

2013

## Journal of Sociology & Social Welfare Vol. 40, No. 1 (March 2013)

Follow this and additional works at: <https://scholarworks.wmich.edu/jssw>



Part of the Social Work Commons, and the Sociology Commons

---

### Recommended Citation

(2013) "Journal of Sociology & Social Welfare Vol. 40, No. 1 (March 2013)," *The Journal of Sociology & Social Welfare*: Vol. 40: Iss. 1, Article 1.

DOI: <https://doi.org/10.15453/0191-5096.3711>

Available at: <https://scholarworks.wmich.edu/jssw/vol40/iss1/1>

This Complete Issue is brought to you by the Western Michigan University School of Social Work. For more information, please contact [wmu-scholarworks@wmich.edu](mailto:wmu-scholarworks@wmich.edu).





# Journal of Sociology & Social Welfare

VOLUME XL  
NUMBER 1  
March, 2013

The JOURNAL OF SOCIOLOGY AND SOCIAL WELFARE is edited and published by the SCHOOL OF SOCIAL WORK, WESTERN MICHIGAN UNIVERSITY, 1903 W. Michigan Ave., Kalamazoo, MI 49008-5354.

JSSW is sponsored jointly by Western Michigan University, the College of Health and Human Services, and School of Social Work. The substantial support of the University of California, Berkeley in the publication of the journal is gratefully acknowledged.

*Editor:* Robert D. Leighninger, Jr.

*Managing Editor:* Linwood Cousins

E-Mail: linwood.cousins@wmich.edu

*Associate Editor:* Robert Moroney      *International Editor:* Jason L. Powell

*Editorial Board*

Mimi Abramowitz	Richard M. Grinnell, Jr.	James Midgley
Bruce Arrigo	Edward Gumz	Robert Newby
Pallassana Balgopal	Lorraine M. Gutiérrez	Wilma Peebles-
Ellen Benoit	Charles Guzzetta	Wilkins
Katherine Briar-	Robert Hawkins	Dennis Peck
Lawson	John Herrick	Philip Popple
William Buffum	Alice K. Johnson	Jason L. Powell
Iris Carlton-LaNey	Jill Jones	Sonja Parker
Richard Caputo	Terry Jones	Redmond
Harris Chaiklin	Nancy Jurik	Susan Robbins
Pranab Chatterjee	Robert Kronick	Steven R. Rose
Mary Jo Deegan	Marina Lalayants	Marguerite Rosenthal
Luisa S. Deprez	Timothy Lause	Eunice Shatz
Paula L. Dressel	Leslie Leighninger	Fei Sun
Robert Fisher	Daniel Liechty	John Tropman
Sondra Fogel	Taryn Lindhorst	Charmaine C. Williams
Rich Furman	Patricia Martin	John Williamson
Alejandro Garcia	Nick Mazza	James Wolk
Andrew Golub	Peter Meiksins	Miu Chung Yan

*Assistant Editor*

Melinda McCormick

*Book Review Editors*

Marguerite Rosenthal, Emerita, Salem State University, and Jennifer Zelnick. Please mail books for review to: Jennifer Zelnick, Touro College School of Social Work, 43 West 23 Street, 8th Floor, New York, NY 10010..

*The Journal of Sociology and Social Welfare* is published quarterly. Prior to photocopying items for educational classroom use, please contact the Copyright Clearance Center, Inc., 222 Rosewood Drive, Danvers, MA, 01923, or Current Contents/Social & Behavioral Sciences (CC/S&BS), Institute for Scientific Information, 3501 Market Street, Philadelphia, PA, 19104. The Journal is abstracted and indexed in: Applied Social Sciences Index and Abstracts, Elsevier Bibliographic Databases, Psychological Abstracts, Social Work Research & Abstracts, Sociological Abstracts.

Copyright © Journal of Sociology and Social Welfare, 2013

# JOURNAL OF SOCIOLOGY & SOCIAL WELFARE

Volume XL March, 2013 Number 1

PAPERWORK FIRST, NOT WORK FIRST: HOW CASEWORKERS USE PAPERWORK TO FEEL EFFECTIVE <i>Tiffany Taylor</i>	9
INFLUENCES OF ENVIRONMENTAL FACTORS ON THE PHYSICAL FUNCTIONING OF OLDER ADULTS IN URBAN CHINA <i>Fei Sun, Chuntian Lu, and Jordan I. Kosberg</i>	29
ARE HOUSING FIRST PROGRAMS EFFECTIVE? A RESEARCH NOTE <i>Danielle Groton</i>	51
PHENOMENOLOGY AND HBSE: MAKING THE CONNECTION <i>Phillip Dybicz</i>	65
THE FIRST AND THE LAST: A CONFLUENCE OF FACTORS LEADING TO THE INTEGRATION OF CARVER SCHOOL OF MISSIONS AND SOCIAL WORK, 1955 <i>Tanya Smith Brice and T. Laine Scales</i>	85
HEALTH INEQUALITIES AND THE WELFARE STATE IN EUROPEAN FAMILIES <i>Simone Sarti, Marco Alberio, and Marco Terraneo</i>	103
PERCEIVED DISCRIMINATION AND SUBJECTIVE WELL-BEING AMONG RURAL-TO-URBAN MIGRANTS IN CHINA <i>Juan Chen</i>	131



'WE ARE RADICAL': THE RIGHT TO THE CITY  
ALLIANCE AND THE FUTURE OF COMMUNITY  
ORGANIZING

*Robert Fisher, Yuseph Katiya, Christopher Reid, and Eric Shragge* 157

BOOK REVIEWS

*The Price of Inequality: How Today's Divided Society  
Endangers Our Future.* Joseph E. Stiglitz.  
Reviewed by Mary Huff Stevenson. 183

*Behind the Beautiful Forevers: Life, Death, and Hope in a  
Mumbai Undercity.* Katherine Boo.  
Reviewed by Edward U. Murphy. 185

*To Promote the General Welfare: The Case for Big Government.*  
Steven Conn (Ed.).  
Reviewed by Sheila D. Collins. 187

*Three Worlds of Relief: Race, Immigration, and the American  
Welfare State from the Progressive Era to the New Deal.*  
Cybelle Fox.  
Reviewed by Marguerite G. Rosenthal. 189

*The Future of the Welfare State: Social Policy Attitudes and  
Social Capital in Europe.* Heikki Ervasti, Jorgen Goul  
Andersen, Torben Fridberg and Kristen Ringdal (Eds.).  
Reviewed by Larry Nackerud. 192

*The New Religious Intolerance.* Martha C. Nussbaum.  
Reviewed by John Tropman. 194

*Mother-Talk: Conversations with Mothers of Lesbian Daughters  
and FTM Transgender Children.* Sarah F. Pearlman.  
Reviewed by Melinda McCormick. 196

*Shattering Culture: American Medicine Responds to Cultural Diversity.* Mary-Jo DelVecchio Good, Sarah S. Willen, Seth Donal Hannah, Ken Vickery, & Lawrence Taeseng Park (Eds.).

Reviewed by Kenny Kwong. 198

*Taking It Big: C. Wright Mills and the Making of Political Intellectuals.* Stanley Aronowitz.

Reviewed by Gordon Fellman. 201



# Paperwork First, not Work First: How Caseworkers Use Paperwork to Feel Effective

TIFFANY TAYLOR

Kent State University  
Department of Sociology

*A great deal of research has explored welfare agency caseworkers, especially how they use discretion. Paperwork in county welfare bureaucracies, however, is often taken-for-granted by caseworkers and researchers studying welfare. In this case study of a county welfare program in rural North Carolina, I focus on how caseworkers use paperwork through document analysis, interviews, and observation data. My findings illustrate caseworkers spend far more time on paperwork than they actually spend assisting program participants find employment. Finally, I show how caseworkers use paperwork to feel effective in a job that offers little to help clients move from welfare to work.*

*Key words: welfare, poverty, TANF, workfare, rural, organization, goals, success, casework*

Over the past decade, politicians and the press alike have claimed that welfare reform works (Harris & Parisi, 2008; Rogers-Dillon & Skrentny, 1999). Despite these claims, many researchers question the success of welfare reform (Hao & Cherlin, 2004; Lichter & Jayakody, 2002; Rogers-Dillon, 2004). Since 1996, and until the recent recession, many welfare participants in the United States have found some type of employment after leaving welfare. It is not clear how much of this increase in employment is attributable to welfare services or if the employment is stable. Further, welfare participants across the United States have difficulty finding full-time, full-year employment. The jobs available to participants are low-skill,

Journal of Sociology & Social Welfare, March 2013, Volume XL, Number 1



low-wage jobs that offer little to no upward mobility (Butler, Corbett, Bond, & Hastedt, 2008; Corcoran, Danziger, Kalil, & Seedfeldt, 2000; Harris & Parisi, 2008; Hennessy, 2005). The most consistent finding concerning the effects of welfare reform on employment is that the number of families classified as working poor has increased dramatically (Lichter & Jayakody, 2002; Corcoran et al., 2000; Hennessy, 2005; O'Connor, 2000). Despite these challenges, welfare agencies argue they help program participants reach self-sufficiency.

This paper is a case study of a rural county welfare agency in North Carolina that examines how caseworkers use paperwork as a means to feel effective. While paperwork in social services offices has been taken as a given, how caseworkers use paperwork to feel effective within the constraints of bureaucracy has not been explored. Being good at paperwork allows caseworkers to feel effective within a program that offers caseworkers little room to successfully assist clients. Finally, in this paper, I also answer the call of Lichter and Jayakody (2002) to examine welfare reform in rural areas, which remain understudied despite their unique, and arguably greater, challenges in comparison to urban areas.

## Literature Review

Nearly fifty years ago, Peter M. Blau (1963) conducted comparative case studies of a state employment service agency and a federal enforcement agency. He found rules were often stretched and bent to improve individual job performance. Statistical performance evaluations removed personal feelings and lessened the risk of conflict between supervisors and line workers. Finally, he found paperwork was often a tool workers used to improve performance evaluations, even if this took a little exaggeration. In this setting of the employment agency, workers looked out for themselves, often at the expense of the client.

Three decades ago, Lipsky (1980) argued public service street-level bureaucrats struggle with effectiveness working in jobs that require them to negotiate contradictory job demands of helping people, while simultaneously being agents of social control. For welfare street-level bureaucrats, the daily work of welfare service provision has changed considerably since the

passage of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA). This reform overhauled Aid to Families with Dependent Children (AFDC), creating Temporary Assistance to Needy Families (TANF) and a complex new set of rules for welfare street-level bureaucrats to follow and enforce (Ridzi 2004, 2009). TANF participants would be required to work, they would have time limits to their assistance, and they would have “family caps” that prohibited additional cash assistance if the program participant became pregnant while receiving cash assistance.

Shortly after PRWORA passed, Hays (2003) studied caseworkers’ efforts to deal with this new welfare system that increased the social control aspect of workers’ jobs. She found that caseworkers actively resisted these punitive measures and bent the rules to help clients. Several years after Hays’ time in the field, welfare was reauthorized and a new requirement increased the number of participants that welfare agencies and caseworkers needed to get into “work-related activities.” Some recent research (Handler & Hasenfeld, 2007; Ridzi, 2004, 2009) suggests that re-structuring welfare agencies, ideological buy-in among staff, and the demanding and competitive performance measures have combined to create a substantial shift in how programs for the poor are implemented. Additional research (Ricucci, 2005; Ricucci, Meyers, Lurie, & Han, 2004; Watkins-Hayes, 2009) finds more variation in the level of staff buy-in to what Ridzi (2009) terms the “common sense” of welfare reform. By and large, though, caseworkers have little choice but to meet the demands of county, state, and federal performance measures. Further, welfare-to-work remains an ineffective program in helping clients gain steady employment, much less become self-sufficient (Collins & Mayer, 2010; Handler & Hasenfeld, 2007; Ridzi 2009).

Given that helping participants reach self-sufficiency seems impossible and the rules and demands of implementing welfare policy continue to grow, it is important to understand how workers cope with such conditions. Thirty years ago, Lipsky (1980) argued caseworkers were too busy doing paperwork to do quality casework. Based on her recent case studies in Massachusetts, Watkins-Hayes (2009) finds caseworkers get multiple cues that paperwork processing is more important than social work to agencies. My findings are consistent, but I

also argue caseworkers focus on completing paperwork to feel like they are effective in their jobs. Further, caseworkers use the paperwork to protect themselves from being blamed for any wrongdoing. While paperwork is externally required and burdensome to doing effective social work, it also becomes a tool for caseworkers to feel effective in a very constrained and often emotionally draining job.

### Location and Methods

The location chosen, Smithgrove County, was selected for theoretical reasons. Smithgrove County is in eastern North Carolina, where the economy has centered on cotton agriculture and textile manufacturing in the second half of the 20<sup>th</sup> century. Several small cities grew from mill towns that textile manufacturers constructed when they sought cheap labor that was socially and geographically isolated (Wood, 1986). Wealthy southerners essentially invited these firms to exploit the desperately poor White farmers as mill laborers, while using already exploited Black tenant and sharecropping farmers for their supply of cotton (Tomaskovic-Devey & Roscigno, 1996, 1997). This economic development set into motion decades of worker exploitation and poverty (Anderson, Schulman, & Wood, 2000; Wood, 1986). Smithgrove County's racial makeup was attractive to companies at the time, and still today Blacks make up a larger percentage of the population in Smithgrove County (53% compared to White, non-Hispanics 43% and 4% of the population comprising other racial categories, according to 2000 Census data).

The Bureau of Labor Statistics reports that in 2007 when the data were being collected, Smithgrove County was among 200 U.S. counties with the highest poverty and unemployment. More than a quarter of Smithgrove County's population was living in poverty (more than double the North Carolina average) and more than 9 percent were unemployed (which is much higher than the NC rate of 5.5 percent). These figures simply illustrate Smithgrove County residents face tough conditions that show little promise of improving. Work opportunities are not plentiful and most jobs that are currently available offer very low wages.

Smithgrove County and the eastern part of the state

never diversified their industrial base. This lack of industrial diversity proved disastrous for the economy by 2000. When the textile and apparel industries moved further south (first to the U.S. Deep South and then to Central America) for cheaper labor, many people in this region were left without jobs (Anderson et al., 2000). In 2007, The Bureau of Labor Statistics reported retail as the largest industry in the county, and the jobs in this sector paid less than \$20,000 a year. The county also has a high number of program participants reaching time limits (24 months in North Carolina) because they are not able to find work.

### *Methods*

Data collection for this case study occurred from June 2006 until June 2007. As a case study, I use several methods in this project, including document analysis, participant observation and formal and informal interviews. There are a number of benefits to using multiple methods in research. For instance, by interviewing, I learn what caseworkers say they do and how they feel. By observing, I see what caseworkers actually do, including actions that they may take for granted. The various methods, then, serve as a check and balance, improving the reliability and validity of the data and findings (Hammersley & Atkinson, 1985; Marshall & Rossman, 1998).

The first step in the research was to conduct a thorough review of the policies and procedures relevant to welfare history and policy in the United States, North Carolina, and Smithgrove County. These included training manuals from the job-readiness class, performance reviews, Work First policy manuals, and a variety of forms used by caseworkers and participants on a daily basis. This allowed me to develop an understanding of the historical, social, political, and economic development of Smithgrove County, as well as county, state, and federal welfare policy. This incredible paper trail also raised my awareness to the importance of paperwork for Work First caseworkers, which I will discuss in detail later.

Second, I observed as a participant and non-participant in a number of settings. These observations included things like shadowing caseworkers as if I were training, such as sitting in on interviews with welfare participants and sitting in the



cubicle area observing phone and face-to-face interaction between caseworkers and welfare participants. I also went on home visits to participants' homes, attended the job-readiness class, as well as the regional economic development summit and the quarterly regional workforce and economic development meetings. Additionally, I attended "Success Staffing" meetings, in which DSS workers and their community partners (nonprofit and other government agencies who provide services) met with welfare participants who were in danger of hitting time limits.

Third, I conducted interviews with welfare service providers including caseworkers, line supervisors, the program manager, and area nonprofit workers and managers. I interviewed all thirteen caseworkers working in the Work First program in the county. Of these caseworkers, all were women, five were White and eight were African American. I estimate that six were in their thirties, while the remaining caseworkers were older, their ages ranged from forties up to a few supervisors who were in their sixties. Three of the caseworkers had received cash assistance through the Department of Social Services before becoming caseworkers. An additional caseworker had once received county-coordinated outplacement assistance when the local textile mill closed.

In addition to the caseworkers, I interviewed two employees responsible for interacting primarily with companies, and secondarily with participants, in the county. One of these employees was an African American woman in her thirties whom the DSS employed and paid on a full-time basis. A second liaison was a White woman, also in her thirties, who was employed by the county's Chamber of Commerce, as well as the Department of Social Services. In addition to spending more than a day each week meeting participants at the Employment Security Commission, these community liaisons were responsible for promoting the "Work Experience" program. I also formally interviewed three line supervisors as a group and had frequent informal follow-up discussions with them individually. Of these supervisors, two were White and one was African American.

Finally, I interviewed one high-ranking supervisor who oversees Work First programs in the county. This supervisor

is a White woman who had worked at the DSS for more than twenty years. She is one of the few workers in this division holding a four-year degree. All the supervisors worked with DSS since before the 1996 welfare reform. All interviews with individuals (in total 19 DSS employees) were semi-structured, using techniques meant to elicit rich stories (Weiss, 1994). Interviews lasted between thirty minutes to over two hours, averaging just over an hour. I recorded all interviews, which were transcribed immediately. After initially open-coding the data, I used analytic memos to explore themes in the data. I then used focused-coding and subsequent analytic memos to analyze themes further. In this paper, I report these themes concerning how agency workers use paperwork to feel effective in a work environment that is largely structured by achieving statistical measures of success. Second, I explore how workers overcome focus on the paperwork as a source of competence and as a way to show others they are doing their jobs correctly.

### Challenges in Getting People to 'Work First'

Supervisors argued that the requirement of having half their program participants engaged in work-related activities is impossible to achieve. The state and federal governments have threatened that they will sanction the county if they do not reach their numbers. While this has yet to occur, caseworkers and supervisors have reason to fear sanctions, especially given the tight labor market in Smithgrove County. Despite this, caseworkers embraced the language of "self-sufficiency" and "Work First," and argued that it created a work ethic among otherwise unmotivated participants. Caseworkers and supervisors stated they need to help participants realize that any job is better than welfare. The caseworkers would often say, "It's called Work First, so you need to get to work first" and therefore skill development, education, and many other activities necessary to reach self-sufficiency take a backseat. This consistent message of "self-sufficiency" and going to "work first" to achieve self-sufficiency prompted me to ask caseworkers how they help participants find jobs. The caseworkers' first response was usually that participants must register with the state employment agency (ESC) through a program called "First Stop."

This program no longer received funding from the state, and several of the supervisors argued that workers at the ESC did not offer enough assistance to participants because of the lack of funding and staff. Kim, a supervisor, expresses her frustrations with the ESC, saying:

Their money got cut, and their staff, and they just don't want to do the extra stuff. So they have their goals to meet. They have their number crunches they have to have. [...] And we have had to put people in there to do it.

The quote illustrates a larger issue of program implementation and the relationships between government agencies. State law requires the ESC to provide a service to Work First participants, but they do not have the funding or staff resources to provide the service. The consequence is that welfare participants who are supposed to move from welfare to work do not get job referrals from the ESC staff. Despite this potential flaw in the policies and rules, caseworkers must still enforce these rules. In fact, caseworkers view themselves as helping participants by referring them to ESC, regardless of whether or not the ESC actually helps the participant. The act of referring to another organization is helping, in and of itself.

In addition to registering with First Stop at the ESC, participants must look for jobs (called "job search") on their own for thirty or more hours a week. Caseworkers monitored compliance with this requirement through checking participants' weekly timecards, but did little to help guide this process. Participants manually fill out the hours they participate in "work-related activities" each week using a paper timecard. Manual timecards, according to caseworkers, also create a work-like feeling of responsibility among the participants. Beyond monitoring timecards, caseworkers mandated participants attend a job-readiness class offered by a local nonprofit. The DSS provides almost all the funding for the organization offering the class. Participation in this class counts as a work-related activity, which helps the county meet expectations of the state. In the job-readiness class, participants learn to write resumes and learn how to interview for jobs. Unfortunately, this training may not help participants compete for low-wage jobs that often only accept applications, not resumes, and that

often do not require formal interviews.

When I asked her what she did to help clients find employment, Kathy, a caseworker, struggled with the question. After some follow-up, she responded, "well, every week Amanda [who works as a liaison between the Chamber of Commerce, the ESC and the DSS] sends me jobs listed through the ESC. Then I go through and look for ones that match my clients." I asked how she contacted the participants to tell them about the job openings. Kathy replied that she sends them letters in the mail. Caseworkers send all their letters on their designated paperwork day of the week, so it could be days or more than a week before a participant learns of a job opening listed with the state employment agency. In a high unemployment labor market, like in Smithgrove County, job openings are filled quickly.

When I asked Kathy if caseworkers ever contacted participants by telephone to tell them about job openings, she again looked puzzled and replied that she does not call the participants about jobs. It is important to note that she, and all caseworkers, regularly calls participants about completing paperwork. Even one caseworker, Nancy, who takes extra effort to go through the job advertisements in the newspaper on weekends, sends letters with job information to participants on her paperwork day. As a rarity, she does call participants, but only about job fairs. She has never called them about specific job openings.

Once, on a participant home visit, I observed a caseworker give extra effort to help a participant find employment. The participant had a criminal record and the nature of the charge made it difficult for her to find employment. The caseworker and the participant talked about forms of bonding insurance she may be eligible for and then discussed having the liaison to the Chamber of Commerce assist this participant in finding a job. This conversation was unusual, since this was the only time I witnessed a caseworker and participant interact about something other than updating paperwork or complying with a rule. While caseworkers and managers constantly mentioned the "mutual responsibility" of both participants and the DSS and that "it takes a village," the responsibility of finding a job rested almost solely with the participant and then the caseworker spent her time doing paperwork—documenting the participant's efforts.



### “Document, Document, Document”

Caseworkers estimated they spent fifty to sixty percent of their time doing paperwork. Based on my observations, it would seem these estimates were conservative. Paperwork included sending letters like the ones mentioned above, but caseworkers also documented conversations, as well as how they spent their time. In this county, caseworkers blocked out one day a week to send letters and catch up on paperwork. Additionally, caseworkers also spent one day every two weeks doing “intake,” which means greeting participants and doing the initial eligibility screening interview with someone who usually will become someone else’s client. Caseworkers spent the remaining forty percent, or sixteen hours, of the week working with existing participants in their caseload, either face-to-face or, more commonly, on the telephone. Caseworkers in Smithgrove County carried a caseload of approximately forty to fifty families. If they were to spend sixteen hours equally across forty families, then each family gets only twenty-four minutes per week of the caseworker’s time. What little time caseworkers spent face-to-face or on the telephone was to check that the participant was completing paperwork or following rules, not working with them to find jobs.

In the “interview” process (when the caseworker discussed the application with the potential participant), caseworkers collected information about prior work history and education. The caseworkers then entered this data into the computer. Caseworkers did not ask participants about their job aspirations, or even their skills, in the interviews I observed. Caseworkers never talked with participants about improving skills or receiving training, despite the relevance to participant self-sufficiency. Also none of the interviews that I observed were completed, since the potential participant did not have all the information necessary to complete the paperwork. Caseworkers do not start processing the application until all the paperwork is completed, which includes the participants providing documentation to prove income, school enrollment, and immunization history, among other things. Having all the paperwork takes precedence over getting the participant started on searching for a job or getting needed assistance.

Social services work is well-known for high stress, turnover, and conflict with clients. I was quite surprised that when I asked caseworkers what their main source of frustration was, many caseworkers said it was with completing their paperwork. One caseworker, Nancy, expressed this frustration, saying it would be much easier on caseworkers if participants would just take benefit diversion checks and not go onto the welfare caseload. She then followed this saying, "God forbid if you get sick and you have to be out of work, because your stuff gets behind [...] God forbid that we get pulled for something else or called to a meeting. That gets you behind." This frustration in completing paperwork is not surprising, given paperwork is how caseworkers spend the majority of their time and since, for the caseworkers, completing their paperwork is their main source of success in their jobs.

Caseworkers would often say "document, document, document" with a smile. This word had become a mantra for both the supervisors and caseworkers. After hearing this phrase often in my fieldwork, I asked Julie, a caseworker, about it. She responded "yes, it is like a slogan, 'document, document, document'." I asked her when she first learned the slogan and she replied, "First day at work. Document, document, document. Document, document, document. Like [Kim, a supervisor], she always has to review everything that I do and she says 'Did you document? Did you document?'" Julie's repeating of the phrase is reflective of the work environment and socialization. Caseworkers and managers constantly say this phrase, reminding one another of the importance of documenting everything. Given the repetition of the document mantra and the emphasis on paperwork, I wanted to know why caseworkers thought documenting and completing paperwork were important.

### Documenting Accountability and Fairness

Beyond the constant reminders to document, caseworkers argued that documenting everything is important for two reasons. First and foremost, caseworkers were clear that documenting everything provided proof that they had performed their jobs as expected in the event of a hearing or an audit.

Second, and related to this, caseworkers argued that documenting and following rules ensured that they had treated clients fairly. Importantly, both reasons were given by all the caseworkers and they often discussed fairness to clients and covering themselves in overlapping and somewhat confusing ways.

When I asked Alice, a caseworker, about why she thought documenting was important she responded, "Well, it's to, you know, C.Y.A.—cover your ass." Other caseworkers responded similarly, saying it was necessary to document everything in case the client complained and asked for a hearing. Alice talked further about this, saying documenting creates a "paper trail" and went on to say, "It helps you keep your job. I'm helping myself and I'm helping the county and I'm helping my co-workers." Notice Alice does not mention paperwork helps clients, but suggests instead that it is important for covering yourself, keeping your job, and helping the county. Judy elaborated on this idea, saying:

So it's like a record to show that we did this. We didn't skip this. We went through with this. And sometimes it's a running—it's a running—we have to do a lot of detection, so it lets them know what we are doing. Each time we pick up something or each time we do something, it lets them know that we did all the proper procedures, we explained everything and just chalk it up to that.

Here Judy discussed the importance of keeping a record of what has been done, especially in terms of "detection," which means surveying clients to look for fraudulent behavior. She further elaborates on the extent to which they have to document, saying every time they "pick up" or "do something" they have to document to show they followed "proper procedures."

The caseworkers suggested it was important to use the paperwork to show that they were doing their jobs correctly, which they argue means they treated a client fairly and followed procedure. When I asked Ann, a caseworker, about the manual and rules, she spoke positively about having a manual, saying "Well, anything that we need to know, we can pull that manual up and most of the time it's there. And so we

don't have to wonder about 'should I do it this way or should I do it that way?'" Ann suggests having rules and guidelines prevents the worker from having to worry about how something should be done. Also, implicit in this statement is that caseworkers wanted to avoid making mistakes and they also wanted to be fair.

Nearly all of the caseworkers and supervisors in Smithgrove County placed a great deal of emphasis on doing a good job and doing it right. Caseworkers did not want to make mistakes in general, and they certainly did not want to make a mistake that might harm a client. Many caseworkers also told me that making a mistake can cost the county money, and they very much wanted to avoid that. In many ways, the caseworkers suggest being required to document everything and having procedures standardized and routinized helps them treat clients fairly. Documenting everything holds caseworkers accountable to treat clients by the rules.

As mentioned above, in Smithgrove County, caseworkers allocated certain days to do certain tasks. For instance, on a day a caseworker is asked to conduct intake and handle face-to-face interactions with clients, she will see both her clients and clients in other caseworkers' caseloads. This division of labor is supposed to make the caseworkers more efficient through having them focus and group similar tasks. Given this labor process, caseworkers need to be able to deal with another caseworker's client without interrupting the other caseworker. Nancy explained the importance of documenting, given this labor process:

So that's why it's important. If you're not going to be here, or if your worker's not going to be here a certain day, that you document whatever it is you need for the client to do or whatever in case the client comes in when you're not here.

Alice, another caseworker, also talked about the importance of documenting, given the division of labor:

We have everything straight and then also to have your co-workers to read behind you because we all the time have to be seeing each other's clients [...] you have to cover and it was tough, but we managed [...] Because we are working with everyone.

While caseworkers complained about the amount of duplicate paperwork and the fact that the computers crashed constantly, overall, the paperwork, many argued, helped them in their jobs. Some caseworkers suggested having the rules and documenting everything holds caseworkers accountable to treat all clients the same, which again, they argued, is the same as treating them fairly. In this sense, standardization means fairness, which means, to them, a lack of discrimination. Historically there has been some concern over caseworkers using discretion to illegally discriminate against clients (for detailed analyses of this history see Gordon, 1990). The caseworkers seem aware of this criticism and suggest they must consistently document their actions on forms and in the computer databases. Stephanie discusses this, saying:

You know you have your booklet that you have to do your standard questions, you know[...] When you first start you feel overwhelmed with the paperwork, but to keep it where more people don't fall through the cracks and not get services they need. Well there's that, I guess, to stop a type of client from getting more than what they need. We've got to have every piece of paper that we do.

This quote from Stephanie illustrates some of the complex feelings about paperwork. First, she discussed the standardization and suggested caseworkers must always ask the standard questions. Of course, they must then document the answers. Second, she acknowledged the paperwork is overwhelming to a new person, but suggests learning the paperwork is seen as a big accomplishment. Finally, Stephanie mentioned that paperwork was a means of surveillance to ensure a client received the appropriate amount of services. Stephanie's comment also is consistent with the first reason caseworkers give for doing paperwork, which is a way for caseworkers to cover themselves in the event of an audit or hearing. Stephanie continued discussing the importance of paperwork in a way that further shows this overlap in reasoning:

Umm, it's a point of information, but having that paperwork in the books, in the records and a case terminates and then she comes back in the next month

or 2 or 3 months later, you can kind of, you can kind of glance over the paperwork that she did before, before you go get her and when she says I've never lived outside the state of North Carolina, well when you were here 2 months ago and stated that you had lived in West Virginia and Kentucky, you know. And it kind of helps us to follow the story, umm, and I guess it also has the statement about what they want us to do.

The paper trail here helped Stephanie catch this client's dishonesty. While the bulk of her statement was about catching this client, she later mentions the paperwork helped caseworkers follow the client's story in a way that helped them know how they could help the client.

### Discussion and Conclusions

In this paper, I have contributed to the research on welfare policy implementation by examining what is often taken for granted—paperwork. My findings illustrate that caseworkers used paperwork in three main ways: paperwork was a way to feel effective or successful in their jobs; paperwork was a way to show you followed rules and “covered your ass;” and paperwork was, according to caseworkers, a way to ensure the fair treatment of clients. More broadly, the caseworkers' focus on paperwork highlights their buy-in and compliance with current welfare ideology (Handler & Hasenfeld 2007) and the so-called “common sense” of welfare (Ridzi 2004, 2009).

First, completing paperwork was a way for caseworkers to achieve standard measures of effectiveness and to feel successful in their jobs. A great deal of literature has questioned the effectiveness of current welfare-to-work programs in the United States (e.g., see the 2008 special issue of the *Journal of Sociology & Social Welfare* about the “success” of welfare; Corcoran et al., 2000; Hennessy, 2005; Lichter & Jayakody, 2002; O'Connor, 2000). There are no clear mechanisms currently in place in the Smithgrove County Work First program that would allow caseworkers to effectively help participants. Even if there were mechanisms, the lack of participant education and skills and the poor local labor market are barriers potentially too large to overcome. Given this, caseworkers turn to the concrete tasks on which supervisors evaluate them: finishing their

paperwork on time. While paperwork is frustrating, it is something they can do effectively.

Additionally, caseworkers and managers argued the paperwork was important to show you were doing your job correctly (cover yourself) and it is important because it holds caseworkers accountable to treating program participants fairly. Lipsky (1980), and later Watkins-Hayes (2009), both describe the conflicting roles of street-level bureaucrats. On the one hand, these workers are expected to help clients, but on the other, they are expected to police the behavior of those they serve. Being somewhat wedged between serving their bureaucracies and clients creates a dilemma, one that is often solved by focusing on rule-mindedness. In many ways, caseworkers avoid this dilemma through focusing the majority of their time on completing paperwork.

Again, given the lack of mechanisms for helping program participants, caseworkers focus on completing paperwork, arguing that it helps them be fair. No one, however, suggested the paperwork helps program participants find work or helps them move from welfare to work. The argument that paperwork ensured fairness also seemed a response to arguments of bias or discrimination by caseworkers (see Gordon's 1990 historical work on caseworker bias), something future work should consider more. While recent work has examined case closure and race (Monnat, 2010; Monnat & Bunyan, 2008; Schram, 2005), it is possible some caseworkers believe they are resisting bias, which may or may not be the case. In short, the caseworkers in Smithgrove County wanted to treat people fairly and to them, treating everyone the same, in terms of paperwork, meant being fair.

Finally, the caseworkers' focus on paperwork shows their buy-in to welfare ideology (Handler & Hasenfeld 2007) or to the "common sense" of welfare (Ridzi 2004, 2009). The majority of the paperwork is meant to show the program participant is either complying with parenting guidelines (i.e., vaccinations, school attendance) or work-related participation requirements (i.e., job search and working somewhere under the Work Experience program). The main reason program participants are sanctioned in Smithgrove County is for failure to complete paperwork or document good cause for missing a work or welfare office related appointment. Caseworkers



also use paperwork to prove they are following the rules of a punitive welfare ideology (Handler & Hasenfeld, 2007; Ridzi 2004, 2009) that encourages caseworkers to constantly surveil program participants in the event they are engaged in fraudulent activities. None of the documentation actually helps program participants find work.

Paperwork in welfare bureaucracies might never go away and, to some degree, a paper trail is helpful to the program participant in the event that a caseworker does make an error and the participant needs to file a grievance. However, Ridzi (2009) argues that welfare providers could use the massive amounts of paperwork to provide a service to clients instead of using it only for surveillance. Researchers and administrators could track what works and does not work to better inform policy change. This would require minimal structural change to our current system and could uncover best practices or mechanisms for helping clients find good jobs. Creating mechanisms for helping clients find good jobs would not only enhance the well-being of clients, it would likely greatly improve the well-being and job satisfaction of caseworkers.

Acknowledgement: The author would like to thank the North Carolina State University Institute for Nonprofits for partially funding this research and Katrina Bloch, Emily Cabaniss, Jeff Leiter, Barbara Risman, Elizabeth Seale, and Gretchen Thompson for their helpful and extensive comments on previous drafts of this paper.

## References

- Anderson, C. D., Schulman M., & Wood, P. J. (2000). Globalization and uncertainty: The restructuring of southern textiles. *Social Problems*, 48, 478-498.
- Blau, P. M. (1963). *The dynamics of bureaucracy: A study of interpersonal relations in two government agencies*. Chicago, IL: University of Chicago Press.
- Butler, S. S., Corbett, J., Bond, C., & Hastedt, C. (2008). Long-term TANF participants and barriers to employment: A qualitative study in Maine. *Journal of Sociology & Social Welfare*, 35(3), 49-69.
- Collins, J. L., & Mayer, V. (2010). *Both hands tied: Welfare reform and the race to the bottom of the low-wage labor market*. Chicago, IL: University of Chicago Press.
- Corcoran, M., Danziger, S. K., Kalil, A., & Seedfeldt, K. S. (2000). How welfare reform is affecting women's work. *Annual Review of Sociology*, 26, 241-269.

- Gordon, L. (1990). *Women, the state, and welfare*. Madison, WI: University of Wisconsin Press.
- Hammersley, M., & Atkinson, P. (1985). *Ethnography: Principles in practice* (2nd ed.). New York: Routledge.
- Handler, J., & Hasenfeld, Y. (2007). *Blame welfare, ignore poverty and inequality*. New York: Cambridge University Press.
- Hao, L., & Cherlin, A. J. (2004). Welfare reform and teenage pregnancy, childbirth, and school dropout. *Journal of Marriage and Family*, 66(1), 179-194.
- Harris, D. A., & Parisi, D. (2008). Welfare and family economic security: Toward a place-based poverty knowledge. *Journal of Sociology & Social Welfare*, 35(3), 97-113.
- Hays, S. (2003). *Flat broke with children: Women in the age of welfare reform*. Oxford: University Press.
- Hennessy, J. (2005). Welfare, work, and family well-being: A comparative analysis of welfare and employment status for single female-headed families post-TANF. *Sociological Perspectives*, 48, 77-104.
- Lichter, D. T., & Jayakody, R. (2002). Welfare reform: How do we measure success? *Annual Review of Sociology*, 28, 117-141.
- Lipsky, M. (1980). *Street-level bureaucracy: Dilemmas of the individual in public services*. New York: Russell Sage Foundation.
- Marshall, C., & Rossman, G. B. (1998). *Designing qualitative research* (3rd ed.). Thousand Oaks: Sage Publications.
- Merton, R. K. (1957). *Social theory and social structure*. New York: The Free Press.
- Monnat, S. (2010). The color of welfare sanctioning, exploring the individual and contextual roles of race on TANF case closures and benefit reductions. *The Sociological Quarterly*, 51(4), 678-708.
- Monnat, S. M., & Bunyan, L. A. (2008). Capitalism and welfare reform: Who really benefits from welfare-to-work policies? *Race, Gender & Class*, 15(1-2), 115-133.
- O'Connor, A. (2000). Poverty research and policy for the post-welfare era. *Annual Review of Sociology*, 26(1), 547-562.
- Riccucci, N. (2005). *How management matters: Street-level bureaucrats and welfare reform*. Washington, DC: Georgetown University Press.
- Riccucci, N. M., Meyers, M. K., Lurie, I., & Han, J. S. (2004). The implementation of welfare reform policy: The role of public managers in front-line practices. *Public Administrative Review*, 64(4), 438-448.
- Ridzi, F. (2004). Making TANF work: Organizational restructuring, staffbuy-in, and performance monitoring in local implementation. *Journal of Sociology and Social Welfare*, 31(2), 27-48.
- Ridzi, F. (2009). *Selling welfare reform: Work-first and the new commonsense of employment*. New York: New York University Press.
- Rogers-Dillon, R. H. (2004). *The welfare experiments: Politics and policy evaluation*. Stanford, CA: Stanford University Press.

- Rogers-Dillon, R. H., & Skrentny, J. D. (1999). Administering success: The legitimacy imperative and the implementation of welfare reform. *Social Problems*, 46, 13-29.
- Schram, S. F. (2005). Contextualizing racial disparities in American welfare reform: Toward a new poverty research. *Perspectives on Politics*, 3(2), 253-265.
- Tomaskovic-Devey, D., & Roscigno, V. J. (1996). Racial economic subordination and white gain in the US south. *American Sociological Review*, 61, 565-589.
- Tomaskovic-Devey, D., & Roscigno, V. J. (1997). Uneven development and local inequality in the US south: The role of outside investment, landed elites, and racial dynamics. *Sociological Forum*, 12, 565-597.
- Watkins-Hayes, C. (2009). *The new welfare bureaucrats: Entanglements of race, class, and policy reform*. Chicago, IL: University of Chicago Press.
- Weiss, R. (1994). *Learning from strangers*. New York: The Free Press.
- Wood, P. J. (1986). *Southern capitalism: The political economy of North Carolina*. Durham, NC: Duke University Press.



# Influences of Environmental Factors on the Physical Functioning of Older Adults in Urban China

FEI SUN

School of Social Work  
Arizona State University

CHUNTIAN LU

Institute for Empirical Social Science Research  
Xi'an Jiao Tong University

JORDAN I. KOSBERG

School of Medicine  
University of New Mexico

*This study examined the influence of municipal-level environmental factors (i.e., economy, pollution, health care) on the physical functioning of the elder population in urban China using a two-level hierarchical linear model (HLM) method. Data came from the 2005 wave of the Chinese Longitudinal Healthy Longevity Survey, including 3,830 older adults ( $M_{age} = 86.4$ ) randomly selected from 152 cities across China. Municipal-level data retrieved from the Chinese Statistical Yearbook 2005 include indicators of economic development, pollution, and health service availability. Higher gross domestic product (GDP) per capita and more doctors were associated with fewer functioning limitations. The effect of self-rated health on functioning limitations was moderated by indicators of health service availability. Policies need to eliminate disparities in economic development and health care access across regions.*

**Key words:** ADL limitations, environment, physical functioning, Chinese elders

Physical functioning, defined as individuals' ability to perform basic daily tasks, such as eating, dressing, and bathing, is critical to the well-being of older adults. Complete or partial loss of these capacities is often associated with comorbid medical conditions and predicts such psychosocial problems as social isolation and depression (Stuck et al., 1999). Older adults' physical functioning also determines the amount of care they need from family caregivers and from formal care systems (Kadushin, 2004). Moreover, prevalence of disability leads to high mortality (Bernard et al., 1997; Manton, 2008). Thus, the physical functioning of older adults is a public concern for individuals, families, communities, and society. While gerontological studies have focused on identifying risk factors for declining physical functioning (Stuck et al., 1999), such efforts have often limited their focus to individual-level predictors (e.g., age, health status). The role of environmental factors (such as economic development, pollution levels, and health service availability) in influencing individuals' physical functioning has been less studied (Balfour & Kaplan, 2002; Zeng, Gu, Purser, Hoenig, & Christakis, 2010). Without an understanding of the environmental influences on individuals' limitations in physical functioning, public policymakers and aging service planners may be missing information necessary for providing preventive, rehabilitative or accommodative services.

The impact of the environment on physical functioning may be particularly critical to older adults living in developing countries (Zeng, Yaupel, Xiao, Zhang, & Liu, 2002; Zimmer, Chayovan, Lin, & Natividad, 2004). First, unlike their Western counterparts, many developing countries face rapid population aging prior to industrialization (Zeng et al., 2010). China, for example, has the largest number of older adults in the world. In 2008, China had about 100.1 million adults aged 65 or older, accounting for 23% of the total older population in the world (National Bureau of Statistics of China, 2009). In contrast, the ranking of gross domestic product (GDP) per capita of China was 99th out of the 181 countries listed by the International Monetary Fund (2010). The Chinese government has to address the needs of its growing older population with a lower level of economic development than in Western societies

(e.g., Zimmer & Kwong, 2004).

Furthermore, the rapid economic development currently experienced in China has brought about mixed health consequences for older adults. In the past three decades, China has witnessed an improvement in the health conditions of older adults through increased personal income and access to health care. For example, the life expectancy at birth in China increased from 68 years in 1981 to 73.5 years in 2009 (National Bureau of Statistics of China, 2009). On the other hand, many urban areas witnessed a deterioration of physical environment, such as air and water pollution (Wang, 2004). The interactive influence of economic development and the physical and health environment on the functional capacity of older adults is not yet clear. For these reasons, we believe it is important to examine the roles of environmental factors in influencing the physical functioning of older Chinese persons.

### Literature Review

Physical functioning is often operationalized as an individual's capacity to perform activities of daily living (ADL), which is an important indicator of independence and personal well-being. The emphasis of environmental influences on individuals' health can be dated back to the Chicago School of Sociology (Park & Burgess, 1925), and has been embraced by public health researchers and social epidemiologists (Berkman, 2009; Guralnik, Fried, & Salive, 1996; Yen & Syme, 1999). It has also triggered a recent interest in environmental gerontology (Wahl & Weisman, 2003) that focuses on the close links between physical, social and cultural environments in the context of aging. We adopted a person-in-environment perspective (Wahl, 2006) to examine the relationship between individuals' physical functioning and the environment within which they live. This perspective suggests that older individuals need to respond or adjust to an "environmental press" in order to adapt. Environmental press may result from demands from: (a) the physical environment; (b) the economic environment; or (c) health care systems which may interact with individual characteristics to influence physical functioning (Balfour & Kaplan, 2002).

*Environmental Factors*

In light of existing literature on health and environment (House, 2002; Kaplan, 2004), we highlight three aspects of environment that are believed to be crucial to the physical functioning of older adults: (a) area economic development; (b) level of pollution in the physical environment; and (c) health service availability.

The first environmental factor is area economic development, which can significantly influence the disability rate (Yen & Syme, 1999). In developing countries, disability stems primarily from malnutrition and contagious diseases, which are more likely to diminish as a result of economic advancement than are chronic illnesses, the major cause of disability among older populations in developed countries (Kinsella & He, 2009). Even within a country, community socioeconomic status affects the physical functioning of older adults (Balfour & Kaplan, 2002). In China, Du and Wu (2006) found a lower rate of ADL difficulties among older adults living in well-developed metropolitan areas, like Beijing and Shanghai, than in less developed areas. Explanations of the association between the disability rate and economic level need to consider other confounding factors; areas with advanced economic development also have a greater concentration of advanced technology, medicine, and access to education. Furthermore, the level of area economic development may influence individuals' socioeconomic status, an important correlate to individual physical health (e.g., Yen & Kaplan, 1998; Zimmer & Kwong, 2004). Schoeni, Freedman and Martin (2008) attributed the consistent declines in disability among American older adults to the reduced poverty rate among this population. Because of the complex relationship between economic development and other environmental and individual factors, it is important to sort out the effects of area economic development on the physical functioning by controlling for other factors.

