, I understand it as a movement and theory that criticizes gender oppression more broadly. Indeed, the debate about the political subject of feminism is an ongoing one (Butler, 2021).

Historically, psychiatry has been criticized by feminist activists and scholars as a male- dominated, misogynistic field (Dodd, 2015). Similarly, migration studies have been associated with a narrow understanding of identity defined primarily by methodological nationalism; that is, the assumption that nationality is the key determinant of identity (Wimmer & Glick Schiller, 2002). As she discusses the interplay between psychology and migration studies, Ingrid Palmary criticizes this assumption, claiming that "identity may map far more meaningfully onto language, race, ethnicity, or urban/rural status than it does to citizenship" (Palmary, 2018, p.9). Hence, a feminist analysis would center gender as one of the key dimensions of identity while focusing on how it intersects not only with migratory experiences, but also with theoretical and methodological considerations around it.

This text outlines some contributions that feminism has already brought to the field of refugee mental health research. I propose a critical reflection on the intersections between psychiatry, psychology, and migration studies, highlighting how gender has historically been read as a binary category used solely to compare differences and establish hierarchies between sexes, both in the medical and social sciences. To conclude, I will propose some future directions for a feminist research agenda in refugee mental health.

Feminist examinations of scientific objectivity

Hostile knowledge

For many decades, feminism has been vocal in condemning the colonial, sexist, ableist and racist biases that have historically marked scientific pretensions of objectivity. Donna Haraway defined "hostile sciences" as discourses enunciated by an abstract masculinity, which she refers to as a disembodied, conquering gaze that claims "the power to see and not be seen, to represent while escaping representation. This gaze signifies the unmarked positions of Man

and White" (Haraway, 1988, p.581). She proposes instead the concept of "situated knowledges" as an alternative epistemological paradigm that recognizes how any scientific discourse is always situated in a particular social, historical, and geographical context from which it cannot be removed, as it is inscribed in concrete relations of power.

Similarly, other feminist standpoint theorists, such as Nancy Hartsock, Dorothy Smith and Patricia Hill Collins, have underlined the epistemological erasure of women that the scientific knowledge paradigm entails, whilst insisting on the political stakes in its pretension of universality. They asserted the need for recognizing the multiplicity of othered and marginalized subjectivities that are non-male and non-white, and of reclaiming their points of view as valid (Hekman, 1997). Although mental health as a topic of interest pertains to many disciplines beyond psychiatry, I will focus primarily on it because of its status as a "hard" – and perhaps also hostile - science.

Feminist critique of psychiatry

In North America and Europe, the 1970s were a particularly controversial period for the "psy sciences". This was partly due to an increased questioning of psychoanalysis, which led to a turn towards a positivist paradigm that centered biomedicine as the only causal explanation of mental illness and established discrete categories of normality and abnormality (Angel, 2012).

The critical examination of the DSM, the American Psychological Association's handbook that classifies mental disorders, raised many questions about the political consequences of the medicalization of life, which was seen as entangled with prescriptive notions of morality and social behavior. This elicited an intense response from many feminist scholars and activists, who denounced the profound control of female subjectivity and sexuality that was present in the medical discourse.

This critique has accosted psychiatry as a patriarchal and capitalist system that oppresses women both as mental patients and *as women* (Chamberlin, 1975)[1]. For many theorists, psychiatry as an institution is and has historically been central to social practices of control that rely on a tradition of medicalizing behavior, resulting in the perpetuation of epistemological and institutional logics of systematic regulation, criminalization, and exclusion of certain groups (Foucault, 2003; Smith, 1976).

Feminist scholar Meredith Kimball suggests that, as the group that holds this power are white, middle-class males, the consequence is that "other groups (middle class women, and women and men from different class, ethnic and racial groups) are compared to the dominant standard" (1975, p.123). Kimball posits that, often, adjustment to normative social roles and expectations has been viewed as the standard definition of mental health. This definition of what constitutes "acceptable" or "desirable" psychological functioning poses the following questions: is adjustment for women more difficult than it is for men, given the patriarchal systems that we live in? Could this be one of the reasons that explains women's psychiatric oppression? This is to say, is the definition of mental health, technically posed as a neutral, scientific construct, inherently exclusionary?

