Back to Addams and Richmond: Was Social Work Really A Divided House in the Beginning?  
   John B. Thompson, Richard Spano, Terry L. Koenig

Crime and Mental Health Problems in Norway—a Zero-Sum Game?  
   Dag Leonardsen

Measurement of Childhood Poverty in the United States and Its Enduring Influences  
   Zi Yang

   Yu-Ling Chang

Examining the Nexus of Obesity, Mental Health and Rural County Level Food Access: Testing the Enduring Role of Persistent Poverty  
   Margaret Ralston, Kecia Johnson, Leslie Hossfeld, Bettina Beech

Understanding Appalachian Microaggression from the Perspective of Community College Students in Southern West Virginia  
   Karen T. Cummings-Lilly and Shandra S. Forrest-Bank

Durkheim’s Greatest Blunder  
   Stephen M. Marson and J. Porter Lillis
BOOK REVIEWS

Empowerment of Women for Promoting Global Health and Quality of Life
Snehendu B. Kar
Reviewed by Abbie Nelson

Serving the Stigmatized: Working Within the Incarcerated Environment
Wesley T. Church II and David W. Springer (Eds.)
Reviewed by Carolyn Suthby

Emergent Identities: New Sexualities, Genders and Relationships in a Digital Era
Rob Cover
Reviewed by Melinda McCormick

Inside Story: How Narratives Drive Mass Harm
Lois Presser
Reviewed by Olivia Marie McLaughlin

Social Investment and Social Welfare: International and Critical Perspectives
James Midgley, Espen Dahl, and Amy Conley Wright (Eds.)
Reviewed by David Androff

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Back to Addams and Richmond:
Was Social Work Really
A Divided House in the Beginning?

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Social work has experienced unique tensions related to its professional identity and dual purpose of social reform and individualized treatment. Scholars have represented this dual purpose, epitomized by Jane Addams and Mary Richmond, as indicating irreconcilable differences. The purpose of this paper is to investigate the writings and speeches of Mary Richmond and Jane Addams, and, based on this inquiry, to assert that their respective approaches to social work are much more unified than often suggested. Specific themes examined include: acceptance and need for each other’s perspectives; compatibility and unity of perspectives; and their collaboration as critical for effecting social change. With this more complex understanding of Richmond and Addams, the authors speculate about how a more holistic approach to social work practice is needed in the 21st century.

Keywords: Charity Organization Society, settlements, social work identity, social work history, philosophy of social work, clinical social work, social reform
Social work has a unique history with persistent tensions related to its professional identity and purpose. These tensions have often centered around conflicting views of social work’s purpose as individual treatment (social casework) or social reform; their varying ascendency reflects the social and historical contexts in which social work developed and also points to social work’s ongoing evolution. For example, social workers advocated for reform of child labor laws during the early 1900s and at a time when the United States was beginning to develop compulsory education for children in all 50 states (Chambers, 1963); many social workers embraced popular Freudian psychoanalytic ideas in their social casework and emphasized individual treatment during the 1920s and beyond (Lubove, 1965).

In this article, the authors put forth the thesis that individualized treatment and social reform can be viewed as complementary elements of social work’s dual purpose: social work has been a unified profession with a dual purpose from its early beginnings. From loosely based religious-oriented attempts to help vulnerable people (Niebuhr, 1932) to an organized, systematic profession that substituted social sciences for its earlier reliance on theological roots (Greenwood, 1955), there are two persistent internal themes that drove much of social work’s early thinking. First, was social work an avocation or an emerging profession? Second, what was the purpose of social work? The first question crystallized when Flexner (1915) presented his critique of social work at the National Conference on Charities and Corrections (NCCC). His response, after admitting he knew little about social work, was that it was not a profession, in part, because social work’s purpose appeared to facilitate the work of other professions and therefore was ancillary to more established professions.

The second question about social work’s purpose had two responses. One was to focus on using case-by-case techniques emphasizing individual character development as a means to address social ills, as did Mary Richmond. The second group of social workers, such as Jane Addams, believed that people’s “individual” problems were generated by the arrangement of social institutions which needed to be reformed. These institutions created an array of barriers that made it difficult for people to escape the toxic conditions that trapped them.
The purpose of this article is to first look at how our profession has handled the debate surrounding the question “What is social work’s purpose—social reform and/or individualized treatment?” We examine writings from scholars, some of whom argue that from the profession’s early beginnings there have been long-standing tensions regarding an understanding of social work’s dual purpose; others describe a more uneven, nuanced and complicated evolution of social work’s purpose as encompassing both social casework and social reform (Chambers, 1963; Germain & Hartman, 1980; Leighninger & Popple, 1990; Lubove, 1965; Pumphrey & Pumphrey, 1961; Trattner, 1974). Finally, some authors acknowledge the complementarity of Richmonds’ and Addams’ perspectives and support a more unified understanding of social work’s dual purpose (Lundblad, 1995; Netting, 2013; Vodde & Gallant, 2002).

Second, we closely examine the writings of Richmond and Addams because their views are often characterized as representing two irreconcilable perspectives of social work’s purpose. Some authors even suggest that Richmond and Addams were both personally and professionally hostile to each other’s perspectives (Franklin 1986; Germain & Hartman, 1980; Murdach, 2007). We purposefully investigate primary source material that suggests their perspectives have much more in common with each other than many social work writers have acknowledged. Richmond and Addams were actively engaged in examining the needs and connections between social reform and individual treatment. By examining their work during various points in their careers, we see the evolution of their thinking. It is our contention that their perspectives were much more clearly aligned than what some scholars suggest.

Third, with this more complex understanding of Richmond and Addams, we speculate about how a more holistic view can be useful to confront these complicated and intense issues in our current historical context, including an appreciation of the need for a “both/and” perspective that allows for a more integrative approach to social work practice in the 21st century.
Historical Context: Tensions and Complementarity in Social Work’s Dual Purpose

Social work’s history is complex, nuanced, and reflects and uneven development in its dual purpose of both individualized adjustment and social reform. Many social work scholars have argued that from the profession’s beginnings in the early 1900s there have been long-standing tensions and divisions regarding the conceptualization of social work’s dual purpose. For example, Pumphrey & Pumphrey (1961) described settlement house services as directed toward ‘normal’ people or everyone who lived in the community, whereas, charity organization societies (COSs) were designed for workers to help people who needed moral guidance due to, e.g., having lost their jobs, or because they had alcohol problems or their children were truant from school. Leighninger & Popple (1990) noted ideological approaches to social work that are very different from each other largely because of their different views of poverty. They remarked that the COSs addressed individual factors in the development of poverty, in contrast with the rise of social settlements, which proposed an approach that addressed the socio-environmental aspects of social problems, such as poverty. Trattner (1974) further stated that the settlement houses were largely a reaction to organized charity and were instead designed to “eliminate sources of distress and to improve urban living and working conditions” (pp. 136–137).

Specht and Courtney (1994) discussed the respective ideologies of the COS and settlement house movement and do not describe these ideologies as complementary. They conclude by saying that “in retrospective...we see the charity organization societies and settlement houses of Jane Addams and Mary Richmond as working with clearly articulated opposing ideologies” (p. 84). Current writings also point to the supposed irreconcilable perspectives of Richmond and Addams (Austin, Coombs, & Barr, 2005; Franklin, 1986; Germain & Hartman, 1980; McLaughlin, 2002; Murdach, 2007). In fact, there seems to be a belief in recent social work writings that these two progenitors of social work were antagonistic toward each other’s perspectives, thus pre-facing the supposed irreconcilable divides between
individualized treatment and social reform camps that have continued to plague social work into the present day.

Day (1989), Lubove (1965), and others (Chambers, 1963; Leiby, 1978; Waugh, 2005) describe a more nuanced, uneven and complicated evolution of the COS’ views of the relationship between individualized treatment and social reform. Day remarked that between the end of the Civil War and the 1890s, the COS, which was rooted in the earlier Association for Improving the Conditions of the Poor, relied on moralism and Social Darwinism, which helped to create their ideology related to the poor as being lazy or morally deficient. They focused on working with the poor to help them develop individual responsibility to address their personal failings. However, by 1904 these moralistic ideas were replaced due to numerous factors, including the translation of science into the larger society and our understanding of social conditions. This led to championing public health efforts and paying attention to carefully collected data by COS workers and others demonstrating that the causes of poverty were societal and environmental (e.g., due to industrialization, urbanization and immigration) rather than personal in nature (Hunter, 1904; Leiby, 1978; Waugh, 2005).

Mary Richmond, who directed the COS at Baltimore, MD, represented one such social worker involved in this transitional period in which understandings of the causes of poverty shifted toward the view of larger social systems and injustices as causes for poverty (Chambers, 1963). By 1909, Richmond had taken a position with the Russell Sage Foundation, which led her to develop more systematic ways to teach others methods and casework as a way to help the poor. By that time, she was using multiple sources to develop her assessments (e.g., client, family, medical records, school and employer), and this work created closer connections between casework and social reform. However, the developments of the 1920s, where casework became closely aligned with “therapy,” created a return to a narrow psychological focus. According to Lubove (1965),

the psychiatric influence, however, created two serious long-range problems. The first with that of defining a satisfactory relationship between social work and social reform. The social worker’s primary responsibility was service to individuals,
but this did not rule out the interest in social, economic, and cultural conditions typical of the Progressive era. In embracing psychiatry, social workers undoubtedly acquired a more sophisticated awareness of the subtleties and ambiguities of personality, but in the process they undermined their capacity to promote institutional change and deal effectively with problems of mass deprivation in an urban society. (p. 117)

Although social work would be deeply influenced by psychodynamic theory and Freudian ideas which emphasized individual treatment, attention to social reform as an important element of social work’s purpose would reemerge due to larger societal occurrences (e.g., the stock market crash of 1929 and the Civil Rights movement in the 1960s). These events created social contexts which provided opportunities for social workers to engage again in broader social reform efforts, such as: advocating for and helping to develop the Social Security Act of 1935 and other social welfare reforms (Genco-Morrison & Hagen, 2005); and the War on Poverty designed to address racism and other forms of oppression (Reardon, 2012; Stuart, 2013).

Finally, there are authors who directly recognize Addams’ and Richmond’s acknowledgement of each other’s perspectives (Haynes & White, 1999; Lundblad, 1995). Lundblad discusses Addams’ speech in 1910 when she was elected president of the NCCC. In this speech, Addams spoke about the COSs and the settlements, recognized their differences, but also saw the need for both so “that these two movements could share a broader perspective” (Lundblad, 1995, p. 667). Lundblad, as well as Leiby (1978), also stated that Richmond believed the division between social reform and social casework to be false. “In Richmond’s thinking individual treatment would always be needed, but social reform was also legitimate” (Lundblad, p. 667). Further, Haynes and White (1999) establish this conciliatory history between the two thinkers. They quoted Addams (1910), who stated that social work meant the coming together of “charitable” and “radical” (p. 387). They also quoted from Richmond (1899) when she declared that problems of poverty must be approached from both sides, and that the charity worker and the settlement worker needed each other. The authors concluded that professional unity would be served well if individuals identified themselves first as social workers, only identifying
their particular area of expertise afterward. Their hope is that social workers in the 21st century will not continue bickering about which one is the “real” social work, instead uniting, recognizing the value of each other’s contributions, and taking concerted action to serve those most in need. The observations set forth by these authors give way to the hypothesis of this article that social work has been a unified and dual-focused profession from the beginning, by making a closer examination of Richmond’s and Addams’ writings.

Rethinking the Divide: Unity, Complementarity, and Interdependence

There is an apparent disparity in the literature on Addams and Richmond: many authors surveyed recognize ideological differences between Richmond and Addams, some point to nuanced, uneven progression and acknowledgement of each others’ perspectives, and even fewer make significant reference to sympathetic language from either side (Haynes & White, 1999; Lundblad, 1995). Have these few authors taken an insignificant reference and exaggerated its impact to serve their intentions regarding professional unification in social work? Or perhaps many authors on this topic have simply overlooked the similarities and mutual recognition in these two intellectual founders of social work. The aim of this section is to provide sufficient information to address this issue. The point here, based on a more comprehensive reading of what Richmond and Addams actually said and wrote, is that they did recognize their mutual need. To be sure, they do have different perspectives on how to address issues in social welfare. However, each respectfully recognizes the need for the other perspective. Therefore, the authors stand with Haynes and White (1999) and support professional unity based on the idea that it was clearly present in social work from the outset. An exploration of the peacable speeches and writings of Addams and Richmond is provided in what follows.
Richmond and Addams: In Their Own Voices

Richmond and Addams each make statements that identify them with a particular perspective of social work as case work or social reform. Richmond stated, “Case work seeks to effect better social relations by dealing with individuals one by one or within the...family” (1922, p. 223). Richmond remarked that “the whole of social work is greater than any of its parts...Case work serves it by effecting better adjustments between individuals and their social environment” (1922, p. 259).

Addams described the settlements as "always fired by a hatred of social injustice" (1913). She depicted the pivotal work of settlements in social reform efforts that involved the development of trade unions to remedy industrial conditions. Addams stated,

I am sure that almost every settlement represented here has had the experience in trying to organize working girls into trade unions...The great value of the trade union among women is—first, the sense it gives girls that they themselves can do something to remedy industrial conditions, that they are not altogether helpless; and secondly, the consciousness it gives them of being a part of a great moral effort. The trade union movement for women [represents a]...social uprising...against conditions which have become intolerable...As a federation of settlements we have spent a year on the study of the young working girl, and we ought to...consider seriously what more can be done to improve her economic conditions, upon which the standard of life rests. (pp. 18–19)

Ideological Compatibility between Addams and Richmond

In order to establish the ideological compatibility and amiability between Richmond and Addams, several relevant statements by Addams, followed by similar statements by Richmond, must be put forth. These statements are grouped into the following themes: (1) acceptance and the need for each other’s perspectives; (2) the compatibility and unity of perspectives; and (3) their collaborative work as critical in effecting social change.
Jane Addams: Acceptance and Need for Each Other’s Perspectives

In her speech entitled *Social Settlements* (1897), delivered to the NCCC, Jane Addams began on a rueful, yet defiant note with her opening statement.

I feel a little apologetic at being here at all. The settlements are accused of doing their charity work very badly. They pretend not to do it at all; and then they become overwhelmed with the poor, and the needy, and they do it, not as trained people should do it, but as neighbors do it for one another, which is not scientifically. In spite of that, however, settlements are, I believe, valuable to charities. (p. 338)

This opening points already to different ideologies between charities (COSs) and settlement houses. However, even in her indication of the division between charities and settlements, Addams reveals her belief that settlements are valuable to charities. She then deepens the rift by citing a “famous” COS representative who, upon encountering an impoverished man, wished to get him on his feet, have him join a friendly society and trade union, and hopefully never see him again, as there would be no further need. Addams was critical of this orientation to the poor because she hoped to build enduring community between the classes.

It does not take long, however, for Addams to show her respect for charity workers. In a message shared with both charity and settlement workers, she makes it clear that the recipients of charity must be understood from their own viewpoint. Addams remarks,

I do not wish to underestimate the friendly visitor. I often say that the people who constantly visit the poor often know more about them than the people who should be content to live in settlements and should not visit them. It is nonsense to say that one cannot know the poor who does not live with them. You know the poor if you take pains to know them. (Addams, 1897, p. 344)

This point would seem to clear up any question as to whether Addams believed that COS visitors were truly capable of
understanding the contexts and problems facing oppressed and impoverished people. She does not go so far as to offer methodological agreement regarding the actions to be taken on behalf of, or with, the poor, but she does not denigrate the ability of COS workers to know the poor on their own terms, which is prerequisite to any helpful intervention. Additional evidence is provided by the fact that two years previously, Addams had been involved in the establishment of the Chicago Bureau of Charities, which was the COS for the city of Chicago, and signed its charter (Schneiderhan, 2007/2008).

Having conceded that charity workers can know the poor just as well as settlement workers, Addams goes on to say that “...after the settlements have given this attention [to the poor], they would indeed be very stupid to minimize the people who are engaged in charitable and correctional work. We need them at every possible point” [emphasis added] (Addams 1897, p. 345). This surprising statement is followed by several examples. For instance, Addams suggests that she would prefer that another group, presumably a COS, provide nursery and probation services so that her own resources could be used otherwise. Hull House apparently provided those and other related services “not because we want to do that, but because we have no children’s court and no probation officer. We have no feeling with regard to the charities but one of hearty good fellowship” (Addams, 1897, p. 345). She follows this up with a genuine invitation for “real fellowship” between the COSs and the settlements such that they might work together, albeit with different emphases, to improve the lives of the very poorest people.

*Jane Addams: Compatibility and Unity of Perspectives*

A powerful example of Addams’ call for a unified social work comes from her NCCC presidential address in 1910:

In an attempt to review the recent trend in the development of charity, that which has appeared most strikingly to your president is a gradual coming together of two groups of people, who have too often been given to a suspicion of each other and sometimes to actual vituperation. One group who have been traditionally moved to action by “pity for the poor” we call the Charitable; the other, larger or smaller in
each generation, but always fired by a “hatred of injustice,” we designate the radicals. These two groups, as a result of a growing awareness of distress and of a slowly deepening perception of its causes, are at last uniting in an effective demand for juster [sic] social conditions. The charitable have been brought to this combination through the conviction that the poverty and crime with which they deal are often the result of untoward industrial conditions, while the radicals have slowly been forced to the conclusion that if they would make an effective appeal to public opinion they must appeal to carefully collected data as to the conditions of the poor and criminal. It is as if the charitable had been brought, through the care of an individual, to a contemplation of social causes, and as if the radical had been forced to test his social doctrine by a sympathetic observation of actual people. (p. 1)

Addams continues by commending the charities for becoming, over time, less dogmatic, more democratic, and more flexible. This is a rather bold statement of Addams’ peaceable stance toward the COSs and the charity workers. To be sure, she does not mention Mary Richmond specifically in this speech, but the connection between Richmond and the charity movement is well documented, as discussed in the previous section. Addams’ statement is also addressed to the NCCC, which meant that it was to be heard by all sides in the developing field of social work. Her vision for social work is holistic and non-dualistic, where the ideology of one group must be integral to the other: the charity ideology, in its individualistic focus, cannot help but develop an understanding that social and industrial conditions play a significant role in shaping the plight of each woman, man, child, or family. On the other hand, the settlement philosophy, aimed at ameliorating unjust social and industrial conditions, cannot elide individuals or individual families and their particular circumstances when advocating policy decisions for entire populations. Addams apparently envisions a future for social work that includes social work interventions at both the individual and broader societal levels. This would necessarily involve social workers in various systems such as child welfare and criminal justice, but also would require workers in positions of administration, social organizing, and legislative advocacy.
Jane Addams: Collaborative Work as Critical in Effecting Social Change

In the 1920s and within the broader influences of psychiatry and Freudian ideas on social case work, Addams called for the COS and settlements to acknowledge their common, unified vision of social work and their need to work together to effect social change. Addams (1920) stated this explicitly in her speech to the NCCC as she reflected on her recent visit to social work sites in Europe:

What is the spirit of social work? It was founded upon genuine human pity, upon the desire to relieve suffering, to give food to the hungry and shelter to the homeless; unless we can get back to that, underlying as it does, all the subdivisions and subtleties into which we have developed our activities, and take hold of this great world-situation, we will fail in an essential obligation, in a sense we will be traitors to our original purpose. (Addams, 1920, pp. 41–42)

Her speech proceeds to tell of wretched conditions that children faced in various European cities, her point being that social work must wholeheartedly take action as a diverse profession with many “subdivisions and subtleties,” otherwise we are not “worth our salt” (Addams, 1920, p. 42). The “spirit” of social work then is one that does not forget its original mission: its calling to relieve suffering, feed the hungry, and shelter the homeless. This spirit is for an inclusive, unified understanding that social work has strength in its internal diversity. If each subdivision of social work will remember its mission and take action, then real social transformation may be possible.

These excerpts should suffice to introduce a more holistic view of Jane Addams. Though her specific social work tasks differ and overlap from those of the COS, she clearly promotes only a unified vision for social work. But what about Richmond? What sort of vision did she have for social work as an emerging profession?
Richmond’s perspective can be discerned from her speech at the NCCC in 1911. This speech, which followed Addams’ speech, was entitled, “The Art of Beginning in Social Work.” Richmond stated,

There is an art of beginning, whether we are considering our first steps in trying to find out what to do for an orphaned and destitute little child, or our method of procedure in the larger but related undertaking of trying to reduce the number of destitute orphans in the United States. Both of these social tasks demand a social investigation, though the investigation that is peculiarly my theme is that one which precedes from some form of social treatment not for a large group but for an individual. (1911, p. 373)

Richmond takes ownership of her own individually-centered role and function within social work, but does so without any hint of displeasure that others will do related but different tasks. In her speech she defines her own purview as “clinical,” or focused on the person, but also describes the need for a contrasting, alternative focus of the larger social elements of a problem. Referring to the distinctions between different aspects of social work, Richmond (1911) said,

But the methods of the workshop [settlement] and the bedside [COS] are always shading into one another, and the pendulum is always swinging now toward one, now toward the other; in social work it seems to be swinging almost violently of late. I make no attempt to settle the question of which one of these two methods of social service has contributed or will contribute more to human welfare. I do not know and probably no one knows. Probably both supply indispensable data...few forms of social betterment have always and under all circumstances been able to utilize only one of these two methods. (p. 373)
The speech continues with Richmond elaborating on the similarities and differences between what she terms the personal or retail and wholesale methods of social work (1911). The latter setting policies for groups based on a broad understanding of their needs, and the former attending to the need for individual tailoring of various policies and procedures. Similar to Addams’ understanding of the “spirit” of social work, Richmond is not interested in quibbling over which social work is the one authentic or true social work, but instead recognizes the need to address problems using a plurality of investigations and interventions at different levels.

**Mary Richmond: Compatibility and Unity of Perspectives**

Richmond’s various writings acknowledge the compatibility and unity of individual case work and social reform perspectives. For example, Richmond (1906) described the advice that an experienced COS leader gave to a newly appointed leader,

“Stick to the individual case,” said a wise charity organization leader to one about to assume leadership. “Let nothing drive you away from it, for, rightly handled, there’s the whole of social reform in it.” The whole of social reform is in the retail [case work] method, when we follow faithfully wherever its careful working out may lead. (p. 179)

Further, evidence of Richmond’s favorable opinion of Addams and the settlements can be found in her well-known book *Social Diagnosis* (1917). The book describes formal social case work as an alternative, not to settlements, but to merely “doing good” without any sense of standards or accountability (Richmond, 1917, p. 25). The newly emerging profession of “social service” or “social work” is only worthwhile to the extent that “society is really served” (p. 25). To this end, social workers engage in case work for the betterment of individuals and families. Other social workers are distinguished by their focus on the betterment of individuals and families “in the mass” (p. 25). “Mass betterment and individual betterment are interdependent [emphasis added], however, social reform and social case work of necessity progressing together. This fundamental truth will appear repeatedly as the present discussion of social diagnosis advances” (p. 25). Richmond’s conception of social work as comprised of both
individual and mass intervention is a rather strong statement of the compatibility and unity of these perspectives. The fact that she calls it a “fundamental truth” should leave no doubt about her positive opinion regarding social reform efforts. It would seem that a bolder statement on the matter would be difficult to make.

Mary Richmond: Collaborative Work as Critical in Effecting Social Change

Richmond (1917) revisits the topic of internal diversity in social work in chapter nineteen of Social Diagnosis. She reiterates that “…social reform and social case work must of necessity progress together” (p. 365). Richmond, like Addams, describes a holistic, non-dualistic orientation which requires both the collaborative work of social reforms and social diagnosis and treatment.

When, for example, the restriction of child labor was made possible, several new kinds of case work became necessary, one of them involving greater skill in sifting the various evidences of age, one involving the development of other family plans to take the place of children’s earnings, etc.” (Richmond, 1917, p. 365)

Through her description of the slow progress toward the reform of Child Labor laws which were informed by the individual work and scientific data collection done by case workers, Richmond (1922) depicts an intimate portrait of collaboration between reformers and case workers,

I know from personal experience in a certain state where there was, at the time, greater industrial demand for the labor of children than in any other, how easily the new child labor law might have been a dead letter save for the devoted service of the case work agencies [who, for example, collected data about child injuries due to child labor]. After this experience I learned to watch for relation between case work and any given social reform. It has happened again and again, though not always, that case work has preceded and led up to the mass movement by supplying pertinent observations and recorded data. Then later it has followed after the mass movement, and has applied the new standard in individual
cases at a stage when the application was still difficult. There is a still later stage, as in child labor law enforcement, when social research must...study special phases of the subject, the street trades, for example, or the labor of children in the beet fields. This study must often be undertaken by an agency which continues its work long after the first strongholds of prejudice and inertia have been overcome. (pp. 234–235)

Richmond demonstrated the interrelationship of social case work and social reform with this example: new policy, in this case child welfare policy, resulted in the need for new forms of case work in order to implement and evaluate the policy change. Alternatively, information from case work with individuals may provide essential information for social reformers, who may then advocate for relevant legislation. This relationship involves the need for policies to be modified and adapted to accommodate individuals. “...[R]esemblances have made mass betterment possible, while individuality has made adaptation a necessity” (Richmond, 1917, p. 367).

Conclusion and Implications

If successful, this paper has provided a more robust understanding of Richmond and Addams and their views on social work. These examples are a far cry from claims in the literature that posit only hostility between these two early leaders in the field. Statements that Richmond and Addams “abhorred” or “deplored” each other’s work and perspectives (Germain & Hartman, 1980), or that they were “fundamentally opposed” to each other (McLaughlin, 2002), exaggerate differences between them and fail to recognize their positive recognition of one another’s perspectives. The idea that Richmond and Addams despised each other’s approach to social work seems more indicative of an unfortunate trend in some current social work circles where hostility between clinical and social reform approaches has led to a breakdown in attitudes and relationships among people in this field. As we’ve demonstrated using Richmond’s and Adams’ own words, their perspectives reflect substantial overlap and compatibility.

Addams’ and Richmond’s work suggests the need to incorporate both an individual and environmental focus in order to
accurately look at the interactional nature and purpose of social work. What makes social work’s purpose realized is the dual focus acknowledging connections between clinical and reform efforts. Clinicians who solely emphasize intra- and interpersonal aspects of clients’ challenges without connecting those issues to unjust social structures that contribute to them, ignore the comprehensive social work perspective put forward by Addams and Richmond. By the same token, social workers who only focus on structural changes without connecting those changes to consequences for individuals are equally culpable for abdicating their responsibilities to examine how larger changes directly affect individual well-being. Both Richmond and Addams call us to a standard of practice that transcends the “either/or” focus that appears in our literature, and replaces it with a demand to include both clinical practice and reform efforts. As Porter Lee (1929) said in his address to the National Conference on Social Work, “cause and function” are necessary to improve the lot of those people for whom social work has historically and currently provided its broad array of professional activities.

What are the implications for social work today if indeed Richmond and Addams presented an interdependent and unified approach to professional social work at the outset of its existence in the United States? It is our primary hope that as a profession whose mission is to help improve the lives and life conditions of the ill, poor, marginalized, and exploited in modern society, that recognizing connections between Addams’ and Richmond’s perspectives will lead to decreased anxiety, increased awareness of a comprehensive professional social work identity, and improved cooperation among social workers—whether in the academy or among practitioners—to better serve people in need. This involves reframing our social work discourse and how we often understand each other as engaged in suspicion about who among us is an “authentic” social worker.

We do not intend to diminish the diversity of responses to human need that social work offers. On the contrary, one of the great strengths of social work as a profession is our pragmatic approach to problem solving which permits us to use various theoretical perspectives, research methodologies and practice methods in order to effect change at multiple levels. Thus, reframing the clinical versus social reform divide is not about diminishing
any aspect of social work, or about taking one side or the other, it is about embracing the unified identity of this still nascent profession, which, from the beginning, has included these two broad approaches to doing the “work” of social work (Thompson, 2012). Reframing means letting go of hostility and instead understanding this difference as a healthy tension which, when properly construed, leads to increased cooperation, dialogue and more effective implementation of theory, research and practices, as Richmond suggested approximately 100 years ago.

In effect, since collaboration between social reformers and clinical workers will certainly benefit those we aim to serve, we have an ethical duty to work together toward this end. Our purposes cannot be realized by defining social work practice based on our entry point (i.e., micro, mezzo and macro). Our purposes require that we must understand and integrate multiple factors, both cause and function, in every interaction in our practice. We also have a duty to educate our students about the accuracy of our intellectual history which reflects an inclusive and vibrant profession that, in turn, can enable our students to develop and deepen their professional identity.

The current NASW Code of Ethics states that “[s]ocial workers promote social justice” and that we do so by using multiple methods, including direct practices such as counseling and case management, as well as macro/policy practices such as community organizing and political advocacy (2017, p. 1). “A historic and defining feature of social work is the profession’s focus on individual well-being in a social context and the well-being of society” (NASW, p. 1). By representing both “sides” of social work, the Code of Ethics supports these ideas put forth by Addams and Richmond with the hope that we move forward together to accomplish our mission with unity, though not necessarily uniformity, so all perspectives and practices that promote human well-being are valued.

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Through a historical overview, the author analyses the Norwegian welfare society and the limits of a social-engineering approach to social problems. While economic growth and welfare benefits expanded for many years, so did registered crime and mental problems. This paradox gives a justification for challenging established ways of thinking about social prevention policies. Since the turn of the century, crime figures have decreased while the state of mental health has worsened. The author argues that if the price of the suppression of crime is the depression of mind, then the gains are indeed pyrrhic.

Keywords: Social prevention, mental health, crime, social engineering, Norway

Introduction

In the 1970s, social scientists in Norway warned against a development in which prevention of social problems would become increasingly more difficult as political control over the economy was waning. Leading politicians echoed the message, and governmental documents from this time disclosed a worry about increasing crime and drug problems concurrent with increasing economic turbulence. The decision to open the Norwegian economy to a European and global free trade market was synonymous with speeding up economic and social change, while political control would shrink. However, in accordance with social democratic ideology, the sovereign state should be capable of providing security for all citizens and safeguarding
social integration. For social democrats, an open economy would not impede such a promise, since shrinking governmental control of the economic system was to be compensated for by strong supportive measures directed towards the socio-cultural system. Broad varieties of welfare measures were continuously developed, and the idea of putting social values first was a guiding principle for the (Labour Party) government. Liberalism at the base (an open, free trade based economy) was accepted as long as one could implement social democracy in the superstructure.

Accordingly, the government gradually changed its strategies to prevent social problems. A rapid expansion of measures directed towards the family, the educational system (schools and kindergartens), crime and drug problems, child protection care, etc., took place, especially from the 1970s/1980s. Program policies built on action plans replaced a more structural and holistic way of thinking.

However, in spite of huge social investments, governmental as well as social science representatives continued in the following years to send worrying messages about a change in the social climate. If the economy was running smoothly, this was not the case with the socio-cultural system; if the politicians succeeded in producing enough goods, they did not succeed in producing meaning for everybody. Crime, drug problems, mental distress, loneliness, even poverty (labelled new-poverty) gradually arose on the political agenda. The political response to this situation was more of the same—more and stronger measures directed towards the socio-cultural system. In spite of what social scientists reported, no questions about systemic restrictions or value conflicts appeared. Instead, one hoped that ingenious social research in alliance with a strong political will to spend big money would cure the patient. The outcome was disappointing.

At the turn of the century, the picture changed. Norway, like many other countries, experienced a turn-around trend in registered crime. It was reasonable to ask if it was the social engineering strategy that finally worked out. In 1996, Garland wrote about “the myth of the sovereign crime control” and about limits to state interventionist strategies. However, at the turn of the century it seemed that Garland might have been proven wrong. When Alva and Gunnar Myrdal, two famous Swedish social scientists and politicians, declared in the 1930s that “we can prevent—
technically it is possible to quite a high degree—illness, crime and asocial tendencies of different sort” (cited in Pratt, 2008, p. 130), this prophecy could now have become true—at least concerning crime. Or, is such a conclusion premature?

To answer this question we have to ask what the criteria for success are. Western governments, in their eagerness to combat social problems, have tended to split different symptoms of social disruption into separate and (apparently) unique sectors, each with their own specialized strategies. This way, social problems have been turned into social engineering challenges that should (and could) be handled by way of professional guidance. However, while (the majority of) registered crime in Norway has decreased during the last 15 years, mental problems have not. It seems that a positive trend in the war against crime has been accompanied by a comparative growth in mental suffering. Accordingly, one could ask if mental health problems in today’s Norway merely represent another symptom (in addition to crime) of an unchanged (or even worsened) social climate—a climate in which the struggle for recognition and respect are as challenging as ever, but where social strain is expressed in a different way than before. Have striking in problems (like mental suffering) replaced striking out problems (like crime)? If this is the case, this should be a challenge even for criminologists.

In this article, I shall first describe, primarily referring to written public documents, the main changes in social problems and social prevention strategies in Norway since WWII, and document how the government gradually changed focus concerning how to prevent social problems. This change was based on the assumption that welfare policy strategies could compensate for a lack of macro-economic control. As a part of this account, I shall present what the politicians themselves described as “the welfare paradox”: the fact that crime and other social problems increased in parallel with a huge expansion of different preventive measures. Why did a combination of economic prosperity and social welfare investments not produce (as expected) less crime (until the turn of the century) and less social strain?

Next, I shall address the interesting observation that, from the turn of the century, registered crime decreased, while mental health problems seemed to increase. How can we
explain this paradox? While it is impossible to prove any strict causal link between these two observations, I want to present a hypothesis (nothing more than that) that the relationship could be more than coincidental. Are the decreasing crime figures an indication that our society has become more socially integrated, or are social tensions today only expressed in another language? Is much of present-day crime prevention a type of window-dressing strategy that replaces one type of problem (crime) with another type of problem (mental distress)? Criminologists have argued that people in Japan, due to Confucian/Buddhist/Shintoist values, are policing themselves—hence so little crime in this country (Leonardsen, 2004). In this article I ask if a neo-conservative/neo-liberalist set of values fill the same disciplining role as “Asian” values do in Japan. The result might be less crime, but at the cost of more problems, like eating disorders, suicide, anxiety, depression, alcohol/drug dependency, electronic addiction/gambling, etc. As pointed out by Young (1999, p. 156), there is a sense in which the conservatives are completely correct: “If you wish to maintain an orderly society which is in essence unfair and inequitable you must train the individuals within it to accept the world as it is.” Maybe the Norwegian coin that shows little crime on its upper side has another side that discloses a strenuous social climate.

