

Inequality and Interdependence: Social Problems and Social Justice

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Inequality and Interdependence: Social Problems and Social Justice
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Message to Students

Thank you for joining us on this adventure into the beautiful and complicated world of social problems. We challenge you to bring an open mind and a curious heart to this exploration.

This book is powerful. We explore the social problems that you and other students may face by integrating powerful theories, current data, and compelling stories from People of Color, women and non-binary people, poor people, queer folx, people of different abilities, immigrants, and many others who experience injustice.

This book is beautiful. We use photos, art, music, charts, graphs, infographics, and videos in addition to words to tell the truth about inequality, injustice, and interdependent solutions.

This book is transformative. We invite you to explore your own life through the lens of power and privilege to consider how you benefit from or are harmed by oppressive systems, and how you can take action to dismantle them. We celebrate the work of educators, researchers, activists, organizers and others whose work to end racism, heteropatriarchy, ableism, nativism and other intersectional structures of oppression inspires us to take action.

As part of our commitment to justice, this book is openly licensed and free of charge. By providing free, high-quality, equity-minded, anti-racist materials, we support making college education both more accessible and transformative.

We designed this book to engage all of you. The chapters average about an hour and a half of required reading and video content. Your actual engagement time may differ depending on how fast you read (and how many jobs you have while you are in school).

You will notice that we have added many links to videos, blogs, papers, and other sources throughout the book. Unless the text says, “Please read” or “Take a moment to watch,” those resources are there for you to learn more if you want to. You may find them helpful as you work on your assignments or if you are just plain curious to learn more.

This text pairs with the course **Sociology 206: Social Problems**. You will find assignments and discussion questions that help you understand these readings more deeply.

Now click the button in the lower right corner labeled “Next →” to turn the page!

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Table of Contents

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About this Book

Accessibility Statement

This book was created in good faith to ensure that it will meet accessibility standards wherever possible, and to highlight areas where we know there is work to do. It is our hope that by being transparent in this way, we can begin the process of making sure accessibility is top of mind for all authors, adopters, students and contributors of all kinds on open textbook projects.

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Equity Lens

The Open Oregon Educational Resources Targeted Pathways Project seeks to dismantle structures of power and oppression entrenched in barriers to course material access. We provide tools and resources to make diversity, equity, and inclusion (DEI) primary considerations when faculty choose, adapt, and create course materials. In promoting DEI, our project is committed to:

1. Ensuring diversity of representation within our team and the materials we distribute
2. Publishing materials that use accessible, clear language for our target audience
3. Sharing course materials that directly address and interrogate systems of oppression, equipping students and educators with the knowledge to do the same

Designing and piloting openly licensed, intersectional, and antiracist course materials is one starting point among many when addressing inequities in higher education. Our project invites students and educators to engage with us in this work, and we value spaces where learning communities can grow and engage together.

We welcome being held accountable to this statement and will respond to feedback submitted via [our contact page](#).

Course Learning Outcomes

Educators, students, and future employers all benefit when course-level learning outcomes guide our shared work. When course-level learning outcomes are public, institutions demonstrate a commitment to equitable student success through the potential for increased collaboration and inclusive course design. This project analyzed learning outcomes across the state of Oregon to identify themes and commonalities. Authors used this analysis as a basis for developing course outcomes that could match the curriculum of multiple institutions in Oregon while still considering their local needs and context.

For the course SOC206: Social Problems and the related textbook *Inequality and Interdependence: Social Problems and Social Justice*, the course learning outcomes are:

1. Describe the ways in which social problems are defined and constructed.
2. Analyze the causes and consequences of social problems using a sociological perspective.

3. Differentiate between individual and structural explanations of social problems.
4. Explain the relationship between race, ethnicity, gender, sexual orientation, and other social locations, and the unequal distribution of wealth, power, and privilege.
5. Critically evaluate strategies for responding to interdependent social problems using individual agency and collective action to expand social justice.
6. Demonstrate respect for diversity, critical thinking, and collaborative problem-solving skills through active classroom, college, or community engagement.

Dedication

To Val – Magically, your love steadies the ground beneath my feet so I can walk with balance. Love always



To my family, those there at the beginning, and my chosen family – Your care lifts me from despair, and your love lights my way.

To mystic and scholar, Mirabai Star, and scientist and storyteller, Robin Wall Kimmerer – By your example, you show me how to weave truth and beauty.

What Is a Social Problem?

1.1 Learning Objectives and Chapter Overview

Kimberly Puttman

LEARNING OBJECTIVES

After reading this chapter, you will be able to:

1. Explain a current social issue using the five characteristics of a **social problem**.
2. Describe the process by which social problems are created.
3. Explain why the interdependent nature of social problems requires both **individual agency** and **collective action** to create **social justice**.

Chapter Overview

With gratitude to my friends and colleagues at the Open Oregon Educational Resources Project. Writing

this textbook and class has been a profound lesson in teaching, writing, and working for social justice. Your generosity with your time and talents enriches all of us. —Kim Puttman

This interactive content is not available in this version of the text. It can be accessed online here:

https://youtu.be/1FDwbs_ITeQ

Figure 1.1 This 4-minute video promotes the Social Problems class at Oregon Coast Community College. Although your class and college are different, the issues raised about recovering from the Echo Mountain Fire apply to many of the social problems we will examine in this class. [Transcript](#).

Our human lives are full of both joy and sorrow. We struggle with passing a class, standing up to a bully, staying healthy, losing a job, ending a marriage or saying goodbye to a dying friend. We also savor the joys of life. We celebrate the new job, getting an excellent grade, the connection of family and friends, and the beauty of the glorious sunset over the beach. These deeply personal experiences are also connected to a wider world of family, community, country, and planet.

This chapter opens with a video about the Echo Mountain Fire in figure 1.1. In September 2020, a wildfire roared through the town of Otis, Oregon, and the surrounding forest. The fire devastated this tiny town on the edge of the wild Pacific Ocean. Many families evacuated with just the pajamas they were sleeping in. Other families were able to save a box or two, maybe their pets, but nothing else. Over the next few days, horses and cows were moved outside the fire range and then moved again as the fire spread. Residents of Otis

and Lincoln City were caught waiting—waiting for news, waiting for safety, waiting for food, and waiting for the fire to be contained.

The Echo Mountain fire was a disaster. Approximately 2,500 acres of forests and wildlands were destroyed, with over 1,241 structures burned. Over 300 families lost their homes, and countless others suffered damage from smoke inhalation for weeks after the fire. All of us who lived through the fire, including me, whether we lost our homes or not, now understand how our lives can change in a moment.

I encourage you to learn more about the Echo Mountain Fire (figure 1.1). As you watch this short 4-minute video, please consider how recovery from this fire becomes a rich ground for understanding social problems. This deep understanding can set the stage for learning about social problems in our world. We'll learn more about the Echo Mountain Fire in [Chapter 14](#).

FOCUSING QUESTIONS

In this book, we explore social problems, complex social issues that must be solved collectively. To lay a foundation for this work, Chapter 1 focuses on answering three core questions:

1. What is a social problem?
2. How are social problems created and resolved?
3. Why does the interdependent nature of social problems require both individual agency and collective action to support social justice?

We answer these questions section by section. In [Defining A Social Problem](#), we examine the characteristics of a social problem. In [Constructing a Social Problem](#), we define, apply, and critique the social problem process, a model sociologists use to understand social problems more precisely. In [Social Problems and Social Justice](#), we explore the transformative possibilities of taking action, whether individually or with others. Then, at the end of the chapter, you'll have the chance to check your understanding.

Let's dive in!

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Figure 1.1. “[Soc 206 Promo Video](#)” by Oregon Coast Community College is licensed under the [Standard YouTube License](#).

1.2 Defining a Social Problem

Kimberly Puttman



Figure 1.2 Sociologist Dr. Anna Leon-Guerrero. Her definition of a social problem includes both our social and our physical world. Why might this matter?

When you think about the current issues facing our **society** and our planet, you might name war, **addiction**, **climate change**, **houselessness**, or the global pandemic as social problems. You would be mostly right. However, sociologists need to be more specific than that. Because they are trying to explain what social problems are or how to fix them, they need a much more precise definition. **Sociology** professor and author Anna Leon-Guerrero (figure 1.2) defines a **social problem** as “a social condition or pattern of behavior that has

negative consequences for individuals, our social world, or our physical world” (2016:4).

More concretely, it is not just that one person gets sick from **COVID-19**. The social problem is that our healthcare systems are overwhelmed with sick patients. People are experiencing different rates of exposure to COVID-19. Their **health** outcomes differ because of their **race**, **class**, and **gender**. Because social problems affect people across the social and physical worlds, the solutions to social problems must be collectively created. It is not enough for one person to get well, although that may really matter to you. Instead, we must act collectively, as groups, governments, or systems, to identify and implement solutions. Our health is personal, but getting well depends on all of us.

To talk effectively about social problems, we must understand their characteristics. In this text, we will explore five important dimensions of a social problem. You may encounter some new terms in this list. We’ll define them in the related section:

1. A social problem goes beyond the experience of an individual.
2. A social problem results from a conflict in values.
3. A social problem arises when groups of people experience inequality.

4. A social problem is socially constructed but real in its consequences.
5. A social problem must be addressed interdependently, using both **individual agency** and **collective action**.

In the following section, we examine each of these five characteristics. Where these characteristics exist, social problems follow. Each component provides an additional layer of explanation about why any human problem is a social problem.

Beyond Individual Experience

Individuals have problems. Social problems, though, go beyond the experience of one individual. They are experienced by groups, nations, or people around the world. An individual experiences job loss, but the wider social problem may be rising unemployment rates. An individual may experience a divorce, but the wider social problem may be changing expectations around marriage and long-term partnerships. Solving a social problem is a collective task, outside of the capability of one individual or group.



Figure 1.3 Sociologist C. Wright Mills, pictured on the left, wrote about the Sociological Imagination.

In his book *The Sociological Imagination*, American sociologist C. Wright Mills helps us under-

stand the difference between individual problems and social problems and connects the two concepts (figure 1.3). Mills (1959) uses the term *personal troubles* to describe troubles that happen both within and to an individual. He contrasts these personal troubles with social problems, which he calls *public issues*. Public issues transcend the experience of one individual, impacting groups of people over time.

To illustrate, a recent college graduate may be several hundred thousand dollars in debt because of student loans. They may have trouble paying for living expenses because of this debt. This would be a personal trouble. If we look for larger social patterns, however, we see that as of 2021 about 1 in 8 Americans have student loan debt, owing about 1.6 trillion dollars (Federal Reserve Bank of New York 2021). The volume of this debt and the harm that is being caused stretch far beyond the experience of a few individuals. Student loan debt becomes a public issue.

In addition to differentiating personal troubles and public issues, Mills also connects them using the **sociological imagination**, a quality of mind that connects individual experience and wider social forces. He writes, “The sociological imagination enables us to grasp history and biography and the relations between the two within society. This is its task and its promise” (Mills 1959:6).

In other words when we use our own sociological imaginations, we start with our own lives, our biography. We connect with the experience of other people and their history. We consider how our own past actions and the historical actions of others may have contributed to our current reality. We use our sociological imaginations to consider what the outcomes of our actions or of social policies might be. When you use your sociological imagination, complicated social problems begin to make sense.



Figure 1.4 A society consists of more than individual people, just like a forest consists of more than just individual trees: The forest around Cougar Hot Springs, Oregon, has more than just individual trees. Tokyo, Japan, has more than individual people.

Building on Mills's concepts, current sociologists highlight the complex relationships of the social world. In the 2019 Society for the Study of Social Problems Presidential Address, president Nancy Mezey explores the topic of climate change as a social problem. Understanding and solving climate change requires a deep understanding of the relationship between people and systems. She emphasizes that “society is not just a collection of unrelated individuals, but rather a collection of people who live in relationship with each other” (Mezey 2020:606). To make this point, she uses the work of sociologist Allan Johnson. In his book *The Forest and the Trees*, Johnson compares the physical world to our social world:

In one sense, a forest is simply a collection of individual trees, but it is more than that. It is also a collection of trees that exist in particular relation to one another, and you cannot tell what that relation is by looking at the individual trees. Take a thousand trees and scatter them across the Great Plains of North America and all you have is a thousand trees. But take those same trees and put them close together, and now you have a forest.

The same individual trees in one case constitute a forest and in another are just a lot of trees. The “empty space” that separates individual trees from one another is not a characteristic of any one tree or the characteristics of all the individual trees somehow added together. It is something more than that, and it is crucial to understand the relationships among trees that make a forest what it is. *Paying attention to that “something more”—whether it is a family or a society or the entire world – and how people are related to it lies at the heart of what it means to practice sociology.* (Johnson 2014:11-12, emphasis added)

Using this comparison, Mezey reminds us that human society is made up of interdependent individuals, groups, institutions, and systems, similar to the living ecosystem of the forest. This similarity is illustrated in figure 1.4. The reach of a social problem can also be planet-wide. As the response to COVID-19 demonstrates, migrations between countries, vaccination policies for any nation, and the responses of health systems in local areas can all impact whether any individual is likely to get COVID-19 or to recover from it. A social problem, then, is one that involves a wider scope of groups, institutions, nations, or global populations.

A Conflict in Values

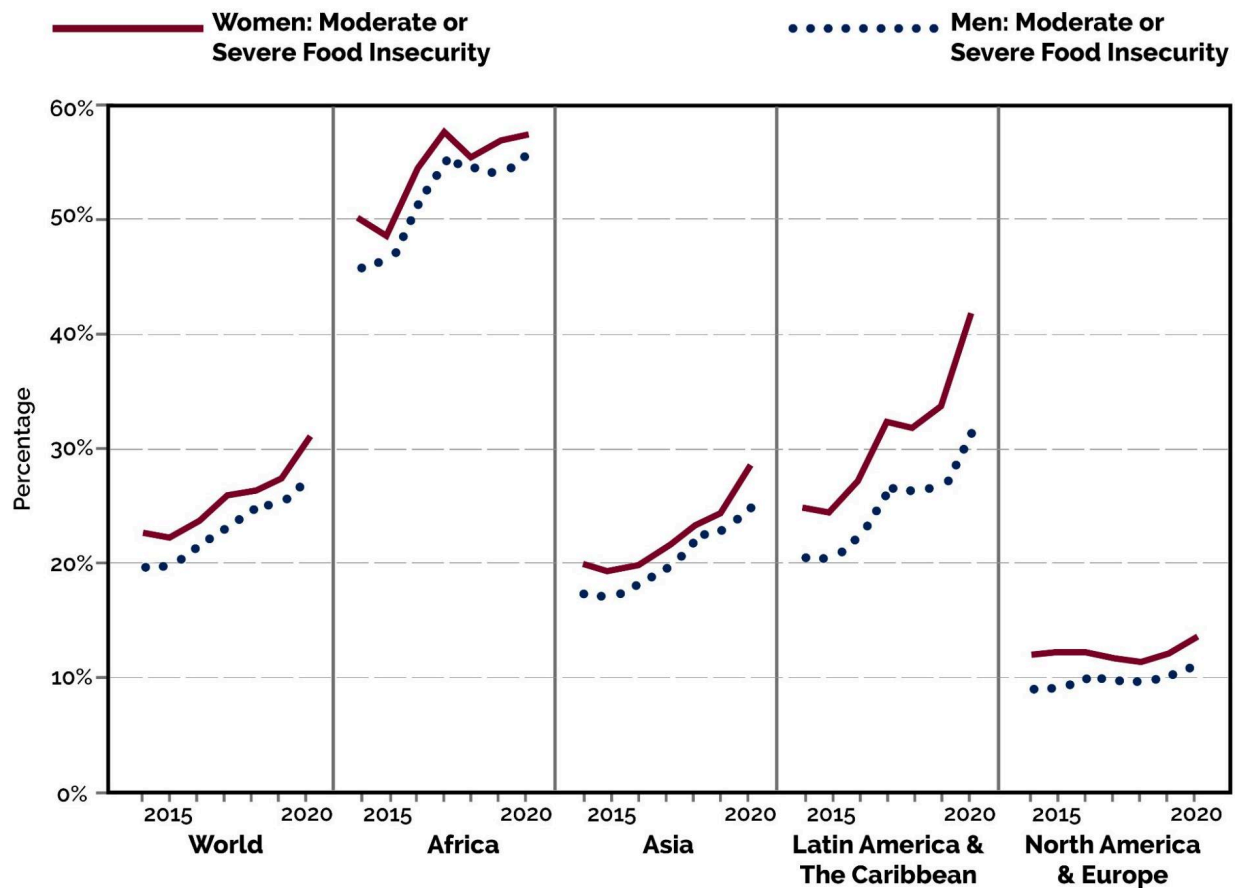
Social problems can also be defined as issues where social values are in conflict. A **value** is an ideal or principle that determines what is correct, desirable, or morally proper. A society may share common values. For example, a society may value universal **education**, the ideal that all children should learn to read and write or, at minimum, be in school until they are 18. A different society may value practical experience, focusing on teaching children skills related to farming, hunting, or raising children. When core values are shared, there is no basis for conflict.

Social problems may begin to arise if people cannot agree on values. For example, some groups may value business growth and expansion. They oppose restrictions on pollution or emissions because following these regulations would cost money. In contrast, other groups might value sustaining the environment. They support regulations that limit industrial pollution, even when they cost more money. This conflict in values provides a rich soil from which a social problem may grow.

Inequality

A social problem can arise if there is a conflict between a widely shared value and a society’s success in meeting expectations around that value. For example, people need sufficient water, food, and shelter to sustain life. To work well, a society values human life and creates infrastructure so that all members have water, food, and shelter. However, even at this most basic level, people experience significant inequality in their access to these resources.

Globally and in Every Region, The Prevalence of Food Insecurity Is Higher Among Women than Men



DATA SOURCE: FAO, IFAD, UNICEF, WFP and WHO. 2021. Transforming food systems for food security, improved nutrition and affordable healthy diets for all. *The State of Food Security and Nutrition in the World 2021*, p. 22. <https://doi.org/10.4060/cb4474en>

This simplified chart created by Kimberly Puttman and Michaela Willi Hooper for Open Oregon Educational Resources is licensed under CC BY-NC-SA 4.0.



Figure 1.5 In this chart, we see that women experience more food insecurity than men, in every region of the world. In Africa, more than half of all people experience hunger. This rate of food insecurity has also increased around the world between 2015 and 2020. How do you think COVID-19 might have impacted world hunger? [Image description.](#)

For example, the United Nations reports that one in three people worldwide do not have access to adequate food. That number is rising (FAO et al. 2021). As we can see in the chart in figure 1.5, women are more likely than men to experience hunger in all regions of the world. The related report also notes that 22 percent of all children

worldwide are stunted because they do not have enough to eat (FAO et al. 2021).

In a local example, the Oregon Food Bank explicitly defines hunger as a social problem. They write, “Hunger isn’t just an individual experience; it’s a symptom of barriers to employment, housing, health care and more—and a result of unfair

systems that continue to keep these barriers in place” (Oregon Food Bank 2021). In exploring who is hungry in Oregon, they note that communities of color experience greater housing instability and therefore greater food insecurity than White families (Oregon Food Bank 2019). Unequal access and unequal outcomes are both

common in our world and fundamental to social problems.

A Social Construction with Real Consequences

This interactive content is not available in this version of the text. It can be accessed online here:

<https://youtu.be/Kg4MThXJpnc>

Figure 1.6 This 11-minute video, [Social Construction \[Streaming Video\]](#), explores what it means to jointly create our social reality. What else do you see that is socially constructed? [Transcript.](#)

Sociologists delight in statistics, those numbers that measure rates, patterns, and trends. You might think that a social problem exists when things get measurably worse—unemployment rises, food prices increase, deaths from AIDS skyrocket, or gender-related hate crimes explode. Changes in the numbers, or *objective measures*, provide only part of the story. Sometimes these changes go unnoticed in the wider society. The changes don’t result in conflict or action. Other times one community takes action, but another community with similar statistics does not.

To explain this difference, we turn to the fundamental sociological concept of **social construction**. **Social constructions** are shared understandings that are jointly accepted by large numbers of people in a society or social group. This concept asserts that while material objects and biological processes exist, it is the meaning that we give to them that creates our shared social reality. The video in figure 1.6 provides more examples of this concept.

Austrian-born American sociologist Peter Berger and American-Austrian sociologist Thomas Luckmann introduced the term social construction in 1966. They wrote a book called *The Social Construction of Reality*. In it, they argued that society is created by humans and human interaction. These interactions are often habits.

They use the term habituation to describe how “any action that is repeated frequently becomes cast into a pattern, which can then be ... performed again in the future in the same manner and with the same economical effort” (Berger and Luckmann 1966). Not only do we construct our own society, but we also accept it as it is because others have created it before us. Society is, in fact, *habit*.

For example, a school building exists as a *school* and not as a generic building because you and others agree that it is a school. If your school is older than you are, it was created by the agreement of others before you. By employing the convention of naming a building as a *school*, the **institution**, while socially constructed, is made real and assigned specific expectations as to how it will be used.

Another way of looking at the social construction of reality is through an idea developed by White American sociologists Dorothy Thomas and William Thomas. The Thomas theorem states, “If [people] define situations as real, they are real in their consequences” (Thomas and Thomas 1928). In other words, people’s behavior can be determined by their *subjective* construction of reality rather than by *objective* reality. Let’s look at two examples.



Figure 1.7 What do you think the person in the photo, gesturing “Thumbs up,” is trying to say? Depending on his country, he may be saying *great*, *one*, or *five*. Even our hand gestures are socially constructed.

Sociologists who study how we interact recognize that language and body language reflect our values. If you have learned a foreign language, you know that every word does not translate easily. The same is true for gestures. What does the gesture in figure 1.7 mean? While Americans might recognize a thumbs-up as meaning *great*, in Germany it would mean *one*, and in Japan, it would mean *five*. Thus, our construction of reality is influenced by our symbolic interactions.

Another example of the social construction of language is at work in this book. You might have noticed that we capitalize the words *Black* and *White* when we discuss race. We follow the work of Black historian Ibram X. Kendi, who writes: “Very simply, I capitalize both *Black* and *White* (and *Brown* for that matter) to distinguish between the races from the colors” (2019). The National Association for Black Journalists recommends this usage as well.

On the other hand, one of the textbook reviewers pointed out that writing “white” with a lowercase “w” is preferred by some people who work to end **racism**. Robin DiAngelo explains the conflict this way: “On one hand, capitalizing “*Black*” but not “*white*” interrupts the historical elevation of white above black. On the other hand, not capitalizing “*white*” minimizes its **power** as a racial category and reinforces white as the default” (DiAngelo 2021:xviii). White is as much a racial category as *Black*. So which do we choose?

In this book, we have chosen to follow Kendi’s advice. Every time we read “*Black*” or “*White*,” our brains might pause for a moment to remember that race is a socially constructed category with real social consequences. When we are conscious of social construction at work in language, we choose our words mindfully.

Already we see that not all social constructions are universally shared. Sometimes, our ideas about what is real or true in society are in conflict. Sometimes, those ideas change. Even when we agree that a social problem exists, we may not agree on what it is. In the next section, we look at how a social construction can change.

Unpacking Oppression, Advocating for Social Justice: The Social Construction of Rape



Figure 1.8 In this picture of social protest, the protester is holding a sign, “Whatever we wear, wherever we go, Yes means Yes and No means No.” Over time, our ideas about bodily autonomy, consent, and gender-based violence are changing.

In this class, we address sensitive social problems. Many of us are survivors of sexual violence, natural disasters, houselessness, and other painful experiences. If you need to skip this material for any reason, please do so. If it raises strong emotions, please talk to your instructor or reach out to your college **mental health** services. You are not alone.

We can see that the social problem of rape is socially constructed because our ideas change over time. Initially, European courts and lawyers defined rape as a crime of property. This view of women’s bodies is profoundly disturbing to us today but was common in seventeenth-century English law. Legally, women were considered the property of their fathers or their husbands. Therefore, rape was legally understood as decreasing the value of their property. Taking this model further, married women could not be raped by their husbands because **consent** was implied as part of the marriage contract.

When feminists in the 1970s challenged this legal definition, laws related to rape began to change. Rape, which included marital rape, became defined as a crime of violence and social control against an individual person (Rose 1977). In a more recent study, researchers examined how rape was defined in a college community between 1955 and 1990 (Abu-Odeh, Khan, and Nathanson 2020). Early descriptions of rape in school and community newspapers painted the

picture that White women students were safe on campus. If they ventured beyond campus to predominantly Black neighborhoods, they risked being raped. Although this assumption was wrong, people believed that rape was a crime committed by a Black or Brown man who was a stranger rather than by a White man who the survivor already knew. This story relied on the false racial myth that Black men were dangerous. In addition, from this perspective, the **police** were responsible for keeping White women safe (Abu-Odeh, Khan, and Nathanson 2020).

With the work of feminist activists, the concept of rape and the response to rape changed. In the 1970s and 1980s, women's centers and health professionals defined rape as an act of sexual violence that supported the power of men and an issue that threatened women's health. The person who experienced rape began to be called a *survivor* rather than a *victim*. Men who raped or committed other kinds of sexual harassment could be identified as part of the campus community rather than being defined as strangers. Changes in the social construction of rape allowed for more effective community responses in preventing rape, prosecuting rape, and supporting the healing of rape survivors (Abu-Odeh, Khan, and Nathanson 2020).



Figure 1.9 Black activist Tarana Burke is the founder of the #MeToo Movement. How has #MeToo changed your willingness to talk about sexual violence or to take action?

Feminist activists continue this work. Black activist Tarana Burke founded the #MeToo movement in 2006 so survivors of sexual violence could tell their stories. These stories highlight how common sexual violence is for women, nonbinary people, and men. It expands our conversation about rape to a wider discussion around the causes and consequences of sexual violence. If you would like to learn more about #MeToo from Burke herself (figure 1.9), please watch this TED Talk, “[Me Too Is a Movement, Not a Moment \[Streaming Video\]](#).” Actor Alyssa Milano drew attention to this movement when she tweeted #MeToo in 2017. You might want to explore the [#MeToo Twitter thread](#). This movement has resulted in some changes in the law (Beitsch 2018) and in stronger prosecution of perpetrators of sexual violence in some cases (Carlsen et al. 2018).

In this constructionist view, the definition of rape, the actors in the crime, and the responsibility for fixing the problem changed over time, with significant consequences for the people involved. Even concepts like **consent**, a freely given agreement to do something (Planned Parenthood 2015), are taught and learned (see figure 1.8). We will see the usefulness of the social construction of a social problem as we explore each social problem raised in this book.

It's your turn to unpack oppression and advocate for social justice:

Instructions

The concept of consent is often applied to sexual activity because sexual assault is partially defined by lack of consent. However, teaching consent is an important way to disrupt rape **culture**. Even young children can begin to learn about consent and **bodily autonomy**. How might teaching consent be a way to advocate for justice?

Please watch one of these three videos:

- [Grade One Teacher Welcomes Students With Special Greeting \[Streaming Video\]](#)
- [A Cup of Tea and Consent \[Streaming Video\]](#) (some adult language)
- [How Do You Know if Someone Wants to Have Sex with You? \[Streaming Video\]](#)

As you watch, consider the social construction of consent.

Activity

Consider these questions:

- How do these videos change your thinking about consent?
- How might consent apply in your classroom or community?
- How does teaching and using consent create social justice by disrupting rape culture?

Interdependent Solutions of Individual Agency and Collective Action

All life is interrelated. We are all caught in an inescapable network of mutuality, tied into a single garment of destiny. Whatever affects one directly, affects all indirectly. We are made to live together because of the

interrelated structure of reality. This is the way our universe is structured, this is its interrelated quality. We aren't going to have peace on earth until we recognize this basic fact of the interrelated structure of all reality.

—Dr. Martin Luther King Jr., activist, sociologist, and minister

This interactive content is not available in this version of the text. It can be accessed online here:

<https://www.youtube.com/watch?v=1jeyIAH3bUI>

Figure 1.10 Video: Martin Luther King Jr. A Christmas Speech: Martin Luther King Jr. asserts that we are all interrelated, another word for interdependence, in his 1967 Christmas Speech. While watching the whole speech is optional, you may want to view minutes 7:10-8:47 to listen to this concept. **A transcript is available for this optional video [Website].**

Our diversity can be a source of innovative solutions to social problems. At the same time, the ways in which we are different divide us. We see bullying, hate crimes, war, gender-based violence, and other patterns of treating each other differently based on our group membership. At the same time, many of us go to school, raise families, live in neighborhoods, and die of old age. How is it that we can maintain our sense of community?

We begin to answer this question by reminding ourselves that the sociological imagination helps us to see wider social forces at play in our individual lives. **Interdependence** is the concept that people rely on each other to survive and thrive (Schwalbe 2018). Martin Luther King Jr. asserts that we are all interrelated, another word for interdependence, in his 1967 Christmas Speech in figure 1.10. Please watch at least minutes 7:10-8:47 to learn more about this concept from Dr. Martin Luther King, Jr. himself.

Interdependence is everywhere, but specific examples of social, economic, and physical interdependence may help us see it more clearly. With social interdependence, we rely on other people to cooperate to support our life. We give the same cooperation to others in turn. Sociologists some-

times call this kind of social interdependence social integration (Berkman et al. 2000).

For example, when you consider your own life, you might notice how many people helped you become the person you are. When you were a baby, you needed an adult to feed, clothe, and keep you warm. Maybe you were lucky, and someone read you bedtime stories. As we widen this picture, we see that your caregivers relied on store owners, doctors, farmers, truckers, business people, and friends to support the work of caring for you. You may not have had a happy childhood, yet you lived long enough to read these words. This book was brought to you by authors, editors, artists, videographers, designers, musicians, librarians, and other students like you. These relationships demonstrate our social interdependence.

In addition to social interdependence, we experience economic interdependence. As we shop for groceries this week, we see empty shelves and rising food prices. COVID-19 is disrupting the global supply chain. Some farmers in Mexico and South America can't get their food across the U.S. border (Lopez-Ridaura et al. 2021). U.S. car manufacturers can't get electronic chips manufactured in

China. Even when people in Vietnam sew T-shirts or factory workers in Korea build TVs, the ships that carry these products from one country to another wait for dock workers to unload them. Our experiences with COVID-19 underline the truth of our economic interdependence.

We express this economic interdependence in relationships that describe the power of workers and the power of business owners. **Power** is the ability of an actor to sway the actions of another actor or actors, even against resistance (Fox Piven 2008). In 2017, Francis Fox Piven, the president of the American Sociological Association, defined interdependent power, arguing that while **wealth** and **privilege** create power, workers, tenants, and voters also have the power of participation. We see interdependent power today in the Great Resignation, with people deciding to resign from their jobs rather than return to work. We see it in restaurants reducing hours or closing down because they can't find workers to wait tables and bus dishes. We see this in frontline workers becoming even more critical in providing basic services to a quarantined public. We live in a globally interdependent economy.

Finally, and maybe foundationally, we are physically interdependent. I remember being on a boat in a glacial lake in Alaska. The tour guide, a biologist, was asking the people on the tour about how many oceans there were in the world. All of us were desperately trying to remember fifth-grade geography, and counting the various oceans we remembered. Atlantic, Pacific, Indian . . . wait did the Arctic and Antarctic count as oceans? Maybe five? Maybe six? Maybe seven? At each answer, the biologist shook her head, "No." We were stumped.



Figure 1.11 The Pacific Ocean at Lincoln City, Oregon, or maybe just one view of our planet's one ocean. How do you see social, economic or physical interdependence in your own life?

She revealed that scientists who study the ocean now say that we have just one ocean (even though the ocean in figure 1.11 happens to be the Pacific Ocean, a few blocks from my house). It contains all the ocean water across our entire planet. Debris from a tsunami in Japan washed up on beaches from the tip of Alaska to the Baja peninsula and Hawaii. Rivers contribute up to 80 percent of the plastics pollution found in the ocean. We see that the COVID-19 virus travels with people around the world as infections move from place to place. As we cross the globe on our feet, bikes, camels, trains, cars, and airplanes, our diseases travel with us. We are physically interdependent.



Figure 1.12 When do we comply with the social norms of mask-wearing and elbow-bumping?

Each of these ways of considering our interdependence matters when studying social problems and creating change. Because our actions affect

one another, any social problem or solution ripples through our social world. For example, social scientists are examining mask-wearing during COVID-19.

Behavioral economics researcher Dr. Vera te Velde from the University of Queensland explores mask-wearing behavior around the world. She wanted to find out what would make wearing a mask a social **norm**. Social **norms** are the rules or expectations that determine and regulate appropriate behavior within a culture, group, or society.

Dr. te Velde finds that when people trust each other and their government, they are much more likely to wear masks. Trust and shared agreement around social norms encourage consistent behavior. In other words, when we notice our interdependence and trust that others will follow social norms, we are more likely to follow them too. If you want to learn more about Dr. te Velde's research, watch ["The Importance of Social Norms" \(episode 8\) \[Streaming Video\]](#).

Sociologist Michael Schwalbe, in *The Sociologically Examined Life*, calls this mindfulness of interdependence. When we are aware, or mindful, of how our actions impact others, we are noticing our interdependence. We then often act for the good of all. In a more explicit analysis of racism, Black author and activist Heather McGhee argues that we collectively benefit when we organize for social justice across race, class, and gender divides. This solidarity dividend is reflected in the gains that come when people work together across their differences to accomplish what we can't do individually (McGhee 2021) and improve everyone's lives.



Figure 1.13 Fight for \$15. As you look at these pictures representing Fight for \$15, who do you see represented? Multiracial coalitions leverage interdependence to build social justice.

The organization Fight for \$15 (figure 1.13) is working to increase the minimum wage to at least \$15.00 an hour. They deliberately name racism as a cause of division and multiracial unity as a source of power. One organizer says:

We've got to build a multiracial movement, a different kind of social justice movement for the [twenty-first] century. And we've got to talk about it, multiracial organization and how to build the movement, you know. (Fight for \$15 activist Terrance, quoted in McGhee 2021:132)

These organizing tactics that emphasize our interdependence are working. As of May 2023, we've seen new increases to the minimum wage in eight states. In 2019, a bill passed in the US House of Representatives to raise the minimum wage to \$15.00 across the country. It didn't pass the Sen-

ate, but even the partial win is progress (Fight for \$15 2023).

The interdependent nature of social problems also requires interdependent solutions. For this, we look at individual agency and collective action. The discipline of sociology always asks *why*? But the sociologists who study social problems are particularly committed to taking action. They try to understand why a problem occurs to inform policy decisions, create community coalitions, or support healthy families. In the best cases, they seek to know their own biases and work to remediate them, so their research is used to create change. This challenge is explicitly stated by SSSP President Nancy Mezey:

The theme for the 2019 SSSP [Society for the Study of Social Problems] meeting is a call to sociologists and social scientists in general to draw deeply and widely on sociological roots to illuminate the social in all social problems with an eye to solving those problems.... I am calling on you, the reader, through this presidential address to focus on what is perhaps the largest social problem: climate change. Indeed, because we have been focusing on individual rather than social solutions regarding climate change—we are now facing grave and imminent danger. (Mezey 2020:606)

Mezey tells us that studying problems is not enough. We must focus on the most critical social problem of climate change to support all of us in taking action.

Addressing social problems requires individuals to act. **Individual agency** is the capacity of an individual to actively and independently choose to create change. In other words, any individual can choose to vote, **protest**, parent well, or be authentic about who they are in the world. Your choice may be limited by your race, class, or gender, among other identities, but each act of positive

individual agency matters to you and your community.

Collective action refers to the actions taken by a collection or group of people acting based on a collective decision (Sekiwu and Okan 2022). These kinds of actions people take are creative responses to local issues. We typically think of collective action as a protest march or a social movement. Collective action can also be setting up the Salmon River Grange as the distribution center for food, clothes, and pizza for survivors of the Echo Mountain Fire. It could also be reinvigorating an Indigenous language or connecting businesses and nonprofits so you can provide digital literacy skills training. People, communities, and organizations imagine the future they want to see and take organized action to make it happen.

To confront the social problems of our world, we need a both/and approach to their resolution. We act with individual agency to create a life that is healthy and nurturing, *and* we act collectively to address interdependent issues. We act to create **social justice**, full and equal participation of all groups in a society that is mutually shaped to meet their needs (Bell et al. 2007:1). You will have opportunities to more deeply understand oppression and engage in social justice throughout this book, in features like the [**Unpacking Oppression, Advocating for Justice**](#) activity earlier in this chapter.

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1.3 Constructing a Social Problem

Kimberly Puttman

Sociologists argue that social problems are socially constructed. In order to explain why some issues become relevant to particular communities, sociologists propose a process, or sequence of steps, that an issue undergoes before it becomes a **social problem**. These steps may include requests for

action and subsequent responses. Sociologist Joel Best proposes a useful six-step process.

The Social Problems Process

In order to explain why social problems arise, sociologists look for patterns across many social problems. As early as 1940, Richard Fuller and Richard Myers proposed a model for social problem creation, action, and resolution. They called the model a *natural history of a social problem*. It may seem odd at first to hear social problems described in terms of natural history.

More simply, Fuller and Myers are asking us to be excellent observers, looking at the social world the way a biologist would study nature. A biologist would observe, gather evidence, and explain patterns she sees. Sociologists who study social problems also observe and organize details into steps or models. They use those models to explain social phenomena or predict what might happen next. In

this book, we describe this approach as the social problems process.

Recently, sociologist Joel Best proposed a more detailed framework for the social problems process (figure 1.14). In it, he includes steps for identifying and examining what a social problem is. He considers modern technology by describing how social media can rally people to a cause or promote government programs. He also expands our understanding of how the government takes action with social problems and helps us think about what happens next. This model is helpful because it allows us to explore what is common in social problems, and perhaps more importantly, what is effective in trying to solve them. The following sections walk through the model step by step.

Best's Model of Claimsmaking

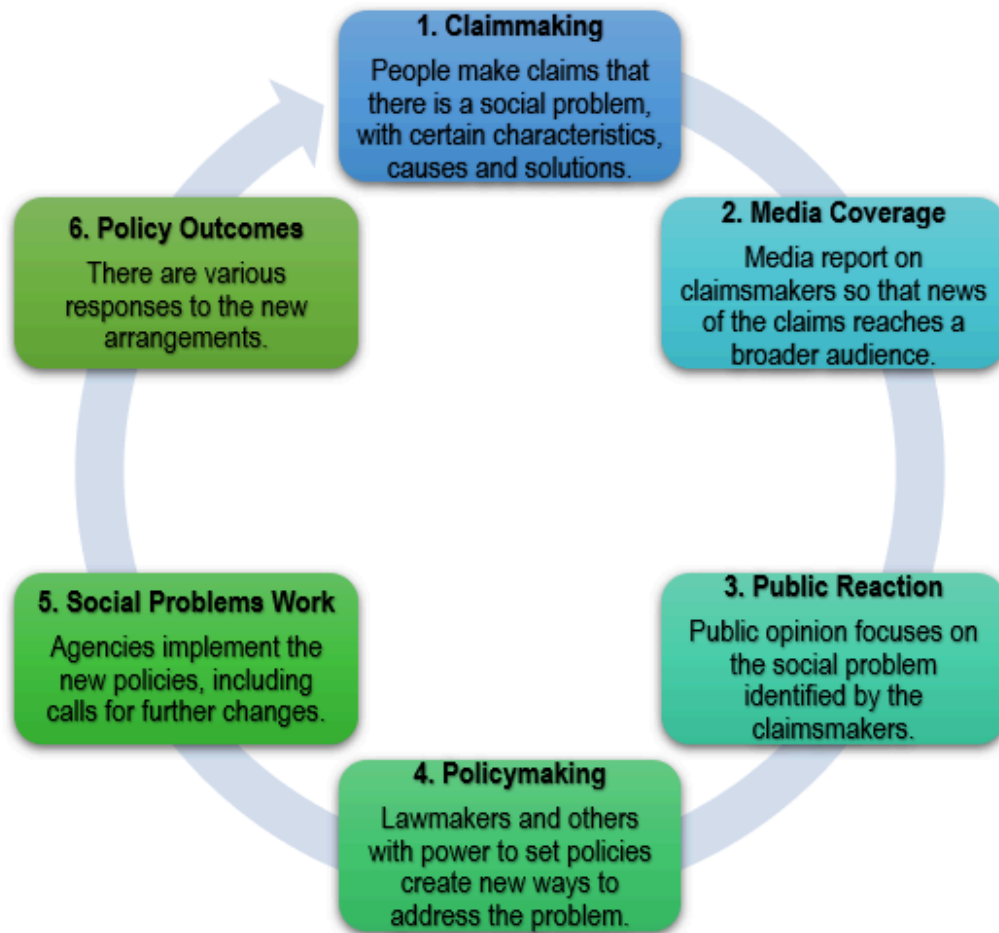


Figure 1.14 Best's model of claimsmaking contains the six steps of the Social Problems Process. How might you explain social problems based on this model? [Image description.](#)

Step One: Claimsmaking

In this step, people and groups identify an issue and try to convince others to take it seriously. In this step, the problem is called a **claim**, or “an argument that a particular troubling condition needs to be addressed” (Best 2020:15). In this stage, people disagree about whether a problem exists. They disagree on who should take action. In Best’s classic example, civil rights activists claimed that racial **segregation** in public spaces, employ-

ment, housing, voting and other aspects of social life was unacceptable. Predominantly Black activists held sit-ins, boycotts, marches, and demonstrations to assert their claim. The people conducting these actions are **claimsmakers**, the “people who seek to convince others that there is a troubling condition about which something needs to be done” (Best 2020:15).

Step Two: Media Coverage



Figure 1.15 Civil Rights March on Washington, D.C. Black and White leaders protested together in some cases. [Image description.](#)

In the second step, claimsmakers work to find other people and groups who agree with them on the causes, impacts, and desired outcomes of the particular issue at hand. Civil rights activists, as pictured in figure 1.15, used newspapers, radio, and television to build an audience sympathetic to the needed civil rights changes. Dr. King and other speakers used their gifts for impassioned speaking to encourage media coverage and gain wide agreement about how and why civil rights laws should change. Media coverage also includes using social media, like the #MeToo movement mentioned earlier in this chapter.

Step Three: Public Reaction

In this step, individuals, groups, and organizations begin to align to a particular explanation of the problem and request a change in policy or law. Often, at this step, it is the **power** of **social movements** that creates the changes in policy or law. For example, the marches for civil rights in the United States led to Congress passing the Civil Rights Act of 1964 and the Voting Rights Act of 1965.

Step Four: Policy Making

In the policy making step, governments create new laws. These laws force institutions to create new policies to address social problems. Response to the social problem requires institutions with power to take action to make change. With civil rights, **race**-based segregation became illegal at the federal level.

Step Five: Social Problems Work

Once a new policy is put into place, institutions must act to implement the change. For the civil rights movement, this work included integrating schools, which we will talk about more in [Chapter 5](#). It included registering Black and Brown people to vote. It included ending the legal segregation of public spaces, even though de facto segregation still exists today.

Step Six: Policy Outcomes

In this step, claimsmakers examine the outcomes of the policies and actions taken to respond to the social problem. Often, the outcome of this step is making the claim stronger and requesting more action. The civil rights movement became a training ground for other protests. People who learned to organize, march, and lead non-violent resistance in the civil rights movement used these skills

to advocate for women's rights, ending the war in Vietnam, and beginning to expand recognition of the **LGBTQIA+** community. We continue the cycle of social problem creation and resolution, moving toward a new—and potentially transformative—normal.

Sociologists Fuller, Meyers, and Best contribute a model that we can use to understand and explain why social problems get our attention and how we take action. Other sociologists criticize this model. We'll explore some of these criticisms in [Chapter 3](#) and [Chapter 4](#), but for now we have a powerful place to start.

Licenses and Attributions for Constructing a Social Problem

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Figure 1.14. "Best's Model of Claimsmaking" designed by Kimberly Puttman, based on Joel Best's model of social problems, is licensed under [CC BY 4.0](#).

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Figure 1.15. "[Civil Rights March on Washington, D.C.](#)" by [Rowland Scherman](#), [Wikimedia Commons](#) is in the [Public Domain](#).

1.4 Social Problems and Social Justice

Kimberly Puttman

As we conclude this chapter, you may be feeling curious and excited to know more. You may be feeling depressed, angry, or despairing because the weight of even the few social problems we have begun to explore is enormous. We've explored the differences in hunger worldwide. We've examined how our understanding of sexual assault is socially constructed. We've analyzed a model in order to understand how social problems work. And we're only on Chapter 1.

Social problems sociologists don't stop with the problem, though. They do their research to discover solutions and use them in the world. They are committed to addressing the suffering of people who experience these problems. They look for solutions at all levels using both **individual agency** and **collective action**. You may be wondering which approach is more effective.

To confront the social problems of our world, we need a both/and approach to their resolution. We act with individual agency to create a life that is healthy and nurturing, *and* we act collectively to address complex issues. Among many scholar/activists, two women embody the **power** of this approach.

The following biographies introduce two researcher/activists embodying study and action. With scholar-activists leading the way, we will explore the causes and consequences of social problems locally, nationally, and internationally. Each chapter in this book will explore reasons for hope—those leaders, ordinary people, and community groups actively engaged in creating a more just, equitable, and resilient world.

Activist Scholars: Jane Addams and Angela Davis

The good we secure for ourselves is precarious and uncertain... until it is secured for all of us and incorporated into our common life.

– Jane Addams, community activist, scholar, and Nobel Prize winner



Figure 1.16 Jane Addams, White activist, scholar, and Nobel Prize winner. How might the time period she was born into and her social location have influenced her activism?

Jane Addams (figure 1.16) was a wealthy White woman who combined community building, research, and activism. During her lifetime, the U.S. was grappling with industrialization, urbanization, immigration, World War I, and the Great Depression. Addams responded to these challenges with action.

Addams created and lived at Hull House, a Chicago community center for immigrants in the late 1800s. Hull House was a center for kindergarten and daycare for children, where teachers taught adults and children to read and speak English. Community members could get help in finding jobs and learning about union activities. In creating Hull House, Jane Addams used both individual agency and collective action.

In addition to being a community activist, Addams was a scholar and a researcher. She studied the causes of the social problems she saw. Even though she was not allowed to attend a regular university because she was a woman, she worked with the male sociologists at the University of Chicago School of **Sociology** to understand the deep roots of **poverty**, hunger, and violence in her Chicago neighborhood.

She was also a thought leader in identifying the causes and consequences of poverty and oppression. In addition, she created a network of peace activists and won the Nobel Peace Prize in 1931 for her efforts in promoting international peace (Michals 2017). Her work for **social justice** included both community action and scholarly reflection. If you'd like to learn more about Jane Addams and her work at Hull House, watch this video documentary about [Jane Addams \[Streaming Video\]](#), or read this [biographical statement for the Hull House Museum \[Website\]](#).



Figure 1.17 Angela Davis, Black activist and scholar. How does her analysis and her action relate to her social location?

You have to act as if it were possible to radically transform the world. And you have to do it all the time.

– Angela Davis

Black activist and scholar Angela Davis (figure 1.17) is another woman who embodies the power of both/and thinking when combining individual agency and collective action.

The challenges of her time included the Vietnam War. The sociologist C. Wright Mills developed the idea of the military-industrial complex—that military spending related to war led to profits for wealthy businessmen (Rosen 1973). Also, some women agitated for equality in work and home as the second wave of feminist activism was building. As we've discussed earlier in this chapter, protesters in the civil rights move-

ment were fighting to end **segregation** and win equality in voting, housing, **education**, and other social spheres.

In this tumultuous time of social change, Davis started her career as a scholar but soon became an activist protesting the unjust treatment of three Black prisoners in 1970. The combination of scholarship and activism led her to study the deeper causes of the expansion of the prison system. She coined the term **prison-industrial complex**, the overlapping interests of government and industry that use surveillance, policing, and imprisonment to solve economic, social, and political problems (Tufts University Prison Divestment 2023). She saw that Black and Brown men were disproportionately imprisoned and that wealthy corporations and governments benefited from it. Her passionate commitment to radical social change, supported by careful critical analysis, continues today. She says, “The real criminals in this **society** are not all of the people who populate the prisons across the state, but those who have stolen the **wealth** of the world from the people” (Davis quoted by George 2020).

With others, she founded Critical Resistance in 1997, an organization to abolish the **prison industrial complex**. She sees this as part of a bigger goal of liberation for Black, Indigenous, and People of Color, and for the liberation of women, **queer**, and transgender people. In one New York Times article, the author writes, “Before the world knew what **intersectionality** was, the scholar, writer, and activist was living it, arguing not just for Black liberation, but for the rights of women and queer and transgender people as well” (George 2020). She co-wrote a book called *Abolition. Feminism. Now.* in which Davis and her co-authors connect racist policing and **gender** violence. In an interview related to the book, Davis says,

The feminist mention of abolition is not simply that we want to attend to women and nonbinary people who are survivors of state violence and intimate violence, but that we want to understand the connections between violence that is perpetrated by the **police** and violence as perpetrated by someone with whom the survivor imagined themselves in love. That is the essence of the feminist dimension of abolition, that it not simply focuses on discrete projects of getting rid of the police or getting rid of the prison, but that we understand the economic connections, the relationship to global **capitalism** and struggles in other parts of the world. (Davis in Meiners et al 2022)

This is a complicated quote, but for now, it is useful to recognize that Davis and her co-authors are seeing interconnected social problems and interdependent solutions in their fight for social justice.

Davis embodies both/and approaches to addressing social problems, taking individual action to care for herself and others, and connecting activists in social activism. She advocates for social justice and liberation. If you would like to learn more, consider exploring [Angela Davis's early activism \[Streaming Video\]](#), read her work on the prison industrial complex in [Masked Racism: Reflections on the Prison Industrial Complex \[Website\]](#), or listen to this speech: [Angela Davis talks at Southern Illinois University Carbondale \[Streaming Video\]](#).

Licenses and Attributions for Social Problems and Social Justice

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Figure 1.16. “[Jane Addams](#)” by Gerhard Sisters is in the [Public Domain](#).

Figure 1.17. “[Angela Davis](#)” by Bernard Gotfryd has [no known copyright restrictions](#). Courtesy of the [Library of Congress Prints & Photographs Division](#).

1.5 Chapter Summary

Kimberly Puttman

Throughout this chapter we’ve learned that social problems arise from conflict and inequalities in our **society**. We’ve reviewed a social problems process to understand more about the steps many social problems go through to be addressed. Finally, we looked at the both/and solutions of **individual agency** and **collective action** to create **social justice**.

In our subsequent chapters, we do three things. We build our understanding of how sociologists

explore social problems. We look at social problems related to **wealth** and **health**. We wrap things up by ending where we started—with the Echo Mountain Fire. By looking at the community response to this disaster, we can explore the interplay between all the social problems happening at once and the resilient responses of a community committed to rebuilding.

ESSENTIAL IDEAS

Learning Objective 1: What is a social problem?

A social problem is a social condition or pattern of behavior that has negative consequences for individuals, our social world, or our physical world. Most social problems share five characteristics: 1) A social problem goes beyond the experience of an individual. 2) A social problem results from a conflict in values. 3) A social problem arises when groups of people experience inequality. 4) A social problem is socially constructed but real in its consequences. 5) A social problem must be addressed interdependently, using both individual agency and collective action.

Learning Objective 2: How are social problems created and resolved?

Sociologists use a five step social problems process to describe how social problems arise and resolve. These steps are: 1) Claims-making: People make claims that there is a social problem, with certain characteristics, causes, and solutions. 2) Media Coverage: Media reports on claimsmakers so that news of the claims reaches a broader audience. 3) Public Reaction: Public opinion focuses on the social problem identified by the claimsmakers. 4) Policymaking: Lawmakers and others with the **power** to set policies to create new ways to address the problem. 5) Social Problems Work: Agencies implement the new policies, including calls for further changes.

Learning Objective 3: Why does the interdependent nature of social problems require both individual agency and collective action to support social justice?

Addressing social problems requires a both/and approach. We need collective action, people acting in groups to address social problems, because the problems are too interconnected to be addressed alone. We also need individual agency because individual people must act to create change in their own way. Each act of positive individual agency matters to that person and their community. Our effective response to social problems strengthens social justice, creating a society that meets everyone's needs equitably.

Comprehension Check

KEY TERMS LIST

claim: an argument that a particularly troubling condition needs to be addressed.

claimsmaker: a person who seeks to convince others that there is a troubling condition about which something needs to be done.

collective action: the actions taken by a collection or group of people, acting based on a collective decision.

consent: freely given agreement to do something. This term is often applied to sexual activity, but can be used in other situations.

individual agency: the capacity of an individual to actively and independently choose and to affect change; free will or self-determination.

interdependence: the concept that people rely on each other to survive and thrive.

norm: the rules or expectations that determine and regulate appropriate behavior within a culture, group, or society

prison-industrial complex: the overlapping interests of government and industry that use surveillance, policing, and imprisonment as solutions to economic, social and political problems.

power: the ability of an actor to sway the actions of another actor or actors, even against resistance.

social construction: shared understandings that are jointly accepted by large numbers of people in a society or social group.

Sociological Imagination: a quality of mind that connects individual experience and wider social forces.

social justice: full and equal participation of all groups in a society that is mutually shaped to meet their needs

social problem: a social condition or pattern of behavior that has negative consequences for individuals, our social world, or our physical world

value: an ideal or principle that determines what is correct, desirable, or morally proper.

DISCUSS AND DO

1. **Define a Social Problem:** Choose a social problem that interests you. Please describe how it meets the definition of a social problem as described by Leon-Guerrero, or the five characteristics of a social problem.
2. **Social Problem Process:** How would you explain sexual violence or **COVID-19** as a social problem using Best's model in figure 1.14?
3. **Social Construction:** Do you think social problems are socially constructed or objectively real? Please support your answer with specific evidence.
4. **Individual Agency and Collective Action for Social Justice:** Jane Addams and Angela Davis took very different actions to create social justice. Why do you think their actions are so different?

Licenses and Attributions for Conclusion

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Who Are We?: Social Problems in a Diverse World

2.1 Learning Objectives and Chapter Overview

Kimberly Puttman

LEARNING OBJECTIVES

After reading this chapter, you will be able to:

1. Describe how **social identity** and **social location** impact how people experience social problems.
2. List practices we use to create interdependent community in our classroom and the wider world.

Chapter Overview

With deep appreciation to my students, friends and colleagues who are People of Color. Thank you for speaking your

truth, calling me out, and imagining new possibilities with me. May you arrive home safely every day, with your children, and their children, and their children's children. —Kim Puttman

This interactive content is not available in this version of the text. It can be accessed online here:

<https://www.youtube.com/watch?v=kBvQGLmFuaQ>

Figure 2.1 In this 12-minute video, **Social Identities [Streaming Video]**, we explore the diversity of our social identities and the relationship of identity to power and privilege. How do you identify? [Transcript.](#)

Each one of us is unique. We like to listen to different music, eat different food, learn in different ways, and have different creative superpowers. Pause for a moment, and consider what makes you a unique person. The problems we experience in our lives are also unique...or are they? A common saying in English is, “Nothing is certain but **death** and taxes.” All of us are born, and eventually, we die. At some point, we will likely fall in and out of love, get sick and get well, enjoy youth, and grow older. We share this human condition called life.

At the same time, sociologists know that any person’s life chances depend in part on the groups they are a member of. How long you live depends partly on whether you are non-binary, female, or male. It depends on whether you are Black, Brown, Indigenous, Latinx, mixed **race**, or White. It depends whether you are rich or poor. It depends on whether you are straight, **queer**, or pansexual. It depends on whether you are able-bodied or not-able-bodied. And the list continues.

However, race, **gender**, class, or physical ability aren’t in and of themselves social problems. Instead, the problem is the meaning and **value** **society** attributes to these categories. We have socially constructed inequality in our society based on these social locations. Some people have **power** and **privilege**. Others have less. Power and privilege influence the trajectories of their lives.

These identities and their relationship to power also help us understand social problems in a more nuanced way. Traditionally, sociologists have sometimes explained social problems by using only one dimension of diversity—just age, or just race, or just gender. However, these models do not capture the interdependent nature of society and related social problems. More powerfully, sociologists use the concepts of social identity, social location, and **intersectionality** to begin to explain systemic inequalities.

FOCUSING QUESTIONS

Our questions for this chapter are simple but powerful. We ask:

1. How do social identity and social location impact the experience of a **social problem**?
2. What practices can we use to create interdependent community in our classroom and the wider world?

Let’s build our vocabulary for justice!

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Figure 2.1. “[Social Identities Video](#)” by Elizabeth Pearce, Kimberly Puttman and Colin Stapp, [Open Oregon Educational Resources](#), is licensed under [CC BY 4.0](#).

2.2 Social Identity and Social Location

Kimberly Puttman

As a member of **society**, you have both a **social identity** and a **social location**. A social identity conveys who you are to others. A social location describes your relationship to **power** and **privilege** in your society. Both social identity and social location use multiple dimensions of diversity.

Social Identity

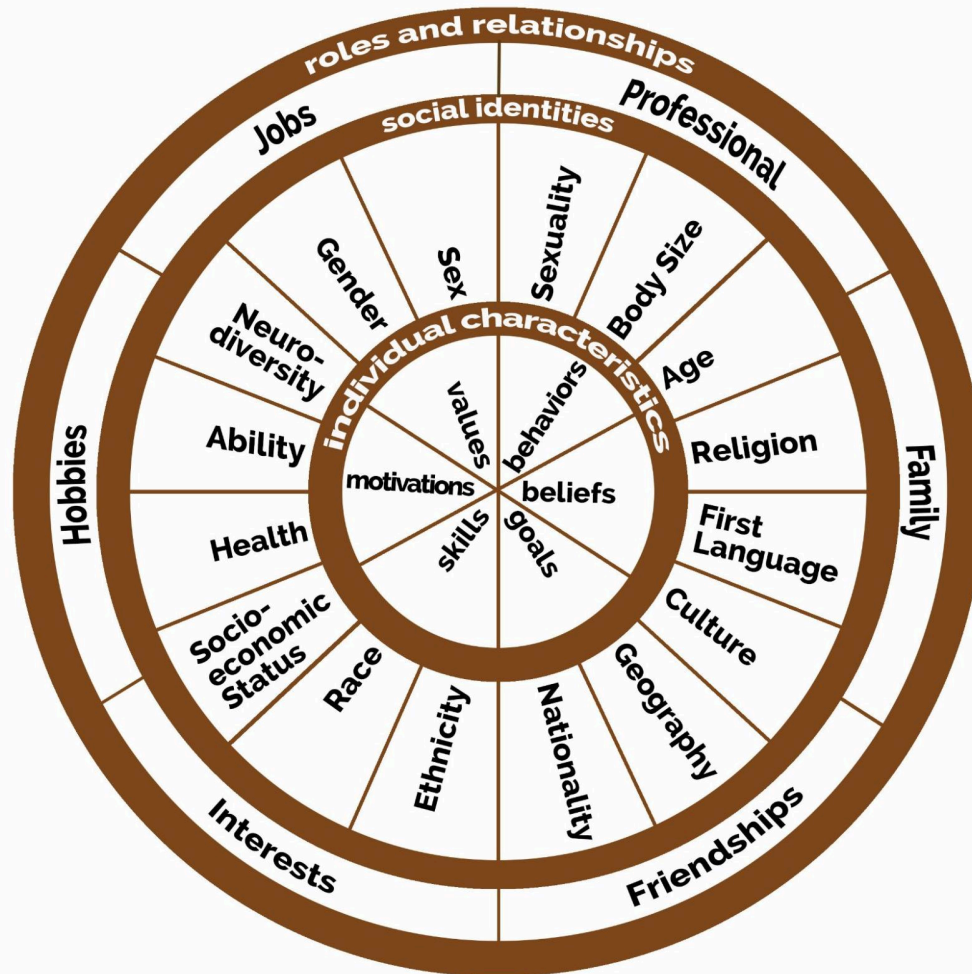


Figure 2.2 White American sociologist Dr. Allan Johnson explores social identity and social location in his work.

A **social identity** consists of the combination of social characteristics, roles, and group memberships with which a person identifies. According to Johnson, shown in figure 2.2, social identity is “the sum total of who we think we are in relation to other people and social systems” (2014:178). Our social identity includes the following attributes:

- *Social characteristics:* These can be biologically determined and/or socially constructed and include **sex**, **gender**, **race**, **ethnicity**, ability, age, sexuality, nationality, first language, and **religion**, among other characteristics.
- *Roles:* These indicate the behaviors and patterns utilized by an individual, such as a parent, partner, sibling, employee, employer, etc., which may change over time.
- *Group memberships:* These are often related to social characteristics (e.g., a place of worship) and roles (e.g., a moms’ group), but could be more specialized as well, such as being a twin, a singer in a choir, or part of an emotional support group.

Social Identity Wheel



Designed by Elizabeth Pearce & Michaela Willi Hooper,
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Figure 2.3 The Social Identity Wheel includes individual characteristics, social identities, and roles and relationships. How do you identify? [Image description.](#)

The social identity wheel in figure 2.3 includes some common categories for social identity. The characteristics in the center of the wheel describe our individual characteristics. For example, we may **value social justice** or believe that building community is important. Our social identities also include social categories that describe us. The outside of the wheel includes our social roles and relationships. Each of us determines our social

identity. We determine which of our social characteristics, roles, and group memberships are most important to our own identities. Other people in society may identify us differently, however. Sometimes, how we appear to others doesn't match our personal lived experience.

The next sections examine how sociologists define these social characteristics.

Dimensions of Diversity

Groups of people can be diverse across many dimensions. This section defines the dimensions the sociologists commonly use to make sense out of social problems: race, ethnicity, gender, age, **class**, **sexual orientation**, and ability/**disability**. In other chapters, we will explore different dimensions of identity, including level of **education**,

national **origin** or citizenship status, **neurodiversity**, and many other categories. As we look at specific social problems, we will use several of these identity dimensions to examine structural inequalities and individual experiences.

Race



Figure 2.4 Race is socially constructed but real in its consequences. In this picture of protest, Black people assert that “Nothing Matters Until Black Lives Do.” What do you think they mean?

One dimension of diversity we focus on is **race**, a socially constructed category with political, social, and cultural consequences based on incorrect distinctions of physical difference. Historically, race has been defined using observable physical or biological criteria, such as skin color, hair color or texture, or facial features. Today, scientists understand that the definition of race based on these biological characteristics is both wrong and harmful.

Human racial groups are more alike than different. In fact, most genetic variation exists within racial groups rather than between groups. We see differences in outcomes such as academic achievement or **life expectancy** based on race. However, these differences in outcomes are due to the **racism** embedded in economic, historical, and social factors (Betancourt and Lopez 1993), not in biology.

The concept of race itself is socially constructed. In the United States, if you have one drop of Black blood, you are considered Black. In contrast, Brazil measures five categories of race, mostly associated with skin color: black, brown, indigenous, white, and yellow (Monk 2016:413).

The meanings and definitions of race have also changed over time and are often driven by policies and laws. As we discussed in [Chapter 1](#), this **social construction** has consequences. Black, Brown, and Indigenous people experience **racism**, a marriage of racist policies and racist ideas that produces and normalizes racial inequities (Kendi 2019). Because race, power, and inequality are linked, White people can experience racial bias but not racism. We discuss race in every chapter, but we explore the social construction of race more deeply in [Chapter 9](#).

Ethnicity



Figure 2.5 Ethnicity: The U.S. Census only recently asks you if you are “of Hispanic, Latino, or Spanish origin.” Why do you think this might be?

Ethnicity refers to a group of people with a shared cultural background, including language, location, or religion. Ethnicity is not the same as nationality, which is a person’s status of belonging to a specific nation by birth or citizenship. For example, an individual can be of Japanese ethnicity but British nationality because they were born in the United Kingdom. Ethnicity is defined by

aspects of subjective **culture**, such as customs, language, and social ties (Resnicow et al. 1999).

While ethnic groups are combined into broad categories for research or demographic purposes in the United States, there are many ethnicities among the ones you may be familiar with. Mesoamerican refers to people whose families come from Central or South America. You may also hear Hispanic, Latino/a or Latinx as common terms that refer to people of Mexican, Puerto Rican, Cuban, Spanish, Dominican, or many other ancestries. Asian Americans have roots in over 20 countries in Asia and India. The six largest Asian ethnic subgroups in the United States are Chinese, Asian Indians, Filipinos, Vietnamese, Koreans, and Japanese. If you want to learn more about the complexity of ethnicity for Asian Americans, review [this report \[Website\]](#) from the Pew Research Center. We’ll explore ethnicity more in [Chapter 7](#).

Gender



Figure 2.6 Gender is both socially constructed and real in consequences. Depending on your gender identity, you may or may not have access to a public bathroom.

Gender is a social expression of a person’s sexual identity which influences the status, roles, and norms for their behavior. Gender differs from sex assigned at birth, a biological designation usually limited to female or male. We sometimes use the words **gender identity** or **gender expression** to

clarify that we mean how someone does their gender, not their physical sex.

As a socially constructed concept, gender has magnified the perceived differences between females, males, and nonbinary people. The overreliance on gender categories has created limitations in attitudes, roles, and how social institutions are organized. We can see these limitations when we think about who can use which bathroom, as illustrated in figure 2.6. We see the influence of gender when we look at what jobs we think are appropriate for women, men or nonbinary people. We notice it when we look at how parenting responsibilities and household chores are divided within families. Gender influences the distribution of power and resources, access to opportunities, and social control, including gender-based violence (Bond 1999).

Our understanding of gender also moves beyond the gender binary of female and male. Gender exists on a continuum. People now identify as gender-neutral, transgender, nonbinary or GenderQueer (Kosciw, Palmer, and Kull 2015). We'll look at this continuum of identity more in [Chapter 7, Unpacking Oppression, Queering Justice](#). We'll examine gender and relationships to power in [Chapter 12 Unpacking Oppression, Embodying Justice](#).

Age



Figure 2.7 Old women smiling. Being old is often stigmatized, but it's not all bad. How does your age change your experience of the social world?

Some people say that age is just a number, specifically the number of years you've been on the planet. As you age, you experience developmental changes and transitions that come with being a child, adolescent, or adult. Sociologists group people based on their age. **Age groups** are made up of individuals regarded by society as holding a similar position based on their age. Power dynamics, relationships, physical and psychological **health** concerns, community participation, and life satisfaction can all vary for these different age groups. For example, baby boomers are retiring. Millennials often value meaningful, purposeful work over just making money. Generation Alpha is our newest generation, born after 2010. While it's too soon to tell how Generation Alpha will make its mark, they will be shaped by planetary level social problems.

As each person ages, they experience different life stages. In the youth-focused culture of the United States, getting old can be something to be feared. However, as we look at the smiling faces of the older women in figure 2.7, we see that sometimes getting old is a good thing. We'll explore the relationship between aging and social problems more deeply in [Chapter 13](#).

Class



Figure 2.8 A houseless person on the streets of New York walks beneath a sign for TUMI, a store that sells exclusive bags for travel. He carries several bags full of items. How does this picture demonstrate the inequality present in social problems?

Some social scientists believe that social class is the most important factor in determining how your life will turn out. A **class** is a group that shares a common social status based on factors like **wealth**, **income**, education, and occupation. Sometimes, social scientists will use the word socioeconomic status (SES) instead of class to emphasize that the classification includes factors related to money and cultural or social factors.

We can see the challenge of class in figure 2.8, in which a person who is houseless is carrying all of his possessions, near a New York store selling expensive luggage. Our class affects our available choices and opportunities. This dimension can include a person's income or material wealth, edu-

cational status, and occupational status. It can include assumptions about where a person belongs in society and indicate differences in power, privilege, economic opportunities, and **social capital**.

Social class and culture can also shape a person's **worldview**, their understanding of the world. It can also influence how they feel, act, and fit in. It can impact the types of schools a child may attend, a senior's access to health care, or an adult's experience of work. The differences in norms, values, and practices between lower and upper social classes also impact well-being and health outcomes (Cohen 2009; Pearce 2020). We will explore social class more deeply in [Chapter 6](#).

Sexual Orientation



Figure 2.9 Sociologists now understand that sexual orientation exists on a continuum. Many identities are possible. How do the changing labels around sexual orientation reflect the social construction of a social problem?

Sexual orientation refers to a person's emotional, romantic, erotic, and spiritual attraction toward another person (Flanders et al. 2016). Sexual orientation exists on multiple continuums and crosses all dimensions of diversity (e.g., race, ethnicity, social class, ability, religion, etc.).

Sexual orientation is different from gender identity or gender expression. Over time, research on gay, lesbian, asexual, and bisexual identities has extended to other sexual orientations such as pan-

sexual, polysexual, and fluid. (Kosciw, Palmer, and Kull 2015). We explore the social construction of sexual orientation more deeply in [Chapter 7](#).

Ability/Disability



Figure 2.10 Disabled and Here. Physical ability and disability look different for every person. Can you confidently tell when someone is disabled? [Image description.](#)

Please take a moment to really look at the picture in figure 2.10. All of these people are labeled as disabled. What do we mean when we use this label? In a medical model, a **disability** is a condition of the body or mind that makes it more difficult for a person to participate fully in everyday life (CDC 2020). These conditions may be visible or hidden, temporary or permanent. They can impact individuals of every age and social group. The World Health Organization states that about 1 in 6 people worldwide experience a disability (WHO 2023).