[1] Although scholars from across the globe have contributed to advance this critique, I will focus on the tensions that are particular to the contemporary North American context. For a more detailed analysis of the historical relationship between psychiatry and feminism, see Nancy Tomes' chapter "Feminist Histories of Psychiatry", in *Discovering the History of Psychiatry* (1994).

To summarize, feminist efforts to criticize and resist psychiatry include, on one hand, the intent to reveal and challenge its epistemological fault lines and, on the other, the aim to contextualize emotional distress and other aspects of women's experience, both culturally and structurally, to transcend psychiatric oppression. While some scholars argue against the very concept of mental illness, others support the idea that there are "better ways" to categorize psychological suffering. One key contribution from feminist thought to the theorizing of mental health that extends to the field of refugee mental health research is the fact that it has developed a framework that seeks to juxtapose psychiatry with politics (Dodd, 2015). Hence, a feminist understanding of mental health proposes to blur the separation between "objective" knowledge and subjective realities by calling attention to the very real consequences that such categorization has on the lives of the people implicated in it, and particularly of women.

Finally, as noted by Shaindl Diamond (2014), feminist activism has also contributed to the establishment of non-medical services like shelters and counseling centers for survivors of gender-based violence, thus relocating mental health in a community context that acknowledges the social consequences of abuse, trauma, and oppression. This highlighted the importance of providing social services beyond medical attention, which has also served as a model for newcomer welcome centers and community organizations, which are a fundamental structure of support for asylum-seekers and refugees.

Feminism and migration studies

In the 1970s and 1980s, feminism was pivotal in calling attention to how the term "migrant" seemed to be viewed as a uniform category, thus ignoring or obscuring the experience of women and other marginalized subjects. Feminist and gender studies view gender as relational and problematize its borders and meanings. Its influence propelled a shift towards a perspective that understands gender, beyond the categories of "male" and "female", as an evolving and dynamic social construct (Mahler & Pessar, 2006). Furthermore, feminist scholars have called attention to where and by whom academic knowledge is produced, as well as to the power dynamics between researcher and participants (Monk, 2015). Most of the work in migration studies that assumes a feminist perspective comes from the field of geography and does not deal with mental health directly (Nawyn, 2010; Tollefsen Altamirano, 1997).

Although there has been a growing consideration of the particular trajectories and experiences of women in migration studies, quantitative inquiry tends to view "men" and "women" as discrete categories that can be compared, which has been called the "add and stir method." Some authors have stated that this is an important starting point for a dynamic gender analysis but does not account for the complex interplay of power and gender identity (Timmerman et al., 2015). Similarly to psychiatric epidemiological studies, paying attention to gender as a category that solely refers to the comparison between the biological sexes can lead to invalid and simplistic interpretations of reality, and sometimes even risky categorizations that trivialize the complexity of human identities and experience. A perspective that assumes gender as a social construct (Tomes, 1994) is still largely absent from general scholarship.

Psychiatry, gender and forced migration

Refugee mental health research is the branch of the "psy sciences" that specializes in the mental health of displaced persons internationally. Most of the psychological scholarship on forced migration and mental health focuses on trauma responses - especially in terms of PTSD - as well as on clinical interventions with refugees. However, it has been criticized as a

perspective that fails to recognize that “coping is a transaction between individuals in different situations who have relationships with particular stories” (Kleinman, 1988, p.66). Refugee research, particularly when framed as psychiatric inquiry, may replicate the scientific discourse that operationalizes and quantifies psychological phenomena instead of dealing with the complexity of the social and subjective realities of refugees.