In line with Wilkinson and Pickett (2010, p. 26), one could dispute strategies where health and social problems “tend to be treated by policy makers as if they were quite separate from one another, each needing separate services and remedies.” Low crime rates are not all there is to “a good society.” Even though crime figures might be used as radar for reporting interesting qualities about a society, one should not draw rapid conclusions from law-abidingness to social harmony (as the case of Japan might illustrate, see Leonardsen, 2004, 2010). What type of actions (for example, alcohol consumption) that happen to fall into the category of “crime,” or, alternatively, are defined as “social (but not legal) problems” will vary in time (historically) and space (culturally)? Crime is like a sponge (Christie, 2004) that can absorb a broad variety of actions. If criminology is the study of crime, and crime is ephemeral, one can easily see that it is problematic to delimit criminology to fluctuating formal criteria (i.e., what is forbidden by law). If less crime is
accompanied by increased mental depression, little is gained, and one could ask if criminologists should focus more on general social conditions and less on crime in itself. By asking these questions, this paper engages in the debate on “public criminology” (Christie et al., 2011; Loader & Sparks, 2011) and “public sociology” (Burawoy, 2005), asking the pertinent question: what is (really) the problem? Based on my historical presentation on the next pages I want to pay attention to a tendency among politicians to abdicate from a value-based debate on social problems and instead confine oneself to a sectored, professionalised (evidence-based), and (often) instrumental approach.

Let me start with an overview of the way Norwegian authorities have interpreted and reacted to social problems since 1945. What did “giving priority to social prevention” mean in different periods?

Norway 1945-2016: From Economic to Socio-cultural Intervention

Crime prevention in Norway started out as a fight against poverty and a struggle for universal social inclusion. Crime was regarded as only one of many different expressions of social problems related to deprivation. The solution to the crime problem (and other social problems) was to create a socially integrated society through national control of the economy (from regional and labor market policy to housing policy), and a strong redistributive welfare state (universal social benefits). This approach was the recipe that would bring society into social harmony. The inspiration from Keynes and Beveridge was obvious. What little crime there was would vanish because of collective redistributive action; this was the social democratic credo.

Accordingly, work and welfare became two sides of the same coin. The anticipation was that all types of social problems would fade as economic growth, full employment, and a universal social security system was safeguarded. The Ministry of Finance and the Ministry of Labour became the two dominant institutions to remove distress, insecurity, and inequality. There was no disagreement that there was a complete overlap of interests between the economic and the socio-cultural system. What was beneficial for Norway, Inc. was beneficial for its citizens. “The
Construction State” became almost synonymous to “The Welfare State,” and abolishing crime and other social problems could be converted into a question of money to meet well-known needs (and not, as later on, a question of knowledge and expertise to meet complex human needs). The period from 1945 and into the 1960s was a period of optimism and enthusiasm.

However, reading governmental papers and the party programs of the (governing) Labour Party (LP) from the mid-1960s discloses an increasing uneasiness about social conditions in the country. A White Paper published in 1960 (Ministry of Social Affairs, 1960–1961), reported that the crime increase was “explosive.” As a background to understanding this development, Labour Party Leader Trygve Bratteli talked in 1965 at the Labour Party National Conference (LPNC) about the profound economic and technical changes that had taken place since 1945, and continued:

Modern societies—to an increasing extent characterized by science and technical innovation—seem to have entered an essentially new type of development. What is happening is that some very profound changes take place at a very high speed. However, these rapid changes that take place in the everyday lives of ordinary people will lead to uneasiness and uncertainty, and it will lead to significant industrial and social problems. (LPNC 1965, p. 147)

Increasing crime was an often-cited illustration of this “uneasiness.” At the time of Bratteli’s speech, crime had been on a continuous upward trajectory for many years, and the registered number of crimes investigated by the police (per 100,000 inhabitants) doubled through the 1960s. The Labour Party’s Principal Program from 1969 reported:

Even in societies that have reached the highest material and technical level of standard one can register discontent, human callousness, conflicts and dissatisfaction. The industrial society has not succeeded in developing human ways of being together that satisfies basic social and psychological needs. We experience that people are alienated and that the competitive society and the one-dimensional cultivation of material goods generate a barren and empty life for many people. (Labour Party, 2001)
To the extent that this description gives a fair portrait of the situation, the political ambition of “economic growth and contentment” from the early 1960s had been only partly achieved. While the long-term program from 1957 had promised to “pay close attention to preventive health and social work” (The Ministry of Finance, 1957, p. 72), in the early 1970s public documents and social research indicated that something had gone wrong (e.g., book titles such as “The Myth of the Welfare State” [Norway] and “The Hollow Welfare State” [Sweden]). The sudden increase in social security expenditures (the old means-tested poor law) represented only one worrying facet, as well as increasing crime and drug problems. The politicians had to admit that the power balance between market forces and political control had developed in favor of the former:

Largely we are still hampered by insufficient tools for political control. We have too little knowledge about the society we want to change and the world we are a part of. We have to obtain more knowledge, more statistics, and more research documentation in all fields of importance for the change of society. (Kleppe, LPNC, 1969, p. 158)

The perspective Per Kleppe—one of the main strategists behind the Labour Party policy—presented, was twofold: (1) A socially integrated society was dependent on political control over the economy; and (2) proper political control was dependent on knowledge-based documentation and valid statistical information. In other words, the realization of the welfare state ideal had to be based on a happy marriage between political voluntarism and the developing social sciences. Since the economists had been successful in saving a wrecked economy in the 1930s (e.g., Keynes), it was now reasonable to expect that the social scientists could help in solving the evolving problems in the socio-cultural system. Party Leader Trygve Bratteli commented on this:

During a period of huge changes and reform of our society, we have to give priority to the science about man and his environment, about the body and the health of our soul, about contact and living together, about human society and about human history. In every regard we have to invite the
help that science to an increasing extent can supply us with.
(LPNC, 1965, p. 149)

Since the politicians assumed that social problems could be
solved through a confident cooperation between themselves and
social science researchers, these problems did not provoke any
political questions regarding value priorities. Strong political
commitment to intervene in the market processes in combination
with a comparable strong belief in the problem-solving capability
of the social sciences was what it took to stem crime and social
uncertainties. Due to a well-equipped toolbox, no one should fear
for his/her overall living conditions. In Norway, the government
took control via a broad set of policy strategies.

However, with Kleppe’s declarations about lack of political
control over the economy, the political priorities in the next de-
cenniums might seem surprising. While until the early 1970s
politicians had had at their disposal governmental instruments
that could soften some of the negative effects of the liberalized
market economy, they now headed towards a further weakening
of their own political control. Already in 1960, Norway joined the
European Free Trade Association (EFTA), which meant a gradu-
al deconstruction of customs and tariff barriers. The immediate
result was rapid geographical changes with extensive social ram-
ifications. Then, from the mid-1970s, an international depression
resulted in a paradigmatic change in economic thinking. Keynes-
ian “demand-side economy” had to give way. From then on,
monetarist principles “became the international policy to which
all governments committed to an open world economy felt obliged
to subscribe” (Gamble 1986, p. 34, italics added). The space for
political manoeuvre, even in social democratic-oriented Norway,
was in decline. This represented a serious political dilemma:

I will go as far as to say that I do not think we are able to
carry out our aims as for our welfare policy in a society that
is so strongly dominated by capitalist influence as Norway is
today. The implementation of our welfare program takes as a
premise quite a radical change of society. We are not running
for “adaptation policy.“ (Kleppe, LP’s Conference on welfare
politics, 1971, pp. 81–82)
In a situation with increasing social problems (the concept of the “client producing system” now became common), and with weakened political control of important economic variables, how was the government, with all its political ambitions regarding social prevention, to handle these challenges?

In a speech to the National Congress in 1971, Minister of Social Welfare Odd Højdahl declared that it had come as a big surprise that social problems escalated in parallel to economic affluence and social reforms being attained: “[W]e thought that the abolishment of mass poverty, improved housing, and better educational and working conditions, would make main elements of the welfare policy superfluous. However, it was not that simple” (LPNC 1971, p. 230). This “welfare paradox” (less poverty, more crime and social problems) was hard to understand for those politicians who had their historical background in the 1930s (high unemployment) and the 1940s (war economy).

However, with the given priorities, there were no options for turning. “The strong demands for efficiency and productivity in different sectors of society make many people fall by the wayside,” Højdahl declared, but “the only solution is further economic growth. I will ask you not to equal economic growth with social problems” (LPNC 1971, pp. 254–255). The general perspective was (like in 1945) that what was good for the economy was good for people in general. Accordingly, the way of understanding the social problems of the 1970s was much the same as in 1945: it was through rapid (free trade-based) economic growth in combination with a broad variety of governmental measures that a crime resistant and socially integrated society could be sustained. The governing optimism was unaffected.

Even though the Labour government through the first half of the 1970s had demonstrated a strong will to implement an extensive welfare policy (including regional, industrial, financial and labour measures), gradually the general economic development in Europe changed. A process of abdication from political control of the economy became increasingly dominant at a time when the impetus for change escalated (Norway became a turbulent oil economy in 1969, while at the same time the government prepared for Norwegian participation in the EU). However, the political ambitions remained the same. Taking care of soft values was more important than ever.
the framework of what was called a “new welfare policy,” the Labour Party continuously talked about “giving social values pre-eminence,” underlining that from that point on social values should be a premise for all types of policy planning. Stronger focus was directed at developing what was called “self-supporting networks,” not least because one had gradually reached an awareness that “the state cannot make people happy.” All these declarations were formulated at the same time as the winds of change were accelerating. The “panting competition society” (Vice-President Reiulf Steen, LPNC, 1973, p. 62) should from now on be transformed in the direction of “a real equal society where people have a chance of experiencing peace and prospects for developing all their abilities” (Steen, p. 62). However, such an ambitious aim could (according to Steen) be attained only if stronger measures were introduced:

For the Labour Party there should be absolutely no doubt concerning the main perspective: by intervening directly into the societal system, by removing the causes of the problems, through the regional policy, through measures like rehabilitation allowance and rehabilitation employment, we will reach a society with people that function in accordance to their talents rather than investing a lot of money to repair damages evolving due to cold and inhuman conditions of competition in the labour market and in society in general. (LPNC, 1973, p. 66)

In short, the government continued having high ambitions for building what in political terms was designated a qualitatively better society. The trust in the social sciences for supporting the politicians with the necessary know-how to maneuver in a complex and mobile society remained uncontested. Facing the question of how much change society could take, the Minister of Education and Research declared that “one of the most important tools for political governing that should be implemented is an action program for social research” (Førde, 1980). The challenge was to make the social sciences a helping hand to solve the contradiction between mobility and how much turbulence people could take.

At the beginning of the 1980s, the Labour Party Program (1981) described the social climate in Norway as follows:
The strong economic growth has had its price... The rapid changes have created uneasiness, alienation and insecurity about the future. New human problems have appeared: new illnesses and new troubles. Drug abuse increases... Beneath the surface of wealth, we can find huge human and social problems that are unsolvable within the present system of dominating capitalistic features. (Labour Party, 2001, p. 14)

The Party Leader, Reiulf Steen, declared in 1981 that, “not at any time since WWII has social security been more vulnerable than now” (LPNC, 1981, p. 58).

Vice President Einar Førde expressed his worries by saying that “we can fill up a medium big Norwegian city with children suffering from what is known as ‘serious lack of care’” adding that the youngsters’ optimism for the future had changed in the direction of pessimism and fear. The No-Future Generation had arrived. In 1983, social scientist Kolberg published a book titled “The Welfare State—Goodbye?” Five years later, Marklund (Sweden) published “Paradise Lost? The Nordic Welfare States and the Recession 1975–1985.” Both titles indicate the focus of the welfare state debate all through the period 1980–2010.

These were the years of a general right wing turn in politics. Norway, now economically strengthened through its new status as an oil nation, was no exception to this general trend of welfare contraction. The Labour Party’s hegemonic status was shrinking. During the period 1981–86/1989–90, and 1997–2000/2001–2005, Norway had conservative/centre-right governments inspired by neo-liberal thinking. While the Norwegian Labour Party held a rhetorical distance from this ideology, the neo-liberal influence was identifiable also within the social democratic camp. For one thing, during the 1980s and 1990s the party strengthened the course towards further European integration. After the party had lost a referendum in 1972 about Norwegian membership in the EU, a new proposal was launched in 1994. Once again, the Norwegian electorate voted No. Nevertheless, the Labour Party was a driving force for connecting Norway tighter with the European free trade market. When the campaign for full membership in the EU failed, the strategy (which succeeded) was to make Norway a member of the European internal market. The implication of this was more power delegated to Brussels and to
market forces, and, in spite of earlier claims, a weakening of national political power.

Furthermore, during the period with a conservative government (1981–1986), key members of the Labour Party prepared an ideological shift away from governmental and bureaucratic solutions, heavily dependent on taxation and centralized arrangements, and invited a new debate on freedom, modernization and market solutions. This took place at the National Congress in 1987. As Norway had become more integrated into the European, as well as the global economy, one had to acknowledge that, “the task for political organisations should be the setting of political aims and defining the framework. After that, it is the leaders’ and their employees’ challenge to reach the given aims. We believe this will redeem innovation and engagement” (Brundtland, LPNC, 1987, p. 21). Due to stronger demands among the electorate for more individualized and tailor-made services, one should, Brundtland argued, be more sensitive to such demands. The main challenge was to see that services were offered on equal terms. Accordingly, it would be a good strategy to bring competition into the public sector. From mixed economy to mixed administration—this was the message. The choice between public and private operation had to be made according to what was most convenient for reaching the given aim. Furthermore, people had to show more responsibility themselves: “It is a main challenge to follow a strategy where people are empowered to handle their problems themselves” (Brundtland, LPNC 1987, p. 134). One precaution was taken: “We shall offer no compromises when it comes to stating that health, social security and education are so basic common needs that we will not allow commercialisation of these services. In this connection I will recommend dogmatism,” Førde concluded (LPNC, 1987, p. 73).

How did this ideological shift affect the social climate in the country? Had the politicians’ promises about giving priority to social prevention and the alliance with the social sciences produced a better society?

Social research, public documents, as well as party programmes, disclose a rather worrying answer to these questions. In the Labour Party’s program for 1986-89, one could read that “a big and increasing number of children and youngsters are being
neglected, maltreated; they drop out of school and end up drifting. Queues for getting financial assistance are increasing” (e.g., increasing unemployment rates and increasing housing costs) (Labour Party, 1986–1989, p. 74). In the 1990s, worrying signals referred to “too many children getting too little care and supervision,” and cases of incest, child maltreatment and children living on the streets represented illustrations of this (LP Election Manifesto 1990–1993, p. 53).

The Labour Party Program from 1992 declared that “loneliness, fear, increase in psychiatric sufferings, increase in suicides, even among children and young people, indicate that time and efforts do not suffice for giving the necessary care we should offer each other” (Labour Party, 1992, pp. 15–16).

An increase in crime (especially serious crimes) was part of the picture (until the turn of the century): while in 1980 there were 3.3 persons per 1.000 charged for crime, this figure increased to 6.4 in 1998 (The Ministry of Finance, 2000–2001). In the “Principles and Values” program from 1996, the Labour Party talked about problems like lack of social network in society, little reciprocity and contact among people, increasing crime, drug abuse, and mental illness. Suicide was one of the most frequent reasons for death among young people, mirroring increasing loneliness and social isolation among people in general. In 1996, Party Leader Jagland announced that a new under-class and new class divisions were emanating. At the turn of the century, poverty had become an essential problem to combat; some 70,000 children were living below the poverty level (LP Election Manifesto, 2001–2005); “many children are not in a position to have their dinner every day; they never go for a holiday; they cannot participate in school excursions” (Jagland, LPNC 2000, p. 6). A national committee reporting on the situation within Child Welfare Protection (NOU, 2000, p. 12) claimed that the challenges were formidable, and that preventive work had been neglected. Marginalizing forces in all fields of upbringing were described as very strong. The committee presented 50 recommendations, warned against simplistic solutions, and underlined the importance of focusing the value foundation in the social preventive work. In a White Paper (Ministry of Social and Health Affairs, 2001–2002), the government addressed eating disorders, loneliness and isolation problems, lack of care, maltreatment, behavioural misconduct,
drug problems, bullying, and lack of well-being as the most serious challenges. Headache, depression, and stomach/back pains among youth signalled serious and extensive psychosocial problems. Another White Paper (The Ministry of Finance, 2000–2001) expressed worries about pressure regarding sex, competition, work, commerce, and scarcity of time.

Indicators on stress, dropout from school, reports to the Child Welfare Services, loneliness, suicide, drugs, use of antidepressants, and sleeping pills, disclosed a negative development. According to the governmental “Strategy plan for social prevention” (Government, 2009), the share of young people having big problems or experiencing social maladjustment seemed to increase rather than decrease. In a broad study on living conditions among youth, the research institution NOVA (2014) reported about a well-adapted (little crime) and largely home-staying generation, but with mental challenges (stress). The most recent data (Bakken, 2017) confirms this picture, but warns against a marked increase in self-reported depression, especially among young girls. The number of respondents reporting about experience of loneliness is the highest ever. The Norwegian Institute of Health (Bang Nes & Clench-Aas, 2011) has documented an increase in the use of tranquilizers, ADHD medication, antidepressants and sleeping pills, as well as more people receiving disability benefits. Nowadays, the leading reason for people being absent from work is anxiety and depression (Olsen & Nystuen, 2017). In his annual speech 2017, the Director of FHI had exclusion of youth as main focus in his presentation. Mjaavatn and Frostad (2016) report that 22% of girls (only 3.5% of the boys) in high school (aged 16) suffer from emotional problems—a doubling of figures in the span of twelve years. Prescription of antidepressants increased by 57% from 2004 to 2014 among girls 15–19 years. Lack of self-confidence and dissatisfaction with their own bodies is an often-mentioned problem among these girls. These days, the Norwegian government is preparing for a new curriculum in schools, called “coping with life.”

While the referenced data may indicate that mental health problems in Norway have become more pronounced, the crime trend appears to have turned downwards. Taking all the necessary precautions about the difficulties in reading crime statistics
(including victim statistics), I take as a given premise for the further discussion that Norway (like many other modern societies) has become a less crime-prone society the last 15 years. From this outset I shall now move from the historical-descriptive presentation to the analytical-normative discussion, and ask what is really gained if less crime is accompanied by more social stress? Are we facing a kind of zero-sum game where victories in crime prevention correspond to losses in mental well-being? What kind of challenge does the new pattern of crime and social problems present to criminologists?

Discussion: Crime and Mental Stress—Depression of Mind Through the Suppression of Crime?

First, there are many nuances to the story presented above. The UN has for 12 consecutive years declared Norway to have the best living conditions in the world. Norway (and the Nordic welfare state model in general) has on many occasions been declared a success—even by *The Economist* (2013). I agree with these positive evaluations. However, my query is not if the good reputation is well deserved, but to ask whether Norwegian society in the present phase of the celebrated welfare state should be more alert to “silent suffering,” and ask if young people these days increasingly channel their stress and frustration inwards rather than outwards. Rampant crime will generally trigger populist and (often) punitive reactions that, in turn, will instigate political responses. Rampant mental problems, however, are not threatening public order in the same way and can therefore more easily pass under the political radar. But these problems are no less damaging for the social integration in a society than crime is.

My historic overview has shown that the hope of finding the sociological (socio-cultural system) correspondent to Keynes (economic system) was too optimistic. When the economy broke down in the 1930s, Keynes found the recipe to restore the balance in the economic system. The social scientists of the 1970s (and forwards) were unable to do the same towards the socio-cultural system (with the exception from crime post 2000). In Sweden (another member of the celebrated Nordic Welfare
Therefore, it is not unreasonable to regard the development of increasing mental problems among children and youth as a very destroying civilization critique that should lead to a fundamental re-evaluation among researchers concerning the focus of Swedish welfare research. This is not the case. Instead, one propagates about how well the Nordic welfare model works to create good health for people, and the questions related to problems among children and youth are ignored...Something has to be fundamentally wrong when such a rich society with a well-developed welfare policy produces that many unhappy children and youth.

This observation is, as we have seen, highly relevant for Norway as well, and Rothstein touches upon the central challenge in my presentation: high welfare expenditures in one of the world’s richest countries do not pay off very well when it comes to mental well-being. The inner strain in the Norwegian society is probably no less today than 20, 30, or 40 years ago. The opposite might be the situation. Even though decreasing crime should be appreciated, for a sociologist it is the broad picture covering both striking out and striking in problems that matters. How can we understand “the crime—mental health enigma” in context? Of course, statistical co-appearance does not signify a causal relationship, but this should not prevent us from asking if discipline/control/early intervention strategies in criminal policy could have repercussions when it comes to mental health. As a starting point for my discussion, let me present an analytical model.

My sociological presumption is based on the following premises:

- The socio-cultural system: if individuals (qua individuals) and societies (qua collectivities), are to thrive, some basic values have to be safeguarded. The better these values are taken care of, the better are the chances for optimizing social integration and social welfare (little crime and sound mental health).
• The economic system: if an open free market economy is to prosper, there are other (often contradictory) values that have to be given precedence. Figure 1 represents an ideal type presentation of these respective values.

Figure 1: Ideal type of the economic and the socio-cultural system

<table>
<thead>
<tr>
<th>Economic system</th>
<th>Socio-cultural system</th>
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<tbody>
<tr>
<td>Efficiency</td>
<td>Time</td>
</tr>
<tr>
<td>Competition</td>
<td>Cooperation/solidarity</td>
</tr>
<tr>
<td>Achievement</td>
<td>Recognition, respect</td>
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<tr>
<td>Qualification/certification</td>
<td>Open admittance</td>
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<tr>
<td>Strategic rationality</td>
<td>Value rationality</td>
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<tr>
<td>Individualism</td>
<td>Collectivism</td>
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<tr>
<td>Egoism</td>
<td>Altruism</td>
</tr>
<tr>
<td>Flexibility</td>
<td>Predictability/control/safety</td>
</tr>
<tr>
<td>Liquidity</td>
<td>Being anchored</td>
</tr>
<tr>
<td>Independence</td>
<td>Dependency</td>
</tr>
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The space does not permit an elaboration of each couple of concepts (see Leonardsen, 2015). It suffices to say that taken as ideal types (in Max Weber’s sense) there is an obvious value conflict between the two systems. This means that when the balance between these two sets of values changes, one will easily (but not nomothetically) experience a zero-sum situation. As documented above, during the last thirty years, the economic value system has increasingly gained precedence at the cost of the socio-cultural value system. What one side has gained, the other has lost. The result has been a tougher social climate. In “Crime in Japan: Paradise Lost?” (Leonardsen, 2010) I asked if Japan (around 2010) was facing a situation where “the
suppression of crime” had come at the price of “the suppression of mind?” Like in Norway, Japanese society had succeeded in turning a negative crime trend through the 1990s, but experienced, at the same time, an increase in suicides and social withdrawal (hikikomori) among youth. One used to say about Japanese people that they are “policing themselves” (Bailey, 1976) due to a Confucian/Buddhist ideology based on self-reflection, shame, and discipline (Leonardsen, 2004). The impact of this cultural superstructure has been a strong counter-force against striking out processes rooted in rapid economic and social change in Japan. Accordingly, low crime rates in this country have been explained in cultural terms (Confucianism/Buddhism as vaccination against crime).

Moving our eyes to the West, it is relevant to ask to what extent neo-liberalism (cf. free trade economy) and neo-conservatism (more individual responsibility) could be described as functional equivalents to Confucianism/Buddhism in Japan. Do both these (originally) Western thought systems generate strong self-control with their accompanying self-blaming consequences? Slogans like “Back to Basics” (the British Conservatives, 1995) and “Back to Family Values” (the first Bush administration) have had their corresponding, government-initiated campaigns in Norway (a special “Value Commission” in 1998), with a message connoting much of the self-disciplining Asia value foundation. I am not arguing that neo-liberalism and neo-conservatism are ideological cousins of Confucianism/Buddhism. Neither am I saying that Norway is England or the U.S. It is not. However, I am asking whether the consequences of an economic man model in alliance with a moral conservatism, of which we can find elements of even in Norway, might be comparable at the individual level. The distance between an Asian shame culture and a Western, neo-liberal culture, based on a de-centred way of governing, with auto-regulated or auto-correcting individuals, might not be so big.

A starting point for such a discussion could be the work of French philosopher Dufour (2008), who in his book “The Art of Shrinking Heads: On the New Servitude of the Liberated in the Age of Total Capitalism,” has questioned the effects of neo-liberalism on people’s mental health. According to Dufour, the Kantian “critical subject” and the Freudian “neurotic subject”
has in post-modern society been replaced by a “post-modern subject” (Dufour talks about “an anthropological mutation”), characterized by flexibility, adaptability—and rootlessness. In post-modern society, the autonomous subject experiences strong pressure to create her/his own unique identity. In the era of “liquid modernity” (Bauman, 2000), the individual inhabits a borderless space with apparently total freedom, and a “with consumption as all things” aim and meaning. The market has become the ultimate rationality for guiding us. The problem is that the market cannot create meaning. Dufour raises the challenging question of whether neo-liberalism has made people internalise the old slogan “every man the architect of his own fortune.” If one fails in a society with so many options, there is no one to blame but oneself. This might easily generate self-repressing and self-controlling mechanisms that can manifest as mental health problems. These problems (like depression, drug addiction, etc.) are not epiphenomena constructed by the media but signs of a crisis that especially affects young people (Dufour, 2008).

The same perspective is echoed in the debate on positive thinking. Schwartz (2015, p. 4) writes about mental problems in modern society (“an explosive growth of depression,” p. 3) where an individualistic culture biases people towards making causal attributions that focus on internal rather than external causal factors. People are told they are free to choose, while a substantial many rather experience a lack of control in their lives. Davis (2015, p. 4), focusing on what he calls “The happiness industry,” argues that, “the future of successful capitalism depends on our ability to combat stress, misery, illness, and put relaxation, happiness and wellness in their place.” Those in a competitive society who do not keep up with demands turn their disappointments inwards instead of outwards.

In Norway, the media debate on youth and mental health problems has for some years centred on concepts like “Generation Clever” or “Generation Performance” (cf. the PISA examinations). Private company language, like “deliver the goods” and “it’s all up to you,” has become common speech not only within the economic system, but in the socio-cultural system as well (schools and even kindergartens). Everyone has to pull her/his weight.
Changes in mental health conditions in a society are hard to interpret and analyze, and perhaps Dufour (2008) and other scholars of worry are painting a too dreary picture of life in post-modern society. However, my historical overview, and the fact that The World Health Organisation (WHO) has identified depression as the number two cause of death (prospected to be number one in 2030) in Western countries, should invite a discussion on how to interpret the development of mental health problems during the last few years (Ehrenberg, 2010). Even though it is difficult to understand what we are really measuring when we talk about mental problems (for example, what amount of change is due to a growth in diagnoses and diagnosing professions, and what is due to real changes?), compared to the huge amount of money spent on mental disorder prevention, the situation is paradoxical.

When Merton (1968) presented his anomie theory (notice: also called strain theory), he wrote (in a Durkheimian spirit) about different types of adaptation to disjunctions between goals and means in a society. People could strike out as “innovators” or “rebels,” but, alternatively, they could strike inwards and become “retreatists.” The relevant point for my discussion is that strain in a society can have many different outlets, of which crime is but one. Of course, decreasing crime rates should be celebrated as a pleasant and likely indication of social integration, but not without precautions (see Christie, 2004). It is the total picture of deviance that should have the main attention, even for criminologists.

A society’s health condition taken as a whole is dependent on many different variables, and these variables should be seen in connection to each other. When Freud in 1929 wrote about “Civilization and its Discontents,” he wrote about human pain due to the conflict between Eros (love) and Thanatos (death). Nowadays, this cultural discontent should rather be presented in Mertonian terms as a clash between cultural goals (success) and certain groups’ lack of access (by conventional means) to achieving those goals. In a modern version of Merton, Jock Young (2007, p. 32) talks about the bulimic society, “where massive cultural inclusion is accompanied by systematic structural exclusion” —a society that both absorbs (through mass media, mass education, consumer markets, etc.) and rejects (through
unequal chances of taking full advantage of these arenas). Accordingly, the combination of cultural inclusion and economic exclusion is for Young the key to the humiliation and resentment experienced by those with the least resources. “The exclusive society” (Young, 1999) is a society that produces relative deprivation and ontological insecurity in a way that is denigrating and humiliating. Not having access to even the lower reaches of the labour market, failing to achieve in a middle-class-oriented school system, or living in poverty amidst affluence, is likely to produce tensions with outcomes that can strike inwards as well as outwards.

Having this broader perspective in mind, I end my presentation about the successful Norwegian welfare society by being a “mood killer.” In spite of all the well-deserved praise of this model, there is reason to listen carefully to the aforementioned comment by Bo Rothstein, namely that the mental health situation among young people today might be taken as a very civilization destroying critique. Something is wrong when so much money is spent on welfare measures, but still so many are unhappy about their lives.

The question remains: how should this challenge be met? If Wilkinson and Pickett are correct (2010), politicians should stop treating social problems as separate phenomena with no internal connections. Doctors and nurses treat ill health, police and prisons deal with crime, remedial teachers and educational psychologists tackle educational problems, and social workers and other health-promotion specialists deal with “the rest.” The results of all these interventions are modest, while new problems are continuously recreated. An open market economy based on liberalistic principles is hard to combine with a political and sociological demand for equality, which, in turn, is important for social integration. No doubt, Norway has pursued a policy of equality over many years. However, this policy of re-distribution has not been enough to prevent increasing social problems. Neither have a huge number of action plans (from bullying- and poverty- to crime- and drug-programs) had the expected outcomes (Leonardsen, 2015). So what conclusion could be drawn from this paradox?

My intention is not to undermine the importance of practical, short-term, and imaginative social reforms. Solving problems
will often invite delimited actions based on scarce resources. However, if the floor is wet, we should not restrict our efforts to wiping up with a rag. Someone has to look for the open water tap, and check if it can be turned off. At different times through the last forty years, Labour governments in Norway did recognize—at the rhetorical level—that it would be difficult, even impossible, to find social preventive measures that would work without political control of the economy. Since that time, this control has declined essentially. According to Fukuyama (1999, p. 4), “there is a widespread acknowledgement that in post-industrial societies further improvement cannot be achieved through ambitious social engineering.” The case of Norway, where such ambitions have reached unprecedented levels, should represent an interesting starting point for elaborating Fukuyama’s thesis.

Author’s note: Originally, the Labour Party documents were studied at The Norwegian Labour Movement Archives and Library in Oslo (https://www.arbark.no/InEnglish.htm). Later this material was digitized, and those documents are cited in this paper.

References


Measurement of Childhood Poverty in the United States and Its Enduring Influences

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This paper measures childhood poverty in the United States and classifies it into three degrees based on different durations—persistent poverty, chronic transient poverty, and non-chronic transient poverty—using the Panel Study of Income Dynamics (PSID) data and actual poverty thresholds in the United States. Then I examine the enduring influences of different types of childhood poverty on future performance, including academic achievement, income, and criminal behavior, utilizing OLS and logistic models as well as Mincer wage functions. The regression results show that childhood poverty has a negative impact on schooling years and earnings. Living in poverty increases the likelihood of committing criminal behavior. In addition, longer spells of childhood poverty, especially persistent poverty, are shown to have stronger enduring influences compared with other types of childhood poverty. Meanwhile, while no prior studies examine the impact of short-term childhood poverty, this study shows that even a short duration of childhood poverty (non-chronic transient poverty) is associated with shorter school years completed and a higher risk of committing crime. However, it has no significant impact on adult earnings.

Keywords: durations of childhood poverty, persistent poverty, chronic transient poverty, non-chronic transient poverty, enduring impact, future performance
Childhood poverty refers to an individual experiencing poverty during childhood. It has been a worldwide issue that needs to be addressed. In the United States, the childhood poverty rate has been persistently high. Figure 1 shows the poverty rates by age in the United States: from the graph we can see that since 1975, the poverty rate for those under 18 years old has exceeded the poverty rates among other age groups. In 2015, the childhood poverty rate in the United States was almost 20%, which was 7.3 percentage points higher than the poverty rate among people between 18 to 64 years old, and 10.9 percentage points higher than the poverty rate among people 65 years and older. The high childhood poverty rate in the United States indicates that more attention should be addressed to the problem, and new policies need to be adopted to deal with the current situation.

Figure 1. Poverty Rates by Age in United States from 1966 to 2015

Data Source: U.S. Census of Bureau, Historical Poverty Tables: People and Families, 2016
It has been shown repeatedly that economic status in early life has a profound impact on future well-being. Much research has demonstrated that childhood poverty has a strong and lasting influence on later life. Compared with children who grow up in a non-poor family, children who live in a poor family will face a higher incidence of poor academic performance and achievement, behavioral problems, adverse physical health, and less success in adulthood (Brooks-Gunn & Duncan, 1997; Duncan, Brooks-Gunn, & Klebanov, 1994; Duncan, Yeung, Brooks-Gunn, & Smith, 1998; Mayer, 2002). However, very little research studies the effects of different durations of childhood poverty. Therefore, an in-depth study of childhood poverty based on different durations and its lasting impact is very necessary. Moreover, prior studies measured childhood poverty by comparing the average income during childhood with a fixed poverty line (Duncan, Ziol-Guest, & Kalil, 2010). However, as the poverty threshold in the United States (reported annually by the U.S. Census Bureau) changes annually based on inflation, and given that families of different sizes face different poverty thresholds, using a fixed poverty threshold is not the most accurate method to measure poverty. This research will complement studies in this field, by not only establishing a detailed classification of childhood poverty based on different durations and the actual poverty line in the United States, but also by investigating how different durations of childhood poverty may have lasting influences on adult performance.