Traditional views of disability follow a medical model, primarily explaining diagnosis and treatment models from a pathological perspective (Goodley and Lawthorn 2010). Medical profes-

sionals and researchers see the person with the disability as “broken.” In this traditional approach, individuals diagnosed with a disability are often discussed as objects of study instead of complex individuals with agency.

A social model of ability views diagnoses from a social and environmental perspective. In the social model, the **social problem** of disability is that society doesn’t meet the needs of individuals with different abilities, not that the people are limited. A social model looks at all the social factors that might impact a person’s ability to fully participate in everyday life, not just at a particular impairment.

Defining disability or ability also depends on culture (Goodley and Lawthorn 2010). Culture

may impact whether or not certain behaviors are considered sufficient for **inclusion** in a diagnosis. For example, cultural differences in assessing what is considered “typical” development have impacted the diagnosis of autism spectrum disorders in different countries. Culture may influence how people talk about their symptoms (Office of the Surgeon General, Center for **Mental Health Services**, and National Institute for Mental Health 2001). The experience of culture can significantly impact the lived experience of individuals diagnosed with a disability. We look at the social construction of ability and disability in **Chapter 5**.

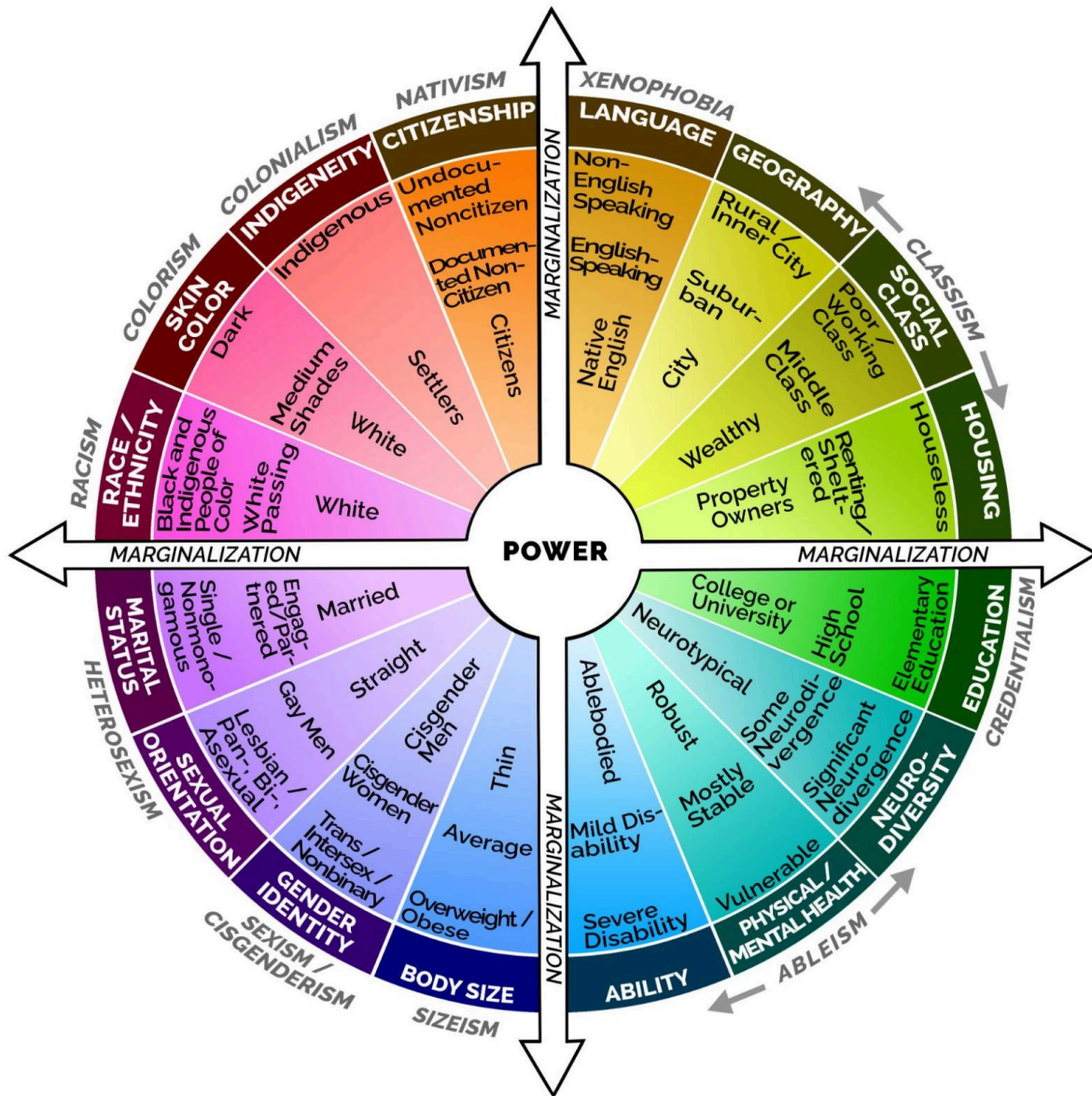
These core social identities influence how you experience the world. They may change over time

or stay the same. There may be other social identities that matter to you. Now that you have this basic understanding of the most important dimensions of social identities, we can explore why social identity matters in social problems.

Social Location and the Wheel of Power and Privilege

This Wheel of Power and Privilege shows the relationship between social identity and social power. When you examine this wheel, what do you see?

Wheel of Power and Privilege



This wheel describes an individual's or group's relationship to power and privilege. Social locations near the center of the wheel experience more power. Social locations near the edge of the wheel experience more oppression. Please keep in mind that as we try to describe the relationships between socially constructed power and identity, the categories we use can be imprecise, overlapping, and unstable. Based on the work of Patricia Hill Collins, Kimberlé Crenshaw and Allan Johnson, and the visual images of Sylvia Duckworth and the Canadian Institutes of Health Research.

This version designed by Kimberly Puttman, Michaela Willi Hooper, and Lauren Antrosiglio, Open Oregon Educational Resources, is licensed under CC BY 4.0.

Figure 2.11 Wheel of Power and Privilege. [Image description.](#)

Describing just one characteristic of a person's identity is insufficient to understand them. Similarly, understanding any social group requires

understanding their complex experiences. For this, we turn to the concepts of social location and **intersectionality**.

Social location is defined as the combination of factors including gender, race, social class, age, ability, religion, sexual orientation, and geographic location, *in relationship to power and privilege* (Brown et al. 2019). In the circle in figure 2.11, the word *power* sits at the center of the circle. People with characteristics near the center of the circle, such as White, non-disabled, property owners have more power and privilege. As you will remember from Chapter 1, power is the ability to sway the actions of another actor or actors, even against resistance. **Privilege** is “an advantage that is unearned, exclusive to a particular group or social category, and socially conferred by others” (Johnson 2018:148). People in the center are also known as people in the dominant group.

Non-dominant, or marginalized groups, are located at the outside of the wheel. **Marginalization** is a process of social exclusion in which individuals or groups are pushed to the outside of society by denying them economic and political power (Oxford Reference 2022). People in marginalized groups have less access to power. These social locations may include having only an elementary school education, being houseless, or being **queer**.

Rather than only being indicators of your identity, these social locations begin to describe the access that people in a group have to wealth, status, political power, economic stability, or other social resources. Identities that align with the groups who have power convey privilege. Those identities that align with less powerful groups experience oppression.

Citizens, for example, have the right to vote, the right to travel in and out of countries safely, and the possibility of applying for federal financial aid to finance school. They also have the right to work and receive government benefits like health insurance, social security, and unemployment. Citizenship itself conveys power to that social group. At the far end of citizenship, we find people who are **undocumented**, or living in a country without

any citizenship rights. Undocumented people cannot vote, legally enter the country, or receive government aid to pay for education. Undocumented people may be deported at any time. Being safe where you live is a privilege. When you lack this safety, you experience a specific kind of oppression called **nativism**.



Figure 2.12 Bandages for people with dark skin became available in 2021. Can you find bandages, makeup, or athletic tape that works for your skin tone?

White privilege is one dimension of privilege. White sociologist Peggy McIntosh (figure 2.13) writes, “I have come to see white privilege as an invisible package of unearned assets that I can count on cashing in every day, but about which I was ‘meant’ to remain oblivious” (1989). If you want to dig deeper into these invisible privileges, see [**“White Privilege, Unpacking the Invisible Knapsack \[Website\]**](#). The Racial **Equity** Project adapts her work and defines **White privilege** as “the unquestioned and unearned set of advantages, entitlements, benefits and choices bestowed upon people solely because they are white” (MP Associations 2023).



Figure 2.13 White sociologist and feminist researcher Dr. Peggy McIntosh began to see her White privilege when she compared male privilege, which she could see because she experienced it, and White privilege, which she was unconscious of.

McIntosh lists 26 privileges, or unearned advantages, that White people have (McIntosh 1989). Here are some of them:

- I can if I wish arrange to be in the company of people of my race most of the time.
- If I should need to move, I can be pretty sure of renting or purchasing housing in an area which I can afford and in which I want to live.
- I can choose blemish covers or bandages in “flesh” color and have them more or less match my skin (the bandages in figure 2.12 were introduced in 2021).

McIntosh makes White privilege visible. By listing circumstances in which White people receive benefits they may not notice, she describes inequalities based on race.

Recently, sociologist Allan Johnson expanded this discussion of privilege by applying it to gender, sexual orientation, and ability/disability categories in addition to race and ethnicity. He writes:

Many of these examples of privilege—such as preferential treatment in the workplace—apply to multiple dominant groups, such as men, whites, and the non-disabled. This reflects the intersectional nature of privilege, by which each form has its own history and dynamics, and yet they are also connected to one another and have much in common.

Also, consider how each example might vary depending on other characteristics a person has. How, for example, would preferential treatment for men in the workplace be affected by race or sexual orientation? Finally, *remember that these examples describe how privilege loads the odds in favor of whole categories of people which may not be true in every situation and for every individual, including you....*

- Whites who are unarmed and have committed no crime are far less likely than comparable People of Color to be shot by **police**, to be challenged without cause and asked to explain what they are doing, or subjected to search. Whites are also less likely to be tried, convicted, or sent to prison regardless of the crime or circumstances. As a result, for example, although Whites constitute eighty-five percent of those who use illegal drugs, less than half of those in prison on **drug use** charges are White.
- Heterosexuals and Whites can go out in public without having to worry about being attacked by hate groups. Men can assume they won’t be sexually harassed or assaulted just because they are male, and if they are victimized, they won’t be asked to explain their manner of dress or what they were doing there. (Johnson 2018:26-27, emphasis added)

Johnson's list of privileges continues for multiple pages, highlighting how structures of society result in unearned benefits for some people and oppression for others.

You may respond differently to this model of power and privilege than someone else in your class. You may sigh with relief because you see the struggles you face every day in this model. You may be confused or uncertain. You may feel the model is complicated and hard to understand. You may be angry because you don't see yourself as a victim or powerless. You may feel ashamed or "bad" for having privilege.

Any of these emotional reactions (and others not mentioned) are normal. Exploring these reactions is useful for two reasons. First, when you notice your reaction, you gain self-knowledge. The **Wheel of Power and Privilege (figure 2.11)** is powerful, but it can be just colorful ink on the page if you don't consider what it means. Understanding our own reaction to it helps us develop empathy for ourselves and for those we see as "other." Second, these emotional reactions allow us to pause and take a breath before we react. This space between feeling and response allows us to choose an authentic and respectful response. Our response, even when it contains sadness, anger, or guilt, can connect us with others if we ask questions and listen respectfully to the answers.

The Wheel of Power and Privilege Describes Structural Oppression and Structural Privilege

In addition to any emotional reaction, though, the wheel of power and privilege model is useful in moving the conversation from the experience of one individual to structural experiences of oppression. This model explains systemic inequalities, not personal ones. Systems of law, education, business, medicine, and government are constructed with rules, policies, and practices that

create a social world that is more powerful and more enduring than any one individual or group of individuals.

When you consider how changes in law change society, consider these examples. The Civil Rights Act of 1964 prohibited **discrimination** on the basis of race, color, religion, sex, or national origin. In 1967, in the case of *Loving v. the State of Virginia*, the U.S. Supreme Court ruled that laws that prevented racial intermarriage were unjust. Until 1993, some states still had laws that rape could not occur within marriage because **consent** was already part of the marriage contract. In 2015, the Supreme Court ruled that the right to marry is guaranteed to same-sex couples.

These laws begin to reverse decades and sometimes centuries of racism, **sexism**, and **homophobia** embedded in our social policies, practices, and interactions. They expand social justice because they specifically name the structure of inequality and work to dismantle it. In every case, we have yet to realize the full freedoms and protections under these laws. The laws are one example of a **social structure** that conveys power unequally between groups.

The Wheel of Power and Privilege Measures Harm not Worth

You might have noticed the word marginalization on the wide white spokes of the Wheel of Power and Privilege. In everyday language, being marginal might mean being unimportant or worthless. However, sociologists use the word marginalized differently. Marginalized doesn't mean "without value." It means that a marginalized person lives within a system that harms them. To understand this more deeply, we need to explore what we mean by power.

When we consider the wheel of power and privilege, we are talking specifically about one type of power: *power over*. In this kind of power, a person,

government, or **institution** can use laws, policies, coercion, or violence to change the behavior of another individual or group. For example, part of the definition of the government is that it is authorized to use force, like the police, the military, or prisons, to ensure social stability. In *power over*:

Power is seen as a win-lose kind of relationship. Having power involves taking it from someone else, and then using it to dominate and prevent others from gaining it. In politics, those who control resources and decisionmaking have power over those without. When people are denied access to important resources like land, healthcare, and jobs, power over perpetuates inequality, injustice, and **poverty**. (VeneKlasen and Miller 2007:n.p)

Power over is a common form of power, institutionalized with laws, policies, and practices. We can apply this to social problems when we consider that power and money are often related. People with money often determine which social problems get attention. Sociologist Rudolfo Álvarez points this out, writing:

How are social problems discovered by various groups in society . . . ? The answer, of course, is that a social problem comes into existence when a sufficiently powerful population becomes collectively aware of a condition it considers to be threatening to its well being and, consequently, sets out to alter those conditions so as to reduce the perceived threat. (Álvarez 2001)

This definition is unusual because it focuses on the use of power as a determining force in constructing a social problem.

Power with is a second kind of power. It is the power of people to make decisions together and take action. People and groups access this kind of power when they take **collective action**. We also see this kind of power in human relationships when intimate partners decide to create a life they both want. *Power with* involves dialogue, negotiation, and shared decision making (Berger 2005).

Protesters often use shared culture to create community with others, exercising *power with*. In one example, women in Chile danced in the streets to **protest** the disappearances of their husbands and children. Sting created a song that tells their story, sung in this video by Mercedes Sosa and Holly Near.



Figure 2.14 On the left, Argentine singer Mercedes Sosa, and on the right, American activist Holly Near sing [Danzan Solas/They Dance Alone \[Streaming Video\]](#) of 5:40 minutes. The song tells the story of women protesters in Chile who dance, telling the story of their husbands, children, and fathers who were murdered in Chile.

Danzan Solas/They Dance Alone
 They're dancing with the missing
 They're dancing with the dead
 They dance with the invisible ones
 Their anguish is unsaid
 They're dancing with their fathers
 They're dancing with their sons
 They're dancing with their husbands
 They dance alone
 They dance alone
 Ellas danzan con los desaparecidos
 Ellas danzan con los muertos
 Ellas danzan con amores invisibles
 Ellas danzan con silenciosa angustia
 Danzan con sus padres
 Danzan con sus hijos
 Danzan con sus esposos
 Ellas danzan solas
 Danzan solas
 It's the only form of protest they're allowed
 (Sting in Maluca 2018)

The song, *Danzan Solas/They Dance Alone*, is a contemporary protest song written by Sting and sung here by Mercedes Sosa and Holly Near (figure 2.14). The lyrics refer to the women, men, and children killed while protesting against the dicta-

tor Augusto Pinochet, who ruled Chile from 1973 to 1990. The song also laments the deaths of protesters in other Latin American countries who went missing because they dared to speak against the government. If you'd like to learn more about efforts to find these people in Chile, please explore this [news article about current efforts \[Website\]](#). By using music to draw society's attention toward injustice experienced by people with less political power and privilege, activists exercise *power with*.

Power to is a third kind of power. It is the ability of any individual person to make choices in their own lives. This is the power we talk about when we see individuals making a difference. You may choose to vote or to leave an abusive relationship. In this case, you have *power to*. Your *power to* may be limited by oppression or inequality derived from *power over*. In this book, *power to* is also called social agency.

Finally, *power within* is the fourth kind of power. This power comes from inside, when you know your own value and worth. When you respect yourself, you have power. One activist organization puts it this way:

Many grassroots efforts use individual storytelling and reflection to help people affirm personal worth and recognize their power to and power with. Both these forms of power are referred to as agency – the ability to act and change the world – by scholars writing about development and social change. (VeneKlasen and Miller 2007:n.p)

We can apply *power to* and *power with* to the wheel of power and privilege. Any individual locating themselves on this wheel may take strength or pride in any of their identities. In fact, it is a sign of resilient mental health to accept and integrate all components of your identity. Movements such as Black Power or Gay Pride celebrate this acceptance. People who experience mental health issues find agency in telling their stories. Neurodiverse people champion a different way of thinking. As people age, they can savor the wisdom and wise seeing that can come from getting older.

Further, a group that experiences oppression may take back its power. The very characteristic that puts them outside the **norm** may be the identity that supports them in taking action. An oppressed group can sometimes more clearly see the changes needed to invest in health care that works for everyone, housing options so no one sleeps in the street, or family support that allows all members to thrive. The social location itself becomes a ground for change.

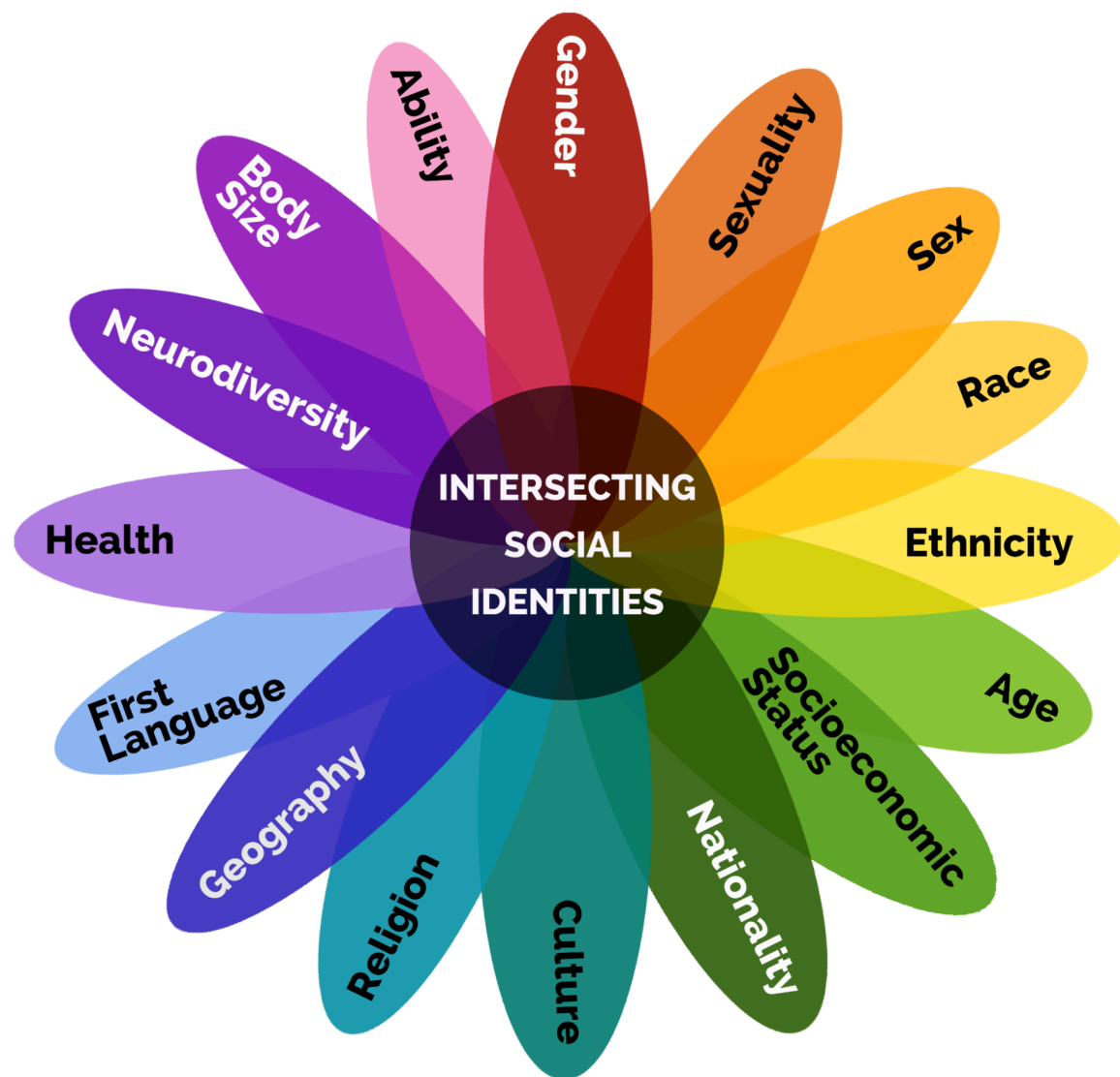


Figure 2.15 Activist Dolores Huerta, speaking for Black Lives Matter, Immigrant Justice, and the Fight for \$15, on Nov. 10, 2015. How does she use *power with*, *power to*, and *power within* to challenge *power over*?

Activist and author Dolores Huerta, pictured in figure 2.15, reminds us that “the power is in your body” (Boyle 2017), and that all of us can protest. With Cesar Chavez, she organized the United Farm Workers Union. They organized a grape boycott, which convinced 17 million people to stop eating grapes. This power forced agri-businesses to negotiate with the workers to provide better wages, health and safety protections, and other rights. The fight is not over, but her rallying cry, “Si Se Puede/Yes We Can,” calls us all to act. If you’d like to hear from Dolores Huerta, herself, please watch [**Dolores Huerta: Labor Rights Icon on Standing up for Working People \[Streaming Video\]**](#) (11:18 minutes).

In the example of Dolores Huerta, Cesar Chavez, and the United Farm workers union, we see marginalized people leverage power with, power to, and power within to create change. In their example, we see that the wheel of power and privilege shows the harm of marginalization and not a lack of value, worth or agency.

The Wheel of Power and Privilege Demonstrates Intersectionality



Designed by Elizabeth Pearce & Michaela Willi Hooper,
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Figure 2.16 In this image of intersectionality, we can see that various social identities overlap creating intersectional identities for many people. Where do you fit? [Image description.](#)

As the Social Identity Wheel (figure 2.3) and the Wheel of Power and Privilege (figure 2.11) illustrate, social identity and social location are composed of multiple factors. Today, these multidimensional models are widely used to describe parts of society. Before the 21st century, many sociological models focused on one dimension of identity or location to discuss social issues.

Single determinant models focused only on race, gender, class, or age as the most important explanation for a person's experience. However, these models are insufficient.

Intersectionality is the idea that overlapping social identities produce unique inequities that influence the lives of people and groups (Crenshaw 1989). Social identities such as gender, race,

or class don't exist independently. Rather, they change a person or group's experience in relationship to each other. This concept is illustrated in figure 2.16. We see that social locations overlap.

Intersectionality studies have their origin in the Combahee River Collective. The collective was founded in 1974 by a group of Black feminist women in the United States who challenged how White feminists and leaders in the civil rights movement did not address Black women's needs. They write:

The most general statement of our politics at the present time would be that we are actively committed to struggling against racial, sexual, heterosexual, and class oppression, and see as our particular task the development of integrated analysis and practice based upon the fact that the major systems of oppression are interlocking. The synthesis of these oppressions creates the conditions of our lives. As Black women we see Black feminism as the logical political movement to combat the manifold and simultaneous oppressions that all women of color face. (Combahee River Collective 1978)

You have the option of reading the full [**Combahee River Collective Statement \[Website\]**](#). These Black women see that the oppression of race, class, gender, and sexual identity are interconnected. They argue that we must understand these interlocking systems and work to dismantle them.

Unpacking Oppression, Intersecting Justice: Acting Intersectionally



Figure 2.17 Dr. Kimberlé Crenshaw, Black lawyer, scholar, and activist, articulated the theory of intersectionality. How does using the lens of intersectionality increase the transformative power of our analysis and our actions toward social justice?

Articulated most recently by Black lawyer, scholar, and activist Dr. Kimberlé Crenshaw (figure 2.17), intersectionality asserts that race, class, gender, and other social locations must be considered simultaneously to understand any group's relationship to power and privilege. Crenshaw exposes how gender and race have been historically divided into separate fields of study. Because of this division, "race" ends up referring to the experiences of men of color, the universal racial subject. Meanwhile, in studies of "gender," White women are perceived as the universal female subject. However, we know that Black women have different experiences of discrimination and oppression than Black men or White women. Crenshaw writes,

Intersectionality is...a way of thinking about identity and its relationship to power. Originally articulated on behalf of Black women, the term brought to light the invisibility of many constituents within groups that **claim** them as members but often fail to represent them. (Crenshaw 2015)

To listen to Crenshaw in her own words, you may watch her recent talk which discusses the impact of intersectionality, 30 years after she popularized the term: [**Kimberlé Crenshaw at the 2020 MAKERS Conference \[Streaming Video\]**](#).

It's your turn to unpack oppression and intersect justice:

This chapter links to three sources on Intersectionality. Read at least two of the following linked texts, then answer the questions below.

- [**The Personal is the Political \[Website\]**](#)
- [**Combahee River Collective Statement \[Website\]**](#)
- [**White Privilege: Unpacking the Invisible Knapsack \[Website\]**](#)

Questions

- How are these sources similar in identifying **patriarchy** or power with respect to women?
- How do they differ in discussing race?
- Where do you see intersectionality at work in any of these sources?
- How does using intersectionality strengthen our actions for social justice?

We'll use the combinations of race, class, gender, ability, and sexuality to explore social problems. In [**Chapter 5**](#), for example, we'll examine how women of color experience d/Deafness. This kind of analysis is intersectional analysis.

Applying Social Identity and Social Location to One Life



Figure 2.18 Audre Lorde, self-described Black, lesbian, mother, warrior, and poet. I was introduced to her writing in college. She helped shape how I understand the power of my own integrated identity. Where do you find your power within?

My fullest concentration of energy is available to me only when I integrate all the parts of who I am, openly, allowing power from particular sources of my living to flow back and forth freely through all my different selves, without the restriction of externally imposed definition.

—Audre Lorde, self-described Black, lesbian, mother, warrior, and poet (figure 2.18)

It can be challenging to move from the individual to community to social structure and back again when making sense of the social world. As a practice, I offer my own experience in the following section.

Figure 2.19. This timeline shows the key actions which impacted Kim and Val's legal and social sta-

My Social Identity

My wheel of social identity comprises many social roles. Most relevant to this book, I am a writer. I teach **sociology**, GED, and English to Speakers of Other Languages (ESOL). I am an activist and a member of a healing community related to the Echo Mountain Fire. I am White, female, and at the time of this writing, 57 years old. I am a daughter and a sister. I am a wife in a long-term lesbian relationship. I am an ordained interfaith/inter-spiritual minister. I look forward to being able to sing in a choir again, and I am a beginning kayaker. Some of these identities have stayed consistent. I was born premature and have some hidden physical disabilities, for example. Other identities change over time. I look forward to my aging and the power that comes with being a wise-woman. Although I am wholly myself in all situations, some of the layers of my identity are core to how others see me.

My Social Location

My social location includes both experiences of oppression and privilege. I experience systemic inequality because of my queer identity. My love story with my wife is both beautiful and constrained by homophobic political systems. We fell in love in 2000, declaring our relationship to ourselves and our families late in that year. While this declaration was not without challenges, it required no state or government intervention to be real. What followed, however, was a decades-long struggle for legal, religious, and social legitimacy for our relationship. This struggle involved many institutions/governing bodies, as shown in the timeline in figure 2.19.

tus as an often and finally married couple. What are other changes in the legal recognition of social relationships?

As of 2023, we can be confident that our families and healthcare institutions will respect our need to be together if we are sick or require hospitalization. We expect retirement centers will allow us to live in the same room together if we can't care for ourselves. Our money and our resources belong equally to both of us. Although we are not safe to be visible everywhere, worldwide, we love each other freely. We are grateful that we can live in relationship so openly, and yet, we also acknowledge that part of our struggle is the struggle against heterosexism, **heteropatriarchy**, and homophobia, components of social structure that confer rights and power to people who live and love in female/male relationships.

My Power, Privilege, and Intersectionality

While I am marginalized in my social location of queer, I also experience privilege as a White, educated woman. This privilege supports me in softening the impact of queerness. Because I can live where I choose, I can choose a community and physical location that is beautiful, restorative, and safe. Because I am well educated I can find work that I enjoy and that pays well. My education and professional work experience resulted in digital fluency, so I can find communities locally and online that nourish the various layers of my identity. Although I've worked hard, many of these privileges are unearned.

This combination of power and marginalization, when applied to social groups, is what Crenshaw points out in her work on intersectionality. Race, gender, sexual orientation, or class alone can not completely define how someone experiences the social world. Instead, combinations of race, class, gender, age, and origin interact in a complex

matrix of power and privilege to create your experience.

My Identity and Agency



Figure 2.20 Val and Kim at Women's March in Newport, Oregon, Jan 21, 2017 (with coffee because we live in Oregon).

When you look at our relationship timeline, it is obvious that Val and I experience systemic inequality. Straight people who choose to marry don't usually need multiple ceremonies in order to have the government or their house of worship validate their relationship. However, my queer identity is also a source of my personal power and my individual willingness to take action. Like many feminists of the 1970s, Val lived "the personal is the political" (Hanisch 1968) when she knocked on her neighbors' doors. If you want to learn more about this concept, explore [Carol Hanisch's paper \[Website\]](#) (Hanisch 2009). By telling them that she was a lesbian, or *coming out*, she challenged their assumptions that to be lesbian was to be strange, deviant, or dangerous. We found great joy in singing with lesbian choirs over

many decades. My experience as a lesbian is steady fuel for my commitment to personal authenticity, empathy, and social justice (figure 2.20).

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2.3 Creating Community by Honoring Diversity

Kimberly Puttman



Figure 2.21 Dr. Maya Angelou reciting her poem “On the Pulse of Morning” at U.S. President Bill Clinton’s inauguration on January 20, 1993. She calls on us to take action for justice. How might this apply to you?

Do the best you can until you know better. Then when you know better, do better.

—Dr. Maya Angelou, American author, poet, and civil rights activist (figure 2.21)

Poet Maya Angelou sets the tone for this section. All of us have something to learn about diversity. None of us will do this work perfectly. And yet, as we learn more, we can be better. Let’s learn how.

This interactive content is not available in this version of the text. It can be accessed online here:

<https://youtu.be/cPqVit6TJjw>

Figure 2.22 In the video [Eliminating Microaggressions: The Next Level of Inclusion \[Streaming Video\]](#) lawyer Tiffany Alvoid explores microaggressions. As you watch, please consider whether you have committed or experienced microaggressions. [Transcript](#).

These discussions of **structural inequality**, a condition where one category of people is attributed an unequal status in relation to another category of people (United Nations N.d.), begin to help us understand why we have social problems in the first place. They also help us understand why social problems are hard to solve. But how can we use these models to start making a difference in our communities today?

We can take action at the level of microaggressions. According to Tiffany Alvoid, JD, an attorney who graduated from the UCLA School of Law, **microaggression** is “a term used for brief and commonplace daily verbal, behavioral, or environmental indignities, that communicate hostile, derogatory, or negative prejudicial slights and insults toward any group” (Alvoid 2019). In the video in figure 2.22, Alvoid provides examples of several microaggressions. One common microaggression is asking, “Where are you from?” particularly when a White person is talking to a person of color who speaks with an accent.

In another example, a Latinx student said they were serving a customer in a local restaurant. The customer, who was White, said, “You are one of the good ones,” to compliment the quality of their work. This compliment implied that everyone who looked like them wasn’t “good.” Another microaggression is to say, “I’m so OCD,” when in fact, you are just stressed out. This minimizes the struggles of those who have obsessive-compulsive disorder.

All of us can commit microaggressions, particularly when we are acting in our **privilege**. All of us can experience microaggressions, but people with less privilege experience them more. Microag-

gressions are a form of **discrimination** and **marginalization**. Some people don’t use the term microaggression any more, because they assert that all discrimination matters.

Living Diversity Well

We have now explored models of inequality as concepts and seen how they work when applied to daily life. What norms of behavior do we choose to use when we interact in our classroom and in our wider community? When we focus only on differences, we polarize our community. It becomes a situation of “us” versus “them.” By bringing **interdependence** and relationship into our conversations with each other, we can bridge our differences. We use our collective diversity as a communal strength. The following is a list of suggestions to support you in managing your own reactions and any conflict that may arise as we tackle these challenging concepts together:

- **Breathe.** When you notice your breathing, you notice your own physical and emotional reaction to the information you are learning or the environment around you.
- **Pause before reacting.** In the microaggressions video referenced earlier in this section, Alvoid suggests the use of the pause. She says, “Before you ask someone a personal question in the [classroom], pause” (Alvoid 2019). The pause allows you to consider why you are speaking. It also allows you to consider the impact of what you might say. Will the words you are considering cause harm to someone

else? Sometimes it is important to disagree with someone. Even then, you can disagree with respect.

- **Speak authentically.** When you tell the truth about who you are, you bring richness into our collective room. Please consider the dynamics of *who* is speaking, also. If you speak often, you may want to be quieter to allow the voices of others. If you are quiet, consider being brave and speaking more. The wholeness of the world requires your voice.
- **Take care of yourself.** This book and this class address issues and experiences that may challenge your **worldview**, beliefs, and ideas about yourself and others. Because we discuss difficult life experiences like **houselessness**, sexual violence, and **death** and dying, you may experience strong feelings. If this occurs, please take care of yourself. Your instructor or your college may have support resources available to you.

It may also help to consider this concept of radical self-care, championed by the activist leader and scholar Angela Davis. She encourages all of us to look at self-care as a method for creating healthier ways of being, one caring step at a time. If you'd like to hear more about it from Angela Davis herself, she describes the concept in the video "[Radical Self Care \[Streaming Video\]](#)." She says eating right and caring for your mental and spiritual **health** are essential when doing activist work. Activist and therapist Resmaa Menakem also reminds us that we can access resources that may support our healing. This blog post, "[Understanding and Cultivating Your Resources](#)" [\[Website\]](#) is an optional read to help you figure out how to get support.

- **Cultivate cultural humility.** Cultural humility is the ability to remain open to learning about other cultures while acknowledging one's lack of competence and recognizing

power dynamics that impact the relationship. Within cultural humility, it is important to engage in continuous self-reflection, recognize the impact of power dynamics on individuals and communities, embrace not knowing, and commit to lifelong learning. This approach to diversity encourages a curious spirit and the ability to openly engage with others while learning about a different **culture**. As a result, it is important to address power imbalances and develop meaningful relationships with community members in order to create positive change. You can explore a guide to cultural humility offered by [Culturally Connected \[Website\]](#), a group that works in health and health literacy in British Columbia, Canada.

- **Demonstrate compassion.** We all share a common experience of living and loving in this world. Our differences are often used as a way to divide us. However, we are also intricately interconnected. Consider how you could use empathy to foster both clarity and connection.

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2.4 Chapter Summary

Kimberly Puttman

In this chapter, we asked the question, “Who are we?” We answered that question by understanding our own **social identity** and the social identities of others. We didn’t stop with exploring identity, though. We looked at different types of **power**. We connected social identity and power to better understand our own **social location**. We used social location to understand the inequality that people experience when facing social problems. Finally, we explored practices for acknowledging

and respecting diversity and differences in power in our classroom and our world. These practices can help us better understand ourselves and people different from us so that we can learn and change.

Now that we understand what a **social problem** is and how social problems impact people unequally, we can turn our attention to the “why” of the matter. In [Chapter 3](#), we explore how sociologists make sense of the social world.

ESSENTIAL IDEAS

Learning Objective 1: How do social identity and social location impact the experience of a social problem?

People differ in their social identity. People and groups also differ in their relationship to **privilege** and power, based on their social location. This inequality is both personal and structural. Social problems are manifestations of this inequality.

Learning Objective 2: What practices can we use to create an interdependent community in our classroom and the wider world?

The practices that promote interdependent action—power with, power to, and power within—start with self-awareness and self-care. Know when you are reacting strongly, breathe, and ask for help. They also include respecting others, stepping back when you need to, practicing **cultural humility**, and showing compassion. These practices support a healthy classroom community and a more just world.

Comprehension Check

Select the icons in this interactive to explore how the relationship between power and marginalization changes with different social locations.

KEY TERMS LIST

age group: a group of individuals who are regarded by society as holding a similar position based on their age.

class: a group that shares a common social status based on factors like wealth, income, education, and occupation.

cultural humility: the ability to remain open to learning about other cultures while acknowledging one's own lack of competence and recognizing power dynamics that impact the relationship/

disability: a condition of the body or mind that makes it more difficult for a person to participate fully in everyday life.

ethnicity: a group of people who share a cultural background including language, location, or religion.

gender: a social expression of a person's sexual identity that influences the status, roles, and norms for their behavior.

intersectionality: the idea that inequalities produced by multiple and interconnected social characteristics can influence the life course of an individual or group.

marginalization: a process of social exclusion in which individuals or groups are pushed to the outside of society by denying them economic and political power.

microaggression: brief and commonplace daily verbal, behavioral, or environmental indignities that communicate hostile, derogatory, or negative prejudicial slights and insults toward any group.

privilege: an advantage that is unearned, exclusive to a particular group or social category, and socially conferred by others.

racism: a marriage of racist policies and racist ideas that produces and normalizes racial inequities.

race: a socially constructed category with political, social, and cultural consequences based on incorrect distinctions of physical difference.

role: the behaviors and patterns utilized by an individual, such as a parent, partner, sibling, employee, employer, etc., which may change over time.

sexual orientation: a person's emotional, romantic, erotic, and spiritual attraction toward another person.

social identity: the sum total of who we think we are in relation to other people and social systems.

social location: the combination of factors including gender, race, social class, age, ability, religion, sexual orientation, and geographic location that define an individual or group in relationship to power and privilege .

structural inequality: a condition where one category of people is attributed an unequal status in relation to other categories of people.

White privilege: the unquestioned and unearned set of advantages, entitlements, benefits, and choices bestowed upon people solely because they are White.

DISCUSS AND DO

1. **Social Location:** Please draw your own personal wheel of power and privilege. What is your unique social location? Where do you have power based on your social location? How do your race, class, **gender identity**, able-bodied status, and other social locations combine to give you less power or more power? How could you use this power to create change in your own life or in society?
2. **Structural Inequality:** Identify one law that changed access to power and privilege in the United States. Which law did you choose? Why? What condition in society did it try to change? Do you think that the change in the law has fully transformed our world? Why or why not?
3. **Diversity and Conflict:** Some politicians and activists argue that by focusing on our differences, we are creating conflict. Other politicians and activists argue that by understanding the causes and consequences of our differences, we can begin to create a more just world. Which position makes more sense to you?

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What Is Sociology? Theory in Social Science

3.1 Learning Objectives and Chapter Overview

Kelly Szott and Kimberly Puttman

LEARNING OBJECTIVES

After reading this chapter, you will be able to:

1. Summarize how sociological **theory** helps us to understand and explain our world.
2. Describe key theories of sociologists, particularly the scholars and scientists who are traditionally ignored.
3. Explain how the **social location** of a sociologist might impact what they see.

Chapter Overview

With gratitude to my teachers, my students, Open Oregon, and my

co-author for support in this attempt to re-craft the standard narrative of sociological theory. – Kelly Szott

This interactive content is not available in this version of the text. It can be accessed online here:

<https://www.youtube.com/watch?v=TqDWGgvpWnY&t=3s>

Figure 3.1 Texas state rep. gives powerful testimony on the history of bathroom laws [Streaming Video]. Who Can Use The Bathroom? Texas State Representative Senfronia Thompson testifies. As you watch, you might consider how using the bathroom becomes a social problem. Social scientists try to figure out why this might be true. [Transcript.](#)

In the video that opens this chapter, we see that something as simple as where to go to the bathroom can be very complicated (figure 3.1). Writing in 1892, Black feminist scholar Anna Julia Cooper noted a dilemma she encountered while traveling by train in the South. When her train stopped at a station, Cooper wrote, “I see two dingy little rooms with ‘FOR LADIES’ swinging over one and ‘FOR COLORED PEOPLE’ over the other; while wondering under which head I come” (1892:96). It is this precise dilemma that Black feminist theorists of **intersectionality** dealt with 100 years later when they pointed out the law’s inability to address the intersection of racial and **gender discrimination**.

Bathrooms have also emerged as a controversial space more recently with attacks on policies that

allow gender-expansive individuals to use restrooms that align with their **gender identity** (Schilt and Westbrook 2015). We can see that then and now something that seems so mundane—bathrooms—can produce rich theoretical insights about **society**, a group of people who live in a defined geographic area, who interact with one another, and who share a common **culture**.

The study of social problems is based in the wider field of **sociology**, the systematic study of society and social interactions to understand individuals, groups, and institutions through data collection and analysis. Sociologists study human interactions from the level of two people talking to systems that span the globe. In this chapter, we explore how sociological theories help to understand why our world works the way it does.

FOCUSING QUESTIONS

The following questions will help us understand how sociology is a science:

1. How does sociological theory help us to understand and explain our world?
2. Who are sociologists, particularly scholars and scientists who are traditionally ignored?
3. How does the social location of sociologists influence what they see?

Let’s start by sorting out how we know what we know!

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Figure 3.1. “[Texas State Rep. Gives Powerful Testimony on the History of Bathroom Laws](#)” © [Washington Post](#) is licensed under the [Standard YouTube License](#).

3.2 How Do You Know?: Social Theory

Kelly Szott and Kimberly Puttman

When you consider what you wear today, you may look into your closet or the clean clothes on your floor and make some choices. Perhaps the red dress suits your mood or the green gardening clogs help you get your work done for the day. These personal choices are yours to make. At the same time, what you choose to wear is also influenced by your **gender identity**, social **class**, **race** or **ethnicity**, or even whether or not you use a wheelchair.

As scientists, sociologists want to understand the causes of the social forces that influence what you wear, for example. They want to see why you have jeans made in Vietnam as one of your choices (figure 3.2). They consider why some women wear hijabs (figure 3.3), and some men wear turbans (figure 3.4). They might look at how clothing helps distinguish a particular **culture** or ethnic group (figure 3.5). Sociologists of **gender** might examine who wears makeup and who doesn’t (figure 3.6).



Figure 3.2 Where did the jeans come from that these cowboys wear? Sociologists might examine global economics to find out.



Figure 3.3 Who wears hijab and who doesn’t? Sociologists might look at the intersection of religious beliefs, gender roles, and immigration to understand this.



Figure 3.4 These boys are wearing turbans. Sociologists might look at theories of race, religion, or social stratification to explain why.



Figure 3.5 This traditional Mexican folk dancer sweeps her skirts grandly. How can clothing distinguish people from different cultural or ethnic groups?



Figure 3.6 Sociologists of gender might ask, “Why do some people wear makeup and others don’t?”



Figure 3.7 This student-created art compares cultural appropriation and cultural appreciation. When a Mexican American woman wears her hair in braids and outlines her lips in brown lip liner, she gets called trashy or ghetto. When a White woman uses the same style, she is called pretty and stylish. Why might this be? [Image description.](#)

Sociologists observe and measure social behavior to explain or predict the actions of people or groups, one of the ways to do science. For example, when sociologists examine what kind of clothing people wear, they might use the concept of **cultural appropriation**. **Cultural appropriation** is the act of taking or using things from a culture that is not your own, especially without showing that you understand or respect this culture (O’Keeffe 2020). In the student-created image in figure 3.7, the student was comparing fashion between Mexican American and White women. She noted that when Mexican American women wear braids and outline their lips in brown, they are called trashy. When White women do a similar thing, they are called pretty or cute. Sociologists

explain these differences using theories of race and gender.

However, science isn’t the only way to understand the world. You may experience many more ways of knowing. When you consider why you *know* something, this knowledge may be based on different sources or experiences.

You may know when the movie starts because a friend told you or because you looked it up on Google. You may know that rain is currently falling because you feel it on your head. You may know it is wrong to kill another person because it is a belief in your religious tradition or part of your ethical understanding. You may know because you have a gut feeling that a situation is dangerous or a choice is the right one. You may

know that your friend will be late to class because past experience predicts it.

Or, instead of the past, you can imagine the future, knowing that eating a hamburger will satisfy your hunger just by seeing the picture on the menu. Finally, you may know something because the language you use supports you in noticing particular details. For example, how many ways can you describe the water that falls from the sky?

People who live in Oregon use several distinct words for rainy weather like drizzle, downpour, and showers. *Partly cloudy* doesn't change their plans, but they may throw a jacket in the car. In other regions, it may be more useful to describe snow or heat in greater detail. The formation of language itself structures how you know something. The table in figure 3.8 organizes these ways of knowing.

Way of Knowing	Example
Emotion	Psychologists define common human emotions as happiness, sadness, disgust, fear, surprise, and anger. Knowing that your child is sad may help you to parent better.
Faith	Commonly, faith is defined as a belief in God. However, you can also have faith that humans are generally good, or that things will work out OK in the end.
Imagination	A social activist proposes a different vision of how people use fossil fuels to power cars.
Intuition	Einstein had a flash of insight about how light travels.
Language	"They" as a singular pronoun supports the idea that gender can be nonbinary.
Memory	By remembering how you studied effectively for the last test, you know how to study for the next test.
Reason	You measure the amount of time that students talk in a classroom, and who the teacher calls on to learn about gender bias in the classroom. Reason depends on gathering facts.
Sense Perception	When you touch a hot stove, your sense of touch registers HOT!

Figure 3.8 This table lists the different ways of knowing and some relevant examples. The next time a thought crosses your mind, please consider, "How do you know?"

Each of these ways of knowing is useful, depending on the circumstances. For example, when my wife and I bought our house, we did research on home prices, home loans, and market **value**—reason. We talked about what *home* felt like to us—emotion. We walked through houses and pictured what life would look like in a particular house—imagination. Ultimately, when we drove down the cedar and fir-lined driveway, welcomed by the warm light through the window—sense perception—we turned to each other and said, "I

hope this house is still for sale," because we both knew we had found our home—intuition.

Of all of these ways of knowing, though, reason allows us to use logic and evidence to draw conclusions about what is true. Reason, as used in science, is unique among all the ways of knowing because it allows us to propose an idea about how a social situation might work, observe the situation, and determine whether our idea is correct. **Sociology** is a unique scientific approach to

understanding people. Let's explore this more deeply.

As a reminder, sociology is the systematic study of **society** and social interactions to understand our social world. Although sages, leaders, philosophers, and other wisdom holders have asked what makes a good life throughout human history, sociology applies scientific principles to understanding human behavior. The first question they often ask is, "Why does the social world work the way it does?"



Figure 3.9 Gloria Anzaldúa (left) and Patricia Hill Collins (right) are highly influential theorists in the areas of feminist theory and racial and ethnic studies. How do their theories shape our understanding of race, gender and power?

In this section, we discuss historical and contemporary theories and theorists that assist us in thinking deeply about the causes and consequences of social problems, such as **racism**, **poverty**, and **discrimination** based on **sexual orientation** or gender identity. Using social theory helps us to understand why social problems exist. This understanding, in turn, can help us better address or prevent them.

Social theory helps us put into words the underlying mechanisms that guide society and our social interactions (Lemert 1999). By analyzing society in this way we can better understand the causes and consequences of social problems.

For example, German philosophers Karl Marx and Friedrich Engels tried to understand why workers were protesting against factory owners.

They answer that question by proposing and testing theories. Scientists pose theories to explain how and why society works the way it does. More specifically, a **theory** is a statement that describes and explains why social phenomena are related to each other. Theories help us to understand patterns in social behavior.

For example, Gloria Anzaldúa and Patricia Hill Collins are well-known sociologists who created theories that explain racial, ethnic, and gender oppression (Figure 3.9).

You have the option of learning more about [Marx \[Website\]](#) and [Engles \[Website\]](#) if you wish. Their theory of **capitalism** helps us understand poverty by outlining the ways profit is generated through worker exploitation. They proposed that revolution was an inevitable outcome of the unequal distribution of **wealth** between the rich, who owned land and factories, and the poor, who didn't. According to Marx ([1867] 2012), the worker is not paid the full value of their labor. The business owners, or bourgeoisie, takes a percentage of the value created by the worker and keeps it as profit. The bourgeoisie are always looking for ways to decrease worker wages and increase profit, which results in low-wage work and working poverty. Marx and Engels were revolutionary thinkers because they followed the money—who had it and

who didn't—to explain conflict in society. Marx himself was poor, unlike many sociologists of the time. By analyzing and critiquing capitalism, Marx explained a hidden part of everyday experience. In this way, theory can be liberating because it allows us to better understand the workings of the social world in which we live.

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Figure 3.8. "Ways of Knowing Table" by Kimberly Puttman is licensed under [CC BY 4.0](#).

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Figure 3.7. "Cultural Appropriation" © Marisol is all rights reserved and included with permission.

3.3 Classical Sociological Theory

Kelly Szott and Kimberly Puttman

Theories can be categorized as either macro or micro, based on the size of the phenomenon they seek to explain. A **macro-level theory** examines larger social systems and structures, such as the capitalist economy, bureaucracies, and **religion**. Marx and Engels critique of **capitalism** is a **macro-level theory**. A **micro-level theory** examines the social world in finer detail by discussing

social interactions and the understandings individuals make of the social world.

A good example of micro-level theory comes from Canadian-American sociologist Erving Goffman, who studied one-on-one social interactions and the meanings that emerged from them. Goffman (1963) is famous for having created a theory about **stigma**, the social process whereby individuals who are different in some way are

rejected by the greater **society** in which they live based on that difference. He explains that stigma is generated when a person possesses an attribute that makes them different and may cause them to be perceived as bad, dangerous, or weak.

Goffman (1963) writes that the person possessing this attribute of stigma, “is thus reduced in our minds from a whole and usual person to a tainted, discounted one” (p. 3). The possession of stigma can introduce tension into everyday social interactions (Bell 2000). Stigma plays the **role** of a mark that links its bearer to undesirable characteristics, which in turn causes the stigmatized person to experience rejection and isolation (Link et al. 1997). As we will discuss more in [Chapter 12](#), having a diagnosis of **mental illness** often carries stigma.

Micro-level theory has a long history within **sociology**. One of the most common micro-level approaches is **symbolic interactionist theory**, a sociological approach that focuses on the study of one-on-one social interactions and the meanings that emerge from them.

Goffman’s theories have roots in social theory created in the early 20th century by George Herbert Mead, an American philosopher who described how social processes created one’s understanding of oneself or their *social self*. According to Mead (1934), the self is not a biological body or an inherent personal quality. Instead, the self is an image generated entirely from expe-

riences in the social world. The social insights offered by Goffman, Mead, and other symbolic-interactionists help us understand how situations come to be defined as social problems through the meanings made in social interactions between people. As we know, situations are not automatically defined or understood as problems. We attach meanings and labels to situations that make them social problems.

Many sociology textbooks organize their material around theoretical frameworks, groups of theories that share common characteristics. The three classical frameworks are structural functionalism (often shortened to functionalism), **conflict theory**, and symbolic interactionism (often shortened to interactionism). These frameworks tend to correspond to theories created by prominent White male scholars of the nineteenth century. For example, Marx and Engels developed conflict theory, a sociological approach that views society as characterized by pervasive inequality based on social **class, race, gender**, and other factors. They argued that economic inequality created inevitable social conflict.

Because these classical theories are used so regularly within our field, we have offered a summary of each approach in figure 3.10. If you would like to learn more about these three perspectives, [Major Sociological Paradigms \[Streaming Video\]](#) from Crash Course Sociology can help you out.

Theoretical perspective	Major assumptions	Views of social problems
Functionalism	Social stability is necessary for a strong society, and adequate socialization and social integration are necessary for social stability. Society's social institutions perform important functions to help ensure social stability. Slow social change is desirable, but rapid social change threatens social order.	Social problems weaken a society's stability but do not reflect fundamental faults in how the society is structured. Solutions to social problems should take the form of gradual social reform rather than sudden and far-reaching change. Despite their negative effects, social problems often also serve important functions for society.
Conflict theory	Society is characterized by pervasive inequality based on social class, race, gender, and other factors. Far-reaching social change is needed to reduce or eliminate social inequality and to create an egalitarian society.	Social problems arise from fundamental faults in the structure of a society and both reflect and reinforce inequalities based on social class, race, gender, and other dimensions. Successful solutions to social problems must involve far-reaching change in the structure of society.
Symbolic interactionism	People construct their roles as they interact; they do not merely learn the roles that society has set out for them. As this interaction occurs, individuals negotiate their definitions of the situations in which they find themselves and socially construct the reality of these situations. In so doing, they rely heavily on symbols such as words and gestures to reach a shared understanding of their interaction.	Social problems arise from the interaction of individuals. People who engage in socially problematic behaviors often learn these behaviors from other people. Individuals also learn their perceptions of social problems from other people.

Figure 3.10 This table explores the key concepts of the three core sociological theories and addresses how they make sense of social problems. How do their explanations of social problems differ?

The people who study the social world choose the questions that they study and the theories they explore based on the social problems they experience based on their own **social location**, and based on the social problems occurring in their societies. Because each theorist experiences a unique **social identity**, they see the world in a unique way. Researchers Jacobson and Mustafa (2019) explain it this way:

The way that we as researchers view and interpret our social worlds is impacted by where, when, and how we are socially located and in what society. The position from which we see the world around us impacts our research interests, how we approach the research and participants, the questions we ask, and how we interpret the data.

In this textbook, you may notice that we describe the social location of the theorists, researchers, and activists we reference. Often, we add a link so that, if you like, you can understand more about who the sociologists or activists are. You can draw

your own conclusions about how their life experience might have impacted what they studied, or how they made sense of the social world around them. Understanding the social location of scientists and activists helps us to be conscious of our own bias related to who creates knowledge, and to work to change it.



Figure 3.11 The title page of Émile Durkheim's book on suicide. His work is foundational in sociology because it explores the patterns related to suicide instead of blaming the actions of an individual.

For example, French Jewish sociologist Émile Durkheim studied the **social problem** of suicide. He used **structural functional theory**, a sociological approach which maintains that social stability is necessary for a strong society, and adequate

socialization and social integration are necessary for social stability. Society's social institutions, such as the family or the economy, perform important functions to help ensure social stability. He explored the social breakdown caused by the Industrial Revolution and urbanization.

For example, the rate of suicide was increasing in France, where he lived. At that time, the Holy Roman Catholic Church described suicide as a mortal sin against God and the church. People who committed suicide were not allowed to be buried on church grounds. In contrast, Durkheim proposed several reasons that people decide to commit suicide. In his book, *Le Suicide* (figure 3.11) Durkheim argued that industrialization created change so fast that people couldn't adjust quickly enough. He also said that suicides were increasing because relationships between people were breaking down. These theories helped explain the increase in suicides during industrialization. You have the option of learning more about [Émile Durkheim \[Website\]](#) if you wish.

English social theorist Harriet Martineau studied the social problems of **poverty** and slavery. Unusual for the time, she was an educated woman. Because she was both White and wealthy she was able to study and research. She traveled to the American South and interviewed people to understand more about contradictions between American ideals of freedom and liberty, and the lived reality of slavery. She also examined women's roles, women's rights, and family life as a field of sociological study. If you'd like, you can learn more about [Harriet Martineau \[Website\]](#).

German sociologist Max Weber studied the social problems of capitalism and bureaucracy. He agreed with Marx about the importance of the economic inequality driving social disruption. However, he argued economics alone was insufficient to explain revolution. He added the idea that people's beliefs and values contributed to the choices that they made. Most specifically, he said that the **value** of hard work in Protestantism con-

tributed to the spread of capitalism. If you'd like, you can learn more about **Max Weber** [\[Website\]](#).

Each of these theorists was responding to social concerns of the time in which they lived, whether they were experiencing social upheaval, war, economic depression, or economic stability. As we can see from figure 3.12, Marx, Durkheim, and Weber were responding to social forces related to the Industrial Revolution. Martineau examined changes in women's roles related to the Industrial Revolution and the American Civil War.

Anna Julia Cooper, who we met earlier in this chapter, Ida B. Wells, and W.E.B. Du Bois, explored the experiences of Black people during and after slavery. Jane Addams, who we met in **Chapter 1**, created services for immigrants before and after World War I. Eugene Kinkle Jones was the first person of color on the executive committee for the National Conference of Social Work. He advocated for better housing, access to healthcare, and economic opportunities for Black people (Wright et al. 2021).



Figure 3.12 Pre World War II Sociological Thinkers: How did the social location of the sociologist impact what they studied and what they learned? [Image description.](#)

All of these social theorists and activists contributed in significant ways to how we understand the reasons for social problems. They called out classism, **racism**, **patriarchy** and **nativism** as reasons for social inequality. However, sociological thought continues to respond to the problems of modern society. Let's find out more!

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Figure 3.12. “Key Sociological Thinkers: Industrial Revolution to the Great Depression” by Michaela Willi Hooper and Kimberly Puttman, [Open Oregon Educational Resources](#), is licensed under [CC BY 4.0](#). Images: [Harriet Martineau](#) by Richard Evans, [Karl Marx](#) by

John Jabez Edwin Mayal, [Anna Julia Cooper](#) by C.M. Bell, [Jane Addams](#) by George de Forest Brush, [Ida B. Wells Barnett](#) by Mary Garrity, [W.E.B. Du Bois](#) by James E. Purdy, and [Eugene Kinckle Jones](#) in *The Messenger* are in the [Public Domain](#).

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Figure 3.10. “Theory Snapshot” from “[Sociological Perspectives on Social Problems](#)” by Anonymous, [Social Problems: Continuity and Change](#), University of Minnesota is licensed under [CC BY-NC-SA 4.0](#).

Figure 3.11. “[Image](#)” of the book cover of *Suicide* by [Zyephyrus](#), [Wikimedia Commons](#) is in the [Public Domain](#).

3.4 Moving to Modern

Kelly Szott and Kimberly Puttman

Though many of the most recognized classical theorists of **sociology** came from European White cultural backgrounds during the nineteenth century, plenty of Black, Indigenous, and other People of Color were creating social **theory** and adding

to our understanding of social problems. Unlike the so-called founding fathers of sociology, Karl Marx, Max Weber, and Émile Durkheim, their voices were silenced.



Figure 3.13 W.E.B. Du Bois at the Office of The Crisis, a magazine of the NAACP. Du Bois founded the Atlanta School of sociology, but his groundbreaking contributions to sociology were suppressed. Why do you think this happened?

Daily the Negro is coming more and more to look upon law and justice, not as protecting safeguards, but as sources of humiliation and oppression. The laws are made by men who have little interest in him; they are executed by men who have absolutely no motive for treating the black people with courtesy or consideration; and, finally, the accused law-breaker is tried, not by his peers, but too often by men who would rather punish ten innocent Negroes than let one guilty one escape.

W.E.B. Du Bois in *The Souls of Black Folk*

W. E. B. Du Bois was one of the first sociologists to publish scholarly work that discussed **race** and

racism. In this way, he provided a critical intervention into sociological theory and his writings critiqued the absence of racial analysis from previous social theory. Du Bois was the first Black American to earn a PhD at Harvard, which he did in 1895. He studied economics, history, sociology, and political theory. Du Bois is an influential sociologist because he takes a systemic sociological approach to the experience of race, he describes how the experience of White people and Black people are qualitatively different, and he collects and displays data that support his theories.

First, Du Bois argues that the economic and social inequality experienced by formerly enslaved people was caused by systemic issues rather than by individual character traits. This is a sociological approach to explaining a **social problem**. He

debates Booker T. Washington, who believes that formerly enslaved people need **education** and training to fix any issues in their lives. Du Bois writes:

[Washington's] doctrine has tended to make the whites, North and South, shift the burden of the Negro problem to the Negro's shoulders and stand aside as critical and rather pessimistic spectators; when in fact the burden belongs to the nation, and the hands of none of us are clean if we bend our energies to righting these great wrongs. (Du Bois 1903: Section III)

Du Bois says that the nation, the United States, is responsible to make changes that will create equality for formerly enslaved people.

Second, Du Bois describes how Black people experience themselves differently than White people. One of his most influential contributions to sociological theory came from his discussion of *the veil* and *double consciousness*. He writes that the Black American is “born with a veil, and gifted with second-sight in this American world—a world which yields him no true self-consciousness, but only lets him see himself through the revelation of the other world” (1903:3). He points out that Black Americans have a double consciousness. They see themselves, and they see how White Americans see them.

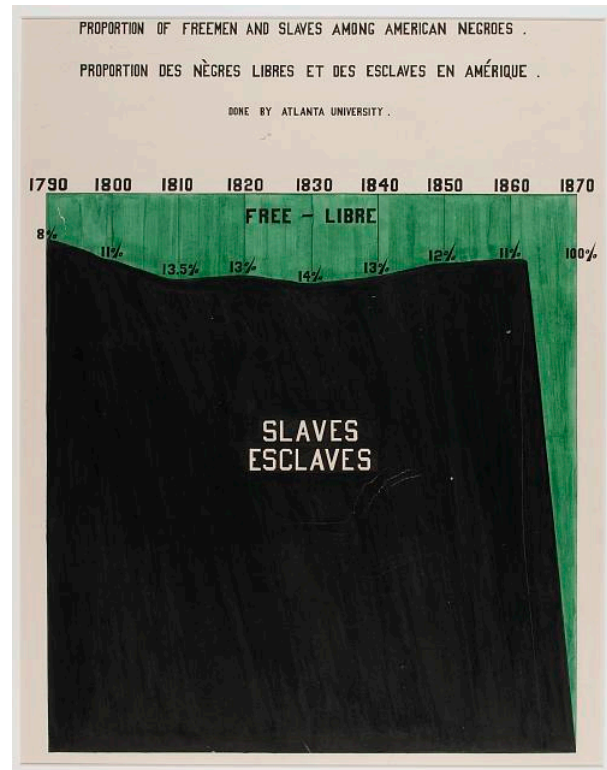


Figure 3.14 Infographic: Du Bois's Proportion of freedmen and slaves among American Negroes. These data visualizations are the first infographics related to slavery. [Image description.](#)

Finally, Du Bois established the first school of American sociology at Atlanta University. With his team, he also created some of the first data visualizations in American sociology to illustrate the conditions of life for Black Americans. The infographic in figure 3.14 shows the percent of Black slaves and freemen between 1790 and 1870, when slavery became illegal. These studies and infographics were part of his groundbreaking sociological analysis of **poverty** among Black Americans. His words are still quoted today among advocates of **racial justice**.

Du Bois analysis continues to inform our experiences and conversations around race even today. CNN recorded interviews with Black people and shared them on Twitter. To learn more about Du Bois, read this [Smithsonian article \[Website\]](#). If this experience of race consciousness is new to you, please watch, [“When I Realized I Was Black” \[Streaming Video\]](#).

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Figure 3.13. “[W. E. B. Du Bois at the Office of The Crisis, a magazine of the NAACP](#)” is in the [Public Domain](#). Courtesy of the [New York Public Library](#).

Figure 3.14. “[Proportion of freemen and slaves among American Negroes](#)” by Atlanta University students is in the [Public Domain](#). Courtesy of the [Library of Congress Prints and Photographs Division](#).

3.5 Modern and Emerging Sociological Theories

Kelly Szott and Kimberly Puttman

After the Second World War, sociologists expanded on previous sociological thought. They developed a variety of theoretical frameworks that explore **race**, **class**, and **gender**. They explored the intersections between these classifications of **power** and oppression. While the classical theo-

ries remain useful, the new set of theories digs deeper into why structures and practices of inequality persist. They also leverage new understandings of systems thinking and global **interdependence**. You will meet many of these sociologists in this section.

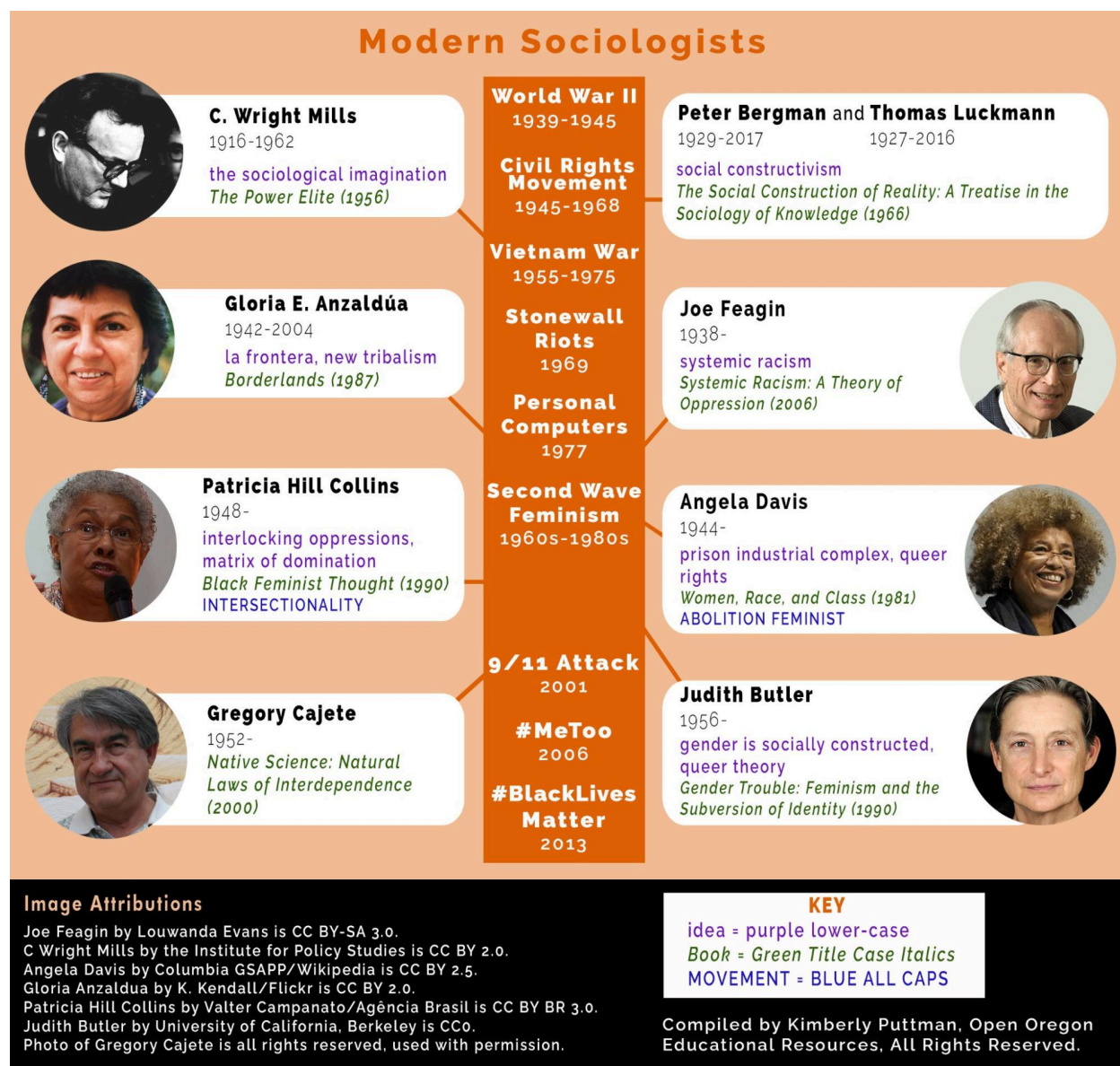


Figure 3.15 These modern sociologists propose theories that explain racism, sexism, classism and other overlapping experiences of oppression. How do these theories relate to current social problems? [Image description.](#)

Feminism and Intersectionality

In early **sociology**, sociologists often studied the experiences of White wealthy men and generalized what they discovered to “all people.” Du Bois made it clear that race matters. Similarly, early female sociologists asserted that gender matters. Sociologists like Martineau, Wells, and Cooper examined women’s lives to see how they were different from men’s lives. They also looked at how

race mattered specifically to women. Although we know today that binary structures of gender do not fully capture the human experience, the sociologists at that time were revolutionary in differentiating women’s and men’s experiences.