Forced migration has been described from within this paradigm as one of the harshest multiple-loss experiences, which can have a profound impact on psychosocial adjustment and wellbeing. Besides carrying past stories that often involve violence, loss and persecution, asylum-seekers and refugees must adapt to a new culture and assimilate into a society that is often discriminatory, distrustful, and sometimes overtly hostile towards them. To use traditional psychiatric terms, this group is thus at an elevated risk for psychopathology (Bäärnhielm et al., 2017; Shultz et al., 2014).

Although refugees and asylum-seekers are a particularly vulnerable group among the different categories of migrants (Beiser & Hou, 2017; Bhuyan et al., 2014), the emphasis on vulnerability and risk factors that is common in mainstream psychiatry often obscures the complexities and contradictions of this lived experience. Even after enduring hardship, most refugees are not traumatized or impaired: they display a wide set of creative and resilient ways of dealing with the challenges they face. Thus, it is not enough to think about experience only in terms of suffering or dysfunction. As psychiatrist Arthur Kleinman states, psychiatry needs to situate the individual in their particular contingencies to recognize that “there is a dynamic interaction between historical context, local social system, and personal experience” (1988, p.66). He proposes to follow an anthropological perspective that exceeds reductionist epidemiological categorizations, and in particular western notions of “normal” psychological functioning. This argument echoes the ideas posited by feminist standpoint theory, which focuses on lived experience and concrete material circumstance as central to understanding social and psychological realities.

It is important to note that many scholars have taken up this perspective, making visible the experiences of migrant women and discussing how their gendered position in society is fraught with ambivalence and particular challenges. A fundamental contribution was the publication "Refugee Women and their Mental Health: Shattered Societies, Shattered Lives”, a triple issue of the journal Women & Therapy in 1992-1993 (Cole et al., 2013). However, a theoretical framework has yet to be developed that would allow us to reflect critically not only on the particular challenges faced by women, but also on the ways in which we conceptualize gendered social relations and sexual identities.

Similarly to feminist studies, contemporary decolonial debates on mental health have underlined how western biomedical models that rely on causal explanations of mental disorder tend to exclude, obscure, and pathologize the accounts of feminized and/or racialized subjects. In this sense, the line of questioning posed by Meredith Kimball and presented in the previous section, which points to how scientific categories of normal versus abnormal psychological functioning are gendered and affect women disproportionately is, of course, also relevant in terms of understanding the mental health of refugees. Yet, expanding our notion of the category of “woman” - and considering the multiple ways in which other markers of identity such as race, class, religion and sexual orientation, for example, are intertwined with the social structural positions occupied by migrants - is still necessary for a critical feminist refugee mental health.

Towards a feminist standpoint in refugee mental health research

Feminists have sought to advance a critique that decolonizes and decenters biomedical oppressive paradigms of normality and abnormality with the aim of depathologizing women's responses to trauma and oppression (Diamond, 2014; Tomes, 1994). Challenging the medicalization of women's distress and coping is still central to contemporary feminist resistance to psychiatry. Such an endeavor has been undertaken by scholars coming from a wide array of disciplines, including mental health professionals (Herman, 2015), medical anthropologists (Pandolfo, 2018), and psychiatric survivors themselves (E. W. Wang, 2019), to name a few.

In recent years, feminist views of mental health and social justice have moved beyond women's oppression. They have also discussed, from a broader decolonial and social justice lens, the systems and practices that shape mental health. These claims intersect with other critical perspectives, such as those advanced by queer, indigenous, disability, post-structural, critical race, and mad studies scholars. Currently, there is a growing effort to integrate these approaches. One example is *Critical Inquiries for Social Justice in Mental Health*, a Canadian volume that gathers a multiplicity of anti-oppressive approaches to mental health (Morrow & Malcoe, 2017).

Bringing a feminist lens to the intersections between psychiatry and migration studies requires, then, "a loosening of disciplinary boundaries and engagement with areas of possible connection rather than presuming these connections already exist" (Palmary, 2018, p.4). Taking such an angle could contribute to a more nuanced understanding of the gendered experience of forced migration that transcends the dichotomy between normalcy and disorder.