The paper begins with a literature review. Then, in the next section, based on different durations, I measure and classify childhood poverty in the United States into three degrees: persistent, chronic transient, non-chronic transient. After that, using Panel Study of Income Dynamics (PSID) data from 1968 to 2013, I estimate the long-term influences of childhood poverty on academic achievement, criminal behaviors, and income.

Enduring Influences of Childhood Poverty

Various studies show how childhood poverty has a lasting impact. Childhood poverty has been shown to be associated with academic performance and achievement. Duncan et al. (2010) conducted a longitudinal study using data from the Panel
Study of Income Dynamics (PSID), and found that experiencing poverty before the age of five predicted poorer school performance and lower education attainment. Smith, Brooks-Gunn, and Klebanov (1997) used data from the National Longitudinal Survey of Youth (NLSY) and Infant Health and Development Program (IHDP) to study childhood poverty. Their results suggested that for tests regarding IQ and cognitive abilities, children who lived in families with income lower than half of the poverty threshold scored 6 to 13 points lower than those who were from richer families. Also, they concluded that longer-term poverty has a more significant impact on cognitive ability than short-term poverty, which is consistent with the work of Korenman, Miller, and Sjaastad (1995). Haveman and Wolfe (1995) argue that poverty limits one’s school achievement. Their study showed that a 10% increase in family income predicted a 0.2% to 2% increase in the number of school years completed. Dahl and Lochner (2005) further suggested that an increase in family income in childhood is positively associated with adult reading and math achievements. Other research also found that poverty has a negative impact on years of completed school as well as on high school graduation rates (Brooks-Gunn & Duncan, 1997; Haveman & Wolfe, 1994; Teachman, Paasch, Day, & Carver, 1997).

Childhood poverty has an impact on adult economic attainment and success. Duncan et al. (2010) concluded that poverty in early childhood is a significant predictor of adult earnings and work hours, which are two very important components of adult economic attainment. This is consistent with the work of Brooks-Gunn and Duncan (1997). Holzer, Whitmore Schanzenbach, Duncan, and Ludwig (2008) estimated that people who grew up in poverty would have earnings 0.49 log points lower than those in the median household, and people who grew up in persistently poor families were likely to have less income as adults. Mayer (1997) suggested that if family income doubles during childhood for those below the poverty line, the earnings of their children will increase. Zimmerman (1992) arrives at instrumental-variable estimates using National Longitude Survey data and shows a 0.4 correlation between the lifetime earnings of father and son. Corcoran and Adams (1997) and Solon (1992) also studied intergenerational income mobility in the United
States, and concluded that the parents’ income had an impact on that of their children.

Additionally, researchers have found that childhood poverty is associated with future behavioral issues. Duncan et al. (1994) concluded that both short-term and long-term childhood poverty are related to more behavioral problems. Duncan et al. (2010) argue that adolescent poverty is a predictor of adult psychological distress, as well as arrests. Bjerk (2004) found household income to be significantly negatively related to youth participation in crimes. Compared with youth from the richest third of the wealth distribution of families, those from the poorest third of the wealth distribution had a 65 percent higher chance of committing serious crimes. Jarjoura, Triplett, and Brinker (2002) showed that persistent poverty was a strong factor associated with delinquency, and this finding was confirmed in other studies (Duncan et al., 1994; Korenman et al., 1995; Mazumder, 2008; McLeod & Shanahan, 1993).

Childhood poverty also impacts future health, both physical and mental. Duncan et al. (2010) suggested that compared with children whose family income is twice the poverty line, children who grow up in poverty will be twice as likely to have poorer health or higher levels of distress. Meanwhile, their estimates showed that poorer children were 50 percent more likely to be overweight when adults. Blane, Bartley, and Smith (1997) argued that poverty in childhood increases the occurrence of diseases in adulthood and decreases life span. Evans and Kim (2007) found a linkage between duration of poverty and health. Their results suggested that a longer time living in poverty increased the risk of obesity morbidity and stress dysregulation. A series of other studies have also examined the impact of childhood poverty on physical and mental health in adulthood (Blackwell, Hayward, & Crimmins, 2001; Evans & Schamberg, 2009; Poulton & Caspi, 2005).

Yet, the studies of how different durations of childhood poverty impact future life are still few and dated. Additionally, prior researchers only look at the influence of persistent poverty (Jarjoura et al., 2002), and none of them investigate the effect of non-persistent childhood poverty. Also, when prior studies measured childhood poverty, most of them compared the average income during childhood with a fixed poverty line and
define an individual as poor when the average income is below the poverty line (Duncan et al., 2010). But, in reality, the poverty measurement in the United States is far more complicated.

Each year around September, the Census Bureau releases reports to determine poverty in the United States by comparing pre-tax income against a poverty threshold, which is the minimum living cost for a household to survive. The poverty threshold is calculated using three times the cost of a minimum food diet in 1963 in today’s prices, adjusted for different family sizes. The Census Bureau updates the poverty threshold annually for inflation using the Consumer Price Index (CPI), and adjusts for family size, composition, and age of householder. As the poverty threshold in the United States varies every year with inflation, and families with different sizes will have different poverty thresholds, just using average income over several years against a fixed income line in the previous research is not appropriate. This paper helps to address these gaps, by establishing a detailed classification of childhood poverty based on different durations and the actual poverty thresholds in the United States, and investigating how different durations of childhood poverty will have different lasting influences during adulthood.

Methods

To study how different durations of childhood poverty have different lasting impacts, this research follows a two-step approach: first, it measures and classifies childhood poverty into three degrees according to different durations: persistent, chronic transient, and non-chronic transient; secondly, it applies statistical models to examine the impacts of different types of childhood poverty on education, criminal behavior, and income. This section discusses details of the methods used in this paper.

Measuring Childhood Poverty

In this paper, the poverty line adopted is the “poverty threshold” set by the United States Census Bureau, which is measured at the level of household, and differs based on family size, and the gender and age of members. According to the U.S.
Census Bureau (2017), the poverty threshold of United States in 2016 was $24,339 for a two-adults and two-child family.

In this analysis, \( Thres_{it} \) refers to individual \( i \)'s corresponding poverty threshold set by the United States Census Bureau, in the year \( t \), in terms of his/her family characteristics. Whether individual \( i \) at year \( t \) is in poverty or not is denoted as \( Pov_{it} \) and refers to family income in year \( t \) of individual \( i \). Thus, \( Pov_{it} = 1 \) when \( Inc_{it} < Thres_{it} \). This indicates the individual is poor at year \( t \). Otherwise, \( Pov_{it} = 0 \).

Poverty can be distinguished as persistent poverty, defined as those who “never emerged from poverty,” and transient poverty, defined as those who “move in and out of poverty from year to year” (Haughton & Khandker, 2009, p. 214). Prior research measured poverty by tabulating the percentage of individuals with income lower than the poverty threshold in \( x \) out of \( t \) time periods, to assess persistent poverty (poor all or most of the time), and transient poverty (poor in just a few time periods) (Duncan, Coe, & Hill, 1984; Hill, 1981; Rodgers & Rodgers, 1993).

This paper specifically investigates poverty that emerged in childhood (under 18 years old). After defining the poverty status of an individual for each year, I further distinguish the entire childhood economic situation into four categories, based on different durations.

1. Persistent childhood poverty: Duncan, Coe, and Hill (1984) define persistent poverty as being poor for eight years or more in ten years. This research defines childhood persistent poverty as an individual being poor most of time before age 18. As in the dataset used in this research, some individuals do not have 18 years of data. Meanwhile, a very limited number of individuals’ income in the dataset is below the poverty line every single year while they were under 18 years old. To make sure the study contains enough data for this group, this paper set the cut off line for persistent poverty as 70% of the time. Thus, this analysis defines persistent poverty as an individual being poor for more than 70% of the time before age 18. I use \( Per_{povit} \) to indicate persistent poverty. \( Per_{povit} = 1 \) if:

\[
\frac{\sum_{i=0}^{18} Pov_{it}}{n_t} > 0.7
\]
2. Chronic transient poverty of childhood: This research defines chronic transient poverty as an individual experienced poverty during more than half the time of childhood, excluding the individuals experiencing persistent poverty. For chronic transient poverty, I define it as an individual being poor for 50% to 70% of their childhood. $Chron_{povit}$ is used for chronic transient poverty, and it equals 1 when:

$$0.5 \leq \frac{\sum_{j=0}^{18} Pov_{ij}}{n_i} \leq 0.7$$

Otherwise, $Chron_{povit} = 0$.

3. Non-chronic transient poverty: Non-chronic transient poverty is defined as an individual being poor in childhood for less than half of the time, excluding the individuals who are not poor. In our analysis, under age 18, if the individual lives in poverty for 10% to 50% of their childhood, they are considered to be non-chronic poor. I use $Non_{Chron_{povit}}$ as indicator and it equals 1 if:

$$0.1 < \frac{\sum_{j=0}^{18} Pov_{ij}}{n_i} < 0.5$$

Otherwise, it equals zero.

4. Non-poor childhood: A non-poor childhood covers individuals who are not poor before age 18. However, as there are very few individuals who are not poor at all in 18 years, to make sure the study contains enough data for this group, I set the cutoff line as 10% of the time. An individual is considered not poor if he or she was poor no more than 10% of the time before age 18. In this paper, I use $Non_{povit}$ indicating non-poor children. $Non_{povit} = 1$ when:

$$\frac{\sum_{j=0}^{18} Pov_{ij}}{n_i} \leq 0.1$$

Otherwise, it equals zero.
Modeling Approach

This study investigates the consequences of childhood poverty on academic achievement, criminal behavior, and adult earnings. For continuous dependent variables (schooling years), this analysis uses ordinary least squared (OLS); for binary dependent variables (whether an individual was ever arrested), logistic models are applied. For adult earnings, I use a Mincer wage function. The different models are set out more fully below.

Schooling Model

Years of school is a continuous variable, based on previous studies (Brooks-Gunn & Duncan, 1997; Haveman & Wolfe, 1994; Teachman et al., 1997). The following model is used to analyze the impact of childhood poverty on schooling:

\[ Y_i = \alpha + \beta_1 \text{Per}_{pov_i} + \beta_2 \text{Chron}_{pov_i} + \beta_3 \text{Non}_{Chron}_{pov_i} + \beta_4 Z_i + \epsilon_i \]  

where \( Y_i \) indicates completed schooling years. \( \text{Per}_{pov_i}, \text{Chron}_{pov_i} \) and \( \text{Non}_{Chron}_{pov_i} \) are dummy variables of persistent poverty, chronic transient poverty, and non-chronic transient poverty. \( Z_i \) refers to other controlling factors related to the dependent variable, including gender, age, family size, and region; and \( \epsilon_i \) is the random term.

Model of Arrest

For the logistic model, the log odds of the outcome are modeled as a linear combination of a series of predictors. The logistic model is used in this analysis when dependent variable whether an individual is arrested or not:

\[
\logit \left[ \Pr(Y_i = 1) \right] = \beta_1 \text{Per}_{pov_i} + \beta_2 \text{Chron}_{pov_i} + \beta_3 \text{Non}_{Chron}_{pov_i} + \beta_4 Z_i + \epsilon_i
\]  

Here \( Y_i \) indicates whether individual \( i \) has been arrested or not.
Mincer Wage Function

The Mincer earnings function (Mincer, 1958) explains how schooling and work experience affect one’s income, using a two-step procedure: (1) Identify individuals who have earnings; (2) Given earnings, using the following model to examine the factors that explain earnings:

\[ \ln y_i = \ln y_0 + \gamma S_i + \beta_1 X_i + \beta_2 X_i^2 + \epsilon_i \]  

Here, \( y \) refers to earnings, \( y_0 \) is earnings without education and experience, \( S \) refers to the number of years of schooling, and \( X \) is years of labor market experience. Further, to avoid selection bias, the Heckman model is introduced to conduct the test.

This paper augments the basic Mincer Wage equation to allow for the effect of childhood poverty, which gives:

\[ \ln y_i = \ln y_0 + \gamma S_i + \beta_1 X_i + \beta_2 X_i^2 + \beta_3 \text{Per}_povi + \beta_4 \text{Chron}_povi + \beta_5 \text{Non}_\text{Chron}_povi + \beta_6 \text{Z}_i + \epsilon_i \]  

Here, \( y_i \) indicates the earnings of individual \( i \) in adulthood, \( S \) refers to the number of years of schooling, and \( X \) is years of labor market experience. \( \text{Per}_povi, \text{Chron}_povi \) and \( \text{Non}_\text{Chron}_povi \) are dummy variables of childhood poverty, and \( Z_i \) are other related factors.

Data Description

The data used in this study comes from the Panel Study of Income Dynamics (PSID) from 1968 to 2013. This is a longitudinal survey directed by University of Michigan annually, which began in 1968. The survey contains a nationally representative sample of individuals from more than 5,000 households in the United States. The dataset covers numerous topics including employment, income, wealth, expenditures, criminal behavior, health, marriage, child development, and education. For the poverty threshold, this paper uses 1968–2013 poverty thresholds from United States Census Bureau.

In this paper, I built datasets based on PSID and focused on individuals who have at least 10 years of family income data in childhood. The target study sample consists of 11,596 individuals in 2013. To avoid sample selection bias, I compare a variety of variables including gender, family size and region between the
target sample and the entire PSID sample. Also, I conducted a \( t \)-test to compare the mean between the target sample and the entire PSID sample. Table 1 reports the comparison results, and it shows that the descriptive measures across these two datasets are quite consistent. Although the statistical results are significant, it is probably due to the large sample size.

Further, I pick region variables to reweight the sample. To reweight the sample, I used the ratio of North, North Central, South, and West in the entire dataset to establish weights and apply them to the sample data. Table 2 shows the comparison between full dataset samples after reweighting; as shown in the table, reweighting does not improve the variables other than region.

The distribution of childhood poverty in the United States for 1968–2013, 1968–2005 and 1968–1992 is reported in Table 3. As shown in the table, before 2013, among the 11,596 individuals, 5,032 experienced childhood poverty; 12.8% experienced persistent poverty in childhood (>70% time poor); 8.1% had chronic poverty during childhood (50–70% time poor); and 21.4% faced non-chronic transient poverty (10–50% time poor). In addition, the table shows that the percent of childhood poverty before 2005 and 1992 are quite similar to that of 2013, which is possible as the childhood poverty rate in the United States has been quite stable over the past several decades.

In this paper, I further use regressions to study the lasting impact of childhood poverty on education, criminal behavior, and earnings, respectively. Tables 4 to 6 provide detailed descriptions of the dependent and independent variables used in these models. From Table 4, for the schooling model, the dependent variable used is total number of years completed before 2013, thus, I use corresponding independent variables from 2013, including different type of childhood, gender, age, family size and region variables. For the model of arrest, the latest data available for arrests are from 1992, so I use the independent variable from 1992. And, the latest available income data are from 2005, thus, independent variables from the same year are applied to the Mincer wage function model. Also, because the paper examines the long-term impact of childhood poverty on adulthood, the cutoff of age used in this paper is 18. In this case, the education model contains 11,588 individuals. The criminal behavior model and Mincer wage function contain 5,116 and 9,638 samples, respectively.
Table 1. Descriptive Measures between Entire Dataset and Target Study Sample, 2013

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<tr>
<th>Variable</th>
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<th>Target Study Sample</th>
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<td>SD</td>
<td>N</td>
<td>Mean</td>
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Table 2. Comparison between Entire Dataset and Reweight Target Study Sample, 2013

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<th>Target Study Sample</th>
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<tr>
<td>North</td>
<td>75,248</td>
<td>0.14</td>
<td>0.34</td>
<td>11,596</td>
<td>0.14</td>
</tr>
<tr>
<td>North Central</td>
<td>75,248</td>
<td>0.20</td>
<td>0.40</td>
<td>11,596</td>
<td>0.20</td>
</tr>
<tr>
<td>South</td>
<td>75,248</td>
<td>0.45</td>
<td>0.50</td>
<td>11,596</td>
<td>0.45</td>
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</tbody>
</table>

Table 3. Distribution of Childhood Poverty in the United States

<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percentage</td>
<td>Number</td>
<td>Percentage</td>
<td>Number</td>
<td>Percentage</td>
</tr>
<tr>
<td>Persistent poverty</td>
<td>1,486</td>
<td>12.8%</td>
<td>1,377</td>
<td>13%</td>
<td>1,082</td>
<td>13.4%</td>
</tr>
<tr>
<td>Chronic poverty</td>
<td>943</td>
<td>8.1%</td>
<td>847</td>
<td>8%</td>
<td>646</td>
<td>8%</td>
</tr>
<tr>
<td>Non-chronic transient poverty</td>
<td>2,603</td>
<td>22.5%</td>
<td>2,382</td>
<td>22.5%</td>
<td>1,844</td>
<td>22.9%</td>
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<tr>
<td>Non-Poor</td>
<td>6,564</td>
<td>56.6%</td>
<td>5,994</td>
<td>56.5%</td>
<td>4,485</td>
<td>55.7%</td>
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<tr>
<td>Total</td>
<td>11,596</td>
<td>100%</td>
<td>10,600</td>
<td>100%</td>
<td>8,057</td>
<td>100%</td>
</tr>
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</table>

*Notes.* Data source is PSID data between 1968-2013
Table 4. Variables Description of Schooling Model

<table>
<thead>
<tr>
<th>Variable Name</th>
<th>Variable Explanation</th>
<th>N</th>
<th>Mean</th>
<th>SD</th>
<th>Min</th>
<th>Max</th>
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<td><strong>Dependent Variable</strong></td>
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<td>Yr_school_13</td>
<td>Years of school completed before 2013</td>
<td>10,432</td>
<td>11.78</td>
<td>4.43</td>
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<td>17</td>
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<tr>
<td><strong>Independent Variables</strong></td>
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</tr>
<tr>
<td>Per_pov13</td>
<td>Per_pov13=1 if individual experienced persistent childhood poverty before 2013</td>
<td>11,588</td>
<td>0.13</td>
<td>0.33</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Chron_pov13</td>
<td>Chron_pov13=1 if individual experienced chronic transient childhood poverty before 2013</td>
<td>11,588</td>
<td>0.08</td>
<td>0.27</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>NonChron_pov13</td>
<td>NonChron_pov13=1 if individual experienced non-chronic transient childhood poverty before 2013</td>
<td>11,588</td>
<td>0.22</td>
<td>0.42</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Non_pov13</td>
<td>Non_pov13=1 if individual did not experienced childhood poverty before 2013</td>
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<td>0.57</td>
<td>0.50</td>
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<tr>
<td><strong>Personal and family variables</strong></td>
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<td></td>
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</tr>
<tr>
<td>Gender</td>
<td>Gender =1 if male</td>
<td>11,588</td>
<td>0.50</td>
<td>0.50</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Age13</td>
<td>Individual’s age in 2013</td>
<td>11,588</td>
<td>36.66</td>
<td>10.11</td>
<td>18</td>
<td>58</td>
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<tr>
<td>Fmsize13</td>
<td>Family size in 2013</td>
<td>11,588</td>
<td>3.47</td>
<td>1.76</td>
<td>1</td>
<td>16</td>
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<tr>
<td><strong>Dummy Variables of Region</strong></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>North_13</td>
<td>Equals 1 if individual lives in north region in 2013</td>
<td>11,588</td>
<td>0.13</td>
<td>0.34</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>North_central_13</td>
<td>Equals 1 if individual lives in north central region in 2013</td>
<td>11,588</td>
<td>0.23</td>
<td>0.42</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>South_13</td>
<td>Equals 1 if individual lives in south region in 2013</td>
<td>11,588</td>
<td>0.49</td>
<td>0.50</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>West_13</td>
<td>Equals 1 if individual lives in west region in 2013</td>
<td>11,588</td>
<td>0.15</td>
<td>0.36</td>
<td>0</td>
<td>1</td>
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</table>
Table 5. Variables Description of Model of Arrest

<table>
<thead>
<tr>
<th>Variable Name</th>
<th>Variable Explanation</th>
<th>N</th>
<th>Mean</th>
<th>SD</th>
<th>Min</th>
<th>Max</th>
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<tr>
<td><strong>Dependent Variable</strong></td>
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</tr>
<tr>
<td>Arrest_92</td>
<td>Dummy variable, Arrest92=1 if individual has been arrested before 1992</td>
<td>3,301</td>
<td>0.11</td>
<td>0.32</td>
<td>0</td>
<td>1</td>
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<tr>
<td><strong>Independent Variables</strong></td>
<td></td>
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<td></td>
</tr>
<tr>
<td><strong>Dummy Variables of Childhood poverty</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Per_pov92</td>
<td>Per_pov92=1 if individual experienced persistent childhood poverty before 1992</td>
<td>5,116</td>
<td>0.14</td>
<td>0.34</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Chron_pov92</td>
<td>Chron_pov92=1 if individual experienced chronic transient childhood poverty before 1992</td>
<td>5,116</td>
<td>0.09</td>
<td>0.28</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Non_chron_pov92</td>
<td>Non_chron_pov92=1 if individual experienced non-chronic transient childhood poverty before 1992</td>
<td>5,116</td>
<td>0.24</td>
<td>0.43</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Non_pov92</td>
<td>Non_pov92 =1 if individual dose not experienced childhood poverty before 1992</td>
<td>5,116</td>
<td>0.53</td>
<td>0.50</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td><strong>Personal and family variables</strong></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td>Dummy variable, Gender =1 if male</td>
<td>5,116</td>
<td>0.50</td>
<td>0.50</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Age_92</td>
<td>Individual’s age at 1992</td>
<td>5,116</td>
<td>25.41</td>
<td>4.37</td>
<td>18</td>
<td>34</td>
</tr>
<tr>
<td>Fmsize_92</td>
<td>Family size at 1992</td>
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<td>3.68</td>
<td>1.93</td>
<td>1</td>
<td>16</td>
</tr>
<tr>
<td><strong>Dummy Variables of Region</strong></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>North_92</td>
<td>North_92=1 if individual lives in north region at 1992</td>
<td>5,116</td>
<td>0.14</td>
<td>0.35</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>North_central_92</td>
<td>North_central_92=1 if individual lives in north central region at 1992</td>
<td>5,116</td>
<td>0.22</td>
<td>0.41</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>South_92</td>
<td>South_92=1 if individual lives in south region at 1992</td>
<td>5,116</td>
<td>0.49</td>
<td>0.50</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>West_92</td>
<td>West_92=1 if individual lives in west region at 1992</td>
<td>5,116</td>
<td>0.15</td>
<td>0.36</td>
<td>0</td>
<td>1</td>
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Table 6. Variables Description of Mincer Wage Model

<table>
<thead>
<tr>
<th>Variable Name</th>
<th>Variable Description</th>
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<th>Mean</th>
<th>SD</th>
<th>Min</th>
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<tbody>
<tr>
<td>Dependent Variable</td>
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<td></td>
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<tr>
<td>Inc_05</td>
<td>Individual’s earnings at 2005</td>
<td>3,338</td>
<td>34,685</td>
<td>46660.2</td>
<td>5.5</td>
<td>1,000,000</td>
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<td>Independent Variables</td>
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</tr>
<tr>
<td>Education and Experience Variables</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Yr_school_05</td>
<td>Years of school completed before 2005</td>
<td>8,651</td>
<td>11.14</td>
<td>4.53</td>
<td>0</td>
<td>17</td>
</tr>
<tr>
<td>Experience_05</td>
<td>Years of working experience at 2005</td>
<td>8,651</td>
<td>14.15</td>
<td>8.52</td>
<td>0</td>
<td>40</td>
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<tr>
<td>Dummy Variables of Childhood poverty</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Per_pov05</td>
<td>Per_pov05=1 if individual experienced persistent childhood poverty before 2005</td>
<td>8,651</td>
<td>0.13</td>
<td>0.34</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Chron_pov05</td>
<td>Chron_pov05=1 if individual experienced chronic transient childhood poverty before 2005</td>
<td>9,638</td>
<td>0.08</td>
<td>0.27</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Non_chron_pov05</td>
<td>Non_chron_pov05=1 if individual experienced non-chronic transient childhood poverty before 2005</td>
<td>9,638</td>
<td>0.23</td>
<td>0.42</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Non_pov05</td>
<td>Non_pov05 =1 if individual dose not experienced childhood poverty before 2005</td>
<td>9,638</td>
<td>0.56</td>
<td>0.50</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Personal and family variables</td>
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<td></td>
<td></td>
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</tr>
<tr>
<td>Gender</td>
<td>Gender =1 if male</td>
<td>9,638</td>
<td>0.50</td>
<td>0.50</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Age05</td>
<td>Individual’s age at 2005</td>
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<td>31.66</td>
<td>8.23</td>
<td>18</td>
<td>50</td>
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<tr>
<td>Fmsize05</td>
<td>Family size at 2005</td>
<td>9,638</td>
<td>3.64</td>
<td>1.77</td>
<td>1</td>
<td>16</td>
</tr>
<tr>
<td>Dummy Variables of Region</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>North_05</td>
<td>North13=1 if individual lives in north region at 2005</td>
<td>9,638</td>
<td>0.13</td>
<td>0.34</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>North_central_05</td>
<td>North_central=1 if individual lives in north central region at 2005</td>
<td>9,638</td>
<td>0.23</td>
<td>0.42</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>South_05</td>
<td>South=1 if individual lives in south region at 2005</td>
<td>9,638</td>
<td>0.49</td>
<td>0.50</td>
<td>0</td>
<td>1</td>
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<tr>
<td>West_05</td>
<td>West=1 if individual lives in west region at 2005</td>
<td>9,638</td>
<td>0.15</td>
<td>0.36</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>
Results

Influence of Childhood Poverty on Education Achievements

Table 7 reports the regression results for the education model. It illustrates the significant negative impact of childhood poverty on the number of school years completed, which is consistent with previous studies (Brooks-Gunn & Duncan, 1997; Teachman et al., 1997). Also, the results show that different durations of childhood poverty have different influences. While both long-term and short-term poverty show negative effects on education, a longer time of childhood poverty has a greater negative impact on completed schooling.

According to Table 7, if a person suffers from persistent childhood poverty (70% time poor in childhood), it will lead to a decrease in years of school completed by 1.69 years relative to someone who did not grow up in poverty. If a person experiences chronic transient poverty (50% to 70% poor time) in childhood, it is associated with 1.31 years reduction of completed schooling. However, if an individual has experienced non-chronic transient childhood poverty (10% to 50% poor time in childhood), it will affect the number of school years completed by 0.76. This possibly can be explained as the longer the time an individual is poor in childhood, the less likely his/her family have sufficient money to support education, which leads to fewer school years completed. Meanwhile, the regression results also indicate that other factors beyond childhood poverty, including gender and family size, are also associated with education attainment. Compared with girls, boys complete fewer years of school. In addition, living in a larger family is associated with a decrease in schooling years.

Influence of Childhood Poverty on Criminal Behavior

The logistic model is used to assess the impact of childhood poverty on criminal behavior, and these results are shown in Table 8. The dependent variable used in this model is whether the individual was arrested in 1992. Prior research has shown a relationship between childhood poverty and more criminal behavior (Bjerk, 2004; Duncan et al., 1994; Duncan et al., 2010;
Jarjoura et al., 2002); poverty is related to less education and lower-paid employment, and these then lead to crimes. The regression results are, not surprisingly, consistent with this.

As illustrated in Table 8, the existence of childhood poverty increases the likelihood of being arrested. However, while none of the prior research studied the differential impact of different lengths of childhood poverty on criminal behavior, this analysis shows that although all types of childhood poverty are associated with a higher risk of arrest, the longer the childhood poverty, the stronger the impact, especially for persistent childhood poverty. From Table 8 we can see the odds ratio of persistent poverty is 0.27 higher than that of chronic poverty and 0.39 higher than the odds ratio of non-chronic transient poverty.

Influence of Childhood Poverty on Adulthood Income

The augmented Mincer wage function is reported in Table 9. The results show that childhood poverty has a significant negative association with earnings. This has also been shown in prior studies (Brooks-Gunn & Duncan, 1997; Duncan et al., 2010; Holzer et al., 2008).

Also, according to Table 8, the different lengths of childhood poverty have different impacts. When an individual grows up in poverty more than 70% time in childhood (persistent childhood poverty), he or she will make 53% and 22% less income compared with an individual who does not experience poverty or chronic transient poverty in childhood, respectively.

In addition, Table 9 shows that compared with non-poor individuals, when an individual experiences chronic transient poverty in childhood, he/she will make 30% less. However, when an individual grows up in poverty less than half of time in childhood (non-chronic poverty), it will not have a significant impact on adulthood income. Meanwhile, the results show that other factors will affect income: men earn more compared with women; and coming from a larger household is related to lower income.

However, because the Mincer wage function is only based on the sample of those who have jobs, it may reflect selection bias. To avoid this, I conducted a Heckman procedure of the wage function. The Heckman procedure can be identified in
two steps: In the first step, a probit model is built with the following form:

\[
\text{Prob}(\text{work} = 1|Z) = \phi(Z\gamma)
\]  

(6)

Here, work refers to whether an individual participates in the labor force or not, work = 1 if the respondent participates in labor force; Z is a vector of explanatory variables. I use health condition (health) as the explanatory variable that is related to employment, but not income: when health = 1, the individual has a poor health condition. Then, the second step corrects the Mincer wage function by adding the predicted probabilities from the first stage as an extra explanatory variable into the regression. The Heckman procedure results are shown in Table 10. As can be seen, the Mills ratio is significant at the 5% confidence level, which indicates the presence of selection bias, and justifies making the correction. According to the regression results of the Heckman procedure, there are strong negative relationships between persistent childhood poverty, chronic persistent poverty, and labor force participation. Additionally, like Table 8, the Heckman procedure indicates that when an individual experiences childhood poverty less than 50% time in childhood (non-chronic transient poverty), it will not have a significant impact on adult earnings, provided the person is working. In addition, as shown in Table 10, men earn more than women, and age positively impacts an individual’s earnings. Living in a household with a larger number of family members is associated with lower income in adulthood.

In the first step of the Heckman procedure, the dependent variable used is Work_05, which is dummy variable that equals one if the individual worked in 2005. An additional independent variable included here is health_05, which is a self-reported dummy variable which equals 1 when the individual reported having poor health in 2005; this is assumed to affect labor force participation, but not earnings. As demonstrated in Table 10, being poor in childhood, especially persistently poor, reduces a person’s likelihood of working. In addition, larger family size and poor health also are negatively associated with the likelihood of working. Also, health is consistently shown to be an
outcome of poverty itself in prior studies (Duncan et al., 2010; Evans & Kim, 2007).

Results Discussion

Regression results report the enduring influences of different durations of childhood poverty; the results show that different durations of poverty in childhood will have different impacts. Persistent childhood poverty is associated with 1.69 years reduction in completed school years, higher risk of arrest, and 52% lower earnings, compared with an individual who is not poor in childhood. One possible explanation for the impact of persistent poverty is that longer time in poverty will lead to lack of adequate education and resources, and this will prevent them from obtaining well-paid employment, and lead to behaviour problems as well. Also, the results show that even shorter-term childhood poverty will have enduring influence, both chronic transient poverty and non-chronic will result in reduction of completed school years by 1.31 years and 0.76 years respectively, and are associated with higher risk of being arrested. However, when an individual grows up in poverty less than half of time in childhood (non-chronic poverty), it will not have a significant impact on earnings.