The second environmental factor of interest is the level of pollution of the physical environment. Exposure to polluted air or water can lead to chronic diseases or limit individuals' scope of mobility which, in turn, increases functioning limitations. Evidence is emerging regarding the negative impact of pollution on the physical functioning of older adults (Sun & Gu, 2008; Wang, 2004). For example, Zeng et al. (2010) used



the concentrations of 3 pollutants—sulfur dioxide, nitrogen dioxide, and inhalable particulates—to assess air pollution, and found that air pollution increased the likelihood of developing physical limitations among Chinese older adults. Furthermore, Sun and Gu (2008), using data of older adults from 172 cities in China, found that the physical functioning of older adults living in developed areas is affected more by air pollution than their counterparts living in less developed areas. This could be explained by the close association between socioeconomic development and environmental degradation (e.g., Sun & Gu, 2008; Wang, 2004). Both studies were limited by their cross-sectional design and did not control for health care availability in their analysis.

The third environmental factor is health service availability. Health care availability reflects the level of local economic development and plays a unique role in shaping health outcomes of residents (Du & Wu, 2006; Spillman, 2004). However, this area has rarely been examined. In the two recent studies (Sun & Gu, 2008; Zeng et al., 2010) that examined environmental factors in relation to physical functioning of Chinese older adults, neither examined the health care environmental factors. Health care institutions shaped by social processes may influence the access to and quality of care provided to the population, and we assume that health care service would reduce the ADL disability rates in the older population. Moreover, it is possible that the relationship between individual characteristics and physical functioning could be moderated by the availability of health services. Given little evidence in this regard, we also explored the possible moderation effect of health service availability.

The interrelated complexity between economic development, health service availability, and pollution makes it essential to examine how each might affect individuals' physical functioning. In line with this inquiry, we examined the effects of each environmental influence, and we controlled for known individual-level factors.

#### *Individual-level Factors*

It is believed important to control for the individual-level predictors of physical functioning that have been highlighted in the literature. Functional ability tends to decline most

steeply when people reach old age (Sun et al., 2002; Tang et al., 2001). Du and Wu (2006) analyzed data from a national survey on the functional ability of Chinese older adults and found that for people aged between 60 and 79, only 8.9% needed ADL help, while for people aged 80 and above, one fourth needed ADL help. In addition to age, several other factors were identified in the Chinese literature: gender (e.g., Zeng, Liu, Xiao, & Zhang, 2004); education and income (e.g., Lin et al., 2002); self-rated health (e.g., Lee, 2000); cognitive status (e.g., Zhang, Lu, & Wen, 2003); and activity and exercise engagement (e.g., Guan, Chen, Zhou, Zhang, & Tang, 2002). Being male, better educated, of higher income, and having fewer physical and mental problems and engaging in more exercise/activities are found to be consistently related to fewer functional limitations. National survey data suggest that there is a rural/urban difference in functional disabilities, with rural older adults having a higher disability rate (10.8%) than their urban counterparts (6.9%) (Du & Wu, 2006). Yet, in the published *Chinese Statistical Yearbook 2005* (National Bureau of Statistics of China, 2005), the environmental indexes were not available for rural counties. Thus, this study limits its analysis to older adults residing in urban areas of China.

### Purpose of Study

A review of the literature led to the conclusion that more empirical evidence is needed regarding the effects of specific environmental factors on the physical functioning of older adults in China. Toward the ultimate goal of improving individuals' physical functioning, we believe that public programs focusing on environmental dimensions can benefit more people more profoundly. Using a person-in-environment perspective, we focused on municipal-level influences on ADL difficulties among China's older adults to address two research questions: (1) Do municipal-level environmental factors, including economic development, pollution and health care availability significantly influence the physical functioning of the older adults, after controlling for individual-level factors? (2) Are there any interaction effects between individual health factors and environmental health service factors on the physical functioning of the older adults?

### *Methods*

This study used secondary data from the Chinese Longitudinal Healthy Longevity Survey (CLHLS). The CLHLS is a national, longitudinal survey of the “oldest-old” Chinese, which were defined by the survey as aged 80 or above. The first wave of the CLHLS was collected in 1998 in randomly selected counties and cities of the 22 provinces, covering about 85.3% of the total population in China. Standardized interview questionnaires and a basic health examination were delivered at the interviewee’s home by either a nurse or a medical student. Data collection in the following waves adopted the same sampling strategies (see detailed description of the original study in Gu, 2008, and Zeng, 2008). This study used the fourth wave data collected in 2005. This wave data included older adults between the ages of 65 and 79, accounting for about one third of its sample. Our analysis did not include rural counties, due to the absence of municipal-level environmental statistics. Participants in this study were older adults (aged 65 or older) who lived in non-institutional settings in urban China. It was these 3,846 older adults from 152 cities in China that comprised the sample analyzed in this study.

### *Participants*

The average age of participants was 86.3 ( $SD = 12.0$ ). Over half were female (56.4%). Participants had completed an average of 3.7 years of education (see Table 1). In Chinese currency, the average income per capita in the household was RMB14669.3 (about U.S. \$2141.10); the average household size was 2.1 ( $SD = 1.6$ ) people. On average, participants’ self-rated health was somewhere between fair and good ( $M = 3.4$ ,  $SD = .9$ ), and their cognitive status was somewhat impaired ( $M = 22.1$ ,  $SD = 9.8$ ).

### *Measures*

The outcome variable was difficulties in ADL functioning. An adapted version of Katz, Down, Cash, and Grotz’s ADL Index (1970) was used to measure ADL difficulties, and its reliability and validity have been established among the Chinese older population using earlier waves of the CLHLS data (Zeng & Vaupel, 2002). Participants were asked to rate how much assistance they needed to perform six ADL tasks (eating,

dressings, using the toilet, bathing, transferring, and continence) on a three-point scale from 0 to 2, with 0 = *no assistance needed*, 1 = *some assistance needed*, and 2 = *cannot do without assistance*. The range of possible total ADL scores was from 0 to 12; higher scores indicate that the participant needs more assistance with ADL tasks. The Cronbach alpha of this scale on this sample was .89.

*Individual-level factors.* Demographic characteristics included age, gender, educational level, and income. Age was measured in years. Gender was coded 0 for males and 1 for females. Education level was measured using years of schooling completed. Income was measured by yearly Chinese dollars per capita in the family.

Health and mental health variables included self-rated health and the Chinese version of Mini-Mental State Examination (MMSE) (Folstein, Folstein, & McHugh, 1975; Zeng & Vaupel, 2002). Self-rated health was measured by a single-item question: "How do you rate your health at present?" Participants responded on a five point Likert scale ranging from 1 = *very bad* to 5 = *very good*. The MMSE was used to assess the cognitive functioning of older adults. The Chinese version of the MMSE was translated and modified by Zeng and Vaupel (2002) to reflect the cultural and socioeconomic conditions among the oldest older persons in China. There were a total of 24 questions tapping individuals' abilities in orientation, immediate memory, calculation, recall and language. An aggregated score was calculated with a range from 0 to 30; higher scores indicated better cognitive status. The Cronbach alpha of the MMSE on this sample was .80.

Activity involvement was measured by questions that asked participants how often they were involved in eight specific activities (housework, personal outdoor activities, gardening, reading newspapers, raising domestic poultry or pets, playing cards or mahjong, watching TV or listening to the radio, and attending social activities) on a three point Likert scale ranging from 0 = *never* to 2 = *almost every day*. Total scores ranged from 0 to 16, with higher scores indicating involvement in more activities. The Cronbach alpha of this scale on this sample was .73.

*Municipal-level data.* Municipal-level data were obtained from the *Chinese Statistical Yearbook 2005* (National Bureau of

Statistics of China, 2005) and consisted of two economic indicators (Gross Domestic Product [GDP] per capita and rate of primary industry production), two pollution indicators (concentration of waste water and sulfur dioxide), and two health service indicators (number of doctors and number of beds in hospitals). GDP per capita was measured in Chinese dollars; the primary industry rate refers to the percentage of agriculture or related industry production in total GDP. Concentration of waste water was measured in ten thousand tons, and production of sulfur dioxide was measured in tons. Number of doctors is the total number of doctors, including physicians, specialists, and psychiatrists in a city; the number of hospital beds refers to the number of beds for patients who receive in-patient care.

### *Analysis Strategy*

The Hierarchical Linear Model (HLM) procedure was used to estimate the influence of individual and municipal factors on older adults' perceived ADL difficulties. HLM has the capacity to isolate the influence of individual-level and municipal-level factors on the outcome variable (Raudenbush & Bryk, 2002). We used HLM software (version 6.02, Raudenbush, Bryk, & Congdon, 2005) in this analysis. Two-level HLMs were run to reveal the influences of the individual and municipal factors on study participants' physical functioning. The level 1 model specifies the influence of individual-level factors, including demographics, self-rated health, mental health, and activity. Level 2 models test the effects of municipal-level factors on physical functioning. The two models are represented by the following equations:

$$\text{Level 1 model: } Y_{ij} = \beta_{0j} + \beta_{1j} (\text{demographics})_{ij} + \beta_{2j} (\text{health})_{ij} + \beta_{3j} (\text{mental health})_{ij} + \beta_{4j} (\text{activity}) + r_{ij} \quad (\text{I})$$

$$\text{Level 2 model: } \beta_{0j} = \gamma_{00} + \gamma_{01} (\text{economic indexes}) + \gamma_{02} (\text{pollution indexes}) + \gamma_{03} (\text{health service indexes}) + u_{0j} \quad (\text{II})$$

$$B_{2i} = \gamma_{20} + \gamma_{23} (\text{health service indexes}) + u_{2i} \quad (\text{III})$$

$$B_{3j} = \gamma_{30} + \gamma_{33} (\text{health service indexes}) + u_{3j} \quad (\text{IV})$$

In the level 1 model,  $Y_{ij}$  is the outcome variable indicating the ADL scores of individual  $i$  in city  $j$ . This outcome is represented as a function of individual characteristics that include demographics, health, mental health, and activity, and a model error  $r_{ij}$ . Level 1 factors were grand-mean centered so that  $\beta_{0j}$  indicates an average number of ADL limitations for city  $j$ , adjusting for individual-level covariates.  $\beta_{1j}$ ,  $\beta_{2j}$ ,  $\beta_{3j}$ , and  $\beta_{4j}$  indicate how ADL limitations are distributed in city  $j$  as a function of the measured individual characteristics.

In the level 2 model, the intercept ( $\beta_{0j}$ ) and the regression slopes ( $\beta_{qj}$ ,  $q = 1, \dots, 4$ ) are conceived as outcome variables that depend on a set of municipal-level variables (economic development, pollution, and health care) and random effects  $u_{0j}$ . The regression coefficients  $\gamma_{01}$ ,  $\gamma_{02}$ , and  $\gamma_{03}$  indicate the main effects of municipal-level factors on ADL limitations with other covariates controlled. The regression coefficients  $\gamma_{23}$  and  $\gamma_{33}$  reflect whether there are significant interaction effects between individual health factors (i.e., health and mental health) and the municipal-level factor (health service availability). That is, the effects of individuals' health and mental health on ADL difficulties may vary depending on the health service availability in this area.

## Results

We first ran a model without any municipal-level factors (see model 1 in Table 2 and Table 3). This unconstrained model identified that about 9.3% of the total variance in ADL limitations existed at the municipal-level. Individual-level factors including older age, higher education, poorer health, less engagement in activities, and lower cognitive status are statistically associated with more ADL limitations ( $p < .05$ ). No gender differences were identified.

The second model (see model 2 in Table 2) added the main effects of the municipal-level factors. Controlling for individual-level factors, we found that higher GDP per capita ( $B = -.14$ ,  $p < .05$ ) and more doctors ( $B = -.22$ ,  $p < .05$ ) were related to fewer average ADL difficulties among the older population in a city (see model 2 in Table 2). On the other hand, more hospital beds ( $B = .33$ ,  $p < .05$ ) were associated with more average ADL limitations among the older adults in a city. The

two pollution indices were not significantly related to ADL limitations. The significance of the random effects (see U1, U2, and U3 in model 2 in Table 3) suggests that the slope effects of acidity, MMSE and self-rated health on ADL limitations were significantly different across cities. This finding justified an inclusion of the third model that examined whether health care environmental factors would explain the different slope effects of individual-level health indicators (i.e., MMSE and self-rated health) across different cities.

Table 1. Descriptive Results of Variables in this Study

Variables	<i>M</i> or %	<i>SD</i>
ADL difficulties	1.6	2.9
<i>Individual-level factors</i> <span style="float: right;"><i>n</i> = 3846</span>		
Age	86.4	12.0
Female	56.4%	
Income <sup>1</sup>	14559.3	22292.7
Education	3.7	4.7
Activity	18.2	7.2
Self-rated health	3.4	0.9
Cognitive status	22.1	9.8
<i>Municipal-level factors</i> <span style="float: right;"><i>n</i> = 152</span>		
Primary industry rate <sup>2</sup>	17.3	10.1
GDP per capita <sup>1</sup>	16354.9	12260
Waste water <sup>3</sup>	10400	14240
Sulfur dioxide <sup>3</sup>	33700	29530
# of beds	13905	12810
# of doctors	7943	7357

Note. <sup>1</sup> Measured in Chinese dollars. <sup>2</sup> Primary industry rate is the proportion of primary industry generated GDP in total GDP. <sup>3</sup> Waste water was measured in ten thousand tons, and sulfur dioxide was measured in tons.

The third model (see model 3 in Table 2) included the interaction effects of health care environmental factors and

Table 2. Fixed Effects Estimates for Models of the Predictors of ADL

Parameter Fixed Effects	Model 1 <i>B (SE)</i>	Model 2 <i>B (SE)</i>	Model 3 <i>B (SE)</i>
Intercept	1.33*** (.12)	1.28*** (.12)	1.41*** (.12)
<i>Level 1: Individual factors</i>			
Age	.01*(.01)	.02*(.01)	.02*(.01)
Female	-.05(.06)	.07(.06)	.07(.06)
Education	.07***(.01)	.07***(.01)	.07***(.01)
Income	.001(.001)	.001(.001)	.001(.002)
Activity	-.11***(.01)	-.10***(.01)	-.11***(.01)
Self-rated health	-.57***(.04)	-.50***(.05)	-.54***(.04)
Cognitive status	-.12***(.01)	-.10***(.01)	-.11***(.01)
<i>Level 2: Municipal level factors</i>			
Primary industry rate		-.09(.08)	-.09(.08)
GDP per capita		-.14*(.07)	-.14*(.07)
Waste water		-.10(.06)	-.10(.06)
Sulfur dioxide		.01(.07)	.01(.08)
# of beds		.33*(.14)	.77*(.32)
# of doctors		-.22*(.11)	-.47*(.24)
<i>Interaction effects</i>			
Slope for self-rated health			
# of beds			-.42*(.21)
# of doctors			.41*(.21)
Slope for MMSE			
# of beds			-.04(.04)
# of doctors			-.001(.04)

Note. *B* indicates fixed effect estimates. *SE* = standard error. \*  $p < .05$ ; \*\*  $p < .01$ ; \*\*\*  $p < .001$ .

individual health and cognitive status on the ADL. The interaction effects between health care environmental factors with the slopes of MMSE were not significant. Yet, we found that the effect of self-rated health on physical functioning varied depending on the number of doctors and hospital beds. Because interaction effects are intuitively difficult to explain, we provide two figures that plot these interaction effects. Figure 1 indicates that the effect of self-rated health on physical functioning was greater in areas of fewer doctors than in areas with more doctors. In other words, individuals’ self-rated health



on their physical functioning tends to diminish as the area’s number of doctors increases. Figure 2 indicates that the effect of self-rated health on physical functioning is more salient in areas with more hospital beds than in areas of fewer hospital beds. In other words, individuals’ self-related health tends to become more important to their physical functioning as the area’s number of hospital beds increases.

Table 3. Random Effects for Models of the Predictors of ADL Limitations

Random Effects	Model 1		Model 2		Model 3	
	Variance SD	$\chi^2$ df	Variance SD	$\chi^2$ df	Variance SD	$\chi^2$ df
Level 2						
Intercept, $U_0$	.47 .68	***424.77 129	.56 .75	***468.64 105	.57 .75	***426.08 105
Activity, $U_1$			.004 .06	***182.80 111	.004 .06	***182.82 111
Health, $U_2$			.06 24	**157.68 111	.07 .26	**150.45 109
MMSE, $U_3$			.003 .05	***235.87 111	.002 .05	***176.34 109
Level-1, R	4.58 2.14		4.23 2.06		3.88 1.97	

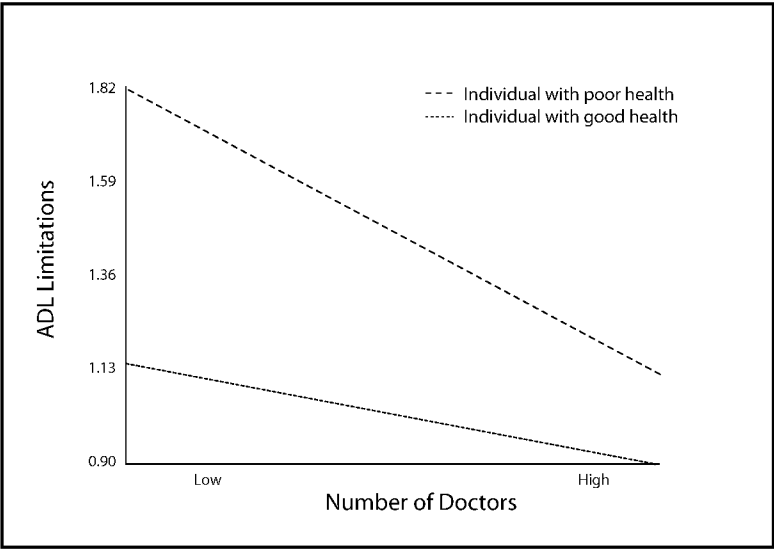
Note. \*  $p < .05$ . \*\*  $p < .01$ . \*\*\*  $p < .001$ .

Discussion

As expected, we found individual-level factors—including younger age, engagement in more activities, higher levels of cognitive functioning, and better self-reported physical health status—related to fewer ADL difficulties. Interestingly, we found a positive relationship between years of education and ADL difficulties in the multivariate model. One possible explanation could be that people with higher education might be able to report or recognize their ADL limitations. Another alternative explanation is that, when controlling for the positive side effects of education (i.e., better income, activity involvement, and better cognitive status), the years of schooling might

lead to a lower probability of engaging in labor-intensive work that could help develop resilience against physical functioning deterioration. We recommend future research to disentangle different aspects of education that could indirectly influence physical functioning.

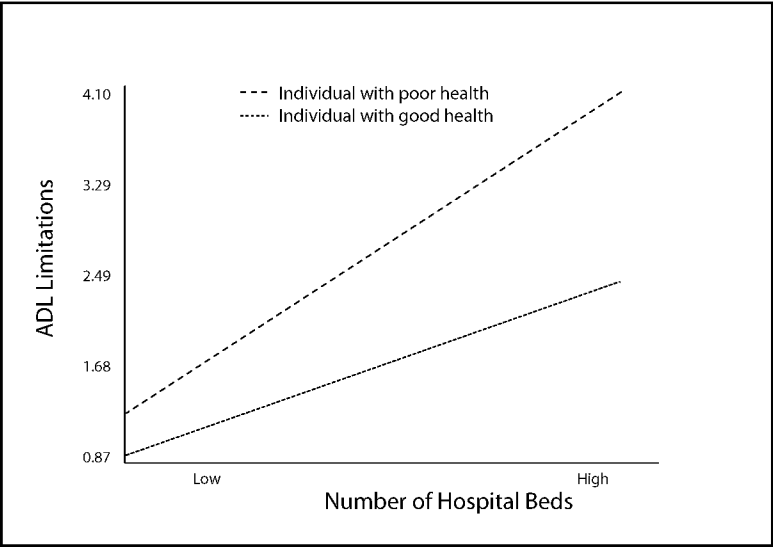
Figure 1. The Effect of Self-rated Health on ADL Depending on the Number of Doctors in the Area



The two-level HLM analyses disentangled the significant environmental effects from the effects of individual characteristics. As expected, there is a small, but statistically significant, variance (9.3%) in physical functioning due to municipal-level factors. Health care environment and economic factors seemed to outweigh the influence of pollution on the physical functioning of older adults. Higher GDP per capita is related to lower prevalence of physical disability, consistent with findings in Western literature (Beard et al., 2008) and in some Chinese literature (e.g., Du & Wu, 2006). In areas with higher economic development, older adults tend to have fewer ADL limitations than in areas with lower economic development. In this study, we can conclude that economic development contributes to the lower rate of functioning disabilities of the older population, independent of health service availability and individual

factors that include education, activity, physical and cognitive health status.

Figure 2. The Effects of Self-rated Health on ADL Limitations Depending on the Number of Hospital Beds in the Area



Our study did not find that the pollution indicators in an area have an impact on older adults’ physical functioning. First, the measures of pollution we chose—the concentration of waste water and sulfur dioxide—might not fully capture pollution. Sun and Gu (2008) used the concentration of nitrogen dioxide and inhalable particulates, which might have a more direct effect on physical functioning. Second, in using same year pollution index statistics, we may not have been able to detect the effects of pollution that are believed to be cumulative (Zeng et al., 2010). Third, it is possible that pollution has been kept under control by local governments so that there are negligible effects on individuals’ health. As China has focused on environmental protection, particularly in well-developed urban areas, different programs may have been in place to contain the exposure of harmful particulates or to reduce the effects of air pollution on residents’ health.

This study found the effects of health service availability on physical functioning dependent on the nature of services. The ADL limitation rate among urban older adults is

positively related to hospital beds, but inversely related to the number of doctors. Such relationships need to be understood in the health care context in Chinese society. Chinese doctors, including physicians, psychiatrists, specialists, and traditional Chinese medicine practitioners, often provide services to patients in preventive and primary care settings. The availability of doctors might be a proxy measure of the availability of timely prevention or treatment of diseases that cause physical limitations among older adults. The interaction effect between number of doctors and older adults' self-rated health further suggests that the availability of health professionals' expertise could counteract the effect of self-evaluated health status on one's own physical functioning.

To explain the positive association between the number of hospital beds and the physical limitations of older adults, we note that many hospitals in China provide long-term nursing care. In spite of the effort of the Chinese government to increase health care efficiency by reducing the length of hospital stay, the current length of hospital stay in China is longer than in Western countries. For example, in 2005, the average length of stay in the hospital was 10.9 days (Ministry of Health of China, 2009), which is about twice as long (4.8 days) as in the U.S. (National Center for Health Statistics of the U.S., 2009). In China, geriatric patients tend to stay much longer in hospitals due to their comorbid medical conditions, the limited number of nursing homes, and dislike of such facilities. Accordingly, we believe that the association between number of hospital beds and physical limitations of ADL patients could be due to the Chinese health care systems in which hospitals still partially serve a long-term function. The interaction effect found between the number of hospital beds and self-rated health suggests that in tertiary or long-term care settings, individuals' self-related health and physical functioning is more closely related.

There are a few limitations to this study. First of all, we were limited to the municipal-level data that are available in a statistical yearbook. We did not include other characteristics of neighborhood environment, such as crime rate and transportation access (Balfour & Kaplan, 2002) or mobility barriers in the physical environment for older adults, such as stairs, uneven sidewalks, and poor public transportation (Keysor, et al., 2010). Second, this study only focused on urban areas,

and future studies need to expand to rural counties. The great variation in rural counties in terms of socioeconomic development might allow researchers to observe more substantial environmental effects on older adults' physical functioning. Third, the cross-sectional design of this study prevented us from establishing a cause-effect relation between environmental factors and individual physical functioning. Future studies should examine the roles of environmental factors on changes in physical functioning using longitudinal research design and the mechanisms through which such environmental factors influence physical functioning.

This study has some implications for practice and policy in China. Preventions or interventions need to involve individuals in activities or programs that are beneficial to cognitive and physical health. Interventions at the macro level should not be limited to building more hospitals beds to accommodate the needs of physically disabled older adults. Developing the local economy and increasing the availability of health professionals (e.g., occupational therapists, physical therapists) for the physically disabled should be a consideration for local policy-makers and service planners.

Findings of this study might enlighten policymakers in other countries dealing with similar consequences of health disparity due to unbalanced economic development and distribution of health care resources. It is unfortunate, but true, that our findings suggest a consistent conclusion that residents in poor areas/countries have lower access to health services than those in better-off areas/countries. Peters et al. (2008), in their study of global health service access, reported that the number of hospital beds per 10,000 people in Southeast Asia is 9 compared to 25 in the Americas, and the gap widens slightly in the ratio of doctors per 10,000 people, which is 5.2 in Southeast Asia versus 19.4 in the Americas. Even within a developed country, residents in less developed areas tend to have less access to health care resources than those in developed areas. For example, the U.S.A. is the only member of Organization for Economic Cooperation and Development (OECD) countries that does not have a universal health policy. Rural older Americans tend to have more physical functioning problems and report poorer self-rated health than their urban counterparts (Rosenthal & Fox, 2000). The number of physicians per capita in rural areas is less than half that of urban

area, and nursing home beds are disproportionately used by rural older Americans, due to a lack of alternative community-based health services (Rosenthal & Fox, 2000). In light of such evidence, policymakers need to take into consideration both economic and health factors in their effort to shorten health disparity.

To conclude, this study represented an initial effort to explore environmental factors on the physical functioning of older urban Chinese. Although individual characteristics are most influential in affecting a Chinese elder's physical functioning, the effect of social environments is not insignificant. Given the paucity of research in this area, we recommend more research be conducted to thoroughly examine the impact of environmental factors mentioned in this study on the physical functioning of older adults.

## References

- Balfour, J. L., & Kaplan, G. A. (2002). Neighborhood environment and loss of physical function in older adults: Evidence from the Alameda County Study. *American Journal of Epidemiology*, 155(6), 507-515.
- Beard, J. R., Blaney, S., Cerda, M., Frye, V., Lovasi, G. S., Ompad, D., & Vlahov, D. (2008). Neighborhood characteristics and disability in older adults. *The Journal of Gerontology: Series B*, 64(2), 252-257.
- Bernard, S., Kincade, J. E., Konrad, T. R., Arcury, T. A., Rabiner, D. J., Woomert, A.,..., Ory, M. G. (1997). Predicting mortality from community surveys of older adults: The importance of self-rated functional ability. *Journal of Gerontology B: Psychology and Social Sciences*, 52B(3), S155-S163.
- Berkman, L. F. (2009). Social epidemiology: Social determinants of health in the United States: Are we losing ground? *Annual Review of Public Health*, 30, 27-41.
- Du, P., & Wu, C. (2006). The changes of physical functioning among Chinese older adults. *Population Research*, 30(1), 50-56.
- Folstein, M. F., Folstein, S. E., & McHugh, P. R. (1975). Mini-Mental state: A practical method for grading the cognitive state of patients for the clinician. *Journal of Psychiatric Research*, 12, 189-198.
- Gu, D. (2008). General Data Assessment of the CLHLS. In Y. Zeng, D.L. Poston, D.A. Vlosky, & D. Gu (Eds.), *Healthy longevity in China: Demographic, socioeconomic, and psychological dimensions* (pp. 39-59). Dordrecht, The Netherlands: Springer.

- Guan, N. H., Chen, Y. Y., Zhou, Y., Zhang, J. P., & Tang, J. X. (2002). Study of relationship between the quality of life index and the ability of activities of daily living for the old patients with psychosomatic diseases. *Chinese General Practice*, 5(7), 550-554.
- Guralnik, J. M., Fried, L. P., & Salive, M. E. (1996). Disability as a public health outcome in the aging population. *Annual Review of Public Health*, 17, 25-46.
- House, J. S. (2002). Understanding social factors and inequalities in health: 20<sup>th</sup> century progress and 21<sup>st</sup> century prospects. *Journal of Health and Social Behavior*, 43(2), 125-142.
- International Monetary Fund (2010). *World economic and financial surveys: World economic outlook database*. Retrieved from <http://www.imf.org/external/pubs/ft/weo/2010/01/weodata/index.aspx>
- Kadushin, G. (2004). Home health care utilization: A review of the research for social work. *Health and Social Work*, 29(3), 219-245.
- Kaplan, G. A. (2004). What is wrong with social epidemiology, and how can we make it better? *Epidemiologic Reviews*, 26, 124-135.
- Katz, S., Down, T. D., Cash, H. R., & Grotz, R. C. (1970) Progress in the development of the index of ADL. *The Gerontologist*, 10(1), 20-30.
- Keysor, J. J., Jette, A. M., LaValley, M. P., Lewis, C. E., Torner, J. C., Nevitt, M. C., & Felson, D. T., the Multicenter Osteoarthritis (MOST) Group (2010). Community environmental factors are associated with disability in older adults with functional limitations: The MOST study. *Journal of Gerontology: Medical Sciences*, 65A(4), 393-399.
- Kinsella, K. & He, W. (2009). *An Aging World: 2008. International Population Reports*. Washington, DC: U.S. Governmental Printing Office.
- Lee, Y. (2000). The predictive value of self assessed general, physical and mental health on functional decline and mortality on older adults. *Journal of Epidemiology and Community Health*, 54(2), 123-129.
- Lin, H., Zhang, T. H., Tang, H., Wang, C. B., Liu, N., Zhang, X. P., & Gong, G. C. (2002). Analysis of influential factors of activities of daily life of the elderly. *Chinese Health Service Management*, 18(8), 495-497.
- Manton, R. G. (2008). Recent declines in chronic disability in the elderly U.S. population: Risk factors and future dynamics. *Annual Review of Public Health*, 29, 91-113.
- Ministry of Health of China (2009). *Chinese Health Statistics Yearbook 2009*. Retrieved from <http://www.moh.gov.cn/publicfiles/business/htmlfiles/zwgkzt/ptjnj/200908/42635.htm>
- National Bureau of Statistics of China (2005). *Chinese Statistical Yearbook 2005*. Beijing, China: Chinese Statistics Press.

- National Bureau of Statistics of China (2009). The steady increase in total population and an improved population structure in China. Retrieved from [http://www.stats.gov.cn/tjfx/ztfx/qzxzgc160zn/t20090911\\_402586311.htm](http://www.stats.gov.cn/tjfx/ztfx/qzxzgc160zn/t20090911_402586311.htm)
- National Center for Health Statistics of the U.S. (2009). *Health, United States, 2009*. Retrieved from <http://www.cdc.gov/nchs/data/abus/abus09.pdf#102>
- Raudenbush, S. W., & Bryk, A. S. (2002). *Hierarchical linear models: Applications and data analysis methods*. Thousand Oaks, California: Sage Publications.
- Raudenbush, S. W., Bryk, A. S., & Congdon, R. (2005). *HLM6: Hierarchical linear and nonlinear modeling*. Lincolnwood, IL: Scientific Software International.
- Park, R. E., & Burgess, E.W. (1925). *The city*. Chicago, IL: University of Chicago Press.
- Peters, D. H., Garg, A., Bloom, G., Walker, D. G., Brieger, W. R., & Rahman, M. H. (2008). Poverty and access to health care in developing countries. *Annals of the New York Academy of Sciences*, 1136, 161-171.
- Rosenthal, T. C., & Fox, C. (2000). Access to health care for the rural elderly. *JAMA*, 284(16), 2034-2036.
- Schoeni, R. F., Freedman, V. A., & Martin, L. G. (2008). Why is late-life disability declining? *Milbank Quarterly*, 86(1), 47-89.
- Spillman, B. C. (2004). Changes in elderly disability rates and the implications for health care utilization and cost. *The Milbank Quarterly*, 82(1), 157-194.
- Stuck, A. E., Walthert, J. M., Nikolaus, J., Bula, C. J., Hohmann, C., & Beck, J. C. (1999). Risk factors for functional status decline in community-living elderly people: Systematic literature review. *Social Science & Medicine*, 48(4), 445-469.
- Sun, R., & Gu, D. (2008). Air pollution, economic development of communities, and health status among the elderly in urban China. *American Journal of Epidemiology*, 168(11), 1311-1318.
- Sun, M., Liu, D. P., Wu, J., Yang, Y. L., Wang, K., & Yuan, H. J. (2002). Investigation of factors that influence the abilities of daily living of the Chinese oldest old. *Chinese General Practice*, 5(6), 482-483.
- Tang, G. F., Wang, Y., Zhao, Y. S., Hong, Q., Chen, F. H., Zhang, D. M., & Li, G. L. (2001). Studies on activities of daily living and its related factors in the elderly in two cities of Anhui province. *Chinese Journal of Geriatrics*, 20(3), 213-215.
- Wahl, H. (2006). Introduction: The person-environment perspective in ageing research. In H. Wahl, H. Brenner, H. Mollenkopf, D. Rothenbacher, & C. Rott (Eds.), *The many faces of health, competence and well-being in old age: Integrating epidemiological, psychological, and social perspectives* (pp. 3-6). Dordrecht, The Netherlands: Springer.



- Wahl, H., & Weisman, G. D. (2003). Environmental gerontology at the beginning of the new millennium: Reflections on its historical, empirical, and theoretical development. *The Gerontologist*, 43(5), 616-627.
- Wang, Y. (2004). Environmental degradation and environmental threats in China. *Environmental Monitoring and Assessment*, 90(1-3), 161-169.
- Yen, I. H., & Kaplan, G. A. (1998). Poverty area residence and prospective change in physical activity level: Evidence from the Alameda County Study. *American Journal of Public Health*, 88, 1709-1712.
- Yen, I. H., & Syme, S. L. (1999). The social environment and health: A discussion of the epidemiological literature. *Annual Review of Public Health*, 20, 287-308.
- Zeng, Y. (2008). Introduction to the Chinese Longitudinal Healthy Longevity Survey. In Y. Zeng, D. L. Poston, D. A. Vlosky, & D. Gu (Eds.), *Healthy longevity in China: Demographic, socioeconomic, and psychological dimensions* (pp. 23-38). Dordrecht, The Netherlands: Springer.
- Zeng, Y., Gu, D., Purser, J., Hoenig, H., & Christakis, N. (2010). Associations of environmental factors with elderly health and mortality in China. *American Journal of Public Health*, 100(2), 298-305.
- Zeng, Y., Liu, Y. Z., Xiao, Z. Y., & Zhang, C. Y. (2004). The socioeconomic and health status of the Chinese oldest old. *Chinese Journal of Population Studies*, 21, 4-13.
- Zeng, Y., & Vaupel, J. W. (2002). Functional capacity and self-evaluation of health and life of the oldest old in China. *Journal of Social Issues*, 58, 733-748.
- Zeng, Y., Vaupel, J. W., Xiao, Z., Zhang, C., & Liu, Y. (2002). Sociodemographic and health profiles of the oldest old in China. *Population and Development Review*, 28, 251-273.
- Zhang, Y. H., Lu, S. P., & Wen, R. X. (2003). Investigation and analysis of the old people's daily life ability. *Modern Nursing*, 5, 166-168.
- Zimmer, Z., Chayovan, N., Lin, H. S., & Natividad, J. (2004). How indicators of socioeconomic status relate to physical functioning of older adults in three Asian Societies. *Research on Aging*, 26(2), 224-258.
- Zimmer, Z., & Kwong, J. (2004). Socioeconomic status and health among older adults in rural and urban China. *Journal of Aging and Health*, 16(1), 44-70.



# Are Housing First Programs Effective? A Research Note

DANIELLE GROTON

Florida State University  
College of Social Work

*This paper briefly reviews studies comparing the effectiveness of various Housing First programs to Continuum of Care programs for outcomes related to housing retention, substance use, and mental health. A literature search was completed entering the search term "Housing First" in electronic databases (PsycINFO, JSTOR, and Web of Science) to find potential studies. Of the 67 items produced by the literature search, after screening for outcome studies of Housing First programs that evaluate housing retention, substance use, and/or mental health in comparison to other programs or treatment as usual, 5 final studies were selected for inclusion in the review. Of the five studies selected, all had recruited samples of either chronically homeless individuals or homeless individuals with a mental health diagnosis, and all reported results favored Housing First programs over Continuum of Care programs for housing retention. Substance use and mental health outcomes generally stayed constant regardless of program type. While Housing First does appear to show strong promise, the methodological flaws in the studies reviewed, including strong research affiliation with the Housing First agencies being evaluated, calls for more rigorous studies to be completed by more objective investigators.*

**Key words:** *homelessness, Housing First, Continuum of Care, chronic homelessness*

In recent years, homelessness has become an important national issue in light of the economic recession. In 2007, just under 700,000 people were estimated to be homeless in a single day (U.S. Department of Housing and Urban Development, 2007), with thousands also suffering from disabling

Journal of Sociology & Social Welfare, March 2013, Volume XL, Number 1

concurrent psychiatric conditions. A further barrier, 50-70% of homeless individuals with mental illness also suffer from substance abuse issues. Individuals with mentally or physically disabling conditions and more than 4 episodes of homelessness in three years or continuous homelessness for one year or more are known as the chronically homeless (Padgett, Gulcur, & Tsemberis, 2006).

In order to help this vulnerable population obtain permanent residence and stability, there are two common intervention approaches: Continuum of Care and Housing First programs. Continuum of Care plans are community-wide interventions that operate under the assumption that homeless individuals need to graduate from a specific sequence of programs before becoming "housing ready" (Kertesz, Crouch, Milby, Cusimano, & Schumacher, 2009). Housing-based programs in these Continuum of Care often require sobriety from drugs and alcohol and usage of any necessary medication or treatment for mental health issues (Kertesz et al., 2009).

Because of criticism of the effectiveness of Continuum of Care, Housing First programs have been gaining popularity. Housing First programs operate by supplying rapid and direct placement of homeless individuals into permanent housing with supportive services available, but receiving housing is not contingent upon service utilization or treatment (Tsemberis, Gulcur, & Nakae, 2004).

While preliminary studies of Housing First demonstrate that these programs have higher rates of housing retention without increasing rates of substance use and untreated mental illness (Kertesz et al., 2009; Stefanic & Tsemberis, 2007), several studies on this approach have all been completed on the same program, Pathways in New York (Gulcur, Stefanic, Shinn, Tsemberis, & Fischer, 2003; Padgett et al., 2006; Stefanic & Tsemberis, 2007). In order to fairly assess the utility of these programs, all available outcome studies on various types of Housing First programs need to be reviewed.

## Method

Potential studies were identified through searches of electronic databases (PsycINFO, JSTOR, and Web of Science) and manual searches of the reference lists that were eventually

selected for inclusion in the review. Housing First programs are relatively new and are rarely referred to as anything else, so the only search terms used for this review were “housing first” in the title or topics of articles.

Studies were eligible for inclusion in the review if they met the following criteria: (1) were completed in the United States; (2) had more than one treatment condition; (3) only used adult participants who are currently homeless or are at risk of homelessness; and (4) looked at outcomes related to housing retention, substance use, mental health symptoms, or treatment-seeking behaviors. For this review, homelessness is defined as lacking a fixed, regular, and adequate night-time residence. Being at risk of homelessness is defined here as preparing to exit a housing situation or institution (e.g., in-patient treatment, prison) without having future housing arrangements. Housing retention is defined only as remaining in permanent housing (including supportive permanent housing provided by programs) at the follow-up of a study. Single-program case studies (e.g., only one program was evaluated with no comparison programs or control) were excluded, as previous case studies have established that Housing First is promising. The aim of this review is to see if Housing First has better results than treatment as usual or if certain variations are more effective than others. Studies were included regardless of the date of publication. Due to the design of this study, only quantitative studies or mixed methods studies were included in this review.

The literature search yielded 67 articles; after review of full titles, 41 articles still appeared relevant to the topic. Each abstract for the remaining articles was carefully screened for inclusion; only 16 articles met the criteria after this screening process. These 16 articles were thoroughly read, resulting in the seven studies which were included in this review (see Table 1).

## Results

The studies reviewed were Collins et al. (2012), Tsai, Mares, and Rosenheck (2010), Pearson, Montgomery, and Locke (2009), Stefanic and Tsemberis (2007), Padgett et al. (2006), Greenwood, Schaefer-McDaniel, Winkel, & Tsemberis

(2005), and Tsemberis et al. (2004). While seven articles were reviewed, several of the articles were all based on the same parent study, The New York Housing Study—Greenwood et al. (2005), Padgett et al. (2006), and Tsemberis et al. (2004). These citations were grouped together for the purposes of this paper, resulting in five separate studies being reviewed. All five studies had chronically homeless participants, one of the studies also included homeless individuals who did not meet the definition of “chronic homelessness” but had active substance use and/or mental health issues. Studies selected for the review are indicated in the reference section by an asterisk; the articles that utilize data from the New York Housing Study are indicated by double asterisks. Additionally, an overview of the six studies reviewed is provided in Table 1.

*Collins et al. (2012)*

The study by Collins et al. (2012) looked at alcohol use among chronically homeless consumers in Housing First. The average age of participants was 48.4 (SD = 9.39), and the race most identified in this sample was White (40%), although the sample was disproportionately American Indian/Alaska Native (27%) ( $n = 95$ ). Measures used for this study included the Alcohol Use Quantity Form, Addiction Severity Index, 15-item Short Inventory of Problems, and the Alcohol Dependence Checklist.

Multilevel growth modeling was conducted to test the hypothesis that participants in Housing First would decrease their use levels on all the alcohol-use outcomes over the two year follow-up. With a 61% response rate at the two year follow-up, researchers found that there was a significant time effect and significant differences between groups. The growth model for typical quantity of alcohol consumed, for example, had a Wald  $X^2$  of 25.51 and significance of  $p < .001$ . In lay terms, both control and intervention groups experienced a 7% decrease in typical quantity consumed every 3 months, but the intervention group decreased by 3% per each month of treatment as well. Similar results were found for peak quantity consumed (Wald  $X^2 = 35.48$ ,  $p < .001$ ). While both groups decreased in peak quantity consumed for each 3 months participating in the study by 8%, the intervention group experienced an additional 3% decrease for each month of the study.

A logistic model testing the odds of reporting at least 1 day of not drinking to intoxication was significant (Wald  $X^2 = 14.12$ ;  $p = .01$ ), and while adjusting for mortality and illness burden, a time effect was observed here as well. For each 3 months in the study, participants' odds of reporting at least 1 day of not becoming intoxicated increased by ~21%, with intervention groups having an additional 6% increase for each month in the intervention. The model for alcohol-related problems was also significant (Wald  $X^2 = 18.93$ ,  $p = .002$ ), participants reported lower frequency of alcohol-related problems in both treatment conditions. However, those in the intervention also experienced a monthly decrease for each month in the intervention condition. Finally, experience of symptoms related to alcohol dependence was significant (Wald  $X^2 = 25.88$ ,  $p < .001$ ), both groups experienced a 4% decrease in dependency-related symptoms. However, those in the intervention had an additional monthly 2% reduction.

Some limitations discussed by the authors included low generalizability of the findings to other populations due to the unusual ethnic and racial diversity of the sample. It was also noted that follow-up consisted solely of self-reports, and this type of data could have inaccuracies from memory loss, social desirability, and cognitive impairment. The authors also note that this means the improvements in alcohol-related outcomes could be linked to regression to the mean or the ceiling effect.

*Tsai, Mares, and Rosenheck (2010)*

This study compared outcomes between chronically homeless consumers in Housing First programs to consumers assigned to residential treatment or transitional housing before being placed into permanent housing. Participants ( $n = 734$ ) were recruited by clinical and research staff at one of eleven sites. Some measures described that are relevant to this review are the 7-item therapeutic alliance scale to assess relationships with participants and their mental health or substance abuse provider (Neale & Rosenheck, 1995), the Addiction Severity Index (McLellan et al., 1980), the Medical Outcomes Study Short Form-12 (Ware et al., 1998), and select subscales from the Brief Symptom Inventory (Derogatis & Spencer, 1982).

Two groups of participants were identified in this dataset:

the Residential Treatment First (RTF) group, with participants who went into residential treatment or transitional housing before entering the CICH, and Independent Housing First (IHF), who immediately were placed into permanent housing. Any group differences were accounted for in the analyses of the outcome variables. The two groups were similar in age (mean age = 44.8 RTF, 46 IHF) and gender (74 and 76% male) and nearly half of both groups identified as Black (45 and 51%)

Results showed that IHF group stayed in permanent housing more days than the RTF group (Cohen's  $d = 0.4$ ), but there was no greater rate of improvement for either group. Intuitively, the RTF group spent significantly more days in transitional housing or residential treatment than the IHF group (Cohen's  $d = 0.6$ ), but also experienced a steeper decrease over time in utilizing those services (Cohen's  $d = 0.4$ ). There was no significant difference in substance abuse or mental health during the time of the study for either group. Limitations discussed by the authors include the lack of randomization in the study, which led to baseline differences between the two groups and limited data by the time periods examined, and variations between the eleven sites used in the study.

*Pearson, Montgomery, and Locke (2009)*

The study by Pearson, Montgomery, and Locke (2009) looked at housing stability among homeless individuals with mental illness in Housing First programs. This study looked at three varying types of Housing First programs: Pathways to Housing, Downtown Emergency Service Center (DESC), and Reaching Out and Engaging to Achieve Consumer Health (REACH). Participants in both DESC and Pathways were similar in age ( $m = 47.9$ ,  $m = 47.0$ , respectively) and gender (16% and 15% female), however Pathways had a higher representation of Black participants (50% vs. 20% DESC and 17% REACH) than either of the other two programs. REACH had a sample younger in age than the other programs ( $m = 39.7$ ) and had more female participants (34%).

This study found that 84% of the participants were still housed at the 12-month follow-up. There were differences in housing stability among groups which were statistically insignificant: Pathways had 92% retention, and REACH and



DESC both had 80% retention after 12 months. There was not a significant decrease in either psychiatric symptoms or substance use after 12 months in the programs.