Hence, thinking about the mental health outcomes of forced displacement in line with a feminist critique of psychiatry implies viewing it as a complex and ambivalent process of negotiation between multiple, evolving and fragmented identities and relations of power, recognizing how the experience of women has been historically and structurally defined by gender inequality. Bringing to the fore a gendered account of refugee mental health research problematizes the positivist assumptions of biomedicine and frames forced migration as a contradictory reality that can be both emancipatory and subjugating for women (Yakushko & Espín, 2010b). Some forms of oppression that migrant women face in their country of origin, such as gender-based persecution, past lack of opportunities due to patriarchal traditional gender roles, and the widespread use of sexual violence as a strategy of war, are still largely ignored - particularly when it comes to understanding their larger social and political meanings for the migrant women themselves.

Although refugee mental health research has recognized the importance of post-settlement factors contributing to mental health outcomes, only recently has it started to pay attention to the post-migration challenges that are particular to women. Prejudice and exclusion in the host society, as well as new and sometimes unfamiliar expectations regarding their participation and involvement in the spheres of family, work, and community, might further undermine their sense of agency and their possibilities of political participation. Indeed, "traditional patriarchal contexts have always provided the opportunity to carve separate - if inferior- spaces for women. The cultural transformations brought about by migration upset these spaces without yet giving women full access to equal power in the public sphere" (Yakushko & Espín, 2010b, p.545).

Compounded with the psychological challenges resulting from exposure to loss, trauma, and discrimination are some geographical and administrative obstacles that contribute to making the granting of asylum an ordeal (Fassin, 2013). As Didier Fassin puts it, refugees who come to the Global North must endure a strenuous assessment of their situation: they face a particular regime of recognition, one that scrutinizes their situation in order to confer them the legal and social acknowledgement of victimhood, demanding univocal proof of hardship if they are to be granted access to the much-valued care of the state. Mental health professionals, and psychiatrists in particular, play an important role in this process as they lend their "scientific" expertise to the legal system, which is then used to argue for or against the person in the process of seeking asylum. This contributes to making it a healthified process (Morrow, 2017), which can, in turn, further pathologize the experience of the asylum claimant.

This legal claim situates the person in a position of uncertainty and disenfranchisement. The precarity of their migratory status in a contradictory system that "discredits and stigmatizes refugees while officially defending the doctrine of protection" (Fassin, 2013, p.26) is accentuated by the demand that they prove and justify their claim in the context of a hearing. In many cases, asylum claimants must repeatedly revisit potentially traumatic memories, often related to past experiences of gender-based violence and sexual abuse, to make their prerogative "acceptable" and legible (Crawley, 2001; Johnson, 2011). This creates a patriarchal logic that poses specific obstacles for women, inscribing them as hypersexualized objects in a moral geography of tyranny (Barsky, 2017; Fassin, 2013).

Future directions

In this paper, I have considered how feminist scholarship may contribute to nourish the field of refugee mental health research through the questioning of epistemological boundaries and assumptions, the visibilization of marginalized communities and the amplification of their voices, and the attempt to align academic and activism in a way that is relevant for the implicated subjects. In the following section, I wish to highlight some concrete ways in which queer, feminist, psychiatric, and migration scholarship can be articulated to align with a paradigm of social justice, in order to shift "the very discourse of 'mental health' from the reigning biomedical model to a paradigm of social provision, human justice, and valorization of diversity" (LeFrançois, Menzies, & Reaume, 2013, p.9). I discuss the importance of loosening disciplinary boundaries through interdisciplinary work, as well as the potential value of qualitative critical approaches to mental health research.