In the 1970s, as women began to enter college in greater numbers and more researchers were female, they created a new theoretical approach in sociology. **Feminist theory** is a theoretical perspective stating women are uniquely and system-

atically oppressed and that challenges ideas of gender and **sex** roles. Despite the variations between different types of feminist approaches, four characteristics are common to the **feminist theory**:

1. Gender is a central focus or subject matter of the perspective.
2. Gender relations are viewed as a problem: the site of social inequities, strains, and contradictions.
3. Gender relations are sociological and historical in nature and subject to change and progress.
4. Feminism is about an emancipatory commitment to change: the conditions of life that are oppressive for women need to be transformed (Little 2014).

One of the sociological insights that emerged with the feminist perspective in sociology is that “the personal is political” (Hanisch 1969). In other words, how women live their lives from washing dishes, to caring for children, to deciding not to have children, to the experience of sexual violence give them a unique political perspective. Until female sociologists looked at women’s lives, their experiences were invisible or unimportant. You are welcome to read more about [The Personal Is Political \[Website\]](#).



Figure 3.16 Canadian sociologist Dr. Dorothy Smith developed the standpoint theory, the idea that where you stand in society influences what you see. Where do you stand?

White British-born Canadian sociologist Dorothy Smith’s development of **standpoint theory** was a key innovation in sociology that enabled women’s experiences and issues to be seen and addressed in a systematic way (Smith 1977). Scientists of the time argued that science was logical and objective. In **standpoint theory**, Smith argued that where you stand, or your point of view, influences what you notice (Smith 1977). Women and other marginalized people see systems of oppression more clearly because they experience them. Smith recognized from the consciousness-raising groups initiated by feminists in the 1960s and 1970s that academics, politicians, and lawyers ignored many of the immediate concerns expressed by women about their personal lives. You have the option to learn more about [Dorothy Smith \[Website\]](#) and [consciousness-raising \[Website\]](#) if you’d like.

Part of this blindness was caused by the way sociology was traditionally done by men. Smith argued that instead of beginning sociological analysis from the abstract point of view of institutions or systems, women’s lives could be more effectively examined if one began from the “actualities” of their lived experience in the immediate local settings of “everyday/everynight” life. She asked, “What are the common features of women’s everyday lives?”

From this standpoint, Smith observed that women's position in modern **society** is acutely divided by the experience of dual consciousness. One consciousness was centered in family. Then they had to cross a dividing line as they went out in the world, dealing with work or the institutions of schools, hospitals, and governments. Women had to use a second consciousness to navigate this. These institutions didn't see women's real and personal understandings of the world (Smith 1977).

The standpoint of women is grounded in relationships between people because they have to care for families. Society however, is organized through "relations of ruling," which translate the substance of actual lived experiences into rules and laws. Power and rule in society, especially the power and rule that limit and shape the lives of

women, operate as if there is one objective reality, rather than differences in people's lived experiences. Smith argued that the abstract concepts of sociology, at least in the way that it was taught at the time, only contributed to the problem. This theory, while it seems obvious now, was revolutionary at the time. And, though groundbreaking, it had its limits.

The feminist perspective within social theory has changed throughout the years. From the 1800s until the mid-20th century, the central focus or subject matter was differences between women and men. Race and class were generally ignored. Black feminists pointed out that previous forms of feminist theory were mostly concerned with the issues of White middle-class and wealthy women. This was a critical intervention into the perspective of feminist theory.

This interactive content is not available in this version of the text. It can be accessed online here:

<https://www.youtube.com/watch?v=0TFy4zRsItY>

Figure 3.17 In this 4:05 minute video, Kimberlé Crenshaw discusses Intersectional Feminism. As you watch, please consider the question, "How can we see intersectional feminism as a challenge to White feminism?" [Transcript.](#)

Early Black feminist theorists built the foundation for the study of feminist **intersectionality**. Intersectionality, as you read in [Chapter 2](#), is a perspective and a theory that analyzes and interrogates the ways race, class, gender, sexuality, and other social structures of **privilege** and oppression overlap and work together.

The concept of intersectionality emerged from a critique of White feminist theory and activism that ignored the experiences of Black and Indigenous women of color. The 4:05 minute video [What is Intersectional Feminism? \[Streaming Video\]](#) (figure 3.17) describes this approach.

The roots of intersectional feminism can be found in the work of Anna Julia Cooper (1858–1964) and Ida B. Wells-Barnett (1862–1931). In their own ways, Cooper and Wells-Barnett brought a sociological conscious-

ness to their response to the Black experience and focused on the toxic interaction between difference and power in U.S. society (Madoo and Niebrugge 1998).

Cooper and Wells-Barnett looked at society through the lenses of race, gender, and class. Although they worked separately, they created a Black feminist sociology together. They both pointed out that "domination rests on emotion, a desire for absolute control" (Madoo and Niebrugge 1998:169). Their point was that societal domination is not just about making a profit or otherwise increasing one's financial status. Rather, there is an emotional factor within societal domination. Cooper (1892) provides an example by noting the extra expense paid by railroad companies in providing a separate car for People of Color, as discussed at the beginning of the chapter.

This interactive content is not available in this version of the text. It can be accessed online here:

<https://www.youtube.com/watch?v=Web007rzSOI>

Figure 3.18 In this **3:02 video [Streaming Video]**, Black female jazz singer Billie Holiday sings the song “Strange Fruit.” She closed her sets with both Black and White audiences with this song. This song put music to the lynchings that Wells-Barnett researched. If you want to learn more about the context of this song, you can read [Strange Fruit \[Website\]](#). [A transcript of the lyrics is available \[Website\]](#).

Though Wells-Barnett was a journalist, she made contributions to sociological thought by way of her activism against **lynching**. She researched and published accounts of lynching that showed the out-of-control aggression of White Americans towards Blacks (Madoo and Niebrugge 1998). After examining the various excuses used by Southern Whites for their attacks on Blacks, Wells-Barnett ([1895] 2018) wrote that there would be no need for her research, “If the Southern people in defense of their lawlessness, would tell the truth and admit that colored men and women are lynched for almost any offense, from murder to a misdemeanor” (p. 11). The lynchings that Wells-Barnett documents are described in the song that Billie Holiday sings, “Strange Fruit” linked in figure 3.18. If you want to learn more, read about [Anna Julia Cooper \[Website\]](#) and [Ida B. Wells-Barnett \[Website\]](#).

These Black feminist founders of sociological thought planted the seeds for the emergence of influential sociological theory from the 1980s and 1990s, which centered on the experiences of Black and Indigenous women of color. Though the concept of intersectionality is most often attributed to critical race legal scholar Kimberlé Crenshaw, within sociology Patricia Hill Collins (1948–present) is recognized for providing complex and detailed analyses of the concept. Her theorization of the *outsider within* perspective shows how Black women “have a clearer view of oppression than other groups” whose identities are different (1986:20). Collins (1986) details how Black

women participate in social systems but not as insiders, given their oppression. Participating in a social system that oppresses them, Black women have a unique standpoint that offers more information. They can see more clearly how our social structures of race and gender work intersectionally.

Collins’s (1986) theory of *interlocking oppressions* points out philosophical foundations that underlie multiple systems of oppression. It is common in sociology to explain inequality in terms of race, class, or gender alone. Either you are Black or White, male or female, young or old, and so on. One group in each dichotomy has more power than the other. With some additional complexity, sociologists discuss issues of oppression related to race and class or age and gender, for example. Collins argues that these either/or additive approaches missed the point.

Instead, Collins explains that oppression exists as a **matrix of domination**, a concept which says that society has multiple interlocking levels of domination that stem from the societal configuration of race, class, and gender (Andersen and Collins 1992). **Patriarchy** and ableism work together to make disabled women and nonbinary people invisible. Systemic **racism**, **heteropatriarchy**, and classism interlock to oppress transgender People of Color who don’t have much money. This Black feminist analysis sees the holistic experience of interlocking and simultaneous oppressions and challenges people to see wholeness instead of difference (Collins 1986).

This interactive content is not available in this version of the text. It can be accessed online here:

<https://www.youtube.com/watch?v=bSXh8-a8H4M>

Figure 3.19 In this 2:14 video, actor Nancy Rodriguez performs **To Live in the Borderlands [Streaming Video]** by Gloria Anzaldúa. As you watch, consider what borders the people in the poem live between. What borders do you live between? [A transcript of the poem is available \[Website\]](#).

These same oppositional differences are seen in the work of Chicana theorist and activist Gloria Anzaldúa (1942–2004). Anzaldúa theorizes the idea of the borderlands, or *la frontera* (figure 3.19). The borderlands is a terrain, both literal and imagined, where we live. Living in the borderlands involves the simultaneous occurrence of contradictions. Anzaldúa (1987) writes that when you live in the borderlands you are a “forerunner of a new race, half-and-half—both woman and man—neither—a new gender” (p. 216). She uses various writing styles including poetry, as well as various languages to write her theory. In this way, she challenges the dominant way of composing scholarship. Her transitions between languages and dialects were groundbreaking. They served to question the dominance of certain languages (English) and ways of speaking (“proper” English).

Together these Black and Indigenous theorists of color advanced scholarly understandings of difference and oppression. Many of them also used nontraditional methods to articulate their ideas, often using personal experience or placing **value** on emotion. This contrasts with historical ways of doing theory that emphasized **objectivity** and reason. Objectivity refers to the idea of conducting research with no interference by aspects of the researcher’s identity or personal beliefs. Contemporary scholars believe it is impossible to ever be completely objective. Another similarity between these theorists is the links they made between composing scholarly work and doing activism out in the world. They worked to bridge the two and advocate for a reciprocal relationship so that what was happening in the world directly impacted scholarly work.

Critical Race Theory

To better understand race and racism, social scientists examine racial power dynamics in the United States and throughout the world. Sociologists have long understood race to be a social construct. Race is a product of social thought rather than a material or biological reality. Yes, people have different levels of melanin in their bodies, but that is as far as any biological notion of race goes. One sociological theory of race describes race as an ongoing, ever-evolving construction with historical and cultural roots (Omi and Winant 1986). The long-lasting economic inequality caused by slavery and systemic racism combines with all of the racial stereotypes circulating in media and popular thought to create our current racial formation.

Racial formation refers to the categories of race we currently have in this country and all of the meanings popularly attached to them. The United States counts race differently in different decades. In 1790, the census counted free White women and men, other free people, and slaves. In 2010, the categories expanded to include White, Black, American Indian/Alaska Native, Asian, Hawaiian/Pacific Islander, Other, and Hispanic. By 2020, though the categories didn’t change much, people could select more than two options. These census changes help us to more accurately reflect our multiracial and diverse population (Marks and Rios-Vargas 2021).

While understanding the socially constructed nature of race is important, American social theorist Joe R. Feagin (2006) criticizes racial formation theory for failing to include an understanding

of how slavery generated huge profits for White Americans, who then passed that money on to their future generations. Feagin's view of systemic racism insists on understanding the long-lasting impacts of slavery and recognizing White-on-Black oppression as firmly embedded within U.S.

society. Feagin (2006) writes, "For a long period now, white oppression of Americans of color has been systemic—that is, it has been manifested in all societal institutions" (p. xiii). If you'd like to learn more, you can read about [Joe R. Feagin \[Website\]](#).

This interactive content is not available in this version of the text. It can be accessed online here:

<https://www.youtube.com/watch?v=miVIHcdjaWM>

Figure 3.20 Historian Ibram X. Kendi explains Critical Race Theory in this 5:19-minute video [What Critical Race Theory Actually Is — and Isn't \[Streaming Video\]](#). How does Critical Race Theory build on historical sociological theories of race? [Transcript](#).

You may have seen the words **critical race theory** on social media or in your local newspaper. **Critical Race Theory** (CRT) is the theory that systemic racism is embedded in U.S. institutions, not just the behavior of individuals. Ibram X. Kendi describes Critical Race Theory in the 5:19-minute video in figure 3.20. The NAACP defines it in more detail like this:

Critical race theory, or CRT, is an academic and legal framework that denotes that systemic racism is part of American society — from **education** and housing to employment and healthcare. Critical race theory recognizes that racism is more than the result of individual bias and **prejudice**. It is embedded in laws, policies and institutions that uphold and reproduce racial inequalities. According to CRT, societal issues like Black Americans' higher **mortality** rate, outsized exposure to **police** violence, the school-to-prison pipeline, denial of affordable housing, and the rates of the **death** of Black women in childbirth are not unrelated anomalies. (NAACP Legal Defense Fund 2023)

CRT emerged in the 1980s out of a concern by legal scholars of color that the measures installed by the civil rights movement to alleviate racial

injustice were no longer addressing the problem or never did.

Critical race theorists take a systemic view of racism. They see racism not as a quirk within our society but as an everyday occurrence within many, if not all, parts of life (Delgado and Stefancic 2017). They raise questions about the law's ability to address systemic racial inequality.

One discussion about CRT revolves around what to teach children in K-12 schools. Some White people worry that White children are being made to feel guilty for being White. However, this is a misunderstanding of the theory. It's not about guilt. It's about **structural racism**, the totality of ways in which societies foster racial **discrimination** through mutually reinforcing systems of housing, education, employment, earnings, benefits, credit, media, **health** care, and criminal justice (Bailey et al. 2017).

The American Sociological Association supports teaching CRT because understanding how race impacts inequality is fundamental to changing racist laws, policies and practices (ASA 2023). Advocates for **racial justice** affirm the importance of discussing race and racism with children in school settings. To learn more, check out this blog: ["Critical Race Theory: 'Diversity' Is Not the Solution, Dismantling White Supremacy Is" \[Website\]](#).

Queer Theory



Figure 3.21 Two queer men sit on a wall near a river in France. Queer theorists explore new ways of thinking about gender and sexuality. How does this approach challenge what you know?

Queer theory is an interdisciplinary approach to sexuality and gender identities that identifies Western society's rigid splitting of gender into male and female roles and questions how we have been taught to think about **sexual orientation** and gender (figure 3.21). By calling their discipline *queer*, scholars reject the effects of labeling. Instead, they embraced the word *queer* and reclaimed it for their own purposes. The perspective highlights the need for more flexible and fluid notions of sexuality and gender that allow for change, negotiation, and freedom. One concrete example would be allowing individuals to write in their **gender identity** on forms or leave it blank.

French social theorist Michel Foucault (1978) traced the history of the concept of sexuality and saw that powerful forces encouraged its development as part of an effort to reveal and eliminate any deviant forms of sexual expression. Foucault's work on sexuality raises many questions: Why are we asked to identify as a specific sexuality? Wouldn't we be freer if sexuality wasn't categorized (e.g., homosexual/ heterosexual)? Of course, many **LGBTQIA+** activists would argue otherwise, given the power of self-identification and advocacy for rights and respect.

Another well-known queer theorist, Judith Butler, also critiqued categorizations, but her objections included gender identities. As with Foucault, she felt these categories were limiting. Butler is recognized among sociologists for developing the theory of the performativity of gender. This theory describes gender as a way of appearing to others through clothing, nonverbal communication, make-up, etc., instead of an inner feeling or identity. Thus, gender is a matter of learned performance and can be reconstructed (Wilchins 2004). In this approach, sociologists talk about "doing gender." Like symbolic interactionists, they say **gender expression** is an intentional choice made in everyday interactions. This theory opens the doors for us to re-think what we want gender to mean or for us to do away with the concept of gender altogether and replace it with something else. Theorists who use queer theory strive to question the ways society perceives and experiences sex, gender, and sexuality, creating a new scholarly understanding.

Theories of Interdependence

As we discussed in [Chapter 1](#), we are interdependent. We need each other to survive and thrive. How do sociologists understand this concept and apply it to understand the social world?

To answer that question, we need to start with our friends, the biologists. Like Simba and the pride in the circle of life, as described in *The Lion King*, biologists recognize that all life is interconnected. They refer to specific instances of this

interdependence as ecosystems. An ecosystem is a geographic area where plants, animals, and other organisms, as well as weather and landscapes, work together to form a bubble of life.

This interactive content is not available in this version of the text. It can be accessed online here:

<https://www.youtube.com/watch?v=GXPGr9bJmG0>

Figure 3.22 This 36-second video, [Giant Pacific Octopus spotted at Yaquina Head \[Streaming Video\]](https://www.youtube.com/watch?v=GXPGr9bJmG0) from the Yaquina Head Tide Pools on the Pacific coast of Oregon shows a giant Pacific octopus captured in the tide pool. Many other plants and animals live in this unique ecosystem. What ecosystems are common where you live? (There is no transcript for this short video; it features ambient noise with captions.)

A tide pool is a tiny ecosystem, like the one shown in figure 3.22. The pool contains seaweed which photosynthesizes and creates oxygen and plant matter. Tiny abalone eat the seaweed. Mussels cling to the rocks, filtering the ocean water and eating the small life the water contains. Sea anemones eat plankton and small fish. Sea stars eat the clams and mussels. A giant Pacific octopus tries to find its way back to the ocean. The whole ecosystem depends on the moon and the tides to be refreshed and restored. If you remove one part, the tiny ecosystem of the tide pool falls apart.

In the mid-1950s, social scientists began to apply this idea to human systems also. Russian-

born American psychologist Urie Bronfenbrenner proposed the ecological systems model to describe the social influences on individual life. The common understanding of **poverty** at that time was that people were poor because they made bad choices. Bronfenbrenner's model suggested that outside influences contributed to poverty beyond the level of the individual. This sounds a lot like the **sociological imagination** from [Chapter 1](#), doesn't it? The following two diagrams and the associated video illustrate the concept (figure 3.23 shows Bronfenbrenner's ecological system theory and figure 3.24 shows Bronfenbrenner's ecological system theory with labels).

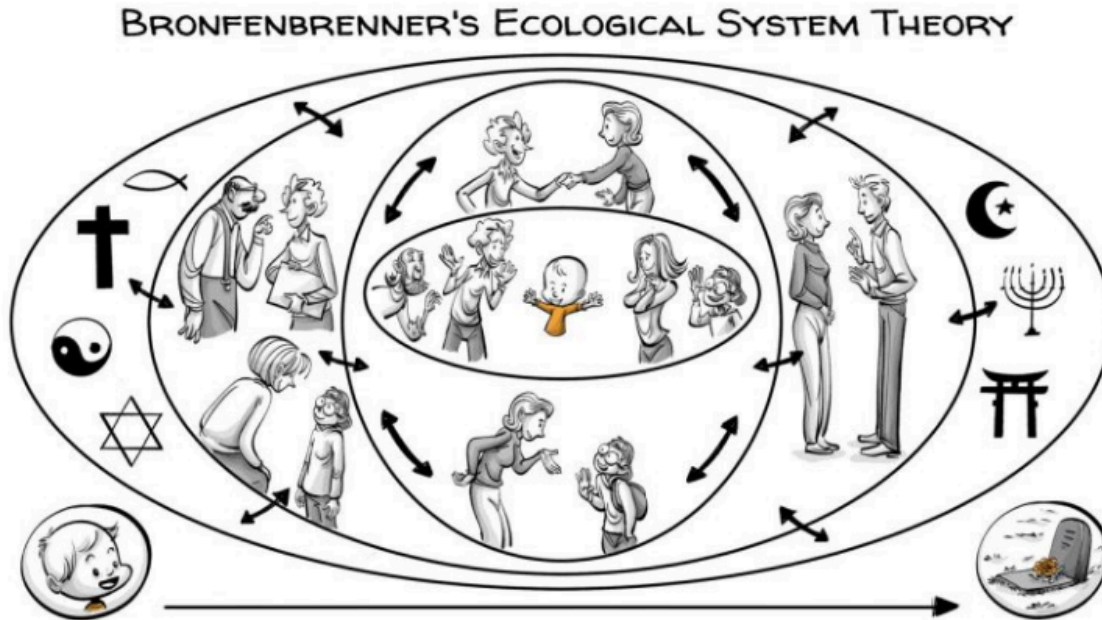


Figure 3.23 Bronfenbrenner's ecological system theory: Children are affected by families, and families are influenced by interactions with bosses or teachers. Bosses are influenced by the economy or religion. [Image description.](#)

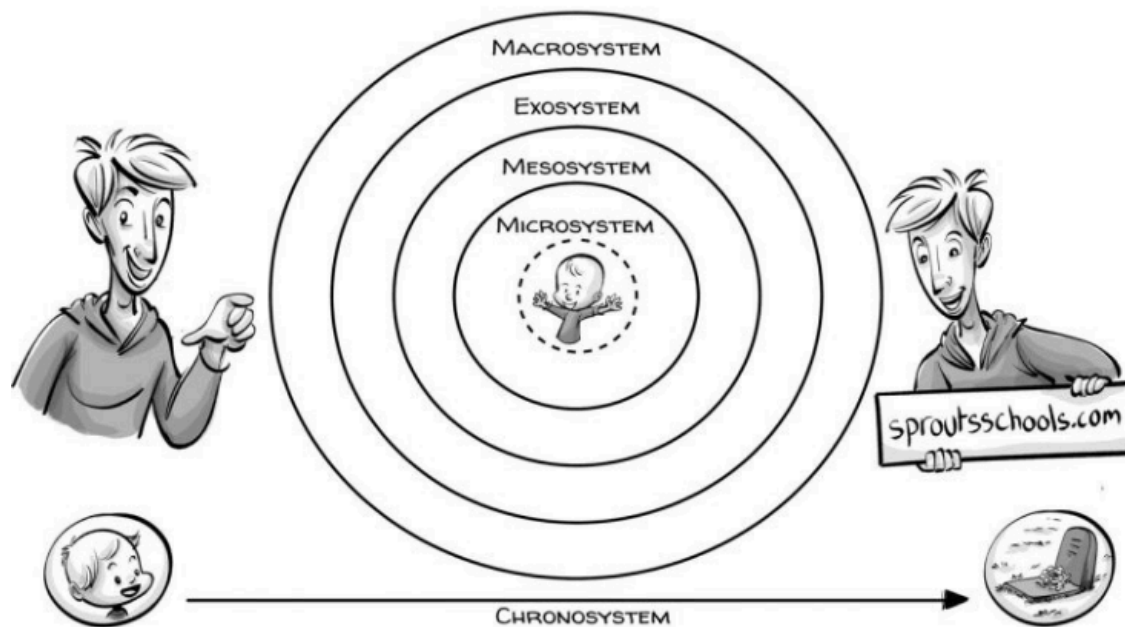


Figure 3.24 Bronfenbrenner's ecological system theory with labels. Each system is a different level of influence.

In the ecological system theory model, the social world contains layers, each with its own influence on a child. The system moves from the smallest level of the individual child to the microsystem of

family, through growing layers until it reaches the macrosystem of institutions and society. The systems also change over the lifetime of the person, as represented by the chronosystem.

This early model of applying ecosystems to human behavior was very effective. When Bronfenbrenner presented this theory to Congress, they funded Head Start. This program provides free preschool to young children in high-poverty areas. For a more complete story, watch [**“Ecological System Theory” \[Streaming Video\]**](#).

Sociologists have built on the social ecosystem model proposed by psychologists. An online search of wide-ranging topics from the root causes of health inequality, increasing economic **equity** for young Black men, or addressing bullying of LGBTQIA+ students finds many variations of this model.

The labels of the circles vary, depending on the problem researchers and activists are trying to describe. However, all of the social ecology models move from the personal and individual out through the layers to systemic or structural causes of social problems.

The model in figure 3.25 is useful in understanding the various levels of society by showing how individual, community and institutional actions are connected. Sociologists call this a **social structure**, the complex and stable framework of society that influences all individuals or groups through the relationship between institutions (e.g., economy, politics, **religion**) and social practices (e.g., behaviors, norms, and values). Seeing these levels clearly also helps us see the harm that can happen at each level, as well as the healing that is possible. This model, and the table in figure 3.26 that describes it, will be used throughout the book to anchor our discussions where social problems occur in society. The social ecological systems model also helps us link **individual agency** and **collective action** as we work to solve interdependent social problems.

Social Ecology of Interdependence

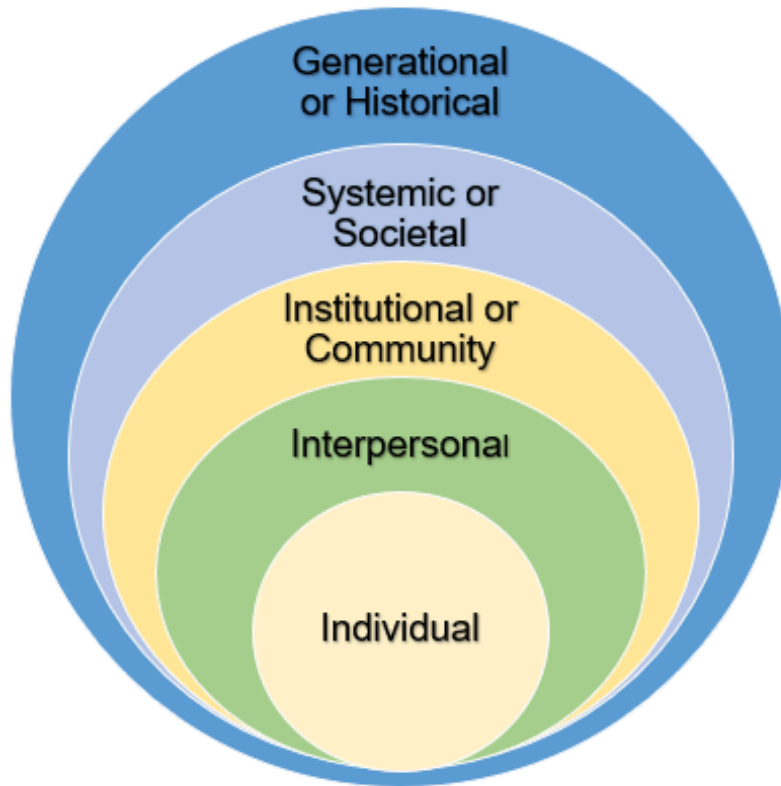


Figure 3.25 Social ecosystem model, also known as social structure. Social problems occur at every level of this ecosystem.

The table in figure 3.26 provides more detail about each level. Don't worry if you don't capture every detail. You will see this illustration often, so you have time to make sense of it.

Level	Description	Harm	Healing
Individual	This level reflects the thoughts, feelings, and behaviors of an individual.	Prejudice, internalized homophobia, or implicit bias causes harm.	Recognizing and changing unconscious assumptions or internalized hatred allows healing.
Interpersonal	This level reflects interactions between people, in families and in groups.	Microaggressions, name calling, and violence against individuals or groups causes harm.	Practicing anti-racist behaviors or stepping forward/stepping back to center the experiences of marginalized people allows healing.
Community/Institutions	This level reflects institutions like school, work, church, or government. It can also reflect your neighborhood, city, or state.	Laws, policies, or implementation of those policies cause harm.	Changes in laws, policies or practices allows healing.
Systemic or Societal	This level reflects structures or culture that surround the institutions.	A hierarchy of groups or pervasive beliefs, attitudes, or actions that one group is superior to another causes harm.	Focusing on institutionalizing equitable practices and promoting cultural change at all levels of society allows healing.
Generational or Historical	This level reflects time – the past structures of society or behaviors that are passed from parents to children.	Trauma, oppression, and violence of the past may cause harm.	Recognizing the historical roots of oppression and repairing the harm, or healing intergenerational trauma allows healing.

Figure 3.26 Table of the Social Ecosystem Model: Harm and Healing. This table explores the harm or healing that can occur at each level of our social structure. Can you think of examples that might apply at every level?

Each of these theoretical approaches explains society through a different lens. Depending on your questions, one lens may be more useful than another.

Unpacking Oppression, Locating Justice

In this chapter, you met many sociologists, social scientists, and activists. You may have noticed that many of these people have links with biographies or details about their theories. That's a lot of links!

We added these links because we know that a scientist's **social location** impacts their work. Karl Marx was poor. That might have influenced how he explained **capitalism**. Gloria Anzaldúa was Chicana, and she worked to explain her experience using the concept of borderlands.

It's your turn to unpack oppression and locate justice:

Sociologists work from their particular social location. Who they are, the historical period they live in, and the issues they experience become sources of their sociological work. Throughout this book, you will notice that we highlight sociologists and activists so that you know who is creating the knowledge you are learning. This activity will help you practice learning more about sociologists and social location.

Instructions

1. Pick a sociologist that you want to understand from this chapter or anywhere in the book.
2. Learn more about them—were they rich, poor, or somewhere in the middle? Did they identify as White or some other race or **ethnicity**? What was their gender identity? How many elements of social location can you find?
3. Identify their Historical or Social Context: What social problems or historical events were they reacting to?
4. Key Concept: What essential idea or key concept did they contribute to sociology?
5. Reflect: How did the social problems of the time and the social location of the sociologist interact to produce their social theory?

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Figure 3.20. “[What Critical Race Theory Actually Is — and Isn’t](#)” by [NowThis News](#) is licensed under the [Standard YouTube License](#).

3.6 Chapter Summary

Kelly Szott and Kimberly Puttman

As we come to the end of this chapter you may be feeling energized or overwhelmed. In this chapter, we learned that theories are ideas about how the social world works. They help us explain and predict patterns in the social world. Each theoretical framework has a unique lens to see the world. The patterns that you see depend on the lens that you use. We added a key model of **social structure** that

will help us locate social problems as we explore them further in this book.

Now that we understand how sociologists begin to answer the question of why the social world looks the way it does, let's look more deeply at how sociologists prove it. Let's put theories to the test!

ESSENTIAL IDEAS

Learning Objective 1: How does sociological theory help us to understand and explain our world?

A theory is a statement that describes or explains why social phenomena are related to each other. Theories help us to understand patterns in social behavior. Theories help us predict what might happen. Potentially, a theory supported with evidence might help us act to create effective change.

Learning Objective 2: Who are sociologists, particularly scholars and scientists who are traditionally ignored?

Sociologists are scholars and scientists who study the social world, from the micro level of interactions between two people to the macro level of institutions, generations, and the planet. While classical **sociology** is often focused on the experiences of wealthy White men, modern sociologists use **gender, race, sexual orientation** and other theoretical perspectives to explain the persistence of inequality in our **society**. The **social location** of the scientist matters.

Learning Objective 3: How does the social location of sociologists influence what they see?

The social location of the scholars and scientists matters because it influences what questions they ask, how they gather their data and how they interpret their results. According to Du Bois and Collins, scientists who belong to groups that experience oppression are more likely to be able to describe and explain the systems that contribute to **structural inequality**.

Comprehension Check

KEY TERMS LIST

Conflict Theory: a sociological approach that views society as characterized by pervasive inequality based on social class, race, gender, and other factors

Critical Race Theory: the theory that systemic racism is embedded in U.S. institutions, not just the behavior of individuals.

cultural appropriation: the act of taking or using things from a culture that is not your own, especially without showing that you understand or respect this culture

feminist theory: a theoretical perspective stating women are uniquely and systematically oppressed and that challenges ideas of gender and sex roles.

macro-level theory: a theory which examines larger social systems and structures, such as the capitalist economy, bureaucracies, and religion.

Matrix of Domination: a concept which says that society has multiple interlocking levels of domination that stem from the societal configuration of race, class and gender.

micro-level theory: a theory which examines the social world in finer detail by discussing social interactions and the understandings individuals make of the social world.

Queer Theory: an interdisciplinary approach to sexuality and gender studies that identifies Western society's rigid splitting of gender into male and female roles and questions the manner in which we have been taught to think about sexual orientation and gender.

social structure: the complex and stable framework of society that influences all individuals or groups through the relationship between institutions (e.g., economy, politics, religion) and social practices (e.g., behaviors, norms, and values).

society: a group of people who live in a defined geographic area, who interact with one another, and who share a common culture

sociology: the systematic study of society and social interactions to understand individuals, groups, and institutions through data collection and analysis.

standpoint theory: a theory which argues that where you stand, or your point of view, influences what you notice.

stigma: the social process whereby individuals that are taken to be different in some way are rejected by the greater society in which they live based on that difference

Structural Functional Theory: a sociological approach which maintains that social stability is necessary for a strong society, and adequate socialization and social integration are necessary for social stability. Society's social institutions (such as the family or the economy) perform important functions to help ensure social stability.

structural racism: the totality of ways in which societies foster racial discrimination through mutually reinforcing systems of housing, education, employment, earnings, benefits, credit, media, health care and criminal justice.

Symbolic Interactionist Theory: a sociological approach that focuses on the study of one-on-one social interactions and the meanings that emerge from them.

theory: a statement that describes and explains why social phenomena are related to each other.

DISCUSS AND DO

1. **Theory in practice:** Find a news article or video that describes a current **social problem**. Focus on how the author describes WHY the social problem exists. Do you see any of the theories in this chapter being applied to explain the social problem?
2. **Black Women Theorists:** Why do you think that Black women propose sociological theories of interlocking systems of oppression or **intersectionality**?
3. **Follow the money:** Conflict theory, based on the theories of Karl Marx, traces social problems to economics. He follows the money. What is one social problem that has an economic cause? What evidence can you find that supports that?
4. **Double Consciousness and Racism:** [When I Realized I Was Black \[Streaming Video\]](#). Watch the W.E.B Du Bois video and at least one of the other stories. What did you learn about Black identity, Black double consciousness, and racism?
5. **Critical Race Theory:** Some people think that Critical Race Theory encourages division. Others say that CRT is essential to understand existing injustice. What do you think?

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How Do We Find Out?: Research Methods for Social Problems

4.1 Learning Objectives and Chapter Overview

Kimberly Puttman

LEARNING OBJECTIVES

After reading this chapter, you will be able to:

1. Explain how a research framework impacts the way in which the sociologist conducts research.
2. Define the characteristics of each **research method**.
3. Analyze the challenges that social scientists experience when they combine research and action when examining social problems.

Chapter Overview

I honor everyone who is doing science in revolutionary ways, helping us to

understand the world more deeply so that we can heal ourselves and our planet. —Kim Puttman

In **Chapter 3**, we explored how social scientists explain things in the social world. They propose a **theory**, an idea about why things happen. They begin to systematically explain, for example, why socioeconomic class is prevalent in industrialized societies or why **implicit bias** is so common. But how do they pick which theory is right? Which

idea works to explain or predict what might happen next?

Because sociologists are scientists, they look for evidence that supports or doesn't support their theory. They observe people interacting and collect data. They often use the scientific method, a common set of steps that allow them to gather data, analyze the data, and share results.

This interactive content is not available in this version of the text. It can be accessed online here:

<https://www.youtube.com/watch?v=Un2yBgIAxYs>

This interactive content is not available in this version of the text. It can be accessed online here:

<https://www.youtube.com/watch?v=yi0hwFDQTSQ>

Figure 4.1 What are some of the differences between biological and social sciences? Scientists often use the scientific method but with some key differences. Watch through 10:23 of the video [Suzanne Simard: How Trees Talk To Each Other \[Streaming Video\]](#) (top). Next, watch through 7:26 of the video [The Scientific Method \[Streaming Video\]](#) (below). [Transcript](#).

You might remember the metaphor for **society** from **Chapter 1**. In this comparison, we talked about human society like a forest. Individual trees did not exist in isolation. Instead, they were interdependent. They formed a living community. In the first video (figure 4.1, top), Canadian biologist Suzanne Simard discusses using the scientific method to find out about tree communication. You might also notice that she employs some other ways of knowing, concepts that we discussed in **Chapter 3**.

In the second video (figure 4.1, below), researchers apply the scientific method to social problems rather than questions of biology. How many steps in the scientific method can you identify? What kinds of research questions capture the attention of social scientists? In this chapter, we examine the scientific method. We also explore criticism of this method. We investigate other

frameworks that support scientists in finding out what is true.

Additionally, social scientists have many ways to collect the information they use to research their questions. The ways in which social scientists collect, analyze, and understand research information are called **research methods**. We look at some of the advantages and disadvantages of each method. This will help us understand how scientists can be confident in how they make sense of social problems.

Finally, the sociologists who study social problems often hope their findings will support effective action related to a **social problem**. Like SSSP President Nancy Mezey, who we met in **Chapter 1**, social problem scientists study and act. We will examine some of the research methods that combine learning and doing.

FOCUSING QUESTIONS

The following questions will help us understand how sociologists do science:

1. How does a research framework impact the way in which a sociologist conducts research?
2. What are the characteristics of each research method?
3. What challenges do social scientists experience when they combine research and action when examining social problems?

Let's start doing science!

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4.2 Scientific Frameworks

Kimberly Puttman

As you saw in [Chapter 3](#), **sociology** is the systematic study of **society** and social interactions to understand individuals, groups, and institutions through data collection and analysis. Although sages, leaders, philosophers, and other wisdom holders have asked what makes a good life throughout human history, sociology applies scientific principles to understanding human behavior.

Like anthropologists, psychologists, and other social scientists, sociologists collect and analyze data to draw conclusions about human behavior. Although these fields often overlap and complement each other, sociologists focus most on the

interaction of people in groups, communities, institutions, and interrelated systems.

Sociologists study human interactions from the smallest micro unit of how parents and children bond to the widest macro lens of what causes war throughout recorded history. They explore microaggressions, those small moments of interaction that reinforce **prejudice** in small but powerful ways. They also study the generationally persistent systems of systemic inequality. As the **COVID-19** pandemic sickens many of us and the climate crisis worsens, sociologists turn even greater attention to global and planetary systems to understand and explain our **interdependence**.

The Scientific Method

Many scientists use shared approaches to figure out how the social world works. The most common is the **scientific method**, an established scholarly research process that involves asking a question, researching existing sources, forming a **hypothesis**, designing a data collection method, gathering data, and drawing conclusions. Often this method is shown as a straight line. Scientists proceed in an orderly fashion, executing one step after the next.

This method also emphasizes **objectivity**, the unrealistic idea of conducting research with no interference by aspects of the researcher's identity or personal beliefs. Science uses evidence to prove theories. At the same time, all scientists, like all people, have unconscious biases. They make assumptions about the way the world works. It is sometimes difficult to see these assumptions clearly. For example, suppose you unconsciously assume that women are weaker than men. In that case, you may label behavior emphasizing social connection as soft or passive rather than focusing on how important connection is to survival.

In some cases, scientists use pseudo-scientific methods to justify oppression. As early as 1684, French physician François Bernier classified people into different races based on where they lived in the world. Each **race** had a distinct temperament or set of characteristics. By the early 1800s, European and American White scientists classified people into five distinct biological races, with characteristics of more or less intelligence and diligence. In another example, the French naturalist Georges Cuvier dissected the body of Sarah Baartman, a Khoekhoen tribal African woman, in 1817:

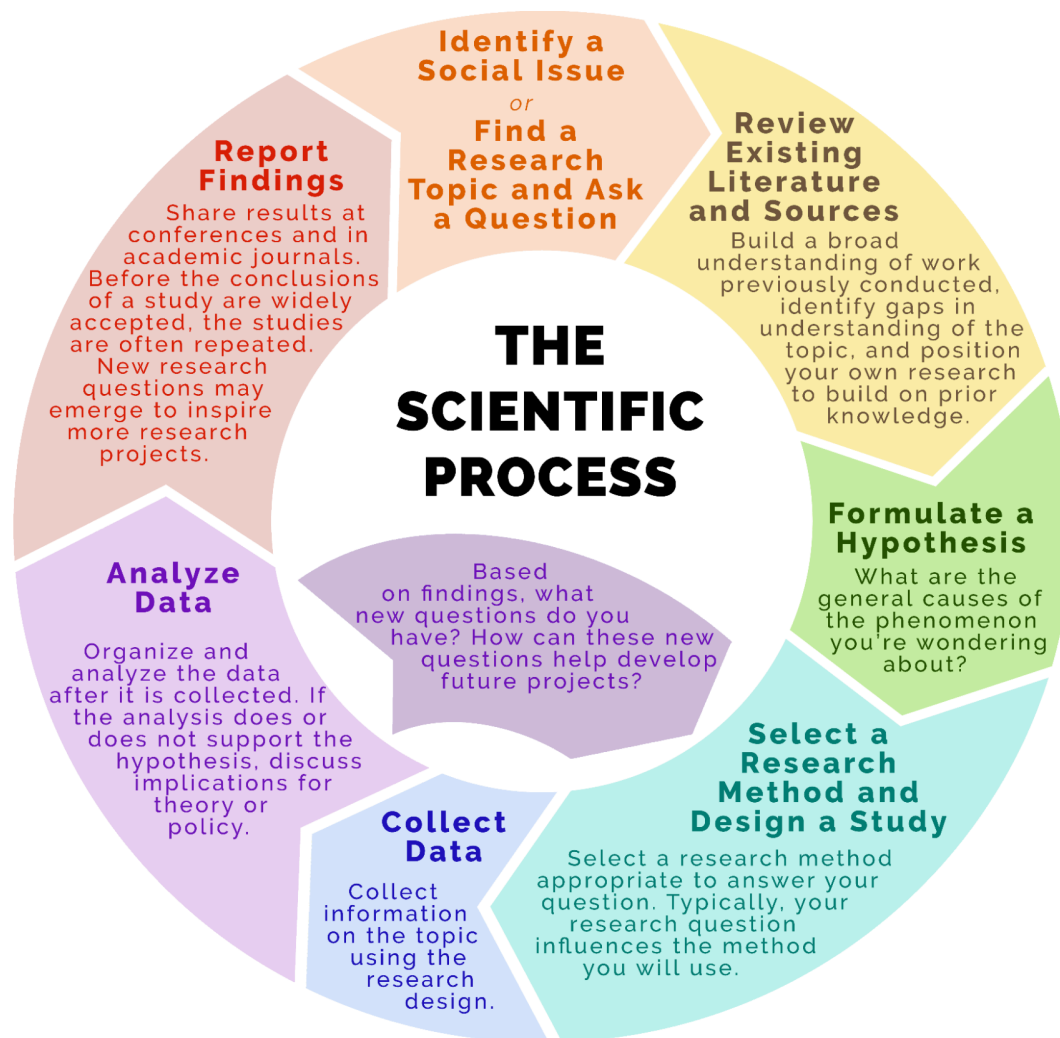
He claimed that she had a small brain and a resemblance to a monkey. For him and many of his contemporaries,

the examination of her body, and the bodies of other Africans, proved their inferiority to Europeans, showing “no exception to this cruel law which seems to have condemned to eternal inferiority the races with cramped and compressed skulls. (Penn Museum 2023)

Both examples typify **scientific racism**, the use of pseudo-scientific methods to justify racial inequality. These “scientific” studies became a justification for slavery. However, even after slavery ended, scientific **racism** continued. In the 1800s and early 1900s, some White scientists and doctors conducted horrific experiments attempting to prove that Black people had thicker skins, felt less pain, and were less intelligent than White people (Tucker, n.d.; Villarosa 2021). These studies are not true.

However, we continue to see the results of these beliefs in our medical and healthcare system today. When we look at pain management, for example, Black people are 22 percent less likely than White patients to receive pain medication (Sabin 2020). The ways in which “science” justified racist beliefs continue to influence our **health** care system today. We’ll discuss this more in [Chapter 10](#). Even though social science is based on collecting and analyzing data, it often reflects the norms and values of the scientists and the existing social hierarchies.

Because objectivity is not possible, scientists rely on collaboration to correct bias and validate results. The scientific method is a circular process rather than a straight line, as shown in figure 4.2. The circle helps us to see that science is driven by curiosity and that learnings at each step move us to the next step in ongoing loops. This model allows for the creativity and collaboration that is essential in how we create new scientific understandings. Let’s dive deeper!



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Figure 4.2 The Scientific Method is an ongoing process. Each step feeds the next step. How is this different from a linear model you may have previously learned about? [Image description.](#)

Step 1: Identify a Social Issue or Find a Research Topic and Ask a Question

The first step of the scientific method is to ask a question, select a problem, and identify the specific area of interest. The topic should be narrow enough to study within a geographic location and time frame. “Why do societies have inequality” would be too vague. The question should also be

broad enough to be of significance. “Why do my parents get into fights?” would be too narrow. Sociologists strive to frame questions that examine well-defined patterns and relationships.

Step 2: Review Existing Literature and Source

The next step researchers undertake is to conduct background research through a literature review, which is a review of any existing similar or related studies. A visit to the library, a thorough online search, and a survey of academic journals will uncover existing research about the topic of study. This step helps researchers gain a broad understanding of work previously conducted, identify gaps in understanding of the topic, and position their research to build on prior knowledge. Researchers—including student researchers—are responsible for correctly citing existing sources they use in a study or that inform their work. While it is fine to borrow previously published material (as long as it enhances a unique viewpoint), it must be referenced properly.

To study crime, for example, a researcher might also sort through existing data from the court system, **police** database, and prison information. It's important to examine this information in addition to existing research to determine how you might use these resources to fill holes in existing knowledge. Reviewing existing sources educates researchers and helps refine and improve a research study design.

Step 3: Formulate a Hypothesis

A **hypothesis** is a *testable* educated guess about predicted outcomes between two or more variables. In sociology, the hypothesis often predicts how one form of human behavior influences another. For example, a hypothesis might be in the form of an “if, then statement.” Let's relate this to our topic of crime: If unemployment increases, then the crime rate will increase.

In scientific research, we formulate hypotheses to include an **independent variable (IV)**, which is the *cause* of the change, and a **dependent variable (DV)**, which is the *effect* or thing that is changed. In the example above, unemployment is the independent variable, and the crime rate is the dependent variable.

In a sociological study, the researcher would establish one form of human behavior as the independent variable and observe its influence on a dependent variable. How does **gender** (the independent variable) affect the rate of **income** (the dependent variable)? How does one's **religion** (the independent variable) affect family size (the dependent variable)? How is social class (the dependent variable) affected by level of **education** (the independent variable)?

Hypothesis	Independent Variable	Dependent Variable
The greater the availability of affordable housing, the lower the homeless rate.	Affordable Housing	Rate of Homelessness
The greater the availability of math tutoring, the higher the math grades.	Math Tutoring	Math Grades
The greater the factory lighting, the higher the productivity.	Factory Lighting	Productivity
The greater the amount of media coverage, the higher the public awareness.	Media Coverage	Public Awareness

Figure 4.3 Examples of dependent and independent variables. The independent variable causes the dependent variable to change in some way. What are some other examples?

Taking an example from figure 4.3, a researcher might hypothesize that if the amount of affordable housing (independent variable) increases, the rate of **homelessness** (dependent variable) would decrease. Identifying the independent and dependent variables is very important. It's not enough that two variables are related. Scientists must predict how a change in the independent variable causes a change in the dependent variable.

Step 4: Select a Research Method and Design a Study

Researchers select an appropriate **research method** to answer their research question in this step. Surveys, experiments, interviews, ethnography, and content analysis are just a few examples that researchers may use. You will learn more about these and other **research methods** later in this chapter. Typically, your research question influences the type of methods you will use.

Step 5: Collect Data

Next, the researcher collects data. Depending on the research design (step 4), the researcher will begin collecting information on their research topic. After gathering all the data, the researcher can systematically organize and analyze it.

Step 6: Analyze the Data

After constructing the research design, sociologists collect, tabulate or categorize, and analyze data to formulate conclusions. If the analysis supports the hypothesis, researchers can discuss what this might mean. If the analysis does not support the hypothesis, researchers consider repeating the study or think of ways to improve their procedure.

Even when results contradict a sociologist's prediction of a study's outcome, the results still contribute to sociological understanding. Sociologists analyze general patterns in response to a study but are equally interested in exceptions to patterns. In a study of education, for example, a researcher might predict that high school dropouts have a hard time finding rewarding careers. While many

assume that the higher the education, the higher the salary and degree of career happiness, there are certainly exceptions. People with little education have had stunning careers, and people with advanced degrees have had trouble finding work. A sociologist prepares a hypothesis, knowing that results may support or contradict it.

Step 7: Report Findings

Researchers report their results at conferences and in academic journals. These results are then subjected to the scrutiny of other sociologists in the field. Before the conclusions of a study become widely accepted, the studies are often repeated in different environments. In this way, sociological theories and knowledge develop as the relationships between social phenomena are established in broader contexts and different circumstances. However, the scientific method isn't the only way to conduct social science.

Interpretive Framework

You may have noticed that most of the early recognized sociologists in this chapter were White wealthy men. Often, they looked at economics, **poverty**, and industrialization as their topics. They were committed to using the scientific method. Although women like Harriet Martineau and Jane Addams examined a wide range of social problems and acted on their research, science, even social science, was considered a domain of men. Even in 2020, women are less than 30 percent of the STEM (Science, Technology, Engineering, and Math) workforce in the United States (American Association of University Women 2020).

Feminist scientists challenge this exclusion and the kinds of science it creates. Feminist scientists argue that women and non-binary people belong

everywhere in science. They belong in the laboratories and scientific offices. They belong in deciding what topics to study so that social problems of gendered violence or maternal health are studied also. They belong as participants in research, so that findings apply to people of all gender identities. They belong in applying the results to doing something about social problems. In other words:

Feminists have detailed the historically gendered participation in the practice of science—the **marginalization** or exclusion of women from the profession and how their contributions have disappeared when they have participated. Feminists have also noted how the sciences have been slow to study women's lives, bodies, and experiences. Thus from both the perspectives of the agents—the creators of scientific knowledge—and from the perspectives of the subjects of knowledge—the topics and interests focused on—the sciences often have not served women satisfactorily. (Crasnow 2020)



Figure 4.4 NASA “human computer” Katherine Johnson watches the premiere of *Hidden Figures* after a reception where she was honored along with other members of the segregated West Area Computers division of Langley Research Center.

You may have seen the movie *Hidden Figures* or read the book. In figure 4.4, Katherine Johnson, an African American mathematician, physicist, and space scientist, watches the movie's premiere. In it, women, particularly Black women, were the com-

puters for NASA, manually calculating all the math needed to launch and orbit rockets. However, politicians and leaders did not recognize their work. Even when they were creating equations and writing reports, women's names didn't go on the title pages.

The practice of science often excludes women and nonbinary people from leadership in research, research topics, and as research subjects. The feminist critique of the traditional scientific method, and other critiques around the process of doing traditional science created space for other frameworks to emerge.

One such framework is the **interpretive framework**. The **interpretive framework** is an approach that involves detailed understanding of a

particular subject through observation or listening to people's stories, not through hypothesis testing. This framework comes from grounded **theory** developed by sociologists Glasser and Strauss, grounding a theory first in data and then theorizing (Chun Tie, Birks and Francis 2019).

Researchers try to understand social experiences from the point of view of the people who are experiencing them. They interview people or look at blogs, newspapers, or videos to discover what people say is happening and how people make sense of things. This in-depth understanding allows the researcher to create a new theory about human activity. These steps are similar to the scientific method but not the same, as shown in figure 4.5.

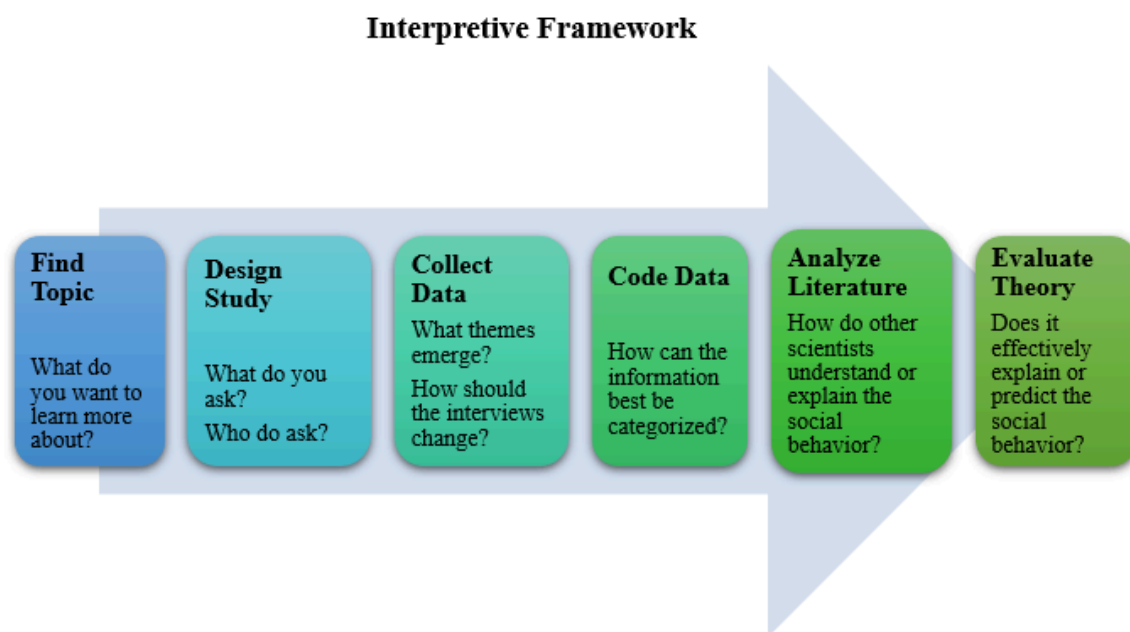


Figure 4.5 Interpretive Framework: Rather than starting with a hypothesis, you start with a topic and ask people about it. As you look at the interview data, themes emerge. How is this model different from the scientific method? [Image description.](#)

In the interpretive framework, the researcher might start with a topic they are interested in. In one study, researchers were interested in improving medical care for women potentially experiencing miscarriages. They wanted to understand

the experience of going to the emergency room from the perspective of pregnant women. They designed interviews that asked the pregnant women and the nursing staff about their experience. During the interviews, the women men-

tioned that most emergency room personnel did not include their partners in the process. The researchers added interviewing the partners as part of their study design.

Once the interviews were complete, the researchers analyzed the data and identified themes. They proposed a model called “Threads of Care” which emphasized the need to include both the pregnant person and the partner in understanding the physical processes associated with miscarriages and in providing gender-specific emotional support. Because the scientists included partner interviews, they discovered that both people involved in the pregnancy experienced uncertainty, loss, and grief, not just the pregnant person (Edwards et al. 2018).

Even though both the traditional scientific method and the interpretive framework start with curiosity and questions, the people who practice science using the interpretive framework allow the data to tell its story. Using this method can lead to insightful and transformative results. You can find things you didn’t even know to expect because you are listening to what the stories say.

However, the scientific method and the interpretive framework are not the only frameworks that sociologists use to explore the social world. We also use the Indigenous framework.

Indigenous Frameworks

Our research has shown us that Indigenous sciences and foundational principles have the **power** to heal and rebalance in this world, as well as to address serious illness. Our intent is to open a pathway that would allow for this knowledge and understanding to safely and respectfully be introduced—or in some cases reintroduced—to the world through science.

– Joseph American Horse, leader of the Oglala Lakota Oyate

Like the feminist scientists discussed in the [previous section](#), Indigenous scientists provide an alternative framework to mainstream science. Each Indigenous group has a unique way of understanding their own land and a method of learning that respects that place. At the same time, many Indigenous scientists share similar frameworks. **Indigenous science** is the scientific framework of Indigenous cultures worldwide, a time-tested approach that sustains the community and the environment.

Although mainstream scientists and Indigenous scientists share a common goal of understanding the social world, the frameworks that they use to create that understanding are deeply different. We will examine differences in their approaches to discovery, research methods, and consequences of doing science to more deeply understand the power of the Indigenous framework. Then, we will explore how weaving Indigenous and mainstream ways of knowing can lead to transformational knowledge that supports **social justice**.

You may remember from [Chapter 3](#) that people use different ways of knowing to understand the social world. Indigenous scientists **value** many ways of knowing. Robin Wall Kimmerer, an Indigenous biologist from the Citizen Potawatomi Nation, writes this:

Native scholar Greg Cajete has written that in indigenous ways of knowing, we understand a thing only when we understand it with all four aspects of our being: mind, body, emotion, and spirit. I came to understand quite sharply when I began my training as a scientist that science privileges only one, possibly two, of those ways of knowing: mind and body. As a young person wanting to know everything about plants, I did not question this. But it is a whole human being who finds the beautiful path. (Kimmerer 2013)

Although Kimmerer is referring to biology, the same difference exists in social science. Mainstream social scientists using the scientific method focus on intellectual ways of knowing. Indigenous social scientists leverage the power of knowing through mind, body, emotion and spirit. Let's look at each of these characteristics in turn.

First, both frameworks value the mind, the intellectual understanding of what is. However, they focus on two different ways of organizing that knowledge. Indigenous frameworks focus on interdependence and interconnectedness. Mainstream science will often break things down into parts to understand what each part does. While that may help understand details, it doesn't give the whole picture of a process or help understand the interdependence in the social and physical world.

In an Indigenous example, Lakota scientists use the image of a tipi to describe their scientific model. In this model, they focus on interrelatedness, interconnectedness, and the vitality of life. These components of the models are compared to tipi poles, which provide structure for the model itself. They write:

...these foundational poles are being used to signify the principles of *Mitakuye Oyasin* (interrelatedness), *Škan* (the constant motion of life) and *Paowanžila* (interconnectedness), which serve as the basis for our scientific systems. (American Horse et al. 2023:7)

Rather than focusing on splitting things into component parts to understand them, Indigenous scientists focus on connection and relationship in social systems. They also connect back to the ancestors and forward to future generations to imagine how any findings from science might impact the people and the environment. This interconnectedness includes both space – the interconnectedness and interdependence of water, air, earth, and beings – and time – back to the

ancestors and forward to next generations. This is very different from the Western scientific perspective, which presumes objectivity and does not assume responsibility towards the subjects it studies.



Figure 4.6 Scholar Gregory Cajete, a Tewa Indian from Santa Clara Pueblo in New Mexico, articulates the differences between Indigenous and Western ways of doing science.

Gregory Cajete, the social scientist that Robin Wall Kimmerer referenced earlier in the chapter, is a Tewa Indian from Santa Clara Pueblo in New Mexico (figure 4.6). He describes the conflict in this way:

But the sources of knowledge of nature and the explanations of natural phenomena within a traditional Native American context are often at odds with what is learned in “school science” and proposed by Western scientific philosophy. Herein lies a very real conflict between two distinctly different worldviews: the mutualistic/holistic-oriented **worldview** of Native American cultures and the rationalistic/dualistic worldview of Western science that divides, analyzes, and objectifies. (Cajete 1999:146)

This conflict in approach is fundamental. At the same time, as we learned in [Chapter 1](#), a few mainstream social scientists sometimes use models of social ecosystems and interdependence. Using interconnectedness and interdependence

empowers social justice. If you'd like to learn more about the power of this perspective from Gregory Cajete, please watch [A Pueblo Story of Sustainability \[Streaming Video\]](#).

In addition, both frameworks consider the body, or the physical reality of social phenomenon. However, while Western science will carefully measure the parts, Indigenous scientific frameworks are grounded in a sense of place. A textbook from British Columbia is called [Knowing Home: Braiding Indigenous Science with Western Science \[Website\]](#). You can explore more if it interests you. The authors write, "In contemplating a title for this book, the phrase "Knowing Home" reflects that traditional knowledge and wisdom is contextual. The stories and testimonies of **Indigenous peoples** are usually related to a home place. In the words of Kimmerer:

To the settler mind, land was property, real estate, capital, or natural resources. But to our people, it was everything: identity, our connection to the ancestors, the home of non-human kinfolk, our pharmacy, our grocery store, our library, the source of everything that sustained us. Our lands were where our responsibility to the world was enacted, sacred ground. It belonged to itself; it was a gift, not a commodity, so it could never be bought or sold. (2013:17)

A sense of an interconnected place is essential in the Indigenous framework. Although mainstream social scientists will collect data about people carefully using the scientific method, their goal is to generalize their findings. Indigenous science grounds new findings within the context of a specific place in the physical world.

In the video in figure 4.7, Kimmerer has a longer conversation about what it means to be American. Starting around minute 55:25, she discusses how the Western approach to discrete naming and classifying, apart from a place, can prevent learning. Please listen to her words and reflect on how the practices she introduces might change your own approach to science.

This interactive content is not available in this version of the text. It can be accessed online here:

<https://www.youtube.com/watch?v=8B6X6uW6g6c&t=1s>

Figure 4.7 Biologist and storyteller Robin Wall Kimmerer reflects on the difference between naming and classifying in the Western scientific tradition and understanding relationships in the Indigenous traditions in this video: [Consider This with Robin Wall Kimmerer \[Streaming Video\]](#) (watch from 55:25 to 57:20). [Transcript.](#)

Another way the frameworks differ wildly is in the integration of emotion and spirit with the mind and the body. When we examined the scientific method earlier in the chapter, we noted that the scientific method emphasizes objectivity. Mainstream scientists often argue that beliefs, values, emotions, or faith have no place in effective sci-

ence. Indigenous frameworks say that emotion and spirit are valid ways of understanding the world. For example, the Lakota scientists write:

It is important to note that the Lakota do not traditionally have the concept of “religion” as is present in Western **culture** (Goodman 2017). Rather, Tunkašila’s [the Creator’s] energy and other dimensions are foundational to our scientific systems. Their presence is measurable, visible, and replicable. When certain conditions are created, we can enter these realms. *They are as real and tangible as the physical earth, but exist in different energetic planes.* (American Horse et al. 2023: 7, emphasis added)

Indigenous scientists incorporate both emotion and spirit into their framework arguing that the integration of mind, body, emotion and spirit are essential to both healthy living and effective science.

Differences in research methods demonstrate the impact of focusing on emotion and spirit in addition to mind and body. Like the Interpretive framework, the Indigenous framework also values story as a source of truth. Oral traditions, or stories, are one way that Indigenous people convey knowledge. Indigenous scientists value these stories as sources of wisdom and knowledge. Jacinta Koolmarie is an Adnyamathanha and Ngarrindjeri Indigenous person from Australia who is studying stories of her elders. She asserts that Indigenous stories provide valid evidence about the natural and social world. Please consider delving into that idea in her video, [“The myth of Aboriginal stories being myths” \[Streaming Video\]](#).

This perspective contradicts that of mainstream science. For example, Joel Best, who provides the model of the social problems process in [Chapter 1](#), argues that case studies, a technical word for stories, are not useful in explaining social problems (2018). He values measurements and numbers instead. In both the Interpretive framework and the Indigenous framework, stories matter.



Figure 4.8 Horses are an active part of life for the Lakota and many other Plains nations today. How does learning more about the Indigenous history of the horse challenge the ways of Western science?

Finally, the two frameworks differ in how they think about the purpose of science. Like **social problem** scientists and feminist scientists among others, Indigenous scientists agree that the purpose of science is to understand more deeply so that we can take action.

Indigenous science challenges the dominant narratives of power and **colonization** in the Americas, for example. **Colonization** is the action or process of settling among and establishing control over the Indigenous people of an area. Many schoolchildren learn the mistaken idea that the Spanish conquerors brought the horse to the Americas. Indigenous oral history disagrees.

Yvette Running Horse Collins, a Lakota scientist challenges this colonialist history, examining the oral traditions of the Lakota people, finding the Creator gifted the tribe with horses long ago (figure 4.8) She writes:

...you cannot have a Lakota separate of the horse as we were—and are—one with them. As is the case in our language, there is no past, present, or future for us with Šungwakaŋ. The Horse Nation is with us and a part of us and has been so since “time immemorial.” (American Horse et al. 2023: 21)

Her work stands in direct opposition to the more common narrative, challenging the truthfulness of colonizer accounts. This resistance is essential in the work of decolonization.

At the same time, the Indigenous framework and Western science are not binary opposites. They share a commitment to finding truth through exploring the social world. Increasingly, scientists working in both traditions are collaborating and discovering how the methods enhance one another. Using both approaches simultaneously creates powerful new knowledge that moves us toward justice.

For example, in a recent collaboration in anthropology, scientists tried to resolve the contradiction between Indigenous history and White dominant culture understandings of society and horses. Specifically, they wanted to know if horses were part of Indigenous culture before the arrival of the Spanish conquerors. The team acknowledges the colonialist viewpoint of dominant culture, writing:

Over recent decades, the story of people and horses has largely been told through the lens of colonial history. One reason for this is logistical – European settlers often wrote down their observations, creating documentary records that partially chronicle the early relationships between **colonists, Indigenous cultures and horses [Streaming Video]** in the colonial West. Another reason, though, is prejudice: Indigenous peoples in the Americas have been excluded from telling their side of the story. (Taylor and Collin 2023)

Then, they use Western science to date the bones of horse skeletons, finding that the bones pre-date the colonists. They combine the quantitative data with the qualitative data gathered from Indigenous stories to tell the deeper truth. Horses were part of Indigenous culture long before the arrival of the Spanish conquerors. This evidence chal-

lenges mainstream ideas of history, and the oppression that created those ideas. If you're interested in learning more about this powerful collaboration, you can read the full report **[Standing For Unči Maka \(Grandmother Earth\) And All Life: An Introduction To Lakota Traditional Sciences, Principles And Protocols And The Birth Of A New Era Of Scientific Collaborations \[Website\]](#)**.

From the Western scientific method to the Interpretive framework to Indigenous ways of doing science, we are all curious about why our social world is the way it is. We construct different frameworks to make sense of our interactions and institutions. Each framework starts from a different set of assumptions and uses different ways of gathering evidence. They each have a unique way of deepening our understanding of social problems, and moving forward with justice.

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Figure 4.6. "Model of the Interpretive Framework" by Kimberly Puttman is licensed under **CC BY 4.0**.

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4.3 Research Methods

Kimberly Puttman

In the video you saw in [Figure 4.1](#), Suzanne Simard describes the amazing science she does when she researches how trees talk to each other. The methods she uses, with the possible exception of bringing bear spray, don’t work very well when you study people. Instead, social scientists use a variety of methods that allow them to explain and predict the social world. These **research methods** define *how* we do social science.

In this section, we examine some of the most common research methods. Research methods are often grouped into two categories: **quantitative research**, data collected in numerical form that can be counted and analyzed using statistics, and **qualitative research**, non-numerical, descriptive data that is often subjective and based on what is experienced in a natural setting. These methods seem contradictory, but some of the strongest scientific studies combine both approaches. New

research methods go beyond the two categories, exploring international and Indigenous knowledge or doing research for the purpose of taking action.

Surveys



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Figure 4.9 The U.S. Census is an example of a survey. Because the questions are similar, we can compare changes in the U.S. population. However, the U.S. Census changes with the times. Recently an ethnicity question related to being Hispanic or Latino was added. And even more recently, people can pick multiple races to describe themselves. How might changes in census racial categories change how we understand the social world?

Do you strongly agree? Agree? Neither agree or disagree? Disagree? Strongly disagree? If you've

heard this before, you've probably completed your fair share of surveys. At some point, most people in the United States respond to some type of survey. The 2020 U.S. Census is an excellent example of a large-scale survey intended to gather sociological data. Since 1790, the United States has conducted a survey of six questions to collect demographic data of the residents who live there.

As a **research method**, a survey collects data from subjects who respond to questions about behaviors and opinions, often in a questionnaire or an interview. Surveys are one of the most widely used scientific research methods. The standard survey format allows individuals a level of anonymity in which they can express personal ideas.

Not all surveys are considered sociological research. Many surveys people commonly encounter focus on identifying marketing needs and strategies rather than testing a **hypothesis** or contributing to social science knowledge. Questions such as, "How many hot dogs do you eat in a month?" or "Were the staff helpful?" are not usually designed as scientific research. Surveys gather different types of information from people. While surveys are not great at capturing the ways people really behave in social situations, they are a great method for discovering how people feel, think, and act—or at least how they say they feel, think, and act. Surveys can track preferences for presidential candidates or report individual behaviors (such as sleeping, driving, or texting habits) or information such as employment status, **income**, and **education** levels.

Experiments

BOLESлав MAKAREY	
Address:	88 Churchill Road Dunby HN9 6ER
Tel:	07788794522
E-mail:	boleslav@gmail.com
Nationality:	Polish, eligible to work in the UK 

Figure 4.10 In this experiment, researchers investigated whether foreign names on the application would lead to discrimination. If the application was from Brian instead of Boleslav, the person was twice as likely to get a job interview. What other indicators of social location might influence hiring?

One way researchers test social theories is by conducting an experiment, meaning the researcher investigates relationships to test a hypothesis. This approach closely resembles the scientific method. There are two main types of experiments: lab-based experiments and natural or field experiments. In a lab setting, the research can be controlled so that data can be recorded in a limited amount of time. In a natural or field-based experiment, the time it takes to gather the data cannot be controlled but the information might be considered more accurate since it was collected without interference or intervention by the researcher. Field-based experiments are often used to evaluate interventions in educational settings and **health** (Baldassarri and Abascal 2017).

Typically, the sociologist selects a set of people with similar characteristics, such as age, **class**, **race**, or education. Those people are divided into two groups. One is the experimental group and the other is the control group. The experimental group is exposed to the **independent variable(s)** and the control group is not. To test the benefits of tutoring, for example, the sociologist might provide tutoring to the experimental group of students but not to the control group. Then both groups would be tested for differences in performance to see if tutoring affected the experimental group of students. In a case like this, the researcher would not want to jeopardize the accomplishments of either group of students, so the setting would be somewhat artificial. The test would not

be for a grade reflected on their permanent record as a student, for example.

Secondary Data Analysis

While sociologists often engage in original research studies, they also contribute knowledge to the discipline through secondary data analysis. Secondary data does not result from firsthand research collected from primary sources. Instead, secondary data uses data collected by other researchers or data collected by an agency or organization. Sociologists might study works written by historians, economists, teachers, or early sociologists. They might search through periodicals, newspapers, magazines, or organizational data from any historical period.