The limitations discussed by the authors include the partially retrospective sample, data collection through administrative sources or case managers, and the weakness of using a limited 3-point Likert-type scale to measure substance use and mental health issues (a possible explanation for insignificant findings). Another acknowledged limitation was the study's short follow-up period; it was suggested to them that psychiatric and substance issues would ameliorate in less than 12 months. Finally, REACH did not control its scattered-site apartments, and some of the placements had strict rules, including curfews and limitations on all substance use; consequently, this program was not the best fit for the Housing First model, and results may have been skewed in either direction because of this.

*Stefanic and Tsemberis (2007)*

Stefanic and Tsemberis's study (2007) looked at housing access and retention for chronically homeless individuals with severe mental illness. The sample at the start of the intervention included 260 adults with an Axis I diagnosis, randomly assigned to the following conditions: 105 to Pathways, 104 to the Consortium, and 51 to the control group. During the course of the study, an additional 132 participants were added to one of the Housing First agencies. Participants in all three conditions were disproportionately male (68-80% male) and African-American (54-60%).

The measures used for this study were administrative reports from the Housing First agencies, the Department of Social Services, and the county's computerized shelter tracking system. By the 20-month follow-up, Pathways had placed a total of 62 clients into housing, and 57 clients were still in the program by this time. The Consortium had placed a total of 52 clients into housing, retaining 46 consumers. Of the 51 individuals in the control group, only 30 were successfully reached for follow-up. Of these 30, 13 were placed in supportive housing, one was living independently by the 20 month follow-up,

Table 1. Overview of Included Studies (continued next page)

Study	Interventions	Participants	Design
Collins et al. (2012)	Project Based Housing First (HF) Treatment As Usual (TAU) wait-list (public shelter)	Chronically homeless adults with alcohol-related problems (n = 95), within-subjects design	$O Y_{TAU} O X_{HF} O$
Tsai, Mares, & Rosenheck (2010)	Immediate Housing First placement Residential treatment/transitional care prior to permanent housing placement	Chronically homeless adults In residential treatment or transitional care prior to placement (n=131) or immediately placed into permanent housing (n=578)	$O X_{HF} O_{3m} O_{6m} \dots O_{24}$ $Y_{RTF} O X_{HF} O_{3m} O_{6m} \dots O_{24}$
Pearson et al. (2009)	Pathways HF (scattered-site, ACT) DESC HF (Project-based, on-site support) REACH HF (scattered site, case manager visits)	Homeless adults with mental illness enrolled in either DESC (n = 25), REACH (n= 29), or Pathways (n = 26)	$O X_{PTH} O_{12m}$ $O X_{DESC} O_{12m}$ $O X_{REACH} O_{12m}$
Stefanic & Tsemberis (2007)	Pathways HF vs. Consortium HF vs. Tx as usual 47 months exposure intervention	Chronically homeless adults with severe mental illness Pathways (n= 105) Consortium (n= 104) Control (n= 51)	$R O X_{PTH} O_{20m} O_{47m}$ $R O X_{CHF} O_{20m} O_{47m}$ $R O O_{20m}$
Padgett et al. (2006)	Pathways Housing First	Homeless adults with a major Axis I diagnosis	$R O X_{PTH} O_{6m} \dots O_{48m}$
Greenwood et al. (2005)	Treatment as usual (Continuum of Care)	Housing First (n=99) Control (n=126)	$R O Y_{TAU} O_{6m} \dots O_{48m}$ (assessments conducted every six months)
Tsemberis et al. (2004)			

and the remaining group members were either in emergency shelters or institutions. The average number of times a control group member returned to the shelter during this 20-month period was 3.6 times, for an average of 13.3 nights.

Another follow-up was completed 47 months after the program’s inception to assess housing retention among groups. Information on control group participants was not available for this time period. The overall rate of retention for the

Table 1. Overview of Included Studies (continued from previous page)

Study	Measures	Results
Collins et al. (2012)	Alcohol Use Quantity Form Addiction Severity Index Short Inventory of Problems Alcohol Dependence Checklist	Both conditions experienced statistically significant positive outcomes over time, but the HF condition experienced positive outcomes at a statistically significantly higher and faster rate.
Tsai, Mares, & Rosenheck (2010)	7-item Therapeutic Alliance Scale Addiction Severity Index Medical Outcomes Study Short Form-12 Brief Symptom Inventory	The HF group stayed in permanent housing for statistically significant more days than the RTF group, no statistically significant differences in substance use or mental health for either group.
Pearson et al. (2009)	Case manager interviews Likert-type scales	84% of participants were still housed in their respective programs at 12 months, no statistically significant differences between conditions. No significant decrease in either psychiatric symptoms or substance use.
Stefanic & Tsemberis (2007)	Administrative reports Shelter tracking system	The HF programs were more successful at both placing individuals into permanent housing and retaining them in the program than the treatment as usual group.
Padgett et al. (2006)	6 month Residential Follow-back Calendar	At 24 months, the Pathways group was consistently significantly more housed than the control group, no differences in substance use; however the control group utilized treatment more.
Greenwood et al. (2005)	Drug and Alcohol Follow-back Calendar Treatment Services Inventory	At 36 months, psychiatric symptoms decreased in both groups, but there were no significant between-groups differences.
Tsemberis et al. (2004)	Colorado Symptom Index	Drug use remained constant in both groups through the 48 months.

combined Housing First condition was 68% at the 47-month follow-up. When looking at the Housing First agencies separately, Pathways consumers maintained housing at 73.8% and the Consortium had consumer retention at 57%.

The authors noted important limitations in their research. The Consortium engaged over 200 participants, but only had 48 enrolled in housing at the final follow-up. Missing data was another large limitation to this study: demographic information was not available on the additional 132 participants enrolled after the baseline data were gathered. There was no follow-up data available for the control group after the 20-month follow-up, and nearly half the control group was unavailable for the first follow-up. Finally, there did not appear to be any t-tests of significance in the differences between the groups, seriously undermining the results of the study.

#### *New York Housing Study*

The articles by Tsemberis et al. (2004), Greenwood et al. (2005), and Padgett et al. (2006) all used data collected by the New York Housing study. Participants ( $n = 225$ ) were randomly assigned to the Housing First programs ( $n = 99$ ) or treatment as usual (Continuum of Care,  $n = 126$ ). Baseline information was gathered after randomization, and then follow-up was completed every 6 months for 48 months. The majority of participants were between 41-60 years old, male (79%), and Black (41%). Measures used included: a 6-month residential follow-back calendar to track housing status; Drug and Alcohol Follow-Back Calendar to measure substance use; Treatment Services Inventory for measuring treatment utilization; and the Colorado Symptom Index for psychiatric symptoms.

The article by Tsemberis et al. (2004) reported on residential status, substance use, treatment utilization, and psychiatric symptoms for the first 24 months of the study. They found that at all follow-up intervals for the first 24 months, the experimental group was stably housed significantly more than the control group ( $p < .001$ ). There were no significant differences in substance use between the two groups ( $p = .35$  for alcohol;  $p = .42$  for drug use), however the control group reported significantly higher rates of utilizing treatment ( $p < .025$  at 6, 18, and 24 months;  $p < .05$  at 12 months). The authors caution that these higher rates of utilizing treatment could possibly be explained by the requirements to be in treatment programs to get housing in Continuum of Care programs. There were also no significant differences in psychiatric symptoms between groups ( $p = .85$ ).

The article by Greenwood et al. (2005) looked at several outcomes at the 36-month point of the study, but for the purposes of this review the only included one is related to psychiatric symptoms. This article uses data collected from 197 of the original 225 participants. While the mediation analysis found a significant time effect for decreasing psychiatric symptoms in both groups ( $p < .002$ ), there was no significant relationship involving assignment to either study conditions.

Finally, the article by Padgett et al. (2006) focused on substance use and treatment utilization at the final 48-months follow-up. Regarding drug and alcohol use, there were no significant differences. While there were initially significant differences in substance use treatment utilization at nearly all intervals of data collection (with the control group utilizing more), after the Bonferroni correction, there was only a significant difference at 36 months ( $p = .006$ ). For mental health treatment, the control group only utilized services significantly more than the experimental group at 48 months ( $p = .003$ ).

### Implications for Future Research

While the reviewed studies may demonstrate that Housing First shows promise in helping people maintain housing, there is a definite need for studies with more methodological rigor in order for Housing First programs to demonstrate true merit. Low retention rates, failure to collect data consistently across experimental conditions, and vulnerability to recall bias all weaken the current studies' ability to fairly assess Housing First programs.

Another implication for future study revolves around substance use and psychiatric treatment. While Housing First programs did not increase participants' use of substances or psychiatric symptoms, the majority of studies reported that neither Housing First nor Continuum of Care programs decreased substance use or psychiatric symptoms. This strongly suggests that regardless of the type of housing strategy implemented in a community, more effective interventions for substance use treatment and mental health need to be investigated for this specific population.

## References

- \*Collins, S. E., Malone, D. K., Clifasefi, S. L., Ginzler, J. A., Garner, M. D., Burlingham, B., Lonczak, H. S., Dana, E. A., Kirouac, M., Tanzer, K., Hobson, W. G., Marlatt, A., & Larimer, M. E. (2012). Project-based Housing First for chronically homeless individuals with alcohol problems: Within-subjects analyses of 2-year alcohol trajectories. *American Journal of Public Health, 102*, 511-519.
- Derogatis, L. R., & Spencer, N. (1982). *The Brief Symptom Inventory: Administration, scoring, and procedure manual*. Baltimore: John Hopkins.
- \*\*Greenwood, R. M., Schaefer-McDaniel, N. J., Winkel, G., & Tsemberis, S. J. (2005). Decreasing psychiatric symptoms by increasing choice in services for adults with histories of homelessness. *American Journal of Community Psychology, 36*, 223-238.
- Gulcur, L., Stefanic, A., Shinn, M., Tsemberis, S., & Fischer, S. N. (2003). Housing, hospitalization, and cost outcomes for homeless individuals with psychiatric disabilities participating in Continuum of Care and Housing First programmes. *Journal of Community & Applied Social Psychology, 13*, 171-186.
- Kertesz, S. G., Crouch, K., Milby, J. B., Cusimano, R. E., & Schumacher, J. E. (2009). Housing first for homeless persons with active addiction: Are we overreaching? *The Milbank Quarterly, 87*, 495-534.
- McLellan, A. T., Luborsky, L., Woody, G. E., & O'Brien, C. P. (1980). An improved diagnostic instrument for substance abuse patients: The Addiction Severity Index. *Journal of Nervous and Mental Disease, 168*, 26-33.
- Neale, M. S., & Rosenheck, R. A. (1995). Therapeutic alliance and outcome in a VA intensive case management program. *Psychiatric Services, 46*, 719-723.
- \*\*Pagdett, D. K., Gulcur, L., & Tsemberis, S. (2006). Housing First services for people who are homeless with co-occurring serious mental illness and substance abuse. *Research on Social Work Practice, 16*, 74-83.
- \*Pearson, C., Montgomery, A. E., & Locke, G. (2009). Housing stability among homeless individuals with serious mental illness participating in Housing First programs. *Journal of Community Psychology, 37*, 404-417.
- \*Stefancic, A., & Tsemberis, S. (2007). Housing first for long-term shelter dwellers with psychiatric disabilities in a suburban county: A four-year study of housing access and retention. *Journal of Primary Prevention, 28*, 265-279.
- \*Tsai, J., Mares, A. S., & Rosenheck, R. A. (2010). A multisite comparison of supported housing for chronically homeless adults: "Housing First" versus "residential treatment first." *Psychological Services, 7*, 219-232.

- \*\*Tsemberis, S., Gulcur, L., & Nakae, M. (2004). Housing first, consumer choice, and harm reduction for homeless individuals with a dual diagnosis. *American Journal of Public Health, 94*, 651-656.
- U.S. Department of Housing and Urban Development. (2007). The third annual homeless assessment report to Congress. Washington, D.C. Retrieved from <http://www.huduser.org/intercept.asp?loc=/Publications/pdf/ahar.pdf>
- Ware, J. S., Kosinski, M., & Keller, S. E. (1998). *How to score the SF-12 physical and mental health summary scales* (3rd ed.). Lincoln, RI: Quality Metric, Inc.





# Phenomenology and HBSE: Making the Connection

PHILLIP DYBICZ

Keimyung University  
Department of Social Welfare

*A number of postmodern practitioners have turned to theorists such as Foucault, Derrida, and Wittgenstein to inform their intervention efforts. Yet it may be difficult for the average practitioner, or educator teaching HBSE, to make the connection between these theorists and human behavior. Phenomenology, as a theory of ontology, serves as a fundamental theory of the postmodern paradigm. As such, phenomenological concepts such as existence and essence, presence and absence, and distinctness and vagueness offer much in illustrating the link between postmodern theories of meaning-making and intervention efforts seeking change in human behavior.*

*Key words: Phenomenology, HBSE, Foucault, Derrida, Wittgenstein, narrative*

In the past twenty years, there has been growth of social work practices inspired by postmodern thought. The strengths perspective, narrative therapy, and solution-building therapy are three prominent examples. Authors of these approaches have turned to literary and philosophical theories as a means to further elaborate their practice approach. For example, De Shazer et al. (2007) refer to Wittgenstein's theory of language games. De Shazer and Berg (1992) and White (2004) make use of Derrida's theory of deconstruction. White and Epston (1990) draw upon Foucault's theory of power-knowledge. Saleebey (2000) refers to Friere's theory of dialogue in fostering empowerment. These are all literary and philosophical theories that speak to the human condition.

Yet, these theories are not covered or even mentioned in typical HBSE textbooks (e.g., Ashford & LeCroy, 2009; Dale,

Smith, Norlin, & Chess, 2008; Van Wormer, 2010). Rather, social scientific theories are covered—such as ecological systems theory, behaviorism, life span theory, etc. These scientific theories provide solid answers to the question, “How do human beings function and adapt?” But are we to assume that these answers adequately capture the human condition in its entirety? This paper argues that they do not, and agrees with the above authors that when employing postmodern practice methods, literary and philosophical theories hold a particular relevance. For example, scientific theories cannot answer the question, “What does it mean to be human?”

Saari (1991) poignantly captures a fundamental difference in the relevance of theory between modern, traditional approaches and postmodern approaches, such as those named above:

The perspective taken in this book asserts that the adaptive point of view has provided an inadequate foundation for clinical social work theory. A theory of meaning in which psychological health is indicated by a constructed personal meaning system (or identity) that is highly differentiated, articulated, and integrated is proposed to take the place of conceptualizations about adaptation (p. 4).

If the task at hand is viewed as assisting the client in articulating his/her identity, as many postmodern practitioners propose (e.g., Sari, 1991; Saleebey, 2006; White & Epston, 1990), then asking the question, “What does it mean to be human?” or more specifically, “What does it mean to be me?” takes on a particular importance. Theories employed to answer this question will be generative in nature, as opposed to the normative theories that comprise the scientific response to explaining how human beings function and adapt.

As a fundamental theory of ontology, phenomenology is uniquely positioned to support the theories of meaning making put forth by scholars such as Wittgenstein (1958), Foucault (1981), and Derrida (1967/1997). This paper gives attention to elaborating some primary concepts of the phenomenology of both Husserl (1913/1982) and Heidegger (1927/1962),

with special attention given to how these concepts serve to link various postmodern literary and philosophical theories to human behavior, and thus, inform postmodern practice approaches.

## Phenomenology

The following concepts of phenomenology are taken from the writings of Husserl (1913/1982) and Heidegger (1927/1962). Various concepts of phenomenology have long been discussed by numerous past philosophers, such as Hegel (1813-32/2010), Kant (1786/2004), St. Thomas Aquinas (c. 1250/2007), Plato (c. 370 B.C.E./2008), and Aristotle (c. 330 B.C.E./2007). However, phenomenology as it is best understood today arises from the foundational writings of Husserl and Heidegger.

### *Existence plus Essence*

One of the main foundational concepts of phenomenology is that the objects that make up the universe are not simply just objects, but rather are phenomena. This notion arises from the proposition that when one encounters these objects, and thus attempts to understand them, one cannot remove oneself from the equation. Thus it is first recognized that the object contains various physical properties and qualities that make up its existence. Furthermore, it requires accurate perception on the part of the observer to recognize these properties and qualities. In this regard, phenomenology takes the same stance as the modernist conception of reality via the correspondence theory of truth; thus when humans are the object of study, they are viewed as comprised of various bio-psycho-social-spiritual qualities of functioning. One employs observation—relying upon accurate perception of these qualities—in order to know the reality of a particular person. However, phenomenology further proposes that the object also has an essence, which represents the object's identity. And it is this combination of existence plus essence that transforms the object into a phenomenon that is experienced by the human observer.

When the phenomenon of study is a person, this notion of existence plus essence is well illustrated by Hermans and Kempen's (1993) application within Dialogical Self Theory of

James' (1890/2011) distinction between the "I" and the "me": The "me" (or self-as-known) consists of the empirical bio-psycho-social elements comprising oneself (i.e., existence). The "I" (or self-as-knower) consists of one's identity (i.e., essence). According to Hermans (1987), one's identity or "I" uses valuations "as a selecting, interpreting, and organizing process of the self-as-knower" (p. 10) upon the empirical elements of the "me" (self-as-known).

Early notions of essence, elaborated by Aristotle (c. 330 B.C.E./2007) and St. Thomas Aquinas (c. 1250/2007), proposed that the essence of a phenomenon was a distillation of the essential qualities of its being. This distillation was captured by an abstract concept, similar in nature to Plato's (c. 370 B.C.E./2008) notion of ideal forms. Thus one might observe the qualities and properties of a particular dog (its existence, or in Plato's words, its substance). Of all the qualities this particular dog possesses, there will be some essential qualities of "dogness" that allow us to identify this entity as a dog. Two important conclusions flow from this definition of essence. First, while being an abstract concept, the essence of a phenomenon was conceived as lying within the phenomenon itself. And two, it required accurate perception in order to reveal the essence of a phenomenon. This definition of essence dominated philosophical thought until the 20<sup>th</sup> century, when Husserl (1913/1982) offered a radically new definition.

Husserl (1913/1982) dubbed this earlier view of existence and essence as the "natural standpoint" due to its assumption that the essence of a phenomenon was hidden within the nature of the object itself and due to the primacy given to the physical properties of a phenomenon for defining its existence. By contrast, Husserl (1913/1982) offered a radically re-conceived notion of existence and essence. When viewing a spatial-temporal phenomenon, Husserl gives primacy to the field of time for defining existence. Observation can only happen in the present. For Husserl, what gives an object existence is its persisting presence in time: the fact that when one's current present or "now" becomes past, and the following present occurs, one is still able to observe the object. Flowing from this conception of existence, the essence of a phenomenon is the rule operating to organize the empirical properties of the entity as it passes through time and is observed by humans. Mensch (1988) offers the following explanation of Husserl's concept:

An entity exists in so far it is now and continues to be now.... Granting this, a concrete being is both existence and essence. Existence (or continued newness) is required if it is to pass from present to present. Its essence is required as an ordering of contents involving this passage. What existence does is make the essence into a rule that obtains for an actually occurring temporal passage. It becomes an actually obtaining "what"—i.e., a rule for successfully ordering contents which is embodied in an actually given "persisting presence." (p. 72)

There are a number of implications that arise from Husserl's definition. First, by emphasizing that an essence arises from the temporal quality of the phenomenon, he opens the door to the notion that an essence may be unique to a particular entity rather than an ideal form. Heidegger (1927/1962) would walk through this door and fully elaborate this notion. When examining the essence of being human, Heidegger (1927/1962) created the word "Dasein" to capture this notion of a unique individual revealing oneself temporally, rather than the general term "human" (a categorization based upon normative qualities). Furthermore, Heidegger's (1927/1962) analysis argues that the essence of being—and thus the rule for ordering contents (i.e., physical properties and actions) of existence—is located in our use of language and culture, rather than in one's consciousness, as Husserl (1913/1982) proposed.

The ramifications of Heidegger's move are quite dramatic. To accurately understand the essence of a phenomenon—and thus gain knowledge of reality—one must accurately decode the linguistic and cultural factors contributing to the formation of the essence. Consequently, this becomes a project in defining meaning via interpretation, not one of accurate measurement via perception. This is why his approach gained the moniker of *hermeneutic* phenomenology.

#### *Connections to Postmodern Theory—Wittgenstein's Language Games*

The essence of the person is his/her identity, which is comprised of many facets (Hemans & Kempen, 1993). Phenomenology proposes that the essence of a phenomenon

acts as a rule ordering its qualities of existence. Consequently, these facets of identity offer many possible rules for ordering one's empirical bio-psycho-social qualities of existence, giving importance to some while diminishing the importance of others, and thus ordering one's behavior according to the emphasized qualities. This dynamic can take on an oppressive cast, as many postmodern social work scholars have noted (Gergen, 1994; Saleebey, 2009; Walsh, 1998), when the client comes to primarily view her/his essence as being the diagnosis (e.g., a schizophrenic)—a diagnosis that arises from the rules for clinical observations made by society.

If we accept the position of Heidegger (1927/1962) that the essence of a phenomenon (and hence the rule for ordering one's behavior) arises from language use within a particular historical-cultural context, we can thus turn to Wittgenstein's (1958) theory of language games to further elaborate upon this dynamic as it speaks to this process of rule formation within language use. Making such a connection involves perceiving one's lived experiences as a behavioral text (White & Epston, 1990), thus lived experiences function just like statements in a language game.

Wittgenstein's concept of language games is a theory of semiotics—it explains how meaning is created. A language game is an endeavor of socially constructing the essence of a phenomenon. This endeavor takes on the qualities of a game, as the players abide by fundamental rules and make various moves in the construction process. By using phenomenological terms to elaborate Wittgenstein's concepts of a language game, one can say that Wittgenstein (1958) argues that there is a mutual occurrence of existence shaping essence and essence shaping existence of a phenomenon. This is an important consideration to postmodern practitioners, as they focus their change efforts upon the essence (i.e., identity) of the client as a way to reshape problematic qualities of existence (human functioning and adaptation).

Key in differentiating his theory from traditional scientific theories is that it is a generative theory rather than a normative one. This is a key difference noted by postmodern practitioners (Cooper, 2001; Saleebey, 1993), as the interventions focus upon generating possibilities of essences; this is the method for aiding the client in his/her articulation (i.e., social construction)

of identity. By contrast, more traditional approaches—such as cognitive-behavioral theory, family systems theory, etc.—rely upon normative theories of human functioning to directly promote change in bio-psycho-social qualities, and through this route produce change in clients' behavior. Normative theories, by definition, already have a normative ideal that represents the sought after state. Generative theories, by definition, seek to generate new possibilities of meaning. As Wittgenstein (1958) notes,

our investigation, however, is directed not towards phenomena, but, as one might say, towards the 'possibilities' of phenomena. We remind ourselves, that is to say, of the kind of statement that we make about phenomena ... Our investigation is therefore a grammatical one. (pp. 42-43)

Wittgenstein equates the role that grammar plays in ordering a sentence to the role that rules play in ordering statements (about qualities of existence) in a language game: following these rules is what makes comprehension possible. Wittgenstein (1958) also states that the grammar we use in many of our language games is so familiar to us that the rules of the game become invisible. We think we are declaring an observable fact about reality, but in truth, we are simply making a move in a language game according to well established rules.

Wittgenstein (1958) then goes on to add that in order to examine these rules—and consequently, how they act to shape human behavior—one must approach the various behaviors as belonging to a language game in which one does not know the rules. By watching in such a not-knowing stance the various moves of the game—the ordering of the qualities of existence, and thus, the meaning assigned to them—one is then able to begin consciously elaborating the rules guiding this ordering. This dynamic speaks to the not-knowing approach made popular by Anderson and Goolishian (1992) and adopted by many postmodern practitioners (DeJong & Berg, 2008; White & Epston, 1990).

Conscious awareness of the rules allows one to then question their usefulness. Are these rules shaping a positive, empowering identity for yourself (i.e., the client)? If not, then one

can now consciously choose to disregard that language game and choose to enter into another that serves to construct an empowering identity. This new, empowering identity will order one's bio-psycho-social qualities of existence in a different manner (placing higher importance on client strengths), and thus, promote one to engage in more empowering behaviors. This dynamic is well illustrated by the following quote from the strengths perspective literature:

These individuals, almost without exception, began to construct a life—collaboratively—that no one could have predicted. The interesting thing is that they did this “in spite of their illness.” In fact, their symptoms may have occurred at the same level, but the other parts of them became part of their unfolding story: “me as employee,” “me as piano player,” “me as driver,” “me as spouse and parent.” The symptoms move into the background of a much richer symbolic ecology. (Saleebey, 1994, p. 357)

#### *Connections to Postmodern Social Work Practice*

Phenomenology's position that reality is comprised of an essence (as well as existence) is what defines the fundamental conceptual rift between a modern and postmodern approach to practice. The modern discourse views reality as being comprised solely of existence (via the correspondence theory of truth). Thus, the social worker's efforts at facilitating a change in the client's life (i.e., a change in reality) focus upon affecting a change in the actions-reactions of certain bio-psycho-social qualities (that comprise the client's existence) among the various environmental systems of which the client is a part. This concern over actions-reactions leads to a focus upon human functioning within the rubric of adaptation to one's environment.

Within the postmodern approach to practice, the main site of intervention is upon the essence of reality. Thus, the social worker's efforts at facilitating a change in clients' lives (i.e., a change in reality) focus upon stimulating clients to imagine new possibilities of essence (i.e., “who I am” and “who I can be”). Generating an empowering “who I can be” leads clients to change present actions to meet this more empowering goal



(i.e., essence shaping existence). Generating an empowering “who I can be” makes the intervention more of a consciousness-raising effort (Dybicz, 2010), with the focus being upon assisting clients in the articulation of their identity within a narrative framework (Weick, Kreider, & Chamberlain, 2006; White & Epston, 1990). Thus, this is where the description arises of the client–social worker relationship being akin to that of an author–editor (Goldstein, 1990).

*Presence and absence.* In order to understand a phenomenon, one must both observe its existence and interpret its essence. Presence and absence refer to the process of how qualities of existence are revealed to the inquirer. Let’s first examine how these concepts are applied to making observations. Existence is defined as a persisting presence in the now (i.e., present). Consequently, observation of this existence always takes place in the present time. For example, let us say we are observing a house from the vantage of the front yard. The qualities of the house that are *present* (as in here before us) are those that are immediately observable to us: the front of the house, part of the roof, and perhaps one of the sides. Yet we bring to our observation a foreknowledge of understanding about houses: even though the back of the house is not directly observable (i.e., *absent* from our observation), we imagine it to exist. Thus if we go to look for the back of house, we expect to find it. Consequently, both what is present and what is absent speak to the phenomenon’s essence.

Now, our foreknowledge can be general knowledge about houses or specific knowledge about this house. Perhaps in the past, I have walked around this house and observed the back. So I have a memory of this house. This speaks to another dynamic of absence: absence in time. Hence, through use of imagination (i.e., memory), we are able to bring past observations to the present (i.e., make them pseudo-present). Again, both present and absent qualities speak to the phenomenon’s essence. In addition, we can also use imagination to make predictions about future existence based upon our knowledge of cause and effect (e.g., if I return tomorrow, the house will still be there).

Furthermore, I do not have to simply rely upon my own observations to understand the world. I am able to benefit

from the observations of others. In fact, by living in society, I am unable to escape them. These (absent from my present) observations of others are made pseudo-present to me via the symbolic activity of language, captured in both speech and writing (books, media, everyday conversation, etc.). Thus, for example, I do not have to directly observe the country of Japan before I recognize that it exists. All evidence-based research, human behavior theories—in fact the entire social work knowledge base—falls into this category of observations by others.

Heidegger's phenomenology takes the stance that one cannot escape this knowledge of others, or to put it another way, the cultural knowledge of one's society. One always brings this knowledge to bear when trying to understand a phenomenon. For example, learning to stop one's car at a stop sign is not achieved solely through the trial and error of one's own experience. It is achieved through one's cultural knowledge (made pseudo-present via the symbolic activity of language) reinforced by one's experiences. Hence, understanding a phenomenon is always a symbolic activity. The essence of the phenomenon arises from this co-joining of observation with cultural knowledge. As this is a symbolic activity, the meaning of the symbols must be interpreted.

There are two important implications when this dynamic of presence and absence is applied to the essence of Dasein (i.e., a unique individual). First, human behavior represents qualities of existence, or to put it another way, one is defined by one's actions. The social worker does not directly observe all the behaviors of the client; most of these behaviors are made pseudo-present via the symbolic activity of language (i.e., speech). Thus White and Epston (1990) use the term "behavioral text" to describe the collected observations of an individual's behavior. This behavioral text lends itself to many possible different orderings, or interpretations, and thus, lends itself to many possible different essences.

Secondly, the meaning of present behaviors will not arise from some type of standardized rubric. Rather, co-joining with one's cultural knowledge will be the context and the storyline of *this particular* behavioral text (qualities of existence for Dasein). So for example, if I surprise my wife with a gift of flowers, the meaning of this behavior will not only arise from

my wife's cultural knowledge about gift-giving and flowers, but also, my past behavior in performing this action (storyline) as well as recent behaviors on my part (context). As such, this act may mean "I love you," or "I am sorry," or "let's celebrate." By granting importance to client strengths and successes, post-modern practitioners help clients give new meaning to often overlooked accomplishments, and consequently, less importance to symptoms of the problem. In so doing, the meaning of these problematic behaviors changes from being interpreted as "this is who I am" (categorically defined by normative models of human functioning) to "this is covering over who I am, and who I can be" (as a unique individual) as reflected by the client's particular successes.

*Connections to Postmodern Theory—Derrida, Deconstruction, and the Absent but Implicit*

Above, it was noted that the understanding of a phenomenon (e.g., client within a certain life situation) occurs via the co-joining of cultural foreknowledge with observations of various qualities of existence (i.e., human behaviors which, via symbolic activity, form a behavioral text). When employed in social work, Derrida's (1967/1997) theory of deconstruction targets this behavioral text—thus it is a direct comment upon human behavior. In his well known position that "there is nothing outside the text," Derrida (1967/1997) stakes the claim that there is no inherent meaning to any symbol found in a text, rather its meaning arises from relationships to other symbols in the text. In addition, Derrida (1967/1997) applies the concepts of presence and absence to the qualities of symbols (i.e., words, statements, etc.)—noting that meaning arises not only from what is present and affirmed in the symbol, but also by what is absent. So for example, present in the simple statement "I am at the airport to meet my wife" are the meanings that I am at the airport and that I am married. Absent from the statement, but nonetheless contributing meaning, are such statements as "I am alive," "I did not go to the train station," and "I am not seeking to meet someone who is not my wife." In addition, as one connects this statement to surrounding statements of text, many more potential meanings may arise from this statement, such as "I am excited" or "I am worried" or a multitude of

other possibilities. One's interpretation will depend upon how one connects this relationship to the surrounding text.

When applied to a client's behavioral text, deconstruction claims that a client's particular behavior has no inherent meaning. The meaning of the behavior—and the essence/identity it serves to reinforce—will be determined by its relationship to the other behaviors that are selected for this text. White and Epston's (1990) often cited case study of Nick, a six-year-old boy soiling his pants, serves as an excellent example of this dynamic. In the problem-saturated narrative that Nick begins with, his recent incident of soiling his pants carries with it the meaning of failure. Within the new narrative that White helps Nick to create, an absence implicit in this statement (i.e., behavior) is emphasized, due to its connections to new behaviors selected for Nick's behavioral text. This absence is that Nick chose not to smear his feces on the wall or the furniture. Within this new narrative, this same behavior of Nick soiling his pants carries with it the meaning of a partial success because he was able to resist the influence of 'sneaky poo' at this level.

#### *Connection to Social Work Practice*

Many postmodern social work scholars have embraced, in the form of metaphor, this notion of helping clients to write a "better text" of their life story (e.g., Saleebey, 2006; Weick et al., 2006; White, 2007). They take the stance that creating new interpretations of one's behavioral text results in new behaviors. Phenomenology's notion of presence and absence gives a theoretical grounding to this position by clearly elaborating how human behavior is made pseudo-present to us via symbolic activity. In addition, the concept of absence relates to the observation of client strengths. Just like when observing a house from the front yard, one's foreknowledge of houses lends faith to the notion that if you go look for the back of the house you will find it, practitioners embrace a similar faith (arising from foreknowledge of human beings) in the notion that if you look for client strengths, you will find them (Rapp & Goscha, 2006; Saleebey, 2006).

Derrida's theory of deconstruction speaks to the creation of new interpretations of the behavioral text, and thus, new behaviors. White (2005) offers a poignant example of how Derrida's

theory of deconstruction, and the notion of the absent but implicit, can be applied quite effectively for children who have faced severe trauma via abuse. He does this by concentrating upon the absences that contribute to the meaning of the deep emotional pain that haunts these children: this absence being a fundamental value that was violated, a value that the child holds dear (e.g., "fairness"). Furthermore, the child's pain is testimony to the fact that despite the horrors that they faced, they did not abandon this value. Consequently, White (2005) starts with this absence; he gets the child to elaborate this value in other areas of the child's life not defined by the trauma. This provides a safe area to begin the process of constructing a new behavioral text—avoiding the risks of re-traumatizing the child via directly discussing these traumatic events (i.e., making them pseudo-present again via symbolic activity). Once strong identity conclusions have been developed via this alternative behavioral text, the events of trauma are then slowly discussed and incorporated into this new, empowering text. This is a project of identity articulation—an area that traditional normative approaches do not address.

*Distinctness and vagueness.* As stated above, when attempting to understand a phenomenon, one co-joins one's observations with cultural foreknowledge (i.e., observations of others). These absent observations of others are made pseudo-present via symbolic activity. Distinctness and vagueness speak to a quality of these absent observations of others within one's awareness, as one seeks to employ them in understanding the phenomenon at hand (Sokolowski, 2000). *Distinctness* means that the particular observation is in the foreground of one's awareness: One is critically conscious of the observation and its supporting truth claim. Once this truth claim is satisfactorily established, additional truth claims (along with their accompanying observations) are made and critically examined, that build upon the initial truth claim. It is at this point that the initial truth claim (and accompanying observations) falls into *vagueness*: it becomes so commonplace a truth claim that one no longer critically examines it. It simply becomes a pre-supposition upon which additional truth claims are built. This process of falling into vagueness—as it is being applied here to cultural foreknowledge—is called *sedimentation*. The term sedimentation is a metaphor to describe this layering process

in which earlier truth claims get “covered over” by later ones. These “covered over” truth claims may be recognized to some extent, but they are no longer critically present in one’s awareness when attempting to observe the phenomenon at hand.

These sedimented truth claims provide coherence and intelligibility to future truth claims. The important thing to note here is that even if you find various future truth claims to be incorrect, the very fact that they are coherent expresses the notion that the various presuppositions, or sedimented truth claims, supporting it are part of one’s cultural foreknowledge. So for example, when various religious conservatives and politicians describe homosexuality as a sin, it is an intelligible statement even when we disagree with it. This is because it is built upon a presupposition that the gender of one’s sex partner is a significant quality in defining the sex act (as opposed to one’s partner’s hair color, weight, height, etc.). In fact, this quality is granted so much significance that it becomes a defining quality of one’s sexual identity. Thus it is revealed that the social construct of sexual orientation maintains a hard and fast reality for most people in society.

The opposite of this dynamic occurs when presuppositions make statements unintelligible, and thus, cut off new potential truth claims. For example, in the not too distant past in American society, the concept of marital rape was an unintelligible statement of behavior. Rape being defined as “forced, nonconsensual sex” contradicted understanding of the “marriage contract,” which by its consensual nature, implied a consensual agreement to sex for as long as the contract lasted. This unintelligibility was backed up by court rulings (Thomas, 2001) as late as 1977 (State vs. Bell in New Mexico). However, due to the feminist movement during the 1960s and 1970s, various presuppositions concerning the marriage contract were “unearthed” from their sedimented state and brought back into critical awareness and examination. Consequently, the forcible compulsion quality of rape began being the defining quality of rape, regardless of marital relationship. And in the 1980s, various court rulings supported this new understanding (Thomas, 2001).

*Connections to Postmodern Theory*

Foucault's (1975/1991, 1981) theory of power-knowledge can be viewed as a macro theory of human behavior. As mentioned earlier, the co-joining of cultural foreknowledge with observations of various qualities of existence (i.e., the behavioral text) leads to the understanding of a phenomenon (e.g., client within a certain life situation). Whereas Derrida's (1967/1997) theory focuses upon meaning making in the behavioral text, Foucault's theory of power-knowledge targets meaning making in one's cultural foreknowledge. Heidegger (1927/1962) proposed that the essence of a phenomenon is granted to it by the social discourse operating within a particular cultural and historical era. Foucault turns his eye to the power that circulates within this social discourse. Power is intimately linked with knowledge because previous social constructions serve as presuppositions for later social constructions and thus directly influence what new social constructions are possible: "there is no power relation without the correlative constitution of a field of knowledge, nor any knowledge that does not presuppose and constitute at the same time, power relations" (1975/1991, p. 27). Consequently, Foucault (1975/1991, 1981) views power as a producer of reality: it does this by influencing the construction of the essences of phenomena. These constructed essences occur within the societal discourse, and thus become the cultural foreknowledge (i.e., observations and consequent truth claims of others) that one uses when trying to understand one's own behavior. So for example, ecological systems theory is simply the latest iteration arising from a sedimented truth claim of the 20<sup>th</sup> century that human behavior is an activity of adaptation.

Examining these sedimented presuppositions is an activity Foucault first described as an archeology of knowledge (1966/1994). Later, he refined the description by embracing the term genealogy (1975/1991), tracing the lines of development giving life to a particular social construction. Cultural foreknowledge speaks to what are intelligible actions (various possibilities you act upon) and unintelligible actions (possibilities your mind never considers). A genealogical investigation confronts what are first believed to be hard and fast realities,

then opens up a space for alternative social constructions to be considered.

### *Connection to Social Work Practice*

White (2004) does an excellent job applying Foucault's theory of power-knowledge in his case study of Larry, a teenage boy who held a knife to his mother's throat. Believing that this act of violence stems from cultural foreknowledge on "maleness" and what it means to be a man, White tests his hypothesis by asking Larry if, when he's been angry at his father, he ever considered the possibility of taking a knife to his father's throat. This is an unintelligible act for Larry, that is, something he never considered. White then proceeds to trace the line of development supporting Larry's understanding of men's relation to women—and thus, what made it an intelligible act to do regarding his mother. Larry's understanding of maleness is not shared by Eric, his father. White (2004) then proceeds to enlist first Eric, and then the grandfather, in tracing their cultural foreknowledge concerning men's relation to women. Consequently, the therapy sessions develop into a "men's group" where this cultural foreknowledge is shared, thus creating a space for Larry where new possible constructions are considered, and thus, new actions based upon these constructions are made intelligible. This allowed Larry to reconsider the question, "What does it mean to be me?"

By contrast, by focusing upon the qualities of functioning, previous approaches utilizing family systems theory directly attacked the problematic interaction between Larry and his mother in order to address the question, "What should be done to help Larry function and adapt better?" Consequently, the mother was an integral member in the therapy sessions with Larry. And thus, even though the mother was the victim in their interaction, part of the responsibility for remedying the situation rested upon her shoulders.

### Conclusion

The scope of this paper has only allowed for a brief discussion of the theories of Wittgenstein, Derrida, and Foucault, yet the brief discussion usefully illustrates that these are all theories of how meaning is derived. If we are asking the question,



“What does it mean to be me?” these theories become very relevant in helping to answer this question. If we take the next step of accepting that the answers to this question explain how human behavior is shaped, these theories become a comment upon human behavior and a guide to intervention efforts.

When applying postmodern theories to practice, it must be kept in mind that these theories are generative in nature, not normative. This is a key distinction. If the task at hand is viewed as assisting the client in articulating his/her identity, as many postmodern practitioners propose (Saari, 1991; Saleebey, 2006; White & Epston, 1990), then generative theories serve the purpose of generating various articulations for consideration. These new possibilities arise because a client’s behavioral text is always open to new interpretations: events deemed unimportant can always be deleted, and previously omitted behaviors can always be included.

Phenomenology—being a theory of ontology—is a core fundamental theory informing a postmodern paradigm. Its relevance is not achieved via direct application to practice, rather, it acts as a floor upon which can be built theories of meaning-making. Similar to how the correspondence theory of truth and positivism (as a theory of epistemology) supplement each other to inform social work practice—not directly per se, but as fundamental theories supporting ideas such as evidence-based practice—phenomenology can be utilized with its ally social constructionism (as a theory of epistemology) to inform narrative approaches to practice, and the various theories that speak to meaning-making within narratives.

## References

- Anderson, H., & Goolishian, H. (1992). The client is the expert: A not-knowing approach to therapy. In S. McNamee & K. J. Gergen (Eds.), *Therapy as social construction* (pp. 25-39). London: Sage.
- Aquinas, St. T. (2007). *Concerning being and essence* (G. Leckie, Trans.). Arlington, VA: Aquinas Press (Original work published c. 1250).
- Aristotle. (2007). *Metaphysics* (J. H. McMahon, Trans.). Mineola, NY: Dover Publications. (Original work published c. 330 B.C.E.).
- Ashford, J., & LeCroy, C. (2009). *Human behavior in the social environment: A multidimensional perspective* (4<sup>th</sup> ed.). Belmont: CA: Brooks Cole.
- Cooper, B. (2001). Constructivism in social work: Towards a participative practice viability. *The British Journal of Social Work*, 31(5), 721-738. doi: 10.1093/bjsw/31.5.721.

- Dale, O., Smith, R., Norlin, J., & Chess, W. (2008). *Human behavior and the social environment: Social systems theory* (6th ed.). Cranbury, NJ: Pearson.
- De Jong, P. & Berg, I. K. (2008). *Interviewing for solutions* (3rd ed.). Belmont, CA: Thomson Brooks/Cole.
- De Shazer, S., & Berg, I. K. (1992). Doing therapy: A post-structuralist re-vision. *Journal of Marital and Family Therapy*, 18(1), 71-81.
- De Shazer, S., Dolan, Y., Korman, H., Trepper, T., McCollum, E., Berg, I. K. (2007). *More than miracles: The state of the art of solution-focused therapy*. Binghamton, NY: Haworth Press.
- Derrida, J. (1997). *Of grammatology* (G. C. Spivak, Trans.). Baltimore, MD: John Hopkin's University Press. (Original work published 1967).
- Dybicz, P. (2010). Confronting oppression not enhancing functioning: The role of social workers within postmodern practice. *Journal of Sociology and Social Welfare*, 37(1), 23-47.
- Foucault, M. (1981). *Power-knowledge: Selected interviews & other writings 1972-1977*. New York: Pantheon Books.
- Foucault, M. (1991). *Discipline & punish: The birth of the prison*. (Vintage Books, 2<sup>nd</sup> ed., A. Sheridan, Trans.). New York: Vintage Books. (Original work published 1975).
- Foucault, M. (1994). *The order of things: An archaeology of the human sciences*. (Vintage Books ed.). New York: Vintage Books. (Original work published 1966).
- Gergen, K. (1994). *Realities and relationships: Soundings in social construction*. Cambridge, MA: Harvard University Press.
- Goldstein, H., (1990). The knowledge base of social work practice: Theory, wisdom, analog, or art? *Families in Society*, 71, 32-42.
- Hegel, G. W. F. (2010). *The science of logic* (G. Giovanni, Trans.). New York: Cambridge University Press. (Original work published in three volumes: revised Book I 1832, Book II 1813, and Book III 1816).
- Heidegger, M. (1962). *Being and time* (J. Macquarrie and E. Robinson, Trans.). New York: Harper and Row. (Original work published 1927).
- Hermans, H. (1987). Self as organized system of valuations: Toward a dialogue with the person. *Journal of Counseling Psychology*, 34, 10-19.
- Hermans, H., & Kempen, H. (1993). *The dialogical self: Meaning as movement*. Waltham, MA: Academic Press.
- Husserl, E. G. A. (1982). *Ideas pertaining to a pure phenomenology and to a phenomenological philosophy—first book: General introduction to a pure phenomenology* (F. Kersten, Trans.). The Hague: Nijoff. (Original work published 1913).
- James, W. (2011). *The principles of psychology (Volume 1 of 2)* [Kindle Edition]. Lawrence, KS: Neeland Media LLC. (Original work published 1890).