However, one limitation of this analysis is that academic achievement, criminal behaviour and earnings may not be a complete measurement for an individual’s adult attainment. Other factors, such as health conditions in adulthood, may also be influenced by childhood poverty. Nevertheless, due to lack of health data in PSID, this research is not able to investigate the impact of childhood poverty on future health.
Table 7. Enduring Influence of Childhood Poverty on Education

<table>
<thead>
<tr>
<th>Dependent Variables: yr_school_13</th>
<th>Coefficient</th>
<th>Standard Error</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Dummy Variables of Childhood poverty</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Per_pov13</td>
<td>-1.69***</td>
<td>0.13</td>
</tr>
<tr>
<td>Chron_pov13</td>
<td>-1.31***</td>
<td>0.16</td>
</tr>
<tr>
<td>Non_chron_pov13</td>
<td>-0.76***</td>
<td>0.10</td>
</tr>
<tr>
<td><strong>Personal and family variables</strong></td>
<td></td>
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</tr>
<tr>
<td>Gender</td>
<td>-0.62***</td>
<td>0.08</td>
</tr>
<tr>
<td>Age13</td>
<td>0.02***</td>
<td>0.004</td>
</tr>
<tr>
<td>Fmsize13</td>
<td>-0.68***</td>
<td>0.02</td>
</tr>
<tr>
<td><strong>Dummy Variables of Region</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>North</td>
<td>0.59***</td>
<td>0.16</td>
</tr>
<tr>
<td>North_central</td>
<td>0.47***</td>
<td>0.14</td>
</tr>
<tr>
<td>South</td>
<td>0.28**</td>
<td>0.12</td>
</tr>
<tr>
<td><strong>Intercept</strong></td>
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<td>0.20</td>
</tr>
<tr>
<td>Adjusted R²</td>
<td>0.104</td>
<td></td>
</tr>
<tr>
<td>N</td>
<td>10,432</td>
<td></td>
</tr>
</tbody>
</table>

**Notes.**

*, **, ***: the coefficient is significant under $\alpha = 0.1, \alpha = 0.05, \alpha = 0.01$ respective

West region is used as reference region in the model

Estimation method: OLS
Table 8. Influence of Childhood Poverty on Criminal Behavior (Logistic Model)

<table>
<thead>
<tr>
<th>Dependent Variables: Arrest_92</th>
<th>Coefficient</th>
<th>Standard Error</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Dummy Variables of Childhood poverty</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Per_pov92</td>
<td>1.03***</td>
<td>0.16</td>
</tr>
<tr>
<td>Chron_pov92</td>
<td>0.51**</td>
<td>0.21</td>
</tr>
<tr>
<td>Non_chron_pov92</td>
<td>0.35**</td>
<td>0.14</td>
</tr>
<tr>
<td><strong>Personal and family variables</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td>1.51***</td>
<td>0.13</td>
</tr>
<tr>
<td>Age_92</td>
<td>0.02</td>
<td>0.01</td>
</tr>
<tr>
<td>Fnsize_92</td>
<td>-0.07**</td>
<td>0.35</td>
</tr>
<tr>
<td><strong>Dummy Variables of Region</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>North_92</td>
<td>-0.18</td>
<td>0.23</td>
</tr>
<tr>
<td>North_central_92</td>
<td>0.40**</td>
<td>0.19</td>
</tr>
<tr>
<td>South_92</td>
<td>0.01</td>
<td>0.18</td>
</tr>
<tr>
<td>Intercept</td>
<td>-3.65***</td>
<td>0.43</td>
</tr>
<tr>
<td>Pseudo R2</td>
<td>0.09</td>
<td></td>
</tr>
<tr>
<td>N</td>
<td>3,301</td>
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</tr>
</tbody>
</table>

*Notes.* *, **, ***: the coefficient is significant under $\alpha = 0.1, \alpha = 0.05, \alpha = 0.01$ respectively

West region is used as reference region in the model
Table 9. Impact of Childhood Poverty on Income (Augmented Mincer Wage Function)

<table>
<thead>
<tr>
<th>Dependent Variables: Ln(inc_05)</th>
<th>Independent Variables</th>
<th>Coefficient</th>
<th>Standard Error</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Education and Experience Variables</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yr_school_05</td>
<td>-0.04</td>
<td>0.30</td>
<td></td>
</tr>
<tr>
<td>Experience_05</td>
<td>-0.11</td>
<td>0.30</td>
<td></td>
</tr>
<tr>
<td>Experience_05 squared</td>
<td>-0.003***</td>
<td>0.0003</td>
<td></td>
</tr>
<tr>
<td><strong>Dummy Variables of Childhood poverty</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Per_pov05</td>
<td>-0.52***</td>
<td>0.08</td>
<td></td>
</tr>
<tr>
<td>Chron_pov05</td>
<td>-0.30***</td>
<td>0.10</td>
<td></td>
</tr>
<tr>
<td>Non_chron_pov05</td>
<td>-0.03</td>
<td>0.06</td>
<td></td>
</tr>
<tr>
<td><strong>Personal and family variables</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td>0.44***</td>
<td>0.04</td>
<td></td>
</tr>
<tr>
<td>Age_05</td>
<td>0.23</td>
<td>0.30</td>
<td></td>
</tr>
<tr>
<td>Fsize_05</td>
<td>-0.06***</td>
<td>0.14</td>
<td></td>
</tr>
<tr>
<td><strong>Dummy Variables of Region</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>North_05</td>
<td>0.17**</td>
<td>0.08</td>
<td></td>
</tr>
<tr>
<td>North_central_05</td>
<td>0.13*</td>
<td>0.07</td>
<td></td>
</tr>
<tr>
<td>South_05</td>
<td>0.04</td>
<td>0.06</td>
<td></td>
</tr>
<tr>
<td><strong>Intercept</strong></td>
<td>5.03***</td>
<td>1.80</td>
<td></td>
</tr>
<tr>
<td>F-test</td>
<td>83.12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>N</td>
<td>2,913</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Notes. *, **, ***: the coefficient is significant under $\alpha = 0.1$, $\alpha = 0.05$, $\alpha = 0.01$ respectively

West region is used as reference region in the model
Table 10. Two-step Heckman Procedure for Mincer Wage function

<table>
<thead>
<tr>
<th>Dependent Variables: Ln(inc_05)</th>
<th>Coefficient</th>
<th>Standard Error</th>
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<tr>
<td><strong>Education and Experience Variables</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yr_school_05</td>
<td>-0.30</td>
<td>0.26</td>
</tr>
<tr>
<td>Experience_05</td>
<td>-0.51*</td>
<td>0.29</td>
</tr>
<tr>
<td>Experience_05 squared</td>
<td>-0.003***</td>
<td>0.0006</td>
</tr>
<tr>
<td><strong>Dummy Variables of Childhood poverty</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Per_pov05</td>
<td>-0.74***</td>
<td>0.13</td>
</tr>
<tr>
<td>Chron_pov05</td>
<td>-0.45***</td>
<td>0.13</td>
</tr>
<tr>
<td>Non_chron_pov05</td>
<td>-0.08</td>
<td>0.07</td>
</tr>
<tr>
<td><strong>Personal and family variables</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td>0.35***</td>
<td>0.06</td>
</tr>
<tr>
<td>Age_05</td>
<td>0.61**</td>
<td>0.28</td>
</tr>
<tr>
<td>Fmsize_05</td>
<td>-0.13***</td>
<td>0.03</td>
</tr>
<tr>
<td><strong>Dummy Variables of Region</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>North_05</td>
<td>0.09</td>
<td>0.09</td>
</tr>
<tr>
<td>North_central_05</td>
<td>0.23**</td>
<td>0.09</td>
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<tr>
<td>South_05</td>
<td>-0.11</td>
<td>0.09</td>
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<tr>
<td>Intercept</td>
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</table>

<table>
<thead>
<tr>
<th>Dependent Variables: Work_05</th>
<th>Coefficient</th>
<th>Standard Error</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Education and Experience Variables</strong></td>
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<td></td>
</tr>
<tr>
<td>Yr_school_05</td>
<td>-0.26**</td>
<td>0.15</td>
</tr>
<tr>
<td>Experience_05</td>
<td>-0.46***</td>
<td>0.15</td>
</tr>
<tr>
<td>Experience_05 squared</td>
<td>0.001***</td>
<td>0.0002</td>
</tr>
<tr>
<td><strong>Dummy Variables of Childhood poverty</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Per_pov05</td>
<td>-0.29***</td>
<td>0.05</td>
</tr>
<tr>
<td>Chron_pov05</td>
<td>-0.25***</td>
<td>0.06</td>
</tr>
<tr>
<td>Non_chron_pov05</td>
<td>-0.09**</td>
<td>0.04</td>
</tr>
<tr>
<td><strong>Personal and family variables</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td>-0.10***</td>
<td>0.03</td>
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<tr>
<td>Age_05</td>
<td>0.41***</td>
<td>0.15</td>
</tr>
<tr>
<td>Fmsize_05</td>
<td>-0.09***</td>
<td>0.01</td>
</tr>
<tr>
<td><strong>Dummy Variables of Region</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>North_05</td>
<td>-0.09</td>
<td>0.06</td>
</tr>
<tr>
<td>North_central_05</td>
<td>0.15***</td>
<td>0.05</td>
</tr>
<tr>
<td>South_05</td>
<td>-0.17***</td>
<td>0.05</td>
</tr>
<tr>
<td><strong>Dummy Variables of Health</strong></td>
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<td></td>
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<tr>
<td>Health_05</td>
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<tr>
<td>Intercept</td>
<td>-3.78***</td>
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<tr>
<td>Mills Ratio</td>
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<td>0.50</td>
</tr>
<tr>
<td>Wald Chi</td>
<td>870.48</td>
<td></td>
</tr>
<tr>
<td>N</td>
<td>8,684</td>
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</tbody>
</table>

Notes. *, **, ***: the coefficient is significant under $\alpha = 0.1, \alpha = 0.05, \alpha = 0.01$ respectively
Conclusion

Although there are numerous papers regarding childhood poverty, the studies on the impact of different durations of childhood poverty are very few and are dated. Also, as poverty thresholds in the United States differ by family size and other characteristics, prior studies’ measurement of childhood poverty, by just comparing average income with a fixed poverty line, may lead to bias. This paper deals with the prior poverty measurement bias issue in earlier research by establishing a detailed classification of childhood poverty using a comparison between family income and the corresponding year’s poverty threshold based on different family characteristics from the Census Bureau. The distribution of childhood poverty shows that, between 1968 to 2013, among the 11,596 individuals in the PSID sample, 12.8% experienced persistent poverty in childhood (>70% time poor); 8.1% experienced chronic transient poverty during childhood (50–70% time poor); and 21.4% experienced non-chronic transient poverty (10–50% time poor).

I further analyzed how different durations of childhood poverty affected academic achievement, criminal behavior, and earnings. The regression results showed that childhood poverty is strongly associated with fewer years of schooling and lower income. Also, being poor in childhood increases the likelihood of being arrested. In addition, the results show that different durations of childhood poverty have different lasting consequences. Compared with individuals who live less than half their time poor in childhood (non-chronic transient poverty), individuals who suffer from poverty for more than half their childhood, particularly those who have experienced persistent poverty (> 70% time of being poor under 18), are more likely to complete fewer years of schooling and stand a higher risk of committing a crime. In addition, persistent childhood poverty is associated with 52% and 22% reduction in earnings compared with non-poor and chronic transient childhood poverty, respectively.

Also, while no prior research studies the impact of short-term childhood poverty, this paper shows that both chronic transient poverty and non-chronic transient poverty are associated with fewer school years completed, and a higher risk of committing crime. However, while chronic transient
childhood poverty is associated with a 30% reduction in adult earnings, non-chronic transient poverty shows no significant effect on adult earnings.

Overall, this analysis underscores the importance in the United States of addressing childhood poverty, and especially persistent poverty. Meantime, the results indicate even non-persistent poverty (chronic transient poverty and non-chronic transient poverty) will have a negative impact on adult attainment, thus also merits attention.

Acknowledgements: I want to give my grateful acknowledgment to Dr. Jonathan Haughton, Suffolk University, who provided advices and support throughout this research; my gratitude to him is much more than I can express here. I also want to give my hearty thanks to my committee members—Dr. Darlene Chisholm, Suffolk University, and Dr. Erika Gebo, Suffolk University; for their valuable help and comments that greatly improved this manuscript.

References


Yu-Ling Chang
University of California, Berkeley

This paper addresses a gap in welfare reform literature by investigating the social constructions of poor people in state policymaking within the context of diminishing General Assistance (GA) after the Great Recession. Using social construction and policy design theory and thematic content analysis of Washington State’s legislative archives, I found that the negative constructions of GA recipients as deviants with undesired psychological and behavioral problems were associated with the reform direction toward a regulated, punitive model. These constructions, intersecting with the ideologies of personal responsibility and work ethic, contribute to the dismantling of the social safety net for Washington’s poorest residents.

Keywords: General Assistance, welfare reform, social construction, policy design, Great Recession

Introduction

Social construction of a social problem influences the policies designed to address the problem and the public resources allocated to different social groups (Schneider & Ingram, 1997; Schneider & Sidney, 2009). Thus, social policy scholars have paid attention to how public discourses construct poor people and how welfare reform legislation enforces social norms (Amundson, Zajicek, & Kerr, 2015; Applebaum, 2001; Campbell, 1999; Guetzkow, 2010; O’Connor, 2009; Quadagno, 1999; Rose
Yet, an understudied program in welfare reform research is General Assistance (GA)—the “safety net of last resort” for those with the least access to federal cash benefits in the U.S. social welfare system (Anderson, Halter, & Gryzlak, 2002, p. 249). GA programs, typically funded and administered by states, provide income support to poor individuals who do not qualify for federal social assistance or whose benefits from other programs are insufficient or exhausted. Target populations of GA vary across states, but normally fall into three categories: (1) elderly and unemployable adults who are ineligible for Supplemental Security Income; (2) employable adults with children ineligible for Temporary Assistance for Needy Families; and (3) employable adults without children (Chang, 2017).

Over the past few decades, many states have restricted eligibility and reduced benefits for their GA programs, and some states have even eliminated their programs altogether (Gallagher, 1999; Schott & Hill, 2015). The decentralized aspect of GA and the lingering economic impact of the Great Recession (2007‒2009) on states’ revenues contributed to an accelerated shrinking trend in GA (Chang, 2015). By 2015 only 26 states still had a GA program, down from 53 programs in 1960 (U. S. Social Security Administration, 2000), and benefit levels had shrunk severely to an average amount below half of the federal poverty level (Schott & Hill, 2015).

GA’s erosion has dismantled the “safety net of last resort” for the poorest people in the United States. However, little is known about how the social constructions of GA recipients played a role in GA reforms at the state level. Social work professionals have committed to “advocate for changes in policy and legislation to improve social conditions in order to meet basic human needs and promote social justice” (National Association of Social Workers, 2017, p. 30). Particularly after the welfare reform act of 1996, policy decisions have been considerably devolved to state capitals, where social workers are more able to influence policies than at the federal level (Schneider & Netting, 1999). Thus, studies on state-level welfare reform legislation should inform social workers’ advocacy work.

This study contributes to welfare reform literature by investigating how policy actors constructed GA recipients to inform
legislative reforms in the wake of the Great Recession. I used social construction and policy design theory and thematic content analysis to examine the GA reforms in Washington State during the 2009–2011 period. Findings reveal the interplay between social construction and knowledge utilization in the welfare reform process—how positive and negative constructions of target populations influence policy proposals. I conclude with implications for making socially just policy changes in anti-poverty programs.

Social Construction and Knowledge Utilization in the Policy Process

Political scientists have theorized how problems are brought to the government, how policy actors inform policy solutions, and how policies are implemented, evaluated, and changed (Sabatier, 2007). Ann Schneider and Helen Ingram’s (1997) social construction and policy design theory (SCPDT) is particularly relevant to social welfare studies because it places meaning-making at its center to analyze how policy designs reflect social norms. In contrast to institutional rational choice theory, which assumes that problems are objectively presented and that policy decisions are rationally assessed (Ostrom, 2007), SCPDT argues that problems are socially constructed and policy decisions are politically charged (Schneider & Ingram, 1997; Schneider & Sidney, 2009).

The “target population proposition” of SCPDT suggests that the positive or negative social constructions and the stronger or weaker political power of different social groups determine how policymakers allocate benefits and burdens to different target populations. Groups of poor people, which have weaker political power in a society, may be viewed as either “dependents” or “deviants” in the policymaking process. Dependents (e.g., children) are positively constructed in the public discourse and assumed to be deserving of public benefits, while deviants (e.g., criminals) are negatively constructed and often receive punishments rather than benefits. Through policy actors’ social constructions of target populations, policy designs replicate unequal social and power relations (Schneider & Ingram, 1997; Schneider & Sidney, 2009).

In a recent review of research drawing on SCPDT, Schneider and Sidney (2009) indicate that future policy scholars should expand SCPDT by exploring the relationship between social
construction and knowledge utilization in the policymaking process. The social construction of knowledge involves “processes of problem definition, interpretations of cause and effect, characterizations of knowledge and information as relevant or not relevant to a policy issue, as technical and scientific are contrasted with anecdotal and impressionistic” and “the role of experts in policymaking and the type of knowledge that causes an actor to be considered an expert” (Schneider & Sidney, 2009, p. 108). This insight encourages me to examine how policy actors use knowledge to construct a social problem, craft policy solutions, and influence final decisions.

Researchers of evidence-based policymaking have argued for considering a broader knowledge base as evidence in the policymaking process (Epstein, Farina, & Heidt, 2014; Glasby, Walshe, & Harvey, 2007; Head, 2008). Policy analysis scholar Brian Head (2008) outlines three types of evidence specifically—scientific, political, and professional knowledge—each of which should be influential, rather than deterministic, in policymaking. Scientific knowledge includes systematic analysis of past and current circumstances and of causal effects of specific interventions. Political knowledge, also called political judgement, includes priorities, persuasion, messages, ideologies, trade-offs, and compromises. Professional knowledge refers to information about everyday problems of program implementation and client service. Head’s model of integrated, evidence-based policymaking supplements SCPDT to explain how policy actors use different types of knowledge to construct the target populations and the corresponding solutions, and is central to the present research.

Social Construction of Poor People and the Politics of Welfare Reform

Social constructions of poor populations involve the attribution of poverty to various causes, assumptions about the characteristics of poor people, and judgements about how deserving a population is of receiving public resources (Guetzkow, 2010). Attributing poverty to individual or structural causes each tells a different story about why poor people are poor, hence suggesting different policy responses to poverty (Applebaum, 2001; Rose & Baumgartner, 2013). Examining the development
of poverty knowledge and the changes in social welfare policies in the twentieth century, O’Connor (2009) found that the “cultural pathology” attribution, with a focus on individual behavior and traits among poor people, has been prevalent in academic research, policy agendas, and public opinion since the 1960s. This dominant individual attribution of poverty, interacting with the social constructions of the characteristics of poor people and their deservingness for public benefits, shifted the main responsibility for poverty from governments to individuals in welfare reforms in the 1980s and 1990s. In the neoliberal context of welfare reforms, policymakers seeking to weaken the government role in social protection strategically emphasized personal responsibility to shift public discourses on social welfare (Quadagno, 1999). The most significant federal welfare reform legislation of that era was the The Personal Responsibility and Work Opportunities Reconciliation Act of 1996 (PRWORA).

The most notable policy change under the PRWORA was replacing Aid to Families with Dependent Children (AFDC) with Temporary Assistance for Needy Families (TANF), which imposed strong work requirements for its target population—single mothers. Driving this change was a negative construction of the term “welfare queen,” in which poverty was portrayed as a problem of welfare dependency among unmarried, low-income, African American single mothers. The “welfare queen” image did not resonate with the mainstream values of work ethics and good motherhood (Clawson & Trice, 2000), reinforcing the group’s construction as undeserving. The goal of the PRWORA moved away from ending poverty toward ending welfare dependency. Underlying the PRWORA was a welfare ideology that emphasized the individual causes of poverty and enforced the continual movement of poor people off the welfare rolls and ostensibly back to work (Jurik & Cowgill, 2005; Schram & Soss, 2001).

Although past research has examined the roles of scientific knowledge and political knowledge in shaping welfare reform directions (e.g., Guetzkow, 2010; O’Connor, 2009; Schram & Soss, 2001; Szanton, 1991), the questions of how policy actors use knowledge to construct poor people, and how these constructions play into the legislative process, are still underexplored. Moreover, most welfare reform studies have focused on federal legislation, with little attention to the state-funded General
Assistance (GA) programs that typically serve poor people with the least federally-funded income support (Noy, 2009). The post-Recessionary period is an important context for examining GA reforms because facing budget shortfalls, state policymakers’ discussions leading up to cuts in welfare revealed how they drew on different forms of knowledge and constructions of poor people in the legislative reform process.

To fill these gaps in welfare reform literature, the present research draws insights from Schneider and Ingram’s (1997) social construction and policy design theory and Head’s (2008) knowledge-based policymaking model to examine three research questions: (1) How did policy actors in the post-Recessionary period in Washington State use different forms of knowledge to construct the GA populations? (2) How did these policy actors use different forms of knowledge to craft policy proposals? (3) How did the constructed knowledge about the GA populations and proposed policy solutions influence the state’s GA reform decisions?

Methods

Case Selection and Data Sources

I selected the Washington State Legislature as a research site because it passed two reform bills in a three-year time frame (2009–2011)—HB 2782, replacing the GA program with the Disability Lifeline (DL) program, and HB 2082, making changes to the DL program. The associated legislative activities provide substantial materials with which to examine state GA reforms. The Washington State Legislature maintains video archives of all legislative meetings, which are publicly available on the Washington State Public Affairs Network (TVW, n.d.). My primary data sources were 26 videos regarding GA or DL, including nine work sessions where issues were reviewed by a committee, six public hearings where interest groups gave testimony and expressed concerns, six executive sessions where the committee decided how a bill should be reported to the full House, and five floor actions where legislators debated the bills and voted on final passage. I supplemented these videos with relevant text sources (e.g., the legislature’s bill analyses and
presentation slides used in meetings, and research reports and policy briefs published by relevant agencies). I used the qualitative software ATLAS.ti 7 to manage all data sources. Appendix A lists these data sources and their corresponding legislative activities. (Hereafter, data sources are cited using the document number found in the right column of Appendix A, followed by the number of a specific quotation from a document in ATLAS.ti. For example, P1:5).

Analytic Approach

Using both deductive and inductive coding techniques (Fereday & Muir-Cochrane, 2006), I developed a hierarchical coding scheme that organized codes into main categories and subcategories (Friese, 2014). My preliminary categories were theory-driven codes derived from Schneider and Ingram’s (1997) concepts of policy design elements and Head’s (2008) concepts of policy-relevant knowledge. The initial coding scheme was modified, expanded, and re-sorted by incorporating inductive, data-driven codes that emerged during data analysis, particularly terms that were repeatedly used to describe problems and justify policy solutions. I finalized the coding scheme after three rounds of developing, applying, and merging codes, when codes achieved consensus between analyses.

I adopted thematic content analysis—an approach that emphasizes the qualitative nature and narratives of the data, in contrast to conventional content analysis, which focuses solely on counting attributes in the data (Smith, 1992; Vaismoradi, Turunen, & Bondas, 2013). This approach is suited to the present research’s examination of how social construction occurs in the policy process. To enhance the “trustworthiness” of my interpretations (Lincoln & Guba, 1985), I discussed the preliminary findings with policy practitioners who have substantive knowledge and experience about the state legislative process and anti-poverty policy advocacy. I also disseminated the preliminary findings in two national conferences and one public lecture, and incorporated welfare policy researchers’ and practitioners’ insights into my interpretations.
Results

To examine the relationship between social construction of GA/DL recipients and the policy changes in GA/DL, this section first introduces the policy background and then synthesizes the major themes related to constructing problems, crafting solutions, and making decisions, to address the three research questions, respectively.

Policy Background

Washington State’s GA prior to 2009 was a means-tested program providing cash and medical assistance for poor adults who did not qualify for other federally-funded income supports and who were “unable to engage in gainful employment” (P33:1). During the Great Recession, the GA caseload increased from 50,817 individuals in 2007 to 59,962 in 2009 (Washington State Department of Social and Health Services, 2018). Despite the growing need, Governor Chris Gregoire’s 2009–2011 budget plan proposed to eliminate both cash and medical provisions for the largest of three GA subcategories, known as GA-Unemployable (GA-U) (Office of the Governor, 2008). From 2009 to 2011, the legislature made several attempts to cut GA-U. In the 2010 legislative session, the GA program was replaced by the similar Disability Lifeline (DL) program when the Governor signed the Security Lifeline (HB 2782) into law. DL served the same subpopulations as those in GA, but its monthly cash benefit for DL-U (formerly GA-U) was cut substantially. In the following year, the legislature passed a second reform bill (HB2082), which replaced DL with three new programs—Essential Needs and Housing Support, Aged, Blind or Disabled Assistance, and Pregnant Women Assistance—that provide disparate provisions to different target populations of the original GA program (P32).

Constructing Problems

In work sessions and public hearings leading up to these bills’ passages, policy actors from various interest groups and government agencies cited research, made political judgments, and used professional knowledge to construct the characteristics
of GA/DL recipients. Analysis of these narratives revealed three key themes: distinguishing GA/DL-U recipients from other GA/DL recipients, pathologizing and criminalizing GA/DL-U recipients, and overlooking the commonality of economic hardship across the diverse GA/DL-U recipients.

**Distinguishing GA/DL-U recipients from other GA/DL recipients.** The problem construction of how people come to need GA began with characterizing three pre-existing subcategories in the program. The first category was GA-Unemployable (GA-U), which targeted women who were pregnant and not eligible for TANF and adults who were unemployable for more than 90 days due to “physical or mental incapacity.” The GA-U population represented just over half (51.5%) of the GA clients. The second category was GA-Expedited Medicaid (GA-X), which targeted elderly people and people with disabilities who were presumptively eligible for the federally-funded Supplemental Security Income (SSI) and Medicaid but were not yet enrolled in those programs. The third category, GA-Other, targeted elderly people and people with disabilities who were not eligible for SSI due to non-citizen status or other eligibility requirements. The monthly cash grant for three GA subcategories were the same, $339 for one person (P33).

As the three subcategories were discussed and distinguished from one another, government officials and policy analysts pinpointed GA-U clients as the most difficult and expensive to serve among the three groups. They highlighted GA-U clients’ health characteristics and the increasing cost of healthcare. A policy evaluation noted, “GA-U clients are expensive users of inpatient hospital services and those with mental illness and/or substance abuse are relatively frequent visitors to hospital emergency rooms” (Joesch et al., 2011, p. 3); an official analysis produced for the legislature stated, “GA-U medical program expenditures are among the fastest growing of DSHS medical programs” (P35:5).

**Pathologizing and criminalizing GA/DL-U recipients.** During the reform process, GA/DL-U recipients were often portrayed as drug addicts or as people with complex mental or behavioral problems. Table 1 shows that homelessness, mental illness, and chemical dependency were the most frequently mentioned characteristics for GA/DL-U recipients in quotations relevant to
problem construction. However, in fact only about 25% of them were experiencing homelessness, about 35% had been diagnosed with a mental illness, and about 32% of them had been identified as having substance abuse issues (P34). The social construction and policy design theory suggests that these characteristics, compared with pregnant women, domestic violence victims, and people with physical disabilities, are more likely to be negatively constructed in the policymaking process (Schneider & Ingram, 1997; Schneider & Sidney, 2009).

Table 1. Frequencies of Characteristics of the GA/DL-U Populations Mentioned in Quotations by Legislative Activity

<table>
<thead>
<tr>
<th>Characteristics of the GA/DL-U</th>
<th>All legislative activities</th>
<th>Work sessions / Public hearings</th>
<th>Executive sessions / Floor actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Homelessness</td>
<td>65</td>
<td>49</td>
<td>16</td>
</tr>
<tr>
<td>Mental illness</td>
<td>51</td>
<td>42</td>
<td>9</td>
</tr>
<tr>
<td>Substance abuse</td>
<td>50</td>
<td>36</td>
<td>14</td>
</tr>
<tr>
<td>Physical illness</td>
<td>20</td>
<td>16</td>
<td>4</td>
</tr>
<tr>
<td>Criminality</td>
<td>19</td>
<td>18</td>
<td>1</td>
</tr>
<tr>
<td>Poverty</td>
<td>12</td>
<td>11</td>
<td>1</td>
</tr>
<tr>
<td>Veteran</td>
<td>10</td>
<td>8</td>
<td>2</td>
</tr>
<tr>
<td>Domestic violence</td>
<td>8</td>
<td>8</td>
<td>0</td>
</tr>
<tr>
<td>Pregnancy</td>
<td>5</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Immigration</td>
<td>2</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>242</td>
<td>193</td>
<td>49</td>
</tr>
</tbody>
</table>

Policy actors negatively constructed GA/DL-U recipients by manipulating statistics to highlight the most socially undesirable health characteristics and by linking these characteristics with criminal activities that threaten public safety. For example, health service practitioners, researchers, and legislative staff repeatedly presented a Venn diagram of “co-occurring diagnoses” (Washington State Department of Social and Health Services, 2006), in five out of nine work sessions, to underscore the mental illness and substance abuse problems among the GA-U clients (see the Venn diagram in Appendix 2). Despite the fact that having a chronic physical condition was the primary qualifying characteristic of GA-U clients (69%), and that only about 15% of GA-U clients had all three conditions (i.e., chronic physical
condition, mental illness, and substance abuse), narratives overwhelmingly emphasized that GA/DL-U clients “have complex co-occurring diagnoses” (P2:15, P3:5, P34, P35, P36), “often have more than one incapacity including substance abuse” (P28) or “face greater challenges when their health conditions are complicated by substance abuse problems” (P3:14, P35). Policy actors then seamlessly linked mental illness or substance abuse to criminality that threatens public safety. The bill sponsor of HB 2782 stated: “Most mentally ill people don’t represent a danger, but there are some who do. And I think it’s a quite frankly scary thought to have them on the streets without medications, without a home” (P15:2).

Overlooking the common economic hardship among the diverse GA/DL-U recipients. By policy design, GA/DL-U provided both cash and medical benefits for low-income working-aged adults who were unemployable. Given that GA/DL-U recipients were disproportionately white (65%), male (63%), and with an average age of 40, policy actors relied on and amplified a stereotype of GA/DL-clients as middle-aged white males who could not follow the social norm of showing a “work ethic” and who did not fit the conventional image of the “deserving” poor (P3:14; P22; P28, P35). Community advocates attempted to emphasize the diversity of GA/DL-U recipients, but their attempts were not enough to challenge the prevailing negative constructions.

It was not until the 2011 session that domestic violence victims gained legislators’ attention. A practitioner testifying in a public hearing said: “I also want to remind the members of this committee [domestic violence victims] are often the forgotten group of clients that access this program...[They] have no place to go and no resources to be able to access safety...For people [who] don’t have children, this is the program to support them” (P23:12). However, practitioners and government staff failed to convince lawmakers of the diversity and deservingness of the GA/DL-U population (P23:25). In the midst of the competing constructions of who GA/DL-U clients were and the various purported causes of their poverty, their common defining characteristic—economic hardship—was barely mentioned.


Crafting Solutions

Responding to the Governor’s proposed budget cut to both cash and medical provisions of GA-U, policy actors from different interest groups actively participated in work sessions and gave testimony in public hearings to shape the policy proposals. Two themes summarize the patterns of knowledge utilization for crafting solutions: contrasting professional and scientific knowledge regarding cash benefits, and united knowledge for retaining medical benefits.

Cutting cash benefits: Professional, anecdotal knowledge contrasted with the absence of quantitative scientific research. Advocates against cutting cash benefits mostly relied on their professional experience and values to justify their positions. For example, practitioners described the GA-U program as “the only safety net for these [truly needy] people” (P2:9), as a “gateway to medical care” and other services (P3:5), and as a path to “returning to a productive life” (P22:15). Practitioners also presented clients’ stories (P2, P34) and brought clients to convey the importance of GA in their lives. One client testifying in a work session said: “GA retains my dignity, gets me off the street…GA allows me to pay my cell phone. Without this I would not be able to stay in touch with my family and friends, and would not be able to make medical appointments” (P2:24).

However, the major challenge to retaining the cash benefit was the lack of scientific evidence to support the cash provision. The legislature’s research division—the Washington State Institute for Public Policy (WSIPP)—conducted a systematic assessment and concluded that it was unknown whether the GA cash benefit was a cost-effective policy approach because there was “no rigorous, empirical research on the provision of general assistance” (P5:7, P36:14). The professional knowledge and values-based arguments brought forward by advocates could not overpower the perceived absence of scientific support for GA cash assistance.

While qualitative research has documented the negative impacts of cutting GA cash grants on clients’ daily lives in other states (e.g., Coulton & Crowell, 1993; Halter, 1992), this line of research was not included in the review conducted by WSIPP. This pattern of scientific knowledge utilization by authority
highlights a problem of the hierarchy of scientific knowledge, in that quantitative evidence, or even the lack of it, was considered more strongly than qualitative evidence, which could be dismissed as biased or as “merely” anecdotal.

Retaining medical benefits: Scientific, political, and professional knowledge united. In contrast to the elimination of the cash provision, the medical provision was expanded for GA-U clients in 2009 and then remained unchanged until 2011 (Joesch et al., 2011). In November 2009, Washington State launched a statewide GA-U Medical Integration Program that emphasized managed care. This expansion was won through the advocacy efforts of a health service coalition that used evidence from a pilot managed care program implemented in two counties in 2004 to inform the GA reform decisions (P28).

Interest groups advocating for the Medical Integration Program ranged from frontline health service agencies to academic health researchers. These policy actors not only provided their professional knowledge, but also presented quantitative research evidence, supplemented with client stories, to justify the managed care approach. They often framed the proposed program as a “successful evidence-based model” to address the “complex, high-cost GA-U recipients.” Specifically, they continually used research evidence to persuade policymakers that this approach was “more cost effective than usual care” throughout the 2009–2011 legislative sessions (P2, P3, P4, P6, P11, P20, P22). For instance, to illustrate the impacts of the managed care model, a professor of psychiatry at the University of Washington presented his research on the integrated mental health care model, in an assertive and definitive tone: “This is an evidence-based intervention, a five-year study of integrated care with a randomly assigned experiment design that has desired outcomes of clients’ improvement and saving cost...The data is compelling...This is the best research outcome” (P2:18). He also provided successful case stories to support his argument. The chair of the policy committee commended the professor’s testimony as being “very important and valuable” (P2), even though the research findings were solely based on patients with depression, who represented a minority of GA-U recipients.

In addition to academic researchers, policy analysts from WSIPP and a left-leaning state policy think tank, the Washington-
ton State Budget and Policy Center (WSBPC), also sent consistent messages in favor of retaining medical benefits. Two of the reports they submitted concluded with statements lauding the financial benefits of the integrated medical service:

Research evidence suggests that client and taxpayer finance outcomes can be improved by providing treatment services to individuals diagnosed with mental illness or substance abuse disorders. (Pennucci, Nunlist, & Mayfield, 2009, p. 1)

Without this program, costs in other areas of the state budget will undoubtedly rise including use of emergency rooms for health care, programs that assist the homeless, and public safety resources. Conversely, by making smart investments in this valuable public structure, the state can save money and improve outcomes for recipients. (Schultz, 2009, p. 6)

Taken together, policy messages regarding the cost effectiveness of medical provision implied that the integrated medical service was not only good for clients, but also good for the state budget. Emphasizing the benefits for the state budget by using scientific, political, and professional knowledge, policy actors made deservingness less relevant to benefit receipt and succeeded in retaining medical benefits for GA/DL-U clients.