Participant Observation

Participant observation refers to a style of research where researchers join people and participate in a group's routine activities for the purpose of observing them within that context. This method lets researchers experience a specific aspect of social life. A researcher might go to great lengths to get a firsthand look into a trend, **institution**, or behavior. For instance, a researcher might work as a waitress in a diner, experience **homelessness** for several weeks, or ride along

with **police** officers as they patrol their regular beat. Often, these researchers try to blend in seamlessly with the population they study, and they may not disclose their true identity or purpose if they feel it would compromise the results of their research.

At the beginning of a field study, researchers might have a question: “What really goes on in the kitchen of the most popular diner on campus?” or “What is it like to be houseless?” Participant observation is a useful method if the researcher wants to explore a certain environment from the inside. The ethnographer will be alert and open-minded to whatever happens, recording all observations accurately. Soon, as patterns emerge, questions will become more specific, and the researcher will be able to either make connections to existing theories or develop new theories based on their observations. This approach will guide the researcher in analyzing data and generating results.

In-depth interviews

Interviews, sometimes referred to as in-depth interviews, are one-on-one conversations with participants designed to gather information about a particular topic. Interviews can take a long time to complete, but they can produce very rich data. In fact, in an interview, a respondent might say something the researcher had not previously considered, which can help focus the research project. Researchers have to be careful not to use leading

questions. You want to avoid leading the respondent into certain answers by asking questions like, “You really like eating vegetables, don’t you?” Instead, researchers should allow the respondent to answer freely by asking questions like, “How do you feel about eating vegetables?”

International Research

International research is conducted outside of the researcher’s own immediate geography and **society**. This work carries additional challenges, considering that researchers often work in regions and cultures different from their own. Researchers need to make special considerations to counter their biases, navigate linguistic challenges, and ensure the best cross-cultural understanding possible. Students at Oxford University’s Masters in Development Studies offer [a map and descriptions of field projects \[Website\]](#) around the world. What are some interesting projects that stand out to you?

For example, in 2021, Jörg Friedrichs at Oxford published his research on Muslim hate crimes in areas of North England where Islam is the majority **religion**. He studied police data on racial and religious hate crimes in two districts to look for patterns related to the crimes. He related those patterns to the wider context of community relations between Muslims and other groups. He presented his research to hate crime practitioners in police, local government, and civil society (Friedrichs 2021).

Unpacking Oppression, Measuring Justice

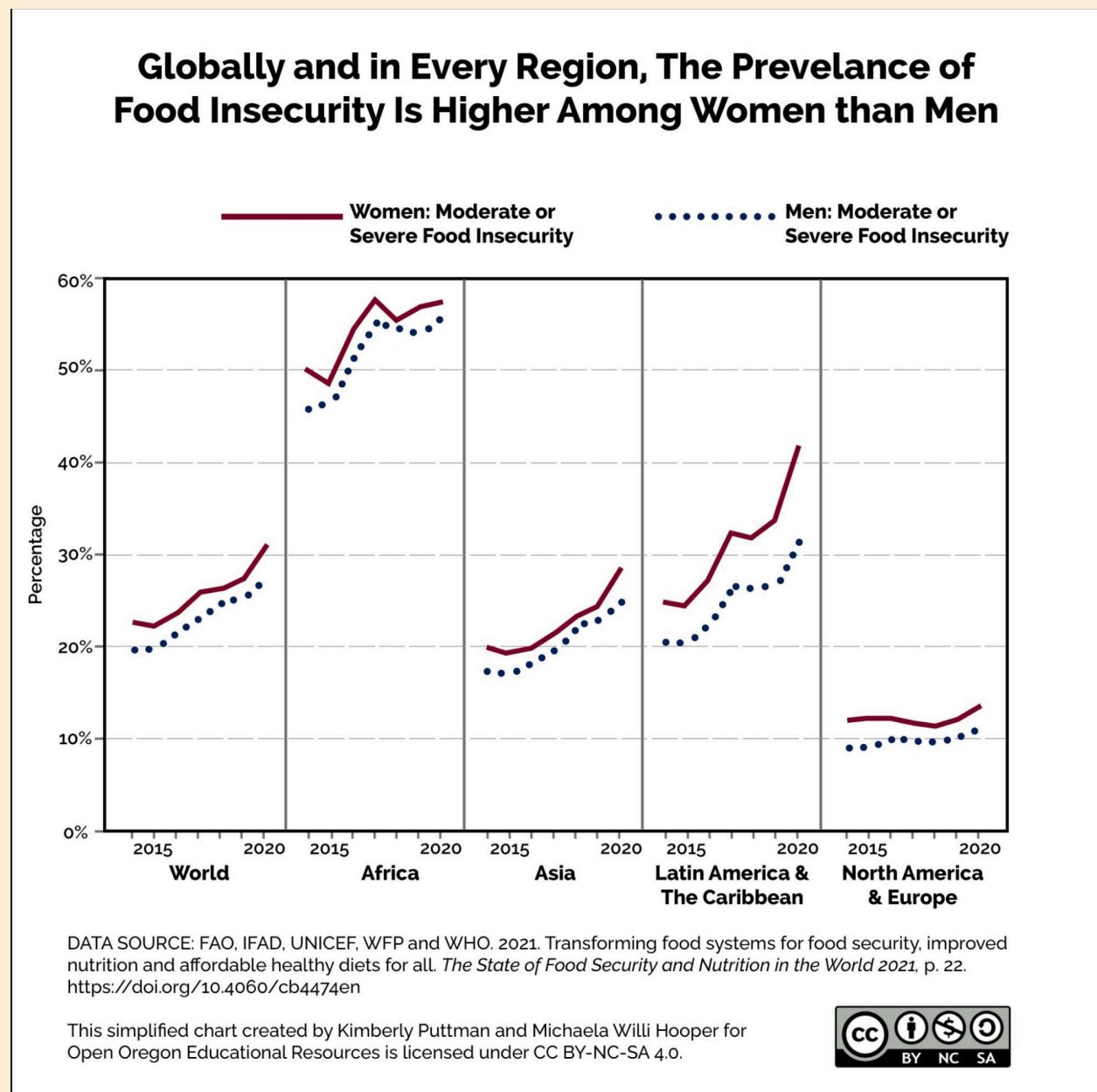


Figure 4.11 This chart shows that women experience more food insecurity than men in every region of the world. In Africa, more than half of all people experience hunger. This food insecurity rate has also increased worldwide between 2015 and 2020. How do you think COVID-19 might have impacted world hunger? [Image description.](#)

Social scientists love statistics. They like to examine data using numbers, charts and graphs. In this kind of analysis, they can see patterns in human behavior and changes over time. However, as a new sociologist, how can you make sense of this complicated information?

It's your turn to unpack oppression and measure justice:

Let's figure this out using two examples related to measuring hunger.

As you look at the graph in figure 4.11, what do you see?

You might start by examining the graph's title, the x and y-axis, and the legend. You notice that the title is "Globally and in every region the prevalence of food insecurity is higher among women than men." Even by reading the title, you know that you are examining the relationship between hunger and **gender** worldwide.

Then, you look at the x and y-axis. The x-axis, the horizontal line at the bottom, has two labels: geographic region and time. It is unusual to have more than one measure on an axis, but in this case, we can see the change in the percentage of people hungry between 2015 and 2020 in each region of the planet. The y-axis, the vertical line on the left, is the percentage or percent of people who experience food insecurity.

We then look at the chart's legend and discover that the dotted line represents men, and the solid line represents women.

With this grounding in place, we examine the lines on the graph. We can see that, indeed, women as a group experience more food insecurity than men in every region of the world. We notice that Africa has the highest rate of food insecurity overall. We also see that food insecurity is generally increasing over time.

The last thing we might want to check is the credibility of the data. We want to ask whether the data comes from a trustworthy source. We want to know the research methodology used to collect the data.

In this case, the data was collected by organizations related to the United Nations, a reputable organization. If we open the study, [The State of Food Security and Nutrition in the World 2021 \[Website\]](#), we find that the researchers used survey data from the Gallup World Poll, a worldwide survey, to collect much of the information in this report. If we wanted to dig deeper, we could find out how the Gallup researchers designed and administered their survey.

Static charts and graphs can tell us a lot, but sophisticated data analytics can now show our data in three dimensions, allowing us to see changes over time, for example, much more easily.

The site [Our World In Data \[Website\]](#) provides reputable social science data, particularly showing changes over time. If we look at the number of people in the world who are undernourished, we can see that the rate of hunger decreased over time until it began to rise again in 2020. Part of the cause of this increase is the global **COVID-19** pandemic. As you click on the slider bar and change the countries on the chart, you can make comparisons over time and space. When you see a pattern in the data, you can dig deeper to find some of the causes and consequences of the change.

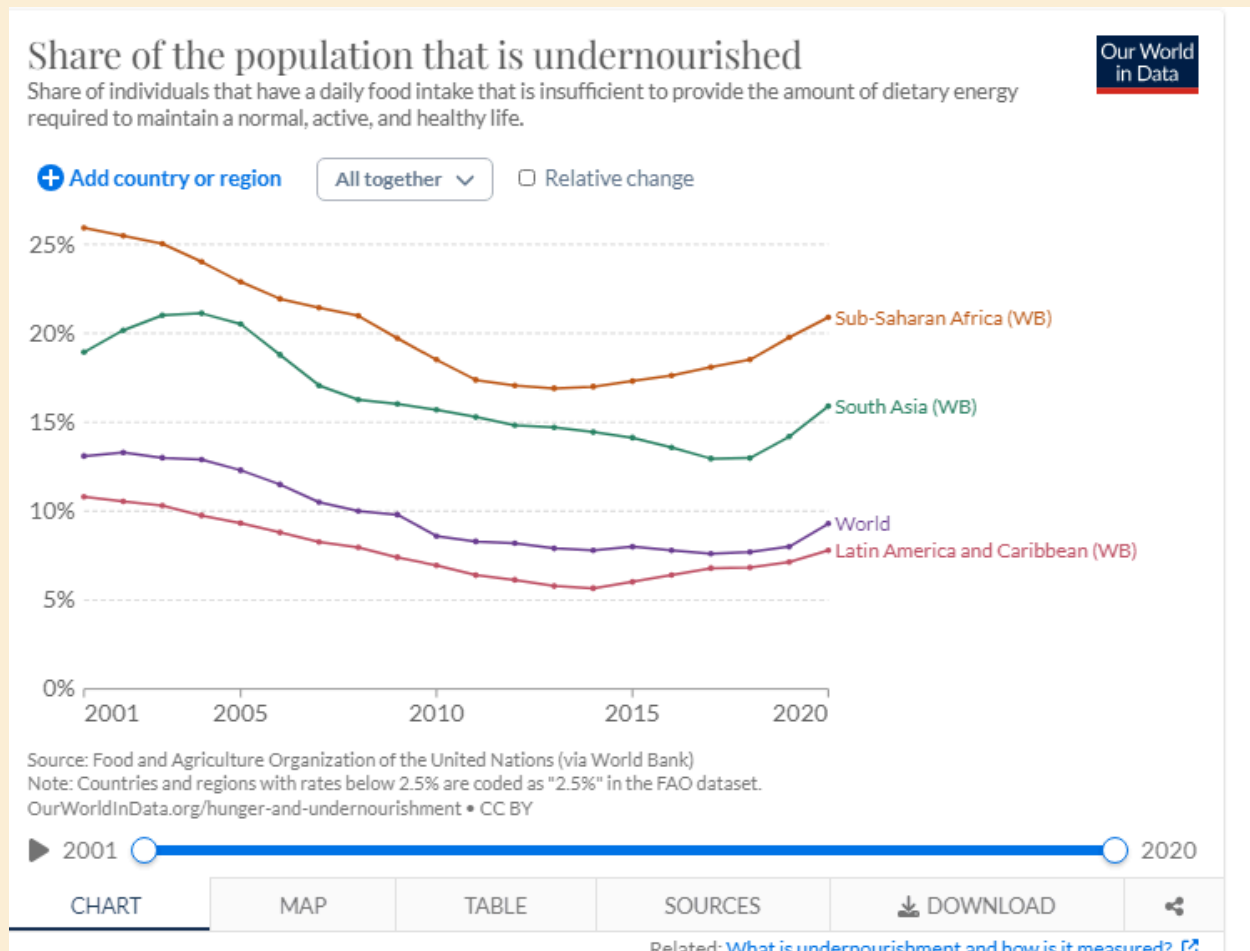


Figure 4.12 The number of undernourished people [Website] between 2001 and 2020 by region, from Our World In Data. Please [click on the link to use the data \[Website\]](#) from Our World in Data directly. [Image description.](#)

Activity

1. Go to [Our World In Data \[Website\]](#).
2. Find a chart or graph related to a **social problem** that interests you. You could examine hunger, inequality in education, global warming, or another problem, for example.
3. Describe the data in the chart or graph using the characteristics from our first example. What problem does the data describe?
4. Who collected the data?
5. How did they collect the data? You may need to go outside the Our World in Data site to learn more.
6. Compare two countries or two time periods from your graph. Is the problem getting worse, better, more unequal, or staying the same?
7. What reasons does Our World In Data provide that explain why the change is occurring?
8. What can you conclude? What further questions do you have?

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4.4 Research Methods and Taking Action

Kimberly Puttman

So far in this chapter, we’ve learned about research frameworks and **research methods**, the ways in which scientists study social problems. But that’s not enough. Social problems sociologists love to take action. Some specific research methods combine getting to the bottom of things and taking effective action.

Action research is a family of research methodologies that pursue action (or change) and research (or understanding) at the same time (SFSU, n.d.). We see this when the government changes a policy based on data, or a community organization tries a new evidence-based approach to providing services. One of the most visible applications of social problems research is through humanitarian or social action efforts.

Humanitarian Efforts

One effective example of social action efforts is in the work of Paul Farmer. Farmer was a public **health** physician, anthropologist, and founder of Partners in Health. Until his **death** in 2022, he focused on epidemiological crises in low and middle-**income** countries.

One trend that Farmer championed was the importance of good health and health care as human rights. He contributed to a broader understanding that poor health is a symptom of **poverty**, violence, and inequality (Partners in Health 2009). If you want to learn more, please watch the NPR video essay, “[Paul Farmer: I believe in health care as a human right](#)”

[\[Streaming Video\]](#) where he describes this view. What field experiences of Farmer's do you see allowed him to develop this view?

Farmer applied this human rights perspective to pandemics. His book, *Fevers, Feuds and Diamonds: Ebola and the Ravages of History*, looks at the 2014 Ebola crisis and what we can learn from it to apply to the **COVID-19** epidemic. In a PBS Newshour interview, he spoke of his work during the Ebola outbreak:

Early in the Ebola outbreak, almost all of our attention was turned towards clinical services. But we kept on bumping into things we didn't understand and sometimes even our colleagues from Sierra Leone and Liberia didn't understand. And that just triggered an interest in a deeper understanding of the place, the **culture**, the history. (Public Broadcasting Service 2021)

Farmer shares his experiences both as a medical doctor and a researcher, asking the questions: "Who is most impacted by disease? How might things have been done differently? What can be done now?" His research on Ebola focused on circumstances in West Africa where lack of medical

resources and decades of war played a **role** in the epidemic and how the epidemic itself, as we experience in the United States with COVID-19, revealed underlying problems and inequities in **society** (Public Broadcasting Service 2021). We'll explore health, inequality, and **interdependence** more deeply in [Chapter 10](#).

Community-Based Action Research

Community-based research takes place in community settings. It involves community members in the design and implementation of research projects. It demonstrates respect for the contributions of success made by community partners. Research projects involve collaboration between researchers and community partners, whether the community partners are formally structured community-based organizations or informal groups of individual community members. This type of research aims to benefit the community by achieving **social justice** through social action and change.

Participatory Action Research

Participatory Action Research



Figure 4.13 The action research cycle is a continuous process in which the researcher and the community learn about the social problem, figure out a root cause or diagnosis, plan an action that will impact the root cause, take action or make the change, evaluate the results, and continue to learn more. How is this cycle different from the scientific method we examined earlier in the chapter?

Community-based research is sometimes called participatory action research (Stringer 2007). In partnership with community organizations, researchers apply their social science research skills to help assess needs and outcomes and provide data to improve living conditions. This cycle is illustrated in figure 4.13. The research is rigorous and often published in professional reports and presented to the board of directors for the organization you are working with. As it sounds, *action research* suggests that we make a plan to implement changes. Often with academic

research, we aim to learn more about a population and leave the next steps up to others. This is an important part of the puzzle, as we need to start with knowledge. Still, action research often aims to fix something or at least quickly translate the newly acquired findings into a solution for a **social problem**.

To learn more about participatory action research, check out this short 4-minute clip for an introduction with Shirah Hassan of Just Practice (figure 4.14):

This interactive content is not available in this version of the text. It can be accessed online here:

<https://www.youtube.com/watch?v=6D492AP9JP4>

Figure 4.14 Participatory action research involves the people that the researcher is studying in the study design and execution. Based on the results, organizations and people take action. As you watch this video, you might consider, “How might this increase social justice?” [Transcript](#).

Community-based action research looks for evidence. As new insights emerge, the researchers adjust the question or the approach. This type of research engages people who have traditionally been referred to as *subjects* as active participants in the research process. The researcher is working with the organization during the whole process and will likely bring in different project design elements based on the organization’s needs. Social scientists can bring more formalized training, but they draw both on existing research/literature and the goals of the organization they are working with. Community-based research or participatory research can be considered an orientation for research rather than strictly a method. Often a number of different methods are used to collect data. Change is the purpose of the research.

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Figure 4.14. “[Participatory Action Research](#)” with Shirah Haasan by [Vera Institute of Justice](#) is licensed under the [Standard YouTube License](#).

4.5 Chapter Summary

Kimberly Puttman

In this chapter, we explored the “how” of social science: how do social scientists do research to understand social problems? We learned that there are three frameworks that provide the foundations for doing social science – the scientific method, the **interpretive framework**, and the Indigenous framework. Each paradigm makes foundational assumptions about how the social world works. These assumptions change how scientists do their science, and influence the conclusions they make.

We reviewed the ways in which social scientists collect data, understanding how surveys, experiments, interviews, and other methods provide evi-

dence that may support or fail to support any social **theory**.

We also looked at a research approach beloved by social problems sociologists: research and action. Social problems sociologists want to understand a problem so they can encourage actions to help resolve it. Humanitarian, community-based, and participatory action **research methods** lend themselves to understanding, engagement, and action by scientists, activists, and community members.

Now that you have some sociological tools and techniques at your fingertips, it’s time to use them to explore the **social problem** of **education**. Let’s go back to school!

ESSENTIAL IDEAS

Learning Objective 1: How does a research framework impact the way in which the sociologist conducts research?

A research framework organizes the questions the social scientist might ask, the ways the research is designed, the kinds of information the scientist considers valid, and the use of the research outcomes. In the scientific method, the scientist starts with a measurable **hypothesis** and collects data to prove or disprove the hypothesis. In the interpretive framework, the scientist has a set of core questions but allows the participant interviews to reveal themes or answers. In the Indigenous framework, scientists emphasize **interdependence** and connection, using energy, spirit, and stories in addition to physical evidence or sociological information to learn things.

Learning Objective 2: What are the characteristics of each research method?

Each of the six research methods has its strengths, from surveys, which help us understand changes over time, to participant observation, which gives us deep, rich knowledge of a small group of people. Often social scientists will use multiple methods to understand social phenomena.

Learning Objective 3: What challenges do social scientists experience when they combine research and action when examining social problems?

Social problems sociologists often research so that they and others can take effective action. Several research methods support taking action as part of the research process. However, sometimes, action happens before the results are well-understood. The action may be ineffective or harmful because of this limitation.

Comprehension Check

Graphs provide visual information that show the relationships between sociological phenomena. It takes practice to find and analyze key information.

Select the icon to examine the title, legend, Y axis, X axis, and data source of this graph.

KEY TERMS LIST

action research: a family of research methodologies that pursue action (or change) and research (or understanding) at the same time.

colonization: the action or process of settling among and establishing control over the Indigenous people of an area.

dependent variable: the effect of a change in another variable

hypothesis: a testable educated guess about predicted outcomes between two or more variables

independent variable: the cause of the change in another variable

Indigenous science: The scientific approach of Indigenous cultures worldwide, a time-tested approach that sustains the community and the environment

interpretive framework: an approach that involves detailed understanding of a particular subject through observation or listening to people's stories, not through hypothesis testing

qualitative research: non-numerical, descriptive data that is often subjective and based on what is experienced in a natural setting

quantitative research: data collected in numerical form that can be counted and analyzed using statistics

research methods: the ways in which social scientists collect, analyze, and understand research information

scientific method: an established scholarly research process that involves asking a question, researching existing sources, forming a hypothesis, designing a data collection method, gathering data, and drawing conclusions

scientific racism: the use of pseudo-scientific methods to justify racial inequality.

DISCUSS AND DO

1. **Scientific Objectivity:** Can social scientists use objectivity in their scientific process? Why or why not? Consider using the principles of the scientific method in your answer.
2. **Indigenous Framework:** Review any of the following sources: [Archaeology and genomics together with Indigenous knowledge revise the human-horse story in the American West, No 42, Standing for Unči Maka \(Grandmother Earth\) and All Life: An Introduction to Lakota Traditional Sciences, Principles and Protocols and the Birth of a New Era of Scientific Collaboration \[Website\]](#), or [Colorado Experience: Native Horses \[Streaming Video\]](#).

1. What is unique about the Indigenous framework?
2. How can this framework help us understand social problems differently?
3. What are the benefits of weaving mainstream and Indigenous frameworks of science?

1. **Participant Action Research:** Based on [Participatory Action Research with Shiran Haasan \[Streaming Video\]](#):

1. What is participatory action research?
2. What are the benefits of this type of research? Who holds the “**power**” in this type of research?
3. When do we see the effects of participatory action research?
4. What are some ways that elements of this type of research are transferable to other settings? What examples does Shirah Haasan give?

1. **Take Action by Doing Research:** Where could you research and act? Write your own proposal for participating in an activity for a non-profit or social **protest**.

1. What could you measure?
2. What change might you propose?
3. What impact might that change have?

4. How would your participation in this activity could give you access to a population to study sociologically?
1. **Feminist/CRT critique of science:** Read [Hidden Figures \[Website\]](#) by Margot Lee Shetterley or watch the movie [Hidden Figures \[Website\]](#). Or, if you don't have that much time, you can listen to the [children's version of the story \[Streaming Video\]](#). What examples support a feminist critique of mainstream science?

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Who Learns? Pods, Masks, and “You’re on Mute”

5.1 Learning Objectives and Chapter Overview

Kimberly Puttman

LEARNING OBJECTIVES

After reading this chapter, you will be able to:

1. Identify barriers to **education** based on **social identity** and **social location**.
2. Explain how changes in models of education reflect the social problems process.
3. Describe the relationship between education, **poverty**, and **wealth**.
4. Evaluate the interdependent individual and collective actions that use education to create **social justice**.

Chapter Overview

With grateful thanks to the intrepid Fall 2021 **Sociology** 204 students at Oregon

Coast Community College. Your willingness to be curious and share your stories makes this chapter sing. —Kim Puttman

This interactive content is not available in this version of the text. It can be accessed online here:

<https://www.youtube.com/watch?v=DRsWWCq3pRQ>

Figure 5.1 How coronavirus lockdowns disrupted education systems worldwide [Streaming Video]. Please watch the first 8.5 minutes of this video on COVID-19 and the education crisis. As you watch, please think about the following opening questions: How have physical distancing, school closures, and remote learning (due to the COVID-19 pandemic) impacted your ability to complete college? Are the people's experiences in this video the same or different from yours? [Transcript.](#)



Figure 5.2 Learning during COVID-19.

“You’re on mute” may be the most commonly heard phrase in education during the **COVID-19** pandemic. This phrase captures the suffering experienced by students and families as they struggled to keep learning during a global crisis.

You probably have stories to tell about how hard it has been to stay in school. Some of you may have a couple of kids in school, with a computer at home that needs to be shared between the three of you, and no internet. You may have struggled to get your six-year-old to wear a mask so that they could go to school, like in figure 5.2. You may have needed physical therapy to succeed at school, but doing therapy online was a poor substitute for in-person care. Some of you needed to quit school for a while so that you could take care of your sick family members. Still others of you graduated high school but didn’t get a chance to have a graduation ceremony or celebrate with family and friends.

For others, school at home became a time in which students flourished because they could learn at their own pace. Students from wealthy families might get better grades because their parents could hire teachers to teach their kids one-on-one. For introverts like me, quarantine had an

unexpected benefit. I could focus on creative projects without having to leave home.

Our experience of education during this pandemic also illustrates the **interdependence** of our educational system. The federal government and state offices made rules about social distancing and when schools could be open. Teachers’ unions advocated for the safety of everyone in our schools. Some of our teachers, cafeteria workers, and school bus drivers staffed food deliveries for our most vulnerable students on school bus routes. Janitors implemented safety protocol after safety protocol. Technology professionals found computers, hotspots, and other tools so we could keep learning. We used **individual agency** and **collective action** to create social justice in the virtual classroom.

Each of our COVID education stories is different. As we widen our lens to look at education in our **society**, we see that education itself can be both a **social problem** and a response to social problems. In this chapter, we will explore your experience with going to school during COVID-19 so that surface some of the underlying social problems in this area. We expand our understanding of education as a social problem by exploring inequalities in access and outcomes for specific groups of people. To understand why the inequalities exist, we look deeper at the historical and current education models. Finally, we look at how education impacts poverty. To finish our exploration, we end where we started, examining how transformative models of education and closing the **digital divide** are examples of collective action supporting social justice.

FOCUSING QUESTIONS

Education can be both a social problem and an interdependent solution. The following questions help us to sort out this complex topic:

1. How do social identity and social location impact who learns?
2. How do the changes in models of education reflect the social problems process?
3. What is the relationship between education, poverty, and wealth?
4. How can education be an interdependent, transformative method to create social justice, particularly during global **health** crises?

Let's start learning!

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Figure 5.1. "[How coronavirus lockdowns disrupted education systems worldwide](#)" by [DW News](#) is licensed under the [Standard YouTube License](#).

5.2 Education as a Social Problem

Kimberly Puttman

The stories that open this chapter illustrate core issues in **education**. Sociologists define **education** as a social **institution** through which a **society's** children are taught basic academic knowledge, learning skills, and cultural norms. On the one hand, the institution is essential. In modern societies, people need the ability to read, write, and think to succeed in their societies. On the other hand, not everyone can attain their educational goals.

As we remember from [Chapter 1](#), a **social problem** is "a social condition or pattern of behavior that has negative consequences for individuals, our social world, or our physical world (Leon-Guerrero 2018:4). In this case, because not everyone has access to the education that they need to succeed, we experience negative consequences for individuals, families, and even global communities.

The story of modern education is a story of a significant social shift. As the video in figure 5.1 noted, most people across the globe can read and write, something that wasn't true even a hundred years ago. Although men and boys historically have had more chances to go to school than women and girls, the **gender** gap in education is closing around the world (Roser and Ortiz-Espinosa 2016). Recently, evidence shows that young women are more likely to attend and complete college in the United States than young men (Pew Research 2021). These positive results in creating equal access to education don't tell the whole story, though.

Like every social problem, our social identities and social locations, as discussed in **Chapter 2**, play a significant **role** in the kind of education available to us. Social identities and social locations also influence how much school we can finish. When sociologists study education, they find that **race**, gender, geographical location, socioeconomic status, and all the combinations of these locations have a role in predicting a particular group's likelihood of succeeding in school.

d/Deaf and Black: Intersectional Justice

When sociologists examine the social problems of education, they look at who is defining the problem or **claim**. We examine the evidence that supports the claims. We evaluate what activists and community members suggest can be done about it. We review law and policy changes to understand their consequences. Finally, we explore how changes might feed subsequent social action.

When we examine educational access and outcomes for d/Deaf students in general and for Black and d/Deaf students in general, we see conflicting claims, different outcomes, and unexpected consequences of law and policy changes. This section explores the experiences of being d/Deaf and being d/Deaf and Black to highlight how inequality is intersectional and why intersectional justice is crucial to attaining **equity**.

This interactive content is not available in this version of the text. It can be accessed online here:

<https://www.youtube.com/watch?v=oiIGYd2-a5s&t=1s>

Figure 5.3 Being a Deaf Student in a Mainstream School [Streaming Video]. Please watch the first 5 minutes of this video. What experiences does this student have that are the same or different from yours? [Transcript.](#)

As we begin our exploration, you may have noticed that we are using d/Deaf as a general term. This unexpected spelling highlights the first conflict in this area. The more common usage of *deaf* refers to the medical condition of being physically unable to hear. This traditional definition reflects the perspective of doctors and other medical professionals who define deafness as a medical **disability** needing intervention, treatment, and special support to enable deaf people to function in a hearing world. “The **medical model of disability** says that people are disabled by their

impairments or differences” (Thierfeld Brown 2023, emphasis added). In the medical model, people suffer from deafness.

When the word *Deaf* is capitalized, on the other hand, it refers to a culturally unique group of people. According to Dr. Lissa D. Stapleton, a Deaf Studies professor, “The upper case D in the word Deaf refers to individuals who connect to Deaf cultural practices, the centrality of American Sign Language (ASL), and the history of the community” (Stapleton 2015:569). In this idea of Deafness, Deaf communities have their own language,

culture, and practices different from hearing cultures but just as valuable. This definition uses the **social model of disability** which says that disability is caused by the way that society is organized (Thierfeld Brown 2023, emphasis added). This model says that a physical limit is only a problem if society doesn't address the need. If the world were organized to support d/Deaf people and hearing people, we would not see inequality.

We use d/Deaf in this book to acknowledge the complexity of deafness and Deafness and to discuss both a physical condition and a **social location**.



Figure 5.4 A family signing using American Sign Language. How might using a physical language rather than one you hear change your culture? [Image description.](#)

You may be d/Deaf or know people who are d/Deaf, like the people in figure 5.4. In that case, you can draw upon your own experiences. If you aren't d/Deaf, the video in figure 5.3 might help you. Being d/Deaf impacts your whole life, but let's focus on how it changes your education experience.

Dr. Stapleton and her colleagues explore why college graduation rates for d/Deaf women of color are particularly low. As of 2017, Only 13.7 percent of d/Deaf Black women get a bachelor's degree. In comparison, 26.5 percent of Black hearing women graduate college (Garberoglio et al 2019). You may remember from earlier chapters that many social problems are intersectional. Peo-

ple experience them differently based on their various social locations. In this case, Dr. Stapleton looks at how gender, race, and d/Deafness intersect to understand these students' unique experiences. She explains that part of the difficulty for these students is related to being able to be d/Deaf, female, and People of Color. She shares one story about herself and an Asian d/Deaf student:

I have had several one-on-one interactions with Amy over her two years at the institution. She struggled with shifting identities between her life at home and school. At home, her family treated her like a hearing person; she spoke her ethnic language, participated in all her ethnic cultural practices, and used hearing aids. When she came to school, she only signed and did not interact with other Asian students, as most of the d/Deaf students on campus were White. She did not feel hearing, Asian, or d/Deaf enough to fit into the residential or campus community. She struggled. Because of cultural taboos, she was afraid to tell her parents that she needed counseling and was unable to find a counselor to meet her communication needs (simultaneously signing and speaking), so she started to shut down.

The lack of congruency and peace she felt affected her schoolwork, her friendship circles, and now her ability to stay at school because her behavior had become unpredictable and distant. (Stapleton 2015:568)

These stories highlight the experiences of a d/Deaf female Asian student. In some situations, being d/Deaf is the most important part of identity. In others, race is a shared experience of identity. This story shows how inequalities in social location set the stage for social problems in education.

Beyond these stories, though, do we see unequal outcomes in education for d/Deaf students? Let's look at a small slice of the quantitative data. The

table in figure 5.5 addresses the overall educational attainment for Black Deaf, Black Hearing, White Deaf, and White Hearing students.

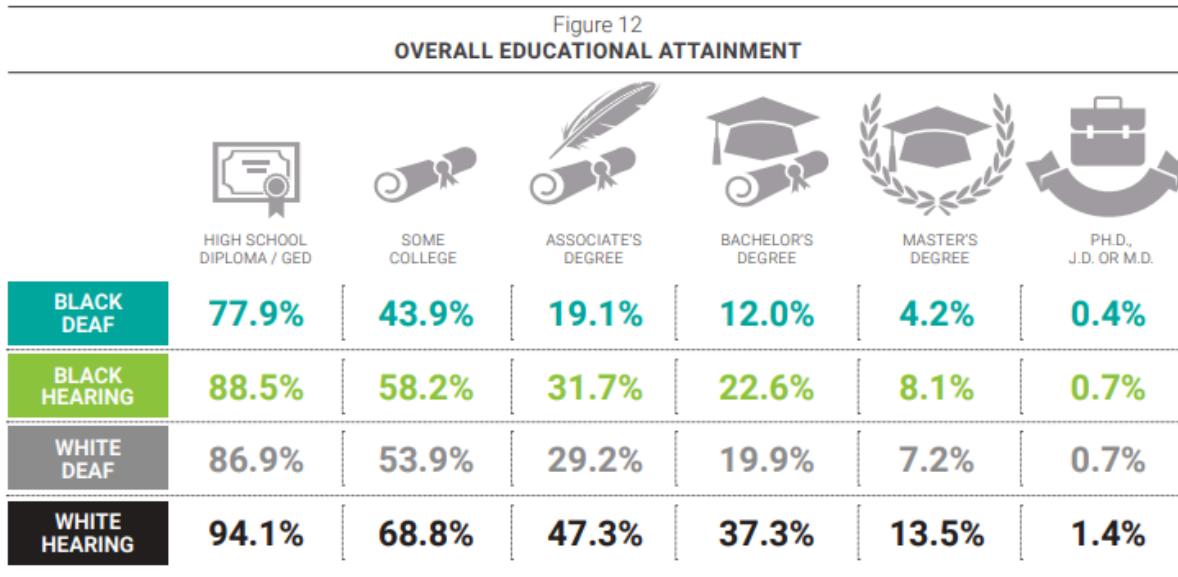


Figure 5.5 Overall Educational Attainment for Black d/Deaf, Black Hearing, White d/Deaf, and White Hearing Students. White hearing students have the highest educational attainment in all categories. Black Deaf students have the lowest educational attainment.
[Image description.](#)

We notice that hearing people have higher educational attainments than d/Deaf people except for the Ph.D., JD, or MD levels, in which Black hearing and White d/Deaf people comprise only 0.7 percent of each population attained that level of education. Black d/Deaf people had the lowest level of educational achievement of any category.

Audism is one factor in explaining the suffering in these students' stories and the different outcomes of d/Deaf students. Audism is "the notion that one is superior based on one's ability to hear or behave in a manner of one who hears" (Humphries 1977:12). Students who are d/Deaf experience **discrimination** because others assume hearing people are superior. They design the experience of education with hearing people in mind.

In the words of one student:

Society assumes and exerts superiority over their capabilities of hearings. In Deaf schools, deaf youths are [likely] to experience being discriminated against based on their deafness because the culture is too deep-rooted with the belief that deaf people can do what hearing people do, only that they can't hear.

...In mainstream schools, I know this because I experienced this more than often. Sometimes I have teachers or interpreters who think I need some assistance with what to say. They think they know our needs. Sometimes we will have someone jump in to "help" us communicate. It is very embarrassing when speaking to a hearing student, especially if we are attracted to them and always have interpreters jump in act like we need their help to talk.

Hearing people misunderstood our facial, body and gesture expressions and avoided us; even told us to "dial down."
(SOC 204 student 2021)

A second factor in the experience is **racism**. Racism starts with the belief that one race is superior to another, most commonly a belief that White people are superior to all other races. We'll dive deeper into race and racism in **Chapter 9**, but as we saw in the stories of the d/Deaf students, people who are d/Deaf can experience **prejudice** based on the constellation of their social locations.

Unpacking Oppression, Seeing Justice: What's With All the -isms?

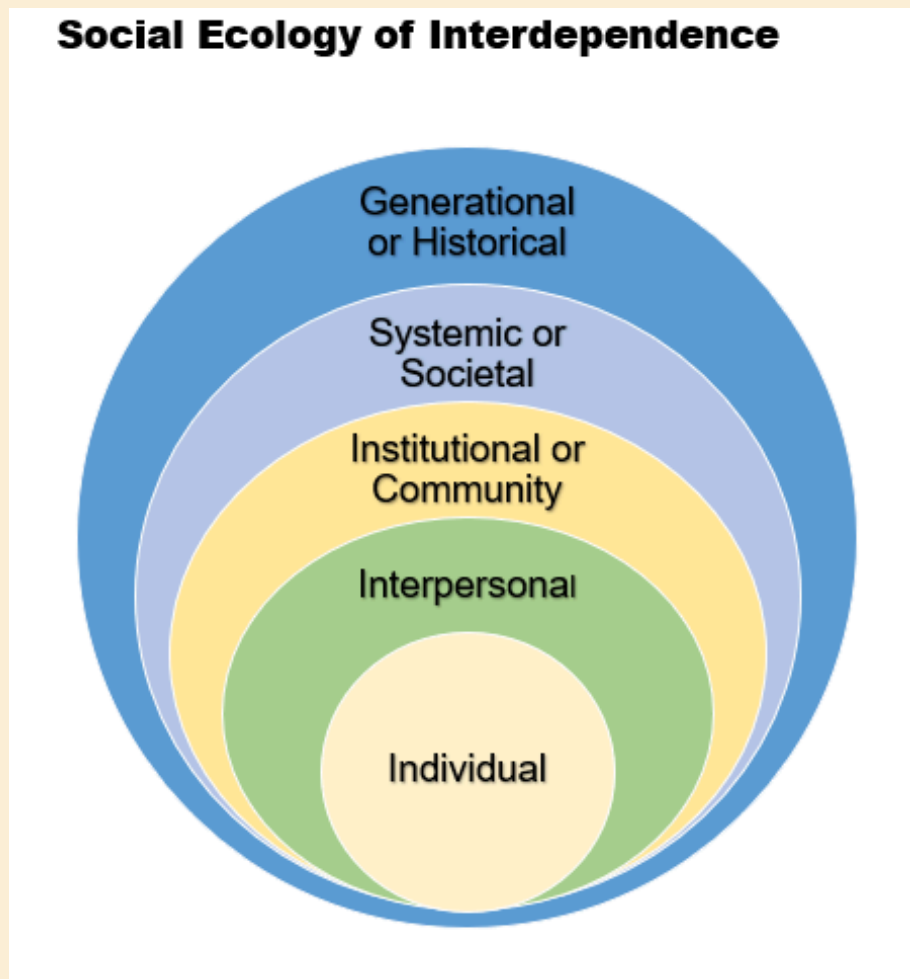


Figure 5.6 Social Ecology of Interdependence: How can we see connections between prejudice and discrimination at all levels of this diagram?

You may have already noticed that we talk about a lot of “isms” in this book: ableism, audism, racism, and **sexism**, for example. The [Wheel of Power and Privilege from Chapter 2](#) has more of these words.

Ableism starts with the belief that people whose bodies work as expected are better than people who may not be able to see, hear, walk, or have other challenges. People who believe that d/Deaf people are somehow less than hearing people are practicing audism. Racism starts with the belief that one race is superior to another, most commonly that White people are better than people of other races. Sexism starts with the belief that men are superior to women or nonbinary people. Heterosexism centers the **value** of heterosexual or straight people as better than homosexual, bisexual, or polyamorous relationships. What other words do you know that fit this pattern?

Collectively, these beliefs are known as prejudice. More specifically, **prejudice** is an unfavorable preconceived feeling or opinion formed without knowledge or reason that prevents objective consideration of an individual or group. While humans appear wired to notice differences as a survival trait, assigning value or worth to those differences is a problem.

Often we have these feelings or beliefs without ever noticing them. When I was considering what to write, the first story that came to mind was, “Imagine that you are White woman, walking alone in the dark on a deserted city street. You might already be afraid. Now, imagine that a Black man turns the corner and is walking toward you. You might feel more afraid.”

I am ashamed that this is my first idea, particularly because I know that most of the time women who are sexually assaulted are harmed by someone they know, most often a partner or ex-partner. And yet, the pattern of belief around White and safe remains in my brain.

Many of us are unaware of these false beliefs. Researchers at Harvard have developed a set of tests that help people see their own patterns of belief. This test is called the **Implicit Bias Test**. **Implicit bias** is the hidden or unconscious beliefs that a person holds about other social groups. Implicit means hidden or unspoken. Bias is another word for prejudice. The researchers compare categories of people—women and men, gay and straight, various religions, Arab/Muslim, and others.

Because it is a belief or judgment of a person, prejudice happens internally. It is the first circle in figure 5.6. However, belief also drives behavior. Harmful action that arises from the flawed belief can be as small as a **microaggression**, as we explored in **Chapter 2**. It can be a racial slur or a sexist joke. It can be as violent as someone beating up a transgender person because they think the person is using the wrong bathroom. It can be bombing a Black church, Islamic mosque, or a Jewish synagogue. It can be passing laws that make it illegal to educate entire groups of people. All of these behaviors are **discrimination**, the unequal treatment of an individual or group based on their status. Discrimination is the second component of audism, racism, sexism, ableism, and the other -isms that people experience.

However, belief and behavior are not the only two levels where discrimination can occur. Discrimination happens in our neighborhoods, schools, governments, and countries. It is rooted in the unequal practices of the past but continues into the present. We will refer to the other levels of discrimination throughout the book.

Now it's your turn to unpack oppression and see justice

Unlearning bias starts with seeing it.

1. Please take a test or two at [**Project Implicit \[Website\]**](#). What did your result show?
2. Consider your emotional reaction to those results. Some people react very strongly to the test, particularly if it reveals bias. Why might that be?
3. What action might you take as a result of this activity?

Neurodiversity

This interactive content is not available in this version of the text. It can be accessed online here:

<https://www.youtube.com/watch?v=8-QmwD4WmBs>

Figure 5.7 What is Neurodiversity? [Streaming Video]. As you watch the first 5 minutes of this video, consider the experience of this neurodiverse person. How does inequality in education show up for her? [Transcript.](#)

Activists and scholars notice a parallel between the experiences of Deaf people and neurodiverse people. Deaf people assert that Deaf people form a cultural group. Deafness is not a disability but a common human variation. **Neurodiversity** activists use a similar argument. To learn more, please watch the first 5 minutes of the video in figure 5.7.

Neurodiversity is a term that means that brain differences are naturally occurring variations in humans (Walker 2021). Sociologist and autistic person Judy Singer did the initial deep science that supported this term in 1998 (Doyle 2022). The neurodiversity perspective sees brain differences rather than brain deficits. Instead of viewing differences as disordered or needing to be cured, a neurodiverse perspective sees differences as welcome variants of the human population (Walker

2021; Pollack 2009). If you want to learn more, you can read this [article about Judy Singer \[Website\]](#).

People whose brains are wired differently than expected are called neurodivergent. Neurodivergent people have significantly better capabilities in some categories and significantly poorer capabilities in other categories (Doyle 2020). You may hear many labels and diagnoses that make up neurodivergence: ADHD, autism, Asperger's, dyslexia, dyscalculia, learning differences, and many more words.

Researcher David Pollack provides a model of neurodivergence in figure 5.8 which relates several of the labels we listed at the beginning of this section. People experience many different and overlapping learning differences as part of being neurodivergent.

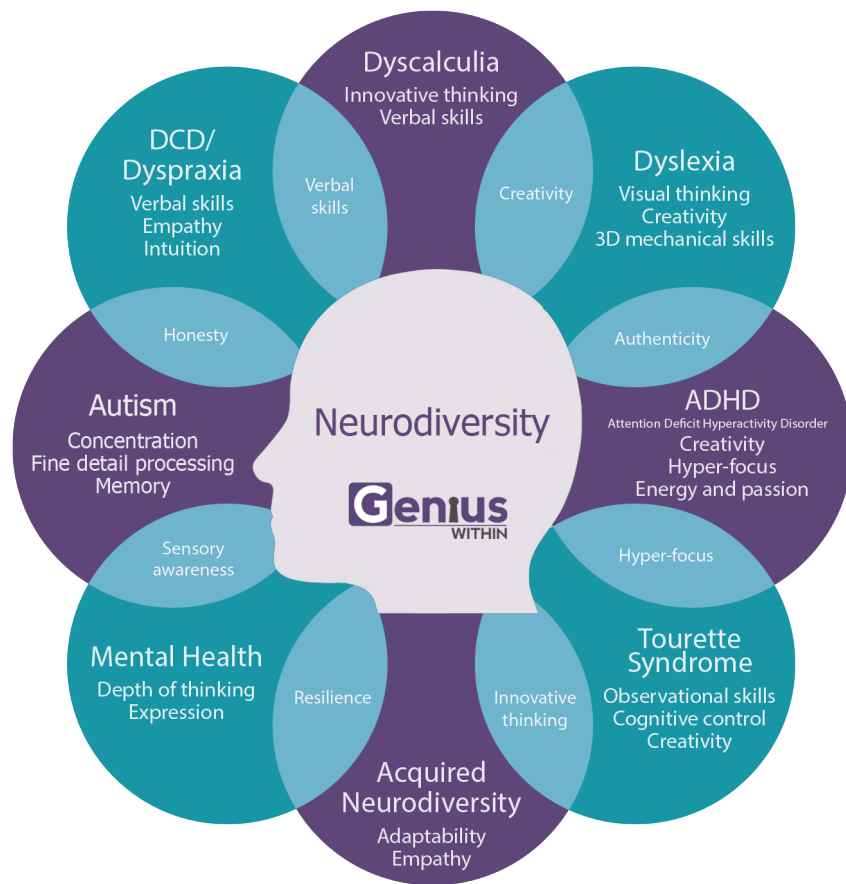


Figure 5.8 Neurodiversity is complicated. Often neurodiversity brings particular strengths and challenges. Why do you think this model focuses on strengths rather than challenges? [Image description.](#)

As we move from the individual experience to the social experience, we begin to define the particular social problem. Approximately 15 to 20 percent of people worldwide are neurodivergent (Doyle 2020), and this number appears to be increasing. We see that being neurodivergent is not just the experience of individuals. Rather, it is the shared experience of a group, a needed condition for a social problem.

We also see conflict between how people understand and explain neurodiversity. On one hand, we have a medical model, based on pathology or abnormality (Walker and Raymaker 2021). In this

model, differences in reading, calculating, writing, or interacting with others is considered a problem, something to be treated or cured.

In the 1990s, adults with these labels began to push back against these categorizations. Their alternate claim was that these conditions should be considered normal human neurology variants. Patient-centered care advocate Valerie Billingham coined the phrase, “Nothing about me, without me” (1998). She was talking about the need to include the patient at the center of decision-making around patient **health** and treatment choices.

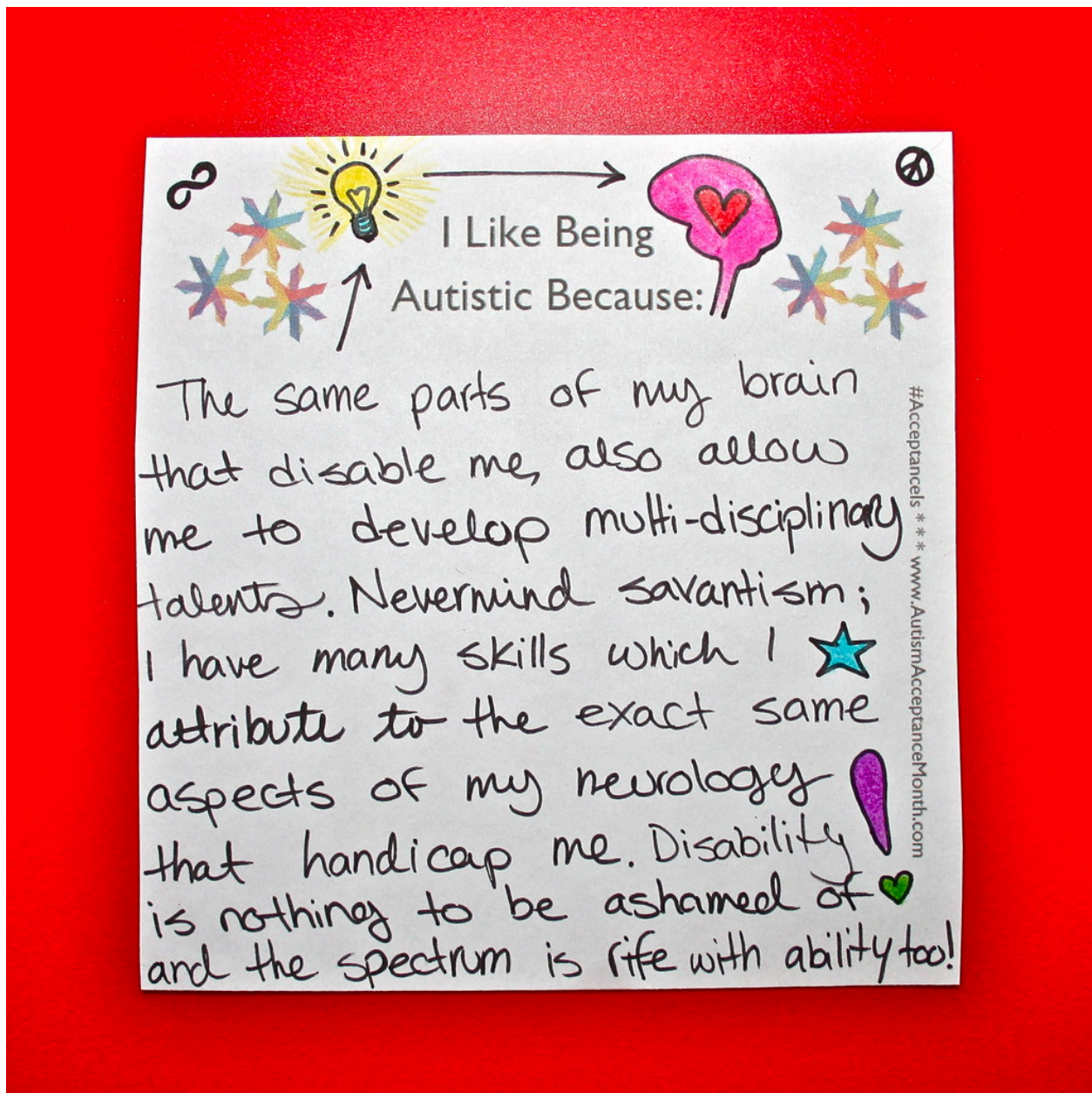


Figure 5.9 Positive experiences of Neurodiversity. How does the phrase, “I Like Being Autistic” challenge your ideas about neurodiversity? [Image description.](#)

This phrase is used widely today by autism awareness activists, who have expanded the meaning to include the idea that people who are neurodivergent should be the ones describing their own experiences. The letter in figure 5.9 provides one example of this. People with autism are the ones who should make choices about what they need in order to fully participate in school and in life.

They should propose the laws, policies, and practices that make their participation possible.

Some experts see neurodiversity itself is a civil rights challenge. They argue that society privileges people who are considered neurotypical. Not only are neurodiverse people stigmatized with a label that implies disease, symptom, or medical problem, but social institutions themselves are unequal. They propose that we strive for

“neuro-equality (understood to require equal opportunities, treatment and regard for those who are neurologically different)” (Fenton and Krahn 2007:1).

Likewise, Nick Walker, a **queer**, transgender, and autistic scholar, encourages us to see beyond the medical model. She writes:

The neurodiversity paradigm starts from the understanding that neurodiversity is an axis of human diversity, like ethnic diversity or diversity of gender and **sexual orientation**, and is subject to the same sorts of social dynamics as those other forms of diversity—including the dynamics of social **power** inequalities, **privilege**, and oppression. (Walker 2021)

In this brief explanation, we see the shared experience of a group of people. We see disagreement in how we understand the experience of that group. We see unequal outcomes in school and in life. Activists propose changes, and our government enacts legal and policy changes. This activity leads to new formulations of the problem and requests for action. In short, we see a social problem.

Unpacking Oppression and Enabling Justice

I have Asbergers

I am a person who uses a wheelchair.

I'm a crip.

That poor little blind girl....

Are they disabled?

Many of these phrases use everyday language. Some of them focus on the ability or disability. Some of them focus on the person. Some of them reclaim the use of language in new ways. The way that language is changing around ability and disability demonstrates the **social construction** of a social problem at work.

Some people say that they are “people who use wheelchairs” or “people who are neurodiverse.” They use people first language. **Person first language** is a way to emphasize the person and view the disorder, disease, condition, or disability as only one part of the whole person (NIH 2022). It focuses on the human being first and the difference second. This language developed in the 1970s and 1980s in response to the language of the time. Before person first language, it was common to hear “a victim of epilepsy” or “that poor blind kid,” phrases which denied the humanity of the person experiencing the condition or illness. In this example, the organization People with AIDS focused on the agency of people with AIDS:

We condemn attempts to label us as “victims,” a term that implies defeat, and we are only occasionally “patients,” a term that implies passivity, helplessness, and dependence upon the care of others. We are “People With AIDS.” (The Advisory Committee of People with AIDS 1983)

Some people will say that they are d/Deaf, autistic, or neurodivergent. This is an example of **identity first language**. **Identity first language** focuses on an inherent part of someone's identity, such as deafness or neurodiversity. It is a response to person first language (Brown 2012). Lydia Brown, an Autistic activist, writes:

In the autism community, many self-advocates and their allies prefer terminology such as “Autistic,” “Autistic person,” or “Autistic individual” because we understand autism as an inherent part of an individual's identity — the same way one refers to “Muslims,” “African-Americans,” “Lesbian/Gay/Bisexual/Transgender/Queer,” “Chinese,” “gifted,” “athletic,” or “Jewish.” (Brown 2011)

Similarly, d/Deaf people often use identity first language to emphasize that being deaf isn't just a physical condition that indicates a lack of hearing. d/Deaf is also a community and culture with its own language and social norms.

Another group of activists is using the word “crip,” derived from the word cripple, to describe themselves. They fiercely reclaim this word to describe the physical challenges they experience.

Like queer, crip(ple) is a slur that has been reclaimed by many physically disabled people, especially those who also identify as queer. There are a lot of reasons that people identify as crip(ple)s, but like queer, one reason is to have a word that is yours..... It is based in the radical idea that disabled people can be openly disabled and still be deserving of respect. (Strauss 2018)

Crips claim that name as a source of their power.

It's your turn to unpack oppression and enable justice:

This interactive content is not available in this version of the text. It can be accessed online here: https://www.youtube.com/watch?v=_7nfdKws50k

Figure 5.10 In **"An Analogy of Ableism"** [Streaming Video], anthropologist Dana Petermann (who is a contributor to the Open Oregon Project) helps us understand what it might be like to live as a human on the imaginary planet Krypton. **Transcript.**

- Please watch the video in figure 5.10.
- Then, pick a condition that people often consider a disability. Imagine that everyone on the planet shared that category. What would that planet be like? What would that planet be like for you?
- Finally, come back to Earth. What would need to change here so that society would support people equitably? The change could be laws, policies, practices, social norms, or individual biases.

Violence and Oppression: Indian Residential Schools

As we continue our exploration of education and inequality, we see that the institution of education can also support violent and oppressive social control. For this, we look at the history of residential schools in the United States and Canada designed explicitly to disrupt the families and the cultures of Indigenous people.



Figure 5.11 Deb Haaland, U.S. Secretary of the Interior, is the first Native American to serve as a cabinet secretary. She is a registered member of the Laguna Pueblo tribe.

Deb Haaland, the U.S. Secretary of the Interior, describes this history in the following way:

Beginning with the Indian Civilization Act of 1819, the United States enacted laws and implemented policies establishing and supporting Indian boarding schools across the nation. The purpose of Indian boarding schools was to culturally assimilate indigenous children by forcibly relocating them from their families and communities to distant residential facilities where their American Indian, Alaska Native, and Native Hawaiian identities, languages and beliefs were to be forcibly suppressed. For over 150 years, hundreds of thousands of indigenous children were taken from their communities. (Haaland 2021)

Secretary Haaland, shown in figure 5.11, also recounts her family's suffering. She writes, "My great grandfather was taken to Carlisle Indian School in Pennsylvania. Its founder coined the phrase "kill the Indian, and save the man," which genuinely reflects the influences that framed the policies at that time" (Haaland 2021). If you would like to learn more about residential schools from those who experienced them, you could watch [How the US Stole Thousands of Native American Children \[Streaming Video\]](#).

Colonizers saw the very existence of Indigenous people as a problem because the Indigenous people inhabited land that the colonizers wanted. They established mandatory residential boarding schools for Indigenous children, a part of a strategy of **genocide**. **Genocide** is the systematic and widespread extermination of a cultural, ethnic, political, racial, or religious group. Many Indigenous children died in residential schools (National Native American Boarding School Healing Coalition N.d.). The Federal Indian Boarding School Initiative Investigative Report, released in May 2022, documents the recent findings that at least 500 children were buried in 53 burial sites on residential school properties (Newland 2022:8).

Researchers expect to find even more burials. Recent discoveries in Canada indicate that up to 6,000 First Nations (the Canadian preferred word for Indigenous) children died in Canadian residential boarding schools (AP News 2021). You can read the [full Investigative Report \[Website\]](#) if you wish.

These deaths are only the start of supporting the claim of genocide. According to Jeffrey Ostler, a historian at the University of Oregon, claims of genocide are contested by scholars and activists (like many other social problems). However, he provides evidence that the violence was systematic and intentional. To learn more, you are welcome to read Ostler's article exploring [complexity in claims of genocide \[Website\]](#). In addition, let's review this history.

The federal report details some of the basic facts. The United States established 408 federal boarding schools between 1891 and 1969. Congress established laws that required Indigenous parents to send their children to these boarding schools (Newland 2022:35). Government records document, “[i]f it be admitted that education affords the true solution to the Indian problem, then it must be admitted that the boarding school is the very key to the situation” (Newland 2022:38). Colonists attempted to destroy Indigenous people and cultures by requiring students to learn English and agriculture, and punishing the children, sometimes with beatings, if they spoke their Indigenous languages or practiced their own religious and spiritual practices. However, Indigenous people survived, reclaimed their cultures and revived their practices over time.



Figure 5.12 Howley Hall, Chemawa Indian School, in Salem, Oregon. What would your life be like if you were required to live at a school whose mission it was to replace your cultural upbringing with an outsider's way of life?

Oregon shares this painful history. Historians Eva Guggemos and SuAnn Reddick from Pacific University found that at least 270 children had died while at the Chemawa Indian School in Salem, Oregon (figure 5.12). Most of these deaths were due to infectious diseases. Even in cases where the children didn't die, colonizers accomplished **cultural assimilation**, the process of

members in a subordinate group adopting cultural aspects of a dominant group.

In this case, the colonizers valued their White European culture as superior to Indigenous cultures and forced other groups to conform. These pictures in figure 5.13 and 5.14 tell of cultural assimilation at the Chemawa Indian School/Forest Grove Indian Training School.



Figure 5.13 A group portrait of students from the Spokane tribe at the Forest Grove Indian Training School, taken when they were "new recruits" (Francis 2019).



Figure 5.14 “Seven months later — the children pictured are probably the Spokane children who, according to the school roster, arrived in July 1881: Alice L. Williams, Florence Hayes, Suzette (or Susan) Secup, Julia Jopps, Louise Isaacs, Martha Lot, Eunice Madge James, James George, Ben Secup, Frank Rice, and Garfield Hayes” (Francis 2019).

In the Pacific University magazine, Mike Francis writes about these photos in more detail:

An 1881 photo of new arrivals from the Spokane tribe shows 11 awkwardly grouped young people, huddled together as if for protection in an unfamiliar place. Some have long braids of dark hair; some girls wear blankets over their shoulders; some display personal flourishes, including beads, a hat, a neckerchief.

A second photo of the group is purported to have been taken seven months later....the same children are seated stiffly on chairs or arranged behind them. The six girls wear similar dresses; the four boys wear military-style jackets, buttoned to the neck.

Further, one girl is missing in the second photo — one of the children who died after being brought to Forest Grove.... The girl's name was Martha Lot, and she was about 10 years old. Surviving records tell us she had been sick for a while with "a sore" on her side and then took a sudden turn for the worse.

The before-and-after photos of the Spokane children were meant to show that the Indian Training School was working: Young native people were being shaped into something "civilized" and unthreatening, something nearly European. But today the before-and-after shots appear desperately sad — frozen-in-time witness to whites' exploitation of indigenous children and the attempted erasure of their cultures. (Francis 2019)

The Forest Grove Indian Training School, 1880–1885 [Streaming Video] tells more of the story for those who wish to learn more.

The function of education in the case of Indigenous boarding schools doesn't stop with cultural assimilation. White colonizers intentionally used boarding schools to strategically disrupt families and cultures. Beyond that, the government poli-

cies and practices related to the education of Indigenous children were part of a wider strategy of land acquisition. As early as 1803, President Thomas Jefferson wrote that discouraging the traditional hunting and gathering practices of the Indigenous people would make land available for colonists. Jefferson wrote:

To encourage them to abandon hunting, to apply to the raising stock, to agriculture, and domestic manufacture, and thereby prove to themselves that less land and labor will maintain them in this better than in their former mode of living. The extensive forests necessary in the hunting life will then become useless, and they will see advantage in exchanging them for the means of improving their farms and of increasing their domestic comforts. (Jefferson 1803, quoted in Newland 2022:21)

By removing people from the land and children from families, the U.S. government made the land available to colonists, who were mainly from Europe, using education as one method of enforcement. Additionally, because children were forcibly removed from their families, they and their descendants lost the rights to inherit any family land that may have remained. This is generational inequality in action. Indigenous students still have the lowest educational attainment of any group in the United States (Martinez 2014).

However, genocide, loss, and suffering is not the whole story. Indigenous people use education to heal generational harm. We can see this healing power in efforts to restore and strengthen Indigenous languages. In the following quote, Indigenous biologist, activist, and citizen of the Potawatomi Nation, Robin Wall Kimmerer, links language, culture, and healing, writing that as language is restored, wholeness is also restored:

And so it has come to pass that all over Indian Country there is movement for revitalization of language and culture growing from the dedicated work of individuals who have the courage to breathe life into ceremonies, gather speakers to reteach the language, plant old seed varieties, restore native landscapes, bring the youth back to the land. The people of the Seventh Fire walk among us. They are using the fire stick of the original teachings to restore health to the people, to help them bloom again and bear fruit. (2013:368)

This revitalization of language and culture demonstrates the resistance and resilience of Indigenous people. It also reclaims the power of education to support educational equity and justice:

Dorothy Lazore, a teacher of immersion Mohawk at Akwesasne, describing a basic paradigm shift in how Indigenous children view schooling: ‘For Native people, after so much pain and tragedy connected with their experience of school, we finally now see Native children, their teachers and their families, happy and engaged in the joy of learning and growing and being themselves in the immersion setting.’ (Johansen 2004:569)

Here in Oregon language restoration is underway. The Confederated Tribe of the Siletz Indians (CTSI) has created a partnership with the local charter schools to restore Athabaskan, one of the local Native languages. The Siletz Tribal Language Program works to strengthen the language and cultural practices of the many tribes that make up CTSI.

Additionally, the state of Oregon incorporated Indigenous language and knowledge into the state curriculum. This effort provided funding to Ore-

gon tribes to develop curriculum that was specific to their tribe and location. In one example, the Confederated Tribes of the Grand Ronde, near the Oregon coast, developed a curriculum for 4th graders which taught students about Chinuk Wawa, the trade language that was used by many tribes who lived up and down the Pacific coast. The students learn about why language is powerful, and how language and culture affect each other. The Confederated Tribes of the Grand Ronde are revitalizing Chinuk Wawa, and have developed an app that students can use to learn.

And the story of Chemawa School is not over. One tribal leader says that her time at Chemawa was far better than the family disruption and foster care she had experienced previously. One Indigenous family chooses to bury family members there. Since the 1960s staff and students are re-inventing Chemawa School, pouring their love and effort into making it a healing place (Gugemos 2024).

The genocide of people and culture that occurred when colonists established Indian residential schools created wounds that remain unhealed today. At the same time, Indigenous people are reclaiming the bones of their children, their languages and ceremonies, and even sometimes the schools themselves in order to create a more just world.

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Figure 5.4. “[ASL family](#)” by [David Fulmer](#) is licensed under [CC BY 2.0](#).

Figure 5.5. “Overall Educational Attainment” from [Postsecondary Achievement of Black Deaf People in the United States](#) (p.12) by Carrie Lou Garberoglio, Lissa D. Stapleton, Jeffrey Levi Palmer, Laurene Simms, Stephanie Cawthon, and Adam Sale, [National Deaf Center on Postsecondary Outcomes](#), is licensed under [CC BY-NC-ND 4.0](#).

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Figure 5.8. “[Neurodiversity is complicated](#)” © [Genius Within CIC](#) / Source: Dr Nancy Doyle, based on the highly original work of Mary Colley. All rights reserved and included with permission.

Figure 5.10. “[An Analogy of Ableism](#)” by Dr. Dana Pertermann is licensed under the [Standard YouTube License](#).

5.3 Models of Education: Applying the Social Problems Process

Kimberly Puttman

When we examine how our students perform in school—how many grades students attend school; whether they can read, write, reason critically, or use computers; whether they graduate from high school or end up at NASA or being brain surgeons—we see a difference between wealthy White male students and those who are not. The **achievement gap** refers to any significant and persistent **disparity** in academic performance or educational attainment between different groups

of students, such as White students and students of color, for example, or students from higher-**income** and lower-income households (Great Schools Partnership 2013).

In some good news related to a **social problem**, the achievement gap between women and men is closing. Colleges and universities in the United States enroll at least as many women as men and more women than men appear to be graduating (Parker 2021). However, differences in educa-

tional outcomes persist when you examine the trends using **race** and **class**. When you apply intersectional analysis to **education**, like the d/Deaf Black students in the previous section, the differences in outcomes become even more pronounced. To explain this, we examine the history of who is educated over time and how educational policy has expanded access to education (somewhat).

Legal Segregation

To make informed decisions, people need the ability to read and write. A literate populace was fundamental to establishing a strong democracy. Access to education expanded in the 1700s and 1800s. Despite this intention, we haven't yet achieved **universal access to education**, which is people's equal ability to participate in an education system.

Early education systems in the United States were segregated. **Segregation** refers to the physical separation of two groups, particularly in residence, but also in workplace and social functions. Schools were segregated by **gender**, race, ability/**disability**, and class. Educator and researcher Gloria Ladson-Billings summarizes the history of segregation in education in the United States (2006). She writes:

In the case of African Americans, education was initially forbidden during the period of enslavement. After emancipation, we saw the development of freedmen's schools whose purpose was the maintenance of the servant class. During the long period of legal apartheid, African Americans attended schools where they received cast off textbooks and materials from White school. . . . *Black students in the south did not receive universal secondary education until 1968.*" (Ladson-Billings 2006:5, emphasis added)

As already discussed in this chapter, the U.S. federal government policies required that Indigenous children stay in residential schools just for them. Finally, d/Deaf students, when they could access education, received that education in segregated facilities, usually in state boarding schools. In these schools, students were often taught to lip read and speak, preparing them to interact in a hearing world rather than respecting d/Deaf **culture**. Additionally, Mexican and other Spanish-speaking children experienced segregation. In Texas and California, 80 percent of the school districts were legally segregated (Arce 2021). Other states practiced informal segregation that was no less harmful.

Even when education was legal for many marginalized groups, it was provided in separate, segregated facilities that often (but not always) provided lower-quality education. This history of inequality is the deep roots of unequal educational outcomes, a precondition for a social problem.

Legal Integration

The educational goal for many families was to end legal segregation. For example, in 1931, a Californian Hispanic family sued that school district because students were segregated based on having

Hispanic-sounding last names. This was the first case where educational segregation was declared illegal in a federal court (Arce 2021).

Segregation became more widely illegal in the United States with the U.S. Supreme Court's 1954 *Brown v. Board of Education* decision. Brown declared that separating children based on race in school was illegal. This change in federal law launched passionate and often violent conflicts to

integrate schools. In addition to the stories you may already know, desegregation also occurred with Latinx students. If you'd like to learn more, feel free to watch this video, [Austin Revealed: Chicano Civil Rights "Desegregation & Education" \[Streaming Video\]](#), in which students talk about their experiences with segregation and desegregation.

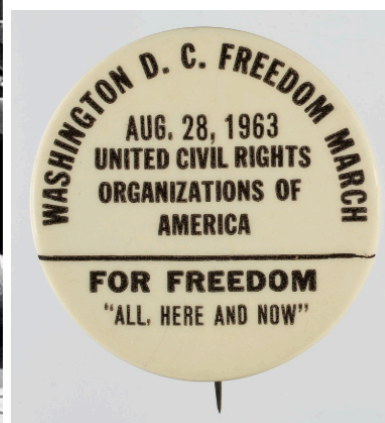


Figure 5.15 Martin Luther King Jr. at the Freedom March (left) and a button from the Washington D.C. Freedom March of 1963 (right). Activists marched to expand protections to prohibit discrimination. Do you know of other examples of protest and art that creates social justice in education?