- Kant, I. (2004). *Metaphysical foundations of natural science* (M. Friedman, Trans.). New York: Cambridge University Press. (Original work published 1786).
- Mensch, J. (1988). Existence and essence in Thomas and Husserl. In H. J. Silverman, *Horizons of continental philosophy: Essays on Husserl, Heidegger, and Merleau-Ponty* (pp. 62-92). Dordrecht, Netherlands: Kluwer Academic Publishers.
- Plato (2008). *Republic* (R. Waterfield, Trans.). New York: Oxford University Press. (Original work published c. 370 B.C.E.)
- Rapp, C., & Goscha, R. (2006). *The strengths model: Case management with people suffering from severe and persistent mental illness*. New York: Oxford University Press.
- Saari, C. (1991). *The creation of meaning in clinical social work*. New York: Guilford Press.
- Saleebey, D. (1993). Theory and the generation and subversion of knowledge. *Journal of Sociology and Social Welfare*, 20(1), 5-15.
- Saleebey, D. (1994). Culture, theory, and narrative: The intersection of meanings in practice. *Social Work*, 39, 351-359.
- Saleebey, D. (2000). Power in the people: Strengths and hope. *Advances in Social Work*, 1, 127-136.
- Saleebey, D. (2006). The strengths approach to practice. In D. Saleebey (Ed.), *The strengths perspective in social work practice* (4th ed., pp. 77-92). Boston: Pearson/Allyn and Bacon.
- Saleebey, D. (2009). Possibilities and problems. In D. Saleebey (Ed.), *The strengths perspective in social work practice* (5th ed., pp. 281-306). Boston: Pearson/Allyn and Bacon.
- Sokolowski, R. (2000). *Introduction to phenomenology*. New York: Cambridge University Press.
- Thomas, J. (2001). *Social movements and violence*. New Delhi, India: Mittal Publications.
- Walsh, F. (1998). *Strengthening family resilience*. New York: Guilford.
- Weick, A., Kreider, J., & Chamberlain, R. (2006). Solving problems from a strengths perspective. In D. Saleebey (Ed.), *The strengths perspective in social work practice* (4<sup>th</sup> ed., pp. 1-23). Boston, MA: Pearson/Allyn and Bacon.
- White, M. (2004). Folk psychology and narrative practices. In L. Angus & J. McLeod (Eds.), *The handbook of narrative and psychotherapy: Practice, theory, and research* (pp. 15-51). Thousand Oaks, CA: Sage Publications.
- White, M., (2005). Children, trauma and subordinate storyline development. *The International Journal of Narrative Therapy and Community Work*, 3 & 4, 10-21.
- White, M. (2007). *Maps of narrative practice*. New York: W. W. Norton and Co.
- White, M., & Epston, D. (1990). *Narrative means to therapeutic ends*. New York: Norton.

- Wittgenstein, L. (1958). *Philosophical investigations*. (G.E.M. Anscombe, Trans.) New York: Macmillan.
- Van Wormer, K. (2010). *Human behavior and the social environment, micro level: Individuals and families* (2<sup>nd</sup> ed.). New York: Oxford University Press.

# The First and the Last: A Confluence of Factors Leading to the Integration of Carver School of Missions and Social Work, 1955

TANYA SMITH BRICE

Baylor University  
School of Social Work

T. LAINE SCALES

Baylor University  
Graduate School

*The Carver School of Missions and Social Work, affiliated with the Southern Baptist Theological Seminary in Louisville, Kentucky, was an all-female social work program that eventually became the first seminary-affiliated social work program accredited by the Council on Social Work Education. This article examines Carver's efforts towards racial integration during the late 1950s, which was a time of heightened racial tensions across the United States. This article is informed by a series of oral histories of the two African American women who integrated Carver in 1955.*

*Key words: African American women, racial integration, Southern Baptists, Council on Social Work Education, Women's Missionary Union*

In 1950s America, the fear of change was a daily worry. In terms of foreign relations, the United States was in the midst of a cold war with the Soviet Union (Tarantola, 2008). At home, the nation was moving toward an era focused on civil rights. Various groups enduring long-practiced inequities drew attention to their circumstances. By the end of this troubled decade, César Chávez had launched his work encouraging Mexican Americans to vote, eventually leading to the farm workers movement (Espinosa, 2007; Marquez & Jennings, 2000). After

Journal of Sociology & Social Welfare, March 2013, Volume XL, Number 1

more than a century of discriminatory labor and housing policies, Chinese and Japanese Americans were granted citizenship (Alexander, 1956; Scanlan, 1987; "The McCarran-Walter Immigration Act," 1953). Challenging the myth of "separate but equal," several progressive judicial rulings resulted in increased access of African Americans to civil rights, as granted by the U.S. Constitution. Issues of equal access to colleges and universities brought cases such as *Sweatt v. Painter* (Goldstone, 2006; "Heman Marion Sweatt versus Theophilis Shickel Painter et al," 1950) and *McLaurin v. Oklahoma State Regents* (U.S. Supreme Court, 1950) before the U.S. Supreme Court in 1950 to grant African Americans access to White institutions of higher education. The infamous *Brown v. Board of Education* case, a conglomeration of five state cases, granted African Americans equitable access to public education, in 1954 (Sanders, 1995). While these cases were instrumental in opening quality education to African Americans, the implementation of these rulings was often unhurried. Public universities were often forced to integrate by order of the U.S. Government. However, private, religiously affiliated institutions were generally unaffected by such orders. Consequently, many private colleges remained racially segregated for a decade or longer after these rulings.

As higher education opportunities became more accessible for African Americans, private and religious groups, including Southern Baptists, were forced to consider integration of their seminaries, colleges, and training schools. Access for African American Baptist women to the premier training school for missions and social work is the focus of our story. A brief history of the denomination's race relations will provide a context.

### Southern Baptist Convention

The Southern Baptist Convention, the largest Protestant denomination in the United States, has had a contentious history of poor race relations. Founded in 1845, this convention came into existence as a result of debate between Northern anti-slavery Baptists, and Southern pro-slavery Baptists. For instance, the Rhode Island Anti-Slavery Convention declared in 1836, of the role of the church in this debate:

...that the people have a right to expect of the ministers of Christ that they will cheerfully engage in the work of abolition, and to call upon them to proclaim the truth on this subject, as those who are bound to declare the counsel of God. (Fitts, 1985; Putnam, 1913)

Southern, slaveholding Baptists were offended by this declaration, maintaining that the institution of slavery was “established in the Holy Scriptures by precept and example” (Putnam, 1913). As a result of this heated discourse, the Northern Baptists withdrew fellowship and communion from the Southern Baptists, resulting in a mutually-desired split. In the 1844 General Convention held in Baltimore, MD, both groups agreed to divide into the Southern Baptist Convention and the Baptist Missionary Union.

The Southern Baptist Convention’s missionary purposes included evangelizing enslaved Africans from its beginnings. However, in plantation churches, where the enslaved were treated as second class citizens, they were forced to sit in the balcony or outside the buildings of White congregations (Knight, 1993). These plantation churches predate the 1845 split between the White Baptists, however, Southern Baptists considered the paternal oversight of the plantation churches part of their missionary efforts.

In addition to plantation churches, independent Black Baptist churches sprang up in the South as early as 1773 (Brooks, 1922). The leadership structure of these churches, often named African Baptist churches, ranged from Freedmen to enslaved men who served as ministers, to White ministers and laymen serving as overseers. While these African Baptist churches were relatively rare, they existed despite laws, known as Slave Codes, forbidding the assembly of Blacks without the presence of a White overseer as well as laws forbidding the distribution of Bibles to the enslaved (Goodell, 2003; Roberts-Miller, 2010).

After the Civil War, African Baptist churches expanded throughout the South, extending to the North and West. In 1886, African Baptists founded the National Baptist Convention, becoming one of eight autonomous African American denominations. The National Baptist Convention became the largest

Protestant denomination among Blacks in the U.S. However, the Southern Baptist Convention institutionalized their paternal relationship with Blacks through the development of the Department of Works with Negroes, which eventually became the Department of Works with National Baptists (Knight, 1993).

The Southern Baptist Convention (SBC) remained a largely segregated convention of mostly White members. It was not until 1951 that the SBC accepted its first African American congregation into its affiliation. In fact, "before 1954, few within the SBC challenged the segregationist practices of the denomination agencies and churches" (Knight, 1993, p. 171). There were some leaders of the SBC who were aggressive in their support of segregation, as reported below:

In speeches in South Carolina in 1956, W.A. Criswell, the "godfather" of SBC fundamentalists, called integrationists "a bunch of infidels, dying from the neck up," and he charged that they were "good for nothing fellows who are trying to upset all things we love as good Southern Baptists." (Knight, 1993, p. 177)

Southern Baptists were diverse in their attitudes towards integration. At the all-male flagship seminary, The Southern Baptist Theological Seminary in Louisville, Kentucky, racial integration began unofficially in the 1940s. The Day Law, a Kentucky statute forbidding racially integrated education, had been in effect since the 1900s. The law read:

It shall be unlawful for any person, corporation, or association of persons to maintain or operate any college, school, or institution where person of white and negro races are both received as pupils for instruction. (P.L.4363-8; 1934, c65, ArtI,8. Eff. June 14, 1934; Scales, 1989, pp. 2-3)

The Southern Baptist Theological Seminary defied the Day Law, as professors bent and even broke the law to educate African American preachers in the community (Scales, 1989). The seminary established an extension program for African American students in 1949. And by 1951, a poll found that approximately 95% of the student body expressed a desire to



admit qualified African American students into the seminary's graduate programs (Sapp, 1958). In that same year, the first African American male students were formally admitted into seminary classes.

### Black and White Baptist Women Cooperate

Despite this racialized climate within the male-run Southern Baptist Convention of the 1950s, White and African American Baptist women had been engaged in interracial cooperative efforts to support missions for over fifty years. This cooperation had begun officially in 1904 when the African American women of the Woman's Convention Auxiliary to the National Baptist Convention and the White women of the Women's Missionary Union, Auxiliary to the Southern Baptist Convention, met together in Nashville (Higginbotham, 1994). The rationale for such efforts is best described in the 1916 Annual Report of the Women's Convention of the National Baptist Convention:

This whole race problem will be quickly and easily solved when white women teach their children around the fireside not to respect white women less, but to respect colored women more...The race problem will never be solved until white and colored women work together for mutual respect and protection. (Frankel & Dye, 1994, p. 157)

Interracial cooperation was seen by African American women as a tactic to fight racism. Each group was formed by breaking away from their male-run conventions and creating a missions organization with auxiliary status. In 1900, 21-year old Nannie Helen Burroughs delivered a speech to the general assembly of the National Baptist Convention entitled, "How the Sisters are Hindered from Helping" in which she proclaims:

For a number of years there has been a righteous discontent, a burning zeal to go forward in His [Christ's] name among the Baptist women of our churches and it will be the dynamic force in the religious campaign at the opening of the 20<sup>th</sup> century. (Burroughs, 1900)

This speech marked the beginning of the Woman's Convention (WC), which, promoted women's work for women, raised money, trained women, and otherwise supported the missionary enterprise.

In May 1888, the Woman's Missionary Union (WMU) was formed during an annual meeting of the Southern Baptist Convention. A group of women from Maryland drafted a constitution reflecting the primary purposes of the organization: fundraising and mission education (Allen, 1987). The preamble clearly specifies that this auxiliary unit was subordinate to the Southern Baptist Convention:

We, the women of the churches connected to the Southern Baptist Convention, desirous of stimulating the missionary spirit and the grace of giving among the women and children of the churches, and aiding and collecting funds for missionary purposes, to be dispersed by the Boards of the Southern Baptist Convention, and disclaiming all intention of independent action organize... (Cox, 1938, p. 67)

In an effort toward interracial cooperation, Annie Armstrong, the corresponding secretary of the WMU, was invited to address the 1901 Woman's Convention in Cincinnati, Ohio. As a result of that meeting, the WMU and WC drafted a policy of cooperation in funding two African American missionaries to work in the American South (Higginbotham, 1993). Consequently, S. Willie Layton, president of the WC, was invited to address the 1904 WMU convention in Nashville. A city wide convention of African American Baptist women simultaneously met in Nashville. Delegates from the WMU attended the African American Baptist women's convention resulting in the first interracial meeting among Baptist women. After the 1904 joint meeting, African American and White Baptist women solidified their efforts to continue to work cooperatively on the training and funding of missionaries (Higginbotham, 1993). These interracial cooperative efforts laid the foundation for the racial integration of WMU's training school in Louisville, KY.

### Training Women for Missions and Social Work

The Carver School of Missions and Social Work was the jewel of Southern Baptist women. Established in 1907 as the Woman's Missionary Union Training School of Christian Workers, the school was supported by the "widow's mite," small gifts from mostly poor rural women who saved their egg money and sold quilts to support women students training for missions and social work. The school emphasized preparation of women for both home and foreign mission fields and operated as a coordinate of the neighboring Southern Baptist Theological Seminary (Scales, 2000). Women took some courses at the seminary, while studying subjects considered appropriate for Baptist women such as nursing, domestic skills, music performance and elocution. To learn practical skills in social work and missions, a course called "Personal Service," later called "Social Work Methods," emphasized one-to-one evangelism and social services.

By the early 1950s, the WMU Training School experienced declining enrollment, as the seminary began enrolling women directly as students. In addition, the President of Carver School, Carrie Littlejohn, retired after 30 years of service, creating an opportunity for the WMU to evaluate its purpose and direction (Scales, 2000). Consequently, in 1952, the WMU voted to respond to this declining enrollment by making three organizational changes. In an effort to reflect the school's gratitude for W.O. Carver, one of the early professors and founders, as well as to de-emphasize the fact that it was a women's school, the WMU voted to change the school's name to Carver School of Missions and Social Work. In addition, they voted to open enrollment to male students and to "enroll students without regard to race or nationality" (Martin & Hunt, 1953, p. 395). As a result, the first African American women were enrolled in the Carver School of Missions and Social Work.

#### *Breaking Racial Barriers*

Freddie Mae Bason and Verlene Farmer were admitted to Carver School in the Fall of 1955. They were both members of the National Baptist Convention's Women's Auxiliary. They were recruited to break Carver's racial barrier by Dr.

Guy Bellamy, the Secretary to the Department of Work with Negroes of the Home Mission Board of the Southern Baptist Convention. They were both daughters of the segregated South (Bason & Coons, 2003; Goatley, 2010).

Freddie Mae Bason was born in New Boston, Texas, in 1929. Shortly after her birth, Bason moved to Oklahoma City, Oklahoma with her mother. Although she was an active participant in the Girl's Auxilliary, an organization of WMU, as a child, Bason stated the following: "I wanted to be in full time Christian service, but I knew that was only a dream" (Bason & Coons, 2003). She had only seen White women fulfill this dream. Bason went on to continue her education at Langston University, a historically Black college in Langston, Oklahoma; Oklahoma School of Religion, a National Baptist Convention supported institution that trained ministers, Christian workers, and laymen; and the University of Tulsa. Bason recounts when she was asked to integrate Carver School of Missions and Social Work:

... they wanted students to integrate Carver School, and he [Bellamy] asked me to do that. That's about it. I had finished the Oklahoma School of Religion, and I was working in Tulsa, and then he [Bellamy] knew about it and asked my pastor to pray all about it, so that's how ... he [Bellamy] encouraged me to go to Carver ... he [Bellamy] said that now if I'll already go to Carver, "I would expect that she would get a job when she finishes," and Dr. Bellamy promised that ... I was open to go because I felt that if I went to Carver School it could be a possibility that I would get a full-time job. (Bason & Coons, 2003)

Bason took a pragmatic approach to inform her decision to integrate Carver School. She was concerned with the economic impact of this decision. Specifically, she was concerned with whether this decision to attend Carver School would yield viable employment, a concern shaped by the sociocultural climate of the era. Despite advanced educational opportunities, African Americans found it difficult to find employment commensurate to their education. African Americans were often legally relegated to provide domestic and agricultural labor, particularly in the South (Bose & Spitze, 1987;

Carlton-LaNey, 1994; Carlton-LaNey & Burwell, 1996; Shaw, 1996). Despite Bason's educational accomplishments prior to attending Carver School, this integration experiment was viewed by Bason as an opportunity to gain meaningful employment commensurate to her academic training. However, Bason was very aware of the potential social ramifications of this experiment. She later recounts, "It was strange in that I knew I was gonna become a guinea pig" (Bason, 2011).

Verlene Farmer was born in Bridgeport, Oklahoma in 1933. She became interested in missionary work as a child. Her interest was a direct result of her experience with a White missionary who would "practice with the Negro children in the Black town" in preparation for missionary work in Africa. Farmer was one of those children. While a sophomore at Langston University and the Oklahoma School of Religion, Farmer met Bellamy while doing summer missionary work in the urban areas of several major U.S. cities. Farmer was asked to integrate Carver School of Missions and Social Work as she was entering her senior year. While she was not familiar with Carver School specifically, Farmer was very familiar with WMU, and the positive reputation of the white women's mission organization. Farmer recalls being very impressed with the reputation of WMU, noting, "It used to be a WMU school...anybody who was somebody would go to WMU Training School" (Goatley, 2010). Farmer's recollection of the invitation to attend Carver School suggests that she viewed this as an honor.

Both women agreed to integrate Carver together, and were supported by the WMU to do so. Margaret Fairborne, director of WMU Oklahoma, and missionary to Liberia, raised scholarship funds for both women. However, both women expressed some concern about moving to Louisville, Kentucky to attend the all-White Carver. Bason reports:

Definitely, I was quite apprehensive, because this was a new ... venture, and history at that point had not been very kind, and I just really didn't know what to expect ... I was afraid ... that Verlene and I would always be looked at and probably not treated very well, but we were willing to take the venture ... we would be making a definite contribution ... it would be an opportunity to go into some work that we knew we

could not get otherwise, ... we really wanted to be in full-time Christian service, and this was an avenue to which we could pursue. (Bason & Coons, 2003)

Farmer recalled having some concerns about being "a thousand miles away" from home. While she expressed some concerns about encountering racism in Louisville, she stated, "When you grew up in the black community and you're black, and you got all this prejudice ... You just know it's there. It's going to a different level" (Goatley, 2010).

Bason expressed some concern that "they would equate me with my mother as just being a maid." She goes on to say,

And I had to live beyond that, ... having to always be second in anything I did, the last on the bus, the last at everything, and to come into a situation where that did not exist was like being into another world. (Bason & Coons, 2003)

Bason and Farmer were not the first women of color admitted to Carver. There were students from Indonesia, Brazil, Korea, and Nigeria. Of those students, Bason recalls an incident where the Nigerian student, Deborah Dahunsi, needed an emergency appendectomy, but was denied admittance into Kentucky Baptist Hospital because of her race. Dahunsi's husband, Dr. Emmanuel Dahunsi, was a teaching fellow and instructor at the neighboring seminary. He recalled several instances of discrimination when he addressed the Southern Baptist Convention in 1955, declaring that these hurtful instances "came from Southern Baptists through whose missionaries we had come to know Jesus Christ and whose support enabled us to be in the United States" (as quoted in Willis, 2005, p. 80). Although the Dahunsi family, and other international students, had been a part of the Carver community prior to 1955, Freddie Mae and Verlene were the first U.S. born African American students. This challenged the thinking of those Southern Baptists who were more willing to accept an international student from Africa than a black U.S. citizen. It was with this weight of responsibility that Bason and Farmer arrived at Carver School of Mission and Social Work.

*Arrival in Louisville*

Bason and Farmer were greeted at the Louisville bus station by two of their Carver classmates. One of those classmates, Reid Coons, recalls her motivation for wanting to greet the two incoming students:

I really felt it was an opportunity to go meet Freddie ... and I think, because of ... my relationship to the Lord, that it's been important to know that people are the same, and you don't want to make anybody feel badly about something, so it was special to meet Freddie. (Bason & Coons, 2003)

The women had different experiences with roommates at Carver. Farmer recalls having a great relationship with her roommate, Alice Gardiner, the granddaughter of W. O. Carver. Bason, on the other hand, reports of her roommate, "...she and I didn't get along, and so I asked to be by myself" (Bason & Coons, 2003).

The women recalled numerous instances of being denied entry to movie theaters, restaurants, and even some churches. Bason remembered, "it was on my birthday that I was taken out to eat, and one of the persons said, 'As long as you have a nigger in the car, well, then you can't eat here'" (Bason & Coons, 2003). Farmer remembers, "... things were so prejudiced then.... I couldn't go to the same places ... couldn't go to the same dentists (Goatley, 2010).

While the spirit of the institution of Carver School seemed prepared to accept its first African American students, the sociocultural climate of Louisville, Kentucky, was not.

*A Glorious Experience*

Despite this climate, both women expressed sincere gratitude for the opportunity to attend Carver School. Bason said of the experience,

the school was beautiful, and it was just ... indescribable the kind of feeling that you really had ... that I was just another person. It was a glorious experience—the beauty of the school, the beauty of the relationships, and then to get out of school ... still have some

relationships, to know that you were with world-class citizens. (Bason & Coons, 2003)

Farmer confirms this sentiment. She reflected, "They trained you for everything" (Goatley, 2010).

While there was a less than ideal start for Bason, she states that "...after about two months there, everybody had gotten used to everybody, and so that was that sense of rapport with everyone...we became as family" (Bason & Coons, 2003).

Carver School attempted to model family life for its students. Farmer recalled, "We had household chores. We learned to set the table. We had work to do ... but it was such a good experience. All of the Carver women shared meals together in the dining room, and did chores together" (Goatley, 2010).

### Learning by Doing

There were two degrees offered to Carver students: Bachelor of Missionary Training (two years) and Master of Missionary Training (three years) (Catalogue, Southern Baptist Theological Seminary, 1907-08, Catalogue, Carver School of Missions and Social Work, 1955).

An important part of the Carver School curriculum was the hands-on field experiences in which students tried their wings as novice missionaries and social workers. Bason and Farmer worked alongside their White classmates doing fieldwork at Waverly Tuberculosis Hospital and at WMU sponsored community centers known "Good Will Centers." Following the late 19<sup>th</sup> century settlement movement, The Good Will Center at Louisville was founded in 1912 "to provide a clinic in social work as well as service to the community" (WMU Annual Report, 1952).

With this combination of theological, academic, and hands-on experiences, Farmer summed up Carver School's thorough preparation:

I know that Carver School prepared me for the mission field, because they had all those mission classes and it was just a blessing to be there, and to see how they prepared you ... everything was geared towards missions and missionaries ... they had mission days,



and missionaries would come by .... W. M. Burton [a missions professor] taught you how to work on the level with churches and young people. (Goatley, 2010)

Bason further recalled of the training at Carver, "one thing special about the training school and the Carver School is that the leaders would come and you would get an opportunity before graduating to get to know some of the folks that were leaders in Baptist life" (Bason & Coons, 2003).

As they moved into full time Christian service, both women utilized their Carver School training to fulfill their callings during one of the most racially charged periods in U.S. history.

#### *Utilizing a Carver Education for Christian Service*

Although educated in a school that had previously been for whites only, both Bason and Farmer used their Carver education to serve with their African American brothers and sisters. While Bason was employed by the Southern Baptist Convention, she was assigned to work with African American families. Farmer joined the National Baptists to serve overseas. A brief look at their professional careers demonstrates how the lessons from Carver informed their life's calling and work.

Upon graduating from Carver in 1957, Bason moved to Atlanta, Georgia to begin work at the Magnolia Street Good Will Center, an operation of the Home Mission Board of the SBC located in an African American neighborhood. After ten years, Magnolia Good Will Center closed. The Home Mission Board sent Bason to the nearby Memorial Drive Baptist Center, where she served low income families and children, providing afterschool and family support programs. In addition to her work with the Home Mission Board, Bason worked as a volunteer with the Women's auxiliary of the National Baptist Convention as mission coordinator, as the managing editor of *The Mission* magazine, and as editor of *The Worker*, under the leadership of Nannie Helen Burroughs.

Meanwhile, Farmer interrupted her Carver work to return to Langston University and complete degrees in criminal justice and sociology. After earning the undergraduate degree she returned to Carver to complete her graduate degree in religious education. In the midst of that matriculation, she was

"called to the mission field." With the support of Shiloh Baptist Church in Columbus, Ohio, and supporters in Kentucky and Ohio, Farmer was sent to Suehn Industrial Missions, a missions project supported by the National Baptist Convention, in Liberia, West Africa. Before she left, Farmer participated in Burroughs' ten week program, in Washington, DC, to learn "how to do Christian work the National Baptist way." Culminating with a blessing for Farmer led by Burroughs and the WC at the general assembly of the National Baptist Convention in San Francisco that year, Farmer began her missionary work in Liberia. After serving for seven years in Liberia, where she taught typing classes, third grade, and seventh grade Language Arts, Farmer returned to Oklahoma for medical reasons and continued her work in Christian service at Langston University, where she taught religious education classes and directed the Baptist Student Union for the next 25 years (Goatley, 2010).

### The First and the Last

The story of Bason and Farmer's educational preparation resulted from a confluence of factors that created the almost perfect climate for the integration of Carver School of Missions and Social Work. While the nation was struggling with the notion of legally mandated integration of educational institutions at all levels, the Southern Baptist Convention, despite its racialized history, found progressive racial attitudes at its flagship seminary and a trend toward inter-racial cooperation in special committees such as the Committee on Negro Works. As the former WMU Training School was faced with declining enrollment, Southern Baptist women had a new option to matriculate directly into the seminary. Bason and Farmer were admitted to Carver School in order to address each of these factors.

Not only would Freddie Mae Bason and Verlene Farmer be the first African American women to attend Carver School, they would also be the last, as the school would soon close. Carver School continued to experience declining enrollment and in 1957, facing financial crisis and closure, the school became the property of the Southern Baptist Convention. The convention expressed a desire to expand Carver's curricular offerings and

to seek Council on Social Work Education accreditation for its social work program, however the school was denied this accreditation because it was not part of a college or university. In 1963, Carver School was closed, with some of its courses being merged into the seminary.

### *Theological Tensions with Social Ministries*

It was not until 1984, after both Bason and Goatley had been serving over two decades, that the Southern Baptist Theological Seminary resurrected a full social work program when it created the Carver School of Church Social Work. The school was the first in the nation to be housed in a seminary and to achieve Council of Social Work Education (CSWE) accreditation in 1987, flourishing for another decade until it was closed in 1997 during conflict over the role of social ministries (Garland, 1999, Scales, 2000).

Throughout the tenure of Carver School, the Southern Baptist Convention had dealt with the tensions between social ministries and a more conservative theology that placed evangelism and personal responsibility above the church's role in addressing social problems. During the 1950s and 1960s, as Freddie Mae Bason and Verlene Goatley were educated among Southern Baptists and launched their careers, the SBC and its agencies were more open to a type of social ministry that held society, including churches, responsible for the care of its poor. Social work, largely a woman's profession, in addition to missionary training, was considered a good preparation for Baptists to lead social ministries.

By 1979, in response to perceived liberalism in the SBC denomination, a group of male fundamentalist leaders gained control of the SBC, resulting in a more "masculine Christianity" (Holcomb, 2002) which was accompanied by a social conservatism of personal responsibility trending nationally in the Reagan years. By the mid-1990s, the shift toward social and theological conservatism in the denomination and its seminaries led President R. Albert Mohler to fire the social work dean, Diana Garland, in 1995 and to officially close the Carver School of Church Social Work in 1997. With that closure, a ninety-year history of preparing Baptist women like Verlene Farmer and Freddie Mae Bason came to an end. Reflecting upon the closure two years later, Mohler recalled:

[Social work] is committed to a worldview and a principle of moral neutrality and non-judgmentalism. When it comes to the church and moral issues, there is no way that I could see that being consonant with the responsibility of the church and the responsibility of a seminary. (Mohler, 1999)

Mohler's views are representative of the SBC leadership who saw social work's commitment to "non-judgmentalism" as something that could not be reconciled with evangelicalism. For some Southern Baptists, this tension between social responsibility and evangelicalism still exists today, though other Baptist groups have flourishing BSW and MSW programs located in their colleges and universities (Baylor University School of Social Work, 2012). Several Baptist programs are affiliated with the North American Association of Christians in Social Work, which has as its mission "to equip its members to integrate Christian faith and professional social work practice" (North American Christians in Social Work, 2012). In other words, many Baptists do not agree with Mohler's statement that social work and Christian ministry are incompatible.

## Conclusion

The integration experiment of 1955 was a progressive idea, but did not allow the Carver School to meet its immediate goal, to increase enrollment. However, this experiment yielded far reaching results for missionary and social work efforts in the African American community through the lives of these two extraordinary women. The surprisingly early integration of the Carver School, a private, religious institution associated with one of the most racially intolerant denominations of the era, reminds us of an important distinction: we must examine women's policies and practices within a group in addition to the more publicized and discussed narratives of male-run institutions, such as the Southern Baptist Convention. The women's school introduced a progressive timeline, integrating quickly in the early 1950s as U.S. Supreme Court decisions mandated public, but not private schools, to provide equal access. Many private colleges in the South would stay segregated for decades to come.

Acknowledgements: The authors would like to thank Mrs. Verlene Farmer Goatley and Ms. Freddie Mae Bason for sharing their story with us. We would also like to thank Mrs. Reid Coons for her support in this effort.

## References

- Alexander, R. C. (1956). A defense of the McCarran-Walter Act. *Law and Contemporary Problems*, 21(2), 382-400. doi:10.2307/1190510
- Bason, F. M. (2011, October 29). *Oral history interview with Freddie Mae Bason*. Carver School Oral History Project. Baylor University, Waco, TX.
- Bason, F. M., & Coons, R. (2003, February 22). *Oral history interview with Freddie Mae Bason and Reid Coons*. Carver School Oral History Project. Baylor University, Waco, TX.
- Baylor University School of Social Work (2012). *About us*. Retrieved from [www.baylor.edu/socialwork](http://www.baylor.edu/socialwork).
- Berea College v. The Commonwealth of Kentucky, 211 U.S. 45 (1908).
- Bose, C., & Spitze, G. (1987). Employment for professional Black women in the Twentieth Century. *Ingredients for women's employment policy* (pp. 73-92). Albany: SUNY Press.
- Brooks, W. (1922). The evolution of the Negro Baptist Church. *The Journal of Negro History*, 7(1), 11-22.
- Burroughs, N. H. (1900). How the sisters are hindered from helping. *Proceedings of the Annual Sessions of the National Baptist Convention and Women's Convention, 1900*. Rochester, NY: American Baptist Historical Society.
- Carlton-LaNey, I. (1994). Training African-American social workers through the NUL fellowship program. *Journal of Sociology and Social Welfare*, 21(2), 43-54.
- Carlton-LaNey, I., & Burwell, Y. (1996). Introduction: African American community practice models: Historical and contemporary responses. *Journal of Community Practice*, 2(4), 1-6.
- Espinosa, G. (2007). "Today we act, tomorrow we vote": Latino religions, politics, and activism in contemporary U.S. civil society. *Annals of the American Academy of Political and Social Science*, 612, 152-171.
- Fitts, L. (1985). Creative forces in historic Black Baptist religion. *A history of Black Baptists* (pp. 19-39). Nashville, TN: Broadman Press.
- Frankel, N., & Dye, N. S. (1994). *Gender, class, race, and reform in the progressive era*. University Press of Kentucky.
- Garland, D. R. (1999) When professional ethics and religious politics conflict: A case study. *Social Work and Christianity*, 26(3), 60-76.
- Goatley, V. F. (2010, December 10). *Oral history interview with Verlene Farmer Goatley*. Carver School Oral History Project. Baylor University, Waco, TX.
- Goldstone, D. (2006). Heman Sweatt and the racial integration of the University of Texas School of Law. *The Journal of Blacks in Higher Education*, (54), 88-97.

- Goodell, W. (2003, June 29). *Education prohibited*. Retrieved May 27, 2011, from <http://www.dinsdoc.com/goodell-1-2-6.htm>
- Heman Marion Sweatt Versus Theophilis Shickel Painter et al. (1950). *The Journal of Negro Education*, 19(4), 512-515.
- Higginbotham, E. B. (1994). *Righteous discontent: The women's movement in the Black Baptist Church, 1880-1920*. Boston, MA: Harvard University Press.
- Holcomb, C. (2002). *Gender and fundamentalism*. Paper presented at the American Academy of Religion, Southwest Region, Dallas, TX, March 9-10.
- Knight, W. (1993). Race relations: Changing patterns and practices. In N. T. Ammerman (Ed.), *Southern Baptists observed: Multiple perspectives on a changing denomination* (pp. 165-181). Knoxville, TN: University of Tennessee Press.
- Marquez, B., & Jennings, J. (2000). Representation by other means: Mexican American and Puerto Rican social movement organizations. *PS: Political Science and Politics*, 33(3), 541-546. doi:10.2307/420856
- Martin, M. G. R., & Hunt, A. (1953). *Women's Missional Union Annual Report to the Southern Baptist Convention*.
- Mohler, R. A. (1999). Oral history interview with R. Albert Mohler by Barry Hankins. 13 August, 1999.
- North American Association of Christians in Social Work. (2012). *Mission*. Retrieved from [http://www.nacsw.org/2008/2008\\_about.htm](http://www.nacsw.org/2008/2008_about.htm)
- Putnam, M. B. (1913). *The Baptists and slavery, 1840-1845*. Ann Arbor, MI: George Wahr Publishers.
- Roberts-Miller, P. (2010). *Fanatical schemes: Proslavery rhetoric and the tragedy of consensus*. University of Alabama Press.
- Sanders, F. (1995). Brown v. Board of Education: An empirical reexamination of its effects on federal district courts. *Law & Society Review*, 29(4), 731-756. doi:10.2307/3053920
- Sapp, P. (1958). *The long bridge*. Christ, The Church, and Race: 1958 Graded Series of Home Mission Studies. Atlanta, GA: Home Mission Board, Southern Baptist Convention.
- Scales, T. L. (1989). *Southern Baptist Theological Seminary and the Kentucky Day Law: Ethical questions*. Unpublished manuscript.
- Scales, T. L. (2000). *All that fits a woman: Training Southern Baptist women for charity and mission, 1907-1926*. Macon, GA: Mercer University Press.
- Scanlan, J. A. (1987). Why the McCarran-Walter Act must be amended. *Academe*, 73(5), 5-13. doi:10.2307/40250082
- Shaw, S. (1996). *What a woman ought to be and to do: Black professional women workers during the Jim Crow era*. Chicago, IL: University of Chicago Press.
- The McCarran-Walter Immigration Act. (1953). *The Social Service Review*, 27(1), 102.

# Health Inequalities and the Welfare State in European Families

SIMONE SARTI

University of Milano  
Department of Social and Political Studies

MARCO ALBERIO

Université Sainte Anne–N.S., Canada  
CURA on Work-Life Balance over the Life Course  
(SSHRC) Teluq

MARCO TERRANEO

University of Milano-Bicocca  
Department of Sociology and Social Research

*Using EU-Silc data from 2005, our aim in this article is to estimate how self-assessed health and the gradient between education and health vary among individuals in different European countries, considering their contextual socioeconomic vulnerability. In order to do this, we use a hierarchical model with individuals nested in households at the second level, and in various European countries at the third level. Our main research interest is on the modelling variables associated with better health conditions and their improvement or worsening according not only to micro/individual and macro/national levels but also to the household: a level on which social protection (of whatever nature) exerts its influence. Different household contexts receive different amounts of resources, by transfers, social care and health services, which could directly affect health and also modify the gradient between education and health. Moreover, these relations are likely to change among European countries, on the basis of various welfare assets, as the identification of beneficiaries' categories and the weight of category-based measures on the overall welfare expenditure varies among countries and among welfare models.*

Key words: *Inequalities in health, comparative studies, welfare, family, hierarchical models*

Investigation of the causes of heterogeneity in the health of a population is a fundamental topic in social sciences. From many points of view, health is the most important and ultimate outcome of the influence of social conditions. Health, in any semantic dimension, is the “embedding” in human bodies of a series of socio-economic disadvantages that individuals cumulate through their life courses. This approach is called the theory of cumulative advantage (DiPrete & Eirich, 2006; Spencer & Logan, 2002; Wilson, Shuey, & Elder, Jr., 2007).

Sociologists explain variability in health mainly through structuralist theories. In this perspective, individuals in deprived social positions would have a higher chance of working and living in the worst conditions, which are likely to provoke negative effects in their health in terms of stress, morbidity and mortality (Bartley, 2003; Drever, Daran, & Whitehead, 2004; Link & Phelan, 1995; Mackenbach et al., 2003; Regidor, Banegas, Gutiérrez-Fisac, Domínguez, & Rodríguez-Artalejo, 2004; Wilkinson & Marmot, 2003). Most research attention is given to socio-economic factors as health determinants. Health determinants are related to social position (educational levels, social class and material resources such as income, qualifications, professional characteristics and general working conditions).

The structuralist approach identifies factors of inequality as objective and systematic differences with regard to the ownership of social, economic and cultural resources and the associated capability to use such resources in order to maximize the chances of full psycho-physical efficiency of the body (Della Bella, Lucchini, Sarti, & Tognetti Bordogna, 2010; Sarti, 2006). This approach considers that individuals occupying different “social positions” are variously exposed to particular physical dangers (exposure to risk factors as toxic agents, poor housing conditions or dangerous jobs) as well as psychological dangers (stress due to financial concerns, excessive workload, low symbolic reward, lack of autonomous decision-making). These conditions are all recognised as important etiological factors of a wide range of illnesses (Cassel, 1976; Navarro, 1986; Siegrist & Marmot, 2006).



One of the most commonly used proxies of social position is the level of education, since it is an excellent predictor of health. Researchers use the expression “social gradient” to indicate the relationship between status of health and formal education. Generally, with the average increase in educational level and age being equal (*ceteris paribus*), individuals are more likely to have better health. Education is strongly correlated with better perceived health, less probability of being sick, a better lifestyle, a stronger protection from several risk factors and, more generally, a longer life expectancy (Marmot, 2005; Muller, 2002; Ross & Wu, 1996).

In addition, one should also consider socio-environmental influences which can affect the health status of the population. Scholars focusing on variations in ecological typologies take into account relations between the contextual characteristics of a certain area and the health status of the resident population (Basegana et al., 2004; De Vogli, Mistry, Gnesotto, & Cornia, 2005; Singh & Siahpush, 2002; Wilkinson, 1996; Woods et al., 2005). Ecological contexts can exercise different influences on the basis of the grouping (level) considered. They can directly concern the context in which individuals live, such as the neighborhood or the residential area (Diez Roux, 2001; Lupton, 2003; Pickett & Pearl, 2001) or the healthcare institutions acting in a particular administrative area, city, region or country. For example, research by Woods and colleagues (2005) shows how differences in life expectancies among various areas of Wales are sensitive to economic deprivation in these areas. Another research project by Basegana and colleagues (2004) supports the existence of an area effect, net of compositional effects. Other studies concern more directly the influence of environmental characteristics, such as pollution in a certain territory, in the development of some illnesses (Bidoli, Franceschi, Dal Maso, Guarneri, & Barbone, 1993).

Some environmental health studies regard inequality of access and performance of local health care systems in relation to the socio-economic positions of users (Van Doorslaer et al., 2000; Waters, 2000). These studies identify ‘determinants’ of social inequalities in health, over and above the typical social elements (such as cultural capital, occupational status, social support), considering also healthcare factors (such as preventive medicine and early diagnosis, patient care, etc.).

Some studies have focused on the implications arising from territorial heterogeneities and differences in healthcare systems, considering different levels of care and assistance available (Lucchini, Sarti, & Tognetti Bordogna, 2009; Pickett & Pearl 2001; Schaefer-McDaniel, O'Brien Caughy, O'Campo, & Geary, 2010; Spadea, 2004).

When using the ecological as the level of comparison, the study of contextual effects focuses on the State level. For example, healthcare systems could be differentiated on the basis of the population's demand (demographic or epidemiological), supply (available structures and services), performance (balance demand/supply), and on the political and institutional characteristics of the country (Figueras, Mossialos, McKee, & Sassi, 1994). The institutional and societal model has indeed had a great impact on the structure and specificities of healthcare and, more generally, on welfare and social protection systems.

Writing about the welfare regime, which also includes healthcare, Esping-Andersen defines it as the way through which three interdependent institutions—the state, the market and the family—distribute among themselves the production of welfare and social protection. As we will observe, family is the final recipient of the production and distribution of welfare: the place where it is consumed. A great difference consists in the way social risks are addressed and how the responsibility of social protection is divided among the state, the market and the family. The differences in this distribution of roles is a consequence of different welfare regimes (Esping-Andersen, 1999). The main concept from which Esping-Andersen derives his analysis is that of de-commodification, originally introduced by Polanyi (1949) and through which we can measure the capacity of the welfare state to reduce people's dependency on the market, guaranteeing the right to revenue and social protection, no matter the participation in the (labor) market (Esping-Andersen, 1999).

Welfare regimes did not simply allow the introduction of welfare policies through which it has been possible to face social risks, but also allowed a real renegotiation of the contract and relationship between the state and its citizens in a given historical time. Considering the welfare state and its changes, we should also take into account the main political

and institutional determinants shaping and influencing the different regimes. The “new” economic cycle finds an answer in the renewed institutional assets, which have been reconfigured following a rationale of path dependency. The great relevance of the political and institutional dimensions clearly emerge, for instance, in the classification and naming of the clusters—liberal, conservative and social democratic—attributed to the various regimes.

Similarly, in the specific case of health systems, we should consider four specific elements: the internal nature of a society; the demographic, epidemiologic and genetic characteristics of its population; the individual in its environment; and the societal system and its external nature (Ardigò, 1997; Giarelli, 2010).

If we look at the academic and political debate on the welfare state, a decisive point seems to concern expenditures. A first generation of comparative welfare state studies (Cutright, 1965; Wilensky, 1975) has mistakenly assumed that the level of expenses was the first criteria to measure states’ commitment to social policies.

Expenditures are epiphenomenal to the theoretical substance of welfare states. Moreover, the linear scoring approach (more or less power, democracy, or spending) contradicts the sociological notion that power, democracy, or welfare, are relational and structured phenomena. By scoring welfare states on spending, we assume that all spending counts equally ... . (Esping-Andersen, 1990, p. 19)

Therefore, a paradigm change has been necessary:

It is an approach that forces researchers to move from the black box of expenditures to the content of welfare states: targeted versus universalistic programs, the conditions of eligibility, the quality of benefits and services, and, perhaps most importantly, the extent to which employment and working life are encompassed in the State’s extension of citizen’s rights. (Esping-Andersen, 1990, p. 20)

Talking about the contents of social policies and welfare,

different assets of welfare regimes organized at the national level can be associated with macro-economic characteristics and can be accountable for improving people's health (or not). We can identify the socio-economic characteristics of individuals in the household, thus determining the level of available resources. These will vary depending on the national level, most obviously among countries, where different macro-structures and welfare regimes may 'decommodify' individuals to varying degrees and mitigate social vulnerabilities (Castel, 2004; Gallie & Paugam, 2000; Layte & Whelan, 2002). Social vulnerabilities describe a condition of weakness exposing individuals and households to different risk factors (illness, unemployment, etc). This lack of protection (social and economic) is associated with difficult development of exit strategies from difficult situations (Ranci, 2002; World Bank, 2001).

From our point of view, vulnerability concerns all those socio-economic conditions that contribute to the deterioration of health, giving no chance to any form of recovery. In these terms, vulnerability is the opposite of "resilience." Resilience is defined as the ability of a system to respond to disturbances quickly. Thus, contextual effects are not only territorial and spatial, but can also be eco-social. They can relate to groups of individuals sharing similar social characteristics in terms of resources or other specific issues, such as being subject to common forms of social protection and institutions. Social protection consists of all instruments (public, private and non-profit) used to alleviate poverty and inequality by means of services, transfers and benefits (Pestieau, 2006).

### Research Questions

Our main research interest is on the modelling variables associated with better health conditions and their improvement or worsening according not only to micro/individual and macro/national levels but also to the household level, where social protection exerts its influence. In this approach, we consider that members of a family commonly use resources provided by welfare. Scholars widely agree that the household is the welfare unit in which social security measures are put in place (Esping-Andersen, 1990; Paci, 2007).

As we observed, the institutions implementing social

protection and welfare (state, market and households) can affect the health status, since their function is to decrease the social disadvantage and economic difficulties faced by individuals and households. Social protection acts mainly through social insurance services (health care, family allowances, unemployment benefits) and through social assistance (transfers or benefits finalized to income support) that can positively affect the health of individuals and households (Pestieau, 2006).

Therefore, in this perspective, European households' settings and social-economic vulnerabilities constitute a useful heuristic point of view to analyze and explain health inequalities. The specific difficulties faced by European households may be strongly tied to the different levels of social attention applied from each welfare regime. For example, in a context of inefficiency of the labor market and with an unemployed member in the household, public welfare may be solicited to support families through active measures or unemployment compensations. This is, for instance, the case in Denmark (Pestieau, 2006, p. 128), while on the opposite, in Italy, households themselves can provide an internal reallocation of resources, with a male breadwinner model which is far from being totally dismissed (Layte & Whelan, 2002). Therefore, we could hypothesize that a country having some mechanisms of social protection for unemployment could guarantee a relative advantage in terms of health for those households presenting this characteristic.

Differences in access to health services can vary across socio-economic groups and play a role in the structuring of health inequalities. As far as Europe is concerned, although most countries aim at offering a universal and equal health-care system, this does not easily translate into equal access to care. In fact, even within a single system, there might be differences in the capabilities of an individual to benefit from care depending on individual and socio-economic characteristics. In addition: "not all health care systems take sufficient account of the fact that the need for health care is higher in less advantaged social groups because of higher rates of disease and disability (E.U. Commission, 2008, p. 75)

In fact, even in universal healthcare systems there are some elements that might make it more difficult for vulnerable

groups to access healthcare: lack of coverage for certain cases; high financial costs of care for individuals; variation in service availability and geographical disparities in supply; waiting times; lack of information; and other cultural elements, such as beliefs and preferences (E.U. Commission, 2008).

However, in this work we are not interested in reconstructing the impact of welfare systems on socio-economic vulnerabilities in terms of health conditions. Such a level of insight is not the aim of this study. We are more interested in describing from a comparative perspective the variation of health among and within European countries, using a specific household typology. Doing this, we expect that certain types of vulnerabilities will be associated with more intense health disadvantages in some countries rather than others.