Making Decisions

The constructions of target populations and of policy solutions in the work sessions and public hearings carried over to the legislative decision-making meetings (i.e., executive sessions and floor actions). In these settings, where legislators were the only actors, they drew on knowledge informed by work sessions and public hearings, along with their own political ideologies, to influence fellow legislators’ voting decisions. Three themes that emerged in the decision-making process were: (1) reinforcing the undeservingness of the GA/DL-U population; (2) transforming the GA-U from an entitled cash model to a regulated care model in the DL-U; and restructuring GA/DL into three new programs with disparate provisions.
Reinforcing the undeservingness of GA/DL-U recipients by claiming budget priorities. The narratives about GA/DL-U clients’ undeservingness were related to political judgements around budget priorities. For instance, a Republican House Representative reiterated his concern about budget priorities:

When I looked at the population. They are predominately white, male, aged 35–36, without dependents. They are not women, not minorities...if we have to make a difficult decision about cutting service to most vulnerable people, I prioritized those who are seniors, children, most struggling...truly most vulnerable. (P10:12)

This narrative asserted that the GA/DL-U clients were neither deserving nor truly in need because their characteristics did not fit the conventional “deserving poor.” Some legislators opposed any kind of public resources allocated to GA/DL-U clients (including medical services), highlighting their purported substance abuse problems and emphasizing the legislators’ accountability to all citizens and taxpayers (16:9; 25:7). Another Republican House Representative expressed her objection to allocating benefits and public dollars to the DL-U clients in HB 2082 as follows:

Alcohol and substance abuse is the primary reason that some of these people are involved in the Disability Lifeline...I just want at some point, for all of us on this House floor, as good stewards of the public dollars and the welfare and well-being of citizens of this state, to really look holistically at what we are doing and how we are doing it...What we want to make sure is that we are not duplicating efforts [and] that people are not abusing our public assistance. (P25:7)

The political claims about budget priorities relied on and reproduced the negative construction of GA-U recipients as substance abusers who have overused the public resources and do not deserve the GA/DL-U benefits.

Transforming GA-U from an entitled cash model to a regulated care model in DL-U. The original GA reform bill (HB 2782) introduced by the House in 2010 primarily focused on establishing procedures that moved qualified GA-U clients to other
federally-funded programs (e.g., SSI and Veterans’ benefits) to save state dollars; it did not propose any time limits, reduced benefits, or restrictions of the GA-U cash provision. However, the final passed bill with all these elements was a political compromise due to continuous attacks against cash provision from the Republican camp (P39, P40, P43). As the bill traveled through the Senate, the time limit rule and the restriction on cash benefits were included. Lawmakers argued that the new “care model”—which replaced the old “cash model”—would improve GA-U clients’ self-sufficiency and prevent GA-U clients’ “misuse” of cash benefits through spending on drugs and alcohol (P12:3). The Senate bill sponsor illustrated the philosophy of the new DL program:

Another significant change in this bill is a portion of the care instead of cash philosophy that we instituted in our policy committee. Approximately 18–30% depending on the research tells us these people are homeless...This bill creates a voucher program for those homeless people that have chemical dependency or mental health issues because it’s clear from the data that if these people do not have a home to go with their treatment then their treatment doesn’t work. And again, if they refuse treatments, they won’t get the voucher or the cash...Giving them the help they deserve but not enable [sic] bad behaviors by continuing to give them the cash grant. (P16:3)

The passed DL program instituted a time limit of 24 months in a 5-year period, a reduced monthly stipend of $50, with additional housing vouchers for homeless recipients, and a sanction of terminating cash benefits for people who refused to participate in a housing program, substance abuse treatment, or vocational rehabilitation recommended to them by a case manager. In replacing the simple cash benefit with regulated care provisions, this first GA reform bill which was passed imposed behavioral requirements in line with the negative construction of recipients as addicted, irresponsible, untrustworthy, and undeserving.

Restructuring GA/DL into three new programs with disparate provisions. In the following 2011 session, a reiterated theme around GA/DL was rearranging the cash and medical provisions for different target populations in the context of federal health care
reform. To reduce state expenditure on GA/DL-U, policymakers proposed eliminating the cash provision while sustaining the medical provision through a three-year transitional bridge waiver (2011-2013) supported by the federal government (50% match rate), as an early Medicaid expansion option under the Patient Protection and Affordable Care Act (P21, P20, P48, P49).

The Legislature eventually passed the second GA/DL reform bill HB 2082, which eliminated the entire GA/DL program and instead established three new programs with disparate provision to different groups: (1) Essential Needs and Housing Support (ENHS); (2) Aged, Blind or Disabled Assistance (ABDA), and (3) Pregnant Women Assistance (PWA). GA/DL recipients who were predominantly constructed as “undeserving” would now be served by the ENHS, which did not include any cash grants to clients. Instead, grants were distributed to local homeless and housing agencies to support expenditures on services for the homeless clients. The ENHS continued to suffer under budget cuts in the subsequent years (Burkhalter, 2013; Justice, 2013). In contrast to the ENHS, the ABDA and the PWA, which targeted positively-constructed “deserving” GA/DL recipients, have retained a maximum monthly cash grant of $197 (for single persons) since 2011 (P50). Overall, these three new programs now serve a much smaller share of Washington’s poor residents than was the case earlier in the GA program’s recent history—from 9.5% of the Washington’s poor residents in 2006 to 6.5% in 2016 (author’s calculation using Washington State Department of Social and Health Services [2018] and U.S. Census Bureau [2018] data). Poor people who were deemed “undeserving” and could not comply with mental health/substance abuse treatments, vocational rehabilitation, or housing placements got left out of the state social safety net system.

Discussion and Conclusion

Social constructions of target populations influence how policymakers understand social problems and allocate public resources. This research examined how social construction interplayed with knowledge utilization in the GA/DL legislative reforms in post-Recession Washington State. It supports the “target population proposition” of the social construction and
policy design theory (SCPDT)—target populations positively constructed as deserving and “dependent” receive benefits, while those negatively constructed as undeserving and “deviant” receive burdens (Schneider & Ingram, 1997). To illustrate my findings, I lay out the relative positions of different social groups that compose the General Assistance/Disability Lifeline (GA/DL) populations by using the framework of SCPDT (see figure 1). I argue that overgeneralizing the undesired problems of mental illness, homelessness, substance abuse, and criminality to GA/DL clients laid the groundwork for policy solutions that focused on mental health services, substance abuse treatment, conditional housing vouchers, and vocational rehabilitation, in lieu of cash aid. The stereotypes and negative constructions of GA/DL-U shaped the reforms that moved from an entitled cash model to a regulated care model, which imposed behavioral regulations and punitive sanctions on the state’s poorest residents. During the 2009–2011 legislative reform process, Washington’s GA program evolved into three smaller programs that further reproduced the distinctions between the “underserving” and the “deserving” poor for cash benefits. By the end of the three-year GA reform, the level of economic need of the original GA-U target population—low-income working-age adults who were unable to engage in gainful employment—was no longer addressed through direct cash aid. Economic hardship became a less significant issue than the presumed issues of addiction, mental illness, and criminality.

Regrettably, voices from the politically powerless GA/DL-U population were overlooked in the reform process. Without challenging the stereotypes and their positions of powerlessness, one can expect a continued diminishing trend in GA across states through a policy learning or diffusion mechanism (Schneider & Ingram, 1988). For example, most recently, lawmakers proposed several bills to reform Maine’s General Assistance Program in April 2017 (Doyen, 2017). Consequently, the social safety net of last resort in the United States will likely continue to be dismantled in a “degenerative policy making system” that harms democracy and social justice (Schneider & Ingram, 1997). This finding highlights the power relation between the dominant group (policymakers) and the oppressed
Figure 1. Social Construction and Political Power of the General Assistance Populations

<table>
<thead>
<tr>
<th>Political Power</th>
<th>Social Construction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
<td>[Benefit &gt; Burdens]</td>
</tr>
<tr>
<td></td>
<td>Physically disabled</td>
</tr>
<tr>
<td></td>
<td>Mentally disabled</td>
</tr>
<tr>
<td></td>
<td>Pregnant women</td>
</tr>
<tr>
<td></td>
<td>Jobless</td>
</tr>
<tr>
<td></td>
<td>Domestic violence victims</td>
</tr>
<tr>
<td></td>
<td>Drug users</td>
</tr>
<tr>
<td></td>
<td>Poor</td>
</tr>
<tr>
<td></td>
<td>Homelessness</td>
</tr>
<tr>
<td></td>
<td>Criminals</td>
</tr>
<tr>
<td>High</td>
<td>[Burdens &gt; Benefits]</td>
</tr>
</tbody>
</table>

Notes. 1) This figure is adapted from Schneider and Ingram (1997, p. 109) and Schneider and Sidney (2009, p. 107). 2) The direction of the arrow indicates the finding that overgeneralizing the undesired problems of mental illness, homelessness, drug abuse, and criminal behavior to all GA populations shaped the reform direction that allocated more burdens (e.g., behavioral regulations and punitive sanctions) than benefits (e.g., entitled cash provision).

group (the target population) in the regulatory practices of the government (Campbell, 1999). Future research could consider examining how the changing political power of a target population relates to the changing social constructions of the group in welfare reform movements.

This research has implications for social work policy practice in a broad welfare reform context. It is timely given many proposed policy changes that may exacerbate economic hardships among working-age poor people. For example, current policymakers are attempting to further dismantle federal structures
of social assistance programs such as the Supplementary Nutrition Assistance Program through a block grant that devolves program decisions to states (Rosenbaum & Keith-Jennings, 2016), which will then be free to impose behavioral restrictions on recipients such as those seen in Washington State’s GA/DL reforms. Another current social policy debate is centering around setting work requirements for Medicaid recipients. Since March 2017, eight states have submitted waiver requests to the Center for Medicare and Medicaid Service to impose work requirements (Hahn et al., 2017). This policy change is driven by a construction of Medicaid recipients as able bodied and not working, which actually represents a small proportion of current recipients. The administrative hurdles of proving eligibility will likely lead to many eligible people losing benefits.

Social work professionals are not only the direct social and human service providers for economically disadvantaged populations, but are also key players in analyzing, informing, and influencing social policies. Findings from this research suggest that combining both scientific evidence and anecdotal client stories can strengthen the rationale for budgetary allocation to economically disadvantaged populations. To advance the economic well-being of the communities we serve, social work practitioners should draw awareness to the implicit constructions of populations in policy conversations and play a leadership role in using scientific, political, and professional knowledge to challenge the misconceptions of poor populations and promote socially just welfare reforms at both state and federal levels.

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References


Rosenbaum, D., & Keith-Jennings, B. (2016). House 2017 budget plan would slash SNAP by more than $150 billion over ten years: Low-income households in all states would feel sharp effects. Washington, DC: Center on Budget and Policy Priorities.


Appendix 1. A list of legislative video archives and related documents.

<table>
<thead>
<tr>
<th>Date &amp; Type</th>
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<th>Agenda</th>
<th>Length</th>
<th>Document(s)</th>
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<tr>
<td>01/12/2009</td>
<td>HCHS</td>
<td>General Assistance-Unemployable: Overview and Briefing</td>
<td>0:31:35</td>
<td>P2, P33, WA DSHS (2006)</td>
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<td>01/22/2009</td>
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<td>General Assistance-Unemployable: In-depth look at services and resources</td>
<td>1:20:10</td>
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<td>02/11/2009</td>
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<td>12/04/2009</td>
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<td>Savings and efficiencies in the GA</td>
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<td>P5*, P36, Pennucci et al. (2009)</td>
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<td>P6*, P38</td>
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<td>P7*, P39</td>
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<td>02/06/2010</td>
<td>PH</td>
<td>HB 2782 reorganizing delivery services</td>
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<td>P8*</td>
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<tr>
<td>02/09/2010</td>
<td>ES</td>
<td>HB 2782 2nd substitute bill be substituted to recipients of public assistance</td>
<td>8:18</td>
<td>P9*, P40</td>
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<td>02/12/2010</td>
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<td>House floor debate</td>
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<td>HB 2082 Making changes to the Disability Lifeline program</td>
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<td>SCWM</td>
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</tr>
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<td>05/23/2011</td>
<td>ES</td>
<td>SCWM</td>
<td>ESHB 2082 concerning the long-term the Disability Assistance program and ENHS program</td>
<td>0:09:16</td>
<td>P27 ; P32 ; P50⁴</td>
</tr>
</tbody>
</table>

Note: 1. WS: work session; PH: public hearing; ES: executive session; FA: floor action. 2. HCHS: House Committee on Human Services; SCWM: Senate Committee on Ways and Means; HCHSC: House Committee on Ways and Means; SCHSC: Senate Committee on Human Services & Corrections; HHHHSAC: House Health & Human; SCHLCC: Senate Committee on Health and Long-Term Care Committee; 3. a: Amendment; b: bill analysis or bill report; p: presentation slide; v: video archive.


![Venn Diagram](image)

Note: This Venn Diagram is retrieved from Washington State Department of Social and Health Services (2006). *GA-U Clients: Challenges and Opportunities* (Report 6.54)
Examining the Nexus of Obesity, Mental Health and Rural County Level Food Access: Testing the Enduring Role of Persistent Poverty

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This study investigates the nexus between obesity, mental health, and food access across counties in the state of Mississippi. Recent research suggests that food access and poor nutrition may not only lead to poor physical health, but may also increase depression. Data from the USDA and the CDC were used to estimate obesity and mental health rates across counties. Analyses revealed that poverty was the key factor influencing on obesity and mental health at the county level. More specifically, county level per capita SNAP benefits and status of persistent poverty were predictors of obesity and mental health. Findings are discussed in light of identifying the community determinants of food access and their impact on health.

Keywords: Mental health, obesity, food access, population health, poverty
Introduction

The Deep South, and Mississippi in particular, ranks among the highest and lowest on most social indicators: highest poverty and persistent poverty, highest food insecurity, lowest educational attainment, lowest life expectancy and highest obesity rates. Mississippi is consistently ranked the poorest state in the United States with a 23 percent poverty rate compared to national rate of 14.5 percent (U.S. Census Bureau, 2014). Mississippi also has the greatest number of persistent poverty counties, with 61 percent of its counties considered persistently poor. Persistent poverty is a United States Department of Agriculture (USDA) measure that captures the dimension of time, meaning these are counties that have had poverty rates over 20 percent over the last 30 years (Farrigan, 2017). These counties are more likely than other counties to lack basic necessities such as public services, quality food supplies, and health care services (Bennett, Probst, & Pumkam, 2011). Given the number of persistent poverty counties throughout the state, the importance of place has major implications for determining whether residents have access to healthy, affordable food, which ensures a healthy, active life.

In the state of Mississippi, food access is of significant concern. The majority of Mississippians live in rural areas and face unique challenges in relationship to health and food access. Food deserts are areas that have limited or no access to fresh food (Morton, Bitto, Oakland, & Sand, 2005). In Mississippi counties characterized by food deserts there may be convenience stores, gas stations and fast food chains that sell calorie-dense foods; however, these areas lack supermarkets or grocery stores that sell fresh fruits, vegetables, and lean meats. Limited healthy food options coupled with increased high caloric, high sugar foods, and frequent fast food consumption influences residents’ health and quality of life. Consequently, Mississippians living in food deserts consume more calories than they need but do not get adequate nutrients for their bodies (Dai & Wang, 2011; UMMC Center for Bioethics and Medical Humanities, 2016) nutritious, and good-quality food may lead to poor diet and increase the risks of health problems such as obesity, diabetes, and cardiovascular diseases. This research advances the popular two-step
floating catchment area (2SFCA). Living in a food desert can also be challenging for individuals who have to manage chronic health conditions. For example, low income residents in rural areas reported difficulty complying with dietary restrictions required for managing obesity and other health-related problems (Smith & Morton, 2009).

Research also suggests that the consumption of high calorie and nutritionally inadequate food could be a function of the dietary practices of Mississippians. For instance, a typical Southern diet for Mississippians may include fried foods, such as chicken, fish, vegetables (often fried), cornbread and desserts that are eaten regularly and in high quantities (Judd et al., 2013; White et al., 2017)

In addition to low food access and residents’ poor dietary practices, Mississippi has the highest food insecurity rate in the nation (18.7 percent), which is well above the national average of 13 percent (Coleman-Jensen, Rabbitt, Gregory, & Singh, 2016). (The state rates of food insecurity are based upon the combination of three-year estimates [2014–2016] in order to provide more reliable state-level statistics). Food insecurity is often associated with living in a food desert. Food insecurity is a USDA measure defined as a lack of access to enough food at all times for all members of the household to be healthy and active (Coleman-Jensen et al., 2016).

While food deserts may not directly cause food insecurity, they are good indicators of areas where food insecurity is more likely (Hossfeld, Kelly, & Waity, 2018; Morton et al., 2005). Mississippians are more likely to have problems putting food on the table, due to insufficient income to meet basic needs (Wenger, 2012). A potential consequence of food insecurity is a high prevalence of diet-related disease and obesity (Dinour, Bergen, & Yeh, 2007; Franklin et al., 2012). Since 1990, Mississippi’s adult obesity rate has increased from 15 percent to the current rate of 35.6 percent (Segal, Rayburn, & Martin, 2016). Likewise, the state’s food insecurity rate has continued to increase. Numerous studies have found that low-income, single-female headed households, racial and ethnic minorities, and individuals with lower education levels are the key populations most likely to experience food insecurity and subsequently the likelihood of
being overweight (Champagne et al., 2007; Drewnowski, 2009; Franklin et al., 2012; Holben, Barnett, & Holcomb, 2007).

Another consequence of the state’s lack of access to healthy, affordable food and high rates of food insecurity is the potential impact on mental health outcomes for Mississipians. Researchers have found that low food access and food insecurity were significantly associated with poor or fair self-reported mental health, depression, and mental disorders (Muldoon, Duff, Fielden, & Anema, 2013; Tarasuk, Mitchell, McLaren, & McIntyre, 2013). Stress and anxiety can occur as a consequence of low food access and food insecurity, which may induce hypertension and produce hormonal imbalances that can stimulate weight gain and obesity (Laraia, Vinikoor-Imler, & Siega-Riz, 2015; Mokdad et al., 1999; Stuff et al., 2004).

There are multiple factors that influence how food access contributes to poorer physical and mental health among Mississipians and we intend to examine these associations within this study. This paper contributes to the literature concerning obesity and mental health rates among residents of persistent and non-persistent poverty counties. In the next section, we discuss the data used in the analysis followed by a presentation of the models we use to estimate obesity and mental health rates across Mississippi counties. Then we discuss the results of these empirical models, present the conclusions and the policy implications associated with this work.

Methods

We use data from several publically available state and federal databases including the Center for Disease Control and Prevention (CDC), USDA, Mississippi Department of Agriculture and Commerce (MDAC), and the United States Census Bureau to explore the relationship between county-level food access and physical and mental health.

Dependent Variables

Health indicator variables came from two data sources and were aggregated to the county level. Adult obesity rates were obtained from the CDC Prevention and Health Promotion 2010
survey. Obesity rates were measured by percent of adults in a county that reported a Body Mass Index (BMI) of 30 or greater. Poor mental health days were aggregated to the county level from the Behavioral Risk Factor Surveillance survey (2006–2012) from adults 20 years or older response to the question, “Thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?” The use of self-reported unhealthy mental days has been widely used and is considered a valid measure (Jia, Muennig, Lubetkin, & Gold, 2004; Robert Wood Johnson Foundation, 2011).

Independent Variables

**Persistent poverty.** The USDA persistent poverty definition was used to categorize Mississippi counties into persistent poverty counties and non-persistent poverty counties. A county is designated as “persistent poverty” if 20 percent or more of its population is below the poverty level in 1980, 1990, and 2000 decennial censuses and 2007–2011 American Community Survey 5-year estimate (Farrigan, 2017). Figure 1 is a map of Mississippi with the persistent poverty counties in black.

**Food access and availability.** Food access and availability measures were obtained from the USDA Food Environment Atlas (FEA) and MDAC. We gathered information about markets from the MDAC website. The variable “farmer’s market” is coded 1 if a county had at least one farmer’s market. Variables drawn from the FEA include: (1) number of grocery stores per 1,000 county residents; (2) number of fast food restaurants per 1,000 county residents; (3) number of full-service restaurants; (4) number of convenience stores per 1,000 county residents; (5) percentage of household without a personal vehicle and more than one mile to the nearest store; and (6) SNAP benefits per capita. These store and restaurant variables were created by FEA from 2007 County Business Patterns and U.S. Census Bureau Population Estimates. The SNAP benefits per capita and percentage of households with a personal vehicle were derived from data from 2010.
Figure 1. Persistent poverty counties of Mississippi in black
Control Variables

We include a number of county-level controls that influence obesity and mental well-being based on theory and research. Covariates come from the 2010 U.S. Census and the FEA. Health control variables from the FEA include the number of primary care doctors per 1,000 county residents and percent with access to exercise opportunities per capita (both private and public opportunities). From the CDC public dataset, we obtained age-adjusted mortality per (excluding accidents and intentional deaths) 100,000 based on the World Health Organization’s 10th revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10) categories for the years 2009–2010 (CDC, 2016).

We also include county demographic characteristics including percent 65 years of age and older, percent female (dummied in analysis with 0 = less than 51%), percent unemployed, percent African American, percent Native American, percent Hispanic, percent Asian American, percent White, and population per square mile (logged in analysis).

Analysis

We used Stata 14 to complete the analysis (StataCorp, 2015). First, we describe the sample and then conduct t-test of equivalent means for variables of interest by county persistent poverty status. Next, we conduct univariate regression for both dependent variables to inform our multiple linear regression analyses. Finally, we conduct multiple linear regression analyses. We investigate Pearson’s r correlation coefficient to test for possible multicollinearity (See Appendix for correlation table). We found several pair-wise correlations above $r = .71$, including percent African American, percent White Non-Hispanic, percent unemployed and per capita SNAP benefits. We further test for multicollinearity by investigating the variance inflation factor (VIF) of our multiple linear regression models. We found race to be highly correlated to both dependent variables with a VIF well over 10. Due to the multicollinearity that exists among the variables, we decided to not control for race in the multiple linear regression.
Results

Table 1 displays a descriptive summary of Mississippi counties’ health, food environment, and demographic characteristics. On average, Mississippi counties have over a third of their adult population with a BMI greater or equal to 30. The range of percent of obese adults per county is between 30 to 47 percent. On average, Mississippi counties reported 4.09 mental unhealthy days a month with a standard deviation of .31 days. This is significantly higher than the national average of mentally unhealthy days which is 3.8 days a month (.6 standard deviation) with a range of 2.1 to 5.6 (Robert Wood Johnson Foundation, 2011). Fifty of Mississippi’s 82 counties are classified as persistently in poverty, which is just over 60 percent of the total

Table 1. Descriptive statistics for counties in Mississippi

<table>
<thead>
<tr>
<th></th>
<th>Mean (SD)</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Health indicators</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Obese rate</td>
<td>36.91 (3.65)</td>
<td>30-47</td>
</tr>
<tr>
<td>Mental unhealthy days</td>
<td>4.09 (.31)</td>
<td>3.4-5</td>
</tr>
<tr>
<td><strong>Food access and availability</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of counties with no market</td>
<td>67.1</td>
<td>0-1</td>
</tr>
<tr>
<td>Per capita grocery stores</td>
<td>.24 (11)</td>
<td>0-1.67</td>
</tr>
<tr>
<td>Per capita full-service restaurants</td>
<td>.42 (22)</td>
<td>0-1.09</td>
</tr>
<tr>
<td>Per capita convenience stores</td>
<td>.49 (23)</td>
<td>0-1.15</td>
</tr>
<tr>
<td>Per capita fast food restaurants</td>
<td>.55 (25)</td>
<td>0-1.00</td>
</tr>
<tr>
<td>Percentage of households without vehicle and more than 1 mile from store</td>
<td>5.17 (2.59)</td>
<td>1.42-12.94</td>
</tr>
<tr>
<td>Per capita SNAP benefits</td>
<td>27.54 (10.28)</td>
<td>11.19-59.42</td>
</tr>
<tr>
<td><strong>Demographic and Health controls</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age-adjusted mortality rate per 100,000</td>
<td>995.49 (12.94)</td>
<td>756.09-1282.94</td>
</tr>
<tr>
<td>Primary care doctors per 1,000</td>
<td>40.40 (25.77)</td>
<td>0-148.00</td>
</tr>
<tr>
<td>Percent with access to exercise opportunities</td>
<td>43.20 (23.44)</td>
<td>1.00-83.00</td>
</tr>
<tr>
<td>Percent of counties that are Persistent Poverty</td>
<td>61.00</td>
<td>0-1</td>
</tr>
<tr>
<td>Percent 65 and older</td>
<td>13.86 (2.08)</td>
<td>9.20-18.20</td>
</tr>
<tr>
<td>Percent Female</td>
<td>51.17 (2.22)</td>
<td>40.90-54.20</td>
</tr>
<tr>
<td>Percent Unemployed</td>
<td>9.29 (2.84)</td>
<td>4.70-18.40</td>
</tr>
<tr>
<td>Percent African American</td>
<td>40.73 (20.88)</td>
<td>2.60-85.70</td>
</tr>
<tr>
<td>Percent native American</td>
<td>.60 (1.97)</td>
<td>.10-16.20</td>
</tr>
<tr>
<td>Percent Hispanic</td>
<td>2.17 (1.77)</td>
<td>.40-10.70</td>
</tr>
<tr>
<td>Percent Asian American</td>
<td>.46 (5.5)</td>
<td>0-2.80</td>
</tr>
<tr>
<td>Percent White Non-Hispanic</td>
<td>55.42 (20.00)</td>
<td>13.70-93.50</td>
</tr>
<tr>
<td>Population per sq. mile (logged in analysis)</td>
<td>62.23 (64.03)</td>
<td>3.4-338.7</td>
</tr>
</tbody>
</table>

N = 82

*County means with standard deviation in parentheses*
counties. On average, counties are 40.73 percent African American with a large standard deviation of 20.88 and a large range of 2.60 to 85.70. Mississippi is a rural state with a county average of 62.23 persons per square mile. Food access and availability is on average poor in the state with one county reporting no grocery stores at all. These issues are further stratified by poverty, as displayed by Table 2.

Table 2 shows the county mean of dependent and key independent variables by persistent poverty status. Persistent poverty counties are significantly smaller in size (42.52 vs. 93.04 persons per sq. mile), have a higher percent of African Americans (52.01 vs. 23.12), have higher age-adjusted mortality rates (1013.35 vs. 967.58), and fewer physicians (36.60 vs. 46.32). In terms of the dependent variables, persistent poverty counties have a significantly higher obesity rates (38.60 vs. 34.28) and the adult population experiences significantly more mentally unhealthy days per month (4.25 vs. 3.85). When examining food access and availability, persistent

Table 2. Mean of key variables by persistent poverty status of county for Mississippi

<table>
<thead>
<tr>
<th>Health indicators</th>
<th>Persistent poverty</th>
<th>Non-persistent poverty</th>
<th>T-testa</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obesity rate</td>
<td>38.60</td>
<td>34.28</td>
<td>***</td>
</tr>
<tr>
<td>Mentally Unhealthy days</td>
<td>4.25</td>
<td>3.85</td>
<td>***</td>
</tr>
<tr>
<td><strong>Food access and availability</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percent of counties with at least one Farmers market</td>
<td>65.63</td>
<td>68.00</td>
<td>NS</td>
</tr>
<tr>
<td>Per capita grocery stores</td>
<td>.25</td>
<td>.23</td>
<td>NS</td>
</tr>
<tr>
<td>Per capita full-service restaurants</td>
<td>.37</td>
<td>.48</td>
<td>*</td>
</tr>
<tr>
<td>Per capita convenience stores</td>
<td>.45</td>
<td>.55</td>
<td>*</td>
</tr>
<tr>
<td>Per capita fast food restaurants</td>
<td>.51</td>
<td>.62</td>
<td>*</td>
</tr>
<tr>
<td>Percentage of household without a personal vehicle and more than one mile from the nearest store</td>
<td>6.33</td>
<td>3.37</td>
<td>***</td>
</tr>
<tr>
<td>Per capita SNAP benefits</td>
<td>32.17</td>
<td>20.30</td>
<td>***</td>
</tr>
<tr>
<td><strong>Demographic and Health characteristics</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age-adjusted mortality rate per 100,000</td>
<td>1013.35</td>
<td>967.58</td>
<td>*</td>
</tr>
<tr>
<td>Primary care doctors per 1,000</td>
<td>36.60</td>
<td>46.34</td>
<td>*</td>
</tr>
<tr>
<td>Percent with access to exercise opportunities</td>
<td>40.26</td>
<td>47.06</td>
<td>NS</td>
</tr>
<tr>
<td>Percent 65 and older</td>
<td>13.81</td>
<td>13.89</td>
<td>NS</td>
</tr>
<tr>
<td>Percent Female</td>
<td>51.29</td>
<td>50.97</td>
<td>NS</td>
</tr>
<tr>
<td>Percent African American</td>
<td>52.01</td>
<td>23.12</td>
<td>***</td>
</tr>
<tr>
<td>Population per sq mile</td>
<td>42.52</td>
<td>93.04</td>
<td>**</td>
</tr>
</tbody>
</table>

\*P<0.05; \**P<0.01; \***P<0.001

\(^b\) Chi-square test
poverty counties have significantly less full-service restaurants, fewer convenience stores and fewer fast food restaurants. In addition, these counties also have a significantly higher percentage of households without a personal vehicle that are located more than one mile from the nearest store (6.33 vs. 3.37), and a significantly higher per capita of the population receiving SNAP benefits (32.17 vs. 20.30). In our analysis, there was no significant difference between persistent and non-persistent poverty counties for the percent of counties with at least one farmer’s market, grocery stores per capita, percent of counties with access to exercise opportunities, percent of county residents age 65 and older, and percent of female residents in the county. We continue our investigation into the predictors of physical and mental health by using univariate regression.

Table 3 shows univariate regression results for both dependent variables and include the unstandardized and standardized beta coefficients. The standardized beta coefficients are used to compare effect size of variables measured in different units. For obesity, univariate regression shows percent African American to have the largest significant positive effect (.760) on a county’s physical health, followed by per capita SNAP benefits (.730), poor mental health days (.702), percent unemployed (.668), persistent poverty (.581), and the percent of households without a personal vehicle that are located more than one mile from the nearest store (.574). Some of the food availability predictors have modest but significant negative effects on obesity. More per capita full-service restaurants, fast food and convenience stores all decrease obesity rates. Having any access to any food retailer (full-service restaurants, fast food or convenience stores) decreases obesity rates.

The findings are similar for mental health but with per capita SNAP benefits having the largest significant positive effect (.842) on county poor mental health, with racial composition (percent African American) having the second largest influence (.758) on mental health of a county, followed by percent unemployed (.732), and persistent poverty (.628). Similarly, some of the food availability predictors have modest but significant negative effects on poor mental health. Per capita full-service
Table 3. Univariate linear regression for obesity rates and poor mental health for Mississippi counties (N=82)

<table>
<thead>
<tr>
<th>Unstandardized Coef.</th>
<th>Beta</th>
<th>Unstandardized Coef.</th>
<th>Beta</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obesity rates</td>
<td></td>
<td></td>
<td>.060***</td>
</tr>
<tr>
<td>Poor mental health days</td>
<td></td>
<td>.007</td>
<td>.007</td>
</tr>
<tr>
<td>Persistent Poverty</td>
<td>8.210***</td>
<td>.581</td>
<td>.399***</td>
</tr>
<tr>
<td>Farmer’s market</td>
<td>-0.072</td>
<td>-0.004</td>
<td>-0.074</td>
</tr>
<tr>
<td>Per capita grocery stores</td>
<td>4.09</td>
<td>.129</td>
<td>.523*</td>
</tr>
<tr>
<td>Per capita full-service restaurants</td>
<td>-7.287***</td>
<td>-4.48</td>
<td>-0.504***</td>
</tr>
<tr>
<td>Per capita fast food restaurants</td>
<td>-4.439***</td>
<td>-3.06</td>
<td>-0.27***</td>
</tr>
<tr>
<td>Per capita convenience stores</td>
<td>-6.642***</td>
<td>-4.21</td>
<td>-0.458***</td>
</tr>
<tr>
<td>Per capita SNAP benefits</td>
<td>.259***</td>
<td>.730</td>
<td>.026***</td>
</tr>
<tr>
<td>Percentage of household without a personal vehicle and more than one mile from the nearest store</td>
<td>.809***</td>
<td>.574</td>
<td>.975***</td>
</tr>
<tr>
<td>Age-adjusted mortality rate per 100,000</td>
<td>.011**</td>
<td>.036</td>
<td>.001**</td>
</tr>
<tr>
<td>Percent with access to exercise opportunities</td>
<td>-.045***</td>
<td>-.290</td>
<td>-.003*</td>
</tr>
<tr>
<td>Primary care doctors per 1,000</td>
<td>-.032**</td>
<td>-.224</td>
<td>-.002*</td>
</tr>
<tr>
<td>Percent 65 and older</td>
<td>-.136</td>
<td>-.078</td>
<td>.006</td>
</tr>
<tr>
<td>Fifty-one percent or more of females</td>
<td>1.810**</td>
<td>.241</td>
<td>.137*</td>
</tr>
<tr>
<td>Percent Unemployed</td>
<td>.850***</td>
<td>.668</td>
<td>.080***</td>
</tr>
<tr>
<td>Percent African American</td>
<td>.153***</td>
<td>.760</td>
<td>.011***</td>
</tr>
<tr>
<td>Percent White Non-Hispanic</td>
<td>-.135***</td>
<td>-.741</td>
<td>-.012**</td>
</tr>
<tr>
<td>Percent Native American</td>
<td>-.076</td>
<td>-.041</td>
<td>.013</td>
</tr>
<tr>
<td>Percent Hispanic</td>
<td>-.607***</td>
<td>-.295</td>
<td>-.043**</td>
</tr>
<tr>
<td>Percent Asian American</td>
<td>-2.183***</td>
<td>-.328</td>
<td>-.180***</td>
</tr>
<tr>
<td>Population per sq mile (logged)</td>
<td>-2.157***</td>
<td>-.481</td>
<td>-.168***</td>
</tr>
</tbody>
</table>

* *P<.05; **P<.01; ***P<.001
restaurants, fast food and convenience stores all decrease the number of poor mental health days. Based upon the univariate regression results, we can see that mental health and physical health are closely connected. We further explore this relationship by conducting multivariate regression models separately for county obesity rates and poor mental health days.