Since 1954, many laws that move from segregated to integrated education have been passed. In 1964, Congress passed the Civil Rights Act which prohibited **discrimination** based on race, color, **ethnicity**, and national **origin**. Title IV of this act prohibits segregation in schools. Title VI of this act prohibits discrimination based on race, color, ethnicity, and national origin for any programs that receive federal funds, including schools and colleges. The educators at Learning for Justice describe Title VI as “one of the biggest victories of the civil rights movement” (Collins 2019). These legal changes resulted from fierce activism by Black, Brown, and White people. You can see lead-

ers, activists, and a button from the related Freedom March in figure 5.15. Also, you have the option of exploring [Learning for Justice \[Website\]](#) more if you wish.

In separate legislation, Title IX of the Education Amendments of 1972 stated:

No person in the United States shall, based on **sex**, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program or activity receiving Federal financial assistance (United States Congress 1972).

Title IX opened the doors of education even wider to women because colleges could no longer use gender as a reason to admit or fail to admit students. It also resulted in funding for women and women's sports. More recently, this amendment protected **LGBTQIA+** students from discrimination in public and private schools, at least legally.

When we apply the social problems process from [Chapter 1](#), we see that legal integration results from steps 1 – 3: *claimsmaking*, *media coverage*, and *public reaction*. Finally, the federal government acted to change the law, which is Step 4: *Policy making*. The government, in the form of the legislature and U.S. Supreme Court, creates and upholds laws that expand access to education.

Although our school systems fall short of equal outcomes, in law, at least, people of all races, ethnicities, classes, genders, and ages can learn together.

De-facto Segregation

Changes in federal and state laws are only one step in addressing a social problem. Policymakers must implement those laws, and communities, families, and individuals must respond to them. This is step 5, *Social Problems Work*, in the social problem process.

U.S. public school students tend to go to schools where their classmates share their racial and ethnic background

Percentage distribution of students in each racial/ethnic group, by % of that racial/ethnic group in the school, 2018-19 school year

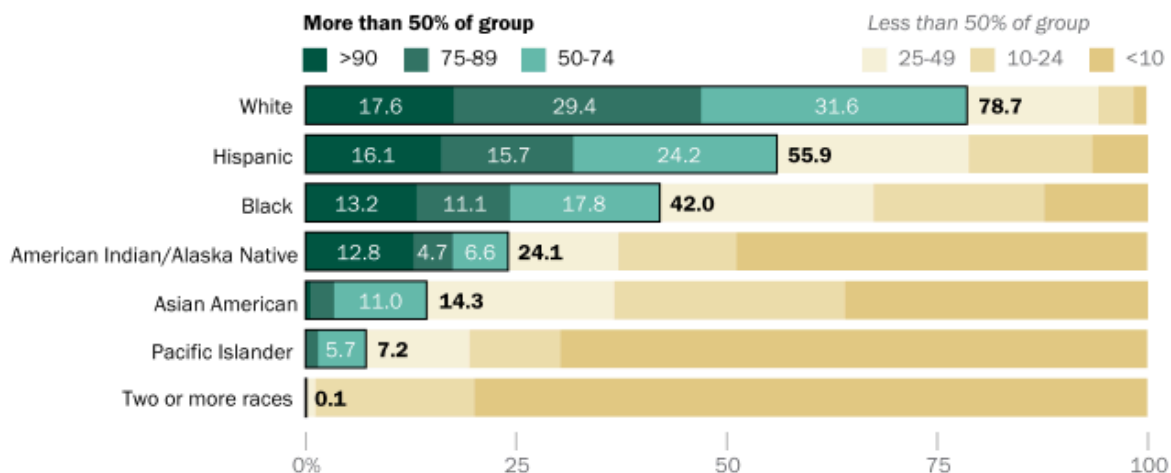


Figure 5.16 This chart shows that educational segregation still exists, even though it is illegal. Most White children go to school with White children. Most Hispanic children go to school with Hispanic children. [Image description.](#)

Educational segregation is illegal, but many schools and school districts are de-facto segregated, due to a history of redlining, which we discuss in [Chapter 6](#). In a recent analysis of U.S. Department of Education data, Pew Research reports that most students attend schools that serve other students of their race and ethnicity

(figure 5.16). In other words, White students are likely to attend schools where half or more of the other students are also White. Hispanic students are also likely to attend schools where at least half of the other students are Hispanic. For other racial groups, the proportions are slightly smaller, par-

tially because the numbers of people who make up those groups are smaller as well.

One reason for this segregation is that we tend to live in neighborhoods that are also segregated. Rich people, who are more often White, tend to live with other rich people. Because children commonly attend schools in their own neighborhoods, the schools mirror the lack of integration in neighborhood communities. The social problem of unequal access to education is not yet solved because the *policy outcomes* reflected as step six in the social problems process fall short of the mark.

While school segregation is against the law, segregated classrooms are alive and well.

Inclusion

In addition to prohibiting segregation based on race, ethnicity, color, and gender, federal law requires that students labeled as disabled receive equitable education and educational support. Discrimination against differently-abled people became illegal with the passage of the Americans with Disabilities Act in 1990.

To ensure equitable education, schools began to integrate classrooms. This practice is known as **inclusion**, the laws and practices that require that disabled students be included in mainstream classes – not separate rooms or schools. Inclusion moves disabled students from residential schools and separate classrooms into classrooms which include everyone.

In one example of inclusion supported by law, the Education of All Handicapped Children Act (EHC) of 1975 included deafness as one of the categories under which children with disabilities may be eligible for special education and related services. This law required public schools to provide educational services to disabled children ages three to twenty one. This law included d/Deaf students as disabled under the law, expanding the services available to them and increasing integration.

As we look at inclusion, we see the interplay inherent in the social problems process. Interested people argue for what they think is right during step three of public reaction. The government responds through policymaking. The outcomes fall short of the desire, and new claims are made.

Educational Debt not Achievement Gap

Achievement gaps based on **social location** persist. As researchers and community members, we can note the facts, but the more important question is *why*? Understanding the complex causes of this persistence may help us act in ways that will close the gap. If our education is intended to be universal, all students must have equal access and outcomes not based on **social identity** or social location.



Figure 5.17 Dr. Gloria Ladson-Billings, educator and educational researcher. She argues that we need to examine educational debt, rather than focusing on the achievement gap.

Gloria Ladson-Billings, who you first learned about in the section about legal segregation, is an educator and an educational researcher (figure 5.17). As the president of American Educational Research Association (AERA), she gave the presidential address in 2006. She examines the achievement gap and explores what makes the most effective teacher, particularly those teachers who can close the achievement gap for Black students.

If you would like to learn more about her, read this article: [**Gloria Ladson-Billings: Daring to Dream in Public \[Website\]**](#).

In her 2006 presidential address, Ladson-Billings argues that sociologists should study **educational debt** rather than the achievement gap. **Educational debt** is the cumulative impact of fewer resources and other harm directed at students of color. This education debt includes economic, sociopolitical, and moral characteristics.

Economically, educational debt consists of unequal spending in education over centuries. Segregation supported economic inequality in education. Today, because schools are funded based on population and property tax revenues, schools in rich neighborhoods, which are more likely to be White, spend more on each individual child's education.

Sociopolitically, we see the exclusion of Black and Brown people from voting. They are also excluded from decision-making in school districts, state houses, and the federal government. For example, in 2018, 78 percent of school board members were White, even though 50 percent of all public school students are not White (Bland 2022, National School Boards Association 2018). Families of color are excluded from **power** in education.

Finally, Ladson-Billings argues that education is experiencing moral debt. She writes, "A moral debt reflects the disparity between what we know and what we actually do" (Ladson-Billings 2006:8). She further asks:

What is it that we might owe to citizens who historically have been excluded from social benefits and opportunities? Randall Robinson (2000) states: No nation can enslave a race of people for hundreds of years, set them free bedraggled and penniless, pit them, without assistance in a hostile environment, against privileged victimizers, and then reasonably expect the gap between the heirs of the two groups to narrow. Lines begun parallel and left alone, can never touch. (Ladson-Billings 2006:8)

In the end, she argues that the achievement gap is a result of educational debt. Further, educational debt is caused by the wider social forces of systemic **racism**, **poverty**, and **health** inequities rather than the cause of the inequality itself. If you want to learn more about the experience of educational debt, please watch [**"How America's Public Schools Keep Kids in Poverty" \[Streaming Video\]**](#).

Equity

Although generational educational debt cannot be solved by simple answers, **equity** rather than equality can be part of an effective response. **Equity** is defined as everyone having what they need, even if it means that some need to be given more to get there. The drawing in figure 5.18 illustrates the difference. You may have seen different variations of this concept as memes on social media. If you'd like to read more about it, [**this blog has a good explanation \[Website\]**](#).

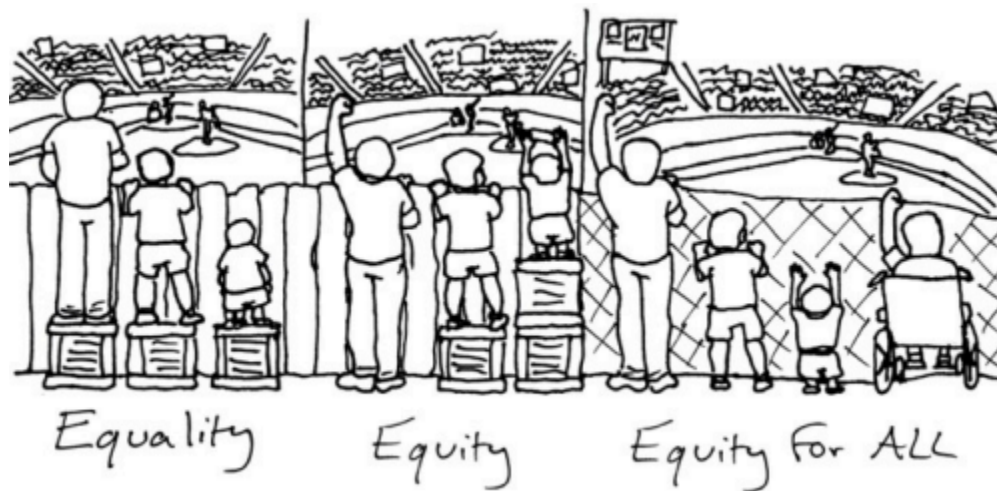


Figure 5.18 Equality, Equity, Equity for all. (Contemporary Families). [Image description.](#)

The drawing explores what it takes to give each person what they need to enjoy the game. In the first panel of the drawing, they do not all get to have an equal experience. In the second drawing, the participants can have the viewing experience because the boxes have been *equitably* distributed. The third panel removes the structure that limits equitable access so that all participants can view the game without additional resources. The viewers get what they need easily—they have *equity for all*.

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Figure 5.15 (left). “[Martin Luther King Jr. at the Freedom March](#)” by the [National Parks Service](#) is licensed under [CC BY 2.0](#).

Figure 5.18. “Equality, Equity, Equity for All” by Katie Niemeyer from “Equity, Equality, and Fairness” by Elizabeth B. Pearce, [Contemporary Families: An Equity Lens 2e](#) is licensed under [CC BY 4.0](#).

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Figure 5.15 (right). “[Button from Washington DC Freedom March](#)” from the [Smithsonian National Museum](#) is included under fair use.

Figure 5.16. “US public school students tend to go to schools where their classmates share their racial and ethnic” from “[US public school students often go to schools where at least half of their peers are the same race or ethnicity](#)” by [Katherine Schaeffer](#) © [Pew Research Center](#), Washington, D.C. is licensed under [the Center’s Terms of Use](#).

Figure 5.17. “Image of Gloria Ladson-Billings” by Marcus Miles from “Gloria Ladson-Billings: Daring to dream in public” by Kären Knutson,

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5.4 Education, Poverty, and Wealth

Kimberly Puttman

One of the deepest causes of the **social problem** of **education** is inequality in school district funding. That’s important, but we can also ask a different question: Can education make you rich? Or as

sociologists might ask: Is education a solution to the social problem of **poverty**?

You may have seen the following chart as you were deciding to go to college (figure 5.19):

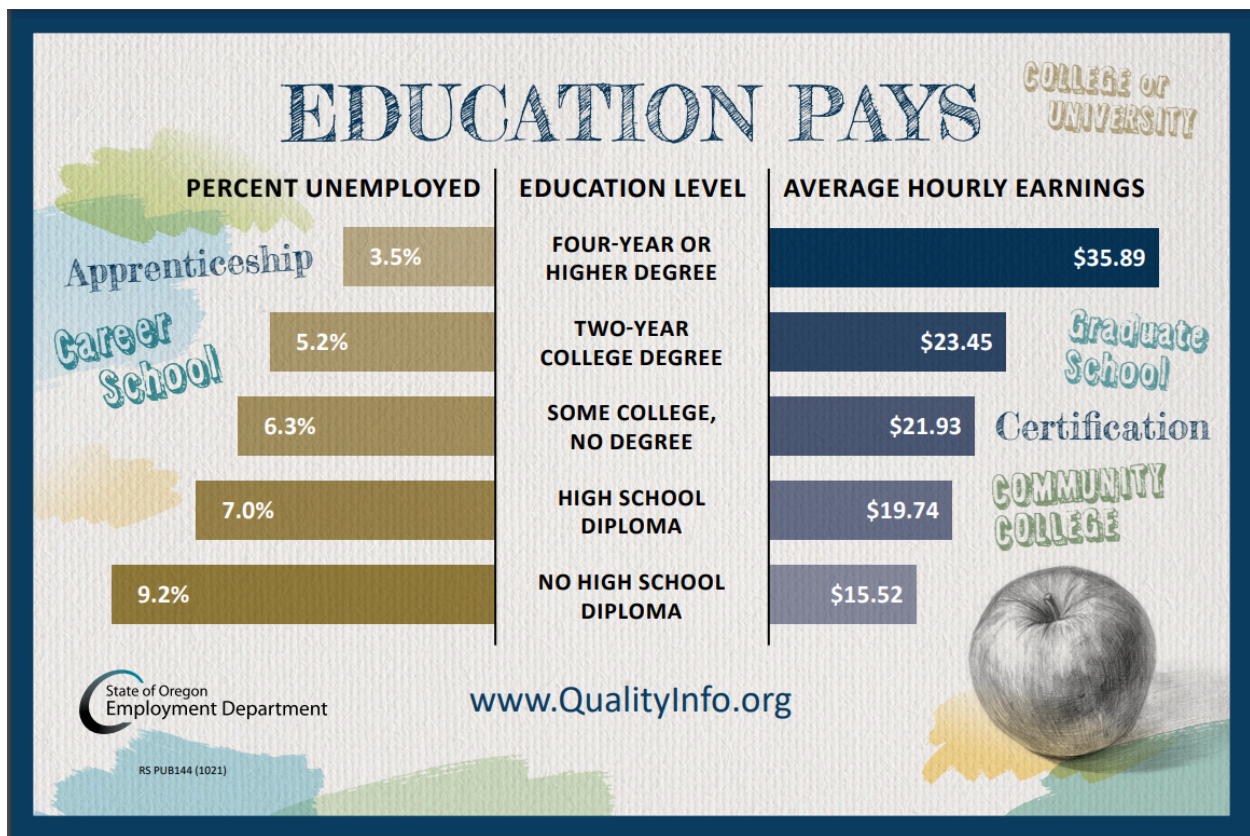


Figure 5.19 Education can increase earnings and decrease unemployment, according to the State of Oregon Employment Department. What relationship do you see between the independent variable of education and the dependent variables of income and unemployment? Image description.

This chart is commonly used in Oregon high schools and state unemployment offices to show that it pays to get a college degree. People with a four-year degree or higher experience less unemployment and significantly higher hourly earnings

than people with a high school diploma. Of course, these charts conclude that everyone should get the most education possible so they can make enough to buy houses and care for their families. Is this the

whole picture, though? Sociologists would say no, for several reasons.

First, this chart hides alternate ways of training and education. Where are the plumbers and the electricians who attend training other than college? Where are the medical transcriptionists, massage therapists, and other **health** professionals who may not attend college and yet are highly trained professionals? Perhaps you know a social media influencer or an IT professional who didn't graduate from college but still earns a lot of money.

Second, when we look at unemployment data, we only look at people who are eligible for unemployment, not all people, not even all who would be in the workforce if they could find work. This data then under-reports the number of people who may be looking for work but are no longer eligible for state or federal unemployment benefits. Even though definitions of who can be considered unemployed have expanded during the **COVID-19** pandemic, the overall statistics don't tell a complete picture. What about cosmetologists, hairdressers, tattoo artists, musicians, and other creative workers who earn incomes often through self-employment and are not counted in unemployment statistics?

Finally, these statistics don't take **gender**, **race**, age, ability, or other social locations into account. Let's look more deeply at economics, education, and **class**.

Individual Improvement versus Class Improvement

A common saying for those who work to end poverty for families is that there are two ways out of poverty—education and savings. Is this really true for all families?

Sociologists differentiate between **social mobility** and **structural mobility**. **Social mobility** is the ability of a person or a family to change eco-

nomic groups in their **society**. When we consider the dream of immigrants to the United States in the past and today, many say that their American dream is to work hard so that their children can have a better life than they do. When you consider your own family history, you may notice you have more education than your grandparents or great-grandparents. Over time, individuals and families can get richer or poorer, moving between social classes. Education can contribute to social mobility of an individual

Structural mobility is the ability of an entire class of people to become more wealthy or less wealthy. The efforts of the United Nations and other world service organizations to end extreme poverty would fall into the case of structural mobility. In general, industrialization has resulted in a higher standard of living for many people. Many people now have electricity and indoor plumbing, indicating some amount of upward structural mobility. However, global literacy and other educational measures are higher than they have ever been worldwide. If education was truly the only cause of structural mobility, we would see a reduction in poverty, and we don't (Hanauer 2019).

Correlation and Causation

To explain this contradiction between education and structural mobility, we need to use two sociological concepts: **correlation** and **causation**. **Causation** in science is when a change in one variable causes a change in the second variable. **Correlation**, on the other hand, occurs when a change in one variable coincides with a change in another variable, but does not cause the change to happen.

For example, sociologists might measure how many churches and grocery stores there are. They might see that where there are more churches, there are also more grocery stores. They might

conclude that because many churches host potlucks, dinners, and soup kitchens, more groceries are needed. Alternatively, they might conclude that well-fed people go to church more often. However, there is a third variable at work—population. The more people live in a particular location, the more built environment there is likely to be, including schools, churches, grocery stores, and libraries. Population size drives causation at this point, even though the number of churches and grocery stores is correlated.

As we apply these concepts to education, our essential question deepens: To what extent do

changes in education levels cause social or structural mobility?

Models of Education, Wealth, and Poverty

To answer this question, we look at this model developed by economists from the Federal Reserve Bank of St. Louis. They propose the following relationship between education and **wealth** in figure 5.20:

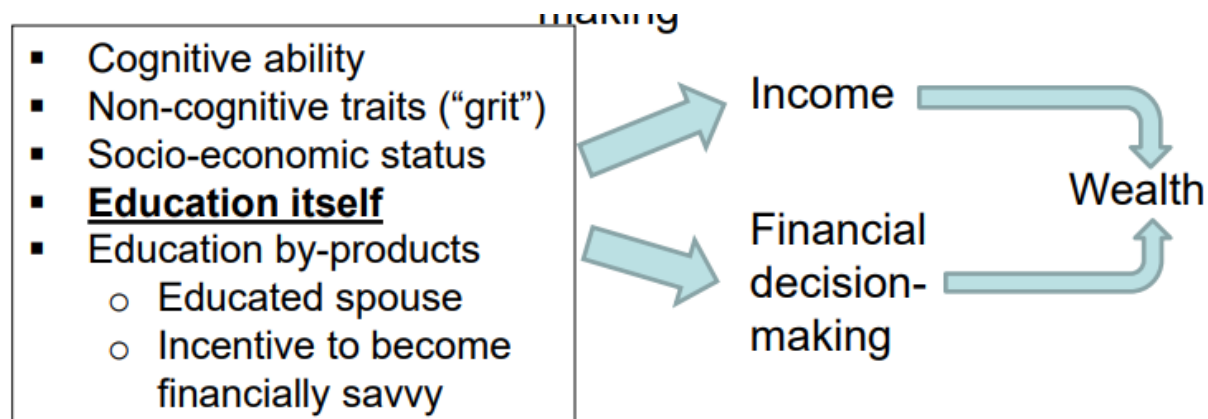


Figure 5.20 This model shows all the variables that impact wealth. Education does influence wealth, but it's only one of many factors. [Image description.](#)

This model has a lot going on, so let's break it down together. In the first column, we see characteristics that influence further steps in the model. These characteristics include your smartness, persistence, socioeconomic class, education, and the idea that you are likely to marry a similarly educated spouse. Not listed in the model is the idea that people from higher socioeconomic classes expect to live longer because they have access to good medical care, so they have some incentive to do financial planning (and extra wealth in the first place so that they can save).

All of these factors increase **income** and lead to better financial decision-making. These two factors influence the acquisition of **wealth**, the total amount of money and assets an individual or group owns. This could include land, savings, stocks, buildings, or businesses, among other examples. This study concludes that it's not education that directly leads to wealth. Rather, wealthy people are more likely to have more access to education and attain higher educational outcomes.



Figure 5.21 Around the world, educating girls makes a difference for children, families, and societies. Top left, girls learning in Afghanistan. Top right, women and girls learning in India. Below, a girl in Mexico City learning technology. Why do you think educating girls and women makes a difference?

Global models, on the other hand, paint a slightly different picture. Let's look at what can change.

Educating women tends to lead to higher age at marriage and greater maternal health. Because more girls between the ages of 15 and 19 die from pregnancy complications than any other cause of **death**, increasing the age of marriage, and thus the age of first pregnancy, reduces mother and infant **mortality**. If all women had a primary education, maternal deaths would decrease by 66 percent (UNESCO 2013:7).

Educated women also make more money. With more skills, a woman can look for higher-paying work, reducing poverty in her family and increasing economic stability. When women are educated, economies can grow. Education helps to narrow the gender pay gap for women because women can get more skilled jobs if they have the training. Education also increases the productivity of a country, leading to economic growth (UNESCO 2013).

Third, when women make more money, they tend to spend that money on food and education for their children, strengthening the health of their entire families. This reduces malnutrition and death from hunger. If all mothers had secondary education, 26 percent of all children stunted from malnutrition would be well nourished (UNESCO 2013:13).

Finally, educating women supports the overall health of entire communities because education encourages women's leadership where they live (Wodon et al. 2018; Borgen Project 2018). It also improves community resilience because education promotes tolerance and trust of people different from you (UNESCO 2013). If you would like to listen to this story, watch **Educate Women and Save the World [Streaming Video]**, a 4:12 minute TED talk from student Dorsa Esmaeili. She is of Iranian descent and speaks from a school in Dubai, United Arab Emirates.

Education is one way to influence a social problem, whether your family got more economically stable because your parents were first-generation college students or your mom got a better job because she became a nurse. However, it's not the whole answer. When you consider whether you should study for your next test, take the next class, or even go to college, the money you might make can only be part of the reason.

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"Correlation" definition from [Introduction to Sociology 3e](#) by Tonja R. Conerly, Kathleen Holmes, Asha Lal Tamang, [Openstax](#) is licensed under [CC BY 4.0](#).

Figure 5.21 (top left). "[Girls' classroom in Afghanistan](#)" by Alejandro Chicheri, World Food Programme is in the [Public Domain](#).

Figure 5.21 (top right). "[India – Second Chance Education and Vocational Learning \(SCE\) Programme](#)" by [UN Women Asia and the Pacific](#) is licensed under [CC BY-NC-ND 2.0](#).

Figure 5.21 (below). "[Primary school students with devices for math](#)" by Talento Tec is licensed under [CC BY-SA 3.0](#).

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Figure 5.19. "Oregon Education Pays" from "[Workforce and Economic Research Update OED Advisory Council \(2/4/2022\)](#)" (slide 11) by

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Figure 5.20. “Correlation vs. Causation: Three Theories. Theory Three” (slide 25) from “[Education](#)

[tion and Wealth: Correlation Is Not Causation](#)” by William R. Emmons, [Center for Household Financial Stability, Federal Reserve Bank of St. Louis](#) is included under fair use.

5.5 Education for Transformation is Social Justice

Kimberly Puttman

Unlike many of the social problems discussed in this **class**, inequality in **education** is not just a **social problem**. Transformative education is **social justice** for our communities. When people can read, write, and reason, they can ask critical questions about their lives. This **power** to question is a door that opens for justice. To explore this further, we will examine two approaches: education for liberation and crossing the **digital divide**.

Education For Liberation

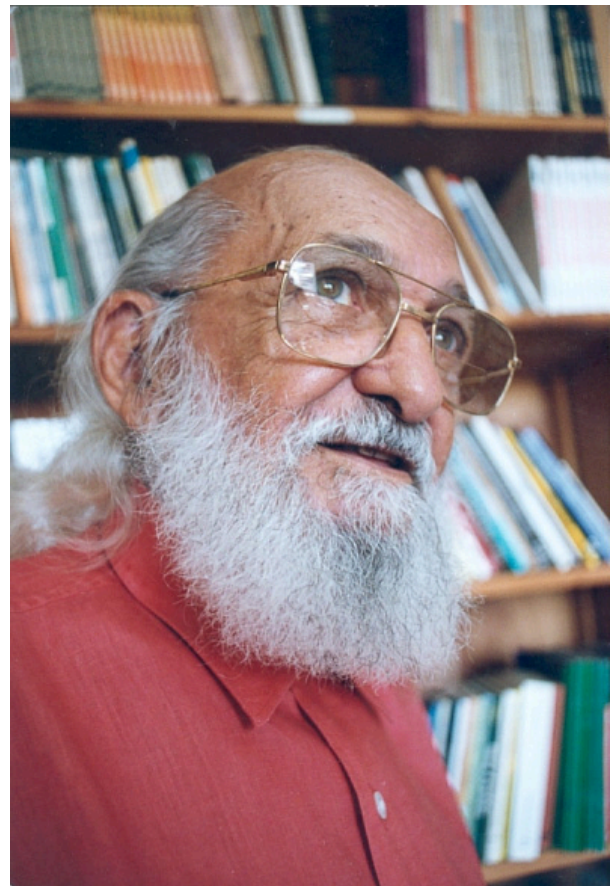


Figure 5.22 Paulo Freire was a Brazilian educator. Although he wasn't a sociologist, his theories and methods transformed how some sociologists think about the transformational possibilities of education.

Education serves a useful function, supporting people in learning and participating with more choices in their societies. Education can also be a way for people to maintain their power because schools can be institutions of social control. Using

segregation or separating students into tracks, educational institutions reinforce social patterns of **structural racism**, **sexism**, **homophobia**, and other discriminatory practices. As a third option, education can also serve the purpose of liberation and healing. To explore this approach, we turn to Paulo Freire, bell hooks, and the educators and activists of the Open Oregon Project.

Paulo Freire was an activist and educator in Brazil and internationally from 1940 to his **death** in 1997 (figure 5.22). He founded and ran adult literacy programs in the slums of northeast Brazil. When he taught reading and writing, he used everyday words and concepts that his students needed to know to live well, such as terms for cooking, childcare, or construction.

Freire's most famous book is *Pedagogy of the Oppressed*. **Pedagogy** is the art, science, or profession of teaching. Freire is looking at how teaching itself can empower oppressed people. In his book, he condemns the **banking model of education**, which he defines as "the concept of education in which knowledge is a gift bestowed by those who consider themselves knowledgeable upon those whom they consider to know nothing" (Freire 1970). He argues that the banking model is the most common but least useful form of education. He writes:

Education thus becomes an act of depositing, in which the students are the depositors and the teacher is the depositor. Instead of communicating, the teacher issues communiques and makes deposits which the students patiently receive, memorize, and repeat... [Students] do, it is true, have the opportunity to become collectors or cataloguers of the things they store. But in the last analysis, it is the people themselves who are filed away through the lack of creativity, transformation, and knowledge in this (at best) misguided system. (Freire 1970:72)

In contrast, Freire's education model emphasizes dialogue, action, and reflection. In dialogue, the students and the teachers discuss what they are learning and how they see things working in the world. Each person contributes from their own experience and knowledge. He writes, "To enter into dialogue presupposes equality amongst participants. Each must trust the others; there must be mutual respect and love (care and commitment). Each one must question what he or she knows and realize that through dialogue existing thoughts will change and new knowledge will be created" (Freire 1970).

This dialogue is essential for learning and transformation but is insufficient as a social force. He argues that teaching and learning also require action and reflection. Engaging in the world and reflecting on what you learned, or praxis, is the true goal of education, creating a more equitable **society** by taking conscious action. He writes, "It is not enough for people to come together in dialogue in order to gain knowledge of their social reality. They must act together upon their environment in order critically to reflect upon their reality and so transform it through further action and critical reflection" (Freire 1970).

His institute still influences educators and thinkers worldwide about how to use education to promote social justice. If you'd like to learn more about how Freire's **social location** influenced his theories, watch this 4:56 minute video, [Paulo Freire and the Development of Critical Pedagogy \[Streaming Video\]](#).



Figure 5.23 bell hooks is a Black author, educator, and activist who also argues that education can transform.

Black author and educator bell hooks, pictured in figure 5.23, built on the work of Paulo Freire, feminist theorists, and her own experiences as a Black woman to expand on this vision of the radical transformative power of education. In her book, *Teaching to Transgress*, she writes:

For black folks teaching—educating—was fundamentally political because it was rooted in antiracist struggle. Indeed, my all black grade schools became the location where I experienced learning as revolution.

Almost all our teachers at Booker T. Washington were black women. They were committed to nurturing intellect so that we could become scholars, thinkers, and cultural workers—black folks who used our “minds.” We learned early that our devotion to learning, to a life of the mind, was a counter-hegemonic act, a fundamental way to resist every strategy of white racist **colonization**. Though they did not define or articulate these practices in theoretical terms, my teachers were enacting a revolutionary pedagogy of resistance that was profoundly anticolonial. (hooks 1994:2)

She asserts that education can be revolutionary in its approach and outcomes, because students learn in community. Social transformation occurs within the context of an engaged classroom of learners. She writes, “Seeing the classroom always as a communal place enhances the likelihood of collective effort in creating and sustaining a learning community” (hooks 1994:8). Like Freire, she argues that a classroom is a community and that teaching and learning transform the wider world. In this optional video, bell hooks talks about working with Paulo Freire: [**bell hooks on Freire \[Streaming Video\]**](#).

Each of these scholars and activists argues that education itself, when done in a transformational way, will create change in the student, teacher, classroom, and wider world. With this approach, we see that education becomes a tool for addressing social problems.



Figure 5.24 Open Oregon Educational Resources is a project dedicated to increasing student success in college by producing high-quality, free textbooks and courses for students in Oregon.

In a final example, we explore the project from which this book arose as an exercise in transformation in learning. The Open Oregon Educational Resources organization, whose logo is pictured in figure 5.24, is a group of educators funded by the state of Oregon to create high-quality educational resources for students. Through developing both textbooks and courses that center diversity, **equity**, and **inclusion**, this effort is making course materials more affordable and accessible for many students.

The project allows people normally excluded from research and textbook creation to be included in the process. We are a collective of students, teachers, researchers, activists, and artists weaving our stories into books and courses that reflect and explain our social life. Because we share the work, some of us contributing a lot, and others only a few pages, many of us can tell our stories.

Our radical equity statement is:

The Open Oregon Educational Resources Course and Textbook Development Model seeks to dismantle structures of power and oppression entrenched in barriers to course material access. We provide tools and resources to make diversity, equity, and inclusion (DEI) primary considerations when faculty choose, adapt, and create course materials. In promoting DEI, our project is committed to:

1. Ensuring diversity of representation within our team and the materials we distribute
2. Publishing materials that use accessible, clear language for our target audience
3. Sharing course materials that directly address and interrogate systems of oppression, equipping students and educators with the knowledge to do the same. (Blicher et al. 2023)

Open Oregon's approach is revolutionary, putting the power to create and share knowledge in the hands of ordinary people. Who would have imagined this in the early days of the first printing press?

Crossing the Digital Divide During COVID-19

When you think about how often you use your phone to find a restaurant, get directions, or look up the actors in your favorite movie, you are using technology to solve problems. However, access to technology is unequal. This inequality is called the **digital divide**, describing not only internet use but access to computers and smartphones, access to free or low-cost, stable internet, and digital literacy. These three components of devices, access,

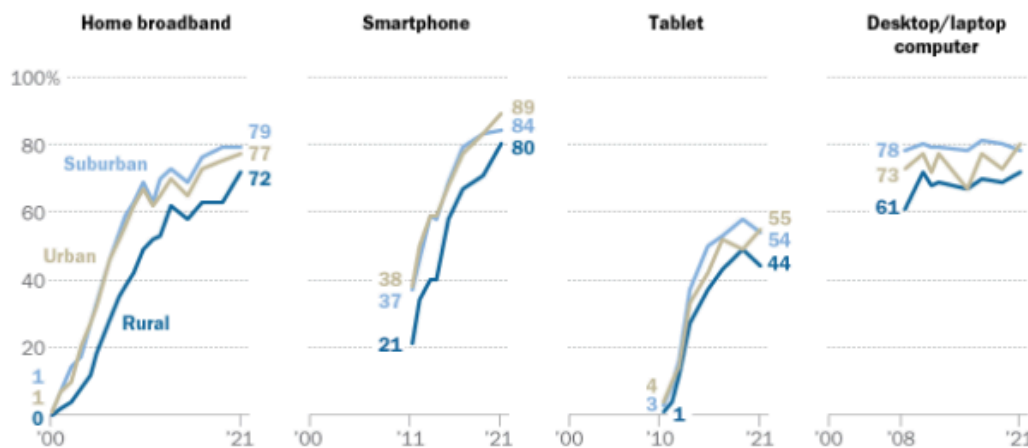
and effective skills are called the three-legged stool needed to close the digital divide. Individuals need a computer that they know how to use effectively and sufficient quality internet service to participate effectively.

We see the impact of the digital divide locally and internationally. If you would like to learn more about the experiences of other students, watch: [The Digital Divide: How does it affect young people in London? \[Streaming Video\]](#) It describes the intersection of **poverty** and technology.

Since the first known usage of *digital divide* in 1994, researchers continue to examine who is divided. For example, in 2018, Pew Research reported that nearly one in five students couldn't finish their homework because they couldn't access the internet (Anderson and Perrin 2018). As you might expect, social location is a strong predictor of who has access to technology and who doesn't. For example, people in **rural** areas still own less technology than those living in cities or suburbs (figure 5.25).

Despite growth, rural Americans have consistently lower levels of technology ownership than urbanites and lower broadband adoption than suburbanites

% of U.S. adults who say they have or own the following



Source: Survey conducted Jan. 25-Feb. 8, 2021.

PEW RESEARCH CENTER

Figure 5.25 Despite growth, rural Americans have consistently lower levels of technology. This graph shows home broadband, smartphone, tablet, and computer ownership in urban, suburban, and rural areas. What is true for you? [Image description.](#)

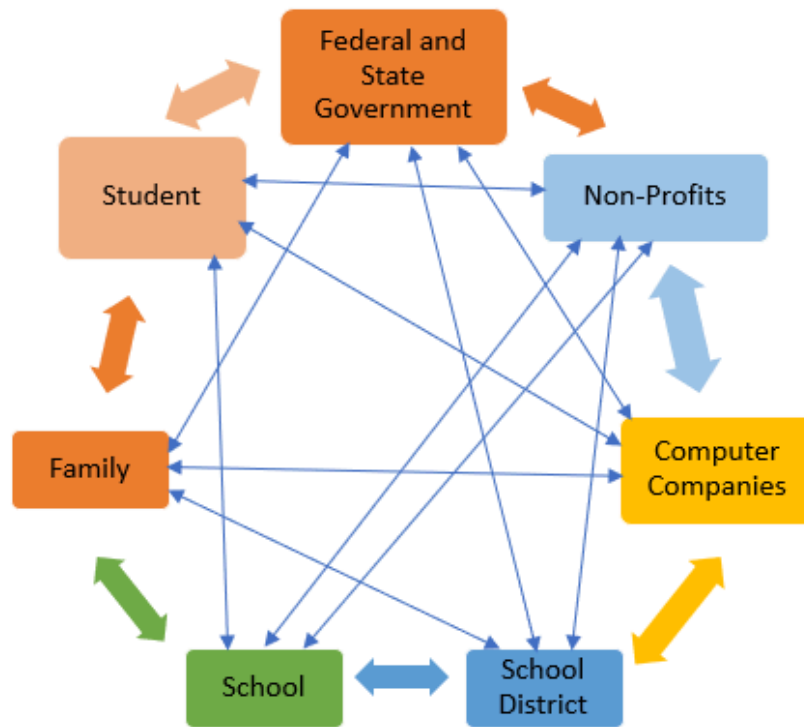


Figure 5.26 Interdependent solutions to educational access during COVID-19. Everyone took action to support education during COVID-19. Who would you add for your own community? [Image description.](#)

Because school was online during **COVID-19**, closing the digital divide was urgent. Institutions and individuals used agency and **collective action** to promote social justice (figure 5.26).

For example, the federal government implemented broadband programs allowing families to get internet services at free or low cost. State governments funded internet access for schools and libraries. Local schools purchased computers and hotspots. But technology was only part of the solution.

Nonprofit social service providers highlight digital skills as a support to stabilizing families. Goodwill, for example, hosts a digital learning platform called [GFCLearnfree.org](https://www.gfclearnfree.org), which hosts educational content that helps people learn to use

their computers, search for jobs online, and manage their money more effectively. Explore [GFCLearnfree.org](https://www.gfclearnfree.org) [\[Website\]](#) if you would like to learn more. However, access alone does not help people learn effectively. Some nonprofits are taking a much more integrated approach.



Figure 5.27 Students learning digital literacy skills at EveryoneOn, during the COVID-19 pandemic. Did you have to learn more technology skills so that you could keep learning during the pandemic?

EveryoneOn [[Website](#)] is a U.S.-based nonprofit that helps create social and economic opportunities in **under-resourced communities** by providing access to low-cost internet and devices. They also deliver digital skills training. Founded in 2012 to meet the federal government’s challenge to connect everyone digitally, the organization has helped connect over 1,000,000 people to affordable internet offers, distributed over 6,000 devices, and trained thousands of people in digital skills. EveryoneOn is known for its **Offer Locator Tool** [[Website](#)] where people can search for low-cost internet service and computers in their area.

To reach more people, EveryoneOn partners across sectors with government, local and national nonprofits, corporations, and internet service providers to connect more people and build digital literacy. Partnerships with technology companies allow EveryoneOn to provide devices to program participants at low or no cost. They also partner with community-based organizations to deliver digital skills training. EveryoneOn primarily works in communities of color and provides services in Spanish and English (figure 5.27).

In response to the pandemic, EveryoneOn developed a hybrid model in which clients got initial support for their new computers in person from EveryoneOn. They completed their classes online. By providing equipment, access and edu-

cation, EveryoneOn narrowed the digital divide in many communities of color.

Although we still have work to do, the response of educators, businesses, nonprofits, and government is adding even more people to the digital superhighway. Although the digital divide is far from closed, the interconnected responses of people like you working together with social institutions makes a difference. Equal access is social justice.

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Figure 5.26. “Interdependent Solutions to Education during COVID-19” by Kimberly Puttman is licensed under [CC BY 4.0](#).

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Figure 5.24. “Open Oregon Educational Resources Logo” by [Open Oregon Educational Resources](#) is licensed under [CC BY 4.0](#).

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Figure 5.25. “% of US Adults Who Say They Have or Own the Following” from “**Some digital divides persist between rural, urban and subur-**

ban America” © **Pew Research Center**, Washington, D.C. is licensed under **the Center’s Terms of Use**.

Figure 5.27. “Photo of students learning digital literacy skills at EveryoneOn, during the COVID-19 pandemic” © EveryoneOn is all rights reserved and used with permission.

5.6 Chapter Summary

Kimberly Puttman

Education, the social **institution** that teaches us reading, writing, critical thinking, and how to get along in our **society**, is both a **social problem** and a response to a social problem. This complexity makes it challenging to make sense of. On the one hand, students have unequal access to education and unequal outcomes. This inequality is a charac-

teristic of a social problem. On the other hand, we see that investing in education can give individuals better employment options. Education also can contribute to economic growth in whole societies. Finally, transforming education by radical teaching and closing the **digital divide** creates **social justice**.

ESSENTIAL IDEAS

Learning Objective 1: How do social identity and social location impact who learns?

As we can see from the experiences of d/Deaf, neurodivergent, Latinx, and Indigenous students, your access to education and educational outcomes depend on your **race, class, gender**, and ability. However, it’s not enough to look at achievement gaps. We must also examine the wider social and historical forces that cause **educational debt**.

Learning Objective 2: How do changes in education models reflect the social problems process?

Parents acting alone and in community advocate for universal education. Their work, and the work of their supporters, has led to integration, more education for girls and women, and increases in global literacy. With each improvement, the call to open to expand **equity** in education only gets louder.

Learning Objective 3: What is the relationship between education, poverty, and wealth?

To deeply understand the relationship between education, poverty, and wealth, we must understand **correlation** and **causation**. While education and wealth are correlated, an increase in education does not fully cause an increase in wealth. Other factors matter. How-

ever, even that is not the whole story. We also see that educating women and girls influences maternal **health**, family stability, and economic growth in countries worldwide.

Learning Objective 4: How can education be an interdependent, transformative method to create social justice, particularly during global health crises?

One response to the global **COVID-19** pandemic was to increase funding that would narrow the digital divide. This **collective action** was an example of educational transformation in action. It relied on federal and local governments, non-profits, school districts, and you to create change. Using education for transformation is social justice.

Comprehension Check

Everyone took action to support education during COVID-19. Select the icon to learn more about each actor and how they worked together.

KEY TERMS LIST

achievement gap: any significant and persistent disparity in academic performance or educational attainment between different groups of students, such as White students and students of color, for example, or students from higher-income and lower-income households

banking model of education: the concept of education in which “knowledge is a gift bestowed by those who consider themselves knowledgeable upon those whom they consider to know nothing”

cultural assimilation: the process of members in a subordinate group adopting cultural aspects of a dominant group

causation: a change in one variable causes a change in another variable

correlation: a change in one variable coincides with a change in another variable, but does not necessarily indicate causation

digital divide: the uneven access to technology due to inequalities between different social, cultural, and economic groups; often caused by location

discrimination: the unequal treatment of an individual or group on the basis of their statuses (e.g., age, beliefs, ethnicity, sex)

education: a social institution through which a society's children are taught basic academic knowledge, learning skills, and cultural norms

educational debt: the cumulative impact of fewer resources and other harm directed at students of color

equity: the state of everyone having what they need, even if it means that some people need to be given more to get there

genocide: the systematic and widespread extermination of a cultural, ethnic, political, racial, or religious group

Identity first language: language that focuses on an inherent part of someone's identity, such as deafness or neurodiversity

implicit bias: the hidden or unconscious beliefs that a person holds about other social groups

inclusion: the laws and practices that requires that disabled students be included in mainstream classes – not separate rooms or schools

medical model of disability: a model which says that people are disabled because they have impairments or differences

neurodiversity: an axis of human diversity describing how brain differences are naturally occurring variations in humans

pedagogy: the art, science, or profession of teaching

person first language: a way to emphasize the person and view the disorder, disease, condition, or disability as only one part of the whole person

prejudice: an unfavorable preconceived feeling or opinion formed without knowledge or reason that prevents objective consideration of an individual or group

segregation: the physical separation of two groups, particularly in residence, but also in workplace and social functions

social mobility: an individual's or group's (e.g., family) movement through the class hierarchy due to changes in income, occupation, or wealth

social model of disability: a model of disability which says that disability is caused by the way that society is organized

structural mobility: a shift in hierarchical position of an entire class of individuals over time in society

wealth: the total amount of money and assets an individual or group owns

DISCUSS AND DO

1. **Educational Inequality and Social Location:** This chapter contains many videos that describe unequal experiences in education. Please watch one or two of them. Using some of the chapter's key terms, what inequality and response to inequality do you see?
2. **Power in Education:** One of the places that we see power in education is at the level of the school board. Please look at your own school board. Who is on it? What kind of actions have they taken recently? Do you think your school board is making decisions that meet the needs of your community?
3. **Causation and Correlation:** Why are you pursuing higher education? Please use the concepts related to education and wealth to expand your answer.
4. **Education and Transformation:** You may have experienced teachers who teach from the banking model of education, or from the perspective that education is transformational. How can education be used to impact social problems?
5. **Recognition, Reparation, and Resilience:** Indigenous people are fighting for recognition, reparation, and resilience. One example of this action is [Canada settles residential schools lawsuit for \\$2.8bn \[Website\]](#). Please find another example of recognition, reparation and resilience in your area or the wider world. How does this action reflect the repairing of the historical and current harms of **colonization**? Does it go far enough?

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Who Has a Home? Houselessness and Housing Insecurity

6.1 Learning Objectives and Chapter Overview

Nora Karena

LEARNING OBJECTIVES

After reading this chapter, you will be able to:

1. Describe how **houselessness** is a **social problem**.
2. Describe how social **stratification** can help sociologists to explain the causes and consequences of housing instability.
3. Analyze how **social location** impacts houselessness.
4. Discuss how the sociological explanations of **housing insecurity** changed over time.
5. Evaluate the effectiveness of interdependent solutions to housing as a way of expanding **social justice**.

Chapter Overview

With deep gratitude for the Spring 2022
Sociology 206 students at Tillamook Bay
Community College for your feedback

on the draft of this chapter and holding
space for its development. And to Kandi,
for never giving up. – Nora Karena



Figure 6.1 Every year over 4 million young people experience houselessness, like this youth who might be couch surfing. How does this make houselessness a social problem?

Kandi (her street name) was 12 the first time she ran away from home. She had read about running away in books like *My Side of the Mountain*. These stories were supposed to be cautionary tales, but they showed Kandi a path out of an abusive home. She just wanted out. Rather than stay in one place for very long, she hitchhiked cross-country. She spent a lot of time in truck stops and bars. She used a lot of drugs. Every once in a while she got arrested, and there were close calls with dangerous people. She experienced sexual harassment daily and was sexually assaulted and exploited many times.

As she got older and tougher, she learned how to make people respect her *no* and pay for her *yes*, at least most of the time. She got her first bartending job at the age of 15. It was easy to find work, but she never stayed anywhere for long. She told people that she chose “the road.” Given the options, it seemed like a rational choice.

People she met shared spare pieces of their lives. She encountered art, music, and big ideas. She went to a lot of parties and listened to many stories around many fires. Sometimes, she had fun—once she got picked up because a group of whitewater rafters needed one more person to paddle. She learned how to survive, but dreamed of more, and spent long hours constructing a better life in her imagination. Eventually, in fits and starts, she began to move towards a life that was safer and softer.

It took years to get stable, but eventually, in her 20s she landed in a small coastal town and fell in love. She stayed put long enough to find a **chosen family** and make a home. Home was hard for Kandi to hold on to, and she continued to experience housing insecurity into her 40s until she went back to school for a better-paying career. Kandi is in her 50s now, stable, and happy with her family and work. She knows how lucky she is.

Kandi is one of an estimated 26 million people in the United States who have been unhoused during their lifetimes (National Academies of Sciences, Engineering, and Medicine et al. 2018). While Kandi now maintains stable housing, an estimated 11.4 million people in the United States reported housing insecurity in the summer of 2021. People experience housing insecurity when they are behind on rent and/or likely to be evicted in the next month (Pagaduan 2021). If you want to learn more, please check out this chart of **[Homelessness Statistics by State \[Website\]](#)**.

This interactive content is not available in this version of the text. It can be accessed online here:

<https://www.youtube.com/watch?v=zvFY02FIkBg>

Figure 6.2 Watch this 2-minute video, **[Comic Book Profiles 10 Portland State University Students’ Struggles With Housing Instability \[Streaming Video\]](#)** about a comic book series Portland State University students created about their experiences of houselessness. Do these stories sound familiar? **[Transcript](#)**.

Statistics about houselessness don’t tell the whole story, though. As a student, you may be housing

insecure. You may know other students who couch surf, change addresses frequently or sleep

in their cars. In 2022, the station KGW featured a student-created comic about unstable housing. As you watch [Comic Book Profiles 10 Portland State University Students' Struggles With Housing Instability \[Streaming Video\]](#), please consider how housing instability has impacted these students.

Kandi, college students, and others experience the social problem of **houselessness**, the condition of not having a place to live. As the cost of housing increases and wages stay the same, more and more people find themselves losing their housing or at risk of losing their housing. Stable housing also becomes one of the factors that can help resolve some of the other social problems we discuss throughout this book.

In this chapter, we will define **homelessness**, **houselessness**, and **housing insecurity** and consider the individual and collective impacts of the current housing crisis. Then, we will apply an intersectional lens to discover how social location can increase risks for housing insecurity and houselessness. We will also consider older theories

of houselessness that examine individuals' characteristics to explain the problem. These theories don't hold much explanatory **value** today, but we see these ideas arise in how we talk about problems of houselessness. Finally, we look at community-based interdependent solutions that create housing stability and social justice for people who need a home.

You may notice that we use the words *houseless*, *unhoused*, or *housing insecure* instead of *homeless* in most cases. As you'll remember from [Chapter 1](#), a characteristic of a social problem is that it is socially constructed. One way we can recognize that a social problem is socially constructed is because the language used to define a problem changes over time. Sociologists and community advocates currently prefer the terms *houseless*, *unhoused*, or *housing insecure* to define the social problem. This language helps emphasize structural problems that may cause someone to be without a home rather than the **stigma** associated with the word *homeless*.

FOCUSING QUESTIONS

As we explore what it means to have a stable home, the following questions will guide us:

1. How can we see houselessness as a social problem?
2. How does the sociological concept of social stratification help sociologists explain the causes and consequences of housing instability?
3. Who is likely to experience housing insecurity or houselessness, based on their social location?
4. How have sociological explanations of housing insecurity changed over time?
5. Which interdependent solutions to houselessness can create housing stability, a measure of social justice?

As you consider these questions, you might start by thinking about what *home* means to you. If you want to, you can compare your vision to those of the people in this video, [What Does Home Mean to You? \[Streaming Video\]](#).

There's no place like home. Let's find out more!

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Figure 6.2. “[Comic Book Profiles 10 Portland State University Students’ Struggles With Housing Instability](#)” by Bryant Clerkley, [KGW8](#) is licensed under the [Standard YouTube License](#).

6.2 Housing Insecurity and Houselessness as a Social Problem

Nora Karena

As you recall from [Chapter 1](#), social problems go beyond the experience of the individual, resulting in a conflict in values, arising when groups of people experience inequality, is socially constructed by real consequences, and must be addressed interdependently. A basic inequality, of course, is that some people have secure housing, and some don’t. Social locations such as **gender identity**, **race**, **class**, age, **sexual orientation**, or combinations of these factors can increase the risk of becoming unhoused.

Defining Houselessness

Harris, a student in the Oregon Coast Community College Social Problems class, explored how **houselessness** can be seen as a **social problem**. She interviewed Traci Goff, the executive director of Grace Wins Haven, a day shelter in Newport, Oregon, about houselessness in Lincoln County.



Figure 6.3 In this graphic novel, *Social Problems* student Harris explores why houselessness is a social problem. They demonstrate each of the characteristics of a social problem. Please take some time with [crossref:Back Matter,Appendix: Class Expansion Materials]Houselessness: Grace Wins Haven, Case Study by Harris[/crossref:Homelessness: Grace Wins Haven, a Case Study by Harris] to review Harris's work. [Image description.](#)

Harris found that houselessness goes beyond the experience of an individual. They document this in the graphic novel hosted in figure 6.3. The City of Newport, Oregon, passed a new ordinance in 2022 which regulates who can camp. The new law prohibits people from camping near city buildings, schools, or in recreational areas. These restrictions apply to the entire community, not just individual people.

Harris also identifies the many organizations and people who have differing opinions about houselessness in Lincoln County. The city government, the State of Oregon, Grace Wins Haven, and the houseless people themselves disagree on what should be done.

Many of the people that Harris talks to also experience **marginalization** based on their **social**

location. One young person is autistic. Another person experiences chronic and severe physical illness. Another client was a felon, which restricted his ability to rent many properties.

Finally, our ideas about who is houseless and why they are houseless are socially constructed. In their creative approach, Harris notes that many laws, policies, and economic forces create houselessness, not just the behavior of individuals. We'll look deeper at how explanations of why people are houseless have changed over time later in this chapter. Let's start, though, with some formal definitions.

Homelessness is defined by the U.S. Department of Housing and Urban Development (HUD) as being unsheltered, having inadequate shelter, not having a permanent fixed residence, and/or

lacking the resources to secure stable housing (U.S. Department of Housing and Urban Development 2012). HUD uses four categories of homelessness, as described in figure 6.4, to determine eligibility for housing services. These subsidized

and supported housing services include Emergency Shelters, Transitional Housing, Rapid Rehousing, Housing Choice Subsidized Housing Vouchers (also known as Section 8), and Homelessness Prevention Services.

U.S. Department of Housing and Urban Development Category of Homelessness	Definition	Note
1: Literally Homeless	<p>Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:</p> <ul style="list-style-type: none"> • Has a primary nighttime residence that is a public or private place not meant for human habitation; or • Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, and local government programs); or • Is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution. 	An individual or family only needs to meet one of the three subcategories to qualify.

Figure 6.4 U.S. Federal Categories of Homelessness. These definitions are part of policies around houselessness. These policies may help people who need it but exclude others who are also houseless. Who do you think is missing from these guidelines?

U.S. Department of Housing and Urban Development Category of Homelessness	Definition	Note
2: Imminent Risk of Homelessness	<p>An individual or family who will imminently lose their primary nighttime residence, provided that:</p> <ul style="list-style-type: none"> • Residence will be lost within 14 days of the date of application for homeless assistance; • No subsequent residence has been identified; and • The individual or family lacks the resources or support networks needed to obtain other permanent housing. 	Includes individuals and families who are within 14 days of losing their housing, including housing they own, rent, are sharing with others, or are living in without paying rent.
3: Homeless Under Other Federal Statutes	<p>Unaccompanied youth under 25 years of age or families with Category three children and youth who do not otherwise qualify as homeless under this definition but who:</p> <ul style="list-style-type: none"> • Are defined as homeless under the other listed federal statutes; • Have not had a lease or ownership interest in permanent housing during the 60 days prior to the homeless assistance application; • Have experienced persistent instability as measured by two moves or more during the preceding 60 days; and • Can be expected to continue in such status for an extended period of time due to special needs or barriers 	Includes individuals and families who are within 14 days of losing their housing, including housing they own, rent, are sharing with others, or are living in without paying rent.

Figure 6.4 U.S. Federal Categories of Homelessness. These definitions are part of policies around homelessness. These policies may help people who need it but exclude others who are also homeless. Who do you think is missing from these guidelines?

U.S. Department of Housing and Urban Development Category of Homelessness	Definition	Note
4: Fleeing/ Attempting to Flee Domestic Violence	<p>Any individual or family who:</p> <ul style="list-style-type: none"> • Is fleeing or is attempting to flee domestic violence; • Has no other residence; and • Lacks the resources or support networks to obtain other permanent housing 	<i>Domestic Violence</i> includes dating violence, sexual assault, stalking, and other dangerous or life-threatening conditions that relate to violence against the individual or family member that either takes place in or him or her afraid to return to, their primary nighttime residence (including human trafficking).

Figure 6.4 U.S. Federal Categories of Homelessness. These definitions are part of policies around houselessness. These policies may help people who need it but exclude others who are also houseless. Who do you think is missing from these guidelines?

Who is Unhoused?

Shelter is a basic human need. Surviving unsheltered takes a toll on physical and **mental health**, both in terms of increased **health** risks and decreased access to adequate healthcare services (Kushel et al. 2006). Having safe and stable shelter supports our basic psychological needs, anchors our social relationships, and is necessary for economic stability. In 1992, the United Nations declared that adequate housing is a human right. The **value** of shelter to the quality of human life is clear. However, rates of houselessness in the United States are growing. What values do you

think conflict with the value of meeting everyone's basic human needs?



Figure 6.5 Sidewalk tent camps in Northeast Portland, Oregon, United States. Do all people who are houseless live like this?

This interactive content is not available in this version of the text. It can be accessed online here:

<https://www.youtube.com/watch?v=VcZvD7IKZto>

Figure 6.6 *City of Roses or City of Homeless? Portland's human tragedy [Streaming Video]*. The housing problems that Portland experiences are common across the United States. Which of these problems and solutions do you see in your community? [Transcript](#).

The image in figure 6.5 and the video in figure 6.6 tell part of the story of houselessness in Port-

land, Oregon. Please take the time to watch the first 6 minutes of this 11 minute video that tells

this story. As you watch, consider who is speaking and whose voices are not heard. These stories are powerful but insufficient. Who else in Oregon is houseless?

On the night of January 26th, 2022, when the temperature dipped down into the 20s, at least 14,655 unhoused people were counted in Oregon. In Multnomah, Washington, and Clackamas Counties, 6,633 people were unhoused, an increase of more than 25 percent since the last count in 2019 in Multnomah County alone (Hasenstab 2022). Of those counted, 3,525 met the HUD definition of unsheltered from figure 4.2, while 3,108 spent that cold winter night in temporary shelter or transitional housing. More than 60 percent of the unhoused people that night met the definition of chronically homeless, having a disabling condition, *and* having been unhoused for at least 12 months (Multnomah County 2022). The annual Point-in-Time count of unhoused people does not consider people who were temporarily doubled-up with friends and family unhoused, even though they also lack a permanent residence.

Encampments of unhoused people, sometimes called tent cities, have become a common, often unwelcome fixture in Portland. You can read about [**Dignity Village in Portland, Oregon**](#) [Website], an encampment community that is self-organized and offers some security. Because many encampments are not officially legal, people living in them lack stability and live under the threat of being “swept” or evicted. In 2017, 255 encampments were reported across the United States, ranging in size from 10 to over 100 people living in them, but that number does not include many more illegal encampments. Encampments are a response to the fact that shelters constantly operate at maximum capacity, and communities do not have enough affordable housing (Tent Cities in America 2022).

Shelters provide needed temporary immediate service to over 1.5 million Americans each year. Many nonprofit organizations also provide addi-

tional supportive services and housing assistance for families and individuals. Day shelters, such as Rose Haven in Portland, Oregon, also offer support and food to unhoused people. Some churches allow people to car-camp and/or erect tents on the church property and have provided hygiene centers that include showers, hand-washing, laundry, and food services.

Tensions exist between tent dwellers, staff, and users of shelters, and the business and home-owning communities since being unhoused is messy, and people who are unhoused are vulnerable to crime and abuse. In Corvallis, Oregon, the community has struggled for years to find a permanent location for the men’s overnight cold-weather shelter. Advocates for people who are unhoused argue for a location close to needed city services; accessibility is important when walking, bicycling, and public transportation are the primary modes of getting around.

Who is Housing Insecure?

Housing insecurity is a broad set of challenges, such as the inability to pay rent or utilities or the need to move frequently (Goldrick-Rab et al. 2019). According to government definitions, if a person or a family are within 14 days of losing their housing and does not have the resources “to obtain permanent housing,” they are considered by HUD to be “at imminent risk of homelessness.” Housing instability can be harder to see than houselessness. Signs of housing instability include missing a rent or utility payment, having a place to live but not having certainty about meeting basic needs, experiencing formal or informal evictions, foreclosures, couch surfing, and frequent moves. It can also include exposure to health and safety risks such as mold, vermin, lead, overcrowding, and personal safety fears such as abuse.

Of all Americans, 10 to 15 percent are housing insecure. A **cost burdened household** is a house-

hold in which 30 percent or more of a household's monthly gross **income** is dedicated to housing, making it difficult to pay for necessities. Households that pay more than 30 percent of their income on housing face housing instability and insecurity. One study used a residual-income approach, which estimates whether households have enough money left after paying rent and utilities to afford a decent standard of living, and found that 19.2 million (62.1 percent) were cost

burdened. However we measure it, the cost burden puts people at risk for being homeless (National Low Income Housing Coalition 2022).

College students are another group of people who are often housing insecure. You watched a video of their stories earlier in this chapter. In addition to qualitative stories, we have quantitative data about how many college students experience housing instability (figure 6.7).

	Two-Year College		Four-Year College		Overall	
	Number of Students	Percentage	Number of Students	Percentage	Number of Students	Percentage
No needs ("Secure")	14,965	30	10,179	39	25,144	33
Food insecure, housing insecure, or homeless ("Insecure")	34,111	70	15,861	61	49,972	67
Food and housing insecure	19,021	39	7,723	30	26,744	36
Housing insecure and homeless	7,846	16	2,917	11	10,763	14
Food insecure and housing	6,485	13	2,394	9	8,879	12

Figure 6.7 Food Insecurity and Housing insecurity at two-year and four-year colleges. Students in community colleges often experience more food and housing insecurity than students in four-year colleges. Thinking back to [Chapter 5](#), do you think this is causation or correlation? [Image description](#).

A recent national survey that included Linn-Benton Community College (LBCC) in Albany, Oregon, found that students at the two-year **institution** had higher levels of houselessness than their counterparts nationally. You can see the results from all surveyed colleges in figure 6.7. With a response rate of 9.7 percent, 558 of 5,700 surveyed LBCC students participated in the 2019 #RealCollege Survey Report. Nineteen percent of LBCC students reported experiencing houselessness in the past year, compared with 17 percent nationally. In addition, 53 percent of LBCC students reported experiencing housing insecurity in the past year, compared with 50 percent nationally (Goldrick-Rab et al. 2019). This report indicates that more than half of community college students are struggling with stress related to having a safe,

stable place to care for themselves and their families.

The College and University Basic Needs Insecurity Report found that being female, transgender, Native American, Black, Latinx, and 21 or older increased your chances of being housing insecure or homeless. Although men, people who are White, young White students (18–20), and athletes were less likely to experience houselessness or housing insecurity, they still did so in double-digit percentages (Goldrick-Rab et al. 2019).

In Oregon, in particular, the median individual and household income in 2020 was \$35,393 and \$65,677, respectively. Average rents also increased significantly (U.S. Census 2020). More than 35 percent of Portland renters surveyed reported being behind on rent, and more than 56,000

households in the Portland region are considered housing insecure (Bates 2020).



Figure 6.8 This picture shows what rural houselessness looks like in Klamath County, Oregon. How might the experience of being houseless, or the services and policies needed to end houselessness be different between cities and countrysides?

Rural communities have unique housing pressures, especially in resort areas where housing stock tends to be inadequate. One rural area is Lincoln County, Oregon, where wages are generally lower than most of the rest of the state. The average income of a Lincoln County resident is \$25,130 a year (BestPlaces 2020). If we calculated that a person could only use 30 percent of their income for housing to remain stable, their rent could be \$7,539 per year or \$628.25 per month.

The fair market rent for a one-bedroom apartment in Lincoln County is \$877 (RentData.org 2022). At fair market value, the renter would be paying about 42 percent of their income. When you add that less than one percent of all homes in Lincoln City, Oregon, are vacant and available to rent (Bestplaces 2020), you begin to see the fragility of our housing system. Even when work is plentiful, houselessness is only a step away. One job loss, one major illness, or commonly, one landlord who chooses to sell their property rather than continue to rent, and houselessness occurs.

Licenses and Attributions Housing Insecurity and Houselessness as a Social Problem

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Figure 6.4. “[Categories of Homelessness](#)” adapted from [The Homeless Emergency Assistance and Rapid Transition to Housing \(HEARTH\) Act](#) by Nora Karena is licensed under [CC BY 4.0](#).

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“LBCC Student Statistics and likelihood of student homelessness,” “Homeless encampments, Dignity Village, and tent cities,” and “Housing insecure” are partially adapted from “[Finding a Home: Inequities](#)” by Elizabeth B. Pearce, Carla Medel, Katherine Hemlock, and Shonna Dempsey, [Contemporary Families: An Equity Lens 2e](#), which is licensed under [CC BY 4.0](#). Modifications by Nora Karena are licensed under [CC BY 4.0](#).

Figure 6.5. “[Northeast Portland homeless camp tents](#)” by [Graywalls](#) is licensed under [CC BY-SA 4.0](#).

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Figure 6.3. “Houselessness: Grace Wins Haven” by Harris is all rights reserved and included with permission.

Figure 6.6. “[City of Roses or City of Homeless? Portland’s human tragedy](#)” by [KOIN 6](#) is licensed under the [Standard YouTube License](#).

Figure 6.7. “[Food Insecurity and Housing Insecurity at Two-year and Four-year Colleges](#)” by the Hope Center is included under fair use.

Figure 6.8. “Homeless service providers say counting homeless in rural areas can be more difficult because they are often less visible than

in urban areas” by Molly Solomon, OPB is included under fair use.

6.3 Houselessness, Housing Insecurity, and Social Location

Nora Karena and Kimberly Puttman

People are unhoused because they do not have access to adequate, affordable housing. For every 100 extremely low-**income** renters, there are just 31 affordable units (National Coalition for the Homeless 2020). People who are housing insecure are at risk of losing their housing because they lack adequate resources to meet basic needs.

Social location, where identity and **power** connect, such as **class**, **race**, **gender**, age, and physical ability, can impact housing stability. In this section, we’ll apply theories of social **stratification** and **intersectionality** to the problem of **houselessness** and **housing insecurity**. Let’s start by exploring the sociological concept of class.

What is Social Stratification?



Figure 6.9 This picture demonstrates stratification. In the front, we can see the tarps and belongings of houseless people. In the background, we see the skyscrapers of a modern wealthy economy. Where do you see stratification at work in your own life?

Sociologists group people according to how much they have. However, sociologists consider more than money in their definition. Instead, they define **stratification** as a socioeconomic system that divides **society’s** members into categories ranking from high to low based on things like **wealth**, power, and prestige. Systems of stratification can be as extreme as slavery or apartheid. They can be as long-lasting as caste. Or they can be as common as **class**, a group that shares a common social status based on factors like wealth, income, **education**, and occupation.

As you might remember from **Chapter 5**, wealth includes anything you own—your house, your car, and perhaps your inheritance from your great-grandmother. **Income** is the money a person earns from work or investments. Income may include your paycheck or royalties from the book that you wrote. Another term for this combination of factors is socioeconomic status (SES). **Socioeconomic status** is an *individual’s* level of wealth, power, and prestige.

Karl Marx, the German philosopher introduced in **Chapter 3**, focused on ownership of wealth or businesses to define class. In his model, workers who own nothing except the clothes on their backs would always conflict with the rich, those who owned businesses and property. Max Weber, another German sociologist from **Chapter 3**, added ideas of skill status and power to the concept of class.

Unpacking Oppression, Equalizing Justice: Social Class

The chart in figure 6.10 shows one model of class in the United States, comparing the educations, occupations, income, housing status, and percentage of population for each social class. Although sociologists don't always agree on the names of the classes or where the boundaries are, we can begin to see how social stratification itself changes people's life chances. For example, people in the capitalist class, who are only about 1 percent of the total population, not only have more money, but more access to prestigious education and jobs. These connections help them maintain their wealth and power.

On the other hand, people of the lower class experience **poverty**. **Poverty** is the state of lacking the material and social resources an individual requires to live a healthy life. In this class, people are often housing insecure or houseless. They often go hungry and can't access medical care. **Social justice** advocates often argue that stabilizing a person's housing is the first thing that should happen when someone is houseless. This stability supports people in addressing other concerns such as partner violence or chronic **health** conditions. We'll talk more about when we explore housing and social justice later in the chapter.

Social Class	Percent of Population	Household Income	Education	Occupation
Capitalist	1%	\$650,000+ (often inherited)	Elite university, private tutoring	Investors, heirs, and executives
Upper class	9%	\$200,000-\$650,000	Prestigious university	Executives, professionals, and investors
Upper middle class	8%	\$150,000-\$200,000	College, university, or advanced degree	Professionals and upper managers
Middle class	27%	\$75,000-\$149,000	High school, some trade school or apprenticeship	Lower managers, supervisors, trades, farmers
Lower middle class	17%	\$50,000-\$75,000	High school	Factory workers
Working class	20%	\$25,000-\$49,000	Some high school	Service workers, retail or tourist economy workers

Figure 6.10 US Social Class Structure. 2020. This infographic shows the characteristics of each social class in the United States, and the percent of each class in the United States.

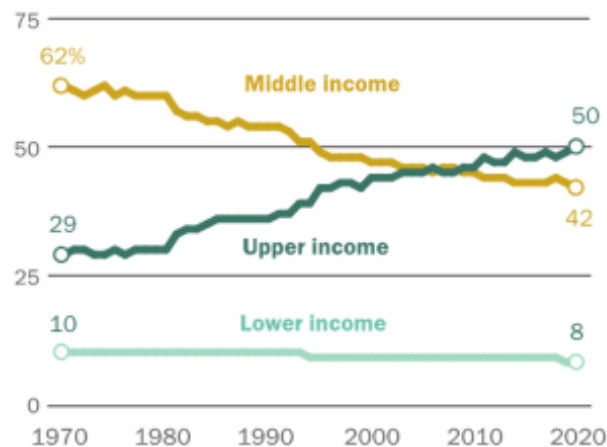
Social Class	Percent of Population	Household Income	Education	Occupation
Lower class / Poverty	18%	Under \$25,000	Less than high school	Unemployed, disabled, or receiving other government assistance

Figure 6.10 US Social Class Structure. 2020. This infographic shows the characteristics of each social class in the United States, and the percent of each class in the United States. How many people in the United States have changed their social class?