The contribution of this work is to describe these variations, without going into the details and evaluation of each social policy facing a specific profile of vulnerability. Social policies are specific state acts addressed to particular objectives, while welfare considers the multiple actions of state, market and family (Esping-Andersen, 1999). To resume, we know that welfare services and benefits are largely distributed among people by means of policies addressing categories of individuals, characterized by particular conditions of social vulnerability (Esping-Andersen, 1990, 1999; Ferrera, 1996; Mingione, 1997).

We also know that these resources play a role in improving the health status of the individuals receiving them. At the same time, we know that health is strongly influenced by individual factors such as age, gender, and education. Thus, we are interested in the estimation of the health status, considering different household characteristics of vulnerability—since different conditions include a different amount of resources, but also individual factors.

Typical conditions of households' socioeconomic weakness can be summarized in: income poverty, absence of earned incomes, unemployment, unstable employment in un-skilled jobs, dwelling problems, presence of elderly or disabled people, children, widows, divorces, and large families (Lucchini & Sarti, 2005; Whelan & Maître, 2005).

Therefore, different familial contexts receive different amounts of resources, by transfers or health and social care

services, which could directly influence health and also modify the gradient between education and health. Moreover, these relations are likely to differ among European countries, on the basis of diverse welfare assets, as the identification of categories of beneficiaries and the weight of category-based measures on the overall welfare expenditure varies among countries and among welfare models (Jensen, 2008).

The final aim of this paper is to estimate how self-assessed health varies among individuals, considering the contextual socioeconomic vulnerability of their families and the variation across European countries.

### Methodology: Data, Methods and Hypothesis

In order to compare European societies, we used EU-Silc information from the 2005 wave. This is not the last wave available of EU-Silc, but it allows us to compare these results with another analysis conducted in a previous work (Della Bella et al., 2010) based on ESS data (European Social Survey).

Data from the EU-Silc allow us to investigate inequalities in health, using as a proxy the gradient between years of formal education and self-assessed health. This dataset also provides information about social conditions at individual and household levels. Information about socio-demographic characteristics, working status, housing conditions and poverty risk of all family members are available for each country of the European Union. In this way, we can define with precision different amounts of socio-economic vulnerability in European households. In addition, we control variation among European countries, considering respective welfare state regimes. We consider only cases older than 15 years old.

Summarizing, we use the following observed variables as operationalized proxy for our analytical indicators: (1) Self-assessed health in a scale from 1 (worse health) to 5 (better health), as a proxy of the status of health, as it was strongly associated to objective conditions of health and it is a predictor of mortality and morbidity (Ferraro & Farmer, 1999; Idler & Benyamini, 1997; Jylha, 2009); (2) Highest ISCED level attained, as proxy of socio-economic and cultural resources; (3) Sex and age of respondent; (4) Country of the respondent; (5) A series of dichotomous variables defining the familiar

vulnerability conditions (at least one unemployed in the household; nobody working in the household; presence of dwelling problems [leaking roof, damp walls/floors/foundation, or rot in window frames or floor]; risk of poverty threshold [60% of median of equivalised disposable income]; at least one person older than 79 in the household; at least one person permanently disabled or/and unfit to work; at least one person with limitations in activities because of health problems; at least one child younger than 6; single parent with children [separated/divorced person with a child younger than 6]; at least one person occupied in elementary occupations [isco88>90]).

Our hypothesis and the data structure lead us to apply hierarchical regression models (Goldstein, 1995; Snijders & Bosker, 1999). The dependent variable is perceived health, and we assume it to be a metric variable with a Gaussian distribution. We assume that the dependent variable, self-assessed health, is the realization of a Gaussian random variable (we also tested logistic models assuming health as a dichotomous variable: good health versus bad health; results are similar) (see Table 1).

Considering this variable, we can use 355,481 valid cases. We controlled for countries with more than 5% missing data. The dependent and independent variables we use in our models do not differ between valid cases and not valid cases (ANOVA tests are not significant). However, we cannot exclude other heterogeneous factors correlated with missing responses.

The main independent variable, of which we aim to estimate the effect on health, is education (a metric variable equals to the highest ISCED level attained). The independent variables used to control the relation between education and health at individual level are gender and age. The data are organized on three levels: at the first level we have individuals and their personal characteristics; at the second level we have households and contextual vulnerability indicators; at the third level we have countries, which we assume to have differences in welfare regimes.

In this way, the model allows us to confirm some of our hypotheses. As we will better observe in the analysis of the third section, we can decompose heterogeneity at various levels and estimate effects (in terms of associations) of vulnerability



characteristics, controlling the socio-demographic and across countries variations.

In this way, perceived health is the result of three components: (1) Individual heterogeneity, including gender, age and educational level; (2) Familiar heterogeneity, including a typology of social vulnerability; and (3) Country's heterogeneity, including implicit different welfare assets. Based on this decomposition, the health status of respondents can be recomposed adding the residuals of the three level components to the general intercept.

This analytical approach allows us to answer some research questions emerging from the empirical evidence (see the first section), leading us to test the following hypothesis on health inequalities and on the relationships between health and social vulnerability of European households.

On health inequalities:

H1: Are there differences in average health among countries? We expect "less developed" welfare states to have poorer health.

H2: Does the gradient between health and education change among countries? We expect there is not much of a variation, since the gradient concerns individual characteristics, all other things being equal.

On familiar vulnerabilities and welfare assets:

H3: Are familiar vulnerabilities connected to better or worse health? We expect that some kinds of socio-economic weaknesses are more correlated with poorer health.

H4: Do these associations vary across European countries? We expect there are significant differences at the contextual level of countries.

H5: Can relations among vulnerabilities and health and their variations in Europe be referred to different kind of welfare regime?

An important problem when we consider vulnerability is the accumulation of different factors. A number of socio-economic disadvantages can be often present in one family at the same time. For example, two elderly people could be at poverty risk and could also have some limitations in

functionality. Scholars tackle this problem assuming a “multiple deprivation” of the socio-economic conditions of vulnerability (Pisati, Whelan, Lucchini, & Maître, 2010; Whelan & Maître, 2007).

Thus, we applied a multivariate technique to explore multidimensional characteristics of vulnerability. The risk profiles are defined by the mean of dichotomous indicators, so we can use latent class analysis to individuate multiple areas of vulnerability (Grusky & Weeden, 2007). Thus we analyzed different kinds of socio-economic vulnerability considering the risk factors, as in the existing literature. The literature (Townsend, 1979) and some results of explorative analysis show how socio-economic vulnerabilities tend to overlap, presenting themselves in a cumulative way. For example, families at poverty risk frequently also experience other types of socio-economic disadvantage (such as occupational and dwelling problems).

Therefore, latent class analysis suggests to us a hierarchy of vulnerability factors. Thus, we created a typology of family-related vulnerabilities based on the sample size of categories, on the household's size and on the following hierarchy of vulnerability: presence of health problems, risk of poverty, presence of elderly people, presence of serious vulnerability (dwelling problems, unemployed, manual and not qualified workers, etc.) and minors younger than 6 years old. This hierarchy means that, in case of overlapping indicators, we attribute more relevance to a previously listed condition.

At this point the final model will consider more dichotomous regressors as independent variables, considering the household's condition of vulnerability. Consequently, these regressors will vary at the second (household) and third levels (national).

There are twenty-five groups of social vulnerability that we reported in the following list (in order to simplify the reading of our tables, we use abbreviations: OE, one member families; ME, medium-size families, from 2 to 4 members; LE, large families, more than 4 members): (MF) without vulnerabilities [reference category], poor with health problems, elderly person and health problems, with health problems, poor with elderly person, poor, with elderly person, without occupied persons [no retirees], dwelling problems, with manual worker not

qualified, with job frailty, with children; (OF) without vulnerabilities, with health problems, poor & elderly person, poor, elderly person, without serious vulnerabilities; (LF) without vulnerabilities, with health problems, poor, without serious vulnerabilities. We also looked at families with disabled persons who are poor, families with disabled persons who are not poor, and one-parent families with children.

### Results of Analysis

In order to answer our research questions, we realized four different models with perceived health as a dependent variable. The first two models consider only basic variables (gender, age and education) and estimate the gradient of inequality across European countries (see Table 1). From our results, we see how for each additional ISCED level (range from 1 to 5), on average, health increases 0,099 points. If we could translate education advantage in terms of years, a difference from the lowest education level to the highest should correspond to an effect of about 20 years. The value ( $0,099 \times 5 = 0,50$ ) is equivalent to about 20 years old ( $0,026 \times 20 = 0,52$ ). One year in add means -0,026 points of health. However, the main result we stress here is the national ranking of perceived health, all other things being equal.

As Table 2 shows, Baltic Republics, Central and Eastern European countries (Hungary, Poland, Slovakia, Slovenia, Czech Republic) and Portugal have the poorest health. In a medium position we find Germany, Italy and Spain. All other countries have positive values for the general intercept on self-assessed health.

In particular, we find Ireland, Greece and Denmark in a good position. All northern and Scandinavian countries (United Kingdom, Ireland, Finland, Netherlands) have a significant positive intercept on health. In this frame, the only exception seems to be Greece. Moreover, if we consider the same model with the random slope variation of education at the country level, we assume that relation between health and education can be different among countries. We also notice that the relation between education and health is similar in the countries considered (since variances in residuals in model 1.2 are very similar). All residuals on education at the country level are between -0.04 and 0.05.

Table 1. Models 1.1 and 1.2: Multilevel Linear Model for Variation in Perceived Health: Estimate of Regression Coefficients and Standard Deviations (fixed effects in model 1.1 and random effects in model 1.2).

	Model 1.1	% of variance	Model 1.2	% of variance
Intercept+	4.635 (0.065)		4.553 (0.059)	
ISCED level (1 through 5)	0.099 (0.001)		0.110 (0.005)	
Gender (male = 1)	0.069 (0.002)		0.065 (0.010)	
Age	-0.026 (0.000)		-0.025 (0.001)	
Random:				
Variance among individuals	0.479 (0.002)	62.5	0.471 (0.002)	64.3
Variance among families	0.184 (0.002)	24.0	0.176 (0.002)	24.0
Variance among countries	0.104 (0.029)	13.6	0.086 (0.025)	11.7
N	355481		355481	
IGLS Deviance	-2Ln(L)=846479		-2Ln(L)=838216	

+ Random slope variation

The rankings present some interesting elements for discussion. If we put them in relation with life expectancy and with an indicator of countries' economic well-being, we will observe an association. The ranking of self-assessed health has a good relation as far as life expectancy is concerned. In particular, countries with lower perceived health are more associated with lower life expectancy. Greece, Ireland and Denmark show higher than expected general perceived health with respect to life expectancy. On the contrary, Portugal shows lower than expected self-assessed health. More generally, we cannot exclude different semantic interpretations due to cultural and/or linguistic reasons. EUSILC's questionnaire might be interpreted differentially by interviewees of these countries. Excluding these exceptions, the correlation represents a validation of the ranking.

Table 2. Intercept of Perceived Health in Europe, Controlling for Individual Factors: sex, age and ISCED level. Residual on the Intercept of the Basic Model.

Nation	Label	Residuals
Latvia	LV	-0.64
Lithuania	LT	-0.52
Hungary	HU	-0.43
Portugal	PT	-0.38
Estonia	EE	-0.37
Poland	PL	-0.33
Slovakia	SK	-0.32
Slovenia	SI	-0.23
Czech Rep.	CZ	-0.15
Germany	DE	-0.12
Italy	IT	-0.04
Spain	ES	-0.01
Norway	NO	0.12
France	FR	0.12
Belgium	BE	0.16
Netherlands	NL	0.18
Luxembourg	LU	0.23
Austria	AT	0.24
United Kingdom	UK	0.26
Cyprus	CY	0.28
Finland	FI	0.28
Sweden	SE	0.29
Denmark	DK	0.41
Greece	GR	0.46
Ireland	IE	0.51

Note: Standard errors are approximately 0.11 for all countries.

The real gross domestic product per capita, used as an indicator of country well-being, is correlated with the ranking of perceived health. Only three countries tend to move away

from the regression line. In the case of Greece and Cyprus, GDP underestimates health, while for Norway it overestimates health. In all other cases, the macro-indicator of wealth is a good proxy for the general intercept of perceived health.

We found significant and important differences in average health among countries. Our findings show that countries with poorer health status (general intercept, all other things being equal: age, gender and education level) are correlated with a shorter life expectancy, and poorer health status is also correlated with less wealth in terms of equivalized GDP per capita. In addition, similarly to the results of the ESS survey (Eikemo, Huisman, Bambra, & Kunst, 2008) we found that the gradient between health and education is quite similar among all European countries. Through this analysis we can confirm our first two hypotheses (H1 and H2). As far as hypothesis H3 is concerned (familiar vulnerabilities), we have to take into account the socio-economic profiles of household vulnerability.

We realized two new models, models 2 and 3. In Model 2 (see Table 3), we estimated regression coefficients on the basis of profiles of households' socio-economic vulnerabilities. The modal household was used as a benchmark, the medium-size (2 to 4 members) family without vulnerabilities. We observed that households with health problems have, as expected, a poorer average health status. Individuals living in poor families tend therefore to have lower scores in health, as do individuals living in a family with an elderly member. It is worth noting that single people usually have a lower than average health status. This is probably due to the fact that their health score cannot be redistributed among other members. Some studies also show that subjects living alone tend to have worse health in comparison to subjects living in a couple (Cohen, Doyle, Skoner, Rabin, & Gwaltney, Jr., 1997). For all these reasons, we can also answer positively to the third hypothesis: familial vulnerabilities are indeed connected to chances of having good or poor health.

The third and last model (Table 4) investigates differences, negative or positive, in vulnerabilities effects among countries (we randomized the slope of the vulnerability profile variable at the national level). Using the hierarchical regression technique we can decompose the variability at different levels. Therefore, the value of perceived health status can be estimated as the sum of four elements: Intercept, Country variation,

Table 3. Model 2: Multilevel Linear Model for Variation in Perceived Health, Considering Familial Vulnerability Profiles: Estimate of Regression Coefficients and Standard Deviations (fixed effects at the second level, N = 355481)

	Regression coefficients	Variation in variance from Model 1
Intercept+	4.635 (0.065)	
ISCED level (1 through 5)	0.075 (0.001)	
Gender (male=1)	0.066 (0.002)	
Age	-0.024 (0.000)	
MF without vulnerabilities	0 <sup>a</sup>	
OF without vulnerabilities	-0.050 (0.009)	
LF without vulnerabilities	0.011 (0.009)	
OF with health problems	-1.173 (0.016)	
OF poor	-0.348 (0.009)	
OF poor and with elderly person	-0.222 (0.018)	
OF with elderly person	-0.216 (0.013)	
OF without serious vulnerabilities	-0.094 (0.007)	
MF poor with health problems	-0.881 (0.014)	
MF with health problems	-0.745 (0.007)	
MF with elderly person and health problems	-0.634 (0.013)	
MF poor with elderly person	-0.393 (0.018)	
MF poor	-0.150 (0.007)	
MF with dwelling problems	-0.183 (0.007)	
MF with manual worker not qualified	-0.087 (0.008)	
MF with job frailty	-0.076 (0.009)	
MF with children	-0.067 (0.007)	
MF without occupied persons (no retirees)	-0.043 (0.006)	
MF with elderly person	0.021 (0.011)	
LF with health problems	-0.538 (0.017)	
LF poor	-0.182 (0.011)	
LF without serious vulnerabilities	-0.088 (0.007)	
Families with disabled person (poor)	-0.870 (0.012)	
Families with disabled person (non-poor)	-0.711 (0.007)	
One parent with children	-0.250 (0.008)	
<i>Random:</i>		
Variance among individuals	0.475 (0.002)	-0.8
Variance among families	0.122 (0.001)	-33.7
Variance among countries	0.093 (0.026)	-10.6
IGLS Deviance	-2Ln(L)=816506	

<sup>a</sup> Reference category: "modal family," families without vulnerabilities (2-4 members)

Table 4. Model 3: Significant (95% c.i.) Residuals of the Models with Vulnerability Profiles (Random Effects at Second Level)

Familial Vulnerability Group	Familial Vulnerability Variation	Familial Vulnerability Variation among Countries	
		Negative residuals	Positive residuals
MF w/o vulnerabilities	0 <sup>a</sup>	-	-
OF w/o vulnerabilities	-0.041 (0.013)	-0.06 NL; -0.05 DK; -0.05 UK	0.06 SL
LF w/o vulnerabilities	0.006 (0.017)	-0.15 IE; -0.10 NL	0.10 GR; 0.09 SK; 0.07 PL
OF w/health problems	-1.192 (0.034)	-0.37 GR; -0.18 PL; -0.16 NO	0.25 DK; 0.18 NL
OF poor	-0.381 (0.028)	-0.35 CY; -0.20 GR; -0.14 AT; -0.12 LT	0.24 UK; 0.18 IE; 0.12 IT; 0.11 NL; 0.09 DK; 0.08 FI
OF poor and w/ elderly person	-0.295 (0.064)	-0.45 GR; -0.44 CY; -0.44 SK; -0.26 CZ; -0.23 HU; -0.21 LV	0.63 UK; 0.45 NL; 0.33 NO; 0.29 IE; 0.27 DE; 0.27 SE; 0.25 BE
OF w/elderly person	-0.243 (0.053)	-0.46 GR; -0.39 EE; -0.40 SK; -0.34 AT; -0.29 CY; -0.18 HU; -0.18 FI; -0.13 PL	NL 0.41; 0.37 IE; 0.32 NO; 0.26 UK; 0.18 DK; 0.17 SL; 0.17 BE; 0.17 DE
OF w/o serious vulnerabilities	-0.081 (0.022)	-0.23 PL; -0.20 SK; -0.15 GR; -0.11 LT; -0.09 CZ; -0.08 HU	0.16 DK; 0.10 DE; 0.10 UK; 0.09 IE; 0.09 SE; 0.09 LU; 0.09 NL
MF poor w/ health problems	-0.942 (0.043)	-0.29 FI; -0.27 SL; -0.23 NL; -0.23 NO; -0.19 LU; -0.16 GR; -0.15 AT	0.23 UK; 0.21 IE; 0.20 EE; 0.18 SK; 0.18 IT; 0.17 LT; 0.17 LV; 0.12 ES
MF w/health problems	-0.810 (0.048)	-0.47 FI; -0.43 SE; -0.38 NO; -0.33 SL; -0.33 NL; -0.30 DK; -0.14 PL	0.29 LT; 0.31 IE; 0.23 UK; 0.22 BE; 0.21 LV; 0.18 EE; 0.14 IT; 0.13 ES; 0.11 DE
MF w/elderly person and health problems	-0.703 (0.044)	-0.48 FI; -0.37 NO; -0.23 SK	0.24 BE; 0.23 IE; 0.22 UK; 0.21 LT; 0.19 LV; 0.15 DE; 0.14 PT; 0.10 IT
MF poor w/ elderly person	-0.365 (0.051)	-0.37 CY; -0.31 GR; -0.30 LU; -0.19 HU; -0.18 PT	0.41 UK; 0.26 DE
MF poor	-0.155 (0.011)	-0.05 FR	0.09 GR; 0.05 SK
MF dwelling problems	-0.178 (0.013)	-0.07 IT; -0.07 FR	0.11 CY; 0.08 GR; 0.05 SK; 0.04 PL



Familial Vulnerability Group	Familial Vulnerability Variation	Familial Vulnerability Variation among Countries	
		Negative residuals	Positive residuals
MF w/manual worker not qualified	-0.086 (0.011)	-	-
MF w/job frailty	-0.082 (0.012)	-	0.08 GR
MF w/children	-0.041 (0.023)	-0.18 NL; -0.16 UK; -0.16 SE; -0.15 DK; -0.10 ES; -0.09 IE; -0.08 NO; -0.07 FR	0.18 SK; 0.16 CZ; 0.13 GR; 0.09 SL; 0.09 HU; 0.08 PL
MF w/o occupied persons (no retirees)	-0.022 (0.032)	-0.31 PL; -0.29 SK; -0.18 CZ; -0.17 GR; -0.15 LV; -0.11 EE; -0.11 HU; -0.11 LT	0.25 NL; 0.22 NO; 0.21 DK; 0.17BE; 0.17 SE; 0.13 UK; 0.13 LU
MF w/elderly person	0.044 (0.033)	-0.30 PL; -0.24 GR; -0.20 SK; -0.17 CZ	0.26 SE; 0.23 NL; 0.16 DK; 0.16 NO; 0.16 IE; 0.15 UK
LF w/health problems	-0.631 (0.056)	-0.56 NO; -0.46 SL; -0.42 SE; -0.36 FI; -0.31 DK	0.38 CZ; 0.30 SK; 0.22 LV; 0.20 LT; 0.20 PT; 0.19 ES
LF poor	-0.227 (0.025)	-0.15 UK; -0.14 SE; -0.12 DE; -0.09 IE	0.17 GR; 0.14 PL; 0.14 SK; 0.09 IT
LF w/o serious vulnerabilities	-0.097 (0.016)	-0.10 NL; -0.08 IE; -0.07 SE; -0.07 UK	0.12 SK; 0.12 CY; 0.07 FI; 0.07 CZ; 0.07 GR; 0.05 PL
Families w/ disabled person (poor)	-1.005 (0.051)	-0.36 DE; -0.33 CY; -0.28 AT; -0.27 GR; -0.28 DK; -0.24 UK;- 0.24 NO	0.42 FR; 0.39 PL; 0.21 LT; 0.21 HU; 0.19 SK; 0.16 IT
Families w/ disabled person (non-poor)	-0.782 (0.033)	-0.34 SL; -0.30 UK; -0.23 CY; -0.17 BE; -0.12 DE	0.34 FR; 0.17 PL; 0.17 IT; 0.17 LU; 0.11 NO; 0.09 LT
One parent w/ children	-0.251 (0.024)	-0.25 IE;-0.16 UK; -0.13 SE	0.22 SL; 0.17 CZ; 0.11 FI

Note: <sup>a</sup>reference category

Familial vulnerability variation and Familial vulnerability variation among countries. Thanks to these results, we can give a positive answer to the question concerning the relationship between the household's vulnerabilities and the individual perceived health across European countries (H4). We will examine the details in the next section, where we will also discuss the last research question concerning associations to welfare regimes (H5).

## Discussion and Conclusion

Summarizing the findings of our analysis we can emphasize three related results. First, we can confirm a ranking of European countries in perceived health, controlling individual factors such as gender, age, and the ISCED level. What emerges on average is that individuals living in the “poorest” countries, characterized by lower social spending (Pestieau, 2006), generally also have the worst perceived health.

The compulsory character of the European health care system has two different roots and hence takes two basic forms, which in reality, however, can rarely be seen in pure form (Freeman, 2000): The Bismarckian model, which dates back to the nineteenth century, is mainly based on a public social health insurance for wage-earners (mandatory contributions deducted from salaries and mainly paid into public funds), even if the coverage is now extended to other categories (Saltman & Dubois, 2004). In the Beveridgian model, health care costs are paid from taxes and health care services are provided by a national health service covering the entire population, making it an integrated public financing and delivery model. The Bismarckian model prevails in Continental Europe, while Britain, the Nordic countries and some Southern European nations have chosen the tax-based solution for financing health care. In both systems there is some form of redistribution of costs. (André & Hermann, 2010, p. 3)

In particular, Scandinavian countries have a good position in the ranking. The general intercept of self-assessed health is positive for Denmark, Sweden, Norway and also the Netherlands. On the contrary, countries of Central and Eastern Europe have the worst ranks: Latvia, Lithuania, Hungary, Poland, Estonia, Slovakia, Slovenia and the Czech Republic. In the middle are western countries—Germany, France, Belgium and Luxembourg, generally classified as corporatist/conservative models—but also their Southern European variations: Italy and Spain. The ranking is topped by the United Kingdom, Ireland, Greece and Cyprus, which are settled in the highest positions. On the opposite end, we find Portugal in the

last position.

In the case of Great Britain it may be significant to note that, despite the fact that it has traditionally been defined as a liberal welfare regime, it provides a universal health care system. It has been indeed the first universal system in Europe, thanks also to the popular *Report of the Inter-Departmental Committee on Social Insurance and Allied Services*, commonly known as the Beveridge Report.

Second, we find the existence of significant differences among households' types as defined on the basis of socio-economic vulnerabilities. As expected, we found families with health problems or disabled members having much lower perceived health, compared to the reference household. On the other hand, we registered a better situation for those families at risk of poverty, singles or households with an elderly member. Individuals in large families and with children tend to have a reduced disadvantage, in terms of health.

Third, the existence of significant variations within European countries for different family profiles were also found. The family types we identified present differences in health status. The most obvious element is the high heterogeneity of these differences. Each country has its own specificity and it is thus difficult to recognize countries sharing identical situations. In these terms, it is very difficult to identify associations between health and familiar weaknesses with a European welfare typology. The high internal variation suggests that welfare regimes "are hardly ever pure types and are usually hybrid cases" (Arts & Gelissen, 2002, p. 738). Further, it is about models and as with all models, they are often a reduction of a more complex reality.

However, some countries show similarities and tendencies that can be more easily recognized and aggregated. Moreover, we used the welfare regime theory (Esping-Andersen, 1990) and its adjustments to set out at least some expectations about how institutional differences between countries may lead to differences in health status among familiar characteristics. In this respect, Scandinavian countries (and also the Netherlands) with their highly developed welfare state and social protections, are characterized by perceived better overall health. However, within these countries, the most vulnerable family

types are those with a larger size, having children and members suffering health problems. On the contrary, other types such as singles, families with an elderly member or with no working member (excluded retired people), seem to fare better when compared to the household of reference. For this reason, we argue that the socio-democratic welfare regime, due to the presence of numerous and specific social policies addressing particular social risks such as unemployment and old age, can improve difficult socio-economic situations.

In addition, compared to other models, it presents a set of social policies which are more oriented towards the individual. However, socio-democratic welfare regimes' action on health problems (presence of diseases and functional limitations) seems less efficient than the "liberal" welfare regime (United Kingdom and Ireland). In fact, countries with market-oriented social protection are characterized by overall good levels of perceived health. From this perspective, the most exposed families are those with children, disabled members and single parent households. People living alone are in a (relatively) good position, as are medium-size families with health problems and/or elderly members (with pensions). Following the literature (Esping-Andersen, 1990; Pestieau, 2006), in the countries belonging to this welfare regime, individuals should generally rely on the labor market for socio-economic security and are provided with less generous services (Christopher, 2003; Raiq, Bernard, & Van den Berg, 2011; Smeeding, 2006). Therefore, we might find a scarce response in terms of policies to the changes concerning familial structures, as is the case with single parent households. "When women are the primary earners, such as the case of single mothers, their employment opportunities may suffer in an environment that deprioritizes women's employment" (Misra, Buding, & Moller, 2006, p. 6).

It should be noted that in general those countries with a more developed welfare state seem to show better health for singles, with respect to other families and other countries (*ceteris paribus* gender, age and education). This could be interpreted as a symptom of the "individualization" of welfare intervention in modern societies. In fact, in the most advanced welfare regimes, social protection is addressed to specific targets (individuals) and to their particular conditions. This

process seems to encourage the so called “de-familiarization” which is a challenge in particular for the most traditional welfare regimes (Paci, 2007; Rosanvallon, 1997).

Italy, Spain and France do not show any particular specificity, registering a substantially average perceived health among vulnerability profiles. However, we highlight a slight advantage for families with health problems in Italy and Spain, where social policies are still focused on the family as the most important unit. At the same time, an advantage can be observed for households having a disabled member in Italy and France. This may be due to the presence of social policies, such as invalidity pensions, which are generally guaranteed to families having this problem, while a minor disadvantage is associated with bad housing conditions.

In Central and Eastern countries, poor households, singles and families experiencing employment problems seem to be particularly disadvantaged. We could therefore hypothesize that social protection in these countries is very much dependent on informal care at the household level. This is in part also true in the case of Southern European Countries (Italy, Spain) where healthcare performs quite well. For this reason, in Central Europe young or large families (where mechanisms of mutual support and solidarity might be possible) seem to be safer from social risks compared to others experiencing, for instance, unemployment.

To conclude, through this work we have presented a comparative study of European countries on the relationship between individual health status (measured through perceived health) and household-related socio-economic vulnerabilities. We have argued that, in general, the ranking of perceived health among countries has a significant association with life expectancy and that it is essentially associated to macro-economic variability. We have also noticed how the profile of socio-economic familiar vulnerability (people living alone, in poverty, in the presence of a disabled or elderly member, in an unstable working position, etc.) shapes the health status of individuals across Europe and shows significant differences among countries.

In order to do this, we have described how these differences are connected to various country clusters. In the end, we observed how these differences in the responses of European

households (in terms of health status) to socio-economic vulnerabilities could be somehow associated to different models of social protection, carried out by the three main actors: the market, the state and the family.

## References

- André, C., & Hermann, C. (2010). *Privatization of healthcare in Europe*. Working paper of the CNRS - Paris and FORBA – Vienna.
- Ardigò, A. (1997). *Società e Salute*. Lineamenti di sociologia sanitaria, Franco Angeli, Milano.
- Arts, W., & Gelissen, J. (2002). Three worlds of welfare capitalism or more? A state-of-the-art report. *Journal of European Social Policy*, 12, 137-158.
- Bartley, M. (2003). Commentary: Relating social structure and health. *International Journal of Epidemiology*, 32, 958-960.
- Basegana, X., Sunyer, J., Kogevinas, M., Zock, J. P., Duran-Taulera, E., Jarvis, D., Burney, P., & Anto, J. M. (2004). Socioeconomic status and asthma prevalence in young adults. *American Journal of Epidemiology*, 160(2), 178-188.
- Bidoli, E., Franceschi, S., Dal Maso, L., Guarneri, S., & Barbone, F. (1993). Cancer mortality by urbanization and altitude in a limited area in Northeastern Italy. *Rev Epidemiol Sante Publique*, 41, 374-382.
- Cassel, J. (1976). The contribution of the social environment to host resistance. *American Journal of Epidemiology*, 104, 107-123.
- Castel, R. (2004). *L'insicurezza sociale*. Torino: Einaudi.
- Cohen, S., Doyle, W. J., Skoner, D. P., Rabin, B. S., & Gwaltney, M., Jr. (1997). Social ties and susceptibility to the common cold. *Journal of the American Medical Association*, 277, 1940-1944.
- Christopher, K. (2001). *Welfare state regimes and mothers' poverty*. Luxembourg Income Study [Working Paper No. 286]. Retrieved from <http://www.lisproject.org/publications/liswps/286.pdf>
- Cutright, P. (1965). Political structure, economic development and national social programs. *American Journal of Sociology*, 70, 550-557.
- De Vogli, R., Mistry, R., Gnesotto, R., & Cornia, G. A. (2005). Has the relation between income inequality and life expectancy disappeared? Evidence from Italy and top industrialised countries. *Journal of Epidemiology and Community Health*, 59, 158-162.
- Della Bella, S., Lucchini, M., Sarti, S., & Tognetti Bordogna, M. (2010, September). *A comparative analysis of inequality in health across Europe*. Paper presented at ESPAnet Conference, Budapest.
- Di Prete, T. A., & Eirich, G. M. (2006). Cumulative advantage as a mechanism for inequality: A review of theoretical and empirical developments. *Annual Review of Sociology*, 32, 271-297.

- Diez Roux, A.V. (2001, November). Investigating neighborhood and area effects on health. *American Journal of Public Health*, 91(11), 1783-1789.
- Drever, F., Daran, T., & Whitehead, M. (2004). Exploring the relation between class, gender, and self-rated general health using the new socioeconomic classification. A study using data from the 2001 census. *Journal of Epidemiology and Community Health*, 58(7), 590-596.
- Eikemo, T. E., Huisman, M., Bambra, C. & Kunst, A. E. (2008). Health inequalities according to educational level in different welfare regimes: A comparison of 23 European countries. *Sociology of Health & Illness*, 30(4), 565-582. doi: 10.1111/j.1467-9566.2007.01073.x
- Esping-Andersen, G. (1990). *The three worlds of welfare capitalism*. Cambridge: Polity Press.
- Esping-Andersen, G. (1999). *Social foundations of postindustrial economies*. Oxford: Oxford University Press.
- E.U. Commission. (2008). *Joint report 2008 on social protection and social inclusion*. Luxembourg: Office for Official Publications of the European Communities.
- Ferrera, M. (1996). The southern welfare state in social Europe. *Journal of European Social Policy*, 6(1), 17-37.
- Ferraro, K. F., & Farmer, M. M. (1999). Utility of health data from social surveys: Is there a gold standard for measuring morbidity? *American Sociological Review*, 64, 303-315.
- Figueras, J., Mossialos, E., McKee, M., & Sassi, F. (1994). Health care systems in Southern Europe: Is there a Mediterranean paradigm? *International Journal of Health Sciences*, 5(135), 135-146.
- Freeman, R. (2000). *The politics of health in Europe*. Manchester: Manchester University Press.
- Gallie, D., & Paugam, S. (2000). *Welfare regimes and the experience of unemployment in Europe*. Oxford: Oxford University Press.
- Giarelli, G. (2010). *Il Sistema dei servizi sanitari*. Associazione Italiana di Sociologia, Mosaico Italia. Lo Stato del Paese agli inizi del XXI secolo, Franco Angeli, Milano, 410-417.
- Goldstein, H. (1995). *Multilevel statistical models* (2nd ed.). London: Edward Arnold.
- Grusky, D. B., & Weeden, K. A. (2007). Measuring poverty: The case for a sociological approach. In N. Kakwani & J. Silber (Eds.), *The many dimensions of poverty* (pp. 20-35). Basingstoke: Palgrave Macmillan.
- Idler, E. L., & Benyamini, Y. (1997). Self-rated health and mortality: A review of twenty-seven community studies. *Journal of Health and Social Behavior*, 38, 21-37.
- Jensen, C. (2008). Worlds of welfare services and transfers. *Journal of European Social Policy*, 18(2), 151-162.
- Jylha, M. (2009). What is self-rated health and why does it predict mortality? Towards a unified conceptual model. *Social Science and Medicine*, 69, 307-316.

- Layte, R., & Whelan, C. T. (2002). *Moving in and out of poverty: The impact of welfare regimes on poverty dynamics in the EU* [EPAG Working Paper 2002-30]. Colchester: University of Essex.
- Link, B. G., & Phelan, J. (1995). Social conditions as fundamental cause of health [Special issue]. *Journal of Health and Social Behavior*, 35, 80-94.
- Lucchini, M., & Sarti, S. (2005). Il benessere e la deprivazione delle famiglie Italiane. *Stato E Mercato*, 74(2), 231-265.
- Lucchini, M., Sarti, S., & Tognetti Bordogna, M. (2009). I welfare regionali e le differenze territoriali nelle disuguaglianze di salute. In A. Brandolini, C. Saraceno, & A. Schizzerotto (Eds.), *Dimensioni della disuguaglianza in Italia: Povertà, salute, abitazione* (pp. 165-189). Bologna: Il Mulino.
- Lupton, R. (2003). *Neighborhood effects: Can we measure them and does it matter?* CASE Report Centre for Analysis of Social Exclusion, London School of Economics. Retrieved from <http://sticerd.lse.ac.uk/case>
- Mackenbach, J., Bos, V., Andersen, O., Cardano, M., Costa, G., Harding, S., Reid, A., Hemstrom, O., Valkonen, T., & Kunst, A. (2003). Widening socioeconomic inequalities in mortality in six western European countries. *International Journal of Epidemiology*, 32, 830-837.
- Marmot, M. (2005). Social determinants of health inequalities. *The Lancet*, 365(9464), 1099-1104.
- Mingione, E. (1997). *Sociologia della vita economica*. Roma: Carocci.
- Misra J., Buding, M., & Moller, S. (2006). *Reconciliation policies and the effects of motherhood on employment, earnings, and poverty*. Luxembourg Income Study [Working paper 429].
- Muller, A. (2002). Education, income inequality, and mortality: A multiple regression analysis. *British Medical Journal*, 324(7328), 23-25.
- Navarro, V. (1986). *Crisis, health, and medicine: A social critique*. New York: Tavistock.
- Paci, M. (2007). La famiglia e i sistemi di welfare nell'economia dei servizi. In M. Regini (Ed.), *La sociologia economica contemporanea*. Laterza: Bari.
- Pestieau, P. (2006). *The welfare state in the European Union*. New York: Oxford University Press.
- Pickett, K. E., & Pearl, M. (2001). Multilevel analyses of neighbourhood socioeconomic context and health outcomes: A critical review. *Journal of Epidemiology and Community Health*, 55(2), 111-122. doi:10.1136/jech.55.2.111
- Pisati, M., Whelan, C. T., Lucchini, M., & Maître, B. (2010). Mapping patterns of multiple deprivation using self-organising maps: An application to EU-SILC data for Ireland. *Social Science Research*, 39(3), 405-418.
- Polyani, K. (1957). The economy as instituted process. In K. Polany, C. Arensberg, & H. Pearson (Eds.), *Trade and market in early empires* (pp. 243-270). Glencoe: The Free Press.



- Raiq, H., Bernard, P., & Van den Berg, A. (2011). Family type and poverty under different welfare regimes: A comparison of Canadian Provinces and selected European countries. In G. Fréchet, D. Gauvreau, & J. Poirier (Eds.), *Social statistics, poverty and social exclusion*. Montréal: Les Presses de l'Université de Montréal.
- Ranci, C. (2002). *Le nuove disuguaglianze sociali in Italia*. Bologna: Il Mulino.
- Regidor, E., Banegas, J. R., Gutiérrez-Fisac, J. L., Domínguez, V., & Rodríguez-Artalejo, F. (2004). Socioeconomic position in childhood and cardiovascular risk factors in older Spanish people. *International Journal of Epidemiology*, 33(4), 723-730.
- Rosanvallon, P. (1997). *La nuova questione sociale: Ripensare lo stato sociale*. Roma: Edizioni Lavoro.
- Ross, C. E., & Wu, C. (1996). Education, age, and the cumulative advantage in health. *Journal of Health and Social Behavior*, 37(March), 104-120.
- Saltman, R. B., & Dubois, H. F. W. (2004). The historical and social base of social health insurance systems. In R. B. Saltman, R. Bse, & J. Figueras (Eds.), *Social health insurance systems in western Europe* (pp. 21-32). Maidenhead: Open University Press.
- Sarti, S. (2006). La classe sociale in buona salute. *Polis*, 20(3), 317-346.
- Schaefer-McDaniel, N., O'Brien Caughy, M., O'Campo, P., & Gearey, W. (2010). Examining methodological details of neighbourhood observations and the relationship to health: A literature review. *Social Science & Medicine*, 70(2), 277-292.
- Siegrist, J., & Marmot, M. (Eds.) (2006). *Social inequalities in health: New evidence and policy implications*. Oxford: Oxford University Press.
- Singh, G. K., & Siahpush, M. (2002). Increasing inequalities in all-cause and cardiovascular mortality among US adults aged 25-64 years by area socioeconomic status, 1969-1998. *International Journal of Epidemiology*, 31(3), 600-613.
- Smeeding, T. (2006). Poor people in rich nations: The United States in comparative perspective. *The Journal of Economic Perspectives*, 20(1), 69-90.
- Snijders, T. A. B., & Bosker, R. (1999). *Multilevel analysis*. London: Sage Publications.
- Spadea, T. (2004). La prevenzione primaria e la diagnosi precoce [Special issue, G. Costa, T. Spadea & M. Cardano (Eds.)]. *Epidemiologia e Prevenzione*, 28(3), 97-102.
- Spencer, N., & Logan, S. (2002). Social influences on birth weight. *Archives of Disease in Childhood-Fetal and Neonatal Edition*, 86(1), F6-F7.
- Townsend, P. (1979). *Poverty in the United Kingdom: A survey of household resources and standards of living*. Berkeley, CA: University of California Press.

- Van Doorslaer, E., Wagstaff, A., Van Der Burg, H., Christiansen, T., De Graeve, D., Duchesne, I., ... & Winkelhake, O. (2000). Equity in the delivery of health care in Europe and the US. *Journal of Health Economics*, 19(5), 553-583.
- Waters, H. R. (2000). Measuring equity in access to health care. *Social Science and Medicine*, 51(4), 599-612.
- Whelan, C. T., & Maître, B. (2005). Economic vulnerability, multidimensional deprivation and social cohesion in an enlarged European community. *International Journal of Comparative Sociology*, 46(3), 215-239.
- Whelan, C. T., & Maître, B. (2007). Levels and patterns of multiple deprivation in Ireland: After the "Celtic Tiger." *European Sociological Review*, 23(2), 139-156.
- Wilensky, H. L. (1975). *The welfare state and equality: Structural and ideological roots of public expenditures*. Berkeley, CA: University of California Press.
- Wilkinson, R. G. (1996). *Unhealthy societies: The afflictions of inequality*. London: Routledge.
- Wilkinson, R. G., & Marmot, M. (2003). *Social determinants of health: The solid facts* (2nd ed.). Retrieved from <http://www.euro.who.int/document/e81384.pdf>
- Wilson, A. E., Shuey, K. M., & Elder, Jr., G. H. (2007). Cumulative advantage processes as mechanisms of inequality in life course health. *American Journal of Sociology*, 112(6), 1886-1924.
- Woods, L. M., Rachet, B., Riga, M., Stone, N., Shah, A., & Coleman, M. P. (2005). Geographical variation in life expectancy at birth in England and Wales is largely explained by deprivation. *Journal of Epidemiology and Community Health*, 59(2), 115-120.
- World Bank. (2001). *World development report 2002/2001: Attacking poverty*. New York: Oxford University Press.

# Perceived Discrimination and Subjective Well-being among Rural-to-Urban Migrants in China

JUAN CHEN

Department of Applied Social Sciences  
The Hong Kong Polytechnic University

*Using data from a 2009 national household survey (N = 2,866), this study investigates the differential experience of perceived institutional and interpersonal discrimination among rural-to-urban migrants in China, and the consequences of these two types of discrimination on measures of subjective well-being. The results indicate that rural-to-urban migrants perceive institutional discrimination more frequently than interpersonal discrimination. However, perceived interpersonal discrimination has a more detrimental effect than perceived institutional discrimination for rural-to-urban migrants, and this effect takes the form of self-rated physical health and depressive distress. The research calls for a more equitable social environment and equal distribution of resources and opportunities in China.*

*Key words: China, migration, perceived discrimination, subjective well-being*

Since the 1950s, Chinese authorities have relied on the household registration (*hukou*) system to restrict the geographical mobility of the population, particularly from rural to urban areas (Chan, 1994; Cheng & Seldon, 1994; Wang, 2005). Post-1978 economic reforms, however, have dramatic effects on mobility: in the past 20 years, over 200 million rural residents left their land and started new lives in cities as migrant labor while the *hukou* system stays largely untouched (Chan & Zhang, 1999; Fan, 2008; Liang & Ma, 2004). The Chinese *hukou* system has had many socio-economic and political functions. One of the functions is to (re)distribute social resources within

Journal of Sociology & Social Welfare, March 2013, Volume XL, Number 1

a certain administrative-geographical area. *Hukou* is often regarded as an important institutional barrier, particularly for rural-to-urban migrants, to the achievement of equal rights to employment, education, housing, health care, and social services (Solinger, 1999). Studies document that Chinese rural-to-urban migrants experience severe restrictions due to the *hukou* and other government policies, and encounter discrimination and unfair treatment in urban areas (Chan & Buckingham, 2008; Wang, 2008).

In the wake of the strict enforcement of the *hukou* system and media reports of harsh detentions of migrants, the past few years have seen the introduction of a number of government policies designed to promote urbanization and reduce discrimination against migrants, including localized phase-outs of the distinction between agricultural and non-agricultural *hukou*, and increased funding to provide migrants and their children with access to urban schools and public services (Chan & Buckingham, 2008; Liu, 2007). Have these recent initiatives loosened the restrictions on migrants and promoted equal treatment? Does the migrant population still experience more difficulties and discrimination than their rural and urban counterparts when looking for work, going to school, or using medical services? How do migrants perceive their treatment in urban areas? Do they report more discrimination than the non-migrant population?

Discrimination takes the form of harmful and degrading beliefs and actions on the part of individuals and institutions (Gee, 2002). Although scholars claim that rural migrants in China experience discrimination in urban areas (Chan & Buckingham, 2008; Solinger, 1999; Wang, 2008), the empirical evidence of such behavior at the individual and institutional levels is limited. Scholars assert that perceived discrimination—defined as a behavioral manifestation of a negative attitude or judgment, or unfair treatment toward members of a group (Banks, Kohn-Wood, & Spencer, 2006; Williams, Spencer, & Jackson, 1999)—can be characterized as a form of stressful experience (Pascoe & Richman 2009; Williams, Neighbors, & Jackson, 2003; Williams, Yu, Jackson, & Anderson, 1997). Numerous studies have documented the detrimental impacts of perceived discrimination on physical health, mental health,

and quality of life in other societies (Gee, Ro, Shariff-Marco, & Chae, 2009; Pascoe & Richman, 2009). Such studies are rarely conducted in China.