Table 4 presents the multivariate regression models for obesity rates (Models 1a and 2a) and poor mental health (Models 1b and 2b). Model 1 includes the key independent variables associated with food environment and Model 2 is the final model that adds in important health and demographic controls for

### Table 4. Multiple linear regression for obesity rates and poor mental health for Mississippi counties (N=82) ab

<table>
<thead>
<tr>
<th></th>
<th>Model 1a</th>
<th>Model 2a</th>
<th>Model 1b</th>
<th>Model 1b</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Obesity</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Persistent Poverty</td>
<td>1.597*</td>
<td>1.466*</td>
<td>0.102*</td>
<td>0.112*</td>
</tr>
<tr>
<td></td>
<td>(-0.714)</td>
<td>(-0.765)</td>
<td>(-0.050)</td>
<td>(-0.051)</td>
</tr>
<tr>
<td>Farmers market</td>
<td>0.290</td>
<td>0.600</td>
<td>0.012</td>
<td>-0.004</td>
</tr>
<tr>
<td></td>
<td>(-0.587)</td>
<td>(-0.655)</td>
<td>(-0.041)</td>
<td>(-0.043)</td>
</tr>
<tr>
<td>Per capita grocery stores</td>
<td>-1.569</td>
<td>-2.071</td>
<td>0.078</td>
<td>-0.025</td>
</tr>
<tr>
<td></td>
<td>(-2.463)</td>
<td>(-2.843)</td>
<td>(-0.177)</td>
<td>(-0.188)</td>
</tr>
<tr>
<td>Per capita convenience stores</td>
<td>-1.501</td>
<td>-3.453</td>
<td>-0.148</td>
<td>-0.086</td>
</tr>
<tr>
<td></td>
<td>(-4.153)</td>
<td>(-4.310)</td>
<td>(-0.290)</td>
<td>(-0.288)</td>
</tr>
<tr>
<td>Per capita full-service restaurants</td>
<td>-0.788</td>
<td>-0.367</td>
<td>0.071</td>
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<td>Per capita SNAP benefits</td>
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<td>0.128*</td>
<td>0.021***</td>
<td>0.020***</td>
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<td><strong>Poor mental health days</strong></td>
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<td>Age-adjusted mortality rate per 100,000</td>
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<td>Primary care doctors per 1,000</td>
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<tr>
<td>Percent 65 and older</td>
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<td>(-0.179)</td>
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<tr>
<td>Fifty-one percent or more of females</td>
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<td>Population per sq. mile (logged)</td>
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<td>3.531***</td>
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<tr>
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<td>(1.563)</td>
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<td>R²</td>
<td>0.614</td>
<td>0.649</td>
<td>0.760</td>
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* Non-standardized coefficients with standard errors in parentheses
b #P<.10; *P<.05; **P<.01; ***P<.001
Poverty rates have been increasing in the United States over the past 20 years (Shaefer & Edin, 2013). Estimates from the 2006–2010 American Community Survey (ACS) indicate that 40.7 million people have incomes below the poverty line and a substantial segment of this population has lived in high poverty counties for years (Food Research and Action Center [FRAC], 2017). Rural counties with a high percentage of persistent poverty are concentrated in the South, including the Mississippi Delta where at least 20 percent of their residents have been living in poverty during the past three decades (Lance, 2012). Past research has established poverty has been consistently associated with a number of factors adversely impacting health including housing insecurity, low educational attainment, and food insecurity. The health impact of persistent poverty on food access, food insecurity and obesity has been established in urban settings, but few studies have explored these associations in rural areas.

Our analysis provides new insights into the relationship among food access, and physical and mental health outcomes across persistent and non-persistent poverty counties in Mississippi. Mississippi has the highest prevalence of poverty (24.1%), food insecurity (18.7%), and obesity (35%) in the U.S. (Centers...
Journal of Sociology & Social Welfare

for Disease Control and Prevention, 2013; Coleman-Jensen et al., 2016) and our findings confirmed the strong influence of persistent poverty on obesity, reduced food availability, and mental health outcomes, particularly among vulnerable groups such as African Americans and older adults. We add to the literature in four important ways.

First, we find that persistent poverty counties in Mississippi have higher obesity rates than non-persistent poverty counties (38.6% vs. 34.2%). This is important as a higher percentage of African Americans and women in Mississippi reside in persistent poverty counties--two population groups that are over-represented among adults with obesity. These findings are consistent with national data which show that African American adults are nearly 1.5 times as likely to be obese compared with White adults; more than 75 percent of African Americans are overweight or obese, including 57.2 percent of women (Flegal, Kruszon-Moran, Carroll, Fryar, & Ogden, 2016). Recent national data, however, indicates that the gap between low- and high-income groups is narrowing over time as obesity rates are increasing among higher income groups (Flegal, Kruszon-Moran, Carroll, Fryar, & Ogden, 2016). These findings are consistent with results from previous studies, which showed the association between higher obesity, Type 2 diabetes rates, and lower per capita grocery stores in non-metro areas (Dinour et al., 2007; Franklin et al., 2012). Other studies have also found that psychological stress produced by the lack of access to healthy food and food insecurity can place children and adults at an increased risk for mental illness (Muldoon et al., 2013; Tarasuk et al., 2013). In addition, nutritional deficiencies may also be causally associated with depressive disorders (Compton & Shim, 2015).

Second, we find an interesting relationship between food access and health that may be unique to Mississippi's rural environment. The evidence of the relationship between persistent poverty and obesity is robust and consistent (Bennett et al., 2011; Jilcott Pitts et al., 2013); however, the evidence of the relationship between food access and the risk of obesity is mixed when examining differences across places (Bhattacharya, Currie, & Haider, 2004; Dinour et al., 2007; Larson & Story, 2011). Mississippi has the highest rate of food insecurity in the nation, which
is compounded by issues of low food access. At the county level, food access is directly associated with the availability of full service grocery stores, convenience stores, and restaurants. Our data show that regardless of current county-level poverty status, counties that have been persistently poor were more likely to have fewer full-service restaurants, convenience stores, and fast food restaurants. Interestingly, the mean number of grocery stores per capita was slightly higher in persistent poverty counties than non-persistent poverty counties. This seemingly counterintuitive difference was not statistically significant.

Further, we found in univariate results that having access to full-service restaurants, fast food or convenience stores decreases obesity rates and poor mental well-being with farmers’ markets having no impact on either health measure. This is interesting and is telling of Mississippi’s unique food environment due to the extreme rurality of the state. Many rural poor communities tend to have a lack of food choices that would allow residents to adopt healthy dietary practices. This may be the result of barriers associated with food access and transportation. In addition, if community members adopt their family traditions and customs pertaining to food, such as foods that are high in calories and sugar, they are probably more likely to adhere to unhealthy dietary practices. The relationship between obesity and food access is thought to be a function of a dependence on inexpensive, energy dense foods and the instability associated with having enough food at the beginning of the month followed by food insecurity at the end of the month (Hossfeld & Rico Mendez, 2018). For many of the residents who live in persistent poverty counties, being food insecure may lead to higher rates of obesity and poor mental well-being. The food insecurity-obesity paradox is caused by the coexistence of economic and social disadvantage and proximity to healthy foods that occurs within persistent poverty counties (Larson & Story, 2011; Rutten, Yaroch, Patrick, & Story, 2012). Since these factors affect the lives of persistent poverty county residents, they may lack the economic resources to patronize farmers’ markets, making the presence of them moot.

Third, we found per capita SNAP benefits to be positively associated with obesity and poor mental well-being. Our measure
of per capital SNAP benefits may actually be capturing food insecurity rather than food access. Food insecure households rely on a variety of resources in order to get enough to eat, with 61% of food insecure households reporting participation in federal programs, including SNAP (Coleman-Jensen et al., 2016). Our finding is consistent with past research that finds poor physical health and mental health to be positively linked to food insecurity (Dinour et al., 2007; Franklin et al., 2012; Muldoon et al., 2013; Tarasuk et al., 2013). Obesity and food insecurity are both considered forms of malnutrition resulting from poor dietary quality, and both are highly correlated with poverty (Ball & Crawford, 2006; Larson & Story, 2011; Rutten et al., 2012).

Fourth, we find that a higher mean number of mentally unhealthy days is associated with persistent poverty counties compared to non-persistent poverty counties. This finding is consistent with a growing body of literature that demonstrates the negative consequences of food availability for behavioral and mental health outcomes (McLaughlin et al., 2012). Studies have shown that low-income families often experience high levels of stress, anxiety, and depression given the financial and emotional demands associated the inability to access healthy foods (Leung, Epel, Willett, Rimm, & Laraia, 2015; Liu, 2014). Poor mental health and obesity often co-occur, and women are more vulnerable to an obesity-depression cycle (Laraia et al., 2015). Depression can both be a cause of and result from stress, which can impact eating and physical activity behavioral patterns (Leung et al., 2015). A fuller examination of the relationship between persistent poverty, food insecurity, depression and other mental health related outcomes is beyond the scope of this study; however, our findings show patterns among rural, low-income populations.

Limitations of the Study

A few limitations of the study should be noted. First, the main limitation is the use of publicly available cross-sectional data. The challenge of the cross-sectional design was amplified by the fact that the data were collected at different years. Our level of analysis also limits us. It is common for data available to the
public to be aggregated to the county, thus limiting our ability to examine individual-level effects. Second, the analyses were restricted to Mississippi—one southern state with high rates of persistent poverty counties, food insecurity, and chronic diseases. Using data from other states in different geographic regions and more income heterogeneity may yield different findings.

Conclusion

Malnutrition, in all its forms, is increasing globally. The growing problem in the United States in terms of health has to do with food and the food environment in which people live. The food that is cheap and plentiful and easy to access is often food that has little to no nutritional value and is high in calories and fat. In Mississippi, malnutrition is linked to obesity and poor mental well-being, particularly for those who live in rural, persistent poverty counties. The findings from this research point to the need for the transformation of the food system. The current food system includes diets that now hinder health and nutrition. These unhealthy diets may be the source of cultural and generational influences on the eating patterns of many communities. Research suggests that community food systems initiatives may hold the greatest opportunity for creating long-term, significant change in food insecurity in high poverty areas (Hossfeld & Rico Mendez, 2018). Supporting community food systems initiatives holds the greatest likelihood of creating substantive, meaningful, long-term change in food insecurity.

Since this would require a systems-change in food production, distribution, and consumption, all elements of the food system should be examined. Increased federal dollars to support these initiatives is imperative in building food secure, inclusive, healthy communities, through increasing funding streams for community food projects through USDA National Institute of Food and Agriculture (NIFA) and Agriculture and Food Research Initiative (AFRI) funding programs. Other policy opportunities include developing and support of bi-partisan state and local legislation that seeks to ensure healthy food options for food desert residents so that accessing healthy food at corner and convenience stores is a viable option. For example,
replicating creative successful programs such as food “RX,” that links health care and “prescription” programs for healthy foods to local farmers’ markets where residents have access to affordable fruits and vegetables. In addition, communities and state governments should coordinate their efforts to prioritize mental health as part of comprehensive sustainable development programs that consider food and health priorities, particularly in low resourced communities.

Acknowledgements: We would like to thank Dr. Lindsey Peterson and the Editor for their thoughtful comments on earlier drafts of this paper.
References


StataCorp. (2015). Stata statistical software (Version 14). College Station, TX: StataCorp.


### Appendix

Table A. Pearson’s r correlation matrix

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<th>9</th>
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<td>4. Age-adjusted mortality rate per 100,000</td>
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<td>0.36</td>
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<td>8. Per capita fast food restaurants</td>
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<td>-0.16</td>
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<td>9. Per capita convenience stores</td>
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<td>-0.34</td>
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<td>11. Percent household without a personal vehicle</td>
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<td>0.76</td>
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Understanding Appalachian Microaggression from the Perspective of Community College Students in Southern West Virginia

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The term “Appalachian” is wrongly understood to represent a single culture of rural White poverty (Keefe, 2005). This conception contains stereotypical images that obscure hardships many rural White Central Appalachians face. Similar to other oppressed minorities in the U.S., what it means to be Appalachian is a social construction based on what differs them from the White hegemony. Recent scholarship on discrimination recognizes the importance of microaggressions, small insults and slights experienced frequently by people from minority groups (Sue et. al., 2007). Microaggression may be an especially insidious mechanism in the oppression of Appalachian people, since the derogatory stereotypes are broadly accepted while their oppressed status tends to not be acknowledged. This study applied qualitative focus group methodology to understand perceptions of microaggression and oppression among a sample of college students living in rural Central Appalachia. Identifying Appalachian microaggression provides evidence of marginalized status and offers a framework for understanding how the social construction of White Appalachia perpetuates reduced status, stereotypes, and prejudice. Implications are discussed to consider how to foster resilience to oppression among rural White Central Appalachian people.

Keywords: West Virginia, microaggression, Appalachia
Patterns of poverty and oppression have existed for over a century in areas of rural Central Appalachia. In the U.S., counties with high rates of poverty are largely located in the South, with the most persistent poverty in regions of rural Appalachia, especially in the coal fields of southern West Virginia (U.S. Department of Agriculture, 2017). In fact, none of the counties in this region have per capita incomes over $23,000, which is well below the national average of $28,000 (Pollard & Jacobsen, 2012). Congruent with negative outcomes known to be associated with poverty, this region ranks among the lowest in healthcare access and educational achievement (Bennett, 2008). West Virginia, for example, in the heart of Central Appalachia, tends to have the lowest college graduation rates and the highest unemployment rates in the nation (Sugar, 2002). In addition, data demonstrate that social problems like opioid abuse and unemployment occur at dramatically higher rates in West Virginia (Rudd, Seth, David, & Scholl, 2016; Weiler, 2001).

It is impossible to understand the historical roots of poverty and hardship in rural Central Appalachia without recognizing the oppressive dependence people have had with the coal and lumber industries (Drake, 2001; Sarnoff, 2003). The coal industry has been the only choice of employment for many in this region (Bradshaw, 1992), leaving Appalachian workers vulnerable to the cyclic rise and fall of coal commerce (Cattell-Gordon, 1987). Extended periods of broad unemployment have been linked to devastating personal tragedies such as substance abuse and suicide, as people were left with no other way to find economic stability (Cattell-Gordon, 1987). The loss of coal industry jobs continues to impact the economic viability for many in this locale.

Along with the poverty and associated negative outcomes of health and well-being, pejorative stereotypical images of rural Central Appalachian archetypes have become infused throughout popular culture (Algeo, 2003). Most people in the U.S. would likely recognize the common Appalachian stereotypes and the stigma associated with them, e.g., the image of the patriarchal male portrayed as a “lanky, gun-toting grizzle-bearded man with a jug of moonshine in one hand and a coon dog at his feet” (Algeo, 2003, p. 2). Perhaps the most pervasive stereotype of Appalachians involves ridicule and criticism
related to their distinct dialect, pronunciation, and patterns of communication (Waldron & Dotson, 2000).

Even though it is clear stigma and stereotypes of Appalachian people are linked to historical and ongoing poverty and oppression, there rarely is any acknowledgement that this is an oppressed and marginalized population. Instead, it remains socially acceptable to deride and make fun of Appalachian people. There is an acceptance and expectation that people in this region are suffering and are demeaned, essentially placing the blame on the victim by attributing negative characteristics that justify how life will be for them. This is similar to the experiences of other oppressed groups. All out-groups experience lack of access to societal resources and are stereotyped and marginalized. And, like other oppressed groups, this can have detrimental impacts on well-being. Not only are the people of this area not provided adequate services needed to ameliorate health disparities, but they are also likely to struggle to cope with stigma and stereotypes toward them. In addition, Appalachian people are likely to struggle with their ethnic/cultural identities. If they are to embrace and celebrate the many positive cultural factors of Central Appalachia, they also have to accept and own the place in the social stratification system that stigmatizes, marginalizes, and places limits on their opportunities. Advocacy efforts to improve the quality of life and opportunities for Appalachian people need to be able to establish collective agency; this is difficult when there is not even acknowledgement of oppression.

Research is needed that examines how the Central Appalachian plight can be understood within the frameworks of oppression and marginalization that apply to other minority groups. One of the most current concepts explaining how discrimination occurs in modern culture is microaggression. The concept of microaggression has been gaining increased recognition as an important way to understand how small, often subtle, incidents containing messages of stereotypes and stigma, experienced in the daily lives of marginalized populations, reinforce oppressed status and can have detrimental impacts on well-being. Microaggression has been studied in other racial and ethnic groups (e.g., Black, Latino/Hispanic, Asian) as well as other demeaned groups (e.g., LGB&T, religious minorities) as a way of understanding their experiences of marginalization.
Microaggression may be an important construct for understanding the experiences of Appalachians, however it has not yet been applied to Appalachian people. Research is needed that examines the lived experiences of oppression and marginalization among rural Central Appalachians and determines the extent that their experiences are congruent with the construct of microaggression.

**Microaggression**

Microaggressions are defined as “every day, verbal, nonverbal, and environmental slights, snubs, or insults, whether intentional or unintentional, that communicate hostile, derogatory, or negative messages targeting persons based solely upon their marginalized group membership” (Sue et al., 2007, p. 273). The term “microaggression” originated from Dr. Chester Pierce’s work with Black Americans, and the construct is grounded in critical race theory (Sue, 2010). From this perspective, discourse on oppression prioritizes the perspective of those being marginalized. There also must be an understanding of the concept of social construction and the system of social stratification that is integral to our society (Delgado & Stefancic, 2012).

In the U.S. we have a system of social stratification in which a small, elite class of people dominated by White, Christian, European-descended males hold immense wealth, power and privilege. Everyone else is ascribed a place of reduced status, determined by the extent they differ from that group. Since White Appalachians outwardly appear to represent the hegemony, their marginalization is harder to recognize. However, all of the things that make them different from the White male elite—depicted by the stereotypes—are the exact characteristics that define their reduced, “othered” status. This social construction of what it means to be Appalachian is broadly recognized and accepted throughout U.S. society and beyond.

To be clear, rural Central Appalachia is not a monolithic region. It is comprised of people from multiple heritages (i.e., Anglo-Saxon, Scots-Irish, African, European immigrants, and Native Americans), who vary in degrees of wealth, as well as the extent of ancestry tied to the locale (Obermiller & Maloney, 2016). However, “Appalachian” tends to be perceived as
representing a singular culture, diminishing the complexity of the region and people linked to it as belonging to a singular culture of rural poverty (Keefe, 2005). In other words, what it means to be Appalachian is defined by a generalization of what differentiates it from White majority—what places it in a reduced status in the social stratification system. People from the region are ascribed Appalachian stereotypes, and this construction of what it means to be Appalachian becomes part of their identity, whether the stereotypes apply or not. Even though it is not possible to identify static criteria, such as ancestry, place attachment, or possessing certain cultural traits, to define what constitutes an “Appalachian,” many people possess an “Appalachian identity” (Hooks, 2009) that is linked to the social construction of the minority group at least as much as it is to the region. Regardless of how fabricated and unrealistic the social construction may be, it has real meaning in society. The term conjures painful stereotypes and is linked to real oppression; at the same time it serves as a cultural identity and sense of pride for many.

Importantly, the social construction of Appalachia provides language and conceptualization for discourse about the marginalization and oppression of Appalachian people, allowing for collective scholarship and agency toward ameliorating it (Smith, 2016). Many rural Central Appalachians feel they struggle more than other Americans with legal, educational, employment and income injustices, while remaining the last ethnic minority group in America that is not even protected by political correctness or basic civility (Foster & Hummel, 1997). Individuals who in today’s world would actively avoid the defamation of other cultural and ethnic groups in America, seem to remain open to the stereotyping and marginalization of Appalachians (Cooke-Jackson & Hansen, 2008).

**Taxonomy of microaggression.** Sue and colleagues (2007) developed a taxonomy of microaggressions that includes three different forms: microassaults, microinsults, and microinvalidations. *Microassaults* are motivated by conscious attitudes or beliefs that are expressed deliberately with the intention to cause harm. They might be expressed directly and openly as derogatory statements about the inferiority of the group, or they might be acted out in a myriad of ways, for example by not permitting...
one’s child to date or marry within a marginalized group (Sue et al., 2007).

*Microinsults*, conversely, are typically not within conscious awareness of the perpetrator. They include interactions, either verbal or nonverbal, or environmental hints, that are disparaging, rude, insensitive, or insulting based on an individual’s minority group status. Microinsults tend to be subtle, often even masked as a compliment aimed at a particular group or person that it is a compliment to be perceived as being an exception (Sue et al., 2007).

*Microinvalidations* occur when someone denies oppression toward a group exists or refuses to acknowledge lived realities experienced by groups that are not socially valued. To reject or invalidate the subjective thoughts, perceptions, beliefs, and realities of members of a targeted group denies that there are privileges assumed by the dominant group as a result of the -isms of society. The denial that oppression exists allows for the denial of personal accountability for participating in it, or being compelled to act (Sue et al., 2007).

Since microaggressions are small, brief incidents that are such a normal part of interpersonal communication, they often are ignored or unnoticed. They tend to be perceived as innocuous and intended to be humorous. However, microaggressions can be extremely psychologically stressful to the recipients who often struggle to interpret the intent behind the microaggressive acts and decide how to respond to them. Even the decision to confront microaggression or not is likely to have negative consequences (Sue, 2010). An emergent body of research has found the deleterious consequences of microaggressions include biological, physiological, academic, cognitive, behavioral, and emotional suffering (Forrest-Bank & Cuellar, 2018; Forrest-Bank & Jenson, 2015; Sue, 2010). The concept of microaggression provides an explanation for how stereotypes and stigma are communicated and effectively reinforced such that they help perpetuate disadvantage and social inequality (Forrest-Bank & Jenson, 2015).
Study Purpose

Microaggression is an especially insidious mechanism for perpetuating stereotypes and reinforcing the diminished status of oppressed populations. On the other hand, when the concept of microaggression is discussed, people tend to readily recognize common specific microaggressive acts experienced by minority groups, and the reality of the oppressed status can be brought to the surface. No prior research has examined how this construct applies to Appalachian people although the stereotypes and reduced status are undeniable. Evidence and discussion regarding Appalachian microaggression may lead to a deeper understanding of how institutionalized discrimination of the people from rural central areas in Appalachia is perpetuated, and may provide a powerful tool for exposing and combating oppression (Forrest-Bank, 2016). In particular, we were interested with how college students who are actively in the process of establishing their roles and status in society might be impacted by microaggression. Therefore, the current exploratory study utilized qualitative focus group methods to gain understanding of the lived experiences of stereotyping and discrimination among rural White Central Appalachian community college students in southern West Virginia.

Methods

Participants

A convenience sample of community college students was recruited via flyers distributed in social science classes. The community college chosen for this study serves students from the rural southern Appalachian coal fields. These students were selected for their lived experiences in the region and because community colleges tend to attract students from the local area (Inman & Mayes, 1999). The student body of the college is comprised mainly of Caucasian students (88%), with the remaining 12% of the student body being mostly African American.

Two focus groups were conducted. In Group 1, participants’ ages ranged from 20 to 56 ($M = 38.3$, $SD = 12.9$). Participants in Group 2 ranged in age from 20 to 38, ($M = 25.8$, $SD = 7.5$). The
majority of participants in both groups were female (67% of Group 1 and 80% of Group 2); all participants were Caucasian. Out of the 11 participants, two were not born in West Virginia. One of the participants who was not born in West Virginia identified as West Virginian. Her parents and grandparents were from the region and she had lived in the state for many years. The other did not identify as West Virginian, having no parents or grandparents from the state, and having moved to the region at age four. All of the students except one identified as being West Virginian. See Table 1 for the specific sample data. It is important to note that findings based on this sample certainly cannot be generalized to represent all of the individuals in rural Central Appalachia or even southern West Virginia. However, these participants are likely to have crucial perspectives about White Appalachian stereotypes and oppression and provide a good starting point for discourse on Appalachian Microagression.

Table 1. Sample Demographic Data  (N =11)

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<td>Plans to Move</td>
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University Institutional Review Board approval was granted for all procedures prior to initiating the study. Participants were recruited through the distribution of flyers to all social science majors ($N = 20$) ten days before the focus groups were held. Interested students signed up for one of two focus groups and provided their contact information. One of the social science faculty members contacted each student, who had signed up, by telephone on the afternoon of the focus group to verify attendance later that same evening. Twelve students volunteered to participate in the study, six for each focus group. All six students attended the first focus group and five of the six students were present for the second group. The groups began by signing informed consent forms, which included obtaining permission for both audio and video recordings. Participants then completed a brief demographic questionnaire to obtain generational standing in terms of living in rural Central Appalachia, gender, age, race, and if they planned to remain in West Virginia or not. This last question was asked to see if there was a commitment to remaining in the region after graduation.

Focus groups proceeded using a semi-structured interview format. The questions were open-ended to allow maximum freedom for the participants in their responses. Each group member was called upon to ensure no one dominated the discussion and everyone had a chance to participate. Prompts were used as needed to generate in-depth discussion. The schedule of questions was adapted from a previous study that explored experiences of individuals from other racial and ethnic minorities being discriminated against or marginalized due to their racial or ethnic backgrounds (Rivera, Forquer, & Rangel, 2010). The questions asked about the participants’ experiences of discrimination or encounters of stereotypical comments or images. Questions were also developed to explore specific content about rural White Central Appalachian stereotypes identified from a review of the literature over the past fifteen years on Appalachian microaggressions using the search terms Appalachian stereotypes, Appalachian discrimination, Appalachian, and microaggressions. There were also questions about how the participants viewed themselves. The data pertaining to those
questions are not included in the current study. Participants received a $20 gift card to a local grocery store to thank them for their participation.

Analytic Strategy

Prior to data collection, during the focus groups, and during data analysis, reflexive journaling was conducted by the primary author/researcher in order to bracket thoughts, feelings, and impressions regarding people living in rural Central Appalachian. The purpose of this was to identify and minimize potential bias, and therefore allow accurate description of the lived experiences of the focus group members to emerge (Chan, Fung, & Chien, 2013; Tufford & Newman, 2012). The focus group recordings were transcribed, verbatim, to prepare the data for text analysis. Inductive content analysis applying grounded theory strategies was conducted to analyze the data (Heath & Cowley, 2003; Kaghan, Strauss, Barley, Brannen, & Thomas, 1999). Open coding was used to examine the data, create codes, and to establish properties for each code (Corbin & Strauss, 2014; Patton, 2015). Axial coding was then utilized to: identify relationships between the open codes; examine comments and descriptions about the participants’ lived experience in rural southern West Virginia (located in Central Appalachia); and condense them into categories when there was overlap (Corbin & Strauss, 2014; Kendall, 1999). Finally, selective coding was used to combine and reduce categories until no new concepts emerged (Corbin & Strauss, 2014). The resulting five themes are presented next. The discussion that follows considers the implications of the concerns expressed by participants about the hardships faced by people of rural southern West Virginia, in addition to assessing the findings in relationship to the taxonomy of microaggressions developed by Sue and colleagues (2007).

Results

Analysis of the data revealed five major themes of microaggression: (1) accent and dialect; (2) non-acknowledgment of West Virginia as a state separate from Virginia; (3) ubiquitous negative perceptions; (4) coping with marginalization and
stigma; and (5) inaccessibility and hardship. A description of the dimensions of the data, along with the participants’ feelings and reactions in the themes, is illustrated with examples of specific quotes.

**Theme 1: Accent and Dialect**

Numerous mentions were made by participants about experiences they had related to their accents and speech patterns. Many felt they had been viewed as “stupid,” “uneducated,” or “dumb” based on the way they spoke. Some participants relayed interactions with friends who live outside of West Virginia. One stated, “That’s what all my friends say about me. My best friend, she lived in Pittsburgh, and she said, ‘Every time you go back to where you live…I don’t know what happened to you…you turn into this hick’ and I’m like, ‘no, I don’t.’” Another said, “I lived in Florida and was raised in West Virginia and then back and forth. I have a lot of trouble with my dialect because I speak the southern twang down there. I called a friend of mine, and she said ‘Hold on you’re going have to text me because I can’t understand what you’re saying…You sound like a hick. You need to check yourself’.”

Some expressed feeling discouraged by not being understood.

I had taken a trip to Baton Rouge, Louisiana, and we were trying to find the mall to go shopping and everywhere we asked, apparently they [they kept sending us up and down the same Airline Highway] didn’t understand what we were saying…We never found the mall, we never got to shop. Every time we stopped and asked, they’d look at us like we were crazy…Do they not understand what we’re asking? I even broke it down. I said we want to go shopping. It is very frustrating.

Others were angry: “[When] I worked at McDonald’s, I always had a customer from upstate and he always tried to mock my accent.” “Customer comes in from a different state, they try mocking me, mock my accent.” “I just want to punch them.”

Several participants talked about wanting to assert their intelligence when people outside of the region spoke to them more slowly, as though the participants were the ones who could not comprehend what was being said to them. “You don’t know
who I am. You don’t know what degree of education I have. I can understand you perfectly. And just because I’m from a region that has the perception of being uneducated, doesn’t mean that I am.” Some described how they altered their communication to make themselves better understood and to avoid being perceived as unintelligent. For example, one explained, “Even though I’m still speaking intelligently, it makes me slow down when I go to speak to people, especially out of state.” Another described, “I try to make sure I pronounce [words] just right so that they can understand me, because if not, it makes me feel like they think I’m dumb because I have a twang or southern drawl.”

While some participants expressed pride in the way they spoke as part of their Appalachian identity, some mentioned family members who were ashamed of their dialect and/or being from West Virginia, wanting to fit into the majority culture. One person stated,

And me, I know when it’s appropriate to speak professionally, but when I’m around my friends, I let the West Virginia show. I don’t care. I’m proud of my accent. I’m proud of the way I talk. To me, I don’t think talking with an accent is unprofessional. I mean, I know when to say “ain’t” and when not to. But if I’m in front of a group of professional people I’m not going get up there and say that “ain’t right”. If I’m with my friends, I’ll use double negatives and everything.

Another participant shared, “I have an aunt who lives in Florida and she actually took classes to get rid of her accent and all of the dialect. She said she can’t stand the way West Virginians talk.” Another said, “Yes, my family, they’re ashamed of where they come from.”

Theme 2: Non-acknowledgement of West Virginia as a State Separate from Virginia

Several participants expressed frustration that West Virginia was often viewed by outsiders as not even existing. Rather, it is seen as an extension of Virginia, not a separate state. As one person stated, “Well, I mean, it’s when you hear it all the time and you say West Virginia. ‘Western Virginia?’ No, West Virginia.” Others in the group shared similar experiences. “I
watch football, basketball, any time the Mountaineers are playing, the commentators will say ‘Western Virginia’ or something like that because they just…don’t realize.” Another person interjected, “Well, I think a lot of people don’t realize that West Virginia is a state.” Another added, “There’s a lot of people that don’t know what to say, if you go out of state and you tell them you’re from West Virginia, they’re like ‘Western Virginia? How close is that to Roanoke?’”

One person pointed out, “I mean we all ought to know how many states and what states there are. I actually did say that to somebody. I said, ‘It is a separate state,’ and I asked them ‘How far did you go in school? Do you not remember how many states we had?’” Another participant stated she had a similar reaction. “I had this one lady at a hospital when I worked at in Florida, the same thing with West Virginia…when I was going back to West Virginia, and she said ‘oh, well, have fun in Virginia’…‘no, I’m going to West Virginia.’ She said ‘You mean, there are two different states?’ [She has] a college degree and doesn’t know that West Virginia and Virginia are two different states.”

Theme 3: Ubiquitous Negative Perceptions

Another theme in the data was that group members are bombarded by negative perceptions of people from West Virginia from multiple sources. Participants conveyed consensus that they frequently observed common stereotypes in the media and in interactions with others. Two subthemes are organized around the context in which the negative reports or stereotypes are portrayed: (a) in the media; and (b) interpersonal comments and joking.

Subtheme a: In the media. Negative messages about rural Central Appalachia were received by the participants via the media, both news and entertainment. For example, a few of the participants talked about West Virginia being portrayed negatively in the news as being among the laziest states. “I just saw in the paper that Beckley was named the most lazy city in West Virginia. It also talked about how West Virginia was the second laziest state, next to, I believe, Mississippi.” The group members also observed West Virginia ranked high in terms of negative behaviors. “West Virginia gets on all the bad lists…most obese, most
unemployed, highest drug use.” Another observation was that news reporters perpetrate stereotypes whenever there is a disaster or national story that takes place in West Virginia. “They find one person with curlers in their hair and have house shoes on and maybe one tooth...and whatever, their overalls, may-be the straw hat, whatever you picture West Virginians to be.”

Other media sources such as television programs and movies were noted as frequently portraying negative stereotypical images that were distorted and exaggerated. Characteristics depicted in the media included: “black teeth or no teeth, long shaggy beard, unkempt, barefoot, and pregnant” and as “moon-shiners, pill heads, drug addicts.” The stereotypical behaviors were described as “we don’t go to the dentist, have never heard of a dentist,” “all the guys chew tobacco,” and being “uneducated for sure.” Children were reported as being negatively portrayed as “unsupervised and unkempt,” “dirty” and “quit school in the 4th grade and go to work.” Housing consists of living in “coal camps” or “trailer parks” and having “outhouses,” with adults depicted as living in “a wooden house surrounded by nothing sitting on the porch in a rocking chair holding a gun and spitting dip tobacco in a can.” Regarding this last image, one person expressed “Now that irritates me, every time I watch that on TV. That’s how they portray us all the time.”

Several programs on television were mentioned as being particularly egregious, including the reality show “Buckwild” (Poznick et al., 2013) on MTV, “Wild and Wonderful Whites of West Virginia” (Doering et al., 2009), a documentary on Showtime (currently available on Netflix and YouTube), and the movie “Wrong Turn” (Winston, Gilbert, Feig, Kulzer, & Schmidt, 2003). Although presented as a “reality show,” “Buckwild” (Poznick et al., 2013) was cited by the participants as portraying young adults in a particularly unrealistic manner. One person described, “…[they] go four-wheeling and attached something to the four-wheeler and just do something that nobody would ever think of...filling up whole back of the truck up with water and making a pool out of it.” “They were doing really reckless things which is not unusual for MTV but it is unusual for the teens in West Virginia to be acting like that. They’d probably be scared their mom would get them [for] drinking and doing drugs. But on the show, the mom and
dad were relaxed because they has already gotten paid.” “Yes, and I think the show would still be going on but one of the kids died in an accident of some type.” Participants described their feelings about the show as “horrible” and “embarrassing.”