In addition, the middle class in the United States is slowly shrinking, as shown in the chart in figure 6.11. The people in upper-income households are earning significantly more. More people are becoming downwardly mobile, moving into the lower class. If you would like more details on this transition, you can explore this report from Pew Research: [**“How the American Middle Class Has Changed in the Past Five Decades” \[Website\]**](#).

Share of aggregate income held by U.S. middle class has plunged since 1970

% of U.S. aggregate household income held by lower-, middle- and upper-income households



Note: Households are assigned to income tiers based on their size-adjusted income in the calendar year prior to the survey year. Their unadjusted incomes are then totaled to compute the share of U.S. aggregate household income held by each income tier. Shares may not add to 100% due to rounding.

Source: Pew Research Center analysis of the Current Population Survey, Annual Social and Economic Supplement (IPUMS).

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Figure 6.11 Middle-class income share has plummeted. In 1970, middle-income households made 62 percent of the U.S. income. By 2020, their share fell to 42 percent. How do you think this might impact housing stability? [Image description.](#)

Wealth inequality in the U.S. is only growing. According to Robin DiAngelo, “More and more wealth is being concentrated into fewer and fewer hands. The US has the highest level of income inequality among G7 countries. The wealth gap between America’s richest and poorest families more than doubled from 1980 to 2016” (DiAngelo 2021:156).

One of the ways that we see this inequality affecting housing is the impact of the increase in vacation rentals. While Airbnb, Flipkey, and other vacation rental and home share options may increase the number of inexpensive places to stay in an area, they reduce the number of long term rental units. They also tend to increase the rental prices, decreasing the supply of affordable housing. Wealthy people benefit from these options because they make more rental income on properties they own. People who most need affordable housing are pushed out of the rental markets because they can’t afford to stay (Barron, Kung, and Proserpio 2020, Lee 2016).

Now it’s your turn to unpack oppression and stabilize justice:

How are class and housing related in your community? Do you have enough affordable housing to go around? Sociologists often use multiple sources of data to understand patterns of social change. For this exercise, we'll use three sources to complete a [**worksheet \[Google Sheet\]**](#) (make a copy when prompted).

1. Go to [**U.S. Census Quick Facts \[Website\]**](#). You can type in your zip code, county, or state. Please write down the total population, number of housing units, gross rent, and number of households, among other information.
2. What percent of people in your area live in poverty or are income limited? Now go to [**Alice in the Crosscurrents \[Website\]**](#). The final page of this report has percentages of people in poverty and percent of people who are income limited by state. How does this number compare to the census number for people in poverty?
3. How much can people in poverty or income limited people afford to pay in rent? The answer for Oregon, according to Alice, is \$651 for a single person and \$836 for a family of four (United for Alice 2023).
4. What is the median rental cost in your area according to the Census Bureau? [**How does this compare to data in the Zillow Market Trends \[Website\]**](#) database?
5. Finally, compare your numbers. What are the differences between the number of people in poverty, amount of affordable housing, availability of sufficient money to pay for housing, and cost of housing. Most often there is a large gap between rental prices, rental availability and income.
6. How might the difference between income and availability create a housing crisis (or not) in your area? Ideally, people should spend no more than 30 percent of their income on housing. What have you learned about housing stability in your community?

Social Class and Housing

As you might expect, communities with high poverty rates tend to have high rates of unhoused people. Housing stability is a prerequisite for class mobility (Ramakrishnan et al. 2021). Correlations between social location and housing stability reveal some ways **social mobility** can be limited by race, gender, and age. Homeownership is also a milestone for upward mobility, so long as the

homeowner is not cost burdened. Housing is generally a household’s largest expense whether we rent or own. For people who own, though, their house payments become an investment, possibly generating more wealth over time.

Race and Ethnicity

Homeless Count by Race

Race	Total Number	Percent
American Indian, Alaska Native, or Indigenous	15,491	3.7%
Asian or Asian American	6,559	1.6%
Black, African American, or African	137,638	32.7%
Native Hawaiian or Pacific Islander	6,429	1.5%
White	230,839	54.8%
Multiple Races	24,458	5.8%

Homeless Count by Ethnicity

Ethnicity	Total Number	Percent
Non-Hispanic/Non-Latin(a)(o)(x)	328,799	78.0%
Hispanic/Latin(a)(o)(x)	92,581	22.0%

Figure 6.12 National Point In Time Homeless Count By Race and Ethnicity, 2022
Most homeless people are White, but People of Color are often disproportionately represented. What does this mean?

In 2022, the nationwide Point-in-Time Homeless Count identified 421,392 people who were unhoused. Of these people, 230,839 were White.

White people make up the majority of houseless people.

However, Black people represent 13 percent of the total U.S. population, representing over 30 percent of the unhoused population. This comparison indicates **disproportionality**, which is the overrepresentation or underrepresentation of a racial or ethnic group compared with its percentage in the total population (Child Welfare Information Gateway 2021). Black people are disproportionately houseless. Native American and Native Alaskan, and certain groups of people who are Native Hawaiian or Pacific Islanders also experience disproportionate rates of houselessness and housing insecurity.

The story for Latinx people is a bit different. Black and Hispanic people in the United States share similar risk factors for houselessness. However, Hispanic people experience lower rates of houselessness (Conroy and Heer 2003). Some researchers argue that Hispanic people have strong social networks—ie, they can live with family. However, when Conroy and Heer tested this **theory** in Los Angeles, they found that houselessness for Latinx people was undercounted because they were more likely to live in abandoned buildings rather than using shelters or churches where they might be counted. In more recent research in L.A. County, Chinchilla finds this to be true. She also adds that Latinos were less likely to engage in housing services. They were also more likely to live in overcrowded households (Chinchilla 2019).

This picture is changing over time. Nationwide, the 2022 Point In Time count shows that rates of houselessness for Hispanic/Latino people have increased by 7.6 percent. The causes of this increase are complex. However, part of this increase may be due to the impacts of **COVID-19**. Because Hispanic/Latino people are more likely to be seasonal or temporary workers, they have less access to COVID-19 relief funds. Therefore, they were more likely to be evicted (Chinchilla, Moses, and Visotzky 2023).

Whenever a **social problem** impacts members of a specific race at a higher rate than the general

population, we can say that racial inequity exists. Ibram X. Kendi asserts that any policies that result in racial inequity and ideas that justify or excuse racial inequity are racist. In the upcoming section **Creating Under-Resourced Communities**, we will look closer at racist housing policies and ideas behind the history of displacement and exclusion that creates and sustains these racial inequities. In the upcoming section, **Housing Stability is Social Justice**, we will look at how antiracist policies are essential to ending houselessness and housing insecurity in the U.S.

Gender and Houselessness

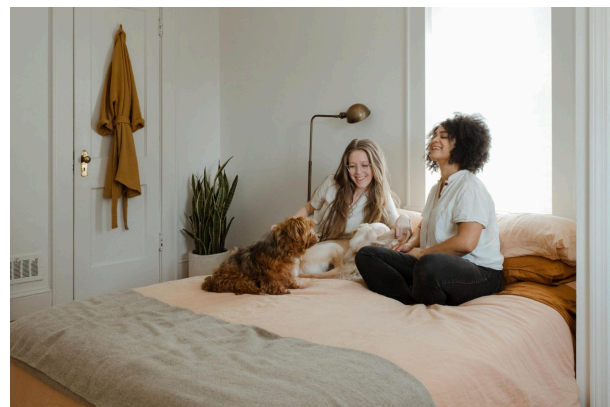


Figure 6.13 Who is likely to be houseless? Most houseless people are men, but LGBTQIA+ are disproportionately likely to be houseless. Why might this be true?

Seventy percent of people who are unhoused identify as men (National Alliance to End **Homelessness** 2021). Most of these men are in their 50s and 60s. They meet the definition of chronically homeless. In 2021, in Los Angeles County, California, 83 percent of the 1800 unhoused people who died were men. Most of those deaths were classified as preventable (Dolak 2022).

Women have lower rates of houselessness overall but are more likely to face housing insecurity. They are more likely than men to be unemployed and renters. This increases their risk of becoming severely cost burdened by housing (Zillow 2020).

People in families with children make up 30 percent of the homeless population, and most unhoused single parents are women. Unaccompanied youth (under age 25) account for another 30 percent of unhoused people. Forty percent of unaccompanied, unhoused youth identify as **LGBTQIA+**. The long-term impacts for youth who are unhoused include significantly higher rates of emotional, behavioral, and immediate and long-term health problems, along with increased risks for substance use and suicide (Substance Abuse and **Mental Health** Administration 2022). They have numerous academic difficulties, including below-grade level reading, high rate of learning disabilities, poor school attendance, and failure to advance to the next grade or graduate. Four out of five children experiencing homelessness have been exposed to at least one serious violent event by age 12.

Socially constructed ideas of *normal* or *acceptable* identities hinder many people from accessing shelter, housing, and many other services. Specifically, in the case of homeless shelters, transgender women may be refused admittance by the women's shelter and are at risk of violence at the men's shelter (National Center for Transgender Equality 2019).

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Figure 6.10. "U.S. Social Class Structure. 2020" by Kimberly Puttman is licensed under **CC BY**

4.0. Data sources: "**Household Income Distribution in the US Visualized as 100 Homes**" and "**Mapped: How Much Does it Take to be the Top 1% in Each US State?**" from the Visual Capitalist, **Bloomberg**, **South China Morning Post**, **The New York Times**, and the **USDA**.

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Figures 6.12. "National Point In Time Homeless Count By Race and Ethnicity" from "**The 2022 Annual Homelessness Assessment Report (AHAR) to Congress**" by the **U.S. Department of Housing and Human Development** is in the **Public Domain**.

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Figure 6.11. "**Share of aggregate income held by U.S. middle class has plunged since 1970**" from **How the American middle class has changed in the past five decades** © **Pew Research Center**, Washington, D.C. is licensed under **the Center's Terms of Use**.

6.4 Personal Problems — “Sin” or “Sickness”

Noraarena

It is common for people concerned with problems of **housing insecurity** and **houselessness** to focus resources and programming on fixing the personal problems of people who are unhoused. Many shelter and housing programs offer social support, motivational coaching, counseling, and even “life skills” classes. When we consider that many people who are unhoused have experienced **trauma**, **mental health** crises, and substance use disorder before becoming homeless, this approach makes sense. It makes even more sense when we become aware of the trauma, alienation, mental **health** crises, and substance use patterns that can develop while people are unsheltered. Many people who are unhoused are often in need of robust social and therapeutic support as they make their way back to stability.

However, many housing advocates and unhoused people view the “what’s-wrong-with-the-homeless” perspective as deficit-based, focusing on the problems or limits of people who are houseless. They argue that this approach obscures the real reasons for our current housing crisis—not enough affordable housing. In this section, we will look at how social research has sometimes contributed to deficit-based perspectives, and we will look at ground-breaking research that illuminates how unhoused people sometimes internalize these perspectives.

Poverty, “Degeneracy,” and Migrants

Questions about **poverty** and poor people have been popular topics of social sciences inquiry for as long as scientists and philosophers have tried to make sense of inequality. In the late 19th cen-

tury, many social scientists were concerned with degeneracy. That is the idea that certain people were naturally predisposed by heredity to low intelligence, poor moral character, and mental instability. These “poor unfortunates” were destined to lives of poverty, moral failures, and crime.

The 1875 book by Robert Dugdale, *The Jukes: A Study in Crime, Pauperism, Disease and Heredity*, was the first of many studies of so-called “degenerate families.” A group identified as the Juke family was a colorful collection of about 40 loosely related families. Some of these people were not actually related to each other. However, because of repeated imprisonment and institutionalization, they were reported as having cost the State of New York over a million dollars. This study selectively documented members of a “family” of uneducated **rural** folks. Because they were poor, they turned to **sex** work, gambling, and other survival crimes. Contemporary readers would recognize the impacts of generational poverty, limited resources, and trauma in the case studies. However, this line of questionable research influenced social **theory** and popular opinion about poor people at the time. It was the first of several similar research projects that added fuel to an emerging eugenics movement.

Eugenics is a pseudo-scientific set of theories that tried to demonstrate that traits such as pauperism, mental **disability**, dwarfism, promiscuity, and criminality were inherited, and that a more perfect White **race** could be created through selective breeding. This movement also inspired Hitler’s pursuit of a master race. Some early sociologists from the Chicago School of **Sociology** were heavily influenced by eugenics. Eugenics was discredited in the mid-20th century, but its influence has lasted longer. In the section , we will

recognize echoes of degeneracy in contemporary narratives about why people are unhoused. First, let's look at how social research has also served to humanize unhoused people.

Hobos and Tramps



Figure 6.14 Depression-era images like the one of these men documented poverty and displacement. How have the stories we tell and the images we capture of people who are poor changed over time?

In the early 20th Century, most unhoused people were migrant laborers. They were typically White men (Kim 2017). Many of the ideas that American **society** holds about homeless people and a so-called **culture** of **homelessness** can be traced back to research on migrant workers, whose numbers exploded before and during the Great Depression (1929–1939) as more individuals and families were compelled to leave their homes in search of employment. If you want to, you can absorb the novels of [John Steinbeck \[Website\]](#), the photographs of [Dorothea Lange \[Website\]](#) (figure 6.14), and the music of [Woody](#)

[Guthrie \[Website\]](#), who all contributed to a romanticized notion that some of these wanderers choose a life of wandering over working, even as they documented the limited choices and harsh economic realities faced by migrant workers and impoverished families.

In 1923, American sociologist Nels Anderson conducted ethnographic research with migrant laborers in Chicago, whom he identified as *hobos*. This groundbreaking work humanized a misunderstood population. It also demonstrated that the transient lifestyle resulted from their status as temporary workers with limited resources. He also documented an ecosystem of exploitation, gambling, drugs, and crime that preyed on vulnerable migrants. Anderson's subsequent work expanded his inquiry to include "the juvenile and the tramp, the unattached migrant, and the family" (Anderson 1998).

While many unhoused people experience **mental illness** and substance use disorder, the idea that people are unhoused because of drugs, criminality, and mental illness is not supported by research findings. For example, many people with substance use disorder and mental illness can maintain stable housing because they have access to social and financial capital. Similarly, many people who commit serious crimes use their ill-gotten resources to live lavishly to protect themselves from the consequences of their actions. So it can be argued that poverty is a **social problem** complicated by mental illness, substance abuse, and **stigma**.

Narratives of Houselessness



Figure 6.15 Sociologist Teresa Gowen wrote *Hobos, Hustlers, and Backsliders: Homeless in San Francisco*. How does her research differ from the historical “sin” or “sickness” narratives?

Narratives about houselessness are shared stories that hold a powerful place in our collective understanding of who is unhoused and why. In *Hobos, Hustlers, and Backsliders: Homeless in San Francisco*, British-born sociologist **Teresa Gowen** [\[Website\]](#) documented the stories that unhoused people tell about themselves. She found that many unhoused people have internalized some of these harmful narratives of either *sin* or *sickness*.

A sin narrative is one of personal failure and low morals. People who have internalized the sin narrative tend to believe that it is their fault they are unhoused. Many of these people struggle daily to be better people, to seek out recovery services and spiritual fellowship, and hold on to the hope that if

they can fix the broken thing inside of them, they can be more stable. Some of the people Gowen describes as adopting a sin narrative eventually give up on trying to be better and surrender to the punishment of houselessness they have come to believe they deserve. Interventions based on a sin narrative tend to be either redemptive or punitive.

A sick narrative is similar to the sin narrative, except that instead of leaving the individual to fend for their own redemption, the unhoused person is understood to be unable to help themselves and in need of treatment. It may not be an unhoused person’s fault that they have a substance use disorder or a behavioral health disorder,

therefore, so the narrative goes, they deserve treatment and therapeutic support to maintain housing stability. Many housing-first interventions, which prioritize **harm reduction** and social support, are grounded in a sick narrative.

Many unhoused people, however, do not use drugs or break the law. The third narrative Gowen identified is a system narrative. Unhoused people who hold to a system narrative understand housing security as an economic issue, not a moral one. Many formerly unhoused people who continue to advocate for an end to housing insecurity mobilize around challenging and changing unjust housing policies and refuting sin and sickness narratives.

Unlike sin or sick narratives of houselessness, sociologists most commonly look for structural reasons to explain who has a home. These structural explanations depend on a solid understanding of social **stratification**. We looked at how social **class**, race, and **gender** relate to housing instability in the section **Houselessness, Housing Insecurity and Social Location**. Many of the structural causes of poverty also impact whether a person has a home. Let's explore more in the section **Structural Issues of Houselessness**.

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Figure 6.15. “**Photo**” of Dr. Teresa Gowan © Lisa Miller, **Regents of the University of Minnesota** is all rights reserved and included with permission.

6.5 Structural Issues of Houselessness

Nora Karena

Let's consider how, for many communities, **housing insecurity** is a legacy of historic patterns of removal, exclusion and **discrimination** that have specifically targeted Native Americans, African Americans, and **LGBTQIA+** families.

Structural Causes of Indigenous Houselessness

In Multnomah County, Oregon, Indigenous people make up 2.5 percent of the population, but 10 percent of people who are unhoused (Schmid 2017). Native Americans have the highest **poverty** rate of any racial-ethnic group. As of 2021, 25.9 percent of Native Americans experienced poverty, according to the U.S. Census (KFF 2022).

The government's control over Indigenous people's living conditions contributes to this circumstance. When the U.S. government forcibly removed Native Americans to reservation lands, it also retained ownership of that land. The government holds reservation lands "in trust" for the tribal nations. Trusts are financial arrangements that allow a third-party trustee to hold and control assets on behalf of a beneficiary. The underlying justification for most trusts is that the beneficiaries can not be trusted to properly manage their assets. While this might be acceptable for minor children who inherit large sums of money, this paternalistic oversight of Native American people perpetuates systems of displacement and **genocide** that have been visited upon Indigenous people in the Americas for 600 years.

We hear about tribal rights and casinos, and debate using harmful stereotypical images for sports teams. However, most non-tribal members don't recognize how the U.S. government limits homeownership for Native Americans (Schaefer Riley 2016). For example, Native Americans who fought alongside White GIs in World War II have been denied the opportunity to create the same generational **wealth** as other American veterans. Because reservation land is held in trust, the returning Native American veterans were excluded from the GI Bill home loans for homes on reservation land. Although not all Indigenous people agree that private land ownership is the right goal today, the lack of access to home ownership via the GI Bill is one of several discriminatory policies that racialized home ownership in the mid-20th century. Let's look at the discriminatory lending and zoning practices to learn more.

Creating Under-resourced Communities: Racism, Segregation, Redlining



Figure 6.16 People created racially segregated neighborhoods through deliberate creation and implementation of racist laws, policies and practices. Although residential segregation is now illegal, neighborhoods remain segregated. Why do you think this is?

In this section, we talk about **residential segregation**, the physical separation of two or more groups into different neighborhoods. To understand the roots of racially segregated housing policies, we need to start with enslavement and the racist ideas that justified it. You might remember that Ibram X. Kendi asserts that any policies that result in racial inequity and ideas that justify or excuse racial inequity are racist. Racist ideas about the supposed inferiority of people who are Black include ideas about "degeneracy," cleanliness, laziness, sexual habits, **drug use**, and dishonesty. Even though slavery was illegal in many northern states, people in northern cities were still taught that Black people were different from and inferior to White people.

As early as 1830, free Black people who made their way to northern cities were not welcome in many communities. Poor people who were Black lived in racially segregated housing. Often, they had to move when developers and landowners found more profitable uses for the land. Even affluent and educated Black people with the

resources to buy property experienced displacement and discrimination.

In 1850, Seneca Village, a thriving Black community of 1600 people outside of New York City, was displaced by eminent domain to build Central Park (Staples 2019). The community boasted successful businesses, a vibrant church, and a school. Newspapers and magazines, however, relied on racist ideas and racial epithets (like the n-word) to describe the community as a decrepit shantytown. They also claimed the residents were unable to properly care for the valuable real estate they held. Residents who owned the land were compensated, but the land was undervalued. This land grab was conveniently justified by the emergence of the powerful racist idea that property values go down where Black people live. If you'd like to read this article for yourself, please explore this *Gotham Gazette* article, [**Death of Seneca Village \[Website\]**](#).

Between 1910 and 1970, in the Great Migration period, more than 6 million Black people relocated from the **rural** south to cities in the north and west in search of better jobs. Many people in the North accepted the same racist ideas that fueled the brutal **racism** of the south. As in New York, a century before, many White people feared that home ownership by Black people would lower property values.

During the postwar housing boom of the '40s and '50s, the GI Bill provided low-interest home loans to returning veterans. New suburban communities sprang up. The American dream of home ownership became a reality across the U.S., at least for White Americans. According to Heather McGee:

The mortgage benefit in the GI bill pushed the postwar home ownership rate to three out of four white families – but with federally sanctioned housing discrimination, the black and Latinx rates stayed at around two out of five, despite the attempts of veterans of color to participate. (McGee 2021:22)

This **structural racism** also occurred with standard mortgage loans. Black families were routinely denied loans for the new suburban homes. They were forced to buy houses in older, more urban communities, like the Albina neighborhood in Portland, Oregon.

Once Black families bought homes in urban neighborhoods, real estate agents routinely took advantage of White homeowners' fears of lower property values to persuade them to sell their property at a low price. The agents then turned a profit, reselling them to Black families at higher prices. Lenders charged them higher interest rates. Realtors and lenders made big profits from this "block-busting" practice.

They also succeeded in lowering the **value** of homes in rapidly segregated neighborhoods. Since these homes were assessed at low value, the tax base of these neighborhoods was restricted. Tax-funded infrastructure, like public works and schools, was underfunded. In other words, it was not Black people's presence but White homeowners' **prejudice**, grounded in racist ideas, that led to lower property values and created **under-resourced communities**.

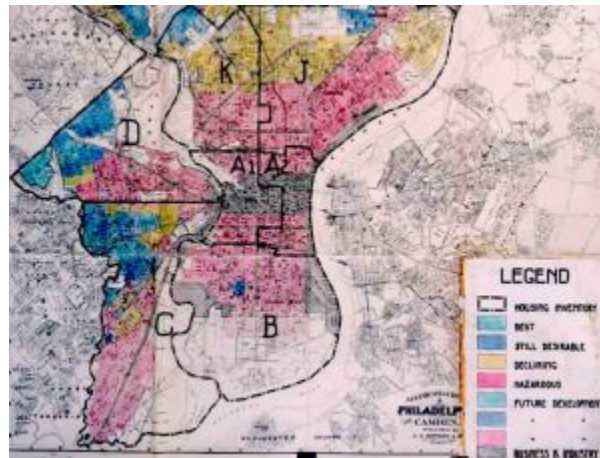


Figure 6.17 Lending institutions and the federal government created maps in which the places where People of Color and/or foreign-born lived were colored red and designated to be “dangerous” or “risky.”

Redlining is the discriminatory practice of refusing loans to creditworthy applicants in neighborhoods that banks deem undesirable. The federal government created the Home Owners’ Loan Corporation in 1933, and the Federal Housing Association (FHA) in 1934, and the real estate industry worked to segregate Whites from other groups to preserve property values in neighborhoods where White people lived.

Lending institutions and the federal government did this by creating maps in which the places where People of Color and/or immigrants lived were colored red. Then, those areas were designated to be “dangerous” or “risky” in terms of loaning practices.

In 1968, the Fair Housing Act, part of the Civil Rights Act, outlawed these practices. The Fair Housing Act is an attempt at providing equitable housing to all. It makes it illegal to discriminate against someone based on skin color, **sex**, **religion**, and **disability**. Also banned is the practice of real estate lowballing, where banks underestimate the value of a home. This practice forces a borrower to come up with a larger down payment to compensate for the lower loan value. Offer-

ing higher interest rates, insurance, and terms and conditions to people from historically underrepresented groups is illegal. Denying loans and services based on an applicant’s protected class is also illegal.

Still, much damage was done prior to its passage. For decades, the federal government poured money into home loans that almost exclusively favored White families. Homeownership is the most accessible way to build **equity** and wealth. It was denied to many historically marginalized families for decades. Once the Fair Housing Act passed, local governments used other legal methods to justify racist real estate practices well into the 2000s.

Today, despite repeated efforts by city officials to create more mixed-**race** and mixed-**income** neighborhoods, Portland’s neighborhoods have remained demographically segregated. Gentrification and redevelopment have reduced the available inventory of affordable housing. Portland’s land use planning history has continued to benefit White homeowners while communities of color have been burdened, displaced, excluded, and disproportionately vulnerable to housing insecurity.

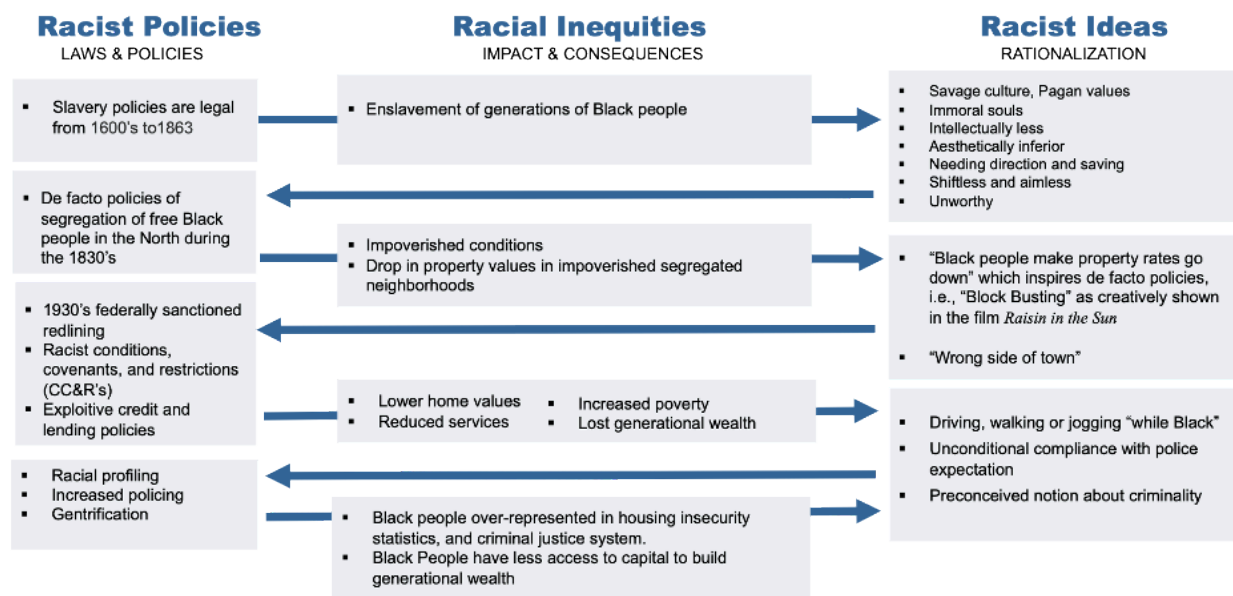


Figure 6.18 Racist Policies, Racist Inequities, and Racist Ideas in Housing: This chart illustrates Ibram X. Kendi's definition of racism as "...a marriage of racist policies and racist ideas that produce and sustain racial inequities" (2016). Notice the connections between racist policies in housing, racial inequities, and racist ideas. We can say that the entire system is racist because each component reinforces the other and leads to even more racial inequity. [Image description.](#)

The experience of Black people in Oregon is a local example of a systemic problem. Please take some time to examine the chart in figure 6.18. It shows how Racist Policies, Racist Inequalities, and Racist Ideas reinforce each other over time. Starting with the first box, we see that slavery was legal until 1863. Racist laws and policies created the **institution** of slavery. The impact and consequences of those laws, or racist inequalities, result in millions of people being enslaved. Racist ideas rationalize or normalize the practice of slavery by asserting the false idea that Black people are less than human—that they are immoral, lazy, and stupid.

These false ideas about the character and capabilities of Black people caused both de-facto segregation in the North and legalized segregation in the South. Jim Crow laws in the South and segregated housing policies in the North kept neighborhoods separate. Consequently, Black people lived in poorer neighborhoods, and even when they owned homes, their property was worth less.

This reinforced beliefs about inequality—that if Black people moved into your neighborhood.

Over time, these false beliefs solidified into policies such as redlining, restrictive housing covenants, and other laws that further restricted Black people's access to home ownership. Among other consequences, the lack of home ownership reduced Black families' possibilities of creating generational wealth, a concept discussed in [Chapter 5](#).

Because there were "right" and "wrong" places for Black people to be, **police** surveilled Black people who were out of place—walking or driving while Black. They, and other White people often assumed that Black people were criminals if they were outside their own neighborhoods, another racist idea.

These mistaken ideas drove policies and practices around racial profiling and increased policing. Black people are arrested more often, not because they commit more crimes but because they are surveilled more. This cycle creates dis-

proportionate housing instability for Black people and exacerbates other social problems.

Climate-related displacement

As we look at climate displacement worldwide, we see that more people become houseless due to natural disasters than due to conflict or violence. If you want to learn more about climate displacement worldwide, visit [Climate Displacement by Country \[Website\]](#). A **natural disaster** is an unexpected natural event that causes significant loss of human life or disruption of essential services like food, water, or shelter (Drabek 2017). Because **climate change** is increasing, natural disaster rates are also increasing. Hurricanes, tornadoes, and floods damage housing. They decrease the amount of housing in a community. Rates of

home ownership decline (Sheldon and Zhan 2018).

People also move because of climate change. **Climigration** is the act of people relocating to areas less devastated by flooding, storms, drought, lack of clean water, or economic disaster due to the forces of climate change. Many American families relocate as jobs disappear or land becomes flooded or arid. In response to an immediate disaster, many families move to live with relatives or friends. Some families have nowhere to turn.

In response to the increased risks of property loss as oceans warm and sea level rises, lending institutions are beginning to practice **bluelining**, which designates real estate considered high risk due to low elevation may not qualify for loans. We'll explore more social impacts of climate change in [Chapter 8](#).

This interactive content is not available in this version of the text. It can be accessed online here:

https://www.youtube.com/watch?v=gV_L1_6U7L4

Figure 6.19 Please watch the 6:39 minute video [Oregon Already Has a Climate Refugee Crisis \[Streaming Video\]](#). Are you surprised to see climate refugees in Oregon? [Transcript](#).

Oregon is experiencing climate change and resulting increases in wildfire activity. Climate-driven wildfires in 2020 burned over a million acres and displaced tens of thousands of Oregonians. (Oregon Forest Resources 2023). In southern Oregon, where affordable housing was already limited, low-income renters were left with few options. As of 2022, more than 500 survivors of the 2020 wildfires were living in shelters (Arden 2022). Please watch the 6:39 minute video in figure 6.19 to see how climate-related housing insecurity is impacting survivors of the Jackson County Fires.

In [Chapter 14](#), we examine the impacts of the Echo Mountain fire, which destroyed 288 homes and 339 structures in Lincoln County, Oregon. Over two years later, only about half of the families impacted by the fire have returned home.

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"Redlining," "Bluelining," and "Indigenous People and Reservation Land" are partially adapted from ["Finding a Home: Inequities"](#) by Elizabeth B. Pearce, Carla Medel, Katherine Hemlock, and Shonna Dempsey, [Contemporary Families: An Equity Lens 2e](#), which is licensed under [CC BY](#)

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“Bluelining” and “Residential Segregation” definitions from [Contemporary Families in the U.S.: An Equity Lens 2e](#) by Elizabeth B. Pearce are licensed under [CC BY 4.0](#).

Figure 6.16. “[Sign: ‘We Want White Tenants in our White Community’](#)” by Arthur Seigel, Office of War Information is in the [Public Domain](#).

Figure 6.17. “[Home Owners’ Loan Corporation Philadelphia redlining map](#)” from [Wikipedia](#) is in the [Public Domain](#).

Figure 6.18. “[Racist Policies, Racist Inequities, and Racist Ideas in Housing](#)” by Nora Karena, Michelle Osborne, and Toni Belcher is licensed under [CC BY 4.0](#).

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6.6 Housing Stability is Social Justice

Nora Karena

Can the housing crisis be solved? We know a **social problem** must be addressed interdependently, using both **individual agency** and **collective action**. In this section, we will consider and evaluate some of the interventions and strategies communities are using to address **houselessness**. Creating housing stability is **social justice**.

Supporting Students

College students are also often housing insecure. As we consider the lives of college students, what kind of solutions work? In one example, a coalition of colleges and nonprofits banded together to create housing options in response to the housing instability of **COVID-19**. Portland State University, Portland Community College, and Mount Hood Community College, along with the nonprofits College Housing Northwest, Native American Youth and Family Center, and New Avenues for Youth, created a new program. This program

provides rental assistance for college students enrolled in their programs. If you’d like to read more about the successful programs, you can read the articles [Pilot Program to Address Student Homelessness Expands This Fall \[Website\]](#) and [Affordable Rents for College Students \[Website\]](#).

Even if you don’t attend one of these colleges, your college will likely support meeting students’ basic needs. You can talk to your instructor or student services to learn more about these programs. You may want to review this curated grouping of articles and videos, [“It Seems Impossible” — Homeless, Low-Income Oregonians Navigate Basic Needs in College \[Website\]](#), which explores meeting basic needs, including housing, for Oregon’s college students. The articles are particularly useful because they are translated into Spanish.

Updating the Fair Housing Act

Housing distribution was historically discriminatory towards minority groups regarding social identities such as People of Color, **sexual orientation**, **gender** and **sex**, country of **origin**, and **disability**. The Fair Housing Act passed in 1968 and banned the sale, rental, and other housing practices that indicated preference or **discrimination** based on **race**, color, **religion**, or national origin. In 1974, it was amended to include sex, and in 1988 to include people with disabilities and people with children.

In 2016, a rule by the Housing and Urban Development Department (HUD) ensured equal access to Community Planning and Development programs regardless of sexual orientation, **gender identity**, or marital status. Gender non-conforming individuals may find it difficult to access services because this rule applies to one specific program, not to all of them. To date, the Fair Housing Act does not include gender identity or sexual orientation. Only a handful of states have made it illegal to discriminate based on sexual orientation and gender identity, creating a challenge for LGBTQ+ families and couples (HUD 2016 and HUD 2022).



Figure 6.20 Many years of social activism, including protests, contributed to the creation and passage of the Fair Housing Act.
Image description.

The Equality Act passed in 2019 by the U.S. House of Representatives would amend the Civil Rights Act to “prohibit discrimination on the basis of the sex, sexual orientation, gender identity, or pregnancy, childbirth, or a related medical condition of an individual, as well as because of sex-based stereotypes.” This Act was sent to the Senate in May 2019 but has not been taken up for consideration as of August 2022. If you would like to learn more, you can read The [Equality Act \[Website\]](#).

Addressing Houselessness: Housing First

A relatively new and innovative approach to addressing houselessness is the Housing First model. Simply put, the idea is that if people have stable housing, solving other problems becomes more likely. Having a secure home, consistent access to schooling, transportation, and support services means that people can be more successful in addressing overlapping issues such as **mental health**, **addiction**, and seeking employment. Housing First directly challenges the sin and sick narratives discussed in the previous section **Personal Problems – “Sin” or “Sickness.”**

Please watch the 3:47 minute video in figure 6.21 for a quick rundown on Housing First principles.

This interactive content is not available in this version of the text. It can be accessed online here:

<https://www.youtube.com/watch?v=tSPPZdNjWO8>

Figure 6.21 Pandemic shows importance, effectiveness of Housing First programs [Streaming Video]. Please watch this 4-minute video to learn the five key principles of the Housing First Model of housing services. Why might this approach make a difference in ending houselessness? [Transcript.](#)

Many communities and housing service providers have adopted the Housing First approach. Utah's Housing First approach is a model for how these services can be made available. Through the collaboration of many local organizations and donations from local churches, real permanent semi-communal housing and services such as counseling are provided. One location, Grace Mary Manor, provides affordable housing for 84 formerly houseless people. Through programs like this, Utah decreased its houseless population by 91 percent (McEvers 2015).

Community Efforts

Individuals and communities are taking the initiative to improve neighborhood livability by increasing resources that benefit families, such as informal libraries, green spaces, and art houses. In [Chapter 9](#), we will look at how Black Lives Matter organizes mobilized resources for community care and mutual aid that prioritize the well-being of residents in **under-resourced communities**.

When we look at the state level, Governor Tina Kotek declared a state of emergency related to the increase in houselessness in most counties in the state in 2023. She set a much higher target for building affordable housing (Griffin 2023). She requested funding from the legislature to provide rent assistance, increase the number of shelter beds and advocate staff, and fund organizations that are working to address disparities in houselessness (Kotek 2023). In March 2023, the Oregon Legislature approved 200 million dollars in funds for these efforts. While it is too soon to tell how

much impact the clear political will and the funding will have on the state of houselessness in Oregon, this work is a step in the right direction.

The City of Portland has also been taking innovative steps to end houselessness. One effort is the Residential Infill Project. This change in zoning regulations passed in 2020, allowed for the creation of duplexes, triplexes, apartment builds of no more than six units, and accessory dwelling units in zones labeled for single-family homes only. However, these additional housing units had to meet housing affordability standards. With this change, more multi-family homes than single-family homes were built in Portland during the first year. While that's only 367 units of affordable housing in one year, the impact of this change will only grow (Wallace 2023).

In a second initiative, In April 2022, Organizers with Portland Neighbors Welcome convened the first YIMBY (Yes In My Backyard!) Conference in support of their stated mission:

We believe that every neighborhood in our city should be open and available to people with diverse backgrounds and incomes, and that every person who wants to sleep indoors at night should be able to. We support policies that can deliver an abundant supply of homes that are affordable to rent or buy at every **income** level and every household size, and ensure that all tenants can live without fear of eviction or displacement. We advocate for those land use, housing, and transportation policies that

will make Portland a fairer and more sustainable city. (Portland Neighbors Welcome 2022)

If you want to be inspired about what is possible, feel free to listen to these recordings from the [YIMBY conference \[Website\]](#).

Understanding, acknowledging, and repairing past injustices are critical steps toward making homes equitably available to everyone. Tenants unions are working to empower renters and reduce evictions. Housing advocates, many of whom have been unhoused, are lobbying for more funding for affordable housing. Nonprofit housing service providers continue developing and delivering **trauma**-informed services that support the social and emotional needs of people striving for housing stability. In addition, community-based efforts resource and support residents of historically marginalized neighborhoods. Each of these interdependent solutions creates stable housing, a component of social justice.

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Figure 6.20. [“Fair housing protest, Seattle, Washington, 1964”](#) by [Seattle Municipal Archives](#) is licensed under [CC BY 2.0](#).

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Figure 6.21. [“Pandemic shows importance, effectiveness of Housing First programs”](#) by [CBC News: The National](#) is licensed under the [Standard YouTube License](#).

6.7 Chapter Summary

Nora Karena

The **social problem** of **houselessness** impacts all of us. Some of us have lived in our cars. Others of us are sleeping on a friend’s couch tonight. Many of us are just one missed paycheck away from failing to pay our rent. Even when we are stable, we walk by people asking for change or folks pushing shopping carts with all of their belongings almost

every day. In this chapter, we have explored the causes and consequences of houselessness, from redlining to bluelining. We have examined the explanations of sin, sickness, and system to unpack our beliefs and explanations about this social problem. We have seen how communities and governments are weaving interdependent

solutions to the problem. And yet, houselessness is still with us. The gap between incomes and rents continues to increase.

What will it take to achieve housing justice?

ESSENTIAL IDEAS

Learning Objective 1: How can we see houselessness as a social problem?

Houselessness is a social problem because it goes beyond the individual's experience. Wider social forces like the economy or the amount of affordable housing in an area influence who is housing insecure. Houselessness reflects a conflict in values between businesses, the government, and the houseless people. Being poor, **LGBTQIA+**, a person of color, or other social locations that experience oppression increases your chances of being houseless. In addition, our ideas and explanations of who is houseless change over time. Even whether we call someone homeless or houseless is socially constructed. Finally, it requires action from advocates, non-profits, and businesses along with changes in laws and policies to end houselessness. Creating housing stability is **social justice**.

Learning Objective 2: How does the sociological concept of social stratification help sociologists explain the causes and consequences of houselessness?

Stratification is a socioeconomic system that divides **society's** members into categories, ranking from high to low, based on things like **wealth, power**, and prestige. The higher your social **class**, the more likely you are to have stable housing. In fact, the more wealthy you are, the more likely you are to have multiple houses, own other people's homes, or own vacation rentals. The less wealthy you are, the more likely your household is to be cost-burdened and therefore experience **housing insecurity**.

Learning Objective 3: Who is likely to experience housing insecurity or houselessness based on their social location?

Even though most homeless people are White men, Black, Indigenous, and People of Color are disproportionately houseless. LGBTQIA+ make up a disproportionate share of all homeless youth. Housing stability is a form of **privilege**.

Learning Objective 4: How have sociological explanations of housing insecurity changed over time?

Explanations of houselessness include sin: a person has a moral failing, sick: a person has an illness or a problem, or structure: systemic inequality causes houselessness. Sociologists recognize that racist exclusionary policies have created residential **segregation** and related hous-

ing instability. In addition, **climate change** and related natural disasters are creating additional housing insecurity, disproportionately impacting people in **poverty**.

Learning Objective 5: Which interdependent solutions to houselessness can create housing stability, a measure of social justice?

Because the causes of houselessness vary, interdependent solutions vary also. They include funding more shelters and temporary housing, focusing on housing first, building more affordable housing, de-criminalizing houselessness, and other options. Safe housing is a basic human right, and housing stability is social justice.

Comprehension Check

KEY TERMS LIST

bluelining: real estate that is considered high risk due to low elevation, and flooding due to climate change, may not qualify for loans

class: a group who shares a common social status based on factors like wealth, income, education, and occupation

cost burdened households: a household in which 30 percent or more of a household's monthly gross income is dedicated to housing, making it difficult to pay for necessities

disproportionality: the overrepresentation or underrepresentation of a racial or ethnic group compared with its percentage in the total population

homelessness: being unsheltered, having inadequate shelter, not having a permanent fixed residence, and/or lacking the resources to secure stable housing

houselessness: the condition of not having a physical place to live

housing insecurity: is a broad set of challenges, such as the inability to pay rent or utilities or the need to move frequently

income: the money a person earns from work or investments

natural disaster: unexpected natural events that cause significant loss of human life or disruption of essential services like food, water, or shelter

poverty: the state of lacking the material and social resources an individual requires to live a healthy life

redlining: the discriminatory practice of refusing loans to creditworthy applicants in neighborhoods that banks deem undesirable or racially occupied

residential segregation: the physical separation of two or more groups into different neighborhoods

Socioeconomic Status (SES): an individual's level of wealth, power, and prestige

stratification: a socioeconomic system that divides society's members into categories ranking from high to low, based on things like wealth, power, and prestige; also called inequality

DISCUSS AND DO

1. **Houselessness and Racism:** The chart in figure 6.18, *Racist Policies, Racist Inequities, and Racist Ideas in Housing*, illustrates Ibram X. Kendi's definition of racism as "...a marriage of racist policies and racist ideas that produce and sustain racial inequities" (2016). What is an example of racist policies, racial inequities, and racist ideas that have impacted who has a home?
2. **Houselessness and Privilege:** One of the White privileges from [Chapter 2](#) is the ability to acquire safe, stable housing. However, White people are the majority of houseless people. Is class or **race** more important in predicting who might be houseless?
3. **Sin, Sickness, and Structure:** Three narratives – sin, sickness, and structure – are often used to explain why people are homeless. Please find a newspaper, magazine, blog, or other stories describing "the homeless problem." Do you see sin, sickness, or structure narratives, or a combination of the three?
4. **Poverty Simulation:** Open the link "[Paying the Bills \[Google Doc\]](#)" and select "Make a Copy" when prompted. Complete the exercise.
5. **Different Needs Different Solutions:** Different populations experience houselessness for unique reasons. Pick one of these populations and answer: Why are these folks houseless? What interdependent law, policy, or community solutions would help?
 - Elders: [The Aging Homeless Population Brings New Challenges \[Website\]](#)
 - Latino Homelessness: [Stemming the Rise of Latino Homelessness: Lessons from LA County \[Website\]](#)
 - BIPOC: [The Link Between Racism and Homelessness \[Website\]](#)
 - LGBTQ Youth: [Homelessness and Housing Instability Among LGBTQ Youth \[Website\]](#)
 - Unhoused People who are Formerly Incarcerated: [New data: The revolving door between homeless shelters and prisons in Connecticut \[Website\]](#)
 - Women: [Women More Likely to Face Housing Insecurity in Pandemic-Led Recession \[Website\]](#)
 - College Students: [Supporting Students' Housing Security in Oregon \[Website\]](#)

- K-12 Students: [Dozens Of Oregon School Districts Likely Undercounting Homeless Students \[Website\]](#)
- You can also analyze a social group that interests you

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“Poverty Simulation: Paying the Bills” by Kaitlin Hakanson is licensed under [CC BY 4.0](#). Based on ideas from “See Poverty... Be The Difference: Discover the Missing Pieces for Helping People Move Out of Poverty” by D.M. Beegle (2006), Communication Across Barriers.

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Who Belongs?: The Social Problem of Family

7.1 Learning Objectives and Chapter Overview

Kimberly Puttman

LEARNING OBJECTIVES

After reading this chapter, you will be able to:

1. Explain how belonging is a **social problem**.
2. Apply the concepts of **ethnicity** and citizenship to the social problem of belonging.
3. Identify the causes of inequality for **queer** families.
4. Compare and contrast the sociological theories of family and belonging.
5. Evaluate the interdependent individual and collective actions taken by activists to increase the **social justice** of belonging.

Chapter Overview

With deep gratitude to my family of **origin**, my **chosen family**, my family of students and colleagues, and the wider

family that includes our ancestors and our descendants. Because of you, I know love.—Kim Puttman

I am honored to teach and learn from the students who told their stories and the stories of their families throughout

this book, but particularly in this chapter. Thank you for your generosity.—Kim Puttman

This interactive content is not available in this version of the text. It can be accessed online here:

<https://www.youtube.com/watch?v=Y2tpjf8G6nQ>

Figure 7.1 This 10.18 minute video, [Who Belongs? Family Stories of Immigration \[Streaming Video\]](#) tells the story of two families. In one family, a middle school student immigrated without documentation. She experienced racism and the fear of deportation. In another family, two men were able to form a family because single-sex partnerships became legal in the U.S., and immigration worked for them. As you watch, consider the question: Who decides who belongs? [Transcript.](#)

When you think of family, what comes to mind? It may be the family you grew up in. It may be the family group you formed in college or the Army. It may be the family you are in now. Or it may be the favorite family you watch in movies or TV. We experience a wide range of families throughout our life.

As usual, sociologists are more specific. We have the definition of the U.S. census, “A family is a group of two people or more (one of whom is the householder) related by birth, marriage, or adoption and residing together” (U.S. Census 2021). We have the definition based on our “ideal” family, the **nuclear family**, the mom, the dad, 2.3 children, a dog, a cat, and a white picket fence.

However, the lived experience of family is often different than both of those definitions.

It may be that your family is just you and your kids right now. You start with school lunches and dropping off school projects. At work, you take orders, and wipe tables as if your family’s life depends on it, because it does. Then once the kids are in bed, you start your school homework, because you know that a college degree is the only way to ensure stability for your kids. You are perpetually short of sleep and money. Hopefully, you can pay your rent next month, if the car doesn’t break down.

It may be that you live in an **extended family**. Your house has parents and grandparents, a cousin or two, and the baby, who is also your niece, but sometimes feels like your daughter. Some of your

family lives here in the U.S., and some of your family lives elsewhere. What makes it hard is that some of you are looking forward to a family visit this summer. Some family members have to stay home. Although they haven’t seen their mom in almost 20 years, they can’t leave because once they leave, they can’t come back.

It may be that the very word “family” makes you a little sick to your stomach. Everyone else seems to have these fantasy lives with parents they can depend on. For you, though, family is where you have experienced your deepest wounding. Perhaps your parents kicked you out because you were queer. Perhaps your partner beat you up. Perhaps it was more subtle but no less toxic — that you were less than because you were different. This sick feeling makes you glad that you are on your own. Maybe, it makes you determined to create a family that is healthy and welcoming.

In this chapter, we ask the question, “Who belongs?” We will consider who gets to decide what family is. We will look specifically at ethnicity and **power**, particularly in how definitions of citizenship and belonging have changed over time. We will also look at how queer families are changing definitions of belonging for themselves and others. We will use the sociological theories of **family autonomy** and **bodily autonomy** to make sense of this world. Finally, we will look at the power of queer Dreamers as an intersectional social movement that creates interdependent

solutions of **individual agency** and **collective action** to expand social justice in who belongs.

FOCUSING QUESTIONS

As we weave our learnings about family, we ask:

1. How can we consider belonging a social problem?
2. How do changing definitions of ethnicity and citizenship impact who belongs, historically and currently?
3. What does it mean to be queer, particularly queer in the context of family?
4. How do sociologists explain the social problem of belonging?
5. What are the interdependent individual and collective actions taken by activists to increase the social justice of belonging?

Let's learn more about who belongs!

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Figure 7.1. "[Who Belongs?: Family Stories of Immigration](#)" by Kimberly Puttman, Kevin Acosta, Omar Ruiz Garcia and Samantha Kuk, [Open Oregon Educational Resources](#), is licensed under [CC BY-ND 4.0](#).

7.2 The Social Problem of Belonging: Who is Family?

Kimberly Puttman

All of us want to belong. Social scientists say that everyone needs to feel connected in some way. Throughout this book, we notice how much we are already interconnected. Why are we talking about the **social problem** of belonging and not the social problem of family?

First, we talk about belonging because lack of belonging is a cause and consequence of many social problems. **Belonging** is a feeling of deep connection with social groups, physical places, and individual and collective experiences. It is a

fundamental human need that predicts numerous mental, physical, social, economic, and behavioral outcomes (Allen et al. 2021). One of the smallest social groups we might belong to is a family. Families also belong in communities and wider **society**.

Also, even though this chapter is about family, the social problem we are examining isn't the family itself. It's that some families belong and some don't. We can explore this using the five characteristics of a social problem, that we defined in [Chapter 1](#).

A social problem goes beyond the experience of an individual

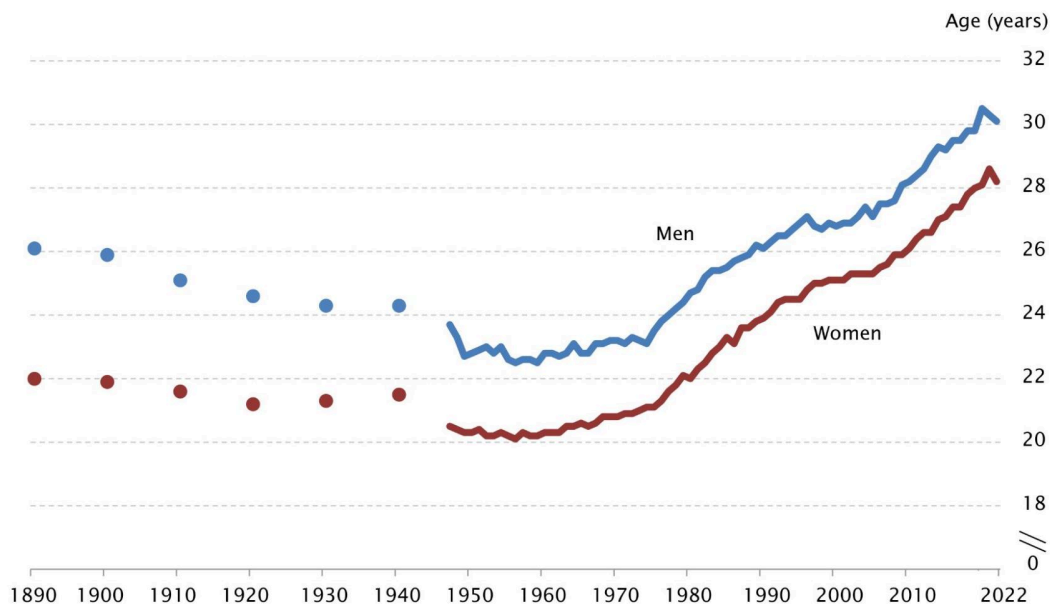
At first glance, it may be obvious that a family is about more than one person, so the social problem of family would easily meet this criterion. However, let's look a little deeper.

You may be making decisions in your family right now—whether to homeschool your child or go back to work, how to take care of your aging

parent, and whether you want to have kids. Each choice is yours to make. However, the values and inequalities of our society influence the choices we have.

For example, sociologists examine when people get married. These norms change over time. The median age of first marriage for both women (red, bottom line) and men (top, blue line) has increased by nearly ten years since the 1960s.

Median age at first marriage: 1890 to present



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Census
Bureau

U.S. Department of Commerce
U.S. CENSUS BUREAU
census.gov

Source: U.S. Census Bureau, Decennial Censuses, 1890 to 1940, and Current Population Survey, Annual Social and Economic Supplements, 1947 to 2022.

Note: Starting in 2019, estimates for marriages now include same-sex married couples.

Figure 7.2 U.S. Census graph showing the age of first marriages going up since the 1950s. What social factors might drive this change?
Image description.

For example, we can look at the age at which it is normal or expected to get married in figure 7.2. In the United States, the average age of first marriage for women is 26.5 years as of 2010. And only 51 percent of all adults in the United States are married (Cohn et al. 2011). When and whether you get married is a wider social pattern that sociologists can measure and explain. Some causes include

increased **education**, decreased **stigma** around being unmarried, and higher costs of living.

But what about who you marry? That's an individual choice, right?

Actually, governments regulate who you can marry. On a worldwide scale, some countries allow marriage for same-**sex** couples, and some

don't. You can see this information for yourselves in figure 7.3.

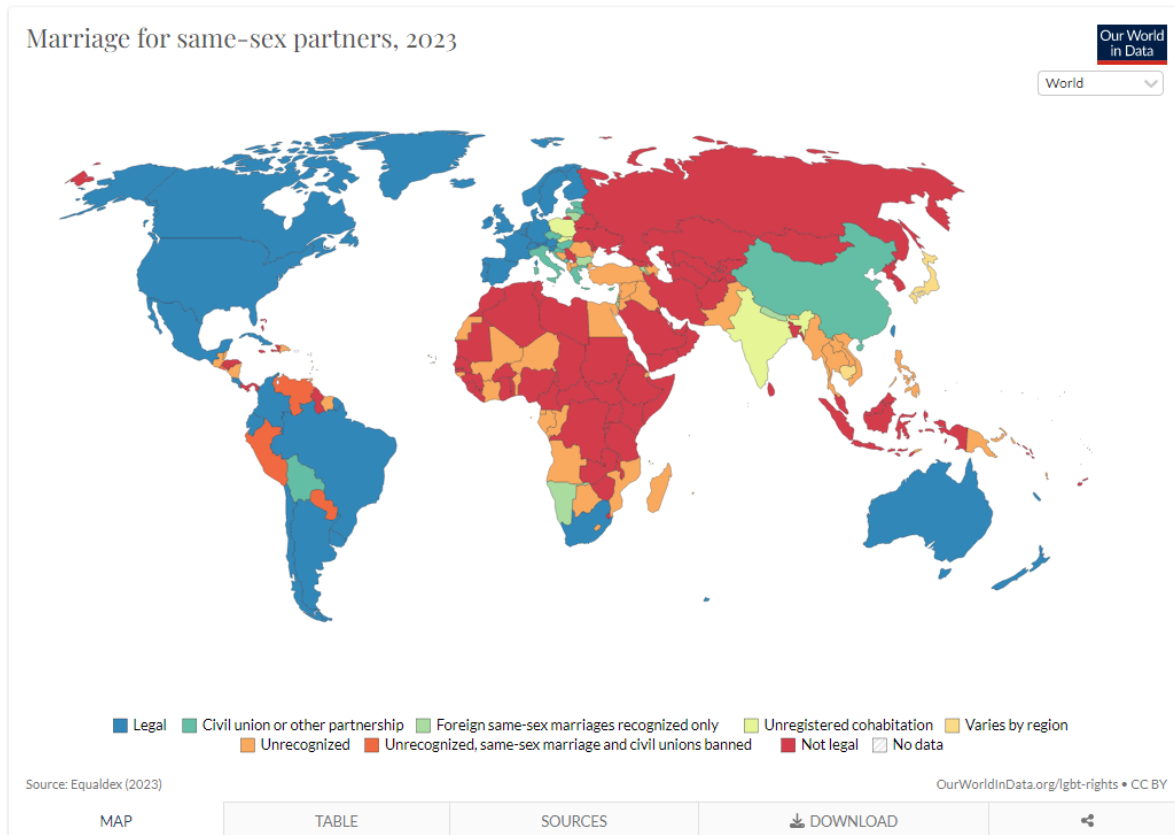


Figure 7.3 In most of the Western hemisphere, Western Europe, and Australia, same sex marriage is permitted. In most of Africa, Asia, Eastern Europe and the Middle East, it is not. [Image description.](#)

These are just two examples of how creating a family goes beyond the experience of the individual. Family is influenced by wider laws, policies, and practices. This begins a social problem.

A social problem results from a conflict in values

A second characteristic of a social problem is that it results from a conflict in values.

One of the biggest conflicts in values relates to who is considered family. Let's look at two common family forms.



Figure 7.4 The family in this picture from the TV sitcom *Leave It to Beaver* includes a dad, Ward; a mom, June; and two boys, Wally and Beaver. This family represents an idealized image of the nuclear family.

The traditional American family has been identified as the **nuclear family**, a family group that consists of two parents and their children living together in one household. This family is most often represented as a male and female heterosexual married couple who is middle **class**, White, and with several children. When society or the individuals within a society designate one kind of family to be traditional, they **value** this kind of family structure with these particular social characteristics. This is sometimes called the “Leave It to Beaver family” after the popular sitcom television show that ran from 1957 until 1963 (figure 7.4).

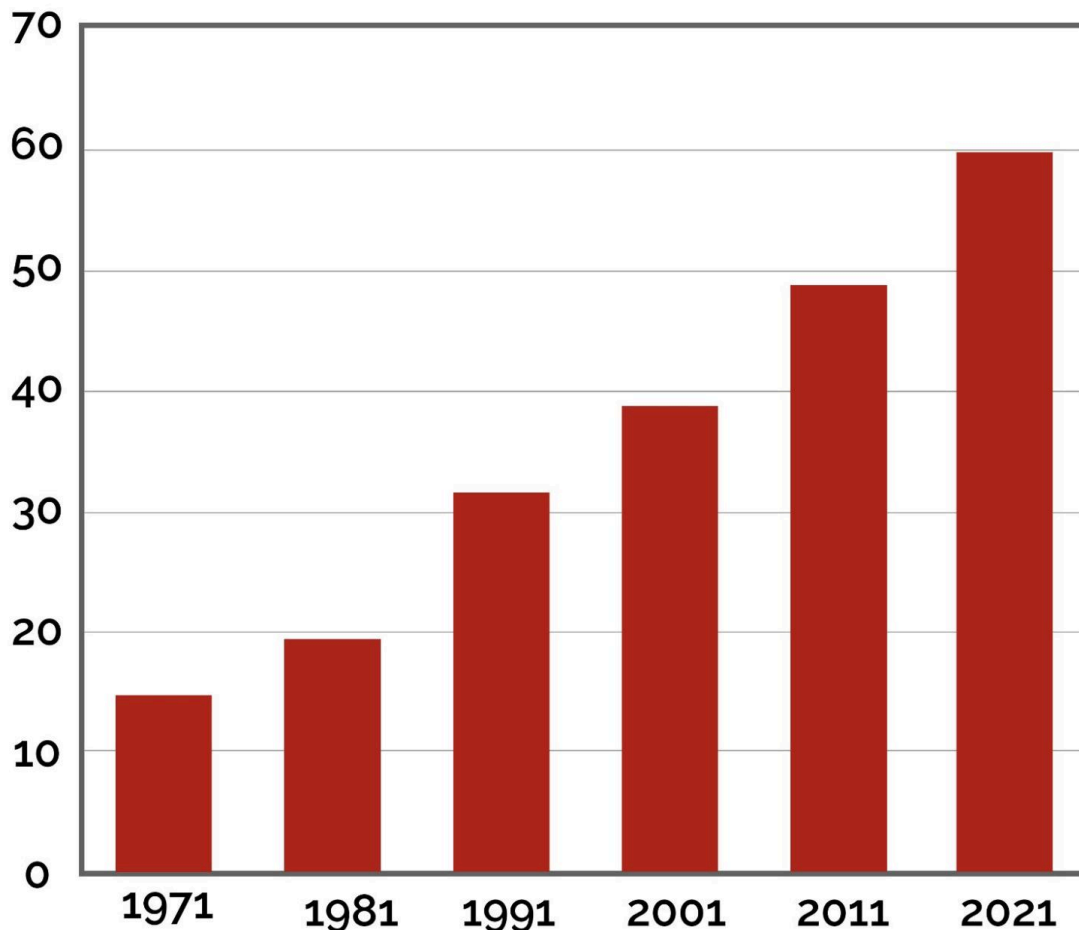
The nuclear family form is common in **individualist** societies. An **individualistic** society

emphasizes the needs and success of the individual over the needs of the whole community. People attribute success to the hard work of the individual person (Cherry 2023). People more often pick their partners based on romantic love or at least individual choice (Bejanyan et al. 2014). Laws, policies and practices in the United States often assume that the nuclear family is the best family form.

However, this is not the only way to create a family. In the United States, the number of people living in multigenerational households is increasing. **Multigenerational families** include those families with two or more adult generations and families with grandchildren under age 25 and grandparents living together.

People in the U.S. Living in Multigenerational Family Households Quadrupled Between 1971 and 2021

Number of people living in multigenerational households, in **millions**



Note: Multigenerational households include at least two generations of adults mainly 25 and older or grandparents and grandchildren younger than 25.
Data source: "Financial Issues Top the List of Reasons U.S. Adults Live in Multigenerational Homes," Pew Research Center analysis of Current Population Survey Annual Social and Economic Supplement (ASEC) data files for 1971, 1981, 1991, 2001, 2011, and 2021 (IPUMS).



Design by Elizabeth Pearce and Michaela Willi Hooper,
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Figure 7.5 The number of Americans who live in multigenerational households has increased since the low in the 1970s. This graph is based on an analysis by the Pew Research Center based on data from the U.S. Census and 2000-2016 American Community Survey.
[Image description.](#)

People living in multigenerational households say they save money by living together. Some peo-

ple say that caring for an elderly adult or young children is a reason to live together (Mitchell

2022). Currently, in the United States, Asian, Hispanic, and Black families are more likely to live in multigenerational households than White families. (Mitchell 2022) However, this family form was also common for White families before the 1950s. (Shayesteh 2023). Before the 1950s and the rise of suburban architecture, the extended or multigenerational household was the most common family form.

Extended families are common in **collectivist** societies. A **collectivist** society focuses on meeting the needs and goals of all members of a group rather than focusing on individual successes. Interconnected relationships with families and communities are important, and form a key part of an individual's identity (Cherry 2022). In collectivist societies, your family might help you pick your partner, in part based on whether they got along with your relatives (Bejanyan, Marshall, and Ferenczi 2015).

As we think about the social problem of belonging, we can see that our changing family forms reveal deep conflicts in values around family.

A social problem arises when groups of people experience inequality

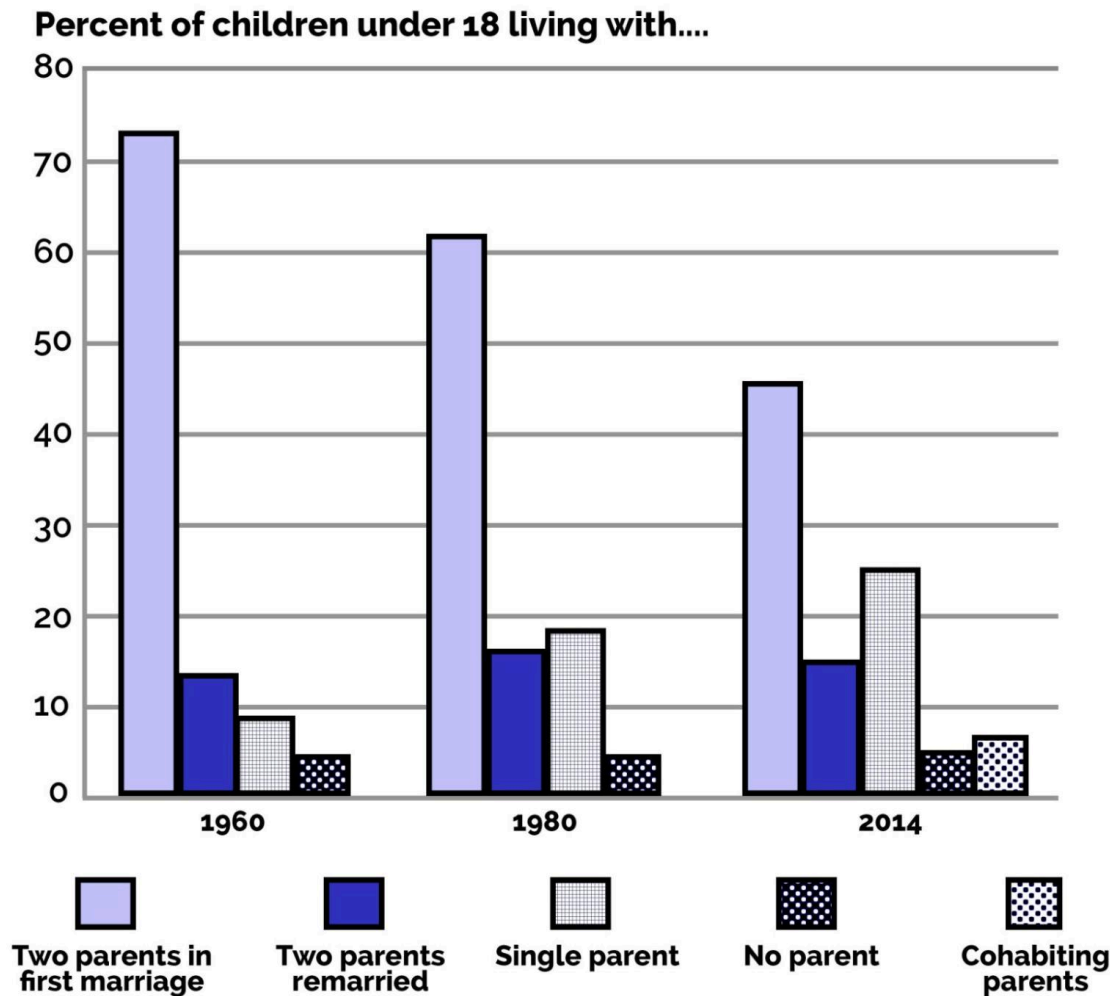
In **Chapter 5** we talked about inequality in education. Some families lived in school districts that had limited funds to spend on education. Other families lived in school districts that could afford to have their school lunches catered by local restaurants.

In **Chapter 6** we looked at who had a home. We discovered that although single men made up the greatest share of **houselessness**, women-headed households were more likely to be poor, and more likely to be houseless. We also noticed that because of generational inequality, Black, Hispanic, and Indigenous people experience less housing stability than White people.

These are all measures of inequality. Not all families have the same access to the resources they need to care for themselves. We'll examine inequality more deeply in the chapter section **Inequality in Belonging**.

A social problem is socially constructed but real in its consequences

For children, growing diversity in family living arrangements



Notes: Data regarding cohabitation are not available for 1960 and 1980. In those years, children with cohabiting parents are included under "single parent."
 Data source: Pew Research Center analysis of 1960 and 1980 Decennial Census and 2014 American Community Survey (IPUMS).
<https://www.pewresearch.org/social-trends/2015/12/17/1-the-american-family-today/>



Designed by Elizabeth Pearce and Michaela Willi Hooper,
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Figure 7.6 Growing diversity in family living arrangements. What family form does your family fit? [Image description.](#)

When sociologists examine the ways in which people live together, they notice that diversity in family forms is increasing. When you examine the graph in figure 7.6, you might notice that two par-

ents in their first marriage comprised over 70 percent of all families in 1960. In 2014, on the other hand, approximately 45 percent of these families were two-parent first marriages. We see the

growth of single-parent families and parents who cohabitate. We also see an increase in **blended families**, consisting of two or more adult partners and their children together with children from previous relationships.

Even though the **social construction** of families is becoming more diverse, not fitting in has real consequences. For example, when FEMA decides who qualifies for disaster relief, they say that only people who meet the U.S. Census definition of the family qualify for **disaster recovery** benefits. If your great aunt Mabel just happened to be visiting from Montana, she would not get benefits. Or if you had two nuclear families living in the same trailer that burned, only one might get assistance. We'll look at this more in .