Using data from the cross-sectional component of the second wave of the national household survey "Chinese Attitudes toward Inequality and Distributive Injustice," this study differentiates between perceived institutional and interpersonal discrimination, and investigates the potential consequences of these two types of discrimination on the subjective well-being of rural-to-urban migrants. The research addresses three vital questions: First, to what extent do rural-to-urban migrants perceive themselves as the most likely targets of institutional and interpersonal discrimination? Second, what are the factors that account for perceived institutional and interpersonal discrimination? Third, are perceived institutional and interpersonal discrimination associated with self-rated physical health, depressive distress, perceived social standing, and life satisfaction, and if so, how do the associations among rural-to-urban migrants differ from those among urban and rural residents?

### Migration and the Experience of Discrimination

Although migrants have made huge contributions to China's industrial development and economic growth in past decades, their work often does not receive public recognition, especially on the part of urbanites (Zhang, Li, Fang, & Xiong, 2009). Rural-to-urban migrants in China are frequently marginalized and suffer from discrimination. Scholars argue that this group is more likely to experience discrimination and maltreatment as a result of political and structural barriers (Chan & Buckingham, 2008; Solinger, 1999; Wang, 2008). Studies have documented that rural-to-urban migrants often work in dangerous, dirty, and difficult jobs at the bottom of the occupational hierarchy, with little hope of advancement (Liang, 2004; Yang & Guo, 1996). Migrants have a high risk of contracting sexually transmitted diseases (Hong et al., 2006; Smith & Hugo, 2008; Yang, 2004), a general ignorance regarding health issues, and limited access to urban health care (Liu, 2003; Wang, Ren, Zhan, & Shen, 2005). They experience stress arising from

work- and family-related difficulties (Pun, 2005; Wong et al., 2008), and have a higher incidence of mental health problems than rural residents (Li et al., 2007). Urbanites view migrants as people of low “population quality” (*suzhi*), a perception that is shared by the Chinese state (Murphy, 2004). Migrants are considered marginal citizens who are responsible for rising crime rates and are perceived as a threat to guaranteed employment (White, 1996). As a result, urban residents and government bodies are unwilling to allow them equal access to schools and public services (Kwong, 2004; Murphy & Fong, 2006). Fully aware of this antipathy, migrants are hesitant to identify themselves as urbanites (Jacka, 2006; Lin & Zhang, 2008; Pan, 2007). They interact and network primarily through hometown connections and within their migrant communities (Lee, 1998; Mobrand, 2006; Xiang, 2000; Zhang, 2001). Given the political and structural barriers that migrants face, scholars fear that they will form a new urban underclass (Solinger, 2006; Wang, 2008), live in poor migrant enclaves (Zhou & Cai, 2008), and compete with urban residents for increasingly inadequate resources and public services (Gustafsson, Shi, & Sicular, 2008).

There are two types of discrimination that rural-to-urban migrants in China are likely to experience. The first is restricted access to jobs, education, and health care (Knight & Gunatilaka, 2010), which is rooted in the political and institutional constraints imposed on the migrant population: this is institutional discrimination. The second is unpleasantness in social encounters, such as verbal disrespect, deliberate avoidance, or assumptions of inferiority (Wong, Chang, & He, 2007). These experiences, involving interactions at the individual level between migrants and urban residents, are examples of interpersonal discrimination.

The experience of discrimination is often measured through self-perception in existing studies. Although reported without verification of actual events, the perception of discriminatory treatment is highly stressful (Pascoe & Richman, 2009; Williams, Neighbors, & Jackson, 2003; Williams et al., 1997). Focus group interviews with members of the migrant population in Shanghai conducted by Wang et al. (2010) reveal that the participants frequently perceived discrimination at

work and while searching for jobs due to their lack of Shanghai *hukou*. Many participants also reported facing discriminatory attitudes from their clients because they could not speak the Shanghai dialect or being marginalized by Shanghai citizens as outsiders. Such experience indicates that discrimination against the migrant population is manifested in interpersonal relationships through words and attitudes of disrespect.

Different types of discrimination, however, are often not distinguished or analyzed in depth in existing studies. In Wen and Wang's (2009) survey of migrant workers in Shanghai, participants were asked if they experienced any personal or institutional forms of discrimination. The specific examples of discrimination given in the questionnaire include supercilious or superior looks, barred entry (e.g., to an entertainment club), cross-questioning by the police in public, unfair treatment by employers (e.g., less pay for equal work), inquiries about Shanghai *hukou* by a prospective employer, and other forms of discrimination. Wen and Wang (2009), however, did not differentiate between these forms of discrimination in their analysis. The variable was dichotomized: participants either had experienced discrimination or had not. Half of the respondents reported that they had experienced some form of personal or institutional discrimination. Lin and colleagues (2011), in a survey of rural-to-urban migrants in Beijing, asked the participants whether they had perceived or experienced any or all of 20 listed discriminatory or unfair acts in their work and personal life. The researchers did not differentiate between forms of discrimination. The overall mean score on the 20 items for the study sample is about 1.88 on a 4-point scale (where 1 = "never happened" and 4 = "happened frequently"). Employing the same instrument, Zhang et al. (2009) coded the measure of discrimination into four subsets: work, distrust, attitudes, and law enforcement. The respondents reported the highest level of perceived discrimination when they were looking for a job or at their workplace.

This study distinguishes between perceptions of discrimination rooted in institutional constraints and those based on interpersonal contacts. The study deals not only with migrants' experiences but also those of urban and rural residents for comparison purposes. At the institutional level,

the study aims to discover whether the migrant population experiences more difficulties and discrimination while looking for work, going to school, and using medical services than the non-migrant population. At the interpersonal level, the study explores the extent to which rural-to-urban migrants perceive themselves to be the recipients of less courtesy and respect than their urban and rural counterparts.

### Discrimination and Subjective Well-being

Research on the effects of rural-to-urban migration in China focuses primarily on the more visible socio-economic and demographic consequences of migration. Although the socio-demographic consequences are important social issues, the effects of rural-to-urban migration on subjective well-being also have a significant influence on human development and state welfare (Knight & Gunatilaka, 2010). "Subjective well-being involves a multidimensional evaluation of life, including cognitive judgments of life satisfaction and affective evaluations of emotions and moods" (McGillivray & Clarke, 2006, p. 4). Measures of subjective well-being can capture people's feelings or real experiences in a direct way, and thus provide important feedback to policy-makers and practitioners (McGillivray & Clarke, 2006; van Hoorn, 2008).

Experience of discrimination can directly and indirectly affect subjective well-being. Directly, discrimination can increase exposure to toxic work environments and limit access to social services such as public education and health care (Wang et al., 2010). Such experience can shape people's appraisal of their lives and the world (Harrell, 2000), and reinforce their perception of secondary social status (DuBois, Burk-Braxton, Swenson, Tevendale, & Hardesty, 2002). Indirectly, discriminatory attitudes and actions can cause a variety of negative psychological and physiological changes such as stigmatization, frustration, low self-esteem, and loss of self-control (Perlow, Danoff-Burg, Swenson, & Pulgiano, 2004; Williams & Williams-Morris, 2000), which erode an individual's protective resources and increase vulnerability (Gee, Spencer, Chen, & Takeuchi, 2007). Cumulatively, the effects of discrimination can lead to greater risks for physical illnesses such as high blood pressure (Brondolo, Rieppi, Kelly, & Gerin, 2003; Williams, Neighbors,



& Jackson, 2003), higher rates of mental disorders (particularly depressive distress and anxiety) (Williams & Williams-Morris, 2000; Zhang et al., 2009), and lower levels of perceived social standing and life satisfaction (Wen & Wang, 2009).

A growing body of research has provided empirical evidence of the detrimental impacts of perceived discrimination on physical health, mental health, and quality of life in many other countries and among different racial and ethnic groups (see Gee et al., 2009; Paradies, 2006; Pascoe & Richman, 2009; Williams & Mohammed, 2009; Williams et al., 2003; Williams et al., 1997). The small but growing body of research on migration and discrimination in China is scattered over several areas and contains few empirical studies. Using the same survey data on a rural-to-urban migrant sample in Beijing, Lin et al. (2011), Wang et al. (2010), and Zhang et al. (2009) investigated the direct and indirect effects of social stigma and discriminatory experience on psychological distress and quality of life. Their findings demonstrate that a greater incidence of perceived stigma and discrimination is associated with higher levels of psychological distress and poorer quality of life. Based on survey data from Shanghai, Wen and Wang (2009) examined the role discrimination plays in migrants' psychological well-being, using measures of loneliness and satisfaction. Their results show that the effects of experiencing discrimination on psychological well-being were overwhelmingly negative, far outreaching the effects of other demographic, socio-economic, and psychosocial variables. Based on the estimated happiness functions and decomposition analyses of data from a 2002 national household survey, Knight and Gunatilaka (2010) found that certain features of the migrant experience lead to unhappiness, and that the mean migrant happiness score (ranging from 0 to 4, with 0 = not at all happy and 4 = very happy) would rise by 0.17 if all reported zero discrimination.

All the existing studies point to the same conclusion: perceived discrimination has a negative effect on the subjective well-being of migrants in China. What is lacking in the existing literature is a more detailed analysis of how perceived discrimination from a range of sources is associated with various measures of subjective well-being. To fill this gap, this study looks at four measures of subjective well-being: self-rated physical health, depressive distress, perceived social standing, and life

satisfaction. The analysis assesses the differential associations of perceived institutional discrimination and perceived interpersonal discrimination with these measures of subjective well-being, and compares the findings for rural-to-urban migrants with those for urban and rural residents.

## Methods

### *Sample and Data Collection*

The study analyzes the cross-sectional data from the second wave of the national household survey “Chinese Attitudes toward Inequality and Distributive Injustice” conducted in 2009 (Whyte, 2010). The cross-sectional sample ( $N = 2,866$ ) is representative of all Chinese adults between the ages of 18 and 70. The survey employed spatial probability sampling technology to achieve the nationally representative sample. With spatial probability sampling, actual physical spaces are selected based on the local population density. This density is computed by combining census statistics with information gained from satellite images of the sampled spaces. Once each space is enumerated, one adult is randomly selected from each dwelling according to the Kish grid method. The great advantage of spatial probability sampling is that the survey selects actual locations and then interviews local residents regardless their registered *hukou* status. The result is a highly representative sample which includes both migrants and formally registered respondents (Landry & Shen, 2005). Probability and post-stratification weights were developed to adjust for the sampling design and to correct for small age and gender imbalances based on the 2005 One-percent National Population Sampling Survey (National Bureau of Statistics of China, 2009).

A total of 4,279 household addresses were sampled and 2,866 interviews were completed for the cross-sectional component of the national survey, with a response rate of 67.0%. All interviews were conducted in person by trained interviewers, and the average interview length was 43.5 minutes. To ensure quality control, more than 40% of the participants were contacted either by phone or in person after the interview to validate the data. 133 cases were excluded due to missing data on variables used in this study, leaving a sample of 2,733 for the analysis.

### Measures

*Perceived discrimination.* Perceived discrimination is assessed with a multi-part question: "In your day-to-day life, how often have any of the following circumstances happened to you? Would you say never, seldom, sometimes, often, or very often?" The circumstances are given in six statements: "You encounter more difficulties in finding jobs than others"; "You or your family members encounter more difficulties in receiving medical treatment than others when you are sick"; "You or your children encounter more difficulties in attending local schools than others"; "People act as if they don't want to get close to you"; "You are treated with less courtesy than other people"; and "You are called names or insulted." The scores on the first three items, which address perceived institutional discrimination, are totaled and then averaged (Cronbach's  $\alpha = 0.78$ ). The scores on the last three items are totaled and then averaged to measure perceived interpersonal discrimination (Cronbach's  $\alpha = 0.84$ ). Both measures range from 1 to 5, with 1 indicating "never" and 5 indicating "very often."

*Self-rated physical health.* The respondents' answer to the question "In general, how would you rate your overall health status?" is measured on a 5-point scale: 1 = "very poor"; 2 = "poor"; 3 = "fair"; 4 = "good"; and 5 = "very good."

*Depressive distress.* The short form of the Center of Epidemiological Studies Depression Scale (CES-D), an 8-item questionnaire that measures the depressive symptoms experienced by the respondent during the previous week, was administered (Cronbach's  $\alpha = 0.76$ ). The CES-D was introduced into China in the 1990s and its validity has been tested in various studies (Boey, 1999; Yang et al., 2005; Zhang et al., 2011). The final score, which is the sum of responses to the 8 items, ranges from 0 to 22, with higher scores indicating higher levels of depressive distress.

*Perceived social standing.* Respondents were asked to rank their relative socio-economic status in the society, with 1 indicating "at the bottom" and 10 indicating "at the top." The measure is coded as a continuous variable ranging from 1 to 10.

*Life satisfaction.* Respondents answered the question "Are you satisfied with your current life?" on a 7-point scale. The

measure is coded as a continuous variable ranging from 1 indicating “very unsatisfied” to 7 indicating “very satisfied.”

*Demographic characteristics.* Demographic information includes age, gender (1 = female; 0 = male), marital status (1 = married; 0 = other), and ethnicity (1 = ethnic minority; 0 = Han).

*Socio-economic status.* Measures of socio-economic status include education (1 = less than middle school; 2 = middle school; 3 = high school or vocational school; and 4 = college or above), and employment and occupation (1 = not working; 2 = farmer; 3 = working in a non-professional/managerial occupation; and 4 = working in a professional/managerial occupation).

*Migration and residency status.* Three categories of migration and residency status are coded and included in the analysis: urban residents (those with urban *hukou* residing in an urban area), rural-to-urban migrants (those with rural *hukou* residing in an urban area), and rural residents (those with rural *hukou* residing in a rural area).

### *Analysis*

The analysis takes into account the survey design effects by using the “svy” (survey) commands in Stata 10.0, which allow for estimation of standard errors in the presence of stratification and clustering. Weighted descriptive statistics are first computed and compared among urban residents, rural-to-urban migrants, and rural residents. Multiple regressions are then applied to model the associations of perceived institutional discrimination and perceived interpersonal discrimination with migration and residency status, demographic characteristics, and socio-economic status. According to Lin et al. (2011), migration, and particularly economics-driven internal migration, is associated with not only institutional and interpersonal discrimination but also status-based discrimination. Zhang et al. (2009) also note that rural-to-urban migrants often perceive and experience discrimination because of their ethnicity and low socio-economic status. The analysis thus controls socio-economic status and demographic characteristics including ethnicity.

The analysis further employs multiple regression techniques to assess the associations between perceived discrimination and self-rated physical health, depressive distress, perceived social standing, and life satisfaction. Separate models are estimated for urban residents, rural-to-urban migrants, and rural residents. Socio-demographic characteristics are controlled in the estimations. The analysis demonstrates the differential effects of perceived institutional and interpersonal discrimination on the four measures of subjective well-being.

## Results

### *Comparisons of Rural-to-Urban Migrants to Urban and Rural Residents*

Table 1 displays the descriptive statistics on measures of perceived discrimination, subjective well-being, and socio-demographic characteristics for urban residents, rural-to-urban migrants, and rural residents. Compared to urban residents, rural-to-urban migrants perceive a significantly higher level of institutional discrimination (1.76 versus 1.54,  $p < .05$ ). The levels of perceived institutional discrimination and perceived interpersonal discrimination reported by rural residents (1.73 and 1.44) are similar to those reported by rural-to-urban migrants (1.76 and 1.40). On the four measures of subjective well-being, rural-to-urban migrants do not show any significant differences from either urban residents or rural residents.

Demographically, rural-to-urban migrants are more likely to be male than rural residents, and more likely to be married than urban residents. Rural-to-urban migrants and urban residents show huge and significant differences in socio-economic status. More than 40% of rural-to-urban migrants did not finish middle school; among urban residents, this applies to less than 10%. Less than 5% of rural-to-urban migrants have attended college, which is far below the 30% attendance rate of urban residents. The level of education among rural residents lags behind even further: nearly 60% did not finish middle school and only about 10% attended high school. When asked about employment and occupation, only about 3% of rural-to-urban migrants reported holding professional or managerial positions, far less than the percentage among urban residents (nearly 20%). Unsurprisingly, the majority of rural residents

Table 1. Descriptive Statistics of Perceived Discrimination, Subjective Well-being, and Socio-demographic Characteristics among Urban Residents, Rural-to-urban Migrants, and Rural Residents.

	Urban Residents (n = 983)		Rural-to-Urban Migrants (n = 555)		Rural Residents (n = 1,195)	
<i>Perceived Discrimination</i>	mean	s.e.	mean	s.e.	mean	s.e.
Institutional discrimination (range 1-5) <sup>a</sup>	1.54	(0.06)	1.76	(0.09)	1.73	(0.07)
Interpersonal discrimination (range 1-4.7)	1.30	(0.05)	1.40	(0.05)	1.44	(0.11)
<i>Subjective Well-being</i>	mean	s.e.	mean	s.e.	mean	s.e.
Self-rated physical health (range 1-5)	3.88	(0.06)	3.79	(0.09)	3.62	(0.13)
Depressive distress (range 1-22)	8.16	(0.36)	7.52	(0.31)	8.15	(0.70)
Perceived social standing (range 1-10) <sup>c</sup>	5.09	(0.10)	4.64	(0.25)	4.66	(0.12)
Life satisfaction (range 1-7)	4.29	(0.08)	4.32	(0.17)	4.35	(0.06)
<i>Demographic Characteristics</i>	mean	s.e.	mean	s.e.	mean	s.e.
Age (years) <sup>c</sup>	39.97	(1.06)	40.48	(1.40)	43.46	(1.15)
	%	s.e.	%	s.e.	%	s.e.
Gender (female) <sup>b</sup>	47.05	(3.53)	42.88	(2.70)	52.63	(2.30)
Marital status (married) <sup>a,c</sup>	73.20	(4.46)	83.10	(1.99)	84.74	(3.40)
Ethnicity (ethnic minority)	4.89	(1.87)	10.34	(6.06)	7.86	(2.54)
<i>Socio-economic Status</i>						
Education <sup>a,c</sup>	%	s.e.	%	s.e.	%	s.e.
Less than middle school	9.83	(1.96)	43.24	(4.75)	57.09	(5.45)
Middle school	26.23	(2.45)	36.42	(3.30)	32.07	(3.28)
High school/vocational school	33.99	(4.23)	15.83	(3.05)	7.04	(1.82)
College or above	29.95	(4.69)	4.52	(1.07)	3.80	(3.01)
Employment & occupation <sup>a,b,c</sup>	%	s.e.	%	s.e.	%	s.e.
Not working	35.21	(2.88)	21.11	(3.89)	15.30	(3.84)
Farmer	2.28	(1.27)	40.98	(10.37)	72.11	(4.54)
Non-professional/managerial occupation	43.24	(3.20)	35.04	(6.95)	11.54	(2.46)
Professional/managerial occupation	19.27	(3.17)	2.86	(0.91)	1.05	(0.33)

Note: Survey design effects (strata, cluster, and individual weight) are adjusted in the mean estimations. <sup>a</sup> Difference between urban residents and rural-to-urban migrants significant at  $p < 0.05$ . <sup>b</sup> Difference between rural-to-urban migrants and rural residents significant at  $p < 0.05$ . <sup>c</sup> Difference between urban residents and rural residents significant at  $p < 0.05$ .

are farmers. Less predictably, more than 40% of rural-to-urban migrants still reported their occupation as farmer.

#### *Associations of Perceived Discrimination with Socio-demographic Factors*

Multiple regressions are estimated to examine the demographic and socio-economic factors associated with the perceptions of institutional and interpersonal discrimination. Table 2 presents multiple models for each type of discrimination. In Model 1, demographic variables are entered in the first step of the multiple analysis. Rural-to-urban migrants show a significantly higher level of perceived institutional discrimination than urban residents (coefficient = .20,  $p < .05$ ), but no significant difference in perceived interpersonal discrimination.

Socio-economic measures are entered into the estimations in Model 2, and the significant difference in perceived institutional discrimination between rural-to-urban migrants and urban residents no longer pertains. Higher levels of education are strongly associated with lower levels of perceived institutional discrimination. The coefficients on middle school, high school or vocational school, and college or above education are -.23, -.31, and -.48 respectively, all with  $p < .01$ . Being a farmer (coefficient = -.17,  $p < .05$ ) or working in professional or managerial occupation (coefficient = -.13,  $p < .05$ ) significantly reduces the level of perceived institutional discrimination. Socio-economic measures are also significantly associated with perceived interpersonal discrimination, though to a lesser extent.

#### *Associations between Perceived Discrimination and Subjective Well-being*

Tables 3A & 3B and Tables 4A & 4B present the results of analysis of the associations between perceived discrimination and self-rated physical health, depressive distress, perceived social standing, and life satisfaction for urban residents, rural-to-urban migrants, and rural residents respectively. The multiple regression results on self-rated physical health and depressive distress are included in Tables 3A & 3B. Among rural-to-urban migrants, perceived interpersonal discrimination is significantly associated with self-rated physical health (coefficient = -.30,  $p < .01$ ), whereas the association between perceived institutional discrimination and self-rated physical health is weak

Table 2. Associations of Perceived Discrimination with Migration and Residency Status and Socio-demographic Characteristics

	Institutional Discrimination				Interpersonal Discrimination			
	Model 1		Model 2		Model 1		Model 2	
<i>Migration and Residency Status</i>								
Urban resident (ref. grp.)	--	--	--	--	--	--	--	--
Rural-to-urban migrants	0.20*	(0.09)	0.08	(0.10)	0.11	(0.07)	0.03	(0.08)
Rural residents	0.18+	(0.11)	0.06	(0.08)	0.14	(0.14)	0.04	(0.08)
<i>Demographic Characteristics</i>								
Age (years)	-0.00	(0.00)	-0.00	(0.00)	-0.00	(0.00)	-0.00	(0.00)
Gender (female)	-0.06	(0.04)	-0.09*	(0.04)	0.02	(0.02)	-0.01	(0.03)
Marital status (married)	-0.04	(0.06)	-0.02	(0.06)	-0.07+	(0.04)	-0.06	(0.04)
Ethnicity (ethnic minority)	0.45*	(0.17)	0.41*	(0.16)	-0.06	(0.10)	-0.08	(0.11)
<i>Socio-economic Status</i>								
Education								
< Middle sch. (ref. grp.)			--	--			--	--
Middle sch.			-0.23**	(0.08)			-0.17	(0.13)
High sch. /vocational sch.			-0.31**	(0.09)			-0.22+	(0.11)
College or +			-0.48 **	(0.10)			-0.22 *	(0.09)
Employment and occupation								
Not working (ref. grp.)			--	--			--	--
Farmer			-0.17 *	(0.08)			-0.03	(0.08)
Non-prof./ managerial occupation			-0.09	(0.07)			-0.02	(0.04)
Prof/ managerial occupation			-0.13 *	(0.06)			-0.09 +	(0.05)
Constant	1.51**	(0.09)	2.06 **	(0.13)	1.27 **	(0.09)	1.59 **	(0.11)
Wald F Statistics	3.89	(6, 54)	6.78	(12, 54)	1.92	(6, 54)	3.50	(12, 54)

Multiple regressions are estimated. n = 2,733; Survey design effects (strata, cluster, and individual weight) are adjusted in the model estimations; Coefficients are reported; standard errors in parentheses; \*\* p < 0.01, \* p < 0.05, + p < 0.1



and insignificant. Neither type of perceived discrimination is associated with self-rated physical health among urban residents, but both types are significant predictors of self-rated physical health for rural residents.

The associations between the two types of perceived discrimination and depressive distress are more consistent: for all three groups, both perceived institutional discrimination and perceived interpersonal discrimination are associated with greater depressive distress, at least at the  $p < .10$  significance level. The effect of perceived interpersonal discrimination, however, is much greater than that of perceived institutional discrimination—more than double among rural-to-urban migrants (1.34 versus .65) and more than triple among rural residents (2.88 versus .95).

Tables 4A & 4B contain results from the multiple regressions on perceived social standing and life satisfaction. Perceived institutional discrimination is significantly associated with a lower level of perceived social standing among urban (coefficient =  $-.29$ ,  $p < .05$ ) and rural residents (coefficient =  $-.53$ ,  $p < .01$ ), but it is not a significant factor among rural-to-urban migrants. Perceived institutional discrimination is a significant predictor for life satisfaction only among urban residents (coefficient =  $-.29$ ,  $p < .01$ ). The association between perceived interpersonal discrimination and perceived social standing (coefficient =  $-.47$ ,  $p < .10$ ) and between perceived interpersonal discrimination and life satisfaction (coefficient =  $-.40$ ,  $p < .10$ ) is only marginally significant among rural-to-urban migrants.

## Discussion

Based on data from the second wave of the national household survey “Chinese Attitudes toward Inequality and Distributive Injustice,” this study investigates the experience of two types of discrimination—perceived institutional discrimination and perceived interpersonal discrimination—among rural-to-urban migrants, and the associations with four measures of subjective well-being—self-rated physical health, depressive distress, perceived social standing, and life satisfaction. The study distinguishes between discrimination due

Table 3A. Associations between Perceived Discrimination and Self-rated Physical Health among Urban Residents, Rural-to-Urban Migrants and Rural Residents

	Self-Rated Physical Health					
	Urban Residents (n = 983)		Rural-to-Urban Migrants (n = 555)		Rural Residents (n = 1,195)	
<i>Perceived Discrimination</i>						
Institutional discrimination	-0.05	(0.07)	-0.05	(0.09)	-0.24 **	(0.07)
Interpersonal discrimination	-0.11	(0.11)	-0.30 **	(0.11)	-0.19 *	(0.09)
<i>Demographic Characteristics</i>						
Age (years)	-0.02 **	(0.00)	-0.02 **	(0.00)	-0.03 **	(0.00)
Gender (female)	-0.06	(0.07)	-0.29 **	(0.09)	-0.26 **	(0.08)
Marital status (married)	0.26 *	(0.10)	-0.03	(0.12)	-0.08	(0.08)
Ethnicity (ethnic minority)	-0.24 +	(0.13)	-0.46	(0.31)	0.05	(0.13)
<i>Socio-economic Status</i>						
<i>Education</i>						
< middle school (reference group)	--	--	--	--	--	--
Middle school	0.29*	(0.11)	0.07	(0.12)	0.14	(0.09)
High school or vocational school	0.28*	(0.14)	0.09	(0.12)	0.19	(0.12)
College or +	0.33 +	(0.18)	0.03	(0.30)	0.07	(0.21)
<i>Employment and occupation</i>						
Not working (reference group)	--	--	--	--	--	--
Farmer	-0.08	(0.23)	-0.14	(0.19)	-0.03	(0.18)
Non-prof./managerial occupation	0.09	(0.14)	-0.11	(0.14)	-0.26	(0.26)
Prof./managerial occupation	0.01	(0.15)	-0.18	(0.21)	0.23	(0.17)
Constant	4.29 **	(0.28)	5.21 **	(0.28)	5.60 **	(0.31)
Wald F Statistics	50.13	(12, 48)	29.54	(12, 37)	62.43	(12, 46)

Multiple regressions are estimated. Survey design effects (strata, cluster, and individual weight) are adjusted in the model estimations. Coefficients are reported; standard errors in parentheses. \*\* p<0.01, \* p<0.05, + p<0.1

Table 3B. Associations between Perceived Discrimination and Depressive Distress among Urban Residents, Rural-to-Urban Migrants and Rural Residents

	Depressive Distress					
	Urban Residents (n = 983)		Rural-to-Urban Migrants (n = 555)		Rural Residents (n = 1,195)	
<i>Perceived Discrimination</i>						
Institutional discrimination	0.86 **	(0.31)	0.65 +	(0.33)	0.95 **	(0.25)
Interpersonal discrimination	1.02 +	(0.56)	1.34 **	(0.48)	2.88 **	(0.50)
<i>Demographic Characteristics</i>						
Age (years)	-0.02	(0.02)	0.04 **	(0.02)	0.04 **	(0.01)
Gender (female)	0.35	(0.66)	0.64	(0.53)	-0.11	(0.58)
Marital status (married)	-1.93 +	(1.06)	-1.77 *	(0.66)	-0.48	(0.83)
Ethnicity (ethnic minority)	-0.50	(0.70)	1.12	(0.97)	-1.50 **	(0.47)
<i>Socio-economic Status</i>						
<i>Education</i>						
< middle school (reference group)	--	--	--	--	--	--
Middle school	-0.78 +	(0.44)	-0.21	(0.43)	-1.03 **	(0.30)
High school or vocational school	-0.67	(0.59)	-0.09	(0.53)	-1.39 *	(0.59)
College or +	-1.44 *	(0.59)	0.11	(1.30)	0.23	(0.84)
<i>Employment and occupation</i>						
Not working (reference group)	--	--	--	--	--	--
Farmer	1.54	(0.99)	1.24	(0.74)	-1.00 *	(0.42)
Non-prof./managerial occupation	-0.01	(0.54)	0.65	(0.56)	-0.83	(0.75)
Prof./managerial occupation	-0.62	(0.48)	2.35 **	(0.66)	-2.96 **	(0.90)
Constant	8.55 **	(1.86)	3.07 **	(1.08)	2.67 *	(1.03)
Wald F Statistics	24.08	(12, 48)	33.23	(12, 37)	54.33	(12, 46)

Multiple regressions are estimated. Survey design effects (strata, cluster, and individual weight) are adjusted in the model estimations. Coefficients are reported; standard errors in parentheses. \*\* p<0.01, \* p<0.05, + p<0.1

Table 4A. Associations between Perceived Discrimination and Perceived Social Standing among Urban Residents, Rural-to-Urban Migrants, and Rural Residents

	Perceived Social Standing					
	Urban Residents (n = 983)		Rural-to-Urban Migrants (n = 555)		Rural Residents (n = 1,195)	
<i>Perceived Discrimination</i>						
Institutional discrimination	-0.29 *	(0.14)	-0.04	(0.15)	-0.53 **	(0.10)
Interpersonal discrimination	-0.02	(0.25)	-0.47 +	(0.23)	-0.03	(0.10)
<i>Demographic Characteristics</i>						
Age (years)	0.00	(0.01)	0.02 *	(0.01)	-0.01	(0.01)
Gender (female)	-0.04	(0.12)	-0.26	(0.27)	-0.04	(0.12)
Marital status (married)	0.33 *	(0.13)	-0.25	(0.34)	0.11	(0.25)
Ethnicity (ethnic minority)	0.19	(0.29)	-0.93	(0.62)	0.04	(0.23)
<i>Socio-economic Status</i>						
<i>Education</i>						
< middle school (reference group)	--	--	--	--	--	--
Middle school	-0.15	(0.23)	0.61 *	(0.22)	0.06	(0.15)
High school or vocational school	0.07	(0.26)	0.55 +	(0.29)	0.16	(0.30)
College or +	0.53 *	(0.26)	0.81 *	(0.37)	0.03	(0.65)
<i>Employment and occupation</i>						
Not working (reference group)	--	--	--	--	--	--
Farmer	-1.06	(0.65)	0.06	(0.27)	-0.51 +	(0.27)
Non-prof./managerial occupation	0.02	(0.20)	-0.34	(0.25)	-0.50 +	(0.28)
Prof./managerial occupation	0.16	(0.24)	0.38	(0.32)	0.16	(0.63)
Constant	4.97 **	(0.65)	4.56 **	(0.64)	6.30 **	(0.90)
Wald F Statistics	6.34	(12, 48)	11.49	(12, 37)	13.51	(12, 46)

Multiple regressions are estimated. Survey design effects (strata, cluster, and individual weight) are adjusted in the model estimations. Coefficients are reported; standard errors in parentheses. \*\* p<0.01, \* p<0.05, + p<0.1

Table 4B. Associations between Perceived Discrimination and Life Satisfaction among Urban Residents, Rural-to-Urban Migrants, and Rural Residents

	Life Satisfaction					
	Urban Residents (n = 983)		Rural-to-Urban Migrants (n = 555)		Rural Residents (n = 1,195)	
<i>Perceived Discrimination</i>						
Institutional discrimination	-0.29 **	(0.09)	-0.17	(0.15)	-0.16 +	(0.09)
Interpersonal discrimination	0.05	(0.15)	-0.40 +	(0.20)	-0.21	(0.12)
<i>Demographic Characteristics</i>						
Age (years)	0.01	(0.00)	0.01 **	(0.01)	0.00	(0.01)
Gender (female)	0.05	(0.08)	-0.22	(0.13)	0.02	(0.07)
Marital status (married)	0.32 +	(0.17)	0.44 *	(0.18)	0.10	(0.20)
Ethnicity (ethnic minority)	0.30	(0.25)	-0.473	(0.32)	0.06	(0.21)
<i>Socio-economic Status</i>						
<i>Education</i>						
< middle school (reference group)	--	--	--	--	--	--
Middle school	0.10	(0.13)	0.14	(0.17)	-0.13	(0.17)
High school or vocational school	0.12	(0.19)	-0.08	(0.24)	0.17	(0.21)
College or +	0.46 *	(0.22)	0.16	(0.36)	-0.01	(0.32)
<i>Employment and occupation</i>						
Not working (reference group)	--	--	--	--	--	--
Farmer	-0.24	(0.31)	-0.05	(0.19)	0.12	(0.15)
Non-prof./managerial occupation	0.20	(0.17)	-0.34 +	(0.18)	-0.31	(0.33)
Prof./managerial occupation	0.10	(0.19)	0.45	(0.38)	-0.14	(0.39)
Constant	3.81 **	(0.42)	4.46 **	(0.38)	4.86 **	(0.46)
Wald F Statistics	6.01	(12, 48)	22.15	(12, 37)	3.49	(12, 46)

Multiple regressions are estimated. Survey design effects (strata, cluster, and individual weight) are adjusted in the model estimations. Coefficients are reported; standard errors in parentheses. \*\* p<0.01, \* p<0.05, + p<0.1

to institutional constraints and that arising from interpersonal contacts. Two intriguing findings emerge regarding rural-to-urban migrants.

First, institutional discrimination is perceived more frequently than interpersonal discrimination—which is understandable, given that rural-to-urban migrants encounter more difficulties because of *hukou* and other policy constraints in urban areas. However, migrants do not perceive more discrimination than non-migrants with similar demographic characteristics or socio-economic status. This finding is consistent with that of Lin et al. (2011) and Zhang et al. (2009), whose analysis of the migration process demonstrates that status-based discrimination is strongly associated with perceived institutional discrimination.

Second, the consequences of perceived discrimination on subjective well-being differ according to the source of discrimination. Among rural-to-urban migrants, perceived interpersonal discrimination has a more detrimental effect, which is particularly evident in the incidence of self-rated physical health and depressive distress. Yet, perceived institutional discrimination is not significantly associated with perceived social standing or life satisfaction among rural-to-urban migrants, as it is among urban or rural residents. This may be explained by the more positive social attitudes or higher aspirations towards achievement that migrants hold compared to their urban or rural counterparts (Knight & Gunatilaka, 2010; Li & Li, 2007).

The distinction between perceived institutional discrimination and perceived interpersonal discrimination is important for developing effective policy strategies and creating a more equitable social environment. Compared to urban residents, rural-to-urban migrants report more institutional discrimination before socio-economic measures are controlled. However, when socio-economic status is included in the analysis, rural-to-urban migrants do not perceive more institutional discrimination, whereas education and occupation are significantly related to the level of perceived institutional discrimination. In order to reduce discrimination at the institutional level, the socio-economic disparity associated with the Chinese *hukou* system and the urban-rural divide must be addressed. Reforms should focus on reducing inequalities in the

distribution of resources and opportunities between the urban and rural areas. More specifically, measures to bolster rural areas, such as waiving tuition fees in rural schools, implementing the new rural medical insurance scheme, boosting modern agriculture, and increasing infrastructure construction, should be further promoted. It needs to be ensured that adequate resources are allocated for the sustainable development of the rural economy, so that the living conditions and opportunities in the countryside can be eventually improved.

The differential consequences for subjective well-being according to whether institutional or interpersonal discrimination is experienced have direct implications for government policies and interventions. Particularly, for rural-to-urban migrants, mental and physical health concerns have grown increasingly urgent. This study shows that perceived interpersonal discrimination has a particularly detrimental effect on migrants' self-rated physical health and depressive distress. In recent years, several government policy initiatives have aimed to reduce discrimination against migrants at the institutional level by increasing migrants' access to urban services, providing migrant children access to urban public schools, and allowing migrants to obtain the birth certificate for their first child at their actual place of residence. Still, in order to promote migrant mental and physical health status, efforts need to be made to educate the general public about the contribution of the migrant population and to reduce discrimination against them at the interpersonal level. Community-based programs should also be implemented to empower migrants, improve their self-images, and give them the tools for understanding their rights and challenging discrimination.

When examining the experience and consequences of perceived discrimination, a few caveats need be recognized. Perceptibility is a concern when dealing with self-reports of discrimination. Although scholars have asserted its validity in measuring experiences of discrimination (Banks et al., 2006; Williams et al., 1999), a combination of this measure with other instruments, such as discriminatory incidents or events, would provide a more comprehensive understanding. Also it should be noted that, in this study, the identification of predictors of perceived interpersonal discrimination was not as successful as that of

perceived institutional discrimination. Future studies should pursue this distinction and explore potential predictors of perceived interpersonal discrimination, such as contact opportunities (Goto, Gee, & Takeuchi, 2002), in the Chinese context. Finally, the results of this study indicate that people's experience of perceived discrimination is associated with subjective measures of well-being. The analysis, however, is based on cross-sectional data. Causal inferences drawn from cross-sectional data must be approached with extreme caution. It is necessary to collect longitudinal data on these measures to further explore the issue and determine how the experience of perceived discrimination and its associated consequences change over time.

Despite the above caveats, this study is an initial effort to distinguish the experience of perceived institutional discrimination from that of perceived interpersonal discrimination among rural-to-urban migrants, and to compare their experiences with those of urban and rural residents. It stresses the differential consequences of perceived discrimination on subjective well-being according to the source of discrimination. This study represents a provocative and informative glimpse into the experience and consequences of perceived discrimination and unfair treatment among Chinese people in a rapidly changing social and policy context.

**Acknowledgements:** The second wave national household survey of Chinese Attitudes toward Inequality and Distributive Injustice (2009) was funded by the Smith Richardson Foundation, the Harvard China Fund, the Harvard University Asia Center, the Weatherhead Center for International Affairs of Harvard University, and Yale University. The research undertaken for this article received funding from The Hong Kong Polytechnic University (PolyU 5409/09H), the General Research Fund of the Research Grants Council of Hong Kong (PolyU 5416/10H), and the Chiang Ching-Kuo Foundation for International Scholarly Exchange (RG022-P-09). The author thanks Chen Shuo and Yip Chi Man for their research assistance.

## References

- Banks, K. H., Kohn-Wood, L. P., & Spencer, M. S. (2006). An examination of the African American experience of everyday discrimination and symptoms of psychological distress. *Community Mental Health Journal*, 42(6), 555-570.



- Boey, K. W. (1999). Cross-validation of a short form of the CES-D in Chinese elderly. *International Journal of Geriatric Psychiatry*, 14(8), 608-617.
- Brondolo, E., Rieppi, M. A., Kelly, K. P., & Gerin, W. (2003). Perceived racism and blood pressure: A review of the literature and conceptual and methodological critique. *Annals of Behavioral Medicine*, 25(1), 55-65.
- Chan, K. W. (1994). *Cities with invisible walls: Reinterpreting urbanization in post-1949 China*. Hong Kong: Oxford University Press.
- Chan, K. W., & Buckingham, W. (2008). Is China abolishing the hukou system? *The China Quarterly*, 195, 582-606.
- Chan, K. W., & Zhang, L. (1999). The hukou system and rural-urban migration: Processes and changes. *The China Quarterly*, 160, 818-855.
- Cheng, T., & Selden, M. (1994). The origin and social consequences of China's hukou system. *The China Quarterly*, 139, 644-668.
- DuBois, D. L., Burk-Braxton, C., Swenson, L. P., Tevendale, H. D., & Hardesty, J. L. (2002). Race and gender influences on adjustment in early adolescence. *Child Development*, 73(5), 1573-1592.
- Fan, C. (2008). *China on the move: Migration, the state, and the household*. New York: Routledge.
- Gee, G. C. (2002). A multilevel analysis of the relationship between institutional and individual racial discrimination and health status. *American Journal of Public Health*, 92(4), 615-623.
- Gee, G. C., Ro, A., Shariff-Marco, S., & Chae, D. (2009). Racial discrimination and health among Asian Americans: Evidence, assessment, and directions for future research. *Epidemiologic Reviews*, 31(1), 130-151.
- Gee, G. C., Spencer, M. S., Chen, J., & Takeuchi, D. T. (2007). A nationwide study of discrimination and chronic health conditions among Asian Americans. *American Journal of Public Health*, 97(7), 1275-1282.
- Goto, S., Gee, G. C., & Takeuchi, D. T. (2002). Strangers still? The experience of discrimination among Chinese Americans. *Journal of Community Psychology*, 30(2), 211-224.
- Gustafsson, B. A., Shi, L., & Sicular, T. (2008). *Inequality and public policy in China*. Cambridge and New York: Cambridge University Press.
- Harrell, S. P. (2000). A multidimensional conceptualization of racism-related stress: Implications for the well-being of people of color. *American Journal of Orthopsychiatry*, 70(1), 42-57.
- Hong, Y., Stanton, B., Li, X., Yang, H., Lin, D., Fang, X., et al. (2006). Rural-to-urban migrants and the HIV epidemic in China. *AIDS and Behavior*, 10(4), 421-430.
- Jacka, T. (2006). *Rural women in urban China: Gender, migration and social change*. Armonk and London: ME Sharpe.
- Knight, J., & Gunatilaka, R. (2010). Great expectations? The subjective well-being of rural-urban migrants in China. *World Development*, 38(1), 113-124.

- Kwong, J. (2004). Educating migrant children: Negotiations between the state and civil society. *The China Quarterly*, 180, 1073-1088.
- Landry, P., & Shen, M. (2005). Reaching migrants in survey research: The use of global positioning system to reduce coverage bias in China. *Political Analysis*, 13(1), 1-22.
- Lee, C.-K. (1998). *Gender and the south China miracle: Two worlds of factory women*: Berkeley: University of California Press.
- Li, P., & Li, W. (2007). Migrant worker's economic status and social attitude in the transition of China (in Chinese). *Sociological Studies*, 22(3), 1-17.
- Li, L., Wang, H., Ye, X., Jiang, M., Lou, Q., & Hesketh, T. (2007). The mental health status of Chinese rural-urban migrant workers. *Social Psychiatry and Psychiatric Epidemiology*, 42(9), 716-722.
- Liang, Z. (2004). Patterns of migration and occupational attainment in contemporary China: 1985-1990. *Development and Society*, 33(2), 251-274.
- Liang, Z., & Ma, Z. (2004). China's floating population: New evidence from the 2000 census. *Population and Development Review*, 30(3), 467-488.
- Lin, D., Li, X., Wang, B., Hong, Y., Fang, X., Qin, X., et al. (2011). Discrimination, perceived social inequity, and mental health among rural-to-urban migrants in China. *Community Mental Health Journal*, 47(2), 171-180.
- Lin, Z., & Zhang, L. (2008). *Migrant workers: Participatory action research (in Chinese)*: Beijing: Social Sciences Academic Press.
- Liu, X. (2007). *Study of Chinese policies towards migrant workers (in Chinese)*: Changsha: Hunan People's Publishing House.
- Liu, Z. (2003). Institution and inequality: The *hukou* system in China. *Journal of Comparative Economics*, 33, 133-157.
- McGillivray, M., & Clarke, M. (2006). Human well-being: Concepts and measures. In M. McGillivray & M. Clarke (Eds.), *Understanding human well-being* (pp. 3-15): United Nations University Press.
- Mobrand, E. (2006). Politics of cityward migration: An overview of China in comparative perspective. *Habitat International*, 30(2), 261-274.
- Murphy, R. (2004). Turning Chinese peasants into modern citizens: 'population quality', demographic transition, and primary schools. *The China Quarterly*, 177, 1-20.
- Murphy, R., & Fong, V. L. (2006). Introduction: Chinese experiences of citizenship. In R. Murphy & V. L. Fong (Eds.), *Chinese citizenship: Views from the margins* (pp. 1-8): New York: Routledge.
- National Bureau of Statistics of China. (2009). *China statistical yearbook 2009*. Beijing: China Statistical Press.
- Pan, Z. (2007). *Society, subjectivity and order: Spatial turn on peasant-worker studies (in Chinese)*: Beijing: Social Sciences Academic Press.
- Paradies, Y. (2006). A systematic review of empirical research on self-reported racism and health. *International Journal of Epidemiology*, 35(4), 888-901.