“Wild and Wonderful Whites of West Virginia,” (Doering et al., 2009) promoted as a documentary, was described as a family with one of the characters, Jesso White, as “tap dancing and saying that he’s Elvis and in it he threatens to kill his wife and talks about hitting her and everybody thinks it funny.” Another character was described as a girl who “had a baby and...she broke up a pill right there in the hospital and did a line while her baby was right there in the bassinet and the other lady watched. They featured it [a local drug rehabilitation center] and her going through it [the program]. These people were just ignorant. How they get away with being like that, I don’t understand. I think all it was [because] they knew somebody famous or something.”

One participant expressed, “Yes, when they came out with the ‘Wonderful Whites of West Virginia’, I was outraged. That’s not how we should be portrayed to America.” Other participants mentioned the mayor tried to stop the show unsuccessfully.

The movie “Wrong Turn” (Winston et al., 2003) was also mentioned. “Apparently, it was about West Virginia because they’re all inbred.” “Inbred, to the point that they were severely deformed.” It was described as “a big stigma for West Virginia” portraying people from the state as “mentally ill, engaged in domestic violence, and as inbred cannibals.” Reactions included “It was horrible, and people associate West Virginia with that movie.” “I’m thinking can they make more decent shows about West Virginia?” This last comment was met with one of the participants mentioning the miniseries “Coal.” Although the show was described “not necessarily as a negative...it did show that mining coal is difficult work...you just don’t go in there and pick up a bucket of coal,” it had the unfortunate outcome of the coal miners on the show being fined. “There were citations that came out. The episode would show up on whatever night and the next morning, the inspectors were at the mine saying ‘I saw on TV that you did not do this right, so here.’” It seems that even when there are positive portrays of life in Appalachia in the media, the people are still subjected to negative outcomes.
Concerns were voiced about the people in the region internalizing these messages. One person said “I think with anything over time when you’re told you are a certain way or—” with another introjecting, “You’re going start believing it.”

**Subtheme b: Interpersonal comments and joking.** Participants also described numerous experiences of negative interpersonal exchanges. Comments were made by people from the majority culture, co-workers, and even relatives that perpetrated inappropriate, derogatory comments or jokes about people from West Virginia. One person shared, “My brother was in Tennessee getting a caricature done, him and his wife, and the guy that was doing the caricature asked him [my brother] where he was from, and he told him West Virginia. He responded ‘Well, you have all your teeth.’ And then of course they were asked if they were brother and sister and...he [my brother] was mad.”

Others mentioned if you leave the state and others find out where you are from, they ask “Do you have [know] anybody in prison?” or “Do you have indoor plumbing?” At a college football game, one individual described the halftime cheerleaders as “making fun of us, dressed in hillbilly garb...cheerleaders put on pregnant pouches and were barefoot. I am sensitive to some of that stuff.” Another expressed her mother’s feelings about being called a hillbilly. “My mom, she gets downright mad. She says I’m not a hillbilly, I’m a mountaineer.’ I have seen her ready to come to blows over it.”

Even in state, one participant expressed “When I worked at Subway, a lot of people would come in and say offensive things. It’s like sometimes they wanted to get under my skin, which is not something I frequently allow. People would come in and ask for moonshine and pot a lot. This is in Subway. I mean, you are making the sandwich and they say ‘It’s amazing you have all your teeth.’ I’m working my way through college.” Another reported outsiders asking “‘You’re really from West Virginia? You don’t look like you’d be from West Virginia.’ What does that even mean?” One group member noted “It’s almost as if everyone is lumped into the same bunk or put in the same pile...we’re all just pretty much judged as a whole instead of individuals.”

References to sexual deviance, including incest and bestiality, were another dimension of the content of interpersonal
insults described by participants. For example, one group member relayed a story about a relative which referenced incest.

I had an uncle, [who] lived in Michigan, and he told his granddaughter—his granddaughter was too little to understand—[when] she said she was going to marry her cousin, and he said “Oh, you can’t do that up here but you can in West Virginia, they marry their cousin all the time”…I used to hear it from him all the time.

A different person shared “I’ve lived on a farm and somebody actually asked my boyfriend ‘Well how often do you help the sheep through the fence?’ and I had to ask him what that meant and he said ‘Well you know, we’re all, we all sleep with sheep up here because there is not enough women to go around’…I hope not…there’s no sheep here.” Another mentioned someone joking with him when he was a chef’s assistant. “He would come in and say ‘Why was Jesus not born in West Virginia?…Because you couldn’t find three wise men and a virgin.’ Okay, now you’ve had enough of your fun.”

Theme 4: Coping with Marginalization and Stigma

While many participants experienced a wide range of feelings, from feeling sensitive, to confused, or angry, in response to comments and treatment by outsiders, resignation was also expressed. “No, I just, I mean it would hurt a lot of people, but I just, you know, I thought you just don’t know…I think in a way a lot of West Virginians are pretty thick skinned, you know, because we’ve gotten used to it.” “I feel like no matter where you go people are going to joke. We get picked on and get called hillbillies and stuff.” Other quotes verbalized a lack of being cared about by outsiders. “A lot of people don’t care whether they offend us or not because they don’t hold West Virginia people in very high esteem.” “They’re uneducated, they’re backward so why are you worried about offending. They’re not going to understand our joke anyway.”

Concerns regarding the perception of others, as well as feelings of not belonging or fitting in outside of the state of West Virginia, were voiced. Feelings of worry, anxiety, and stress about these perceptions were expressed. A student captured
the meaning of this theme by saying, “(You) go to Tennessee, we spend a lot of time at Dollywood, and it’s a fun place for everybody. But you’re so worried about how people going be and how the kids are going to be and you don’t want them to act [up] ...to be stigmatized for their lives, you know what I’m saying.” Another stated, “I mean even if you’re vacationing...you’re so stressed out because you don’t fit in.” One person expressed the comfort of returning to West Virginia and wondering if others felt the same. “Is it just me, or like when you guys vacation and if you’re coming through the tunnels in Virginia back to West Virginia, or if you’re coming the other way and you just see the sign West Virginia...you can breathe easier, you know, it seems that way. It’s like wow, you’re at peace because, even if you’re vacationing, where you’re so stressed out because you just don’t fit in.”

Other quotes conveyed feeling more accepted in the south and indicated West Virginians tend to move south if they re-locate and join others from the state to feel less like outsiders. “Because...they are from us...you go up north and that’s when it gets a little tricky.”

*Theme 5: Inaccessibility and Hardship*

When participants talked about living in West Virginia, many of them described the lifestyle of people living in remote areas of the region, in which some of the participants lived. Some of the quotes in this theme convey positive sentiments about remote rural Appalachian life. “It’s almost like a culture, I know. I have noticed meeting people that are from a hollow...the way that they interact with the world is different than somebody that was born, say, in [town] or in another state. It’s just their upbringing. People in that area take care of you.” “We help each other when we can.” An observation made by participants was that some people move into secluded areas of West Virginia “because they are seeking a certain lifestyle.” One stated, “Some people do enjoy that because it’s a lot more calm and quiet and enjoyable for their lifestyle of living, but it’s like away from everything too.”

However, much more of the data in this theme relayed difficult experiences or voiced concerns about the daily hardships endured by people living in remote areas of rural southern
West Virginia coal fields. These hardships were perceived as a justifiable consequence of choosing to live remotely and/or a lack of motivation in those who live in outlying areas. As one participant put it, “And I think that whenever people are born that don’t really have much in that area [where they are living] they’re born into that, I think they get trapped there.”

Another person stated, “It feels like things around here are not as accessible as they would be in another state so it just feels like we’re kind of cut off at the knees...because, you know, if you come from [a remote town] you have come all the way to Beckley, and everybody sees that and they think you live out in a remote part so you don’t do much [lazy, not working].”

There were three subthemes that emerged categorizing the types of hardship resulting from inaccessibility: (a) utilities; (b) health care; and (c) employment/education.

Subtheme a: Lack of utilities. Numerous quotes in this theme described people in living conditions without services such as plumbing and electricity. For example, one student explained, “Being back where people don’t want to deal with [society], it’s hard to get good water or electricity, and some people don’t have the availability to get whatever they need, not because they don’t want it.” Some reported there were still outhouses in some areas, indicating the lack of septic tanks or access to public services. Participants relayed that people coped the best they could with these conditions, either by doing without, or using antiqued systems, such as outhouses. One pointed out, “You know, that’s where they grew up their whole life. They can’t afford to go somewhere else, and they can’t afford to pay what it would cost to get the necessities down to where they’re from.”

Subtheme b: Barriers to healthcare. Another subtheme of hardship and inaccessibility occurred in a number of quotes about barriers to healthcare. Remote location made accessing healthcare difficult for some as relayed in the following quote:

I think good doctors are hard to come by...it’s just in order to get really good quality care, like for a good cardiologist you have to go to Morgantown [3 hours away] or Charleston [1 hour away]...a lot of people don’t have access to those places.
Lack of access to medical care due to not having transportation, public or private, was prevalent in the data. To illustrate, one student shared, “I had three friends die in the last six months because of the ambulances [not arriving in time] and being in a remote area.” Another mentioned, “Last year a girl died because the ambulance could not get to her. There were feet of snow. It got down the road but still was like a football field or so away.”

Participants relayed a sense of desperation when they described coping with such incidents the best they could. One student provided an example of the creative problem solving that was sometimes necessary:

We had to send a girl down on a sled because she was having a baby. Yes, we had to make a makeshift sleigh and put her down the mountain so the ambulance could get her…it was either put her on the sled or catch the baby. We put her on the sled.

Another participant observed, “A lot of times people live so far out…the access to the hospital or clinic or a doctor’s visit is not there. They probably rely on home remedies.”

Concerns of being viewed as having a drug addiction or having inadequate insurance also created barriers for accessing care. One person stated:

You can’t go…me, myself, I’ve got problems. I will not go to a doctor because I don’t need that stereotype that I’m just a drug addict or a pill-seeker or whatever. “Oh, she’s just out of her pills.” So I will not go. I will not go to an emergency room for my back; they feel you’re here for drugs. I had to go for my back and told them I don’t want you to give me anything, I want to find out what is wrong.

Another student talked about her mother being denied medication because she did not have insurance doctors would accept.

My mom has tumors on her spine, they’re noncancerous. She has Medicaid. She has tried four different…doctors to help her with her back, chiropractors, and nobody will accept Medicaid…She has nothing [to take for] pain so she has to
take ibuprofen, which, of course, ibuprofen is not going to help your spine that’s being twisted because of tumors...she has no means. She suffers.

The impacts of these fears of being stigmatized as an addict resulted in some participants not seeking treatment for physical issues they were experiencing. Those who feared being stigmatized and those denied medical care had the same outcome: suffering. One participant, referring to the ability to obtain medication for pain, concluded: “people who are in chronic pain...there’s no help for them.”

Subtheme c: Lack of accessibility to employment. Another hardship discussed in the focus groups was inability to access sufficient employment and education in rural areas of the southern West Virginia coalfields. The majority of the participants verbalized concerns that coal mining was no longer a viable means of support. Many expressed they felt coal mining was an option in the past to make a living wage, yet was no longer was a choice since the mines were closing. One person explained:

[You] have to actually go and get a degree and a lot of kids don’t...they don’t have the money to go to college...to take it further...I know a lot of my friends just graduating high school, a couple years ago have said “no, it’s just too much money, I can’t.”

The lack of opportunities for living wage was summarized by one of the participants: “I think you either rely on your family or financial benefits provided by the state if you drop out or don’t further your education.” Another stated:

There’s not a lot here. We are an oppressed people...lawmakers don’t bring in industry to help our situation, and a lot of people do live on welfare...[however,] if you were to go into that community and say ”you’re an oppressed person,’ they’d say ”No, I am not.” It’s cultural thing to argue back ”I’m not oppressed, you just don’t understand the way things are.”
Discussion

The purpose of this pilot exploratory study was to better understand the experiences and impacts of stereotyping and discrimination among White community college students living in rural Central Appalachia, with the intent to consider the appropriateness of applying the concept of microaggression to explain their experiences. Indeed, the participants, who are all residents of rural southern West Virginia, indicated they had been subjected to experiences that are congruent with the concept of Appalachian microaggression. Therefore, this study makes an important and first contribution toward confirming the concept of Appalachian microaggression has important relevance for understanding and explaining the experiences of marginalization and oppression of rural White Central Appalachian people. Further support for the concept of Appalachian microaggression lies in its alignment with the internal colony model which has been critically important in reframing the story of rural Central Appalachia from a derogatory one based on stereotypical images, to one that recognizes the plight of impoverishment as a result of the exploitation of lumber and coal industries (Anglin, 2016).

Clearly, the social construction of what it means to be Appalachian, infused with stereotypes and reduced status in relationship to the hegemony, is rampant and broadly accepted. However, it is also crucial to recognize the limitations in generalizing findings from the study sample. The sample size was small (N = 11) and specific to community college social studies students, that, although useful in preliminary work, cannot be utilized to draw conclusions or generalize to the larger population of rural Central Appalachia. There also could have been a response bias in that students who volunteered for the study may be self-selected because they were interested in talking about their experiences of stereotyping and marginalization. The topic of Appalachian microaggression certainly warrants further research with larger samples that represent the diversity of Central Appalachian people. For example, there may be important different nuances among people in the region outside of southern West Virginia, from different age, gender, and racial groups or from different generations of rural Central Appalachians.
Support for Construct of Appalachian Microaggression

There was evidence of all the types of microaggression in the taxonomy developed by Sue and colleagues (2007). Most of the microassaults described in the data explicitly expressed unfavorable perceptions of rural Central White Appalachians, based on antiquated stereotypes and reinvented for contemporary society. Participants also indicated they were made fun of or mocked for their manner of speaking and received other pejorative comments based on assumptions that they were uneducated or unintelligent due to residing in rural southern West Virginia. Another concerning issue found in the data was that participants experienced that their hardships were viewed as a consequence of their own choice to live remotely. As though if only they were not so lazy, they would move to a place with more resources. However, the reality is many people have no choice but to stay due to being trapped by poverty. In this way Appalachian stereotypes place blame on the people of the region, indicting them for tolerating impoverishment (Billings, 2001; Foster & Hummel, 1997).

Congruent with the definition of microinsults, often derogatory messages were more covertly or subtly expressed, such as through teasing. At times, it is simply not possible to know whether the microaggression was a microassault or microinsult since negative bias toward rural southern West Virginians may or may not be within the consciousness of the perpetrator. The dynamics involved when a microinsult appears to be intended as a compliment, but contains a clear negative metacommunication, seemed to be particularly confusing and impactful.

Participants frequently experienced environmental microinsults received through various forms of media. News reports on disasters and findings of West Virginians as being the second laziest state, the most obese, the most unemployed, and the most drug addicted portrayed this group in a negative light. The participants tended to question the validity of such reports and seemed to experience the messages portrayed in the news as offensive and reinforcing stereotypical depictions.

Many of the experiences described by participants fit into the category of microinvalidations, the type of microaggression considered by some scholars as the most insidious and
damaging (Sue et al., 2007). For example, the theme of not acknowledging West Virginia as a state separate from Virginia was disturbing, especially for those participants who self-identified as West Virginians, yet not as Appalachians. Several of the participants reported correcting the perpetrators of this microinvalidation, which stood out as particularly compelling because rural southern West Virginian culture is often characterized by politeness and discomfort with direct confrontation. Perhaps the most damaging form of microinvalidation in the data was the denial that rural White Central Appalachians are oppressed as a group. Yet, as the theme of hardship and inaccessibility reveals, there are many in the region who clearly experience problems accessing even basic resources.

Impacts of Appalachian Microaggression

Microaggressions seem to be an effective vehicle for conveying and perpetuating Appalachian reduced status by delivering frequent reinforcement of what the images, expectations, and social status of Appalachian people are. Even participants who did not identify as Appalachian experienced Appalachian microaggressions. Consider that it is not possible to know why the participants were subject to microaggression. That is, they may have been targeted based on the assumption they belonged to a lower socioeconomic class, or rural lifestyle, as opposed to being targeted solely based on Appalachian identity. From this vantage, the social construction of White Appalachians that conflates Appalachian stereotypes with rural poverty provides society’s rationale for the ever-widening divide between the wealthy and poor in the United States.

Importantly, even though the focus group questions did not directly ask participants about how they were impacted by their negative experiences related to stereotypes and discrimination, each theme contained some data to that effect. Participants seemed to struggle to not internalize negative perceptions and to try to cope in practical ways such as modifying the way they speak. However, some voiced concern that receiving messages that they all embodied the negative stereotypes ascribed to them would result in believing what they hear, in other words, become self-fulfilling prophecy. In addition, several of
the participants reported feeling like outsiders, not fitting into mainstream America, and even feeling stress while on vacation in nearby states due to concerns about perceptions. At the same time, more than half of the participants indicated they did not plan to remain in the area ($N = 6$), and, of the five participants who indicated they did not plan to leave, two would leave, only if necessary, to find employment.

It is not clear to what extent microaggression and other forms of oppression played a role in the participants’ desire to leave the area beyond the severe lack of employment opportunities. However, prior research has found that high school students who used Appalachian stereotypes were more likely to say they wanted to leave West Virginia (Towers, 2005). These findings raise concern for the well-being of those who seek to integrate in other regions of the country. Moreover, our sample of college students represent crucial emergent potential to contribute to innovation, advocacy, and economic growth in the region. It is concerning that so many are likely to leave.

**Implications and Conclusions**

Appalachian microaggression is a concept that offers an understanding of how small subtle forms of interpersonal discrimination play an important role in perpetuating oppression. Further advocacy is needed that encourages positive identification with being Appalachian and collective action toward combatting microaggression, along with efforts to create new opportunities for economic growth. Additional research is needed that examines the motivations of college students to leave or stay in the region, including the role of microaggression in order to inform and propel these efforts.

Moreover, the findings point to the critical need for intervention and policy to alleviate hardship by providing access to resources currently denied in rural Central Appalachian regions that may be remote. The data indicating people avoid health care due to stigma they are likely to experience should be especially concerning. Mental health practitioners, healthcare professionals, and educators should become familiar with the historical oppression and the cultural heritage of rural White Central Appalachians, as well as having an awareness of the
diversity of this group and their special challenges. Additionally, becoming knowledgeable about common microaggressions can provide the opportunity to prevent clinicians and agencies from perpetrating them. Awareness of the pervasiveness of pejorative stereotypical images and the marginalization of this group continues to face needs to be a part of cultural competency training in working with people of this region. Increasing recognition and knowledge of rural Central Appalachian mountain dialect rather than demeaning the communication patterns would be a starting point. Special attention should be given to accessibility issues in making treatment recommendations to assure clients have adequate transportation and access to resources. Becoming conscious of microaggressions and their impact could lead to policies in which more industry is brought into the region as well as making efforts to ensure college accessibility is available, both fiscally and regionally, to the people of the rural Central Appalachian region.

Lastly, there is also a need for policy and intervention that eradicate microaggressions occurring widespread throughout media and entertainment. For example, the word “hillbilly” needs to be viewed for the negative moniker it is. Like any other socially unacceptable term for oppressed people, it is inextricably linked with creating a disparaging stereotypical image and should be eliminated from American discourse.
References


In describing fatalism in Suicide, Durkheim executes two blunders. The first can be categorized in errors of commission while the second should be included in errors of omission. In the error of commission area, he hypothesizes two platforms for existence of fatalistic suicide. Without employing theory-embedded data, he contends that infertility is a catalyst for fatalistic suicide. Later, he asserts that slavery is fertile soil for fatalistic suicide. Although there is suicidal data in these two arenas, a closer inspection demonstrates that these are not characteristics of fatalistic suicide. For errors of omission, he failed to systematically observe two social factors for which data was available during his time of study. Poverty and poor health existed in a social environment which is best described by Durkheim’s vision of fatalistic suicide. He missed observing and collecting the available data to lend support for the empirical existence of fatalistic suicide. These four social factors are discussed.

Key Terms: Suicide, Durkheim, Fatalism, Poverty, Health, Slavery

Introduction

Although all sociological scholars will not agree, most sociologists envision Durkheim’s work on suicide (Durkheim, 1897) to be an elegant masterpiece of sociological research that has held true for over 100 years (Abrutyn & Mueller, 2014; Baller, Levchak, & Schultz, 2010; Classen & Dunn, 2010; Helmut, 2010;
Maimon, Browning, & Brooks-Gunn, 2010). However, with the sharp criticism leveled against Durkheim by Nolan, Triplett, and McDonough (2010) and Besnard (1973), the question must be asked “Does Durkheim’s Suicide have applications in the world of a practitioner who must address suicide on a daily basis?” Davenport and Davenport (1987), Marson and Powell (2012) and Marson (2019) demonstrate Durkheim’s work to be an effective tool for practitioners. Thus, in practical terms, Durkheim’s work remains relevant [a brief summary of Durkheim’s theory can be found in Appendix A].

Durkheim (1897) believed the weakest aspect of his theory was the fatalism continuum that theoretically exists opposite to anomie. He was so unsure about the fatalism continuum that he limited his discussion of fatalism to a single paragraph on page 276:

The above considerations show that there is a type of suicide the opposite of anomic suicide, just as egoistic and altruistic suicides are opposites. It is the suicide deriving from excessive regulation, that of persons with future pitilessly blocked and passions violently choked by oppressive discipline. It is the suicide of very young husbands, of the married woman who is childless. So, for completeness’s sake, we should set up a fourth suicidal type. But it has so little contemporary importance and examples are so hard to find aside from the cases just mentioned that it seems useless to dwell upon it. However it might be said to have historical interest. So note the suicides of slaves, said to be frequent under certain conditions (See Corre, Le crime en pays creoles, p. 48), belong to this type, or all suicides attributable to excessive physical or moral despotism? To bring out the ineluctible [sic] and inflexible nature of a rule against which has just been used, we might call it fatalistic suicide.

Based on the tone of his writing, Durkheim was not sure of the existence of fatalism. He suggests that fatalism is theoretical and is not likely to be found in social reality. Although he did not see fatalism within his data collection, this type of suicide did exist within his historical timeframe.

Durkheim’s experience with fatalism was like Einstein’s work on the cosmological constant. Although Einstein may not have referred to his work in this area as the “biggest blunder” in his life (Livio, 2013), it is clear that he believed that $\Lambda$ (the
cosmological constant) could not be integrated within his theory of general relativity. During the 1990’s, physicists demonstrated that Einstein’s cosmological constant is an accurate portrayal of the scientific reality. Thus, Einstein was wrong in believing he was wrong. Like Einstein, Durkheim was wrong in discounting the significance of fatalism in society. More specifically, within Einstein’s analysis, he committed errors of commission and omission. Durkheim did the same.

Errors of Commission

In his errors of commission, Durkheim, without the use of accompanying data, hypothesized social factors that supported the existence of fatalistic suicide. The two social factors he proposed are associated with suicide but failed to capture the essence of fatalistic suicide. Even if we strictly adhere to Durkheim’s own definition of fatalism, his examples do not fit.

Infertility as an Example for Fatalistic Suicide

In his first example, Durkheim hypothesizes that infertility could spin a husband and/or wife into the arena of fatalistic suicide. Even taking into consideration the norms of his time, Nolan, Triplett, and McDonough (2010) and Besnard (1973) characterize Durkheim as chauvinistic. Based on his sentence structure, he emphasized the husband first. If it was not for the comma, his writing structure would suggest he completely ignored the emotional trauma when wives are confronted with infertility. Most importantly, Durkheim assumed that infertility is the wife’s responsibility. Clearly, he did not consider that a husband can be incapable of fathering children. Although Lukes (1985) envisions Durkheim as an emotionally sensitive person, Durkheim misunderstood the social parameters of marriage during his period of history.

Further insight is provided by Finn (2009) when he demonstrates that starting in 1870–71 and culminating in the decade of the 1890s (just before the publication of *Suicide*), France was suffering from a critically low birth rate. There were not enough newborns to replace those who died. During this same timeframe, there was a women’s movement. “Marie Huot,
feminist who coined the phrase ‘la grève des ventres’ [wombs on strike] was a member of the group fighting for female autonomy and access to birth control” (p. 31). Thus, Durkheim’s commentary on the emotional trauma of husbands was a reflection of the women’s rights movement during his writing of *Suicide*. In the historical circumstances, Durkheim’s emphasis on men is more understandable.

Nevertheless, and uncharacteristically, Durkheim failed to employ any suicide data regarding suicide and infertility. Using today’s research, we find that when men face infertility, they manifest measurable levels of depression, but no suicide ideation that has been uncovered (Chachamovich et al., 2010). Among infertile wives, Fatoye, Owolabi, Eegunranti and Fatoye (2008) found depression. The depression was found to be measurably worse for wives than their husbands, even those who share a deep desire for children. In addition, and more importantly for the study of Durkheim’s theory, contemporary data demonstrate that there exists an association between suicide rates and infertility for wives but not husbands (Kjaer et al., 2011; Shani, Yelena, Reut, Adrian, & Sami, 2016; Venn, Hemminki, Watson, Bruinsma, & Healy, 2001). However, in closely reading the literature on the association between suicide and infertility, it becomes apparent we are not seeing the intense level of regulation found within the definition of fatalism. This terminal act in reaction to infertility in this situation cannot be categorized as fatalistic suicide.

In the case of infertility, husband and wife have an array of options and hopes. In addition, they are not saturated in regulation—chief characteristics of fatalism. There is always a chance to get pregnant and there are a variety of available options to have children. Also, there are other life activities that instill social stimulation. Although written in the late 1800’s, Durkheim’s hypothesis regarding infertility was farfetched, even during his lifetime. It is likely that Durkheim knew some particular man that he took as an example, a man whose emotional distress about his wife’s infertility approximated “fatalism.” He was not systematic in constructing his hypothesis. If he looked at the data, he would have realized that such suicide fell into the category of altruism, not fatalism. In a literature review (including: Chachamovich et al., 2010; Fatoye et al., 2008; Kjaer et al., 2011;
Shani et al., 2016; Venn et al., 2001), it is abundantly apparent that the depression, suicide and suicidal ideation are associated with the pressure to have children from within the family/group. This is not fatalism, but it is altruistic suicide.

Slavery as an Example of Fatalistic Suicide

Later in the same footnote, Durkheim (1897) offers another example by hypothesizing that the condition of slavery is the ideal fatalistic social environment. Durkheim notes that slaves are confronted with “excessive physical or moral despotism… the ineluctable and inflexible nature of a rule against which there is no appeal” (p. 276). Unlike the details and thoroughness Durkheim employs with the other three types of suicide, for fatalism he fails to include data or other substantive observations. He includes only one citation in which Corre (1889) lent theoretical support for fatalistic suicide among French slaves [the original French text is found in Appendix B]:

All the doctors who have studied the diseases of the Negroes, the administrators, or the colonists, who have treated the behavior of the great plantations and the direction to their unfortunate human flocks, agree to declare an extraordinary frequency of suicide among the slaves. The unfortunate black man, at the memory of the lost country and family, under the accumulation of miseries and sufferings, turns against him; in the conflicts he sometimes has with his own kind, he does not even stoop to react by vengeance; He ends his quarrels, often the most futile, by his own suppression. (p. 48)

Perhaps Durkheim’s reference to Corre was an afterthought based on pressure from the publisher to include a reference in this footnote. Corre does not appear to be an influence on Durkheim’s intellect, since none of Durkheim’s biographies acknowledge Corre (Fournier, 2013; Giddens, 1978; LaCapra, 1972; Lukes, 1985).

Based on this single citation, one can easily understand how Durkheim would have considered suicide among western hemisphere slaves as fatalistic. If Durkheim had closely read page 13 of Corre (1889), he would have identified slave suicide as anomic. Later on pages 48 to 51, Corre alludes to characteristics
of ancestral-related suicide that are more characteristic of what Durkheim called altruistic suicide. On the same pages, Corre suggests an anatomic predisposition to suicide among slaves. The bottom line is that Corre’s book does not provide adequate information that slavery is the ideal platform for fatalistic suicide. It is also clear that Durkheim does not devote the same level of academic rigor to addressing fatalism as he did to anomic, egotistic and altruistic suicide. A couple of sentences in a book cannot support a theory. Without using raw data or statistical analysis, Pearce (1987) supports the position that fatalistic suicide is the slave’s fate. For the other three types of suicide, Durkheim employs suicide notes and public records as his database. Can Durkheim’s hypothesis addressing the linkage between slaves and fatalistic suicide be tested?

The problem with Durkheim’s vision of slavery is lack of depth. Unlike his description of other social institutions, Durkheim envisioned slavery one-dimensionally and failed to see the variability in the distribution of slaves and the distribution of slave owners. Our basic understanding of the laws of probability provides a solid backdrop from which to understand suicide among slaves. The slave population numbered in the millions and included a variety of very different cultural values and spiritualties, as noted by Corre’s (1889) first-hand observations. With such a wide distribution of variables, it would be nearly impossible to fail to identify all four of Durkheim’s suicides within the slave population. Durkheim’s position here can best be described as ethnocentric.

Of course, Durkheim did not have access to current historical research, or to documents addressing slavery in the “new world.” For example, recent historical research clearly demonstrates that the largest proportion of slave suicides must be considered anomic. There were many accounts of suicides among slaves that were sensationalized in newspapers (Bell, 2012; Buchanan, 2001; Synder, 2010) but public records were rare, and slaves did not leave suicide notes. Private data by plantation masters were kept but not available for public perusal during Durkheim’s time. An example of information of the kind Durkheim could not access is the work of Snyder (2010), who reports that:
Some ship captains kept account of their cargo losses for investors and insurers; one study of surgeons’ logs for the period 1792– reveals that 7.2 percent of captive Africans killed themselves at some point during capture, embarkation, or along the middle passage. Particularly at loading points on the African coast and aboard ships during the middle passage, captive Africans’ self-destruction was common enough to warrant the use of the earliest technologies for suicide prevention. (p. 40)

There is no doubt that logs kept by ship captains and surgeons are describing suicide, but this type of suicide does not fit within the fatalistic. It fits within the anomic framework. Another problem is that evidence demonstrates that slave masters would make a homicide appear as a suicide for a coroner’s inquest. There was an economic incentive for a slave to have been said to have committed suicide rather than being murdered by the master. Thus, even if Durkheim had access to private records, the reliability of the data would be questionable.

One surprising and critical error made by Durkheim is his lack of analysis of cultures from which slaves were captured. Although Durkheim is held in high esteem for his analysis of small non-European cultures, he did not apply his knowledge within his discussion of suicide among slaves. Durkheim would have agreed that the cultural groups from which the slaves were captured and later sold would have had a profound impact on suicidal propensity. Yet Durkheim did not apply his knowledge of cultural variations to slave populations. The most comprehensive analysis of slave suicide in the framework of culture is the work of Snyder (2015). She does not support the notion that fatalistic suicide dominated the social structure of slavery.

The piece of slavery data that Durkheim needed is in the work of Lee and Lee (1977). They completed a study that compared health patterns between whites and slaves in Savannah between 1860 and 1870, including an analysis of suicide data. They state “Thus, despite the conditions of slavery and the disorganization of reconstruction, blacks did not view suicide as a solution to their problems” (p. 176). Within this data set, there were no differences between white and slave suicide rates.

To make the analysis of slavery and suicide more confounding, there is evidence suggesting a great variability in the
treatment of slaves. For example, Chernow (2010) produces evidence that George Washington's slaves had access to guns for hunting. Washington thought that it was cost-effective for slaves to hunt for their own meat. Crapol (2006) documents testimony from slaves acknowledging that President John Tyler was a kind man, while other slaves suggested that he was ruthless. Like non-slave cultures, within slave cultures there is a great amount of variability that prohibits the ability to suggest a single suicidal platform. In the simplest terms, historical and statistical evidence clearly demonstrates that we can find all four of Durkheim's suicides within the social structure of slavery.

Errors of Omission

In errors of omission, Durkheim failed to systematically observe the world around him. Specifically, he failed to integrate what seem to be two obvious platforms for fatalistic suicide: poverty and the decline of health. Were these two factors truly obvious during Durkheim's time or is the contemporary acknowledgment of his failure a matter of benefiting from 100 years of sociological research? Considering the data he had available in combination with the French social atmosphere during his time, the failure to include poverty was a grossly unmindful error for the social analysis of fatalistic suicide.

Less obviously, he failed to consider health decline as a platform for fatalistic suicide. There is little evidence that Durkheim studied social factors related to health considerations. Within Durkheim's historical timeframe, the chronic illnesses and physical disabilities did not dominate the social landscape as it does today. For example, during Durkheim's time, if a person fell off a horse and broke his back, he would die before he had an opportunity to consider suicide. Today, if a man breaks his back, it is common for him to live for decades contemplating suicide without the physical capacity to act. Chronic illness commonly associated with aging simply was not a dominant social fact during Durkheim's time. Within our contemporary social environments, chronic incurable illness and permanent physical disability are fertile soil for fatalistic suicide. However, during Durkheim's time the low frequency of occurrences of lingering illness rendered health decline nearly unobservable.
The prime characteristic of both poverty and health problems is a social lock-down. Both are embedded with limited social interaction, social migration and social mobility—all characteristics of fatalistic suicide. Poverty and ill health are missing links within Durkheim’s analysis of the fatalistic. The critical features of these two social factors are addressed within our understanding of Durkheim’s thinking process.

**Poverty**

The study of poverty was a weak part of Durkheim’s academic endeavors until he began his work on *The Elementary Forms of the Religious Life* in the early 1900’s (Young, 1994). This, of course, was 15 years after *Suicide* was published. Simply stated, Durkheim missed the linkage between poverty and fatalistic suicide. However, Durkheim’s insights into poverty are quite perplexing based on the social influences in his life.