How we socially construct our ideas of family has real consequences.

A social problem must be addressed interdependently, using both individual agency and collective action

In the video that began our chapter, we saw two families making choices that increased their resilience.



Figure 7.7 More dads are deciding that parenting is a central part of their identity. They are taking on more childcare and housekeeping and staying home more often. Although participation rates are growing, women still stay at home more to care for children and do more of the related work.

Deciding who belongs in a family depends in part on **individual agency**. For example, you may argue with your partner about who will do the dishes tonight. On a wider scale, more dads participate in daily family life, as shown in figure 7.7. As of 2016, dads are 16 percent of all stay-at-home parents (Livingston and Parker 2019). Even though women still do the majority of childcare and housework, men are increasing their participation in parenting and childcare. (Livingston and Parker 2019). The change in involvement partially depends on individual families making daily choices about how to do the work of a family.

However, changes in belonging also depend on **collective action**. For example, early activism for gay and lesbian rights focused on recognizing and

valuing all of the forms of family that **queer** people might experience. Because gay and lesbian people could not marry, adopt children, or make medical decisions for each other, activists marched in the streets to say that “All Families Matter” whether they were legally recognized or not. In 1996, Congress passed the Defense of Marriage Act (DOMA), which limited marriage to between one man and one woman. In many ways, this act solidified that marriage was a goal for queer people. Activism and legal challenges at the state level slowly won the right for same-sex couples to have civil unions and to marry (Goldberg 2015). On June 26, 2015, in the case of *Obergefell v. Hodges*, the Supreme Court ruled that the fundamental right to marry is guaranteed to same-sex couples. This combination of social movement pressure and legal action fundamentally changed the definition of marriage in the United States.

As we decide who belongs in a family or as a family, we take interdependent action as individuals and collectives to ensure that everyone belongs.

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Figure 7.2. “[Median Age at First Marriage: 1890 to Present](#)” by the [U.S. Census Bureau](#) is in the [Public Domain](#).

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Figure 7.6. “For children, growing diversity in family living arrangements” by Elizabeth B. Pearce and Michaela Willi Hooper, [Open Oregon Educational Resources](#), is licensed under [CC BY 4.0](#). Based on [data from Pew Research Center](#).

Figure 7.7. “[Photo of Dad and Daughter](#)” by [Humphrey Muleba](#) is licensed under the [Unsplash License](#).

7.3 Inequality in Belonging

Kimberly Puttman

We have already started seeing how inequality in belonging relates to families. Let's look deeper at citizenship, **ethnicity**, and **sexual orientation** to see how these social locations impact belonging.

Early Roots: Slavery, Bodily Autonomy, Citizenship and Class

In the first part of this book, we've examined how **class**, **race**, **gender**, sexual orientation and ability/**disability** shape the experiences of social problems. As we look deeper, we see that a powerful connection exists between slavery, **bodily autonomy**, citizenship, and class.

In the early years of our country's founding, wealthy White immigrants wanted to maintain their **wealth** and social standing. In the North, many of these wealthy owners became mill or manufacturing businessmen. In the South, many of these wealthy owners owned land, growing cot-

ton, tobacco, and sugar. These crops were labor intensive and needed abundant cheap labor to ensure profit. White enslavers enslaved Black Africans to do the work in forced labor camps (plantations). Northern manufacturers also benefited from slavery because their mills used cotton and other southern crops to create cloth and blankets they sold.

To ensure that they made money, enslavers enforced a system that stripped enslaved people of their bodily autonomy. **Bodily autonomy** is the idea that a person has the **power** to decide what happens to their own body (Artim N.d.). Part of the definition of slavery is that an enslaved person is denied their bodily autonomy by an enslaver. Enslaved people could not choose where they worked or what they ate. They could not get married (Berry 2018). Enslavers could harm or kill enslaved people for any reason without any legal retribution.

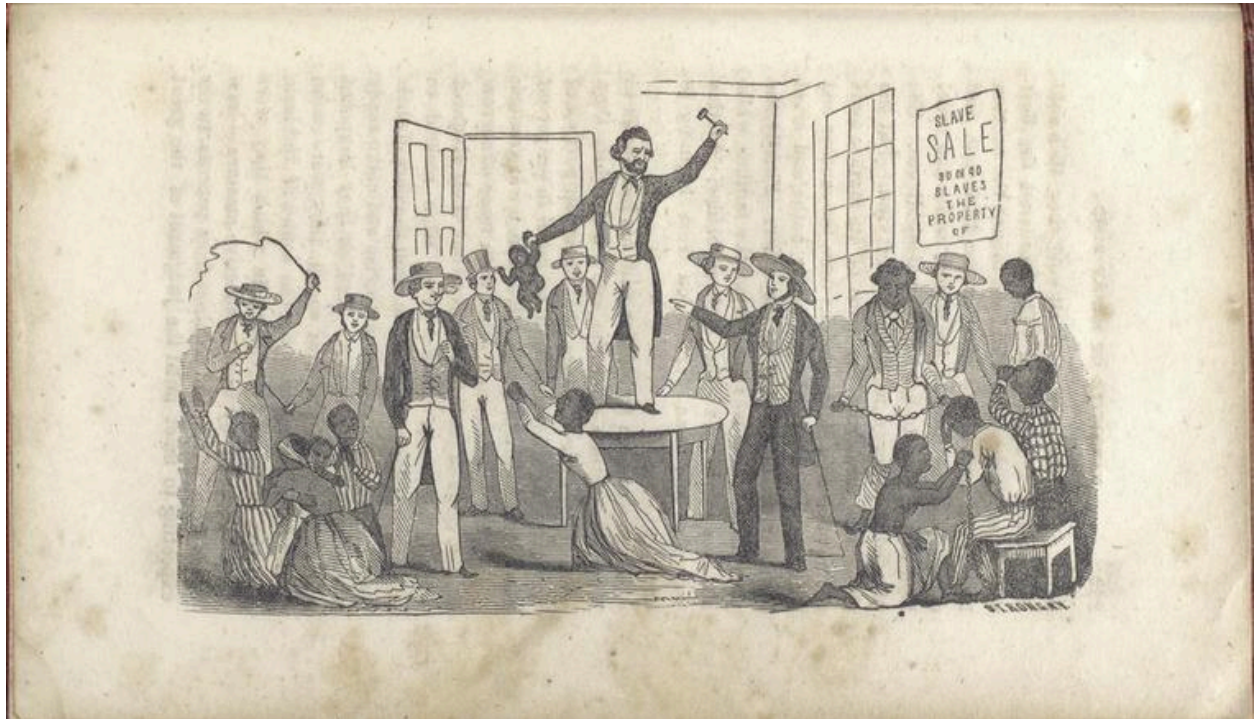


Figure 7.8 This disturbing image of the auction of enslaved people shows a child being sold, separated from their family. Among other atrocities, this violates the bodily autonomy of the women, children, and men who experienced this under slavery.

While these restrictions were horrific for any enslaved person, women faced additional challenges to their bodily autonomy. Enslavers could rape them at any time. Their children could be sold for any reason, as depicted in the illustration in figure 7.8, showing a Black child being sold at auction, with their mother pleading to stop the sale.

Beyond the individual experience of violence, enslavers codified new rules about children and race. Reversing centuries of English law, which said that any child belongs to the father's family, colonists enacted laws that said children belonged to the mother. In 1662, the Virginia colonists passed a policy which read:

Whereas some doubts have arisen (sic) whether children got by any Englishman upon a Negro woman should be slave or free (sic), *Be it therefore enacted and declared by this present grand assembly*, that all children borne (sic) in this country shall be held bond or free only according to the condition of the mother. (Roberts 2021:50)

Not only were the children of a White man and a Black woman considered Black, but the children were also enslaved at the moment of their birth.



Figure 7.9 Dorothy Roberts is a professor of law, sociology, and Africana studies. Her work on the construction of race helps us understand bodily autonomy.

Dorothy Roberts [Website], a professor of law, **sociology**, and Africana studies, writes that the laws that created our current racial classification system regulated interracial **sex**. She writes,

Though these laws were partly aimed at presenting miscegenation [the mixing of races], they also incentivized the rape of Black women by their white enslavers, who could profit from their sexual assaults by enslaving any resulting children. (Roberts 2021:48)

This lack of bodily autonomy had even more consequences. For example, enslaved people were not citizens of the new country of the United States. However, free White persons who had lived in the United States for two years and were “of good character” could become citizens (Blakemore 2020). In addition, White children who were born in the United States could become citizens.

This concept of **birthright citizenship** means that a child born in a country becomes a citizen, regardless of the citizenship of their parents. This

concept was powerful for a new country, because it began to allow the formation of an American identity. Citizenship allowed people to vote and to run for public office. Citizens must pay taxes to support the government, but they also receive public benefits. Today, some of the public benefits are Social Security and Medicare. Even though birthright citizenship is a powerful concept, it didn’t apply to everyone when it was initially established.

In 1790, Black people were over 20 percent of the U.S. population and over 40 percent of the population in Southern states (Bouton 2010). In order to maintain White supremacy, White people did not grant birthright citizenship to enslaved people. Only the 14th amendment, which was ratified after the Civil War, offered birthright citizenship to all Black people born here.

Today, slavery is illegal, and Black people have full citizenship, but the historical oppression that is tangled in **capitalism**, **patriarchy**, **racism**, and citizenship continues to harm people today. For example, Black families continue to experience more housing instability than White families, a problem we explored in **Chapter 6**.

The Intersectionality of Belonging: Ethnicity, Origin, and Citizenship

Where do you come from? Where do you belong?

On the surface, these questions may sound simple. You might answer that your family comes from Ireland, and you belong right here, in your hometown. Or your answers may be much more complicated. Your parents are from Honduras, but you are American. Your family was here before the United States was formed, either because your family is Indigenous or descended from the Spanish and Portuguese that colonized in the 1500s and 1600s. These answers are as complex and nuanced as each one of us is different.

However, the government regulates who gets to belong in a country, state, or community. They decide who gets to be a citizen and who gets to be a family. As we demonstrated in **Early Roots: Slavery, Bodily Autonomy, Race, and Class**, race determined citizenship historically, and continues to influence belonging today. What other factors can influence citizenship and belonging?

Ethnicity

Jewish, Irish, Latinx. What do all these groups have in common? It's not a country. Every group shares a country with another group or is found in mul-

tiple countries. It's not **religion**, although Jewish is also a religious tradition. It's not race because Irish and Latino people, for example, may be from many different races.

The commonality is that each of these groups shares a unique ethnicity. As you will remember from **Chapter 2**, ethnicity is a group of people who share a cultural background such as language, location, and religion. Often these groups share behaviors or cultural practices also.



Figure 7.10 Being Jewish is both a religion and ethnicity. Some people who identify as Jewish don't practice the related religion. Others do. In the photo on the left, Bel Kaufman, Rachel Cohen Gerrol, and Rachel Sklar are being honored for their social justice work. In the photo on the right, men are praying at the Western Wall in Jerusalem.

For example, people who identify as Jewish may practice the Jewish religion. According to devout Jews, children are Jewish if their mothers are Jewish. Almost 30 percent of Jewish people in the U.S. identify as Jewish but don't practice Judaism as a religion (Pew Research Center 2021). They may still enjoy latkes as holiday food but not celebrate Shabbat regularly.



Figure 7.11 This couple is making latkes. Foods may start out with having religious significance. People with a particular ethnicity may still love them, even if they don't engage in all the religious practices. What foods do you eat that are connected with a particular culture or ethnicity?



Figure 7.12 These traditional Irish musicians are playing at the Cliffs of Moher in Ireland. More people of Irish ethnicity live outside of Ireland than within it. Why might this be?

Irish is yet another ethnic group, as shown in figure 7.12. Over five million people live in Ireland as of 2023. They are Irish as their ethnicity and their nationality. However, more Irish people live outside of Ireland than in the country (Haynie 2016). Their ethnicity is Irish, but not their nationality. Some people speak Irish. Others say they are Irish because their grandparents or great-grandparents emigrated from there. Still others learn Irish step dancing or storytelling or the harp and pennywhistle. Many are Catholic. Some are Protestant. People in Ireland and around the world identify as Irish ethnicity.

But how does ethnicity impact the **social problem** of belonging and family? Fundamentally, ethnicity can be a **social location** that experiences oppression and **privilege**. Let's look at some examples.

First, ethnic groups often experience violence related to their ethnicity. More than 60 percent of all European Jews were murdered during the Holocaust in World War II (The United States Holocaust Memorial Museum N.d.).

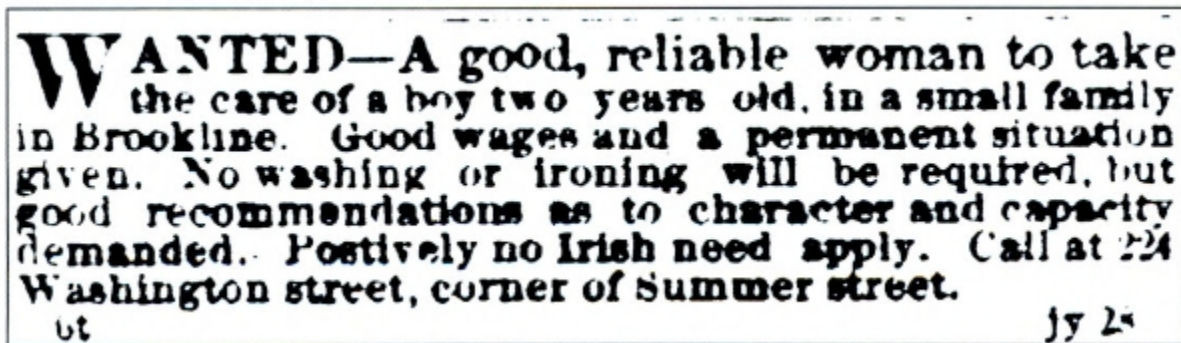


Figure 7.13 This advertisement from an 1868 Boston newspaper is advertising for a reliable woman to care for a child. It asserts, “Postively (sic) no Irish need apply.” This statement reflects discrimination.

Even when violence is no longer a response, people from different ethnic groups may experience oppression. For example, the advertisement in figure 7.13 notes that no Irish need apply. Although academics debate how many of these signs were actually posted, there was widespread

anti-Irish **prejudice** and **discrimination** in the mid-19th century immigration to the United States. Irish immigrants fought to redefine these laws, policies, and practices. Now, most people of Irish ethnicity define themselves as White.

Unpacking Oppression, Naming Justice: Why is Latinx a Word?

Like other racial and ethnic terms in this country, “Latino” and “Hispanic” were created as counterpoints to “white.” ...“White” was invented five hundred years ago to describe the privilege enjoyed by one group of people, and to justify the exploitation of “Black” people. In the words of James Baldwin, “White is a metaphor for power.”

...it strikes me how “Latino” is a shield of unity that protects our people, and that gives them a common sense of purpose, in this unraveling country we call home.

– Héctor Tobar, *Our Migrant Souls: A Meditation on Race and the Meanings and Myths of “Latino”*

You may have heard the words Hispanic, Latino, Mesoamerican, Chicano, Chicana, or Latinx to refer to people who share an ethnicity. One of the first questions that White people often ask Brown-skinned people is, “Where are you from?” (Sue et al. 2007), followed closely by “What should I call you?”

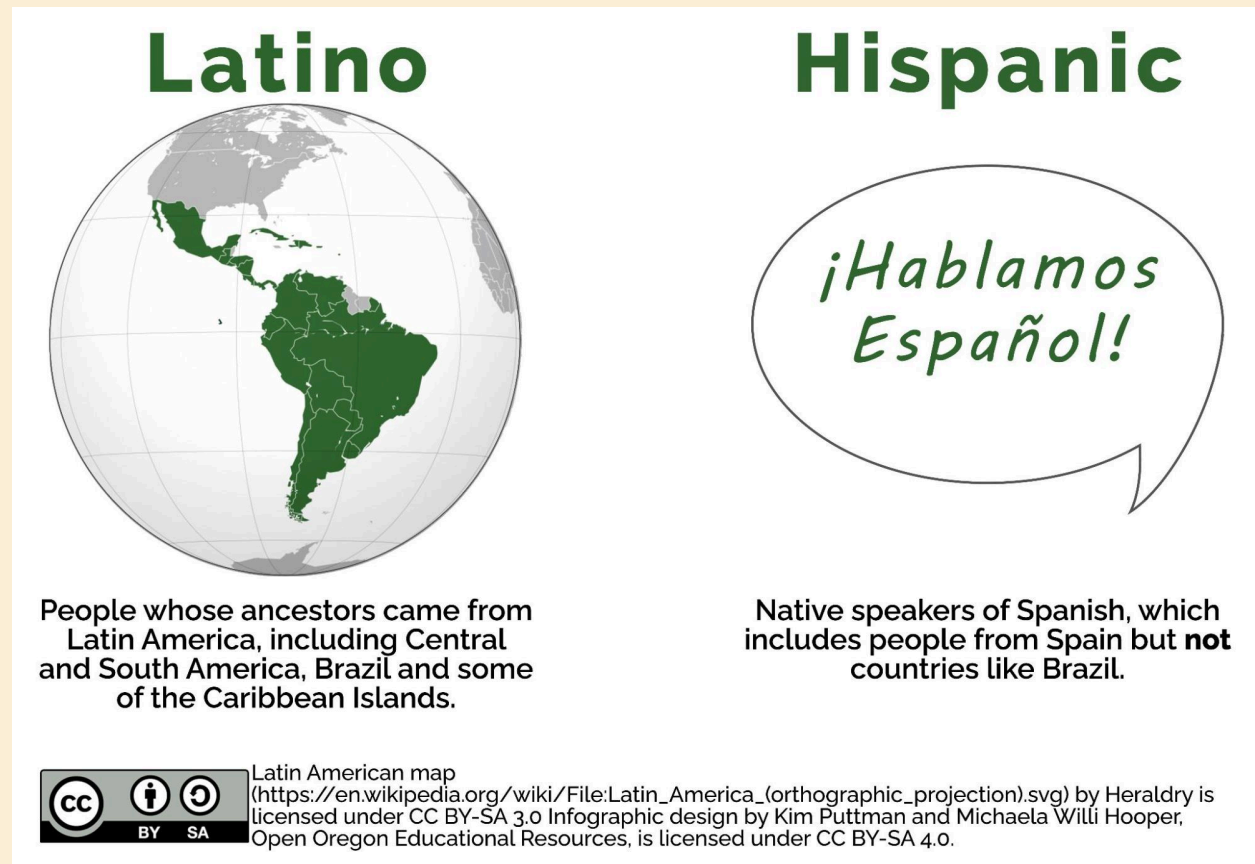


Figure 7.14 Latino refers to people whose ancestors came from Latin America and speak Spanish, Portuguese, or French. Hispanic refers to native Spanish speakers, including people from Spain but not countries like Brazil. [Image description.](#)

Although the terms Hispanic and Latino are often used interchangeably, they are not the same, as shown in the figure 7.14. Hispanic usually refers to native speakers of Spanish. Latino

refers to people who come from, or whose ancestors came from, Latin America. Not all Hispanics are Latinos. Latinos may be of any race or ethnicity; they may be of European, African, Native American descent, or mixed ethnic background. Thus, people from Spain are Hispanic but are not Latino.

One of the reasons some people prefer Latino is that it focuses on Latin America. It excludes Spain, the country that colonized much of Latin America. Many Mesoamerican people identify with the country of **origin** of themselves or their families. **Origin** refers to the geographical location where a person was born and grew up. This includes regions of the United States, as well as other countries. In immigrant families, children may call themselves Mexican American or Puerto Rican if their families originated from those countries.

One of the emerging terms is Latinx. Latinx is used as a gender-neutral alternative to Latino or Latina. Similarly to they/them pronouns, Latinx does not imply or impose **gender identity** on the people who label themselves that way. Latinx is an invitation to **queer** people, an acknowledgment that people who are gender non-conforming exist with the intersectional identities of Latin o/a and queer.

Now it's your turn to unpack oppression and name justice:

From the following list of options for this activity, please select about 5 minutes' worth of content.

- [**Hispanic, Latino, Latinx: What Is In a Name \[Streaming Video\]**](#). This 3:11-minute video describes the experiences of community members around naming.
- [**Key Facts about U.S. Latinos and Their Diverse Heritage \[Website\]**](#). This research article from Pew Research examines the Diversity of U.S. Latinos.
- [**What Being Hispanic and Latinx Means in the United States \[Streaming Video\]**](#). In this 11:51 TED Talk, student Fernanda Ponce talks about racism and being Latinx in the United States.
- [**John Leguizamo discusses Latinx \[Streaming Video\]**](#). This 1:18-minute TikTok video shows actor John Leguizamo talking about the term Latinx with popular artists.
- [**Hanging with the Oregon Homies, episode #2 \[Podcast\]**](#). This podcast is from Dr. Franki Trujillo Dalbey and Dr. Oscar Juarez, recorded in Oregon. In it, they discuss all the variations of names. Although they changed their mind later about Latinx based on John Leguizamo's work, it remains a fascinating discussion of the power of naming. It's 29 minutes long, but you can listen to a shorter snippet.

Once you've watched, read, or listened, please consider these questions:

1. How can we see naming as a process of **social construction**?
2. How does naming convey power?

3. How is “Where are you from?” a racist statement when asked by a White person to a person of color?
Could “Where are you from?” be a useful question between Mesoamerican people?
4. How can naming start to solve a social problem?

Citizenship and Ethnicity

The importance of ethnicity only begins with naming. Ethnicity is part of how White people in power define who belongs in our **society** and who doesn't. Let's look at how ethnicity and citizenship are connected.

Most Latinx people who live in the United States are citizens. As of 2019, two-thirds of all Latinx people were born in the United States. They have birthright citizenship. Only one-third of the Latinx population are immigrants. As more children are born in the U.S., the percentage of the Latinx population who are immigrants decreases. Most Latinx immigrants immigrate legally.

Undocumented people are anyone residing in any given country without legal documentation. It includes people who entered the U.S. without inspection and proper permission from the government and those who entered with a legal visa that is no longer valid (Immigrants Rising 2023). Only approximately 12 percent of Latinx people in the U.S. are undocumented. This is a much smaller number than many politicians would have you believe.

The binary of documented and undocumented hides a more complicated truth. Immigration exists on a spectrum. Many families are mixed-status families.

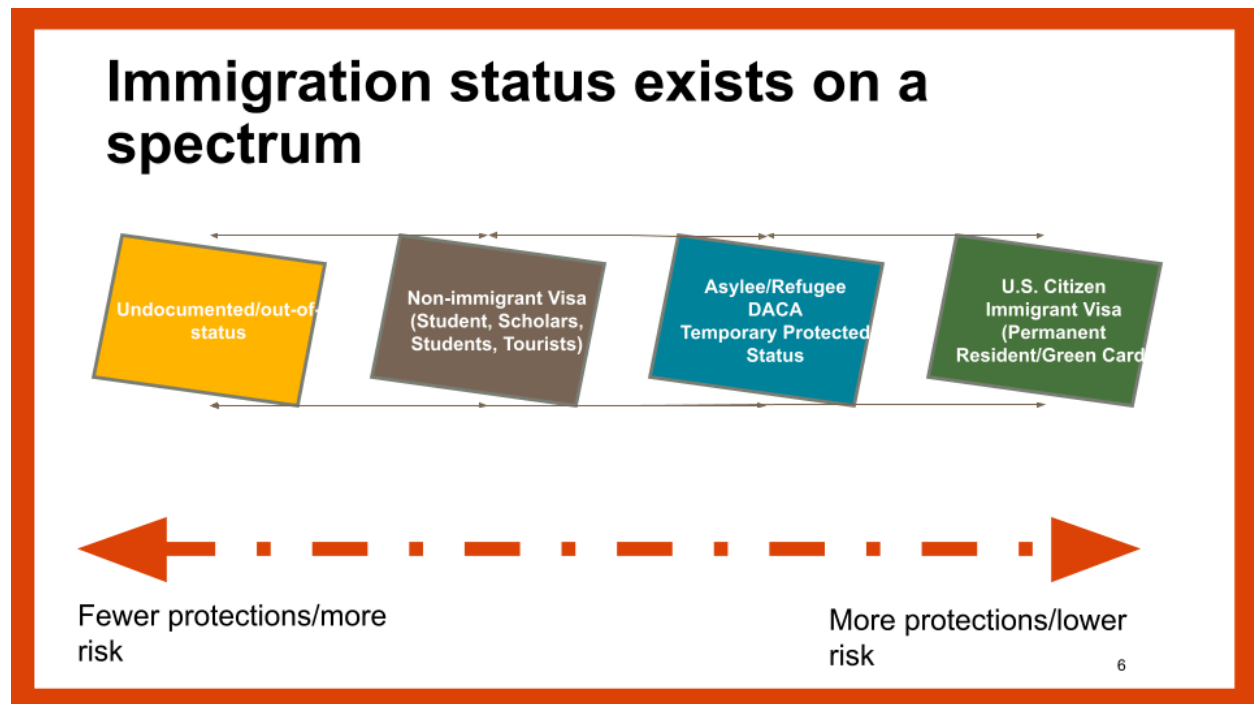


Figure 7.15 This infographic describes possible immigration statuses from undocumented to full citizenship. The amount of protection and risk change as you move through this spectrum. Some families are completely undocumented. Others are completely permanent residents or citizens. [Image description](#).

This interactive content is not available in this version of the text. It can be accessed online here:

<https://www.youtube.com/watch?v=FmfzfrIPoo>

Figure 7.16 This 4:44-minute video on [mixed-status families \[Streaming Video\]](#) describes what the experience is like. Is life the same for your family? Or does everyone in your family experience the privilege of citizenship? [Transcript](#).

A **mixed-status family** is a family whose members include people with different citizenship or immigration statuses, as shown in figure 7.15. Please take a few minutes to learn about the experiences of mixed-status families by watching the video in figure 7.16. One example of a mixed-status family is one in which the parents are undocumented, and the children are U.S.-born citizens. The number of mixed-status families is growing. Between 2010 and 2019, the number of children aged 17 and under with immigrant parents grew by 5 percent. As of 2019, more than a quarter of young children in the United States were children

of immigrants, and nearly 90 percent of these children were U.S. citizens (National Immigration Law Center 2022).

One place we see social problems at work for immigrant families is when we look at mixed-status families. Mixed-status families experience social, economic, legal, and **health** challenges unique to their family configuration. These families are often multigenerational extended families with grandparents, parents, and children in the same house.

Let's learn about another mixed-status family.

ANOTHER IMMIGRANT STORY: MY MOM

My mom came to the United States accompanied by her aunt and uncle at the age of 14. She and her parents (my grandparents) decided that it would be best for her to leave Mexico because she was no longer attending school, as they could not afford it, and she was more than likely going to be stuck working at my grandpa's small farm for the rest of her life.

Once in the United States, she was able to return to school and soon became the first in the family to graduate from high school. She found it impossible to further her **education** as there were no scholarships or loans available to undocumented folks at the time, so she went to work. She worked at a potato factory, met my dad, and had kids, including me. Right around this time, DACA came around, which was huge. She applied for DACA, was approved, and soon after was able to quit her factory job for a much better-paying job.

Now that myself and my siblings are a little older, she is considering going back to school and even buying a house, but she finds herself constantly second-guessing that decision as her future here in the United States is uncertain.

Now that we understand a little bit about specific families' experiences, we can look more deeply at the laws and policies that impact them. These laws and policies include DACA and the Dream Act.

DACA, DREAMERS, AND IMMIGRATION

Carla Mendel is a Latinx woman and daughter of immigrants. She was a community college student when she wrote this section, perhaps similar to you. She wrote this content about DACA and Dreamers as an open **pedagogy** project for Open Oregon, the project we described in Chapter 5. This section has been updated slightly to include more current data.

DACA

Deferred Action for Childhood Arrivals (DACA) is a policy created under the Obama administration on June 15, 2012. Key criteria for DACA eligibility are:

- are under 31 years of age as of June 15, 2012
- came to the U.S. while under the age of 16
- have continuously resided in the U.S. from June 15, 2007, to the present
- More criteria are listed at the [U.S. Citizenship and Immigration DACA Website](#). You can read more if you are interested.

An applicant granted DACA is not considered to have legal status but will not be deemed to be accruing unlawful presence in the U.S. during the time period when their DACA is in effect. DACA allows individuals to live in the U.S. without fear of deportation and with work authorization. DACA is temporary. Every two years the individual will need to reapply, which means submitting an application, getting biometrics done, and paying a fee of \$495.

At its peak, there were up to about 800,000 DACA recipients, but those numbers dramatically declined during the Trump Administration due to fear of what would happen to the DACA program. The number of people on DACA now is closer to 600,000.

As of 2023, DACA is still legal but being contested. The Fifth Circuit court, which includes Texas, Louisiana, and Mississippi, ruled that DACA is illegal, so new DACA applications are being accepted but not processed. However, people who are on DACA today can reapply (U.S. Citizenship and Immigration Service 2023).

DREAM ACT

The Dream Act, which would make DACA permanent and would give DREAMers an opportunity to obtain legal status if they meet the requirements. The U.S. House has passed this bill, but not the Senate. President Joe Biden promised to sign it if it passed Congress (Gogol 2023).

The DREAM Act would create a conditional permanent resident status valid for up to eight years for young undocumented immigrants. It would protect them from deportation, allow

them to work legally in the United States, and permit them to travel outside the country. It would also allow them to become permanent lawful residents. Having a clear path to lawful resident status allows DREAMers to belong.

THE LEGAL PROCESS

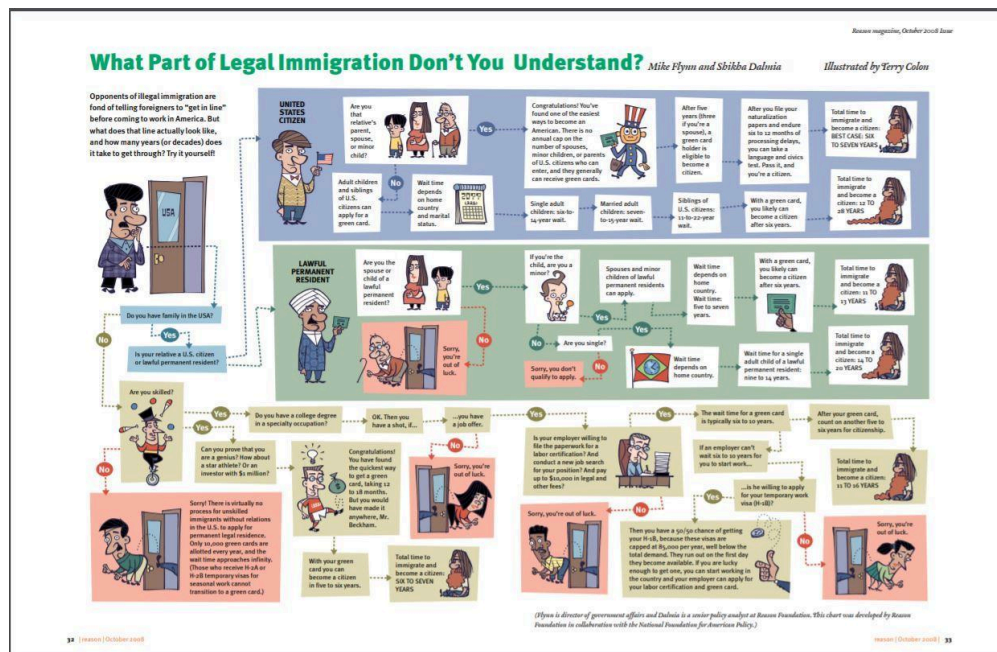


Figure 7.17 The process for immigrants to obtain legal citizenship is complicated and long. Feel free to click on a [larger, more legible version \[Website\]](#). [Image description.](#)

"Just come here legally," is one of my most disliked phrases for immigrants because the process to do so is not as easy as the general public thinks, as shown in figure 7.17. Immigrants, just like everyone else, move because where they currently are isn't providing them what is needed to succeed. Unlike here in the United States, they cannot just move from one state to another to seek out those opportunities, as they do not exist there either. Instead, they need to leave the country.

Some people have the time and money needed to try and apply for a visa or have a family member who is a United States citizen or legal permanent resident (LPR) sponsor them to become an LPR and can come to the United States that way. This could take anywhere from six to 28 years and will cost anywhere from \$750 to \$1,225 per person (U.S. Citizenship and Immigration Services 2022), so it's obvious that there could be a lack of money needed to take this route. It is even worse for others if their current situation might be more urgent, and they don't have the time to wait. If legal immigration was easy, accessible, and fast, it's very unlikely that people wouldn't risk their lives entering and living in the United States without documentation.



Figure 7.18 Some people equate asylum seekers with criminals. This connection is not true. Why do you think this is part of our political rhetoric?

Government control of immigrant families goes beyond courts and laws. It also includes breaking families apart. Resistance to this action is shown in figure 7.18. The U.S. government forcibly separated 5,000 children from their families in 2017 and 2018. In the application of this “Zero-tolerance” policy, undocumented parents were deported. Because children can’t be imprisoned, they were handed over to the Department of Health and Human Services. These children were cared for in refugee resettlement shelters. However, cared for isn’t the right word. They were held in cages. Some caretakers raped or assaulted the children. Some children died because of illness and neglect. Ex-president Donald Trump rescinded the zero tolerance policy as of June 2018, but separations continued to occur. As of November 2021, 2248 children had been reunited with their families. The remainder have not been reunited (Southern **Poverty** Law Center 2022).

As of 2023, the work of reuniting families continues. Some sources estimate that 1,000 children still need to be reconnected with their families.

Some children haven’t seen their families in five years. The **trauma** that families experienced in their home countries and the trauma they experienced during forced separation continues. Unsurprisingly, a recent study finds that parents and children who have been separated need significant **mental health** support even after family reunification occurs (Hampton et al. 2021).

These challenges to immigration and the political rhetoric that supports limiting immigration is based on a particular kind of prejudice known as **nativism**. **Nativism** is an intense opposition to an internal minority that is seen as a national threat on the grounds of its foreignness (Kešić and Duyvendak 2019:445). For example, the political slogan, “Make America Great Again” is partially based on the idea that there is something wrong or dangerous with immigrants so therefore, immigration should be restricted. Nativism is an underlying cause of the inequality that immigrant families face.

Queer Families

Families challenged by immigration and citizenship are not the only kinds of families that experience inequality in the United States. Queer families also experience inequality. Approximately 3.3 million people live in same-sex marriages and partnerships. This number is growing. However, these families experience social, economic, and legal challenges. Before we look at the experience of these families, let’s examine this unique word: queer.

Unpacking Oppression and Queering Justice: What Do I Mean When I Say Queer?

For some people, *queer* is a bad word. For others, it is a source of power. Please take a moment to watch the 3-minute video in figure 7.19 from activist Tyler Ford about the history of the word queer. How do you understand this word?

This interactive content is not available in this version of the text. It can be accessed online here: https://www.youtube.com/watch?v=UpE0u9Dx_24&t=1s

Figure 7.19 In this 3:37 minute video, transgender activist Tyler Ford examines the history and implications of the word queer. Do you know anyone who identifies as queer? Do you think that word empowers people or harms them? [Transcript.](#)

I, Kim Puttman, call myself **queer**. Queer as in different, but also queer as in challenging dominant ideas about what identity, sexuality, love, relationship, and family look like. I also identify as lesbian. I love my wife. Our relationship expands what it means to be “normal” and “healthy.” I embrace this identity as a source of my power, even though it is also a source of my **marginalization**. I stand with generations of activists before me, chanting, “We’re here, we’re queer, get used to it!” In the words of Alex Kapitan on the Radical Copy Editor blog:

In its simplest form, **queer** means upending mainstream norms about sexuality and gender (particularly the ones that say that being straight is the human default and that gender and sexuality are hardwired, binary, and fixed rather than socially constructed, infinite, and fluid). It also usually speaks to solidarity across lines of race, class, dis/ability, gender, sexuality, and other identities as part of a radical politics of transforming the status quo and working toward collective liberation. (Kapitan 2021)

But queer can also be used as a word that conveys hate. When used as an insult, queer is a word that wounds. Using this word as a threat may be grounded in **homophobia**, the irrational fear of or prejudice against individuals who are or are perceived to be gay, lesbian, bisexual, and other non-heterosexual people. More importantly, it maintains **heteronormativity**, the assumption that heterosexuality is the standard for defining normal sexual behavior and that male–female differences and gender roles are the natural and immutable essentials in normal human relations (APA 2023). When a bully calls someone queer, they reinforce the idea that being straight and cisgender is the only right way to be.

So, in this murky terrain, which word do you use? Figure 7.20 offers an illustration that may help:

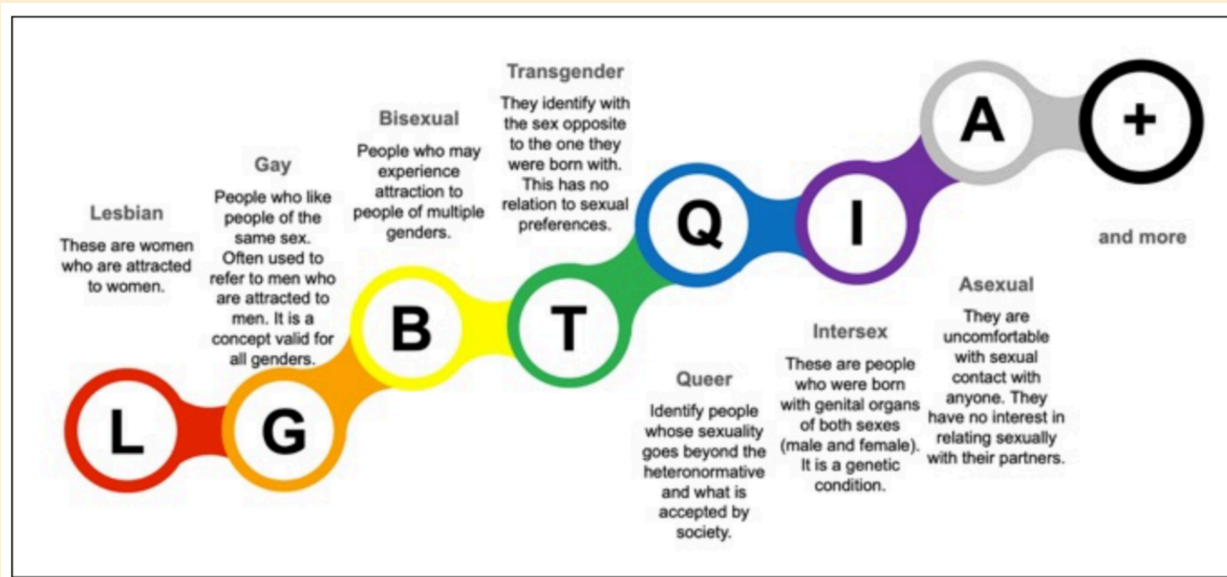


Figure 7.20 LGBTQIA+ Deconstructed explains the acronym LGBTQIA+. Do you know any other labels that support other gender identities and sexual orientations? [Image description.](#)

Although there are many historical reasons that certain names are preferred, it can help to understand that we are looking at continuums of gender and sexual identity. We won't repeat the dictionary, but you can look for specific definitions of the terms below in the [Human Rights Campaign glossary \[Website\]](#) and the [Outright International Terminology Blog \[Website\]](#) if you want more detail. The following categories provide an entry point into this discussion about how people describe themselves:

- **Anatomical Sex:** Some of these words describe the sexual characteristics of your physical body. These words include female, male, and intersex.
- **Gender Identity:** Some of these words are used to explore whether your physical body and your identity about your physical body match. These words include cisgender and transgender. They can also include male and female, when your identity and your sex match. Want to learn more? In [Trans 101 – The Basics \[Streaming Video\]](#) by Minus18, students describe transgender identities and pronouns
- **Gender Expression:** Some of these words refer to someone's gender or outward expression of gender. These words include androgynous, feminine, or masculine.
- **Sexual Attraction:** Some of these words refer to someone's sexual attraction—do they love someone of the same gender, a different gender, or without reference to gender. These words can include lesbian, gay, bisexual, pansexual, and many others.
- **Culturally Specific Language:** Finally, some of these words describe cultural experiences of non-conforming sexuality or gender identities. These words include Two Spirit, Muxes, and many more. For more, check out these resources: [What Does “Two-Spirit” Mean? \[Streaming Video\]](#) in which

“two-spirit” is described by a two-spirit person, and the blog post, [Beyond Gender: Indigenous Perspectives Muxe \[Website\]](#).

But, wait, what’s the answer? Can I call someone queer? Maybe, maybe not...

My advice is to listen first. If you listen to what people call themselves, you will use the right word, whether queer, lesbian, they, trans, or just me.

What do you think?

If this is the first time you’ve considered these concepts, they can be kind of confusing. To help, activists created a “gender unicorn” as a way of sorting out identity and attraction.

Please take a moment to look at the [Gender Unicorn \[Website\]](#) and figure out where you fit on the continuums. If you aren’t sure, no problem. We usually get clearer about these identities over time.

Then consider:

- How might you experience power and privilege related to these identities?
- How might differences in these identities create belonging or damage it?

Inequality in Queer Families



Figure 7.21 Queer parents and their children at San Francisco Gay Pride 2008. How do queer families help us expand the definition of who belongs in families?

	Same-Sex Marriages	Unmarried Same-Sex Relationship	Opposite-Sex Couples
Number of people in Relationship Type	1.1 million	1.2 million	66.3 million
Percent Of Couples Raising Children	31%	31%	43%

Figure 7.22 Same-Sex Marriages and Relationships. The number of queer and straight families who are parenting are becoming more equal. Older queer people are less likely to have children. Younger queer people are more likely to have children, so we expect that the numbers will equalize in the future. What social factors can explain this trend?

As shown in figure 7.22, 31 percent of same-sex couples, both married and partnered, are raising children, not too different from the 43 percent of opposite-sex couples also raising children (US Census 2022). Approximately 48 percent of LGBTQIA+ women and 20 percent of LGBTQIA+ men under age fifty are raising children. Approximately 3.7 million children in the United States have a parent who is LGBTQIA+. LGBTQIA+ couples are also more likely to adopt or foster children or be step-parents (U.S. Census Bureau 2022).

Just describing the demographics of LGBTQIA+ families and parenting is only one small step in

It is difficult to quantify how many people in the United States are in **LGBTQIA+** relationships and the number who are parenting. U.S. Census data gives us some idea, although the numbers are likely underreported. The U.S. census counted approximately 10.7 million adults (4.3 percent of the U.S. adult population) who identify as LGBTQIA+ and 1.4 million adults (0.6 percent of the U.S. adult population) who identify as transgender. Of those, approximately 1.1 million are in same-sex marriages, and 1.2 million are part of an unmarried same-sex relationship).

describing the inequality these families' experience. What differences do we see?

Much of the literature on same-sex relationship quality focuses on comparing LGBTQIA+ people's relationships with the heterosexual **norm**. This work has repeatedly found that LGBTQIA+ relationships experience the same satisfaction level compared to non-LGBTQIA+ relationships. The outcome of this research has shown repeatedly that LGBTQIA+ relationships are just as well adjusted as their heterosexual counterparts and experience similar stressors. With **marriage equality**, the recognition of same-sex marriage as a human and civil right, as well as recognition by law and support of societal institutions, queer

families now face less legal discrimination. Furthermore, in an analysis of 81 parenting studies, sociologists found no quantifiable data to support the notion that opposite-sex parenting is any better than same-sex parenting. Children of lesbian couples, however, were shown to have slightly lower rates of behavioral problems and higher rates of self-esteem (Biblarz and Stacey 2010).



Figure 7.23 All Families Matter. SOGI stands for sexual orientation and gender identity. How is “All Families Matter” a rallying cry for belonging?

However, LGBTQIA+ families experience homophobia. This stress provides unique challenges for LGBTQIA+ families compared with their straight and cisgender counterparts. LGBTQIA+ couples often have to navigate judgment and rejection from their **family of origin**, the family into which one is born. They also may face prejudice from institutions like employment and religion.

In addition, LGBTQIA+ parents experience discrimination in child custody cases. Heterosexual parents are often favored in custody disputes with LGBTQIA+ parents (Haney-Caron and Heilbrun 2014). Prejudicial attitudes and stereotypes describing unfit lesbian moms and irresponsible gay dads have historically been used in custody cases to justify punitive court decisions. However, psychologist Charlotte Patterson studies the health of children parented in same-sex couples. She finds that it’s not the homosexuality or heterosexuality of the parents that matter. Instead,

the quality of the family relationships is the most important predictor of healthy children (Patterson 2009). LGBTQIA+ families’ lives are shaped by the powerful social forces of heterosexism and cissexism.

Laws and policies related to adoption rights and foster care often discriminate against LGBTQIA+ parents. Twenty-eight states ban discrimination based on sexual orientation and gender identity for foster and adoptive parents. An additional four states ban discrimination based on sexual orientation. Thirteen states explicitly allow child welfare agencies to refuse services to LGBTQIA+ children and families if it conflicts with their religious beliefs. The remaining 18 states are largely silent on the topic, opening up a range of treatment toward same-sex adopting families, from active discrimination based on the law to indifference (Movement Advancement Project 2023).

Although protections for same-sex adoptive and foster parents are increasing, many LGBTQIA+ parents experience discrimination despite the overwhelming evidence that being raised in an LGBTQIA+ family is not inherently harmful or destructive to the children (Goldberg 2010; Golombok and Badger 2010; Pawelski et al. 2006).

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7.4 Explaining the Social Problem of Belonging

Kimberly Puttman

You may already be thinking about some of the reasons that people have different experiences of belonging. You might have some reasons that families have unequal access to resources and legal protection from the state. Let's see what sociologists have to say.

Functionalist

Some sociologists examine the purpose of family in **society**. Functionalists uphold the notion that families are an important social **institution** and play a key **role** in stabilizing society. They also note that family members take on status roles in a marriage or family. The family and its members perform certain functions that facilitate the prosperity and development of society. For example, functionalists argue that families have a division of labor. In the **nuclear family**, men work outside the home, and earn money. Women work inside the home and care for all of the family members.

These essentialist versions of early sociologists are widely criticized today, because they assume women are often or always mothers and work inside the home, and that men are always or often fathers and work outside the home. However, the functionalists can help us understand the **social problem** of belonging by looking at how families support belonging.

For example, immigrant families face many challenges. Immigrant families are disproportionately poor. They experience **nativism** when laws and policies **privilege** citizens over non-citizens. For example, many immigrants can't use the usual governmental social safety nets.

A function of the family for immigrants, then, is to ensure survival of the members of that family.

The family becomes an essential survival strategy. For example, Hispanic families **value** "la familia" or **familism**, a strong commitment to family life that stresses the importance of the family group over the interest of an individual. Hispanic families are more likely than White families to live in **extended family** groups, share economic resources, and encourage reciprocity and solidarity (Landale et al. 2006). *La familia* creates belonging.

Conflict Theory

Rather than examining the functions of a family, conflict theorists look at **power** and inequality related to families. They connect the economics of **capitalism** with the institution of the family. They argue that, like the concept of private property in capitalism, families are also private. This idea is captured by the saying, "A man's home is his castle," the patriarchal idea that men should run their families without interference. According to conflict theorists, the family can be a way to reproduce **class** inequalities (Calder 2016). As we discussed in **Chapter 5**, children of wealthy families usually have access to better **education** than children of poor families. Additionally, education itself contributes to sustaining **wealth**. Conflict theorists link family and class.

More recently, conflict theorists say that families differ in their experiences of **family autonomy**, the ability of a family to make their own decisions about their future or about the treatment of their members (Calder 2016). The idea of family autonomy is often championed by politically conservative people. They argue that a family has its own integrity. Families should not be

subject to the intervention of the state. Parents should be able to make decisions for their children, like whether or not to be immunized, without the county **health** department or the school board requiring compliance. However, liberal and radical protesters also support family autonomy, like the protesters in figure 7.24.



Figure 7.24 Protesters with signs that say Families belong together, including Migui Adams (center) who wears a shirt referencing Melania Trump's controversial jacket.

A second sociological concept that helps us understand how power and belonging are related, is the idea of the **immigration industrial complex**. “The **immigration industrial complex** is the confluence of public and private sector interests in the **criminalization** of **undocumented** migration, immigration law enforcement, and the promotion of “anti-illegal” rhetoric” (Golash-Boza 2009:295). Like the military industrial complex and the **prison industrial complex** that we mentioned in [Chapter 1](#), the immigration industrial complex criminalizes, detains, and deports undocumented immigrants. Conflict sociologists look at who benefits from these actions. Although some of the original work related to the military-industrial complex comes from functionalist sociologists, conflict theories have deepened this work.

In this analysis, we see economic and social forces at work. On the one hand, the number of available immigrant visas is very low. However, businesses in the United States are dependent on low-wage workers to sustain their profits.

The undocumented labor force constitutes nearly 5 percent of the civilian labor force in the United States. This includes 29 percent of all agricultural workers, 29 percent of all roofers, 22 percent of all maids and housekeepers, and 27 percent of all people working in food processing. Without this undocumented labor force, it is likely that food grown in the United States would be grown elsewhere, thereby raising prices for consumers. (Golash-Boza 2009:306)

With high labor force numbers, it would seem useful to reform immigration laws so that people could come here legally. Instead, the United States has invested in a War on Terror similar to the **War on Drugs** that we will discuss in [Chapter 11](#). The Department of Homeland Security, which houses the U.S. Immigration and Customs Enforcement (ICE), had a budget of over 1 trillion dollars for a 20-year period. The number of agents and officers dedicated to immigration and border protection has almost doubled between 2003 and 2019. The related agency budgets increased similarly. This money supports increased detaining and deporting of undocumented people in ways that often violate their human rights (Golash-Boza 2009).

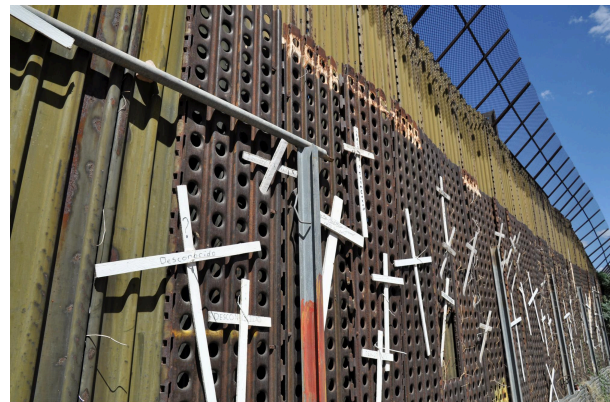


Figure 7.25 This image shows the border wall between the United States and Mexico at Nogales, Mexico. The white crosses contain the names of people who have died while trying to cross the border. Who benefits when border crossings are restricted?

Sociologist Tanya Golash-Boza summarizes the connection between money, power, and oppres-

sion. She compares the military industrial complex, the prison industrial complex and the immigration industrial complex in this way:

These three complexes share three major features: (a) a rhetoric of fear; (b) the confluence of powerful interests; and (c) a discourse of other-ization. With the military build-up during the Cold War, the ‘others’ were communists. With the prison expansion of the 1990s, the ‘others’ were criminals (often racialized and gendered as black men). With the expansion of the immigration industrial complex, the ‘others’ are ‘illegals’ (racialized as Mexicans). In each case, the creation of an undesirable other creates popular support for government spending to safeguard the nation. (Golash-Boza 2009:306)

By examining money and power, conflict theories focus on why inequality in belonging occurs. Internal family violence, lack of **bodily autonomy** and the immigration industrial complex are all measures of conflict.

Symbolic Interactionism

You may remember theories of symbolic interactionist from [Chapter 3](#). As a reminder, symbolic Interactionists view the world in terms of symbols and the meanings assigned to them (LaRossa and Reitzes 1993). The family itself is a symbol. To some, it is a father, mother, and children; to others, it is any union that involves respect and compassion. Interactionists stress that family is not an objective, concrete reality. Like other social phenomena, it is a social construct that is subject to the ebb and flow of social norms and ever-changing meanings.

Using symbolic interactionism, sociologists examine how **queer** families “do **gender**.” For example, in same-**sex** couples, there isn’t a mother

and a father. That is to say, there isn’t a male person to work outside the home and make money, and a female person inside the home caring for children. Therefore, in a same-sex or gender-fluid pairing, the couple negotiates who does what. Family roles are no longer tied to gender. They are negotiated related to the skills, abilities, and needs of each person in the family. The family *does gender* every day, with the choices that they make about who pays bills, who changes diapers, and who takes out the trash.

Intersectional Theories of Belonging: Feminism, Critical Race Theory, and Queer Theory

Beyond the classical theories of family and belonging from functionalists, conflict theorists, and symbolic interactionists, there are queer theorists, feminist theorists, and critical **race** theorists who explain the social problem of belonging and family. They challenge traditional ideas of family and power, arguing that our changing family structures demonstrate resistance to **patriarchy**, **racism**, classism, and **heteropatriarchy**.

Heteropatriarchy is a system of oppression designed to reproduce and reinforce the dominance of heterosexual cisgender men and oppress women and **LGBTQIA+** people (Everett et al. 2022). Family and belonging are contested in society. This territory is a fertile ground for social problems.

Queer theorists challenge the idea that marriage and family are the only healthy ways to be in a relationship. Early in queer political activism, many lesbians and gay men argued that it was important to explore non-heteropatriarchal relationships. Marriage itself was illegal, so many queer people formed families of choice. Queer theorists also explore how queer people choose families.

A **chosen family** is a deliberately chosen group of people that satisfies the typical role of family as a support system. These people may or may not be related to the person who chose them. These family groups are connected by conscious decision and lived experience rather than biology, adoption, or legalized relationships. Gay men and lesbian women often construct families of choice to create social resilience because many queer people are kicked out of their families of **origin** (Levin et al. 2020). Some of the original research related to families of choice was conducted during the AIDS crisis of the 1980s and 1990s. To take care of each

other, queer folk created families of choice to get groceries, take care of the sick, or bury the dead, like a **family of origin** might (Jackson Levin et al. 2020).

Feminist theories of the family argue that society is structured to privilege men over women; the **theory** works to understand and transform inequalities. This theory emphasizes how gender roles are constructed within the family, including the socialization of children. Feminist theorists also assert that resistance to patriarchal family structures is an important way to address inequality in social problems.

This interactive content is not available in this version of the text. It can be accessed online here:

<https://www.youtube.com/watch?v=MrSSrZBeS-A>

Figure 7.26 Please watch this 2:03-minute video explaining **bodily autonomy [Streaming Video]**. How does having bodily autonomy support social justice? [Transcript](#).

Feminist theorists and activists assert that bodily autonomy is necessary for women's and non-binary people's full participation in society. It is a relatively new term. To learn more, please watch the video in figure 7.26. In a 2021 report, the United Nations defines bodily autonomy in this way:

The right to the autonomy of our bodies means that we have the power and agency to make choices, without fear of violence or having someone else decide for us. It means being able to decide whether, when, or with whom to have sex. It means making your own decisions about when or whether you want to become pregnant. It means the freedom to go to a doctor whenever you need one. (Erken 2021:7)

As we look at this definition, we see the ability to choose, for example, whether or when to have sex or to be pregnant. One woman said, "Being able to control when or if we have children is essential to the freedom of the women in this nation.

Without bodily autonomy, we are not free (Judge et al. 2017:7). To be free from violence or coercion implies that we have a society that intervenes in violence, creating safety. It means creating a society that values women's lives.

Also, as we examine the last element of this definition, we notice that people need access to health care. As we will discuss in **Chapter 10**, our personal choices impact our health. However, the **social determinants of health**, like access to healthy food, healthy environments, and good doctors that also support bodily autonomy.

These ideas about bodily autonomy can be applied more widely than just reproductive rights.

For example, in a 2022 master's thesis, sociologist Nykayia King examines the experience of bodily autonomy for Black queer youth. She argues that state-sanctioned violence is the most visible layer of the deeper structural problem of racism. She writes, "...we must go beyond simple analysis of **police** behavior and reform and instead we must confront the roots of the problem, which

are racism, white supremacy, and dehumanization” (King 2022).

For example, Black queer youth experience a lack of bodily autonomy. In addition to racism and patriarchy, they are at risk because they are queer. Racism, **sexism**, and heteropatriarchy limit their bodily autonomy.

However, these Black queer youth also resist these challenges to their bodily autonomy. One young Black queer person, Kahlil, was taught by his uncle to “walk with a purpose” Kahlil says:

And I guess it’s because he grew up in that time where it was a lot of oppression that he went through he’s like all right when you’re walking somewhere, walk with a purpose, so like, walk with your head up like, you’re going somewhere like you have somewhere to be. So yeah, whenever I’m around, and I know there’s cops, like, on the street and stuff I turn from like, if I’m just chilling, I’m just enjoying my day walking, I start walking more so with a purpose to make it seem like, I’m not just—I don’t even know what the word would be loitering? I don’t know. Um, so there’s no reason for them to stop me and ask questions or anything like that. (King 2022:45-46)

Explaining this, King writes that although “walking with a purpose” was useful for Kahlil, it also limited his bodily autonomy, because this action was a choice to survive, not a choice to be authentic.

Finally, Black transgender youth experienced gender dysphoria, a specific lack of bodily auton-

omy, when talking to the police. When the police misgendered them, they did not feel safe enough to correct the police about their pronouns. A Black transgender youth said that they deliberately dressed and acted in a more feminine way to try to avoid trouble. They say:

If I’m dressed more masculine, then I’m going to be perceived as a Black man and a threat. If I’m dressed more feminine, which that happens sometimes, then I’m going to be perceived as a Black woman, someone who they could do whatever to. It may not be a threat, but they can still treat me in whatever way, and what can I do about it? (King 2022:51)

King concludes that Black people in general and Black queer youth specifically lack bodily autonomy because of racism and police violence. The more marginalized identities they held, the less autonomy they experienced. At the same time, many of the respondents used deliberate strategies to increase their agency in challenging circumstances, such as “walk with purpose” or acting more feminine.

Through this concept of bodily autonomy, we can examine the social problem of belonging with an intersectional lens. When we do, we see that people and families experience **discrimination** and violence in different ways based on their **gender identity**, sexuality, race, and class. White supremacy, patriarchy, heteropatriarchy, and systems of economic inequality remove bodily and family autonomy through violence.

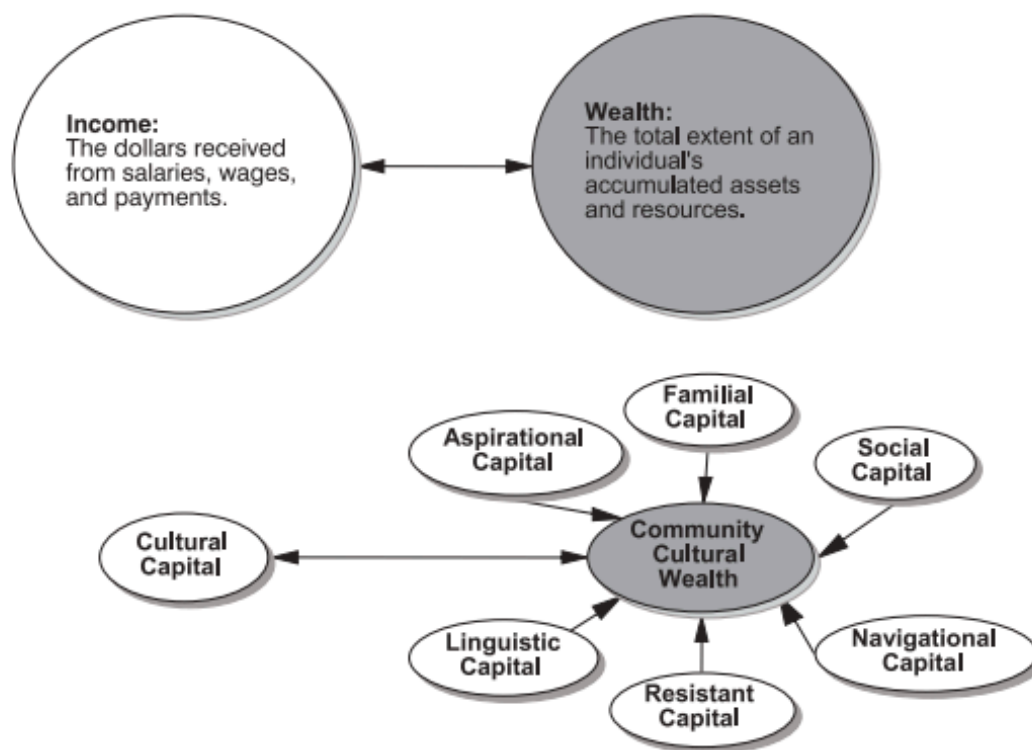


Figure 7.27 Community Cultural Wealth is the interdependent overlapping forms of knowledge, skills, abilities, and networks possessed and utilized by Communities of Color to survive and resist racism and other forms of subordination (Yosso 2023) Other than income and wealth, what resources do you bring to support your family's belonging? [Image description.](#)

However, the family can be a source of strength for its members. Educator and researcher Tara Yosso expands on this idea. She argues that students of color draw upon **community cultural wealth**, the interdependent overlapping forms of knowledge, skills, abilities and networks possessed and utilized by Communities of Color to survive and resist racism and other forms of subordination (Yosso 2023). One of the components supporting community cultural wealth is familial capital. Yosso writes:

Acknowledging the racialized, classed, and heterosexualized inferences that comprise traditional understandings of ‘familia,’ familial capital is nurtured by our ‘extended family,’ which may include immediate family (living or long passed on) as well as aunts, uncles, grandparents, and friends who we might consider part of our familia. From these kinship ties, we learn the importance of maintaining a healthy connection to our community and its resources. Our kin also model lessons of caring, coping and providing (educación), which inform our emotional, moral, educational and occupational consciousness. (Yosso 2006:79)

The family itself can be a source of power for People of Color to resist White supremacy and thrive despite economic and social inequality. Yosso’s

model is a powerful critique of previous models of **social capital**. If you'd like to read her work directly, please see: [Whose Culture Has Capital? A Critical Race Theory Discussion of Community Cultural Wealth \[Website\]](#).

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7.5 Belonging is Social Justice

Kimberly Puttman

As we construct new ideas related to family, belonging, and autonomy, one group of activists draws our attention. They are the **Queer** Dreamers, sometimes called the "undocu-queers." These

young people started organizing in early 2000 to advance immigrant and queer rights.

Undocuqueer [**undocumented** and queer] leaders have been very visible in the immigrant rights movement in recent years. They have been at the

forefront of many of the major protests and actions for the DREAM Act. One activist says, “I believe they have played a critical **role** in making sure that the public becomes aware of our situation and how we are fighting for our rights in this country” (Terriquez 2015:344).



Figure 7.28 Veronica Terriquez is a sociologist and the director of the Chicano Research Studies Center at UCLA.

Veronica Terriquez [Website], a sociologist at UCLA, was interested in finding out more about the relationship between coming out as queer and undocumented. She also wanted to find out if the two **social movements**—immigrants’ rights and queer rights—supported each other or remained separate movements.



Figure 7.29 These queer undocumented people are marching in the Washington D.C., Pride Parade. How is their work intersectional?

Movement activists worked to pass the Dreamers act and DACA, described earlier in the chapter. The social movement work involved in passing DACA was widespread, particularly in California, the state with the largest undocumented youth population (Terriquez 2015:344). Some young people organized a “Coming Out of Shadows” campaign (Sirriyeh 2018). This campaign encouraged undocumented people to talk about their undocumented status. The strategy was inspired by the lesbian and gay process of coming out — telling people you were gay or lesbian. By going public with their undocumented identity organizers hoped to break the social **stigma** of being undocumented and gain popular support for DACA. By borrowing an effective social movement technique, immigration organizers became more effective, which is **collective action** at work.

However, as sociologists, we want to understand more about the sequence of events to begin sorting out **correlation** and **causation**. More specifically, Terriquez wanted to know whether undocumented queer youth came out as queer first and then were brave enough to share their undocumented status or whether the opposite was true.

She found that although many youth came out with both statuses simultaneously, most youth came out as undocumented first and then as queer. She cites two reasons for this directionality.

First, as discussed in this chapter, people who are undocumented have to rely on family support to survive in their new country. Family support is crucial to their survival because they aren’t legally allowed to work and, for the most part, don’t have access to insurance or other social safety net programs. The challenges to coming out are both physical and cultural. Terriquez provides this detail from Samir, a 24-year-old activist:

We can’t [legally] have jobs, so we already have these financial issues. Once you come out to your family—and

if they don't respond very well—then there is that chance of losing your bed, a place to sleep. There's a lot more you can lose because you can't really take care of yourself financially when you're undocumented. (Samir in Terriquez 2015:252)

These words from Alberto, a 26-year-old activist from Mexico, highlight the cultural barriers to coming out in a conservative Catholic immigrant family:

My dad belonged to one of the most conservative organizations within the Catholic Church, and he was very vocal about his distaste for certain things, including homosexuality. So, I thought it was wrong to be gay because I grew up in that environment. (Alberto in Terriquez 2015:251)

Coming out as queer can be a significant emotional and economic risk for immigrant youth.

Second, Terriquez finds that the experience of organizing for immigrant rights and coming out of the shadows empowers youth. As they experience the support they need to be more visible in their undocumented identity, they are more willing to share their queer identity. She writes, “As Ixchel, a prominent and openly bisexual leader

explained, being open about one's legal status ‘is a transition that helps queer folks come out; they experience the acceptance of coming out as undocumented, so it helps people come out as queer’” (Terriquez 2015:253).

However, this order of coming out is not just about **individual agency**. It is also supported by the conscious choice of some immigrant rights organizations, particularly at universities and colleges, to engage in intersectional analysis. These organizations were deliberately welcoming to people with multiple oppressed identities. “Contributing to the intersectional mobilization of undocumented LGBTQ activists, this multi-identity work included deliberate efforts by leaders to combat **homophobia** as well as organizational practices that validated the experiences of LGBTQ members” (Terriquez 2015:354).

In other words, some youth Dreamer organizations recognized that in addition to being undocumented, many of their members experienced oppression as women, queer or trans, or poor people. They understood the **intersectionality** of the oppression they were collectively facing and leveraged their diversity as a strength of their movement.

<https://www.youtube.com/watch?v=ANIKTdTWp4s>

This interactive content is not available in this version of the text. It can be accessed online here:

<https://www.youtube.com/watch?v=ANIKTdTWp4s>

Figure 7.30 In this 3:25 minute video **UndocuQueer Manifesto [Streaming Video]** queer undocumented youth assert their truth—that they can't be only queer or only undocumented. They are both and deserve acceptance in whatever community they find themselves. [Transcript.](#)

Some queer dreamers were not supported by wider immigrant rights organizations because they were queer. Some queer dreamers did not get support from campus LGBTQ organizations because they were Black, Brown, or Indigenous. In many cases, they formed their own social movement organizations to be their whole selves and access the political **power** that brought them.

They created a manifesto, which they describe in figure 7.30. They created belonging in their own chosen families, families from the heart/familias de corazón. Julio Salgado is a Latinx artist who creates art to illustrate his life and the lives of other undocumented queers. If you'd like to learn more about his story, you can watch this 4.46 minute video, [How Julio Salgado Utilizes Art to](#)

Express Life As a Queer, Undocumented Man [Streaming Video].

By coming out as queer and undocumented, these immigrant youth are fighting for **social justice** for themselves and their families. By expanding what it means to be family, more of us can belong. Belonging is social justice.

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Figure 7.29. “[Photo of UndocuQueers marching in DC](#)” by [Tim Evanson](#) is licensed under [CC BY-SA 2.0](#).

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7.6 Chapter Summary

Kimberly Puttman

Now, as you think about family, how have your ideas changed? In this chapter, we have seen that the government defines who gets to be a family. These laws, policies, and practices changed over time, both restricting who belongs in families, and expanding the definitions. We examined the inequalities families experience due to **racism**, citizenship, **ethnicity**, and **sexual orientation**.

We’ve learned from classical and contemporary sociologists, creating intersectional models that help us understand how **privilege** and **power** from multiple social locations impact the family experience. Finally, we’ve learned from brave **undocumented queer** people coming out of the closet and out of the shadows so that all families can belong. Belonging is **social justice**.

ESSENTIAL IDEAS

Learning Objective 1: How can we consider belonging a social problem?

Although we often think that creating families and experiencing belonging is a personal choice, in reality, laws, policies, and practices impact who gets recognized as a family. For example, multigenerational families are rarely recognized with the same rights as nuclear families. These structural differences result from differences in values related to family. Because of this, some families experience privilege, and others experience oppression. Mixed-

status families and queer families have less power than other families. However, queer dreamers are taking action to create the social justice of belonging for their families.

Learning Objective 2: How do changing definitions of ethnicity and citizenship impact who belongs, historically and currently?

Ethnicity is a **social location** where a group of people share a cultural background, such as language, location, and **religion**. Sometimes, an ethnic group experiences violence or **prejudice** related to their belonging. In addition, our definition of ethnicity is socially constructed. For example, we use Hispanic, Latino/a, and Latinx to describe a particular ethnic group. The amount of power an ethnic group has may change over time. In addition, people of different races and ethnicities may be granted citizenship or not. To be a citizen is powerful because you can participate in our political process and enjoy the benefits of government programs. However, obtaining citizenship can be challenging in the past due to the historical **institution** of slavery and in the present due to the immigrant industrial complex.