Aiming for interdisciplinary work: Mad Studies and intersectionality. Feminist scholar and novelist Siri Hustvedt argues that theoretical models are nothing but frames for viewing, which alter or distort what is seen. The problem, for her, is not that these filters exist, but that they have been and continue to be organized in a hierarchical way: "in our world, the disciplines considered hard have an implicit, if not explicit, superiority" (Hustvedt,2017). She calls attention to the fact that interdisciplinarity forces us to focus on "the place where we sever one thing from another" in scholarly life (p.343), where academic taxonomies are vulnerable at their site of incision. Even though contemporary scholarship has advanced an imperative of interdisciplinary collaboration, hierarchies of knowledge are still present in academia, silencing or ostracizing the areas of knowledge that might destabilize mainstream ways of theorizing and doing research and that are thus considered problematic.

Recently, there has been a recognition of the need for interdisciplinary collaboration in research. On one hand, even in works that deal specifically with the experience of women from a feminist perspective, the cultural and contextual particularities often remain unexplored. As Judith Butler expresses it, "the notion of a universal patriarchy has been widely criticized for its failure to account for the workings of gender oppression in the concrete cultural contexts in which it exists" (2006a, p.3). On the other hand, scholarship that deals with cultural difference tends to reinforce stereotypical and statistical views of gender roles. Yet, as Diamond (2014) explains:

Deconstructing the reasons why women experience higher rates of 'symptoms' associated with various diagnoses can help to shed light on why people of various genders and social locations might have similar experiences of social distress (…). Such understandings can illuminate gendered social relations; the ramifications of inequality and discrimination; and how these cultural, social, and material realities shape the psychological experience of humans. Likewise, understanding how madness is theorized and treated helps to provide insight into cultural expectations of gender and gender roles (p.198).

The field of mad studies seeks to complicate cultural constructions of otherness, femininity, and madness, and stresses "the multiple ways in which capitalism and patriarchy frame and reproduce psychiatric subjugation" (LeFrançois et al., 2013)[2]. By taking a critical and interdisciplinary stance towards psychiatry as a social and cultural institution of control, mad studies could be useful for thinking about refugee mental health, as it allows for an understanding that is not seen as separate from the cultural and political logics that shape the migration experience. This provides a more comprehensive framework that is useful to situate refugee mental health in the context of the contemporary globalization of asylum and the political logics of national sovereignty, immigration law, social polarization, and humanitarian discourses.

Morrow (2017) argues that an intersectional mad studies approach might be a way of producing liberatory knowledge, social change, and social justice in mental health. Following this claim, I believe that mad studies can be relevant for developing a feminist mental health research framework. Primarily this is because it situates psychiatry in the broader context of the relationship between the individual and the state, stressing the political and societal dimensions of mental health. In this sense, it is useful to reflect about the ways in which marginalized groups, such as asylum seekers and refugees, tend to be implicitly psychiatrized so that cultural difference is often equated to madness in the eyes of the dominant group.

Turning to qualitative methodologies: the case of feminist interpretive inquiry. Qualitative methodologies, although undervalued in social research, have contributed to understanding the context-bound nature of experience, and to bring forward the dynamic and relational nature of identity. In recent years, psychiatry scholars have begun to recognize the significance of qualitative approaches to situate and validate diagnostic constructs in different cultural contexts. I believe that this approach is necessary not only to make current psychiatric explanations culturally relevant to different groups and locations, but also to challenge the epistemological assumptions that reify mental disorder from a "hostile" science perspective.

[2] Mad studies has been described as an interdisciplinary field that incorporates all that is critical of psychiatry from a radical socially progressive foundation, in which the medical model is dispensed with as biologically reductionist, whilst alternative forms of helping people experiencing mental anguish are based on humanitarian, holistic perspectives, where people are not reduced to symptoms but understood within the social and economic context of the society in which they live (LeFrançois et al., 2013, p.2).

Feminist theories and methods could further inform a future research agenda that considers the intersections between psychiatry and other disciplines. This resort to "soft" or "womanly" perspectives creates a counterpoint to the hard, tough, verifiable, and rigorous "truths" of medical and epidemiological science.