For over 200 years, the French Revolution has had a profound impact on the collective consciousness of the French people (Kaplan, 1995). Durkheim (1915) wrote that the French Revolution was the catalyst for the birth of sociology. He acknowledged that the consequences of the French Revolution included the reorganization of the French government and culture. This supreme struggle was a 70-year process that eventually unfolded into what has been labelled the “Third Republic.” The preoccupation of nurturing this stable but fragile Third Republic opened the door to Durkheim’s first academic appointment in the social sciences (Coser, 1977). The mainstream French intelligentsia embraced the notion that survival of both culture and government depended on the scientific study of society—which, of course, was Durkheim’s predominate vision within his published works and philosophical lectures. Thus, we can consider that Durkheim’s thoughts were emerging into mainstream French thought and were a tool to address the social scars inflicted by the French Revolution.

Most importantly, the emergence of Durkheim’s social theorizing was influenced by the social forces that were the catalyst for the revolution. In fact, most of his theoretical contributions were generated from his reflection on the revolution—particularly *The Division of Labor in Society* (LaCapra, 1972). From the
consequences of the French Revolution emerged Durkheim’s emphasis that the structural component within a society has a specific function in maintaining a social equilibrium (Lukes, 1985). Most importantly, societies do not naturally move toward a state of homeostasis, but he believed that sociologically inspired actions would return society to normal following events like the revolution. His “scientific” perspective was a source of the hope that the French people desperately needed to dig their way out of the damage of the revolution.

Although there were several causal factors that led to the French Revolution, one undisputed factor was poverty (Green, 2015; Jones, 1989; Luaute, 2016). Prior to the revolution, poverty grew because of feeble economic decision-making by the French monarchy. Poverty within the masses caused a sense of great social lockdown. Amid this period of intense social regulation, the suicide rates were high before the revolution (Merrick, 2006). By using Durkheim’s own definition of fatalism, the historical period prior to the revolution could easily be described as fatalistic. But when blood ran through the streets of Paris and violence became commonplace in France, the lockdown social regulations dissipated, and the suicide rates dropped (Merrick, 2006). This is fatalistic suicide! Since the French Revolution was the catalyst for his entrance to a professorship in social science and his central theoretical concepts emerged from his reflection of the revolution, how could he miss the suicide data available to him? There is no answer to this question except that he might have been too close to see it.

Durkheim missed the opportunity to collect critical relevant public data during the time he was writing *Suicide*. According to Luaute (2016), in the late 1800’s Paris witnessed a spike in suicides. Most alarming was what was labeled as family suicides. Because of the social lockdown associated with poverty, parents and their children committed suicide together. Some decades prior to Durkheim’s work, French public authorities developed the concept “poverty/reversal of fortune” as the cause of many suicides. According to Luaute (2016), this type of suicide was widespread during Durkheim’s time. It is quite astounding that he failed to include this blatant social problem within his analysis. Poverty provides a much sounder illustration of fatalistic suicide than either infertility or slavery. In addition, it is
surprising that Durkheim failed to see that prior to the revolu-
tion in France, the environment fit perfectly into his definition
of fatalism. Lastly, it is also surprising that many sociologists
who have studied Durkheim failed to connect the data on fatal-
istic suicide with poverty.

Durkheim (1897) does state that fatalistic suicide exists in
a social environment that is smothered with “excessive regu-
lation, that of persons with futures pitilessly blocked and pas-
sions violently choked by oppressive discipline” (p. 276). From
the social structure perspective that Durkheim would have
used, over social regulation and entrapment are embedded in
poverty. Socioeconomic factors impede a person’s ability to ac-
quire basic needs for subsistence. Clearly, Durkheim’s explana-
tion of fatalistic suicide is a contemporary description of the so-
cial structure of poverty. When escape from poverty is unlikely,
the social environment becomes fertile for fatalistic suicide.
However, when escape from poverty is a reasonable possibility,
fatalism will not exist. An environment embedded with access
to social options kills fatalism.

Although they use Durkheim’s work on suicide as a concep-
tual framework, Recker and Moore (2016) fail to make the con-
nection between fatalistic suicide and poverty. However, Steeg,
Haigh, Webb, Kapur, Awenat, Gooding, Pratt, and Cooper (2016)
stress that their data demonstrates poverty as being saturat-
ed with stagnation. Data reported by Haw, Hawton and Casey
(2006) shows suicide among the homeless is commonplace. Ey-
nan, Langley, Tolomiczenko, Rhodes, Links, Wasylkeni and Go-
ering (2002) report that suicide attempts for the homeless range
between 20% to 48%. These rates are 10% greater than the general
population (Patterson & Holden, 2012). This excessively high sui-
cide rate among those who are homeless is an international prob-
lem that also exists in socialist countries (Noël et al., 2016). Partis
(2003) represents data that is congruent to Durkheim’s vision of
fatalistic suicide when he reports that among many homeless,
suicide is envisioned as the only alternative to eliminate a sense
of social stagnation with no hope for change.
Health

The historical period in which Durkheim completed all of his work is Third Republic (1870 to 1940). Although the French Revolution ended in 1799, its impact on French government and society was profoundly far-reaching. Its effects were like a supernova, and its shock waves reached to 1870—the beginning of the Third Republic. The revolution fragmented or destroyed social structures. Auguste Comte’s observations of its aftermath led to his The Positive Philosophy, originally published in 1855. His major tenet that social structures are real things that the scientific method should be employed to understand was not taken seriously until Durkheim’s pronouncement that sociology should be an academic discipline. The atmosphere of the Third Republic envisioned that stabilization of French culture and government would be found in the scientific study of society.

During the Third Republic, France could best be described as adapting, changing and evolving with the emergence of social or political regulation. The nation could not be described as strictly regulated nor stagnated—which creates the soil from which fatalism emerges. The overall characteristics of French society help explain the reasoning behind Durkheim’s failure to provide an in-depth analysis of fatalism. The social soil from which fatalism could emerge did not exist in the Third Republic. Even after 70 years of social healing, French officials and the intelligentsia were preoccupied with macro strategies to secure stability. None of the overarching sociological characteristics of the Third Republic could propel fatalism.

Like all other social institutions within the Third Republic, the health care structure was subjected to the residue of the French Revolution’s shock waves. Using data from the Third Republic, Meserve (2017) completed an analysis of the health care structure. He concluded that politics and disorganization produced an unbalanced health care delivery structure. The problem with health care was not only with funding but rather the lack of an institutional memory and political incentives that motivated effective delivery of health care services. Health care technology and staff were available, but some French citizens were not getting the needed medical intervention.
During the Third Republic, medical quacks were running rampant (Johnson, 2012). From this emerged an overall mistrust by the French citizenry toward medical professionals. As a result, in an effort to be distinguished from quacks, physicians developed reluctance to accepting payment of their services. In addition, to combat quacks and bolster the emergence of medical professionalism, the French government learned that the central decision-maker within households is the mother. As a result, efforts were directed toward persuading women to entrust their family’s health to a physician, and they were successful. This strategy produced the professionalization of medicine in the Third Republic (Lacy, 2008). Nevertheless, Weiss (1983) observed that great inequalities of health care existed with the exception of emergency cases. He also contended that a noticeable stability in health care delivery was unfolding between 1871 and 1914.

Unlike the connection with poverty, Durkheim must be forgiven for missing the linkage of fatalism and health. First, comparatively speaking, the data on health/suicide was very limited during Durkheim’s time. Second, during that time, the average life expectancy was in the mid to late 40’s [see: https://www.ined.fr/en/everything_about_population/graphs-maps/interpreted-graphs/life-expectancy-france/]. People simply did not live long enough to confront the chronic health conditions that can make life miserable. Medical intervention was not able to keep a person alive long enough for the pain to be unbearable. Unlike in the case of poverty, the data simply was not available to Durkheim, although it is available today.

By today’s standards, the most obvious of all fatalistic environments is declining health. There is an unambiguous causal feature between declining physical health and suicide (Fiske & O’Riley, 2016; Fiske, O’Riley, & Widow, 2008; Preville, Hebert, Boyer, Bravo, & Seguin, 2005; Sinyor, Tan, Schaffer, Gallagher, Shulman, 2016; Wiktorsson et al., 2016). Older people pursue suicide when faced with chronic, progressive and irreversible poor health or pain (Meeks et al., 2008). Cressey (2007) points out that the diagnosis of cancer increases the risk of suicide by 50%. When faced with extreme pain, patients significantly increased their suicidal ideation and suicide attempts (Hyun,
Intense regulation is the watchword in a fatalistic social environment and the data unambiguously links it to poor health and irreconcilable pain.

Summary

There is no doubt that Durkheim’s work within Suicide had a profound impact on the development and credibility of sociology as a social science. Certainly, his work is flawed, but the question is how flawed? He provided an in-depth analysis, description and evidence for three continua—anomistic, altruistic, and egotistic suicide. Our understanding of fatalistic suicide emerges primarily because it exists on the opposite end of the anomistic continuum.

Figure 1 best conceptualizes and summarizes the problematic nature of Durkheim’s explanation of fatalistic suicide.

Figure 1. Analysis by Error

<table>
<thead>
<tr>
<th>Analysis</th>
<th>Type of Error</th>
</tr>
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<tbody>
<tr>
<td>Blunder</td>
<td>Omission</td>
</tr>
<tr>
<td></td>
<td>Commission</td>
</tr>
<tr>
<td>Reasonable</td>
<td>Poverty</td>
</tr>
<tr>
<td></td>
<td>Fertility, Slavery</td>
</tr>
<tr>
<td></td>
<td>Health</td>
</tr>
</tbody>
</table>

In terms of errors of commission (Figure 1, cell b), fertility and slavery are far from good examples of fatalistic suicide. Throughout Suicide, Durkheim stresses the centrality of the social environment as the catalyst for suicide. His brief commentary on fertility sounds more like an explanation from a psychologist. It is an exercise in reductionism. To a slight degree, his example of slavery is less reductionistic, but still problematic.

For slavery, Durkheim lacked a depth of analysis (when compared to other concepts in his book). In addition to his inability to conceptualize slavery as a social institution, he failed to assess it thoroughly and scientifically. First, he failed to thoroughly read Corre (1889). If Durkheim considered Corre’s book in its entirety, he would have realized that the slave population was subjected to all four types of suicide. The suicide of slaves theoretically approximated the suicide patterns of white Europeans. Second, he failed to consider that the slave population
was normally distributed. Two years prior to *Suicide*, he published *The Rules of the Sociological Method*, where he addressed the functions of a normal distribution with his commentary of the community of angels. In his example of suicide among slaves, he violated the scientific rules he had established two years earlier.

In terms of errors of omission (see Figure 1, cell a), the fact that he did not address poverty is particularly perplexing. Historians commonly state that poverty is one of the major causes for the French Revolution (Green, 2015; Jones, 1989). As it did with most French intellectuals, the revolution plagued Durkheim’s mind. More than likely Durkheim suffered from cognitive dissonance. There was pride in the ability of commoners to have overthrown a seemingly hedonistic government, but embarrassment resulted from the irrational violence that followed. It is quite incredible that Durkheim did not consider poverty as a variable for sociological analysis until late in his life.

His omission of addressing health (see Figure 1, cell c) is both reasonable and forgivable. With the average life expectancy at 40, serious illness or a catastrophic accident was a death warrant. Contemplation of suicide because of declining health was virtually nonexistent during the late 1800’s. There are no references to health in *Suicide*. Even if such suicides were included, they would be so infrequent that they would not register in the minds of 18th century sociologists. Durkheim’s omission of health in his explanation of fatalistic suicide is therefore forgivable.

When considering all the research and theorizing that Durkheim had to manage in writing *Suicide*, it becomes clear that he accomplished a Herculean task. In considering his approach compared to the way a sociologist would write *Suicide* today, the conclusion is, “how could Durkheim write this book without a computer?” Without the use of a computer, he would have to spend an exhausting amount of time checking references, assessing verb tense agreement, verifying and compiling data, etc. The complexities and the difficulties of writing during Durkheim’s historical time period could easily have been so distracting that he failed to seize the opportunity to include fatalism. His blunder is forgivable.

The missing historical and empirical evidence in the arena of fatalistic suicide does little to discredit the important
contribution made by Durkheim. The important point is that his theoretical framework is robust enough to enable other researchers to use his contribution to the research. Although he failed to recognize the existence of fatalism during his time, his theory has adequate explanatory power to be applicable during other eras. In addition, practitioners are employing Durkheim’s contribution as part of intervention strategies (Davenport & Davenport, 1987; Marson & Powell, 2012). Thus, Durkheim’s theory of suicide remains sound.

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References


Appendix A
A Summary of Durkheim’s *Suicide*

Durkheim’s typologies of suicides provide a profound insight into the continua of two types of regulation on human behavior, social regulation and moral regulation. At the extreme of either continua, Durkheim theorizes that suicide risk is greatest; a result of either insufficient or excessive integration. These ideas are captured graphically by Figure 2 (Marson & Powell, 2011).

Figure 2. Durkheim’s Suicide Model

This typology has been covered extensively in every theory textbook addressing classical sociology theory, but we provide a condensed explanation of the model.

Social regulation provides for the norms and values of a society that enable persons to get their needs fulfilled. Understanding the acceptable forms of behavior combined with the ability and opportunity to interact with others to meet needs is inherent to an individual’s survival in a social world.
Reading Figure 2, from left to right, starting at the left, if an individual is insufficiently integrated into society, that is, if an individual has “excessive individualism,” that individual will not be held under social control. Such an individual has a heightened risk for egoistic suicide. This view of society, a great example of structural functionalism, sees individual’s wants and needs subordinate to society’s needs. A sufficiently integrated individual would not contemplate suicide, as the collectivity needs all persons to contribute and play their particular parts. An insufficiently integrated individual who only sees oneself as defining one’s roles and duties lacks the societal norms and goals that would necessitate continuing to live. The ties that bind are the ties that protect against egoistic suicide. Unmarried persons, religiously unaffiliated or marginally affiliated are examples of this type of suicide.

On the right side of Figure 2, we see the dangers inherent if an individual is too integrated into society, where the needs of the individual are lost or sacrificed to the needs of the many. “Insufficient individuation” may lead to altruistic suicide. This type of suicide for Durkheim was an act that results from an excessive sense of duty. Soldiers giving their lives for others exemplifies this type of suicide.

Moral regulation, reading from top down of Figure 2 can also be a source of suicide if there is excessive or insufficient integration. Fatalistic suicide, the form that Durkheim devoted the least to (the purpose of this paper is to explain why and expand on the theory) is a result of excessive moral regulation. With “excessive regulation,” and “a future pitilessly blocked,” an individual may feel that there is no way out, but to take one’s own life. Durkheim’s examples were crude and insufficient, again the point of this paper. Better examples of this type of suicide have been offered here, poverty and failing health.

Anomic suicide occurs when an individual has not enough moral regulation. Anomie is most often defined as a state of normlessness, better understood as a state where the norms no longer apply and an individual is no longer limited in their passions or cannot get their needs met.
ÉVOLUTION GÉNÉRALE DE LA CRIMINALITÉ

de tenir compte d’un élément de dérivation dont les statistiques ne parlent pas encore; je vous indiquer le suicide. Tous les médecins qui ont étudié les maladies des nègres, tous les administrateurs ou colons qui ont traité de la conduite des grandes plantations et de la direction à imprimer à leurs troupeaux humains, s’accordent à déclarer l’extraordinaire fréquence du suicide parmi les esclaves. Le malheureux noir, au souvenir de la patrie et de la famille perdues, sous l’accumulation des misères et des souffrances, retourne contre lui-même les sou- des colères qu’il ne peut ou n’ose transformer en attentats contre le maître; dans les conflits qu’il a parfois avec ses congénères, il ne daigne même pas réagir par la vengeance; il termine ses querelles, souvent les plus funestes, par sa propre suppression. Voici ce que dit Levacher à ce sujet (1): « Les causes extérieures, si puissantes chez les nègres, agissent sur leurs sentiments et sur leurs penchants avec un empire et une singularité des plus remarquables. Elles déter-

Translation into English

Finally, assuming that criminality was always and everywhere actually lower in the slave than in the free one, it is necessary to take into account an element of derivation whose statistics do not yet speak. I want to indicate suicide. All the doctors who have studied the diseases of the negroes, the administrators, or the colonists who have treated the way of the great plantations and the direction to imprint their human flocks, agree to declare an extraordinary frequency of suicide among the slaves. The unfortunate black man, in remembrance of the lost country and family, under the accumulation of miseries and sufferings, turns against him the secret anger that he cannot or does not dare to transform in attempts against the master; in the conflicts he sometimes has with his cohabitants, he does not even attempt to revolt by vengeance; he ends his quarrel, often the most fatal, by his own suppression. This is what Levacher says on this subject (1). "External causes, so powerful in the negroes, act upon their feelings and inclinations with a most remarkable empire and singularity."

Book Reviews


This book discusses the importance of the empowerment of women to promote global public health (GPH) and improve the quality of life, not only for individuals but for families, communities, and societies. Kar explains the theoretical underpinnings of women’s empowerment from a public health, social science, and medical perspective, and provides empirical evidence to support the importance of this model all the while showing the importance of human service professionals supporting self-organized movements for them to have the most success. She presents the results of a meta-analysis of 80 case studies showing how women-led grassroots movements successfully improved the health-related quality of life (HRQOL) of their families and communities. Kar takes a strengths-based and solution-focused approach, viewing women as positive change makers who are not victims of the system, but who are capable of creating and maintaining systemic change through collaborative work and advocacy.

In chapters one through four, Kar discusses the theoretical viewpoints on empowerment and how this relates to women and GPH. Poverty and powerlessness are recognized by agencies such as the United Nations as threats to HRQOL, but different paths have been used to address these issues. One is to give aid to the poorest countries, and another is governments working to increase economic growth. The author outlines the drawbacks of each of these paths and advocates a third path, one that focuses on empowering the poor and powerless to enhance their quality of life with support from social agencies. Kar sees the four domains of empowerment as human rights, equal rights, health, and economics. The 80-some case studies she analyzes fall under one or more of these domains. The author argues that key issues impacting quality of life, such as
education, income, healthcare, and cultural practices, cannot be fully understood or pursued without addressing issues related to gender inequality. Therefore, for a model to be effective, it must include services to meet current needs as well as empowerment of women to reduce issues around gender inequalities.

Kar discusses the history of global public health and its evolution from an approach focusing on disease prevention and germ control based on germ theory to the current approach that also recognizes important underlying causes of poor health, such as poverty, lifestyle, illiteracy, harmful cultural practices, and lack of empowerment. She then examines major research paradigms used to study what determines health-related quality of life, such as cultural anthropological and biosocial approaches, that recognize the ways in which people’s attitudes and actions towards health are influenced by their culture, as well as how values and motivation affect behavior related to health. She then explores issues such as acculturation and self-identity that particularly affect multicultural communities, their health outcomes and quality of life and how trust can help mediate these issues.

Chapter five discusses in more detail the empowerment theory and the EMPOWER model to be used for research and action. Each letter of the EMPOWER acronym stand for one of the seven empowerment methods used in the case studies that make up the meta-analysis. The author discusses using a five-level empowerment ecological model, addressing individual, family, community, organization, and cultural levels and shows the empowerment theories used on various levels in social work, public health, and nursing. The seven most commonly used methods by self-organized empowerment movements seen in action in the case studies are “E = Empowerment training and leadership development, M = Media use, advocacy, and support, P = Public education, participation, and grass roots movements, O=Organizing networks including cooperatives, unions, affiliations, and associations, etc., W=Work training and microfinance initiatives, E=Enabling services, emergency aids, crisis intervention, and R=Rights protection and promotion” (p. 195). The model also looks at the core supports needed for the movement to be successful, outlining them as “community and peer-support, organizational, resource support and external empowerment” (p. 197).
Chapter six further explores the process and criteria for the meta-analysis, followed by chapters that outline national and international case studies and how the model was effectively applied, as well as the challenges and obstacles faced. The author makes a strong case for why empowerment of women should be supported to increase HRQOL. She provides real life examples in the case studies, ranging from older well-known movements such as Mothers Against Drunk Driving to newer international movements like the anti-alcohol campaign ARRAK BAN in India, showing the range of effectiveness of the model among a variety of groups and countries.

Finally, Kar summarizes key learnings from the application of the EMPOWER model gathered from the qualitative findings of the meta-analysis and how these relate to six research questions. Important themes learned and discussed were that ordinary women can and do lead effective movements that improve HRQOL, motivated by survival and safety needs and unified by trying to protect their children from harm. The women introduced in this book came from different backgrounds and levels of status, but all have made large personal sacrifices to help their cause. Kar shows how unplanned events or disaster such can have unintended positive or negative effects on the empowerment outcomes.

This book is highly academic, which may impede some from reading it, but the case studies provide an excellent framework for the reader to understand how the model has been applied. It would be a great choice for a variety of professions that seek to improve global health, as well as those interested in female empowerment and the impact this can have on the individual and social level.

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Wesley T. Church II and David W. Springer (Eds.), *Serving the Stigmatized: Working Within the Incarcerated Environment*. Oxford University Press (2018), 400 pages, $74.00 (hardcover).

Literature highlighting the incarceration of vulnerable populations in the complex system of criminal justice in the USA is increasing. Despite these advancements, people who are incarcerated continue to be stigmatized. Church and Springer aim to expose the stigma associated with some of the most vulnerable incarcerated populations. They enlisted 29 scholars with specialization in criminal justice prevention, treatment, policy and rehabilitation to shed light on the intersection of criminal justice and stigmatized populations. There are 15 chapters, each highlighting a diverse topic or population featuring case studies and web resources for additional information.

The first chapter focuses on policy, practice and challenges regarding mental health of prisoners. Attention is paid to the barriers of obtaining and maintaining prescribed medication as well as evidence-based practices to reduce recidivism. The next chapter extends the mental health conversation by discussing the risk of suicide among justice-involved adolescents and provides options for prevention. Chapter three unpacks issues surrounding people convicted of a sex offense and the challenges they face while incarcerated and upon reentry. People who are incarcerated are largely affected by HIV/AIDS in the United States, which is the topic discussed in the following chapter.

The fifth chapter recognizes the aging prison population and uses a human rights perceptive to address the numerous challenges they encounter. Chapter six looks at difficult transition home for parents as they attempt to reestablish their parenting role, while securing housing and employment and fulfilling parole requirements, with a subsequent chapter focusing on the issue of juvenile offenders serving adult sentences, particularly how “adult consequences” negatively impact youth.

The concept of a therapeutic community for the treatment of substance abuse in prison is discussed in chapter eight, paying close attention to policy implications. Two following chapters address health and safety issues for LGBT inmates in the United States and internationally. It is well documented that people of color are disproportionately impacted by criminal justice
policies and have higher rates of incarceration. These disparities are then examined within adult and juvenile contexts. The challenges of reentry and proposed opportunities to enhance successful reintegration are documented in the next chapter. Final chapters are dedicated to the subjects of incarcerated veterans and the intersection of immigration and incarceration, as well as terminal illness within correctional settings, all of which are very underreported issues.

A major strength of this book is its presentation of information in a way that is useful and easily understood by professionals from a variety of fields, including criminal justice, social work, and psychology. I recommend this book for readers interested in learning about special populations in correctional facilities, options to provide evidence-based treatment, current policies impacting them and prevention strategies to potentially avoid their incarceration. A shortfall of the book is that while it provides an overview of certain vulnerable populations, the issues involving the topics are so complex that it is difficult to accomplish its stated intention of “providing extensive discussion” in each area. The book would be strengthened also by including voices from marginalized people themselves. Only in one chapter is slam poetry excerpted from juvenile prisoners, which is good, but it is imperative that the perspectives of other inmates themselves also be shared, to increase their visibility as humans and not just as criminals.

Carolyn Sutherby
Michigan State University


As those who work with young people may know, changes are taking place in how young people describe their identities. More identity categories are emerging among young people than have ever been seen before. Asking young adults about their identity now produces a series of categories which many
older people will have trouble comprehending. In this book, Rob Cover offers illumination regarding this change and helps those of older generations understand this evolving landscape of identity.

Cover notes that with the advent of the digital age, people who have been unable to find community are able to find people with whom they identify and share interests. This is especially true for those who have been born into a world where the internet is taken for granted and used as a part of everyday life. Because of this connection, people have begun discussions about identity and how the established binary categories, such as straight or gay/lesbian, male or female, have come to feel constraining for many youth. These historical normalized labels are increasingly perceived as inadequate and outdated. As a result, young people are identifying themselves in very different ways.

Cover refers to what is emerging as a “new taxonomy” of gender and sexuality, which is challenging existing categories and assumptions about gender and sexuality by “re-framing the ways in which gender and sexuality are thought, enacted, embodied, represented and practiced” (p. 2). In part, this serves to create space for more contested identities, more complexity of identity, and intersectional identities; it creates space for everyone to be recognized. Instead of being reduced to a few labels assumed to apply to everyone, there is a movement to specify how people really feel and behave and see themselves, which is much wider than the previous labels are able to accommodate.

Cover provides a fascinating look at the workings of these new identities and how they are developing among young people, who do not identify fully even with the LGBTQ label, and instead are much more likely to identify as “non-binary” or “asexual.” Cover explores the emerging taxonomy of identities, then delves deeper into the roles of gender and relationships. He goes on to explore the changing nature of identity, in which authenticity plays a huge role and intersectionality becomes recognized and honored.

In this brief text, Cover begins with an explanation of what is going on with emerging identities for young people, and then explores the new identity labels, as he builds this idea of a new “sexual and gender taxonomy.” This allows us to define
ourselves as gendered and sexual subjects in terms of relationships and in terms of our own experience of our bodies, which often do not fit the historical categories. Cover underlines the fact that these new identities are deeply felt, reflectively constituted and relational. They are more inclusive and expansive than previous categories for identities. However, Cover also notes that the level of categorization is not simply a product of queer theory and its fluidity; instead, these labels are more specific, resulting in a much broader field of identities.

Cover explores the expanding range of gender identities and definitions of sexual attractions and discusses these changes as destabilizing the heterosexual matrix of relationships. People are now using identifiers that signify the types of relationships they prefer, be they romantic, sexual, or platonic. This, along with the use of new varieties of gender identities and pronouns, leads to the creation of explicit identities and explicit statements in terms of the types of relationships people are seeking.

Cover then discusses five factors that he believes have led to this new taxonomy: the framework of sexual citizenship; the cult of authenticity; demands of inclusivity; the anti-fluidity backlash; and the role of populism. The roles of these factors are explored in the ways they meet cultural needs for sexual citizenship and authenticity, the needs of gender and sexual minorities, who do not have a place in the current discourses, and the need for coherent subjectivities.

Two chapters explore the notion of “queer choice” and the emergent “new heterosexualities.” Cover then summarizes the implications of these emerging identities, one of the strongest of which is the disruption of stereotypes. If we cannot place people into binary historical categories, it is more difficult to apply stereotypes.

Another impact identified by Cover is that health and social services provision is becoming more problematic, as providers are realizing that they do not understand the terminology being used by the young people with whom they work. They need to learn about these emerging identities in order to provide proper healthcare and resources, as well as to understand what their clients and patients are telling them about their lives and their problems. Without this knowledge, there will be unavoidable gaps in care. Additionally, if research data is to be useful,
researchers need to adapt their instruments to reflect these new taxonomies. Overall, this is a fascinating read addressing a topic that is only getting more relevant. I recommend it for interested readers who seek a deeper understanding of the multiple identities being presented by the youth in our midst.

Melinda McCormick
Western Michigan University


Lois Presser’s newest book contributes to a growing literature within the study of narrative criminology. In *Inside Story*, Presser explores the relationship between stories, emotion, and action, providing an interesting review and critique of theory, as well as a framework with which criminologists can examine how stories told in support of racism, autocracy, and nativism move us. While this book is likely to be an important contribution to narrative criminology, it is challenging to digest. Yet Presser’s thesis is clear throughout—the stories we tell often justify mass harm.

Presser begins by considering the importance of narrative, asking what accounts for the emotional power of narratives and what can they teach us about mass harm. While narrative has always been central to criminology, Presser’s goal is to explain the *arousal power* of narrative while still accounting for context and human agency. Narratives can compel such large swaths of people. While chapter two focuses on how harmful narratives become normalized, chapter three considers how theories of cognition and emotion might help clarify the “figurative pull” of narratives. According to Presser, for narratives to be effective they must first be enculturated. To demonstrate how narratives of mass harm become so widely accepted, Presser considers how language is manipulated and presented as “value-neutral,” when it is often clearly not value-neutral at all. Word choice, she argues, is culturally and historically specific and never simply
an objective enterprise. Her overarching argument is that language is morally charged, myths are often passed off as reality, and narrative is highly affective.

At this point, Presser begins the analytic portion of the book. In these chapters, she explores the “figurative pull” of two types of narratives: underdog stories and theories of crime. The underdog narrative, which take the form of David vs. Goliath, she argues, is particularly compelling because it tells the story of an ordinary man succeeding by faith and fortitude alone, despite insurmountable odds and a cruel adversary. She then switches gears to examine the role of theory in creating “pain-causing public policy” (p. 131). What I found interesting about Presser’s analysis here is her refusal to let the audience off the hook. “We readers are the protagonist’s helpers, supporting the authors in their quest to attain intellectual mastery” (p. 113). Still, Presser’s insight could have been more compelling had these chapters been organized more succinctly. Rather than choose a few stories to analyze in detail, Presser moves around from one anecdote to the next with each new subheading, of which there are many.

Presser’s final chapter is devoted to summarizing the key insights of the book and considering methodological issues for studying narratives. Presser contemplates what type of texts are considered narratives and asks the audience to challenge harmful narratives. Restorative justice narratives, she argues, hold the most promise for producing counter-narratives capable of defying harm-producing stories.

The task Presser sets out to accomplish is not a modest one, yet by the end of the book she is quite convincing in her claim that narrative criminology has practical applications for researchers and policy makers alike. There are a few areas in which Inside Story falls short, however. Presser promises early on to “suggest precise ways of thinking about…narratives” (p. 2). Yet her conceptual framework was difficult to follow and I was frustrated by how the chapters were organized. Moreover, I found her use of quotes throughout to be gratuitous and distracting. Often, a single page included more quoted material than original writing. Ironically, Presser also fails to deconstruct her own morally charged statements. For example, in one chapter Presser uses “prostitution” as an example of a mass harm, indiscriminately comparing it to sexual assault. In comparing
all sex workers to sexual assault victims, Presser denies agency to individuals who consciously choose to exchange sex for goods and services. This move flies in the face of her original promise to account for agency.

These criticisms aside, there are many strengths of *Inside Story*. Presser aptly demonstrates the importance of thinking about violence as slow and structural as opposed to swift and interpersonal. Moreover, she successfully persuades readers to think of harm in unconventional ways and implores us to challenge complicity, complacency, and the benevolence of theory.

*Olivia Marie McLaughlin*
*Western Michigan University*


Rising global inequality and trade tensions have fostered a climate of economic uncertainty. Neoliberal and austerity approaches have failed to deliver on promises of robust recovery from the 2008 global recession. As prosperity has failed to materialize for many, countries around the world are retreating into nationalism, and their politics are wracked by destructive populism. What role in this historical moment could the nation state possibly have in preserving and promoting social welfare?

One answer is social investment, the theme of this timely new edited volume. Social investment draws upon the policy traditions of social development, asset building, and financial capability. It is by nature productivist and inclusive. Social investment policies are productivist in the sense that they aim to foster economic and developmental activity resulting in financial returns, thus producing economic revenue rather than simply welfare consumption. They are inclusive as they seek to enlarge economic participation by focusing on reaching those excluded from markets and economic wealth. Social investment points the way to a new direction in social policy, to shifting welfare states
away from simple transfers, and toward investments that enable people to become active economic agents. However, the social investment literature to date has been narrowly focused on European state policies related to employment.

Into this gap comes new scholarship that significantly expands the social investment perspective, providing a corrective to the literature’s Eurocentrism. The chapters of this book are penned by an impressive list of contributors, including senior scholars from Africa, Asia, Australia, Europe, and North America. The first chapter reviews and synthesizes definitions of social investment, setting the stage for the subsequent analyses. The following eight chapters comprise a global tour of social investment policies and programs. These include diverse case examples that range from the much-heralded social investment state of Norway, to examples where social development policies have had traction such as Singapore and the United States, to places where social investment isn’t supposed to be – but of course is, and has been—such as the African continent, Brazil, China, and India. These chapters tackle a range of social investment applications to the diverse fields of child welfare, housing, gender, conditional cash transfers, and pensions, in addition to employment programs. The concluding three chapters reflect on social investment approaches to immigrant integration, the social investment policies of global NGOs, and future directions for scholarship in social investment.

This book accomplishes several significant tasks that advance the social policy and social development literatures. First of all, it offers clarity and depth to the concept of social investment. The analyses ensure, by examining the specific social investment applications, that social investment will not become simply another buzzword. Rather than getting lost in the abstractions of social investment as an ideal type, this book takes a ground-up view of what is happening in the world. In doing so, it reveals the nuance and complexity of social investment approaches. Secondly, this book expands the scope of social investments geographically from a Eurocentric to a global perspective. Thirdly, it also expands the scope of social investments substantively from primarily employment to a range of social policy areas such as housing, child welfare, community development, social protection, and rural development. Fourthly, the
book’s critical lens reframes the social policy literature from a mainly positive assessment of social investment to a more realistic perspective of its strengths and weaknesses. Finally, this book broadens the social investment perspective organizationally, from a national-only lens to a perspective that incorporates how international organizations such as the World Bank, the United Nations, and the International Labor Organization have used and promoted social investment.

Together these advancements make this book an essential contribution to the social policy and social development literatures. However, it also makes clear the need for further study of social investment policies. For example, social investment should be considered from the perspective of good governance. The challenges of corruption, conflict, and authoritarianism threaten the promise of social investment and beg the question of how are social investment programs best implemented. Additionally, social investment policies should be better situated within the larger toolkit of market-based solutions. For example, what is the relationship between social investment and social entrepreneurship? The book sets out the agenda for such research, and will be useful especially for academics and researchers studying social policy. Policymakers and practitioners may consult this volume to understand the impact and potential of social investment programs. It will also benefit students in advanced undergraduate and graduate programs related to international development, social policy, and social work.

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