- Pascoe, E. A., & Richman, L. S. (2009). Perceived discrimination and health: A meta-analytic review. *Psychological Bulletin*, 135(4), 531-554.
- Perlow, H. M., Danoff-Burg, S., Swenson, R. R., & Pulgiano, D. (2004). The impact of ecological risk and perceived discrimination on the psychological adjustment of African American and European American youth. *Journal of Community Psychology*, 32(4), 375-389.
- Pun, N. (2005). *Made in China: Subject, power and resistance in a global workplace*: Durham: Duke University Press.
- Smith, C. J., & Hugo, G. (2008). Migration, urbanization, and the spread of sexually transmitted diseases: Empirical and theoretical observations in China and Indonesia. In J. R. Logan (Ed.), *Urban China in transition* (pp. 294-314): Oxford: Blackwell Publishing.
- Solinger, D. (1999). *Contesting citizenship in urban China: Peasant migrants, the state, and the logic of the market*: University of California Press.
- Solinger, D. (2006). The creation of a new underclass in China and its implications. *Environment & Urbanization*, 18(1), 177-193.
- van Hoorn, A. (2008). A short introduction to subjective well-being: Measurement, correlates and policy uses. In OECD (Ed.), *Statistics, knowledge and policy 2007: Measuring and fostering the progress of societies* (pp. 215-229): Paris: OECD Publishing.
- Wang, F.-L. (2005). *Organizing through division and exclusion: China's hukou system*: Stanford University Press.
- Wang, F. (2008). *Boundaries and categories: Rising inequality in post-socialist urban China*: Stanford University Press.
- Wang, F., Ren, P., Zhan, S., & Shen, A. (2005). Reproductive health status, knowledge, and access to health care among female migrants in Shanghai, China. *Journal of Biosocial Sciences*, 37(5), 603-622.
- Wang, J.-W., Cui, Z.-T., Cui, H.-W., Wei, C.-N., Harada, K., Minamoto, K., et al. (2010). Quality of life associated with perceived stigma and discrimination among the floating population in Shanghai, China: A qualitative study. *Health Promotion International*, 25(4), 394-402.
- Wen, M., & Wang, G. (2009). Demographic, psychological, and social environmental factors of loneliness and satisfaction among rural-to-urban migrants in Shanghai, China. *International Journal of Comparative Sociology*, 50(2), 155-182.
- White, L. T. (1996). Migration and politics on the Shanghai delta. In B. J. Lin & J. T. Myers (Eds.), *Contemporary China in the post-war era*: University of South Carolina Press.
- Whyte, M. K. (2010). *Myth of the social volcano: Perceptions of inequality and distributive injustice in contemporary China*: Stanford University Press.
- Williams, D. R., & Mohammed, S. A. (2009). Discrimination and racial disparities in health: Evidence and needed research. *Journal of Behavioral Medicine*, 32(1), 20-47.

- Williams, D. R., Neighbors, H. W., & Jackson, J. S. (2003). Racial/ethnic discrimination and health: Findings from community studies. *American Journal of Public Health, 93*(2), 200-208.
- Williams, D. R., Spencer, M. S., & Jackson, J. S. (1999). Race, stress and physical health: The role of group identity. In R. J. Contrada & R. D. Ashmore (Eds.), *Self and identity: Fundamental issues* (pp. 71-100): Oxford University Press.
- Williams, D. R., & Williams-Morris, R. (2000). Racism and mental health: The African American experience. *Ethnicity and Health, 5*(3-4), 243-268.
- Williams, D. R., Yu, Y., Jackson, J. S., & Anderson, N. B. (1997). Racial differences in physical and mental health: Socioeconomic status, stress and discrimination. *Journal of Health Psychology, 2*(3), 335-351.
- Wong, D., Wong, F. K., He, X., Leung, G., Lau, Y., & Chang, Y. (2008). Mental health of migrant workers in China: Prevalence and correlates. *Social Psychiatry and Psychiatric Epidemiology, 43*(6), 483-489.
- Wong, D. F. K. W., Chang, Y. L., & He, X. S. (2007). Rural migrant workers in urban China: Living a marginalised life. *International Journal of Social Welfare, 16*(2), 32-40.
- Xiang, B. (2000). *Transcending boundaries-zhejiangcun: The story of a migrant village in Beijing (in Chinese)*: Beijing: Joint Publishing.
- Yang, H., Li, X., Stanton, B., Chen, X., Liu, H., Fang, X., et al. (2005). HIV-related risk factors associated with commercial sex among female migrants in China. *Health Care for Women International, 26*(2), 134-148.
- Yang, Q., & Guo, F. (1996). Occupational attainment of rural to urban temporary economic migrants in China, 1985-1990. *International Migration Review, 30*, 771-787.
- Yang, X. (2004). Temporary migration and the spread of STDs/HIV in China: Is there a link? *International Migration Review, 38*(1), 212-235.
- Zhang, B., Fokkema, M., Cuijpers, P., Li, J., Smits, N., & Beekman, A. (2011). Measurement invariance of the center for epidemiological studies depression scale (CES-D) among Chinese and Dutch elderly. *BMC Medical Research Methodology, 11*, 74.
- Zhang, J., Li, X., Fang, X., & Xiong, Q. (2009). Discrimination experience and quality of life among rural-to-urban migrants in China: The mediation effect of expectation-reality discrepancy. *Quality Life Research, 18*(3), 291-300.
- Zhang, L. (2001). *Strangers in the city: Reconfigurations of space, power, and social networks within China's floating population*: Stanford University Press.
- Zhou, M., & Cai, G. (2008). Trapped in neglected corners of a booming metropolis: Residential patterns and marginalization of migrant workers in Guangzhou. In J. R. Logan (Ed.), *Urban China in transition* (pp. 226-249). Oxford: Blackwell Publishing.

# 'We Are Radical': The Right to the City Alliance and the Future of Community Organizing

ROBERT FISHER

University of Connecticut  
School of Social Work

YUSEPH KATIYA

CHRISTOPHER REID

ERIC SHRAGGE

Concordia University  
School of Community and Public Affairs

*This paper seeks to situate current efforts of The Right to the City Alliance and selected member groups in a longitudinal and cross-sectional qualitative study of the limits and potential of contemporary organizing. For three decades politicians, policy makers, advocates, academics, and even activists have promoted community-based efforts as the primary vehicle for contemporary social change. Local organizing has been seen as the best site and strategy for initiatives as diverse as community economic development, public school reform, social service delivery, and challenging the powers that be. In almost all cases these efforts have been constrained and moderated by a global political economy of neoliberalism, which promotes community initiatives at the same time as it foists additional burdens on local communities and community organizations. An overview of the Right to the City Alliance and selected member organizations reveals its relatively unique, alternative model of organizing. Study of the organization and its model enables us to look at some of the limits of this nascent effort, including how well the alliance model accomplishes the need for greater scale and power. It also enables us to compare it to other community organizing efforts and see how it fits with and informs contemporary mobilizations since 2010.*

Key words: *Right to the City Alliance, organizing, neoliberalism, community organizations, transformative social movements*

With increased interest in community organizing since 2008 comes increased scrutiny of its limits as well as its potential. The severity of the most recent global economic crisis called into question not only the system's foundation of neoliberal capitalism but the failure of social change efforts to address it. Given the rebellions of Arab Spring and Occupy Wall Street, imperfect as they turned out to be, many wonder what is the role of local organizing in the process of building power from below (Piven, 2008)? Can mass mobilizations succeed without grassroots constituents or organizations? On the other hand, can local work contribute to challenging contemporary urban disenfranchisement and building oppositional power beyond the grassroots at the state, national, and even global level? And what type of local activism and organizing at what larger scales actually challenges the structural causes of contemporary inequalities? These are theoretical and practice challenges which underscore the need for more knowledge of community organizing, specifically what it can contribute to contemporary social change and what needs to change in contemporary community organizing in order to have greater impact.

One grassroots effort that addresses these issues by uniting local initiatives with a radical analysis and practice is The Right to the City Alliance. There has been a great deal written about the Right to the City concept from theoretical and historical perspectives (Brenner, Marcuse, & Mayer, 2011; Harvey, 2012; Marcuse, 2009). The ideas of Henri Lefebvre and his call for a Right to the City in the late 1960s have regained importance as urban struggles against displacement and gentrification have become directions for urban mobilization across the globe. Lefebvre's theory seeks to restructure power relations in two fundamental ways: the right to participation and the right to appropriation of urban space. The former emphasizes the right to participate in any decision that affects the production of urban space. The latter challenges capitalist economic relations by putting needs-use value over the profit-exchange value inherent in capitalist production (Purcell, 2002, pp. 101-102).

The Right to the City Alliance uses Lefebvre's ideas not as an orthodox formulation per se, but as an intellectual guide to

challenge the negative effects of urban neoliberalism on urban participation and appropriation of urban space. Urban decision making on all issues should rest on the participation and ownership of the urban inhabitants, not just the state or capital. Their mission statement captures both aspects of Levefbre's analysis—participation and appropriation—proposing the Alliance's approach as, "...born out of the idea of a new kind of urban politics that asserts that everyone, particularly the disenfranchised not only has a right to the city, but as inhabitants, have a right to shape it, design it and operationalize an urban rights agenda" (Right to the City Alliance, 2012).

But the common elements that unite Alliance member organizations go beyond theories of a right to the city. All member organizations agree to a "Right to the City Platform" which summarizes the commonality that unites them. In a nutshell, they include 12 rights, among them Land for People not Speculation, Economic Justice, Environmental Justice, Indigenous Justice, Freedom from Police and State Harrassment, Immigrant Justice, Services and Community Institutions, Democracy and Participation, Reparations, Internationalism, and Rural Justice. And yet, how does this happen in actual practice? How are the radical ideas inherent in the right to the city concept and the Alliance's platform expressed on the ground in a movement-oriented organization?

To flesh out answers to the above questions, this article situates study of the Right to the City Alliance in debates and literature related to grassroots community organizing. It agrees with Leavitt, Samara, and Brady (2009, p. 7) that "as a movement and a theory, Right to the City remains a work in progress." The Alliance is still developing and still too young to evaluate with any high degree of confidence. On the other hand, we argue, in many ways the Right to the City Alliance is not new, as it builds on the many years of radical organizing of its member organizations. In contrast to the dominant direction in contemporary community organizing, which at least until very recently was moderated by the conservative context of the past 30 years and had adopted primarily a service- or market-oriented economic development strategy, the Right to the City Alliance offers an alternative politics and organizing practice that unites its member organizations, despite their different origins and emphases, into an oppositional organization

that challenges the structural basis of contemporary political economy. Situating their radical theory of change and their transformative practice of organizing in the field of community organizing—especially in relation to Alinsky organizing and that of ACORN—and evaluating the Alliance’s potential and challenges are the dual objectives of this article.

### Right to the City Alliance: History and Ideology

In January 2007, the Miami Workers Center, Los Angeles’ Strategic Actions for a Just Economy (SAJE), and Northern Virginia’s Tenants and Workers United convened a meeting in Los Angeles of over twenty grassroots community organizations from seven cities in the United States to discuss the founding of The Right to the City Alliance (RTTCA). Gihan Perera, co-founder of the Miami Workers Center, explains what the LA meeting represented for the attendant individuals and organizations:

All of the groups that assembled are facing huge pressures of displacement and gentrification of their communities. We explored the ways that neoliberalism and the privatization of land use have turned our cities over to developers. We discussed how we’re fighting struggles for housing, use of traditional space, and against predatory development. .... And we quickly recognized that so many of the issues we’re fighting for in our cities: housing, transportation, education, LGBT rights to space, and rights of culture, are inextricably interrelated. ... Toward that end, the Right to the City Alliance was initiated so that we can build local power toward a national agenda for our cities. (Perera, 2008, p. 12)

In June of that year, meeting at the United States Social Forum in Atlanta, Georgia, the Alliance was born. The Alliance sought to build a vision of a radical transformation of city power relations and real democratic practices. “At the founding conference, The Right to the City Alliance built on this framework and developed principles of unity ... that challenged market-based approaches to urban development and



support for economic justice, environmental justice, immigrant justice, racial justice, and democracy" (Goldberg, 2008, p. 3). Ideologically and politically, the Right to the City developed its basis of unity around such broad transformative demands (Perera, 2008). The Right to the City concept served less as a strict theoretical model and more as a radical credo to unite existing, like-minded organizations in a common political cause and vision. For the Alliance, the Right to the City concept is a flexible theory that unites groups around a critique of neoliberal capitalism's negative effects on working class people and communities of people of color.

Groups invited to join the Alliance share a left-wing radicalism in their politics, strategies, and tactics. They also shared a focus on building power not simply *with* inner-city people of color but *by* their non-White base. This included a heavy emphasis on developing leadership among people of color and mobilizing members as well as delivering outcomes in inner-city communities. Significantly, the founding conference emphasized a theory of change with a broad, global perspective. Moreover, the Right to the City is not an orthodox theory. As Marcuse (2009) proposed, the underlying ideologies are a convergence between necessity and the demand for something better—a connection between the deprived and the discontented. He describes this as "... a battle of ideology ... grounded in material oppression but not limited to it, combining the demands of the oppressed with the aspirations of the alienated" (p. 192). In addressing both "materialist" as well as "post-materialist/quality-of-life" claims, member organizations bridge old and new social movement divides, another element all too rare in contemporary organizing. The diverse origins and histories of Alliance member organizations, discussed later, reflect roots in both old and new social movement forms. This mixing enables the Alliance to address dualistic divides—such as workplace vs. community-based locus of organizing, class vs. cultural orientation, and ideological vs. non-ideological strategies—which undermine other social change efforts (Fisher, 1994).

Harmony Goldberg (2010), a RTTCA member and commentator, summarizes below what she observed as the underlying common beliefs of the Right to the City Alliance and the

compatibility among the local groups invited to create the Alliance. First, the fight is against neoliberal globalization. This analysis of the context is linked to contemporary consequences of this historical period of capitalism for cities and working class communities. Second, the struggle cannot be confined to one system of oppression. An intersectional approach is invoked to examine the connection between different struggles and to be inclusive of all people who face oppression. Third, the city is the key site for the struggle. This belief recognizes the important role of cities in global capitalism. The analogy is made between the factory as the site of struggle in early forms of capitalism to the city being that site in the contemporary period. Similar to models of industrial unionism, the city replaces the overall industry and the community replaces the factory as organizing sites. Fourth, organizing oppressed people is the heart and soul of the movement. The goal is to build the collective power and leadership of working class people and people of color “who are on the frontlines of neoliberalism” (Goldberg, 2010, p. 103). Fifth, grassroots organizing is combined with deep political analysis. This dimension differentiates the Alliance from other community organizing traditions such as Alinsky and ACORN, insofar as there is a clear emphasis on an explicit analysis rooted in traditions of the Left and a commitment to using this analysis with its membership and leaders.

David Harvey (2012), echoing Lefebvre, describes this politicization and theory of Right to the City as follows:

Only when it is understood that those who build and sustain urban life have a primary claim to that which they have produced, and that one of their claims is to the unalienated right to make a city more after their heart's own desire, will we arrive as a politics of the urban that will make sense. (p. xvi)

The Right to the City concept, extending from Lefebvre to more recent proponents such as Harvey, Marcuse, and Mayer, conceptualizes the urban as an incubator of revolutionary ideas, ideals and movements. But for Alliance founders, the “right to the city” seems more of a radical and flexible motto to build unity among its member organizations and to offer

an alternative intellectual space to explore radical consciousness and implement radical practice in contemporary social struggles.

The Alliance and its member organizations use a social action framework and fight on specific issues in order to make concrete gains by mobilizing members, working with local leaders, and using the power of this process to make demands and win changes that benefit the organizations' constituency. The Alliance departs from community organizing tradition by having an explicitly radical ideology. In sharp contrast to most organizing efforts that emphasize concrete gains and follow Alinsky's model, the members of the Right to the City Alliance combine concrete gains with use of a political analysis to mobilize members and make their organizations cohere (Swarts, 2008). While the Alliance members share much in common with Alinsky-style organizing, the radical, social movement emphasis of Alliance members distinguishes their work from Alinsky efforts, which have historically focused more on deliberative democracy and community building.

Currently there are 43 registered core member groups in the Alliance. They are concentrated primarily in major cities on the coasts with ten organizations in New York City, five in San Francisco, four in both Boston and Los Angeles, three in Miami and New Orleans and two each in Washington D. C. and Providence. Recently the organization expanded to interior cities such as St. Louis and Denver. The concentration in large multi-ethnic cities with a history of progressive struggle contributes to a common agenda and framework. The concentration of community organizations in particular cities enables citywide campaigns and coalitions in these major centers, that is, a focus beyond community that extends to demands for a Right to the City. This represents an impressive step forward in building beyond the grassroots. From the outset, a conscious effort was made in the Alliance to invite groups that differed in their origins and history, but which shared and could be united around an oppositional theory and practice. Member organizations brought together traditions from different periods of urban movements. This is another difference between the Alliance and Alinsky-style efforts which either organize religious congregations or build the organization member by member, door by door.

### Building Radical Unity: Member Organizations

One of the strengths of the Alliance is that its member organizations embody a continuity of radical organizing traditions dating back to the 1970s. This radical politics has helped them to converge around a common political and social program. In the periodization that follows, we examine the dominant trends in the particular period. We note that the context is central and important but not determining, thus there is both continuity and change within urban social movements and community organizing. In addition, the strengths of the Alliance are derived from the continuities of their radicalism and action approaches, as well as the growth in learning and professionalization over the period discussed. These traditions are cumulative, insofar as practices and theories from each period contribute to the perspective of the Alliance.

Mayer (2009) acknowledges the value of this organizational diversity when she situates the Right to the City movement, including the Alliance, as part of the changing forms of urban resistance over the past 40 years. The first period Mayer discusses is the 1960s and the shift from factory to neighborhood as a locus of organizing with a focus on the 'reproductive sphere' or 'collective consumption.' The context of this period was dominated by assumptions of state provision and intervention through a variety of social programs. Demand targeted governments at all levels for reforms that would ameliorate poverty and deteriorating inner city conditions. Organizing was about making demands and putting pressure on political representatives. Assumptions ranged from the pragmatic (organizing limited to specific reforms) to the radical (organizing as part of a wider process of social transformation).

The oldest organizations in the Alliance—Chinese Progressive Association, San Francisco (1972), City Life/Vida Urbana, Boston (1973) and Chinese Progressive Association, Boston (1977)—all grew out of left wing movements and traditions. However, consistent with new social movement forms, their organizing of working class people was through neighborhoods and ethnicity rather than directly in factories, which were the primary sites of old social movement organizing. Both Chinese organizations have a commitment to labor organizing and rights but from a community perspective. City

Life/Vida Urbana has strong old and new left dimensions. Its credo is "Building solidarity to put people before profits," and its mission statement proclaims:

City Life/Vida Urbana is a grassroots community organization in Boston committed to fighting for racial, social, and economic justice and gender equality by building working class power through direct action, coalition building, education and advocacy. Through organizing poor and working class people of diverse races and nationalities, we promote individual empowerment, develop community leaders, and build collective power to effect systemic change and transform society. (City Life/Vida Urbana, n.d.)

According to Mayer (2009), urban social movements began to shift in the 1980s as a politics of austerity prevailed. In this period, with the growth of poverty and unemployment and restructuring and cutting of state services, urban movements became transformed and concentrated their energies on innovative services and cooperation, a transition "from protest to programs." In this context, urban protest did not completely disappear as much as new organizations formed that were rooted in local, professionalized services. The legacy of this period is the professionalization and service provision that came to shape much of community work. Often these efforts became isolated from protest activity and conflict-oriented organizing, but that was not the case for Right to the City Alliance member organizations which formed in this period. Four organizations were founded in the 1980s, including Centro Presente in Somerville, Massachusetts (1981) and Committee Against Anti-Asian Violence (1986) in New York. These and other organizations founded in that period began with and maintained a strong oppositional and conflictual stance. Like many of the other members of the Alliance, these groups blend a service component with their organizing; many offer services to a variety of clientele and provide educational programs. Nevertheless, in contrast to the dominant direction of community work in the 1980s, the member organizations from this period maintained a radical ideology and practice. Thus, they have been influenced by some of the direction of the 1980s but have not lost their radical edge and vision.

Most of the organizations in the Alliance were founded in a neoliberal context. That is, they began after 1990, many within the last ten years. This neoliberal context has brought contradictory challenges for community organizing and organizations (DeFilippis, Fisher, & Shragge, 2010). With deteriorating social and economic conditions, and the reduction of state services, it would seem to be an ideal time to organize. Yet, the dominant trend in local work has been the depoliticization of community development and organizing. This change is related to expanding and shrinking conceptions of community. The turn to the community has been a mini-boom for many not-for-profit organizations, in terms of funding, recognition, and stature. But the growth in importance and support for community—especially in the United States, United Kingdom, and Canada—has been mirrored by a diminished set of critical political perspectives. This shrinking of political goals has been accompanied by a focus on the community in-and-of-itself. This shift can broadly be described as a non-profitization or communitarianization of social welfare in which the public and private sectors shed vast social responsibilities on to communities incapable of addressing them. On the other hand, there is a limited basic understanding of communities as inward-looking and moderated. Conflict disappears, and contesting power relations as a goal of practice is lost at the local level. Despite this trend, the organizations in the Alliance founded since 1990 have not followed this path. Their critique of neoliberalism and their opposition to contemporary forms of capitalism at the city and community levels moved their organizing in a more radical direction.

These efforts not only challenge neoliberalism, but they reflect three important factors in their context: the growth of immigration, particularly in urban areas; the transformation of cities themselves; and the impact of the anti-globalization movement. First, the growth of migration has increased the number of urban poor and poor people of color, resulting in a huge labor pool of low skilled and precarious workers. Mayer (2009) argues these issues achieved prominence with anti-neoliberal and global justice movements working alongside of deprived and excluded groups to fight against the injustices and inequalities in contemporary cities. The majority of organizations in the Alliance were formed after 1990 and reflect these

urban transformations. They organize in new immigrant communities and are concerned with core issues of housing, urban displacement/gentrification and labor. Second, Mayer argues that in this period the city had become an arena of growth as a key part of the strategy of economic development dominated by the demands of finance capital (2009). In this phase, there has been a corresponding polarization of wealth and income with an enlarged urban poor working in low paying jobs. Urban redevelopment plans and mega-projects often result in displacement and contestation about the use of urban space. The levels of conflict combined local and global frameworks with anti-globalization activists working in the urban context to contest “accumulation by dispossession” (Harvey, 2008).

The ‘anti-globalization movement’ has influenced both the ways that groups in this period organize themselves and their theory of change. At the level of organization, a new form of organizing beyond the local emerged, influenced by the movement and the World Social Forums. The anti-globalization mobilization of large demonstrations—for example, Seattle in 1999—were based on autonomous organizations and movements working together with a decentralized and horizontal structures and processes, a model akin to the currently popular Transnational Activist Networks. The various forums, associated with the World Social Forum, have similar decentralized structures and processes. They bring actors from movements and organizations together, but the goal is not to build a unified strategy or organization but to share experiences, deepen analysis and to network between groups interested in the same issues. As Goldberg (2008) points out, the U.S. Social Forums provided the Alliance with a comparable space to reflect on organizing practices and the conditions of cities and served as a site where groups developed and shared analysis. The members of the Alliance tend to have either an anti-capitalist, anti-corporate, or at least an anti-neoliberal analysis, which has been encouraged and supported by the wider social movements that emerged in the period after 1990.

Despite the diverse historical roots of Alliance member organizations, both a radical theory of change and openness to new organizational forms links local efforts and remain essential building blocks of the Alliance structure. The challenges of migration and related low wage work, on the one hand,

and the dominance of finance capital and the impact it has had on urban development, especially pressures of gentrification and displacement, on the other, are two of the key challenges that shaped not only the context of Alliance members but the urban context for contemporary Right to the City theory. The move in 2007 to form the Right to the City Alliance and organize nationally in metro areas reflected a theory of change and practice strategy which was responding to the height of the loose-lending/capital flows into major cities and communities that were being overwhelmed by gentrification and the neoliberal economy on many fronts (Newman, personal communication, May 7, 2011). The post -2000 anti-globalization movement and related social forums have influenced their structure with bottom-up processes, in contrast with older traditions of the left based on party leadership and cadres. What the Alliance adds to anti-globalization struggles of the past few decades, as well as the more recent Occupy movement, is a grassroots grounding in pre-existing community organizations and their inner-city communities of activist people of color.

### Right to the City Approaches to Local Practice

The member organizations of the Alliance prioritize a wide range of issues ranging from environment to youth engagement to small-scale business development. The local work demonstrates the orientation to practice that influences the general politics of the wider alliance. Two issues appear frequently among member organizations. The first is affordable housing and anti-gentrification. Many of the organizations have a long history of working on this question, and others have taken it on in relation to the foreclosure crisis and continued pressure for gentrification in poor and working class neighborhoods. The second issue is labor linked to migration. The restructuring of work coupled with large urban immigrant populations has made labor issues a major challenge and one taken on by many organizations in the Alliance. The examples below illustrate the approach and practices of two organizations on these issues.

#### *Housing*

Soon after the formation of the Right to the City Alliance, the United States entered the economic crisis of 2007, rooted in



market-driven urban development, exemplified by predatory lending practices and risky financial mechanisms. One consequence has been the dramatic rise in mortgage delinquencies and foreclosures. Between 2007 and 2009, it is estimated that 2.5 million Americans lost their homes to foreclosures, while 5.7 million borrowers remained at risk (Center for Responsible Lending, 2010). The foreclosures disproportionately affected people of color (Center for Responsible Lending, 2010). Furthermore, hidden in the crisis is the fact that 40% of foreclosure-related evictions are tenants (Gladora, 2009; Huber, 2009).

Boston's City Life/Vida Urbana (CL/VU) takes a sharp interest in the ways in which the foreclosure crisis has unjustly affected people of color in low-income communities of color in the Boston area. Based in Jamaica Plain, CL/VU's recent work has been particularly focused on the foreclosure question, organizing both tenants and homeowners against abusive lenders. In existence since 1973, CL/VU is nationally recognized for its struggles for eviction-free zones and community controlled housing throughout the 1980s and 1990s. More recently, CL/VUs Post-Foreclosure Eviction Defense Campaign combines direct action, mobilizing, popular education and legal action strategies to prevent unjust eviction.

Working through its Bank Tenant Association, CL/VU uses a "sword and shield" strategy. The "sword" refers to eviction blockades, vigils and other forms of direct action against lenders. Eviction blockades typically involve sit-ins and loud protests in front of the evictees' homes on the day that the authorities seek to seize the property (Leland & Laboni, 2010). CL/VU's defiant tactics are reminiscent of the Great Depression era, where organizing by Unemployed Councils included direct action to fight against and block forced evictions (Pearlstein, 2010). The "shield" aspect includes free legal representation and advocacy. This tactic delays the eviction process and raises the lenders' litigation costs. CL/VU have teamed up and developed legal strategies with the Harvard Legal Aid Bureau (Solman, 2010). Collaborating with Boston Community Capital, a community development intermediary, they purchase foreclosed properties and resell them to homeowners at an affordable price (Wishnia, 2010). According to David Grossman, Harvard Legal Aid Bureau's director, more homes have been saved in Boston "than any other city in the country" (in Solman, 2010).

Organizer Steve Meacham of CL/VU sees their work as integrating radical politics with pragmatic victories gained through collective action (Robinson, 2010). In their organizing, the politics are explicit, unlike efforts more closely tied to the Alinsky traditions. As Meacham puts it, reflecting the radical political orientation of Alliance members:

There's this debate about whether an organizer should bring his or her politics into the work. We don't think that's the right question. We think an organizer always brings their politics into the work: it's just a question of what politics it is.... Our political perspective which we lay out at the beginning creates the moral space that allows certain options to be chosen that weren't even on the table before.... In our experience individuals' defensive action on a really local scale can have offensive system challenging consequences depending on how they are conducted. (p. 84)

The goal in such "transformative" organizing is to address people's needs while raising political consciousness and challenging power from the local to the global levels.

### *Workplace Justice*

A member organization of the RTTCA whose efforts are representative of the Alliance's multi-issue approach to social justice is Los Angeles' Koreatown Immigrant Workers Alliance (KIWA), formerly known as the Korean Immigrant Workers Advocates. While this organization is involved in diverse campaigns, which also focus on issues of housing, healthcare, education and electoral participation, it is their work on the intersections of immigration, employment and economic justice that we briefly highlight in this section.

KIWA is considered to be a 'worker center,' a broad categorization of grassroots community organizations that struggle for workers' rights and to improve life in low-income communities. John Liss, the executive director of Tenants and Workers United, a Virginian worker center and a co-founding organization of RTTCA, connects the creation of worker centers to the weakening of union organizing in the neoliberal era, stating "you have a vacuum created by the decline of organized labor

... what we're seeing is a new immigrant working class creating their own voice" (Greenhouse, 2006). As immigrant workers and communities confront the unjust realities of racial discrimination, low wages, job insecurity, and poor work conditions, worker centers struggle to make real changes through support services and organizing.

KIWA was founded by community organizers in Los Angeles' Koreatown in 1992. Founded to support and organize low-income Korean and Latino workers only one month prior to the L.A. Riots, which severely effected Koreatown, the organization has been strongly influenced by the city's problematic race relations since its inception (Omatsu, 2008). The Koreatown Restaurant Workers Justice Campaign and the Fair Share Living Wage Campaign in Koreatown supermarkets are two examples of their work. From 1996 to 2000, KIWA organized restaurant workers to take collective action against exploitative employers and the overall Koreatown restaurant industry. Their actions included picketing, boycotts, petitioning, marches, and even a hunger-strike. KIWA's "worker-led confrontations and campaigns" (KIWAa), as well as lawsuits against the Korean Restaurant Owners Association, resulted in significant victories for restaurant workers in a fairly brief period (KIWA, 2000).

The Restaurant Workers Association of Koreatown (RWAK), founded in 2000, "is an independent organization based at KIWA, which operates as a quasi-union, offering a range of benefits to its members" including a free medical clinic and assistance to members filing claims "for overtime, workers' compensation, and other wage claims" (Fine, 2005-2006, p. 424). RWAK represents a permanent commitment on behalf of restaurant workers to sustain a campaign against workplace exploitation in Koreatown's restaurant industry. Combining social action mobilizing, rights and organizing education and legal campaigns has proven to be an effective organizing model for KIWA, though there are still substantial and necessary improvements to be made. KIWA's living wage campaign has also made advances. Beginning in 2001, this ongoing campaign has secured living wage agreements in five supermarkets and has even in one case attached wage conditions "to a private development's land use appeals for the first

time in the city" (KIWA, 2011). In connecting living wage concerns to the very process of urban development, KIWA is producing the kind of innovative and transformative approach to urban justice that the RTTCA seeks to promote. Making connections between diverse struggles and issues is at the heart of the Alliance's purpose.

### Toward a Radical Community Organizing?

In an earlier analysis of community organizing which underscored the need for more radical approaches to community organizing, DeFilippis et al. (2010) presented a series of propositions intended to contrast a theory and practice of radical community organizing with the moderation of the majority of community development and organizing in the past 30 years. Others argue similarly for a theory and practice of "transformative organizing" (Mann, 2011). The Alliance seems to use the terms "radical" and "transformative" interchangeably. Mann (2011) defines the latter as follows:

Transformative organizing recruits masses of people to fight militantly for immediate concrete demands ... but always as part of a larger strategy to change structural conditions in the world.... Transformative organizing works to transform the system, transform the consciousness of the people being organized, and, in the process transform the consciousness of the organizer. (p. x)

Building on this work, we will briefly summarize five propositions for a more radical practice and compare them to the practice of the Alliance as well as selected other forms of contemporary community organizing.

The first proposition is to understand the importance of local power through community organizing, that is, building local power through organizations based on a sense of solidarity, belonging, and shared history. Radicalism is often rooted in the grievances of strong local communities (Calhoun, 2012). Second, community-based efforts need to understand their work as transcending the local community. The political potential from community emerges when there is an emphasis on working "within a place" rather than solely "about a place."

Transcending the local can be evident on many levels, from an organization's vision to its organizational structure. Third, conflict over power must be a key orienting direction of community organizing. Without an oppositional theory and practice against contemporary injustices, organizing will amount to little and change less. Fourth, community organizing efforts and social movements must be seen as inextricably inter-connected. Local work forms the base for larger movements, and larger movements catalyze local work. Fifth, transformative organizing requires an explicit radical theory of change, and an analysis of the relationship between community, corporations and private capital, and the state. It also requires a commitment to popular education around the organization's practice and theory of change (DeFilippis et al., 2010).

To a remarkable degree, the members of the Right to the City Alliance share the above critique of contemporary conditions and limited resistance, as well as an understanding of what is necessary for community organizing to contribute to a movement for progressive social change. Each member organization challenges contemporary power arrangements at the local level and fights to build a broader movement for economic and social justice. They see local work as the best site for addressing issues and building social movement bases, but they also recognize that it is essential to build a national alliance of local organizations. They see the societal relations of power in the economy and the state as the targets for action and struggle. For them, it is essential to expose the contradictions of neoliberalism and promote resistance to it. They have an analysis of power and conflict that is central to their organizing. Many of the member organizations work beyond the local level, targeting private and public sectors from large corporations, such as those in the finance industry around foreclosure work, to municipal or state governments. Many of these characteristics are shared by more reform-oriented organizations following the traditions of Saul Alinsky and social action organizing. There are a couple of elements that differ, however, and these are where the Right to the City Alliance and their member organizations both make important contributions and raise some critical questions about the Alliance's capacity.

The Alliance is especially effective at mobilizing around an explicitly left wing analysis and sharing it through popular

political education with its members. They name the system neoliberal capitalism and understand how the nature of the system itself is the source of the issues that they face. Theodore argues that organizations within the Alliance:

have a strong current of popular education that runs through their very core. ... they view education as a process of social transformation. It is part of consciousness-raising and leadership development. (in Hugill & Brogan, 2011, p. 4)

A recent RTTCA document underscores this: "What we know is that really deep popular education with our organizations and our allies is key" (RTTCA, 2011, p. 3). For example, one of the organizations, POWER, based in San Francisco since 1996 and involved in organizing on many issues, developed a text to explain to members and leaders the role of the United States' imperial adventures in creating the social and economic problems linked to migration and poverty. To build an opposition movement for the long run requires an analysis that situates specific issues in a wider context.

In contrast, the majority of organizations coming out of the Alinsky tradition minimize the analysis and political education linked to it. The focus is on "self-interest," that is, specific issues and the recruitment and leadership development that each issue brings. Most organizing in the Alinsky tradition is concerned that radical politics, explicitly named, will alienate actual and potential members, stifle critical thinking, link the organization to the Left, and thereby subject the organization to repression such as that during the McCarthy or post 9/11 period. The Right to the City Alliance and the member groups that compose it believe that the possibility of social and economic transformation can only occur if the system is explicitly challenged. Member groups know that most people join community organizations primarily to address issues in their community, but many are also drawn in by a broader analysis, based on their lived experience, which puts local issues in a larger perspective.

The broader political analysis and commitment to a process of politicization results from a blending of member organizations in the RTTCA of explicitly ideological forms of

organizing from the early 1970s (City Life/Vida Urbana saw itself as a socialist organization) with efforts started since the late 1990s that have an explicitly ideological organizing more characteristic of the anti-globalization movement and Social Forum organizing. The Alliance and its member organizations link specific reforms and daily practice to a wider process of social transformation. Marcuse (2012) describes these as "transformative claims" because they redress relations of power, propose solutions that go to the root of the problem, redistribute resources, and prioritize human use over economic values. Or as André Gorz (1964) once put it regarding transformative demands:

To fight for alternative solutions and for structural reforms (that is to say, for intermediate objectives) is not to fight for improvements in the capitalist system; it is rather to break it up, to restrict it, to create counter-powers which, instead of creating a new equilibrium, undermine its very foundations. (cited in Bond, 2008, p. 4)

The connection between specific short-term gains and a longer-term vision is practiced through the building of these kinds of transformative reforms. Unlike most other contemporary community organizations, the Alliance does an excellent job of building conceptually beyond the local.

A more difficult question for the Alliance is how best to build organizationally beyond the local. How can the Alliance unite local efforts into a greater force that can contend for power on a more national scale? Central to their work is the necessity of building a movement that is national in scope and has the capacity to challenge powerful corporations as well as the neoliberal state. One recent strategy of the Alliance seeks to build scale, that is, expand their efforts to occur at and beyond the local level, by developing a "united front" with progressive community, labor, and environmental organizations. According to their "21<sup>st</sup> Century Cities—A Strategy to Win,"

To take Right to the City to the next level, the leadership is putting forward a strategy for municipal power to intentionally unite core constituencies with other

sectors of the progressive community, progressive labor, and urban environmentalists, toward a program of both defense and pro-actively fighting for the type of cities that will not only benefit our people but provide a way to address the root causes of what is happening. (RTTCA, 2011, p. 1)

One of the major contributions of the Alliance to such a united front would be its fundamental belief and actions regarding the need for "true, deep, radical, systemic, fundamental change" (Right to the City Alliance, 2011, p. 2). An example of their radical practice was the Boston Right to the City members participating in a coalition with community and labor organizations—including OCCUPY Boston—in Take Back Boston Tax Day on April 17, 2012, demanding that "tax dodgers pay their fair share." Another was a mass mobilization of members and leaders from eleven Right to the City organizations targeting a Bank of America shareholders meeting at its national headquarters in Charlotte, North Carolina on May 9, 2012, to "demand racial and economic justice from a predatory bank that has looted communities, increased the racial wealth gap, and robbed Americans of generations of financial security" (Right to the City Alliance, 2012). Both of these demonstrations emphasized the nature of contemporary capitalism in general, and more specifically the dominant role of finance capital in creating and perpetuating the current economic crisis for poor people in the United States.

But the major challenge to the Alliance's building national scale may be its "alliance" organizational structure. To understand this issue better we turn to another community organizing effort, ACORN, which offered a different organizational model. ACORN not only built a national grassroots organization but also won victories against national and even global targets through a combination of a strong national organization and widespread, dynamic grassroots chapters.<sup>1</sup>

Briefly stated, ACORN used a uniform organizing model with local chapters having similar structures and processes. Its national organizational center had the power to coordinate local ACORN membership organizations across the United States into national campaigns. A campaign in 2004 against the predatory practices of H&R Block, for example, included two



days of coordinated, national protests each day in more than 50 cities where ACORN had grassroots local organizations. Scheduled in the midst of tax preparation season, the coordinated nationwide demonstrations quickly got the Fortune 500 multinational company to negotiate.

ACORN's work also included voter registration and referendum ballots in 2008 in states critical to Barack Obama's election. Even with its structure based on local organizing and dues-paying members, there was enough centralization to mobilize nationally. Historically, the organization, founded in 1970, grew both ways, from the locals up and the top down. The interaction between local work and national leadership allowed simultaneously the building of a grassroots, local base as well as a powerful national organization. The success of this model, not without flaws, was one of the reasons the right-wing conservatives pursued and played a major role in the destruction of ACORN (Atlas, 2010; DeFilippis et al., 2010).

The organizational structure of the Alliance differs from that of ACORN. The Right to the City Alliance was created out of already existing organizations, some with more than twenty years of history. Moreover, these organizations all came out of different traditions, priorities and local structures. Their basis of unity, the glue that binds them, combines a shared radical practice of grassroots organizing in inner-city communities of color with a radical analysis of the contemporary context of neoliberal capitalism and related urban processes and issues. The organizational structure, however, is more decentralized, more loosely coordinated, and based on an alliance/network model rather than being part of a single organization. It is an alliance of grassroots organizations, not a national organization with grassroots locals. One of the central lessons of the anti-globalization struggles of the past few decades was the need for grassroots bases, not just mass mobilizations. The Alliance's model fulfills well this emphasis on organizing at the grassroots. Clearly there is a common program that concretely shapes action and unites Alliance members. Alliance member organizers are well aware that building a local base with politicized leadership with diverse practice and a culture of radicalism creates the possibility of long-term transformative change, but any decentralized model of networking individual organizations, such as in the Alliance, challenges national coherence

and the ability to act together beyond the local arena.

To address these issues the Alliance does a number of things. It creates a "national space" and "national convenings" for efforts to work and support with each other. It mobilized a national demonstration at the National Conference of Mayors in 2008. The national membership supported an action by the Boston organizations targeting Bank of America. It resulted in a weekend of deliberation and action in Fall 2011, culminating in a massive protest against Bank of America which attracted some 3000 non-violent protestors (among them many from Occupy Boston which started up right before the demonstration) and which resulted in 24 arrests. Most significantly, as noted earlier, the Alliance recently hired its first national executive director, Rachel LaForest, and additional national staff to provide national direction and coordination.

Accordingly, the Alliance is still a relatively new organization with a new national staff. It remains to be seen how much joint organizing and movement building beyond the local occurs and how much capacity for organizational and movement building the talented and committed national staff can generate with the member organizations. Realistically speaking, the alliance model might not be strong enough, either in regards to making things cohere beyond the local organizations or in providing national direction and action. Facing anti-immigrant pressures in the post 9/11 era and the growth of a militant right wing, it is impressive that the Right to the City Alliance has been able to emerge with a strong active base and with a coherent analysis and agenda, all shaped by a radical framework. To their credit, they have been able to expand their organization and member organizations at a time when, at least up until now, organizing with a clear left wing analysis, ideology and agenda has not taken off.

In conclusion, the Alliance is already helping to meet the dramatic need for a coordinated economic justice response to counter the fragmentation of contemporary community organizations and the "NGOization" of local organizing. It has succeeded in bringing together some of the most dynamic and radical community organizations to build a common agenda and a space in which to share and deepen both their analysis and their practice. Nevertheless, challenges of scale need to be resolved at the organizational level, which is true for almost all

contemporary social change efforts. Grassroots organizations need to be united and well-coordinated beyond the local if they are to withstand likely attacks from a well-organized and funded opposition. Further, as Marnie Brady, a member of the Alliance's resource team, underscores, RTTC groups for the most part are located in the upper strata of U.S. urban centers of command/control, global finance, and trade. Regarding RTTC's challenge of scale, how do cities like Buffalo, Detroit, and Chicago, not to mention more urban/ex-urban centers in the South, join and expand the Alliance? There are other groups seeking community-controlled development without gentrification, fighting privatization of public housing, and demanding moratoria on foreclosures. At this time, the RTTCA joins in campaigns and intergroup platform development with other networks that include both similar and different membership bases, with some overlap, such as through the Interalliance Dialogue and more recently the New Bottom Line (Brady, 2011, 2013, personal correspondence).

If the Alliance is to be a national organization with the power to influence and shape policy and direction and confront the neoliberal social and economic agenda, it knows it has to provide more direction from the national level as well as broaden its organizational base. The united front strategy aims at addressing these and other issues of scale and power. How the Alliance evolves beyond the core member groups and their local focus will be key. The future of transformative community organizing in general and the Right to the City Alliance in particular rest on the resolution of these challenges. In the meantime the leaders, organizers, and members of the Alliance have already created an impressive organization that understands its challenges and approaches them with a blend of participatory democracy and fearless determination increasingly evident in some organizations, abroad and in the United States, since 2011 but largely marginalized for the 30 years prior.

(Endnotes)

1. While relatively unique among community organizing efforts, ACORN was not alone in combining grassroots organizing with a strong national organization. Nor is this approach even limited

to the Left. The Right, in groups like the Christian Coalition in the 1990s and the Tea Party more recently, has sought to use a similar, multi-scalar organizational structure, though groups on the Right usually have shallow grassroots and disproportionately heavy funding for national efforts, not to mention a diametrically opposed politics to that of the Right to the City.

## References

- Atlas, J. (2010). *Seeds of change*. Nashville, TN: Vanderbilt University Press.
- Bond, P. (2008). Reformist reforms, non-reformist reforms and global justice: Activist, NGO and intellectual challenges in the world social forum. *Societies Without Borders*, 3, 4-19.
- Brady, M. (2008). Building a movement against gentrification. *Progressive Planning*, 176(Summer), 11-13.
- Brenner, N., Marcuse, P., & Mayer, M. (Eds.). (2011). *Cities for people, not for profit: Critical urban theory and the Right to the City*. New York: Routledge.
- Calhoun, C. (2012). *The roots of radicalism: Tradition, the public sphere, and early nineteenth century social movements*. Chicago: University of Chicago Press.
- Center for Responsible Lending. (2010). *Foreclosures by race and ethnicity: The demographics of a crisis*. Retrieved November 27, 2010, from <http://www.responsiblelending.org/mortgage-lending/research-analysis/foreclosures-by-race-and-ethnicity.pdf>
- City Life/Vida Urbana. (n.d.). Mission and history. Retrieved February 27, 2013, from <http://www.clvu.org/about-us/mission-history>
- DeFilippis, J., Fisher R., & Shragge, E. (2010). *Contesting community- The limits and potential of local organizing*. New Brunswick, NJ: Rutgers University Press.
- Fine, J. (2005-2006). Worker centers: Organizing communities at the edge of the dream. *New York Law School Law Review*, 50(2), 417-463.
- Fisher, R. (1994). *Let the people decide: Neighborhood organizing in America*. Boston, MA: Twayne.
- Gladora, S. (2009). *A right to the city: Building a Los Angeles tenant union*. Retrieved November 26, 2010, from <http://www.lewis.ucla.edu/publications/studentreports/52008%20-%20A%20Right%20to%20the%20City.pdf>
- Goldberg, H. (2008). Building power in the city: Reflections on the emergence of the Right to the City Alliance and the National Domestic Workers Alliance. *In the middle of a whirlwind, convention protests, movement and movements*. Retrieved February 27, 2013 from <http://www.inthemiddleofawhirlwind.info>

- Goldberg, H. (2010). Building power in the city: Reflections on the emergence of the Right to the City Alliance and the National Domestic Workers Alliance. In Team Colors Collective (Eds.), *Uses of a whirlwind: Movement, movements and contemporary radical currents in the United States* (pp. 97-108). Edinburgh: AK Press.
- Greenhouse, S. (2006, April 23). Immigrant workers find support in a growing network of assistance centers. *New York Times*. Retrieved January 20, 2010, from: <http://www.nytimes.com/2006/04/23/us/23center.html>
- Harvey, D. (2008). The right to the city. *New Left Review*, 53, 23-40.
- Harvey, D. (2012). *Rebel cities: From the Right to the City to the Urban Revolution*. New York: Verso Press.
- Huber, B. (2009). Even renters who are paid up are getting kicked out. *Christian Science Monitor*. Retrieved November 26, 2010, from <http://www.csmonitor.com/Business/2009/0324/even-renters-who-are-paid-up-are-getting-kicked-out>
- Hugill, D., & Brogan, P. (May 4, 2011). The everyday violence of urban neoliberalism: An interview with Nik Theodore. *Monthly Review*. Retrieved July 4, 2011 from <http://mrzine.monthlyreview.org/2011/theodore050411.html>
- KIWA. (n.d.). *Koreatown Immigrant Workers Alliance: KIWA victories*. Retrieved January 20, 2011, from <http://www.yacomitservice.com/kiwa/eng/board.php?board=kkkbodyonly&command=body&no=6>
- KIWA. (2000). *Koreatown Immigrant Workers Alliance: A survey of working conditions in the Koreatown restaurant industry: Summary*. Retrieved January 20, 2011 from <http://www.kiwa.org/e/rc6survK.htm>
- Leavitt, J., Samara, T. R., & Brady, M. (2009). The Right to the City Alliance: Time to democratize urban governance. *Progressive Planning*, 181(Fall), 4-10.
- Leland, J., & Laboni, L. (Producers). (2010, March 21). Putting a spotlight on the families of foreclosure [audio slide show]. *New York Times*. Retrieved November 27, 2010, from <http://www.nytimes.com/interactive/2010/03/21/us/0321-foreclosure-art-audio/index.html>
- Mann, E. (2011). *Playbook for progressives: 16 qualities of the successful organizer*. Boston, MA: Beacon Press.
- Marcuse, P. (2009). From critical urban theory to the Right to the City. *City*, 13(2-3), 185-197.
- Marcuse, P. (March 25, 2012). *Blog #11. Reforms, radical reforms and transformative claims*. Retrieved from <http://pmarcuse.wordpress.com/2012/03/25/11-blog-11-reforms-radical-reformstransformative-claims/>
- Mayer, M. (2009). The 'Right to the City' in the context of shifting mottos of urban social movements. *City*, 13(2-3), 362-374.
- Omatsu, G. (2008). Immigrant workers take the lead: A militant humility transforms L.A. Koreatown. In R.I. Buff (Ed.), *Immigrant rights in the shadows of citizenship* (pp. 266-282). New York: New York University Press.