Situated within this framework, a feminist interpretive understanding of refugee mental health research sees forced migration not in terms of vulnerability to psychopathology, statistical correlates of mental disorders, or even prevalence of psychosocial suffering, but "as lived experience through the eyes of women" (Jansen & Rae Davis, 1998). Rather than engaging in a research paradigm that reinforces ontological disempowerment, a feminist interpretive stance would be concerned with questions such as the following: what does the reality of claiming refuge look like from the eyes of those implicated in it? how can the researcher seek to "engage with both the topic and the participants by taking a feminist standpoint" (Yakushko & Morgan- Consoli, 2014)?

Gender is viewed here as an ongoing process through which meaning is ascribed to the sex binary (Mahler & Pessar, 2006). Assuming that people make sense of their experience through a narrative interpretation of the world (Gergen, 2005; Somers, 1994b), the aim is to comprehend the ways in which refugees construct their lived experiences in a way that accentuates storytelling and listening as valid scholarly methods. Such understanding can provide relevant insights for the study of the dynamic relation between gender, mental health, and migration.

As the goal of this approach is to increase understanding and to hold space for respectful conversation as an attempt to "honor voice and visibility" (Jansen & Rae Davis, 1998), rather than to provide causal explanations, it draws on epistemological approaches that privilege listening to diverse voices and promote the visibility of marginalized groups - such as life-writing (Simplican, 2017), feminist oral history (Srigley, Zembrzycki, & Iacovetta, 2018), and critical social psychology (Pérez Troncoso & Piper Shafir, 2015) . Besides recognizing the centrality of the impact of gender and power to women's experience, which is essential to any kind of feminist scholarship, interpretive inquiry also tries to understand phenomena from the perspective of those involved. By supplying a context of experience, this framework brings forward the words of silenced and disenfranchised groups and promotes trust building in the relationship between the researcher and the participants.

Another possibility lies in the use of participatory and arts-based methodologies in psychiatric research. The use of arts-based methodology "provides opportunities to see new portraits of phenomena, diversifies our perspectives, and emancipates the gaze through which we approach the world around us" (Barone & Eisner, 2011, as cited by Q. Wang, Coemans, Siegesmund, & Hannes, 2017, p.13). Some researchers advocate for this as an inherently feminist methodology (Foster, 2007). Indeed, a feminist ethics of care can guide refugee mental health in finding new ways to empower refugees and asylum seekers and transcend the view of immigrant women as passive subjects (de Billy Garnier & Lavallée, 2018).

Concluding remarks

The emerging fields of global mental health and cultural psychiatry have helped to challenge epistemological notions of universal objectivity, which can be understood in terms of Haraway's metaphor of the conquering gaze. However, most research with a specific focus on the gendered dimensions of mental health, as well as work on forced migration from a feminist perspective, is to be found elsewhere. In my view, this is not due to a lack or scarcity

of such perspectives, but rather reflective of the fact that they still do not easily find their way into mainstream refugee studies discourses.

In her 1975 essay “Women and Psychiatry”, Dorothy Smith asks, in reference to the silencing of women’s voices by the authoritative discourse of psychiatry:

How then may women understand their situation? What vocabularies and concepts are available to them to think about their world and to speak from their experience? How can they formulate their lives and feelings so that they can speak to one another of what they have in common, make claims, speak with authority of their condition and recognize themselves fully in what is said? (Smith, 1976, p.4).

Although fifty years have passed, I find these questions deeply relevant to thinking about current debates about gender, migration, and psychiatric epistemology.

In this essay, I have reviewed some of the critiques that feminists and other scholars have made of psychiatry and migration studies, arguing that feminist and gender studies not only helps understand women's experiences of mental illness, but also challenges established notions of gender, migration, and mental health while amplifying the voices of marginalized individuals. I suggest that looking at the experiences of asylum seekers and refugees through a feminist critical lens can shift the focus away from individual psychopathology and highlight the complexity of the lived experience of migration. My aim was also to open a dialogue between disciplines and view feminism as a dynamic movement critiquing gender oppression broadly. While scholars have explored the experiences of migrant women, there's still a need for theoretical frameworks to critically examine gendered social relations and sexual identities in this context.

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