- Pearlstein, D. (2010). Direct action against foreclosure and eviction: Lessons from the Great Depression. *Progressive Planning*, 182, 29-32.
- Perera, G. (2008). Claiming the right to the city: A question of power. *Race, Poverty & the Environment*, 15(1), 12-13. Retrieved from <http://www.urbanhabitat.org/files/15.Perera.pdf>
- Piven, F. F. (2008). Can power from below change the world? *American Sociological Review*, 73(1), 1-14.
- Purcell, M. (2002) Excavating Lefebvre—The Right to the city and its urban politics of the inhabitant. *Geojournal*, 58, 99-102.
- Right to the City Alliance. (2012). *Mission and history*. Retrieved from <http://righttothecity.org/index.php/about/mission-history>.
- Right to the City Member Congress. (Sept. 29 to Oct. 1, 2001). *21st century cities—A strategy to win* [Membership Congress statement]. Retrieved from [righttothecity.org/downloads/21st-Century-Cities.pdf](http://righttothecity.org/downloads/21st-Century-Cities.pdf)
- Robinson, B. (2010). A conversation on organizing models for social justice struggles in the City-CityLife/Vida Urbana, Picture the Homeless, Take back the Land, United Workers [moderator]. In Team Colors Collective (Eds.), *Uses of a Whirlwind: Movement, Movements and Contemporary Radical Currents in the United States*, (pp. 79-84). Edinburgh: AK Press.
- Solman, P. (2010). Boston group helps homeowners 'stand up, fight back' against foreclosures. *PBS Newshour*. Public Broadcasting Corporation. Retrieved November 27, 2010, from, [http://www.pbs.org/newshour/bb/business/july-dec10/foreclosures\\_10-19.html](http://www.pbs.org/newshour/bb/business/july-dec10/foreclosures_10-19.html)
- Swarts, H. (2008). *Organizing urban America*. Minneapolis: University of Minnesota Press.
- Tides Foundation. (2007). *The right to the city: Reclaiming our urban centers, reframing human rights, and redefining citizenship*. Retrieved November 27, 2010, from [http://www.tidesfoundation.org/fileadmin/tf\\_pdfs/TheRightToTheCity.pdf](http://www.tidesfoundation.org/fileadmin/tf_pdfs/TheRightToTheCity.pdf)
- Wishnia, S. (2010). Fighting on the frontlines of the foreclosure crisis: Citizens take on the monster banks. *Alternet*. Retrieved November 27, 2010, from [http://www.alternet.org/story/145392/fighting\\_on\\_frontlines\\_of\\_the\\_foreclosure\\_crisis:\\_citizens\\_take\\_on\\_the\\_monster\\_banks/](http://www.alternet.org/story/145392/fighting_on_frontlines_of_the_foreclosure_crisis:_citizens_take_on_the_monster_banks/)

## Book Reviews

Joseph E. Stiglitz, *The Price of Inequality: How Today's Divided Society Endangers Our Future*. New York: W.W. Norton & Company (2012). \$27.95 (hardcover).

Once upon a time, the United States was a land of upward mobility where, unlike European societies with more rigidly drawn class lines, children could expect to lead more economically comfortable lives than their parents. Now, however, as Joseph Stiglitz points out in *The Price of Inequality: How Today's Divided Society Endangers Our Future*, most of the Western industrialized world offers greater opportunities for intergenerational mobility than we do. Stiglitz, a Nobel Prize-winning economist, former Chair of the Council of Economic Advisors during the Clinton administration, former head of the World Bank, and currently a professor at Columbia University, cites evidence showing not only this decline in intergenerational mobility but also the startling growth in economic inequality. The degree of inequality in income and wealth in the U.S. is higher than it has been historically and also in comparison with other industrialized nations. Stiglitz's mission in this book is to explain how we got this point, why it is undesirable, and what can be done to change the situation.

Stiglitz links greater inequality with slower growth, more economic instability, and the danger of political instability. He apportions some of the blame for this on our economic institutions, some on our political institutions, and some on the interaction between the two that reinforces the essential unfairness of each. Large corporations can often exert economic power and they can withhold the relevant information necessary for consumers to make informed choices. Moreover, markets are shaped by rules that have been determined through a political process that is routinely undermined by the ability of corporations to influence legislation through lobbying and through political contributions to candidates. Rigging the rules of the

game affects economic outcomes, and this sets the stage for the next round of political influence. The growth of inequality and the decline of intergenerational mobility are the inevitable result of this toxic interplay.

The growth of for-profit higher education is a good example of this dynamic. On the surface, federal government support giving low income students access to higher education might seem similar to the G.I. Bill's giving veterans access to higher education after World War II. However, while the latter helped to increase mobility and reduce inequality, the former does the opposite. As Stiglitz shows, the revision of bankruptcy law in 2005 made it less favorable to debtors. One aspect of the new law made student loans non-dischargeable in bankruptcy. This created lucrative opportunities for companies in for-profit higher education. They used high-pressure sales tactics and misleading information to induce poorly informed low income customers to enroll in programs of dubious value, with classes of dubious quality, and they made equally dubious promises of good career opportunities. High dropout rates and a poor record of job placement do not seem to affect the profitability of these corporations. Their students have little to show for it, though, aside from the debts that must be paid even if they are forced to declare bankruptcy. Lobbyists for these corporations successfully prevented Congress from establishing even minimal standards of performance to retain eligibility to receive federally-funded student loans, often the lion's share of their total revenue. This is only one of many examples that Stiglitz deftly dissects.

Much of Stiglitz's wrath is reserved for the financial sector, and rightly so. The deregulation of this sector has had disastrous consequences for our economy, especially at the lower end of the income distribution. The self-regarding titans of the financial sector are adept at what Stiglitz calls "rent-seeking"—appropriating income from the general public to themselves—but this should not be confused with the notion that they have produced anything that is truly useful.

Stiglitz argues persuasively that we must reverse our current path toward ever-greater inequality. This would require changing macroeconomic policies to give priority to full employment over price stability; investing in education



and infrastructure; reigning in corporate power; reforming tax codes to make them more progressive; and protecting the safety net for the most economically vulnerable. He recognizes how difficult this will be but warns that we risk our future as a nation if we settle for anything less.

Mary Huff Stevenson, Emerita, Economics Department,  
University of Massachusetts Boston

Katherine Boo. *Behind the Beautiful Forevers: Life, Death, and Hope in a Mumbai Undercity*. Random House (2012). \$27.00 (hardcover).

Katherine Boo has written an astonishingly beautiful account of an unforgiving world of bleakness and hope. *Behind the Beautiful Forevers* chronicles the lives of people of Annawaldi, a slum near the Mumbai international airport. With vivid detail and profound respect, Boo paints acute, poignant portraits of the struggling urban poor in globalizing India. Here's the striving Abdul, a boy who has made a profitable business scavenging and reselling recyclable materials. There's embittered, one-legged Fatima, in constant war with Abdul's family over a crumbling wall they share. Here's Asha, who obtains a degree of economic security as a corrupt local politician. Manju, her daughter, hopes to go to college. Kalu, a young boy, scrapes by as a trash picker. These are a few of Boo's key informants, and not all of them make it out of the book alive.

One of the many virtues of *Forever* is its unsparing description of how these hard lives are shaped, and misshaped, by the moral and social ecology of Annawaldi. Corruption is the rule, trust the exception. When Boo's principals encounter the local police or courts, the results usually have nothing to do with fairness. It is striking that in this Mumbai slum practically no one trusts anyone. Social capital is low and cooperation is rare. The personal animosity between Fatima and the Hussains, her neighbors, has consequences both tragic and absurd. In Annawaldi, poverty is hardly ennobling. Readers will come to care deeply about the individuals in this book but will also be struck by how many live by a harsh zero-sum morality only partially alleviated by the bonds of family. With its

harsh truths and indelible characters, *Forever*s evokes Dickens but without the sentimentality.

Many readers will be familiar with Boo's work in the *New Yorker*. She is a Pulitzer-winning American writer who specializes in long-form journalism, describing the lives of the poor in great empathetic detail. Until this book, her first, she focused on the poor in the United States. Having married an Indian national a decade ago, Boo found herself spending considerable time in Mumbai. To research this book, she spent three or four years hanging out with the people of Annawaldi. The result is a truly remarkable achievement that won the 2012 National Book Award for non-fiction. It has the power of a great novel in its compassionate depiction of a little-known world, its emotionally moving narrative arc, and Boo's concise, elegant prose. This is ethnography of the highest order.

Boo clearly intends for *Forever*s to stand on its own as a clear-eyed, honest portrayal of a poor community in India. Compelling fiction, narrative non-fiction, ethnography, film, and other forms have the capacity to evoke sympathy for marginalized "others." If we walk in the shoes of those different from us, does this deeper understanding lead us to take compassionate action or seek political change? Perhaps. Upon meeting Harriet Beecher Stowe, Lincoln joked that *Uncle Tom's Cabin* caused the Civil War.

Although readers will likely be deeply affected by this work, important questions remain unaddressed. Boo attributes the formation of this relatively new shantytown to India's entry into the global economy and points out that the urban poor she depicts are much better off than India's rural poor. But we are left with little idea how public policies at local, national, or international levels may have contributed to the bleak world she describes. Can we find political strategies to create a better world, where slum dwellers' hopes are not so consistently frustrated?

*Behind the Beautiful Forever*s has the potential to change the way its readers think and feel about urban poverty in India. It recalls George Orwell's *The Road to Wigan Pier*, which documented living conditions in the industrial north of England, but Orwell also offered extensive ethical and political commentary. If Boo had panned back from Annawaldi to examine the larger political and economic context, and to link her

empathic portrayal of real lives to the political economy of global inequality, this superb ethnography would have had more analytical power and even greater impact.

*Edward U. Murphy, Department of Global Studies and  
International Affairs, Northeastern University*

Steven Conn, (Ed.), *To Promote the General Welfare: The Case for Big Government*. Oxford University Press (2012). \$19.95. (paperback).

During an era when “big government” is vilified as the root of all evil by Right Wing pundits and politicians, and when even the anemic attempts of a Democratic president to use the power of the federal government to reform the health care system or to keep our air clean are denounced as “socialism,” it comes as a welcome antidote to read a book like Steven Conn’s edited collection, *To Promote the General Welfare*. Conn’s book is not the only recent challenge to anti-government rhetoric. Recently, a few books—Jeff Madrick’s *The Case for Big Government* and Paul Krugman’s *End This Depression Now*—and many blogs, articles and institutes, like the Roosevelt Institute, have made the case that government can be a source for good. But rather than present an ideological argument for big government, this book takes a more nuanced approach. The question, Conn argues in the book’s Preface, is not whether the federal government should intervene in the market as liberals advocate, or rely solely on the private market to meet our needs, as conservatives argue. Rather, because the federal government has always been involved in creating the kind of society Americans have wanted, the appropriate question is, “how, on what terms, and for whose benefit?” (p. xi)

Conn has assembled a distinguished group of scholars—most of them historians—to answer this question through a series of essays focused around a variety of policy arenas, including transportation, education, banking, national security, housing, health care, arts and culture, and communications. Absent, however, are arguably three of the most important policy arenas today: employment, old age security, and the environment. These are stunning omissions when we consider

that the first two of these are at the top of our current political agenda and the third could have the most far-reaching consequences. Those omissions aside, this book provides a useful analysis for understanding the role the federal government has played in American life as well as providing helpful arguments to use against libertarians.

In an opening chapter Brian Balogh argues that both conservatives and progressives misread history: conservatives who wish to return to a golden age of minimalist government and progressives who celebrate America's liberation from it.

Neither ideological perspective...takes seriously the possibility that Americans turned regularly to government throughout their history or that the public sector played a crucial role in shaping what Americans regard as the "natural" market.... Our failure to recognize the *ways* in which Americans have governed has distorted our understanding of the *extent* to which Americans have governed. (p. 2)

This observation corroborates Jacob Hacker's analysis in *The Divided Welfare State*, that the American welfare state, which progressives find too limited and conservatives consider overbearing, is far more extensive than either group assumes. Much of it is hidden because it is carried out through the private and voluntary sectors, but is shaped by government rules, subsidies and mandates. "Once we have recognized the ways in which we have governed ourselves we can move past the big government/small government stalemate" (p. 3) Balogh asserts, while recognizing that this will not be easy.

Balogh next lays out five patterns of governance that have dominated American history. The first might be called "governing out of sight"—the practice of providing subsidies, as well as rules and mandates—to private and voluntary entities to carry out a public agenda. The Affordable Care Act is a good example of this. A second pattern occurred when Americans turned to big government when they felt their security was threatened. A third pattern has been "the tendency to endorse unmediated national power when it was geographically removed from the locus of established authority" (p. 8).

Translation: Americans' support of coercive military activities abroad that would not be tolerated at home. A fourth pattern was resistance to visible forms of taxation, yet tolerance of invisible forms, such as tariffs. And finally, the use of law promulgated by the judiciary to shape the political economy.

Each of the chapters provides rich historical evidence for patterns within each policy arena covered. Showing the steady rise of federal and state government intervention in Americans' lives, they also demonstrate the consistent opposition to this. While federal intervention was often necessary to redistribute national assets to those excluded by the market or victims of racial or gender discrimination, they also show that federal intervention has not always worked perfectly, often benefitting the middle class or the wealthy over lower income Americans (e.g., home mortgage deductions). Beyond these well-known programs, however, the authors also bring to light little known or forgotten examples of federal largesse, such as Conn's chapter on New Deal arts and culture programs, which supported some of the nation's most talented cultural workers during a time of deep unemployment, and also brought arts and culture to many for whom quality cultural activity had been beyond reach. These are important lessons at a time when our leaders appear either wary (or weary) of tackling large problems or refuse to admit that the federal government is even needed to solve the nation's problems. The book should be read by everyone interested in a government that works.

*Sheila D. Collins, Professor Emerita, Political Science,  
William Paterson College*

Cybelle Fox, *Three Worlds of Relief: Race, Immigration, and the American Welfare State from the Progressive Era to the New Deal*. Princeton University Press (2012). \$35 (paperback); \$80 (hardcover).

Cybelle Fox, a UC Berkeley sociologist, has written a masterful history that chronicles the interweaving of assistance and public works policies with immigration policies in the 1920s and 30s in three distinct regions of the U.S.: the urban, industrial sections of the Northeast and middle America, the

South, and the Southwest. Fox's purpose is to augment our understanding of the development of welfare policy by adding to the usual history of North versus South—otherwise understood as White versus Black—and the harsh treatment of Mexicans and Mexican-Americans who, more than any other immigrant population, suffered discrimination and deportation on a scale that resonates with current policies.

One of the many virtues of this book is its detailing the extent to which state and local governments, as well private charities, were or were not providing relief to the destitute in the decade before the New Deal. This carefully researched history, discussed in chapters 3-7, documents how policies were heavily influenced by the need for cheap labor—immigrant European in the industrialized North, tenant and sharecropper African American in the South, and Mexican (both migrant and American) in the Southwest. While public assistance programs were relatively generous (and more prevalent than is generally known) in the North, and deportations generally less aggressively pursued, welfare programs in the South were very under-developed, forcing Black farm workers to remain dependent on their "paternalist" landlords during the winter. Relief in the West and Southwest remained primarily under the auspices of private charities, including Catholic welfare organizations, which were generally hostile to Mexican migrant farm workers and frequently cooperated with immigration authorities to further deportations. Although large agricultural employers sought to keep the immigration authorities at bay, social workers reflected an underlying prejudice that Mexicans were not amenable to being Americanized, in contrast to European immigrants in the North, where active assimilation efforts were common. As the Depression worsened, however, nearly all cities instituted some form of immigrant expulsion, often under the guise of nominally voluntary "repatriation" programs. Again, authorities in the West and Southwest were much more aggressive in these efforts; Los Angeles deported far more non-citizens than New York City, despite the latter's much greater immigrant population and harsher employment circumstances (ch. 7).

Chapter 8, "A Fair Deal or a Raw Deal," discusses the continuing regional differences in the provision of aid under

the Roosevelt administration's Federal Emergency Relief Administration (FERA), where state and local administrations had considerable discretion. In the South, where there had been virtually no public assistance for African Americans, there was now a shift to minimal winter aid for Black agricultural workers that terminated with the planting season, relieving plantation owners of responsibility to maintain the workforce. Where assistance was given to Blacks and in the West and Southwest, to Mexicans, it was done discriminatorily and with lower amounts than that to Whites. Interestingly, the frequent complaints that non-citizens were receiving disproportionate shares of assistance and, later, WPA jobs, were resisted by FERA head Harry Hopkins, and Secretary of Labor, Frances Perkins.

Federal directives to implement non-discriminatory work programs under the WPA were thwarted both by local administrators, particularly those in rural areas, and ultimately by Southern and Western members of Congress who passed amendments requiring that jobs be provided only to citizens or to those who had initiated the citizenship process. This material, detailed in the 9th chapter, reveals a strong nativist strain in the provisions of the various New Deal programs that adds to our understanding of how complicated political realities compromised the egalitarian thrust of that era.

"A New Deal for the Alien" (ch. 10) reprises the political jockeying that resulted in the exclusion of agricultural and domestic workers—the majority of Black and Mexican workers—from the Social Security Act's provisions; interestingly, European immigrants, primarily industrial workers, were the big winners. By contrast, aliens were included in the social insurance provisions of the Act but were frequently excluded from the categorical assistance programs administered by the states. Fox provides considerable detail about the formulation of the provisions and their consequences for specific populations.

There are two areas of omission in this otherwise comprehensive and fascinating study: (1) an inattention to agency on the part of any constituent group, but especially Mexican workers who were organizing in California's fields in the 1920s and 30s; and (2) the absence of a discussion of

Filipino and Asian immigrants who were a large proportion of agricultural workers, again in California. Given the internment of Japanese-Americans during World War II, this oversight is striking.

*Three Worlds of Relief* covers new territory in social welfare history and will interest academics and students in the field. Of particular importance to the social work profession is the author's attention to the role that social workers played in advocating both for progressive legislation and practice, except in the West and Southwest. And prominent New Deal officials, notably Hopkins and Perkins, are acknowledged as social workers who pushed for expansive and inclusive policies, often in the face of opposition from other policy-makers in the Roosevelt administration.

Marguerite G. Rosenthal, Prof. Emerita, Social Work,  
Salem State University

Heikki Ervasti, Jorgen Goul Andersen, Torben Fridberg and Kristen Ringdal (Eds.). *The Future of the Welfare State: Social Policy Attitudes and Social Capital in Europe*. Edgar Elgar Publishing Limited (2012). \$110.00 (hardcover).

Ervasti, Anderson, Fridberg, and Ringdal, with the help of 11 other authors, have created an edited collection that rightfully deserves a prominent position in the vast body of scholarship focused on the European social welfare state. The editors more than accomplish their stated goal of compiling a book focused on the changing "attitudes to the welfare state of ordinary people in almost thirty European countries" (p. 1).

The book and its 12 chapters are well conceptualized, well structured, and well written. Exemplifying that excellence is Chapter 5, authored by Mare Ainsaar, the Estonian National Coordinator for the European Social Survey. The chapter is a masterfully written piece. Ainsaar's chapter could easily be used to exemplify good writing and rhetorical strategies for any group of faculty or advanced graduate students eager to learn/improve their scholarly writing. Indeed, one of the pleasures of the book is the congruence of presentation in each chapter of a solid introduction, a clear statement of purpose,



a cogent and informative literature review, a depiction of the data analysis plan, tabular and textual results presentation, and a thoughtful discussion/implication of findings section.

The book is truly a rigorous scholarly product and allows the reader to see clearly how each author(s) has chosen to approach their research about changing social welfare state attitudes in Europe. Eleven of the 12 chapters are based on data retrieved from a module, titled "Welfare Attitudes in a Changing Europe," included in the 2008-2009 European Social Survey. The survey mechanism and the character of the module are well delineated in the book—chapters include a thorough description of variables, their development, and examples of actual items from the survey instrument. As well, the book boasts an impressive array of authors (and editors) who are closely affiliated (e.g., national level coordinators) with the European Social Survey.

The book, however, is not for the faint of heart, particularly if a reader would be put off by the reliance in the book on regression models to explain perceived understanding of the variance in the data. I still believe any reader interested in history, theory, and/or research about attitudes focused on the social welfare state in Europe will be well served by reading this book. I have my PhD in social welfare policy, and I learned a lot just from reading the theoretical, literature review and points of conclusion/discussion material included in the book. And this was certainly true both for the European social welfare state, and the social welfare state in other country-level contexts, including the United States. Even the topical areas of the chapters—child care policy and benefits, perceived risks as a function of attitude, immigration and social solidarity, the religious factor in attitude—represent a wealth of opportunity for teaching and learning.

My favorite chapter of the book, Chapter 12, comes last and is authored by one of the four editors of the book, Heikki Ervasti. The chapter is titled, "Who Hates the Welfare State? Criticism of the Welfare State in Europe." The inclusion of the chapter and its focus on helping the reader understand why people in Europe may have disdain for the welfare state exemplifies my major compliment of the entire book. The book is a wonderful example of a conversation carried on by

scholars. And those of us in academia know that the scholarly conversation is carried on by persons who are not always in agreement, but often times in disagreement. Mikael Hjerm and Annette Schnabel, authors of Chapter 9, titled "Social Cohesion and the Welfare State: How Heterogeneity Influences Welfare State Attitudes," exemplify beautifully how a researcher joins such a scholarly conversation. Hjerm and Schnabel state in conclusion of their chapter:

However, this chapter adds to the ongoing debate by arguing that it is not heterogeneity *per se* that influences the acceptance of public policies and thereby their legitimacy, but the subjective feelings of togetherness and communality which can be activated at different levels. Modern welfare institutions are not destabilized by heterogeneity but strengthened by its social cohesion. (p. 186)

Really, the authors of all 12 chapters do not tell the reader what to think but rather invite the reader to join in a scholarly conversation about changing attitudes of the social welfare state, and rightfully include the voices of ordinary people in almost thirty European countries. That is not just good scholarship, but great scholarship.

*Larry Nackerud, School of Social Work, University of Georgia*

Martha C. Nussbaum, *The New Religious Intolerance*. Belknap/Harvard (2012). \$26.95 (hardcover).

Whether it is a single shooter in Norway, ethnic cleansing in Europe, head coverings in France, ethnic violence in Ruanda and seemingly throughout Africa, threats from a Florida media person to "deep fry" the Koran, or an attempt to build a Muslim cultural and worship center near the 9/11 site, intolerance seems to be part of the warp and woof of daily life. Professor Nussbaum's book is among many writings that seek to provide a framework for understanding intolerance (Google lists just under 300,000 entries from a search for "Ethnic and Religious Intolerance in the 21st Century"). Nussbaum, a philosopher, is Professor of Law and Ethics at the University of Chicago and is a prolific author, having previously written

more than a dozen books.

Nussbaum argues that intolerance is driven by fear, particularly fear of "the other." Intolerance permits, suggests, perhaps requires, acting out against the feared object. Fear apparently comes from a narcissism sustained by lack of self knowledge. Her message is: "...know yourself, so that you can move outside of yourself, serve justice, and promote peace" (p. xiii).

The book is made up of a Preface and 7 chapters: (1) Religion: A time of Anxiety and Suspicion; (2) Fear: A Narcissistic Emotion; (3) First Principles: Equal Respect for Conscience; (4) The Mote in My Brothers Eye: Impartiality and the Examined Life; (5) Inner Eyes Respect and the Sympathetic Imagination; (6) The Case of Park51; and (7) Overcoming the Politics of Fear.

The author states that "...we should be worried about the upsurge in religious fear and animosity in the United States as well as Europe. Fear is accelerating..." (p. 10.). She goes on, "Fear is a 'dimming preoccupation'; an intense focus on self that drives others into darkness. However valuable and indeed essential it is in a genuinely dangerous world, it is itself one of life's great dangers" (p. 58).

Chapters 3, 4, and 5 explore three principles that will "address" the current climate of fear: "an emphasis on non-narcissistic consistency, and the cultivation of 'inner eyes,' and the capacity to see the world from the perspective of the minority experience" (p. 21). Chapter 3 focuses "human dignity." Nussbaum points out that, while the concept of human dignity has very attractive properties, it also separates human beings from other creatures. She might have referred to Wolf Wolfensberger's 1972 book, *Normalization*, where he asked the question: "How can you do things to people you do not do to people?" His answer, The Principle of Animalization: you "de-humanize" them by calling them animals—e.g., pigs or frogs. Chapter 6 extensively discusses the multi-faith community center near ground zero. Chapter 7 includes some suggestions for overcoming fear, through a "...commitment to examine our choices ...." (p. 245) for selfishness, privilege, and inconsistency. Throughout, Nussbaum argues that America has a better record of religious tolerance than Europe.

Having myself written in the field of values, I found the book very interesting and illuminating. I particularly liked

Nussbaum's emphasis on critical self-examination. From my perspective, the book has some problems. I do not think Nussbaum has made the case for her title, *The New Religious Intolerance*. Indeed, intolerance seems neither new nor exclusively religious. Her focus on Muslims might be a "fresh" intolerance, but then the Crusades come to mind. I felt that an explanation of why fear was a cause of intolerance was unclear. The chapters are so rich with detailed examples that one gets lost and loses the main point of the volume. Nussbaum's "longtime" Harvard University Press editor, Joyce Seltzer, could have helped her out here, but a deep relationship with a prestigious high-powered thinker may have gotten in the way of that. And while I did not mind the author's ranging over philosophers from Socrates on, I think that might be a little distracting for the general reader. My guess is that Nussbaum had one eye on her philosophical colleagues.

Nussbaum's argument of American "exceptionalism" in the religious tolerance field may have some merit, but when held against slavery, our treatment of Native Americans, and our current "rage" against immigrants, it is hard for me to get on this bus with her. Finally, though I like the solution of self examination, it has not had a history of working all that well over the centuries in preventing intolerance, so I would hope we could also have a Plan B and C, at the very least.

*John Tropman, School of Social Work, University of Michigan*

Sarah F. Pearlman, *Mother-Talk: Conversations with Mothers of Lesbian Daughters and FTM Transgender Children*. Demeter Press, (2012). \$24.95 (paperback).

Social science literature has shown that parents of LGBT persons have their own emotional journeys to navigate when their children come out as gay, lesbian, bisexual, or transgender. Many themes have been identified in the literature surrounding this process for parents, usually around issues of loss of hopes and dreams that parents have held for their children, as well as fears for their children's continued safety in a world that tends to be hostile to sexual minorities. Support for parents in this process has been shown to be especially important in coming to a place of acceptance of their children, and

being able to speak with other parents in situations such as Parents, Families and Friends of Lesbians and Gays (PFLAG) groups can be very helpful in easing the isolation felt by parents during this process.

In *Mother-Talk*, Sarah F. Pearlman has gathered narratives of mothers to give voice to the process of dealing with daughters coming out as lesbian or female-to-male transgender. These brave mothers have shared openly with Pearlman their own struggles and difficulties of dealing not only with their daughters and those relationships, but also with their friends and family members. In some cases, the mothers have been able to move to acceptance and have fulfilling long-term relationships with their daughters, while in others, cultural and familial pressures have proven to be serious barriers. An important point to note, however, is that the mothers in these stories wanted to stay connected to their children; the voices of those mothers who terminated relations with their daughters aren't represented here.

Pearlman is clear that this book isn't for academics, and that is evident in the brief treatment given to research methods in the appendix. As an academic reader, I wanted to have more grounding for her work, understand her choices, and hear more about the themes she pulled out of the narratives. The book is organized into sections entitled: Devastation, Loss, Not the Only Issue, Adolescence, Keeping the Connection, and Activism, which the author claims capture the major themes of the stories. However, the themes are used only as chapter titles, and no further development of the ideas or their significance is mentioned by the author, a missed opportunity to give the themes context.

What the themes do offer, however, is a glimpse into the paths the mothers have taken in terms of their daughters' journeys. In the section Devastation, mothers share their own shock and struggles to come to terms with their daughters' coming out. In Loss, the mothers share moving from devastation to feeling the loss of hopes and dreams they had for their children's lives and their parts in those dreams. In Not the Only Issue, mothers note that other problems in their daughter's lives, such as eating disorders or suicidal urges, meant that sexuality sometimes paled in importance. Adolescence addresses ways in which the mothers are able to comfort

themselves by looking back to their daughters' adolescence and finding clues they may have misinterpreted at the time. Many mothers, however, focus on how to maintain connections to their daughters after coming out, as discussed in *Keeping the Connection*. This can be especially difficult for mothers when coming out leads to a daughter becoming a son; this opens an entirely different area and depth of loss. Many mothers, finally, found that as they grow and learn about their daughters and their friends, they became activists for LGBT persons, as discussed in *Activism*.

One of the most important things about this collection is the honesty of the voices. It's good to hear mothers being real about their process around the challenges of accepting and honoring their children's lives, whether or not they are able to understand them. This book seems to be intended for mothers and daughters who need the stories to feel connection and hope about their own processes. Mothers need to know they can make it, their children can be happy, and that others have survived the journey, and this text offers them powerful examples.

*Melinda McCormick, Department of Sociology,  
Western Michigan University*

Mary-Jo DelVecchio Good, Sarah S. Willen, Seth Donal Hannah, Ken Vickery, & Lawrence Taeseng Park (Eds.). *Shattering Culture: American Medicine Responds to Cultural Diversity*. New York: Russell Sage Foundation (2011). \$34.62 (paperback).

This book is timely in addressing America's renewed focus on healthcare as disparities between various population groups in needs-identified and services received are increasingly in the public consciousness. This edited book is a collection of an interdisciplinary group of contributors, including anthropologists, psychiatrists, and sociologists, and presents an insightful perspective on contemporary culture and mental health care. The book argues that culture counts in clinical practice in reducing health inequalities. Drawing from ethnographic interviews, observations and case vignettes, *Shattering Culture*

addresses two overarching questions: How does American medicine respond to cultural diversity? Does culture make a difference in American mental health care?

The book is comprised of two parts. Part I (Chapters 2-5) paints a complex portrait of culture and its numerous meanings, roles, and implications in mental health settings in Greater Boston. Hannah introduces a novel concept of “cultural environments of hyperdiversity”—a term that describes specific social settings in which complex interactions among multiple forms of difference in race, ethnicity, gender, sexual orientation, and socioeconomic class interact and influence trust and rapport-building between clinicians and patients. Based on interviews with professional medical interpreters, Willen presents several themes, such as the blurred boundaries of the interpreter role and clinicians’ changing views about interpreters, to illustrate persistent ambiguity surrounding the evolving role of medical interpreters. Stevenson explores how chaplaincy is seen as a “cultural service” in major medical settings and describes how chaplains’ services are recognized by hospital staff as institutional attempts to provide culturally sensitive care. Willen presents the controversial practice of matching patients and clinicians to eliminate disparities in mental health outcomes among vulnerable populations and raises critical questions about its usefulness.

Six chapters in Part II draw on a unique combination of insider and outsider perspectives on contemporary clinical realities. Willen and her colleagues trace a personal and professional journey of an immigrant psychiatrist, vividly describing her struggles in reconciling competing clinical demands within a rapidly changing professional context. Rahimi, Hannah, and Good outline a set of challenges faced by clinicians who practice in an increasingly complex clinical environment as a result of “global flows of knowledge” and “global flows of people” due to increased immigration and demographic shifts. Carpenter-Song examines positive clinician-patient relationships, concluding that successes in relationships are based on mutual recognition. Calabrese documents patients’ negative experiences and the distrust they feel in an increasingly impersonal medical system geared toward technical treatment of physical diseases rather than a more interpersonally-oriented

treatment approach. The final two chapters offer an insider perspective of the real-life, day-to-day culture of psychiatry, showing how the bureaucracy of insurance, financial considerations, regulations and paperwork compromise the effectiveness of mental health professionals' ability to provide quality care to minorities.

The book is engaging and provocative, raising critical areas for discourse among healthcare practitioners and scholars. What role do broad, identity-based descriptors play in the patient's ability to navigate the growing diversity of today's practice environments? With mounting resources devoted to recruiting and training professional medical interpreters, why are clinicians who work closely with interpreters exempted from "the kind of training that could help make their interpreted clinical encounters proceed smoothly?" (p. 89). Will technological modes of documentation and best practice guidelines help in reducing healthcare disparities with certain minority groups?

The book "humanizes" the struggle to provide culturally competent health care to diverse patient populations. It creatively uses everyday life metaphors such as "unchoreographed dance" among patient, interpreter, and clinician to illustrate struggles inherent in practice and the need of a clinician to understand what constitutes a patient's "bundle of prized possessions" (memories, experiences, relationships, etc), the challenges for clinicians to practice in an increasingly "flat world" as a result of a global expansion of access to psychiatric treatment, and the demands of documentation that creates a parallel "paper life" for both psychiatrists and patients.

Noticeably absent in this book are closing thoughts and reflections, implications of findings and conclusions about what is already known, future trends of clinical practice in "cultural environments of hyperdiversity" and lingering questions, concerns, and suggestions for future research and practice. In addition, all key findings in the individual chapters are based on interviews and observations on a subset of research participants. The authors do not discuss the limitations of the methods they use to interpret the findings, thus readers should be cautious in drawing definitive conclusions on clinical



practice realities. Despite these limitations, this well-written and organized book provides valuable insights for both social and medical sciences, especially for the fields of medical anthropology, psychiatry, social work, cultural competence, and health disparity.

*Kenny Kwong, Silberman School of Social Work at  
Hunter College, CUNY*

Stanley Aronowitz, *Taking It Big: C. Wright Mills and the Making of Political Intellectuals*. Columbia University Press, (2012)  
\$32.50 (hardcover).

I find it extremely gratifying that Stanley Aronowitz's intellectual biography of C. Wright Mills revives both his iconoclasm and his centrality to a tradition of public intellectuals and critical sociology which can trace back to Mills' path-breaking works. Aronowitz's book is written on several levels: close analysis of Mills' writings; Mills' stunning insights into U.S. society and its world role; celebration of Mills' notion of the public or political intellectual; and Mills' and Aronowitz's critique, both explicit and implicit, of the university as an institution.

Until Mills wrote from the late 1940s on, U.S. sociology, unlike its European sibling, rarely (not never) investigated the realities of social class. Sociology in this country was pretty much limited to studying "social problems" like crime, mental illness, cities, the family, religion, and so on. It avoided larger underlying structures of race, class, and gender and tended to focus on supposed scientific methodologies that were acceptable to major figures in the field.

Mills was a radical. In his books *The New Men of Power*, *White Collar*, and *The Power Elite*, he revealed tensions and dynamics that most sociologists avoided. Heavily influenced by George Herbert Mead and John Dewey, towering intellectuals who insisted on combining analysis with activism, Mills hoped that exposing the structures and dynamics of domination would help set the direction for real efforts at fundamental social change.

In *The New Men of Power*, Mills was concerned with how labor elites adapted to the conservative political norms of their

society rather than revealing the limits of those norms and the prices paid for adhering to them. The transformation of a middle class from small entrepreneurs and professionals to managers, middle level intellectuals, and clerks marks for Mills the ways the office, in its routinization and industrialization, replicates the factory of the blue collar worker. Just as workers' unions attended to issues of pay and retirement rather than the role of work and the factory in the larger society, so did the white collar middle class, by looking to job and retirement security, also neglect issues of meaning in work and participation in decision-making at the workplace.

Mills' challenges to the taboos on exploring the structures and dynamics of class cast him to the margins of his discipline. A man who rather clearly enjoyed that location (he also drove and repaired a BMW motorcycle, practices extremely rare among academics), he was freed to write favorably about the Cuban Revolution (in *Listen Yankee*), to offer a selection of radical writings by Marx and others (in *The Marxists*), to speculate on war clouds hovering over the Cold War (in *The Causes of World War Three*), and to promote an exceptionally powerful critique of his discipline in what remains his best selling book, *The Sociological Imagination*.

Mills was writing against the mainstream influences in his field, like Talcott Parsons at Harvard and two fellow Columbia colleagues, Paul Lazarsfeld and Robert Merton. Aronowitz writes,

Mills was one of the few exceptions to the tendency to confine social theory to identifying norms and discovering the conditions of conformity. He refused the prevailing proposition that, contrary to the European model, in which conflict marked history, the United States was exceptional.

Mills saw fellow academics in this country as leaning only so far left as to allow themselves to pay attention to the welfare state, civil liberties, and liberal democratic institutions. In his time, as in ours, sociologists were extremely reluctant to entertain either the words or practices of radical analysis.

Aronowitz writes that young academics learn most of the time to avoid ruffling mainstream feathers in their disciplines, "[e]xcept for periods when radical thought is

welcomed, largely because the intellectually centrist orientation of the bulk of the professoriate is successfully challenged from outside the university walls by powerful social or intellectual movements that cannot easily be denied...”

Due to pressures from the civil rights movement, the anti-Vietnam War movement, the women’s movement, and the GLBTQ movement, not all radicals today are as shunned as Mills was in his day, but the overall tendency continues in place, affecting especially younger academics who cannot afford the marginalization that suited Mills and allowed him to thrive.

*Gordon Fellman, Department of Sociology, Brandeis University*



## Corresponding Authors

Tiffany Taylor  
Department of Sociology  
Kent State University  
P. O. Box 5190  
Kent, OH 44242-0001  
ttaylo36@kent.edu

Chuntian Lu  
Sociology Department  
Xi'an Jiaotong University  
No.28, Xianning West Road,  
Xi'an, Shaanxi, 710049,  
P.R. China

Danielle Groton  
296 Champions Way  
P. O. Box 3062570  
Tallahassee, FL 32306  
dbg06@my.fsu.edu

Phillip Dybicz  
Keimyung University  
Department of Social Welfare  
College of Social Science Building  
2800 Dalgubeoldaero, Dalseo-Gu  
Daegu 704-701, South Korea  
pdybicz@gmail.com

Tanya Smith Brice  
School of Social Work  
Baylor University  
One Bear Place #97320  
Waco, TX 76798-7320  
Tanya\_Brice@baylor.edu

Marco Alberio  
CURA (SSHRC)  
Teluq-Uqam  
100 Rue Sherbrooke West  
H2X 3P2  
Montreal, Quebec  
Canada  
alberio.marco@teluq.ca

Juan Chen  
Department of Applied Social  
Sciences  
The Hong Kong Polytechnic  
University  
Hung Hom, Kowloon  
Hong Kong  
ssjuanc@polyu.edu.hk

Robert Fisher  
School of Social Work  
University of Connecticut  
1798 Asylum Avenue  
West Hartford, CT 06117-2698  
robert.fisher@uconn.edu

JOURNAL OF SOCIOLOGY & SOCIAL WELFARE  
2013 Publication Information & Subscription Rates

Volume:	XL
Volume Year:	2013
Publication Period:	1-13 to 12-13
Publication Frequency:	Quarterly
Publication Dates:	March, June, September, December

Subscription Rates:

	Retail Cost	Subscription Agent
Online version only	Individual	
	\$40.00	\$40.00
	Institution	
	\$80.00	\$70.00
Print plus online version* (package) *includes postage fee	Individual in U.S.	
	\$48.00	\$48.00
	Individual Outside U.S.	
	\$55.00	\$55.00
	Institution in U.S.	
	\$88.00	\$78.00
	Institution Outside U.S.	
	\$95.00	\$85.00

\*Non-U.S. address + \$15.00 - U.S. mailing address + \$8.00  
Institutional subscribers can access the Journal's articles with  
ip authentication. Please send ip information to [swrk-jssw@wmich.edu](mailto:swrk-jssw@wmich.edu). Individual subscribers can access the Journal's  
articles online by contacting [swrk-jssw@wmich.edu](mailto:swrk-jssw@wmich.edu) for a  
password.

Prepayment in U.S. funds. Single year subscriptions only.  
Subscriptions non-cancelable. Free replacement within six  
(6) months of publication of issues not received. Back Issues:  
\$15.00 per issue, plus \$2.00 for postage. ISSN: 0191-5096. Tax  
Free Registry No.: A-154961. Federal Tax ID No.: 386007327.  
Index: Included in Issue Number 4 (December) at no addi-  
tional cost. Web Site: [http://www.wmich.edu/hhs/news-  
letters\\_journals/jssw/index.htm](http://www.wmich.edu/hhs/news-letters_journals/jssw/index.htm). Contact Person: Linwood  
Cousins, Ph.D., Managing Editor. Journal of Sociology and  
Social Welfare, School of Social Work, Western Michigan  
University, 1903 W. Michigan Ave., Kalamazoo, MI 49008-5354  
USA. e-mail: [swrk-jssw@wmich.edu](mailto:swrk-jssw@wmich.edu). Tel: 269-387-3205 Fax:  
269-387-3217.

## INSTRUCTIONS FOR AUTHORS

(Revised September, 2012)

JSSW welcomes a broad range of articles which analyze social welfare institutions, policies, or problems from a social scientific perspective or otherwise attempt to bridge the gap between social science theory and social work practice.

### Submission Process

Electronic submissions are welcome. Please send to Robert Leighninger at [rleighn@berkeley.edu](mailto:rleighn@berkeley.edu). If you have no access to the internet, submit three (3) hard copies of manuscripts to: Robert Leighninger, Geography Department, University of California at Berkeley, 507 McCone Hall, Berkeley, CA 90472-4740. Send with an abstract of approximately 100 words and key words. Submission certifies that it is an original article and that it has not been published nor is being considered for publication elsewhere. Electronic submissions will be acknowledged immediately and authors will receive an email when the manuscript goes out for review. Those with no email address will be notified by mail.

Progress reports can be obtained by e-mailing the editor at [rleighn@berkeley.edu](mailto:rleighn@berkeley.edu). Reviewing normally takes 120 days.

### Preparation

Articles should be typed in a 12 point font, double-spaced (including the abstract, indented material, footnotes, and references), with one inch margins on all sides. Tables may be submitted single-spaced. Please provide a running head and keywords with manuscript. Include tables and figures in the same document as the narrative. Keep identifying information out of the narrative. Put identifying information in a separate document with full contact information and any acknowledgments. Aim for approximately 18 pages, not counting tables and references. Avoid footnotes and endnotes if possible. Overall style should conform to that found in the Publication Manual of the American Psychological Association, Sixth Edition, 2009.

### Gender and Disability Stereotypes

Please use gender neutral phrasing. Use plural pronouns and truly generic nouns ("labor force" instead of "manpower"). When dealing with disabilities, avoid making people synonymous with the disability they have ("employees with visual impairments" rather than, "the blind"). Don't magnify the disabling condition ("wheelchair user" rather than "confined to a wheelchair"). For further suggestions see the Publication Manual of the American Psychological Association or Guide to Non-Sexist Language and Visuals, University of Wisconsin-Extension.

### Book Reviews

Books for review should be sent to:

Jennifer Zelnick  
Touro College Graduate School of Social Work  
43 W. 23rd Street, 8th Fl.  
New York, NY 10010.

### Founding Editors

Norman Goroff and Ralph Segalman

Western Michigan University  
JOURNAL OF SOCIOLOGY AND SOCIAL WELFARE  
School of Social Work  
Kalamazoo, MI 49008-5354

Non-Profit Org.  
U.S. Postage Paid  
Kalamazoo, MI  
Permit #87