Learning Objective 3: What does it mean to be queer, particularly queer in the context of family?

Queer is a term that has been used to harm people who are **LGBTQIA+**. However, the word is being reclaimed by people who are deliberately challenging norms of **gender identity** and sexuality. Although queer families are generally as healthy and stable as straight families, and they are at least as likely to parent well, many families experience **heteropatriarchy**. This **structural inequality** limits resources and choices for their families, including unequal resolutions in child custody disputes and lack of access to adoption.

Learning Objective 4: How do sociologists explain the social problem of belonging?

Functionalist sociologists explore what roles people in the family take so the family can function in a healthy way. Although the **gender** divisions this approach was founded on are no longer valid, La Familia functions as a support system for immigrant families. *Conflict theorists* examine money, power, and inequality. They see that families can create **wealth** for the upper **class** and exploit the labor of documented and undocumented migrants. *Symbolic Interactionists* examine how families create themselves. In queer families, roles are negotiated because traditional gender norms don't apply. *Queer theorists* remind us that families come in all shapes and sizes and that some of us have chosen families and families of **origin**. *Feminist theorists* apply the ideas of **bodily autonomy** to understand who has the power of **consent** and choice in their lives. *Critical race theorists* combine the ideas of bodily autonomy and gender identity to examine the intersection of race, class, and gender to understand belonging. They also argue that families of color bring **community cultural wealth** as a resource for their families to create belonging.

Learning Objective 5: What are the interdependent individual and collective actions taken by activists to increase the social justice of belonging?

Queer dreamers, the activists fighting for a path to citizenship for immigrant families, are using the strategies of coming out as queer and undocumented as sources of power and agency. They act within their own families, bravely being their authentic selves. And they act together, in **collective action**, to challenge the lack of humane immigration policies and practices in the United States. Their passion for social justice creates belonging.

Comprehension Check

KEY TERMS LIST

birthright citizenship: the concept that a child who is born in a country becomes a citizen, regardless of the citizenship of their parents

blended families: families consisting of two or more adult partners and their children together with children from previous relationships

bodily autonomy: the idea that a person has the power to decide what happens to their own body

chosen family: a deliberately chosen group of people that satisfies the typical role of family as a support system; these people may or may not be related to the person who chose them

collectivist: a society that focuses on meeting the needs and goals of all members of a group, rather than focusing on individual successes

community cultural wealth: the interdependent overlapping forms of knowledge, skills, abilities and networks possessed and utilized by Communities of Color to survive and resist racism and other forms of subordination

familism: a strong commitment to family life, that stresses the importance of the family group over the interest of an individual

family autonomy: the ability of a family to make their own decisions about their future or about the treatment of their members

family of origin: the family into which one is born

heteronormativity: the assumption that heterosexuality is the standard for defining normal sexual behavior and that male–female differences and gender roles are the natural and immutable essentials in normal human relations

heteropatriarchy: a system of oppression designed to reproduce and reinforce the dominance of heterosexual cisgender men and oppress women and LGBTQIIA+ people

homophobia: the irrational fear of or prejudice against individuals who are or are perceived to be gay, lesbian, bisexual, and other non-heterosexual people

immigration industrial complex: The immigration industrial complex is the confluence of public and private sector interests in the criminalization of undocumented migration, immigration law enforcement, and the promotion of “anti-illegal” rhetoric

individualistic: a society that emphasizes the needs and success of the individual over the needs of the whole community

marriage equality: The recognition of same-sex marriage as a human and civil right, as well as recognition by law and support of societal institutions

mixed-status family: a family whose members include people with different citizenship or immigration statuses

multigenerational family: a family with two or more adult generations and families that have grandchildren under age 25 and grandparents living together

nativism: an intense opposition to an internal minority that is seen as a threat to the nation on the ground of its foreignness

nuclear family: a family group that consists of two parents and their children living together in one household

origin: the geographical location where a person was born and grew up

queer: a person who does not conform to norms about sexuality and gender (particularly the ones that say that being straight is the human default and that gender and sexuality are hard-wired, binary, and fixed rather than socially constructed, infinite, and fluid)

undocumented: anyone residing in any given country without legal documentation; it includes people who entered the U.S. without inspection and proper permission from the government, and those who entered with a legal visa that is no longer valid

DISCUSS AND DO

1. **Family:** As you consider your family of origin and your current family, which sociological **theory** best explains the **social construction** of your family?
2. **Ethnicity:** How are race and ethnicity the same or different? How have we used law, policy, and practice to enforce ethnic identity?

3. **Immigration:** What issues around immigration are surfacing in your community? How might you use the concepts of this chapter to explain either side of the argument or create change?
4. **Belonging and Critical Race Theory:** Please read [Whose Culture Has Capital? A Critical Race Theory Discussion of Community Cultural Wealth \[Website\]](#). How does Community Cultural Wealth explain the power of belonging for oppressed families?
5. **Queer Families:** Complete the Gender Unicorn exercise. How do the expanding definitions of gender identity, sexual orientation, and family increase people's power with and power to? Is there a recent change in laws, policies and practices that empowers or oppresses queer families?

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Who Gets Environmental Justice? The Social Problem of Climate Change

8.1 Learning Objectives and Chapter Overview

Patricia Halleran; Kimberly Puttman; and Avery Temple

LEARNING OBJECTIVES

After reading this chapter, you will be able to:

1. Explain how **climate change** is a **social problem** as much as an environmental problem.
2. Discuss how **colonization** contributes to the environmental crisis.
3. Compare Indigenous and Western worldviews to explain the climate crisis and offer opportunities for innovative solutions.
4. Analyze intersections between **race, class, gender**, and other social locations to understand the causes and consequences of climate change.
5. Assess whether all human groups are equally responsible for causing the climate crisis.

6. Evaluate the effectiveness of changes in individual behavior or **collective action** that support environmental and **social justice**.

Chapter Overview

I am grateful to the land, to the forces of life that guide me to where I need to be, to my ancestors who have come before me. I know that nothing I do is done alone. I thank my **chosen family**, my grandmother,

and my more-than-human companions who are beside me on this journey. – Avery Temple

Thank you also to Patricia Halleran, PhD candidate, whose work on documenting the resistance to the Jordan Cove Energy Project formed the foundation of this chapter. May you be well. – Kim Puttman

This interactive content is not available in this version of the text. It can be accessed online here:

<https://www.youtube.com/watch?v=5ZHIQmtV-2k>

This interactive content is not available in this version of the text. It can be accessed online here:

<https://www.youtube.com/watch?v=eqPYvT-iM-U>

Figure 8.1 36 Inches: Understanding the Jordan Cove Energy Project [Streaming Video] (top) and **Rogue Climate, Klamath Co. landowners ‘excited’ as Jordan Cove project halts after years-long fight [Streaming Video]** (below). These two videos show the beginning and the end of the Jordan Cove Energy Project. Please watch all 9 minutes of these videos. As you watch, consider how this experience fits the basic definition of a social problem. Also, look for evidence that people responded in an interdependent way. **Transcript.**

Our exploration of social problems continues with an examination of the ways that members of a community can work together to solve **environmental justice** issues, as shown in the opening videos in figure 8.1 a and b. In 2005, Native American tribes and other community members throughout Oregon and northern California learned that a Canadian corporation was actively pursuing permits to construct the Jordan Cove Energy Project (JCEP). The JCEP included a large coastal terminal and refinery site and a 229-mile-long pipeline that would pass through tribal, forest, and agricultural lands. This project would cross 400 streams and rivers and six miles of wetlands. Over 600 private landowners would be threatened with eminent domain—the seizing of property normally reserved for projects thought to benefit the public, such as hospitals or roads.

The ancestral territories, cultural resources, and burial grounds of five Oregon and three northern California federally recognized tribes would also be threatened. Community members from diverse backgrounds came together. They forged a campaign to stop the project once they learned about the risks it presented to themselves, the environment, and the climate.

Opponents of the JCEP argued that the project would hardly benefit Oregonians economically, considering it would only produce around 250 permanent jobs. They would not benefit from the energy either since nearly all the gas would be shipped to international markets in Asia.

Many residents were concerned about environmental and **health** risks posed by the JCEP. The risks of placing a pipeline carrying an enormous amount of highly explosive fuel in an area already

inundated with catastrophic wildfires each year. They also worried about placing a refinery and export terminal in an earthquake and tsunami-prone area on the coast.

Environmental groups noted the inevitable impacts the JCEP would have on rivers and streams along with numerous plants and animal species, including already threatened and endangered species. If built, the JCEP would also become the state's largest greenhouse gas emitter--the equivalent of adding 7.9 million passenger cars to Oregon's roads annually (Oil Change International 2017) at a time when humans should be investing in sustainable and renewable energy sources.



Figure 8.2 This bright orange banner, woven through the trees in a forest, says "No pipeline, No LNG" (Liquid Natural Gas). Protesters used multiple tactics to engage support.

As you might imagine, very few residents supported the JCEP development. They resisted it by any means available to them every step of the way. Protesters filed lawsuits. They attended state hearings and government hearings. They demonstrated in front of the Oregon Capitol. They decorated trees with **protest** signs like the one in

figure 8.2. They organized numerous events to raise awareness, such as hiking along the proposed pipeline route to show the project's potential environmental impacts.

Tribal communities were at the forefront of the resistance movement. They considered the JCEP yet another method of colonization that disregarded their cultural and human rights. After 17 years of tireless resistance, this unified and large coalition won their fight. The JCEP was officially canceled in December 2021.

Wealthy multinational companies rarely withdraw from a project of this size. Often, they have invested millions of dollars and may stand to earn billions more. In this case, perhaps it became clear that they would lose in the long run. People would never give up the fight to stop them. This campaign was only one of far too many to name taking place across the U.S. and internationally to put an end to industries largely responsible for causing the climate crisis in hopes of creating a safer and more just future for all.

We share our planet with far more than just members of our species. Because a great deal of our daily life is centered around the world humanity has built, it's easy to forget that we are part of a greater whole--a whole in which we are but one of the billions of life forms that inhabit Earth, all equally dependent on a healthy and safe environment to live and to thrive. Human **society** and the natural environment are interconnected parts of this whole. However, the world we share with the larger circle of life is increasingly impacted by human activity. These impacts are so pervasive that scientists around the world name the current geological period of Earth's history the Anthropocene, or the age of humans.

FOCUSING QUESTIONS

The questions that guide our curiosity include:

1. Why is climate change a social problem as much as an environmental problem?
2. How does colonization contribute to the environmental crisis?
3. How do differences in Indigenous and Western worldviews contribute to the climate crisis and offer opportunities for innovative solutions?
4. How can an understanding of the intersections between race, class, gender, and other social locations help explain the causes and consequences of climate change?
5. Are all human groups equally responsible for causing the climate crisis?
6. Are changes in individual behavior or collective action more important in supporting environmental social justice?

In this chapter, we explore the causes and consequences of climate change. We find out why climate change is both an environmental issue and a social problem due to the inequitable **power** dynamics that place some communities at greater risk than others. We examine how individuals and communities are responding to climate change. We take action to adapt to the current effects of climate change and to prevent further social and ecological harm. We want to leave behind a cleaner and safer environment for future generations. All of us deserve clean air, clean water and a healthy earth. Environmental justice is social justice.

Let's learn more about this beautiful and troubled planet we call home!

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Figure 8.1a. “**36 Inches | Understanding the Jordan Cove Energy Project**” by [Synchronous Pictures](#) is licensed under the [Standard YouTube License](#).

Figure 8.1b. “**Rogue Climate, Klamath Co. landowners ‘excited’ as Jordan Cove project halts after years-long fight**” by [KOBI-TV NBC5](#) is licensed under the [Standard YouTube License](#).

8.2 Climate Change as a Social Problem

Patricia Halleran; Kimberly Puttman; and Avery Temple

Scientists believe global **climate change** is the greatest challenge humanity has ever faced. But what exactly is climate change? What causes climate change? Why is it a **social problem** and not just an environmental problem?

Climate change refers to the long-term shift in global and regional temperatures, humidity and rainfall patterns, and other atmospheric characteristics. Unlike changes in weather that occur on a local level that can be measured in hourly, daily, or weekly fluctuations, climate change refers to longer-term fluctuations (both regionally or globally) that take place over a time scale of seasons, years, or even decades.

In the past two centuries, an exponential increase in carbon dioxide and other greenhouse gases have been released into the earth's atmosphere, as the chart in figure 8.3 shows. Although there are some natural processes that affect the earth's climate, such as volcanic eruptions, the vast majority of scientists worldwide attribute the speed at which global warming has recently occurred to human activity, most notably the burning of fossil fuels. Scientists examine ocean sediments, ice cores, tree rings, and changes in glaciers to understand variations in Earth's climate over time.

PROXY (INDIRECT) MEASUREMENTS

Data source: Reconstruction from ice cores.

Credit: NOAA

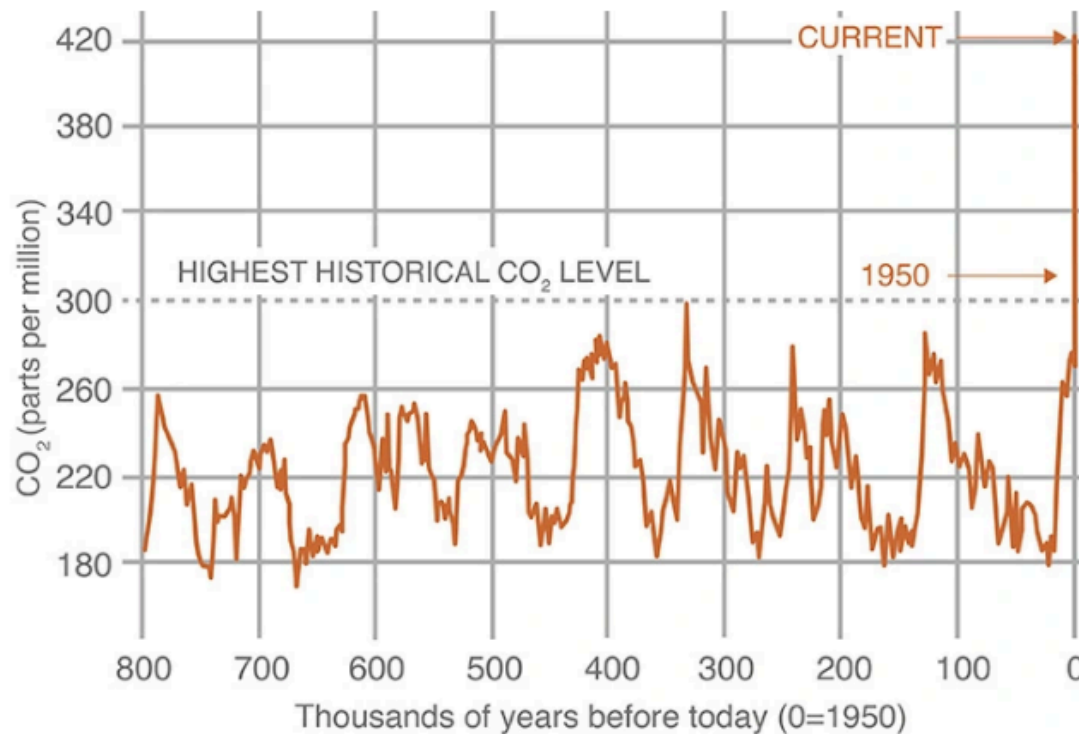


Figure 8.3 This graph shows the level of Carbon dioxide (CO₂) over time. Although some fluctuation is normal, CO₂ levels have never been as high as they are now. The change is predominantly caused by burning fossil fuels like coal, oil, and gas. [Image description.](#)

The Industrial Revolution is one reason for the increased carbon dioxide in the atmosphere. Since the Industrial Revolution, the concentration of greenhouse gasses is higher than at any other time in the past 800,000 years. This increase in greenhouse gasses is called the **greenhouse effect**--an imbalance between the energy entering and leaving the earth's atmosphere, resulting in a rise in global temperature. Because certain gasses absorb energy, such as carbon dioxide and methane, they trap heat and prevent it from being released into space, causing a rise in global temperature. The burning of fossil fuels is not the only human activity contributing to the greenhouse effect. Other activities such as deforestation, urbanization, and

unsustainable agricultural practices contribute to global climate change.

So, climate change is a social problem because humans are causing the problem and are differently impacted by the problem. If you remember the definition of a social problem from [Chapter 1](#), a **social problem** is a social condition or pattern of behavior that has negative consequences for individuals, our social world, or our physical world. Early sociological definitions of social problems rarely included the phrase "our physical world." Today, climate change itself drives the importance of adding this phrase.

Climate change is a critical issue, no matter how we approach it. Scientists are studying how to minimize its effects on people and the environ-

ment more broadly and, with any hope, successfully plan for the uncertain future. We must first examine the various ways climate change is already a threat to societies and communities worldwide.

Extreme Weather Events

As you watch the news, you may notice that **extreme weather events** occur regularly around the world. Many scientists argue that these events are caused or at least made worse by climate change. An **extreme weather event** is defined by the severity of its effects or any weather event uncommon for a particular location. Some examples of these types of severe and unusual events in the U.S. include Hurricane Katrina in 2005, which killed over 1800 people and caused \$125 billion in damage; Hurricane Sandy in 2012, the third-most destructive hurricane ever to hit the nation; and the 2020 and 2021 wildfires that engulfed the West Coast states due to severe and prolonged drought and heat waves.

One of the most serious concerns Indigenous communities and other residents had about the Jordan Cove Energy Project discussed at the beginning of this chapter was the risk of a highly explosive gas pipeline being placed in a region increasingly inundated by annual wildfires. One of the large fires that swept through southern Oregon in September 2020 was located just a few miles from the planned route of the proposed pipelines, proving that the communities' fears were valid.

And, as mentioned by communities of both Indigenous and non-**Indigenous peoples**, climate change and mismanagement of forests will continue to create ripe conditions for unprecedented wildfires. In [the Good Fire podcast \[Website\]](#), which you can listen to if you'd like, hosts Amy Cardinal Christianson and Matthew Kristoff,

along with guest Frank Lake, discuss the landscape surrounding fire management:

Wildfire management has long been the domain of colonial governments. Despite a rich history of living with, managing, and using fire as a tool since time immemorial, Indigenous people were not permitted to practice cultural fire and their knowledge was largely ignored. As a result, total fire suppression became the prominent policy. (Kristoff 2019)

The Indigenous knowledge that might have protected us against wildfires has been suppressed. It is another consequence of **colonialism**, the domination of a people or area by a foreign state or nation (Definition of Colonialism N.d.). The residential schools that we learned about in [Chapter 5](#) were a tool of social control used by colonists. It's important to remember that colonialism is not something that occurred in the past. It is a structure of inequality that reproduces itself, even today (Wolfe 2006).

Cultural Loss



Figure 8.4 Salmon returning to their spawning grounds near Port Hope, Ontario, Canada. In the chapter's next section, we will discuss what makes up a culture. How might access to salmon shape a culture? How might a lack of access to salmon impact that same culture?

Many cultures around the world are intimately connected to their environment. Certain foods, medicine, dance, and art are unique to places with particular animals, plants, or climates. With drastic temperature changes, extreme disasters, and biodiversity loss among plants and animals, peo-

ple cannot practice many customs. This contributes to significant cultural loss around the world.

For example, salmon are an important symbol and food source for the Indigenous people in the Pacific Northwest (figure 8.4). The imagery of salmon in Indigenous art demonstrates a deep connection to natural surroundings. However, one effect of climate change is the warming of bodies of water worldwide. Like many fish, salmon require a specific temperature to spawn. As water temperatures increase, salmon cannot spawn as effectively or at all. This severely impacts species who eat salmon as a staple in their diet and the Indigenous peoples who practice traditional methods of harvesting, crafting with, and cooking salmon.

Climate change can create cultural change or inhibit cultural expression.

**Climate Change and Poverty:
“Those who contribute the least
suffer the most”**

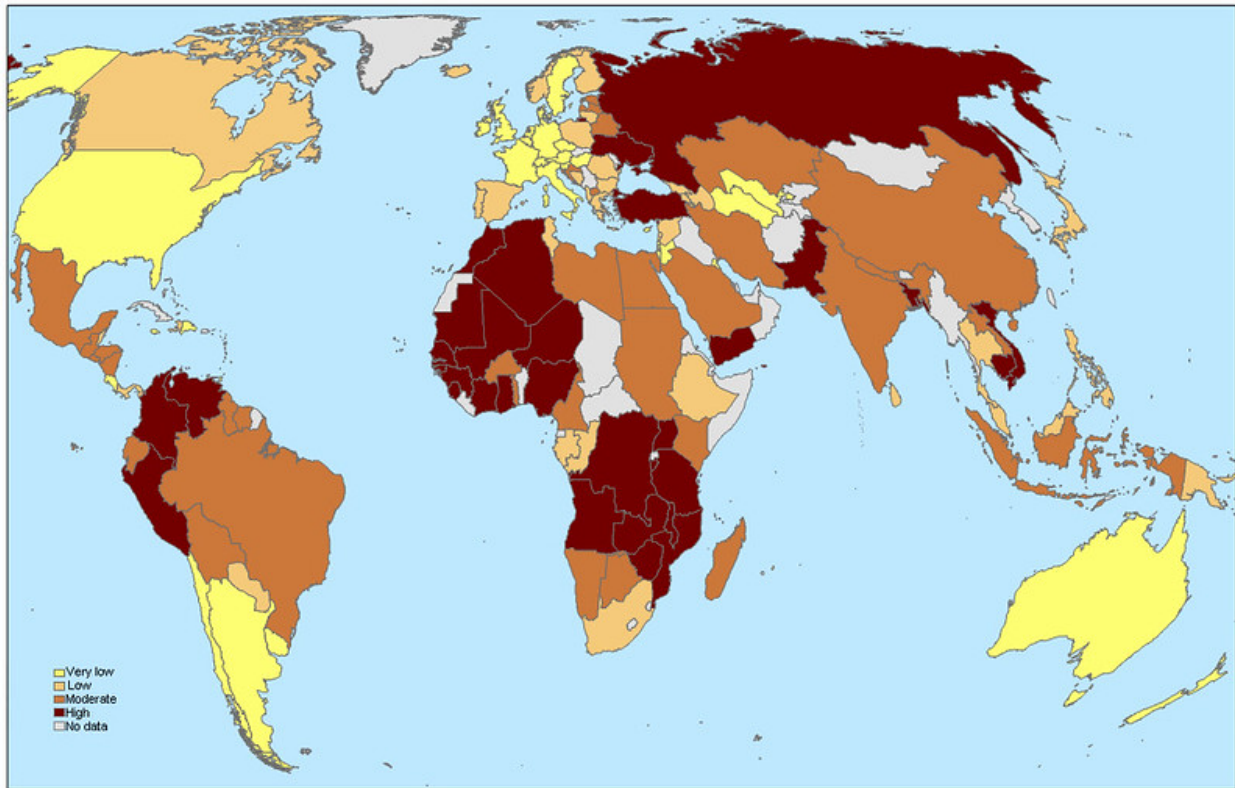


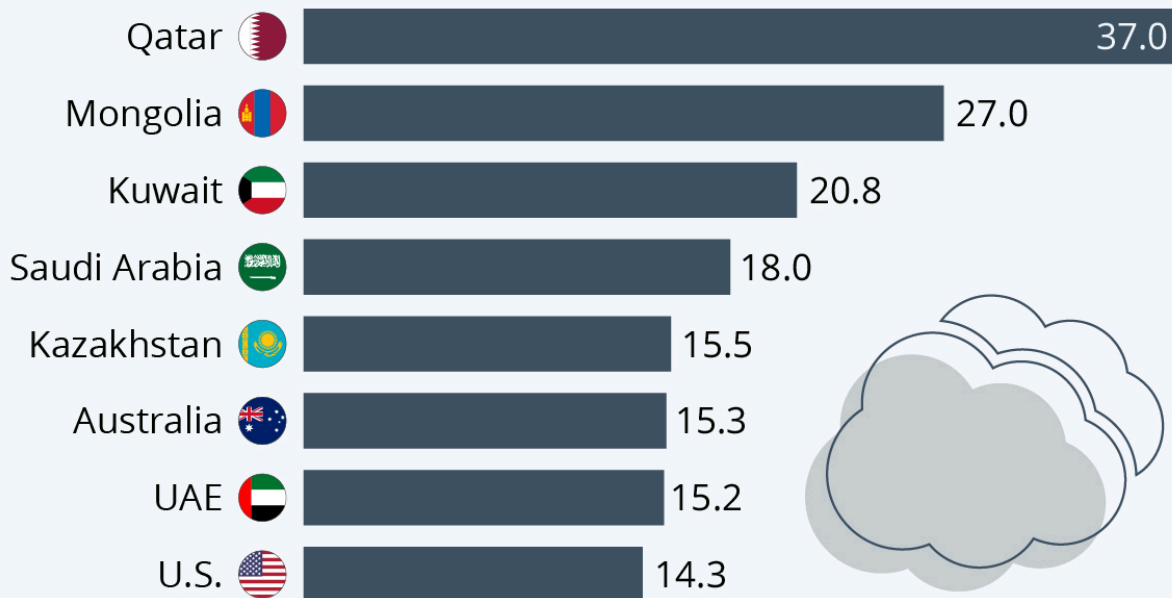
Figure 8.5 This map shows how vulnerable people in certain countries are to climate change. The United States, Australia, parts of Western Europe and the southern part of South America experience low vulnerability. Russia, most of Africa and Asia, and most of South America experience moderate or high vulnerability. How vulnerable to climate change is your community? [Image description.](#)

This index combines a country's vulnerability to climate change, and its readiness to improve resilience. Much of Africa is both vulnerable and not ready. Most of North America is less vulnera-

ble and more ready. However, looking at this data by country hides vulnerabilities that are unique to communities.

The Countries Emitting the Most CO₂ per Capita

Countries with the highest annual per-capita CO₂ emissions (in tons)*



* only includes countries with two million inhabitants or more
2020 figures, latest available

Sources: UNFCCC/CDIAC/BP via Global Carbon Project, World Bank



statista

Figure 8.6 This graph shows countries with the highest annual per-capita CO₂ emissions (in tons). How does it compare to the vulnerability to climate change in figure 8.5? [Image description.](#)

This image shows emissions of carbon dioxide, an emission that contributes to global warming. A common saying in the environmental movement is, “Those who contribute the least suffer the most.” This means that the poorest people use the least planetary resources, so they contribute to climate change the least. However, they suffer the most from climate change. We can see this as we compare the maps in figures 8.5 and 8.6. We see,

for example, that Africa contributes the least greenhouse gasses, but they are the most vulnerable to climate change. The United States is a high contributor of emissions but the least vulnerable to climate change. While this model doesn’t hold true for every country, the saying encapsulates a key issue with climate change.

We are experiencing more extreme weather events related to climate change. With Hurricane

Katrina in New Orleans, those who contributed the least suffered the most. People with cars could evacuate. People without cars often couldn't. People without cars contributed the least to CO₂ emissions but experienced the most loss related to the extreme weather event (Bullard 2008).

You may have cheered with us as you learned that the Jordon Cove Energy Project pipeline project was shut down. However, the question

remains: How else do we generate and transport our energy resources? Part of the answer is that the projects go where the resources exist, and the people are even more powerless to resist. Our unequal social locations contribute to inequality. To explore this further, we will look at the experience of people in Nigeria and oil production. We will build on the concept of socioeconomic class (SES) that we began in [Chapter 6](#).



Figure 8.7 This map shows Nigeria, a country on the west coast of Africa. Nearly everyone there lives on less than \$30 a day. Many people live on much less. How much do you think this country contributes to CO₂ emissions? [Image description](#).

Nigeria is a country on the west coast of Africa, as shown in figure 8.7. More than 40 percent of the people in Nigeria live in extreme **poverty**, defined as living on less than \$1.40 per day (Cuaresma 2018). Less than 15 percent of the people have access to clean fuel for cooking (Ritchie 2021), and less than 60 percent of the people have access to sufficient electricity (Ritchie and Rosado 2021). At the same time, Nigeria is one of the world's top oil exporters. Oil companies use a practice called gas flaring, burning the waste gas

from oil exploration rather than disposing of it in other ways.



Figure 8.8 This image shows a flame of gas burning in the background, and low quality houses and the people who live in them. Gas flaring causes poor health in Nigeria.

Poor Nigerians experience rashes and sores because of the toxic fumes. In a recent study, children exposed to flaring experience coughs, respiratory issues, fevers, and other poor **health** symptoms. The rate of child deaths in children under five also slightly increases (Alimi and Gibson 2022) The pollution contaminates the land, so women can't grow enough food. Pollution also contaminates the water, leaving less for drinking and crop irrigation. One article notes that the women in the Niger Delta are poor because the environmental toxins are poisoning their plants. Women plant cassava to make their flour. However, the cassava roots are dying, and the women can't replace them (Lawal 2021).

Many people are migrating to bigger cities, but it doesn't solve the local pollution and emissions problem. The article, "[**In Nigeria, Gas Giants Get Rich as Women Sink Into Poverty**](#)" [Website] documents the story with more details, including pictures of the impacts of the gas flares, if you would like to learn more. We also notice that those who use the least resources are impacted the most. In this case, the environmental impact occurs on a different continent than most of the people using the oil. If you'd like to look more deeply into this problem, watch [**Who Is Responsible For Climate**](#)

[**Change? – Who Needs To Fix It? \[Streaming Video\]**](#).

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Figure 8.6. "[**The Countries Emitting the Most CO₂ Per Capita**](#)" by Katharina Buchholz, Statista is licensed under [**CC BY-ND 2.0**](#).

Figure 8.7. "[**West Africa map**](#)" by [**PirateShip6**](#) is licensed under [**CC BY-SA 4.0**](#).

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Figure 8.8. "[**The impact of gas flaring on child health in Nigeria**](#)" by Ed Kashi, World Bank is included under fair use.

8.3 Environmental Inequality and Culture

Kimberly Puttman and Avery Temple

The environmental crisis is a **social problem** because people contribute to the problem and experience it differently based on their **race, class, gender**, and ability among other social locations. A portion of this inequality is historically rooted in the destruction of **culture** caused by **colonialism**. To understand this, we must define both culture and colonialism.

In every interaction, we all adhere to various rules, expectations, and standards that are created and maintained in our specific culture. In [Chapter 1](#), we learned that these social norms have meanings and expectations. When we do not meet those expectations, we may receive some form of disapproval. For example, someone trying to connect with you may ask: “What do you think of the weather we’re having?” A common response in Oregon might be, “I’m so tired of the rain.” If you ignored the question, you would be violating a **norm**. Alternatively, if you responded with your detailed analysis of **climate change**, you would also violate the norm of a “greeting.” These norms and the norm violations are concrete examples of culture.

Culture is the shared beliefs, values, and practices that are transmitted within a social group. Culture includes:

- shared values,
- beliefs that strengthen the values,
- norms, and rules that maintain the values,
- language so that the values can be taught,
- symbols that form the language people must learn,
- arts and artifacts,
- people’s collective identities and memories.

We examine social situations to discover the expectations for norms and behaviors. People who interact within a shared culture create and enforce these expectations. Sociologists examine these circumstances and search for patterns.

Enculturation and Cultural Universals

Anthropologist Edward Tyler (1871) was one of the earliest social scientists to define culture, stating that it was “that complex whole which includes knowledge, belief, art, morals, law, custom, and any other capabilities and habits” that people learn from other members of their group. In other words, culture is taught and learned. Anthropologists call the process of learning culture **enculturation**.

A Western example of enculturation is the belief that we must work to earn the right to live. Children are taught from a young age that we must work jobs until we are old to afford our basic necessities, such as food, shelter, water, and belonging within our communities. This is steadily reinforced throughout adolescence and into adulthood through toys, media, job fairs, career days, and paychecks.

All cultures have to solve similar problems: how to find enough to eat, how to raise children, how to care for the sick, and how to memorialize those who have died. Although cultures vary, they also share common elements. **Cultural universals** are patterns or traits that are globally common to all societies (Murdock 1949).

One example of a cultural universal is the family unit. Every human **society** recognizes a family structure that regulates sexual reproduction and

the care of children. Even so, how that family unit is defined and how it functions vary. You might remember family difference in **individualist** and **collectivist** cultures from [Chapter 7](#). Other cultural universals include customs like funeral rites, weddings, and celebrations of births. Each culture has them, but they may look quite different.

The Culture Wheel

As a sociologist exploring a social problem, you might look at how the cultures of the participants reflect different values, norms, languages, or laws in order to better understand the conflict. To remind ourselves of what these cultural differences can be, we have the culture wheel to help (figure 8.9).



Figure 8.9 The culture wheel visually represents a specific culture's beliefs, actions, and backgrounds. The culture wheel helps us to understand what is common and different in many cultures. When you consider your own cultural background, how is it the same or different from the dominant culture? [Image description](#).

How might you use this culture wheel to explain your own culture to someone else? You might find this difficult, because cultures can vary so widely. As we look at conflict related to the environment,

we find that it is hard to resolve partly because of deep conflict between culture and the related world views.

According to Allan Johnson, a sociologist you met in **Chapter 2**, a **worldview** is:

The collection of interconnected beliefs, values, attitudes, images, stories, and memories out of which a sense of reality is constructed and maintained in a social system and in the minds of individuals who participate in it. (Johnson 2014:180)

Like culture, a worldview helps a person make sense of their world. A worldview is a perception of reality reinforced by people in a society. When worldviews conflict, they are hard to change. But before we can examine the conflict between Indigenous and colonialist world views, we need to learn more about colonialism.

Unpacking Oppression, Living Justice: Colonialism

Many schoolchildren in the United States can tell us that our country began as 13 colonies. However, this basic understanding is a bit flawed.

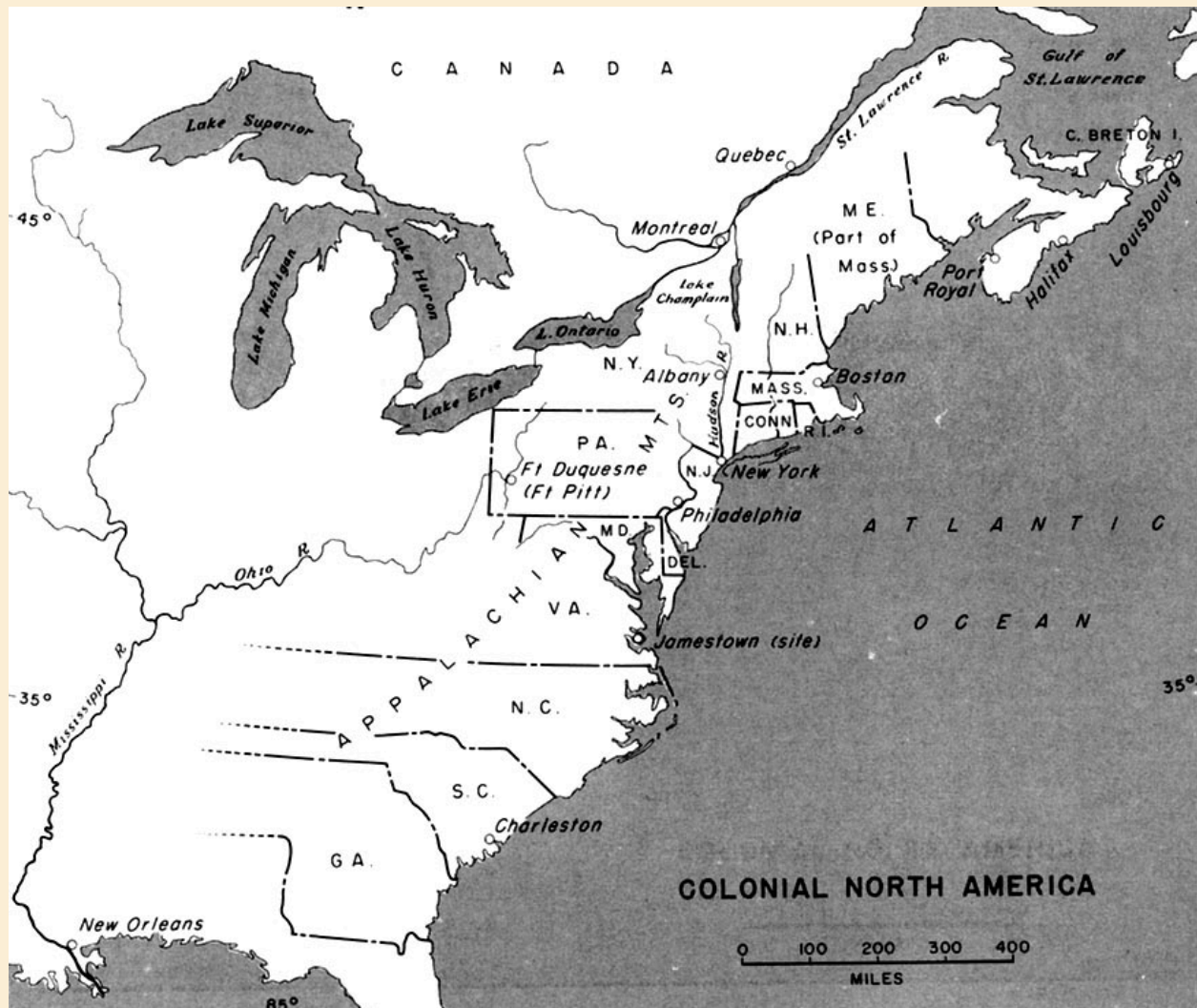


Figure 8.10 Colonial North America (1689-1783). It shows Georgia, South Carolina, North Carolina, Virginia, Maryland, Delaware, Pennsylvania, New Jersey, New York, Connecticut, Rhode Island, Massachusetts, New Hampshire and Maine (which was part of Massachusetts). Are you surprised to see Nova Scotia, Quebec, Prince Edward Island and Newfoundland?

Immediately before the American Revolution, Great Britain actually had 17 colonies. Thirteen of these colonies had a revolution. They became the new country, the United States of America. The other colonies, Newfoundland, Nova Scotia, Quebec and Prince Edward Island, remained colonies of Great Britain. These original colonies became part of the Confederation of Canada in 1867. Canada became fully independent of Great Britain in 1982.

The school child version of the 13 colonies also simplifies a much more complicated reality. The more nuanced version of this history includes violence and **genocide** under the practice of colonialism.

When we say that Great Britain colonized North America, we mean that Great Britain made the laws, provided the leaders, bought animal furs, wood, and minerals, and imposed taxes. The colonizers who lived here were citizens of Great Britain, but had no rights to vote. Indigenous people and enslaved people had even fewer rights.

This interactive content is not available in this version of the text. It can be accessed online here: <https://www.youtube.com/watch?v=-6Wu0Q7x5D0&t=1037s>

Figure 8.11 Please watch minutes 16-18:09 of [The History of the World: Every Year \[Streaming Video\]](#). This time spans from 1550 to 1970. In this period, we see political colonialism increase and decrease. Note: the video itself takes the perspective of colonizers. For example, Australia shows as empty for most of the video, but we know that the Indigenous Aboriginal people live there for at least 50,000 years. [Video description.](#)

It can be challenging to imagine the sheer scope of colonial domination. Please watch the video in figure 8.11, particularly minutes 16 – 18:09. In this video, we see that Spain, Portugal, France, England, China, and Russia were major colonizing powers. Starting about video minute 16, in the 1550s, we can see the expansion of Spain and Portugal into Central and South America. By video minute 16:30, or the 1620s, France, England, and the Netherlands established colonies in North America. By about video minute 17:17, about the year 1800, we see Great Britain establishing colonies in Australia and Canada. Much of Africa was “owned” by Spain, Portugal, and Great Britain. It was only after World War II and the rise of nationalism in the 1950s and 1960s that the **power** of colonialism waned. The map at video minute 18:09 shows mostly independent states worldwide.

However, very few countries are colonies now. Why is colonialism still relevant? Learning about colonialism is necessary because we still feel the effects of this historical legacy. European world powers established global slavery in this time period. Colonizers killed the people who already lived on the land through disease, war, and resettlement. As we discussed in [Chapter 5](#), colonizers used **education** as a way of destroying family and community. Colonial practices fuel climate change. Part of the reason for that begins with differences in worldview.

It's your turn to unpack colonialism and live justice:

Compare the [The History of the World Every Year \[Streaming Video\]](#) and the [Native Lands Digital Map \[Website\]](#). The Native Lands Digital Map is a Canadian project which maps where Indigenous people live today and in the past.

Consider these questions:

- Who is creating the map? (You might want to look at the About section on the Native Lands page.)
- What is included and excluded?
- What worldview does each map support?

- How might this impact climate change?

Worldview Conflict – Indigenous and Western Perspectives

Although **Indigenous peoples** worldwide are significantly different from one another, Indigenous people, social scientists, and activists agree that there is a common Indigenous worldview. From **Chapter 1**, we remember that the **social construction** of language is important. What do we mean when we say Indigenous? The United Nations describes **Indigenous peoples** in this way:

Indigenous peoples have in common a historical continuity with a given region prior to **colonization** and a strong link to their lands. They maintain, at least in part, distinct social, economic, and political systems. They have distinct languages, cultures, beliefs, and knowledge systems. They are determined to maintain and develop their identity and distinct institutions, and they form a non-dominant sector of society. (United Nations N.d.)

The United Nations doesn't define who is Indigenous on purpose because Indigenous people have the right to identify themselves for themselves.

We've summarized some core differences between Indigenous and Western worldviews in the table in figure 8.12. Each worldview defines relationships to **wealth** and to land, among other components. In the Indigenous view, land is sacred. Generation after generation, people care for the land and are nourished in return. Wealth is shared. In the Western worldview, land is owned or controlled. The purpose of living is to accumulate individual wealth. This belief supports the economic practices of **capitalism**. And, as a reminder, it is important to understand that not all Indigenous people have an Indigenous worldview. Not all Western people have a Western worldview.

Indigenous Worldview	Western Worldview
Collectiveness	Individualism
Shared wealth	Accumulate wealth
Natural world more important	People's laws are more important
Land is sacred. We belong to the land,	Land is a resource, is dangerous, and must be controlled.
Silence is valued.	Silence needs to be filled.
Generosity	Scarcity
Binaries do not exist.	Binaries are crucial.

Figure 8.12 Differences between the Indigenous Worldview and the Western Worldview. Even creating a chart that divides things into two categories is an example of the Western Worldview.

We also see a difference in worldview when we examine how we understand what people need to thrive and grow. You may have seen the triangle

on the left of figure 8.13 at some point in your education. In figure 8.13, the triangle (left) shows Maslow's hierarchy of needs.

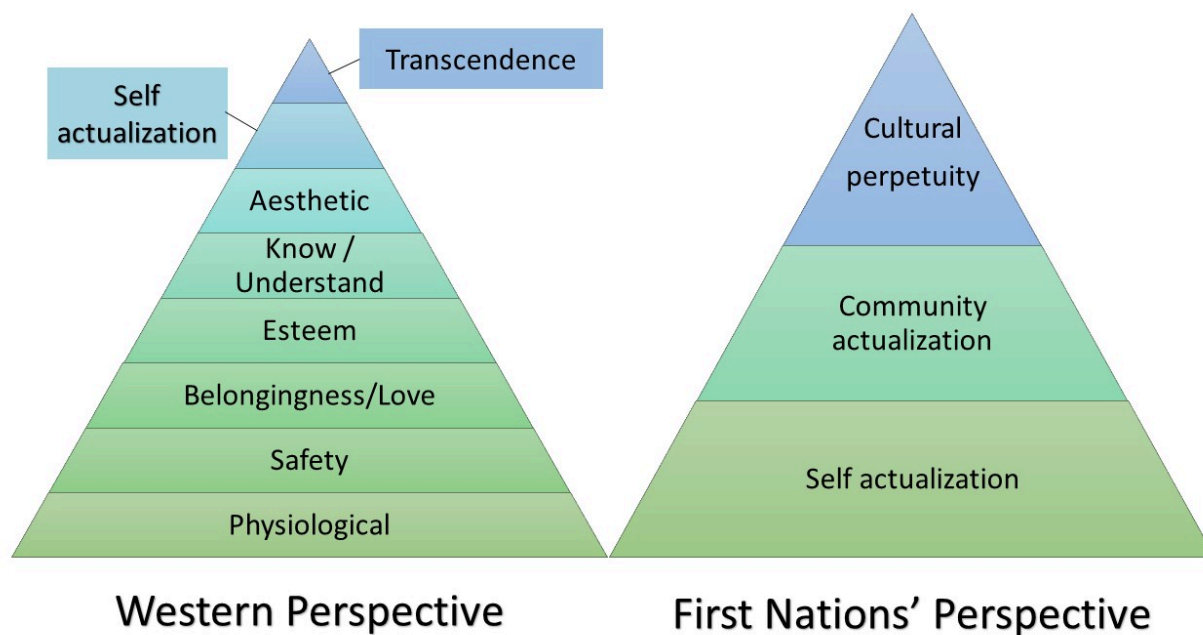


Figure 8.13 Comparison between Maslow's Hierarchy, labeled as Western Perspective, and First Nations Perspective. [Image description.](#)

In 1938, American psychologist Abraham Maslow spent time with the people of the Blackfoot Nation in Canada prior to releasing his Hierarchy of Needs **theory** (figure 8.13). Historians think he based the tipi-like structure on ideas from the Blackfoot Nation in North America, but westernized it to focus on the individual rather than the community (Bray 2019).

Maslow focuses on the needs of the individual, starting with the basic physical needs like food, water and shelter, moving to needs related to relationships and belonging, and then on to the highest level needs of becoming your best self.

In comparison, the ideas of the Blackfoot nation emphasize community. The well-being of the individual, the family, and the community are based on connectedness. Self actualization is actually the first layer not close to the last. Community actualization reflects our connection to family, friends, community and the world. We thrive when we contribute to and receive from our community. In addition, this model focuses on time.

The top of the tipi is cultural perpetuity. It symbolizes a community's culture lasting forever.

To learn more about Indigenous worldview from an Indigenous person please read this story, [“What I Learned from Coyote” \[Website\]](#), and this explanation of worldview, [“As I had shared with Coyote” \[Website\]](#) if you like. In them, Jennifer Anaquod, Indigenous educator, researcher, and member of the Muscowpetung Saulteaux First Nation in Saskatchewan, describes her worldview through story. Describing the world through story is part of Indigenous culture.

As powerful as cultures and worldviews are, they need action in the world to become real. One **institution** that encapsulates our values is the economy. Let's look next at how colonialism and capitalism work together to exacerbate the social problem of climate change.

Colonialism, Capitalism, and Climate Change

An example that illustrates the differences between the dominant Western perspective today versus the Indigenous or First Nations perspective is the economic system of capitalism. **Capitalism** is an economic system based on private ownership and the production of profit. This economic system requires endless consumption and use of resources, which is not sustainable on a finite planet.

When the goal is profit, people must buy more and more things. Creating more and more things uses even more planetary resources. This drive for profit shapes our values and our behaviors. For example, capitalism often requires **conspicuous consumption**, the purchase of expensive luxury goods or services to display one's wealth and status. It is not enough to have a small house with running water, heat, and electricity.

Instead, capitalism requires that people always want more: a mansion, two cars, a swimming pool, and a fancy vacation. We can see conspicuous consumption at work when we examine what people eat around the world. If you want to learn more, [**The Great Global Food Gap \[Website\]**](#) shows images of what families across the globe buy for food. (Please note: as of 2023, a British pound (£) is worth slightly less than a United States dollar (\$)). How much must you spend on food to meet your basic needs? How does that amount change when considering a diet that will make you happy?



Figure 8.14 Carvers Owen James, Herb Sheakley, and tribal member George Dalton, Jr. hoist the Kaagwaantaan house post. They use Traditional Ecological Knowledge to craft art and homes. How does this knowledge reflect a unique worldview?

Unlike capitalism, Indigenous economic systems do not rely on exponential growth and consumption. Many journals from early colonists describe the Americas as places with lush and ample resources. Indigenous peoples had consistently managed and stewarded the land using techniques perfected throughout generations. This knowledge today is called **Traditional Ecological Knowledge**, or TEK (NPS 2023a). More specifically, TEK is the on-going accumulation of knowledge, practice and belief about relationships between living beings in a specific ecosystem that is acquired by Indigenous people over hundreds or thousands of years through direct contact with the environment, handed down through generations, and used for life-sustaining ways. To learn more about TEK, read [**Native Knowledge: What**](#)

Ecologists Are Learning from Indigenous People [Website].

In addition to the decimation of Indigenous populations and the land that they lived on, colonization supported a worldview that contributed to ecological devastation today. In this view, land should be owned and subjugated, rather than tended and cared for. In the words of authors Laura Dominguez and Colin Luoma (who write using UK English):

The widespread plunder of natural resources was a hallmark of colonisation. Nature was something that was to be commodified in order to enrich the colonial power. In turn, indigenous territories were treated as business enterprises, with seemingly unlimited resources to exploit. Undoubtedly, this had dire environmental consequences.... The ideology that emerged was that nature was something that should be first exploited, then preserved, but all without the input, involvement, or participation of indigenous populations. (Dominguez and Luoma 2020)

Further, colonization supports a worldview that leads its participants to **value** individual well-being above all else. This leads to a lack of action and concern regarding the well being of our neighbors, plants, and animals who surround us.

An example from Latin America shows the link between colonization, capitalism, and climate change. Uruguayan journalist and poet Eduardo Galeano wrote *Open Veins of Latin America: Five Centuries of the Pillage of a Continent* in 1971. In it, he argued that capitalism based on colonization created **poverty** in Latin America. He writes:

Latin America is the region of open veins. Everything from the discovery until our times, has always been transmuted into European – or later – United States – capital, and as such has accumulated on distant centers of power. Everything: the soil, its fruits and its mineral-rich depths, the people and their capacity to work and to consume, natural resources and human resources. (Galeano 1971:2)

He also wrote a poem “Las Nadies/The Nobodies,” which describes the impact of colonial capitalism on the people who live in the colonized countries. In it, the people are nobodies. He wrote, “We don’t have culture, but folklore,” among other losses. The people who contribute the least suffer the most cultural and economic loss. If you’d like to listen to this poem, watch [**Los Nadies/The Nobodies Poem \[Streaming Video\]**](#).

The legacy of colonialism and capitalism on climate change continues in Latin America today. The world markets for beef, soybeans, palm oil, wood products, sugar, and coffee support continued deforestation (Union of Concerned Scientists 2016). Deforestation itself is a cause of climate change.

Environmental inequality arises from cultural differences in worldviews, and the economic systems that derive from these worldviews. This conflict provides the context for making sense of the climate crisis today.

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8.4 Making Sense of the Climate Crisis

Patricia Halleran; Kimberly Puttman; and Avery Temple

Activists and scientists use a variety of perspectives to understand **climate change** and climate activism. This section will look at **environmental justice**, environmental **race theory**, **ecofeminism**, youth climate change activism, and **critical environmental justice** theories and actions.

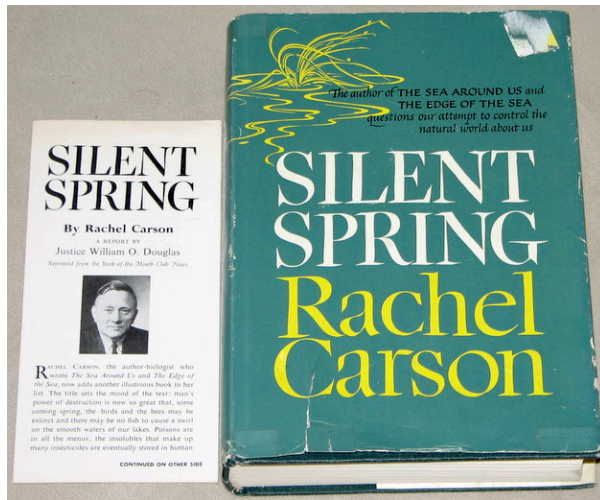


Figure 8.15 Silent Spring Book Cover. Environmentalist Rachel Carson wrote the book *Silent Spring*. Published in 1962, it described how the pesticide DDT was killing birds. As a result, DDT was banned, and eagles, brown pelican, and osprey populations have rebounded. However, bird populations are generally still in decline, representing one component in biodiversity loss (Guynup 2022).

In addition to warming temperatures and loss of wildlife, we can look at climate change through the lens of the social problems process that we described in **Chapter 1**. As we examine how the environmental movement began in the United States, we begin with environmentalist and author Rachel Carson. In her book *Silent Spring* (1962), she described how toxic pesticides were killing populations of robins and causing deeper environmental damage, as seen in figure 8.15. This is her **claim**, as *Step 1* in the social problems process.

By raising these issues with books, articles, and debates, activists used the media in various ways to engage people. Public awareness steadily grew concerning the connection between human activity, ecological degradation, and the dramatic loss of biodiversity. This awareness is covered in *Step 2: Media Coverage* and *Step 3: Public Reaction* in Best's model. Some activists formed the environmental movement to encourage political institutions to address the environmental damage that had already occurred and prevent further harm.

As a result of an increase in public awareness and an admirable concerted effort by the environmental movement, many governments banned or

restricted the use of DDT and similar pesticides. The changes in policies show *Step 4: Policymaking* in the model. The changes in laws, regulations, and policies have saved many threatened species. They have also held polluting industries accountable for the damage that they caused. The implementation of government laws and policies is incorporated in *Step 5: Social Problems Work*, and *Step 6: Policy Outcomes*. Although the work of environmental change is ongoing, we find concrete examples of Best's model at work in **society**.

What is Environmental Racism, Environmental Justice, and Critical Environmental Justice?

Environmental racism is any environmental policy or practice which disadvantages people or communities based on race. Reverend Dr. Benjamin Chavis created this term in 1982 to describe the experience of Black people in Warren County, North Carolina. Black residents protested the siting of a toxic landfill in a predominantly Black community (Bullard 2000). To be more specific, Chavis (1994) defined **environmental racism** as:

[R]acial **discrimination** in environmental policymaking and enforcement of regulations and laws, the deliberate targeting of communities of color for toxic waste facilities, the official sanctioning of the presence of life-threatening poisons and pollutants for communities of color, and the history of excluding People of Color from leadership of the environmental movement. (Chavis 1994)

Robert D. Bullard expands on Chavis's work.



Figure 8.16 Environmental sociologist Robert D. Bullard is often described as the “Father of Environmental Justice.” What makes his work so powerful?

Environmental sociologist Robert D. Bullard is often described as the “Father of Environmental Justice.” His book *Dumping on Dixie: Race, Class, and Environmental Quality* (1990) was the first book describing environmental racism. Bullard discussed a landmark study he conducted in 1979 concerning the locations of all the municipal solid-waste sites in Houston, Texas, related to a lawsuit. The lawsuit *Bean v. Southwestern Waste Management* was in response to the siting of a landfill in a suburban middle-class neighborhood in which Bullard described as “an unlikely location for a garbage dump—except that over 82 percent of its residents were African American” (Bullard 1990:xiv).

Results from Bullard’s research inspired him to investigate four other Black communities in the South to see if there was indeed a **correlation** between race and increased exposure to toxic facilities. His research findings revealed that “the siting of local waste facilities was not random” (Bullard 1990:xiv) but were in fact clear examples of institutional racism—laws and policies that have intentionally and systematically marginalized Black communities for generations.

Bullard’s groundbreaking research provided convincing evidence of environmental discrimination. At the center of this legacy of discrimination, he argued, was structural and individual

racism, which led to the “impoverishment of Black communities . . . [making] it easier for Black residential areas to become the dumping grounds for all types of **health**-threatening toxins and industrial pollution” (Bullard 1990:7). Bullard’s work illustrated how and why past injustices continue to affect and harm historically oppressed communities today.

Environmental racism also includes the colonialist land theft from Indigenous people. Indigenous scholar Roxanne Dunbar-Ortiz argued in *An Indigenous Peoples’ History of the United States*, that “everything in U.S. history is about the land,” at least in terms of increasing European and Euro-American **wealth** and **power** (Dunbar-Ortiz 2014).



Figure 8.17 David Pellow is a sociologist and activist who researches environmental justice.

Researcher and activist David Pellow, who wrote the 2017 book *What is Critical Environmental Justice?*, agrees. He argues that environmental injustice was a major component of the European **colonization** agenda. From the theft of nearly all Indigenous historical lands; the extermination of entire cultural groups and millions of Indigenous peoples; the control, commodification, and over-exploitation of natural resources, and the enslavement of millions of Indigenous and African peoples to “work the land,” environmental racism has been a problem in the U.S. from the start. Environmental injustice can be traced much further back in U.S. history to the exploitation and extermination of millions of Indigenous peoples and the violent seizure of their ancestral lands as a result of European and Euro-American colonization and warfare (Jarratt-Snyder and Nielson 2020). If you would like to learn more about David Pellow’s work, watch his 6.42 minute video, [**Polluting the Voiceless \[Streaming Video\]**](#).

The scientists, scholars, and members of the public who document the **social problem** of environmental racism and injustice have prompted the call for environmental justice. This call is both a social movement and an academic theory. **Environmental justice** (EJ) is an intersectional social movement pioneered by African Americans, Indigenous peoples, Latinx, lower-**income**, and other historically oppressed people fighting against environmental discrimination within their communities and across the world.

Environmental justice is also an academic theory explaining the causes and consequences of environmental inequality and supporting action. As a social movement, EJ is rooted in the struggles of the Civil Rights Movement and its fight to end racial **segregation** and **structural inequality** in the 1950s and 1960s. It operates “under the assumption that all Americans have a basic right to live, work, play, go to school, and worship in a clean and healthy environment” (Bullard 2000).

The EJ movement began to receive widespread public attention in the early 1980s after a series of grassroots actions took place against the polluting practices of toxic industries. Federal and state governments failed to regulate these industries in historically marginalized communities, which also experience discrimination in access to **education**, housing, health, and other institutions, social problems that we discuss throughout this book. With a deep awareness of institutional racism and the socioeconomic inequalities in the U.S. and elsewhere, early EJ activists recognized that all forms of injustice were interconnected.

Therefore, the struggle for a healthy environment must also include access to quality schools and education, adequate and safe housing, green spaces, fresh food, clean water, and sustainable employment opportunities (Checker 2007). What makes this movement unique and strong is the **intersectionality** of the injustices it seeks to address and the diverse communities it brings together to address various types of social inequities (Schlosberg 2007).

Many EJ activists and scholars also recognize how social inequalities of all kinds are deeply embedded within the structure of the government. Therefore, they find it hard to rely on government oversight to protect their communities because often, the government and the legal system allow these injustices to occur in the first place (Estes 2019). Many communities who strive for environmental justice create local solutions themselves. They form alliances, conduct direct action campaigns, invest in mutual aid efforts, and practice direct democratic principles to achieve their goals (Pellow 2017). We’ll look at some examples in the section [**Environmental Justice is Social Justice**](#).

Finally, **Critical environmental justice** (CEJ) is often referred to as the “second generation” of environmental justice activism and scholarship. In part, CEJ considers how all forms of structural inequality put targeted communities at risk of environmental harm and how all forms of

inequality violate the human right to live in a healthy, safe, and thriving environment.

By drawing on numerous fields of inquiry – critical race studies, Black feminist studies, Indigenous studies, and more – CEJ strives to understand, document, and radically oppose intersectional forms of injustice that perpetuate oppression and exploitation on multiple levels (Pellow 2018).

For example, a community might move because chemicals were spilled in their neighborhood. Environmental justice scholars might focus on the experience of that one group of people. Critical environmental justice scholars would point out that even if the people are temporarily safe, they are likely to experience environmental injustice

again. The discrimination they face is structural and historical, not just located in their own neighborhood. In addition, critical environmental justice scholars look at the intersection of all social locations to better understand power and oppression in environmental degradation and healing.

In short, critical environmental justice takes a holistic approach to understanding, exposing, and ultimately resisting the practices and policies of governments and industries that prioritize profit over the lives of people, all other life forms, and even the future of our planet.

What is Ecofeminism?

This interactive content is not available in this version of the text. It can be accessed online here:

<https://www.youtube.com/watch?v=iPigdDzBDOE>

Figure 8.18 Gender inequality is showing up...in climate change [Streaming Video]. The first 12 minutes of this TED talk show Canadian researcher Amber Fletcher interviewing farm women to demonstrate how climate change impacts agriculture in Canada. How is this information new to you? [Transcript.](#)

Women and children are disproportionately impacted by climate change. The video in figure 8.18 explores this topic in more detail. In response to this and other gendered inequalities, women and nonbinary people are thinking, researching, and taking action. This strand of **feminist theory** and action is called ecofeminism. Ecofeminism connects the domination of women to the domination of the environment. If you would like to learn more, please read the article [Ecofeminism: Encouraging Interconnectedness with Our Environment in Modern Society \[Website\]](#). In it, researchers Mondal and Majumder (2019) write, “bringing together feminism and environmentalism, **ecofeminism** argues that the domination of women and the degradation of the environment are consequences of **patriarchy** and **capitalism**.”

In addition to being a theory that fundamentally names the intersectionality of the oppression of

women and non-binary people with the destruction of the environment, ecofeminism champions taking action. Women themselves say that they must become climate change activists to create a world where their children can survive and thrive. To witness one example, you may want to watch the TED talk [EcoGrief and Ecofeminism \[Streaming Video\]](#), where Heide Hutner tells her own story of cancer. She also links her grief and her activism to the activism of women around the world.

What is Youth Climate Activism?

Young people worldwide are taking action to end climate change, using social media to connect rich and poor countries. Their passion is creating action in new ways. Let's meet two activists and explore what youth climate action looks like.



Figure 8.19 Greta Thunberg, environmental activist, holds a sign reading "School Strike for Climate Change." Why do you think that young people are particularly active in environmental activism?

Greta Thunberg is a youth activist from Sweden. She began protesting in front of government offices in 2018 with other young people. This small action has grown into a worldwide movement, using youth energy and new forms of social media to mobilize and educate people.

In a speech in Berlin in March 2019, Thunberg said, "We live in a strange world where children must sacrifice their own education in order to **protest** against the destruction of their future. Where the people who have contributed the least

to this crisis are the ones who are going to be affected the most."

Her movement, [Fridays for Future \[Website\]](#), started when she and other activists protested in front of the Swedish parliament to draw attention to climate change. Their social media posts went viral and encouraged other youth to take action (Fridays for Future 2022).

#FridaysForFuture continues to mobilize youth around the world. One hundred thousand people marched in Glasgow in 2021 to protest during the Global Climate Conference. Some estimated that 7.6 million youth have participated in global climate action. Youth are taking action worldwide, in both rich and poor countries (Hasegawa 2022). Another young activist making a difference is Autumn Peltier.



Figure 8.20 Autumn Peltier, youth water activist at the World Economic Forum 2021. What unique worldview do Indigenous activists bring to climate change activism?

In my **culture**, my people believe that water is one of the most sacred elements. It's something we honor. My people believe that when we're in the womb, we live in water for nine months and our mother carries us in the water. As a fetus, we learn our first two teachings: how to love the water and how to love our mother. As women, we're really connected to the water in a spiritual way. We believe that we're in ceremony for nine months when we carry a baby. Another way to look at it is that water is the lifeblood of Mother Earth, and Mother Earth is female. (Autumn Peltier 2021)

Autumn Peltier is a world-renowned water protector, activist, and citizen of the Wikwemikong First Nation on Manitoulin Island, Ontario, Canada. Since she was 8 years old, she has fought for clean water in Canada. In 2019, Peltier was appointed as the Anishinabek Nation Chief Water Commissioner following the **death** of her great-aunt, Josephine Mandamin, who had been the previous Chief Water Commissioner. She criticized the Canadian Prime Minister, spoke at the United Nations, and led youth and Indigenous advocacy efforts. If you would like to learn more about Autumn Peltier, she tells her story in [**The teen fighting to protect Canada's water – meet Autumn Peltier \[Streaming Video\]**](#).

In a recent article, Karen O'Brian, Elin Selboe, and Bronwyn Hayward propose that young people engage in three kinds of activism regarding climate change and environmental justice: dutiful dissent, disruptive dissent, and dangerous dissent.

The dutiful dissenters create change by working within the system. They may work with school organizations to create recycling programs or policies around investment. "Through dutiful dissent, youth activists work within existing systems to express their discontent with business as usual

and to promote alternative responses to climate change" (O'Brian, Selboe, and Hayward 2018).

In contrast, disruptive dissenters stage strikes and protests that highlight inequalities and injustices.

Disruptive actions explicitly challenge power relationships, as well as the actors and political authorities who maintain them, often through direct protests and collective organization. They may involve starting or joining petition campaigns or boycotts, disrupting international climate meetings to draw attention to hypocrisy and exclusion of important voices, or protesting key concerns through political marches or rallies. (O'Brian, Selboe, and Hayward 2018)

Finally, dangerous dissenters begin to create alternatives to existing structures and systems to create social change. "Dangerous dissent challenges existing paradigms or ways of understanding the relationship between climate change and social change." For example, the optional reading [**The Next Generation Sonoran Desert Researchers \[Website\]**](#) tells the story of the Sonoran Desert on both sides of the U.S.-Mexico border. They provide alternative explanations of ecological issues and alternative methods of creating change.

The dangerous dissenters can "enable people to present organized challenges to mainstream power relationships and conventional environmental behavior" (O'Brian, Selboe, and Hayward 2018). In these three models, youth activists are leading actions and movements for social change and the environment.

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Figure 8.19. [“Thunberg in front of the Swedish parliament, holding a ‘Skolstrejk för klimatet’ sign”](#) by [Anders Hellberg](#) is licensed under [CC BY-SA 4.0](#).

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8.5 Environmental Justice Is Social Justice

Avery Temple and Kimberly Puttman

When we look at the problems of climate and environment, the sheer size of the issues can be disheartening. These issues are difficult to resolve because their causes and solutions are interdependent. For example, people in the U.S. need oil to create gasoline for cars and fuel for industry. This voracious need encourages oil companies to produce oil efficiently. Industrial efficiency may incentivize some companies to use gas flaring in Nigeria. The causes of environmental degradation are linked in both obvious and subtle ways.

Solutions to environmental issues, particularly when they are effective, also reveal the **power** of our **interdependence**. Making a difference with this **social problem** requires both/and thinking, both **individual agency** and **collective action**. One optional video that explores how we can take action is [We WILL Fix Climate Change](#)

[\[Streaming Video\]](#). Let’s explore additional examples that look at collective action taken on regional, national, and international scales.

Environmental Justice in Oregon, Then and Now

The Bottle Bill



Figure 8.21 The Oregon Bottle Bill was the first law that created deposits for bottles. Do you think it has made a difference?

When I (Kim Puttman) was in college in the 1990s, I belonged to an organization known as OSPIRG, the Oregon Student Public Interest Research Group. During the late 1960s and early 1970s, the group was instrumental in environmental activism in the state. They advocated for laws and policies that would reduce consumer pollution. Their legacy includes the Oregon Bottle Bill. To learn more about it, watch the 1.41-minute video [**How Did We Get Here: Oregon's Bottle Bill \[Streaming Video\]**](#).

Then-Oregon Governor Tom McCall signed this bill, formally known as the Beverage Container Act of 1971, into law. With the support of other environmental groups and the legislature, the law became the first one in the nation to provide deposits on bottles and cans, encouraging people to return them rather than throw them away. The concept was both revolutionary and effective. In this post from the Oregon Historical **Society**, we see the consequences of this law, both then and now:

The Bottle Bill instantly reduced litter in Oregon. The share of beverage containers in roadside litter in the state declined from 40 percent before the law was passed to 10.8 percent in 1973 and 6 percent in 1979. The Bottle Bill also reinforces the practice of recycling. In the 2000s, about 84 percent of beverage containers were recycled, helping to make Oregon fourth in the nation for its rate of recycling. (Henkles 2022)

In the case of action in one state, activists, beverage manufacturers and bottlers, grocery store owners and clerks, the legislature, and the governor all had to agree on what to do about the pollution problem. This new law had to be implemented and advertised through the media. For decades, grocery stores had to collect the initial refunds, process the bottles, and return the money to consumers. You may have even had a job that required you to handle these sometimes gross empty bottles.

From a relatively small beginning, the impact of this state law has grown. Multiple U.S. states have enacted similar laws. The bottle bill has even grown in Oregon. The most recent iterations established bottle drops, a more efficient and hygienic way to process bottles and cans. Solving this kind of problem requires using our interconnectedness effectively, and the consequences continue rippling into the world.

The Latina Fire Survivors in Southern Oregon



Figure 8.22 Coalición Fortaleza grew from the experience of the Almeda Fire in southern Oregon. They value Unidad/Unity, Amor/Love, Dignidad/Dignity, Esperanza/Hope, Fuerza/Strength, Familia/Family, Justicia/Justice and Salud y Vida/Health and Life. With these values they are creating alternatives that support environmental justice. What values do you think are most important as we consider environmental justice?

Most Hispanic and Latino people say that global **climate change** is an important issue to address. Over 80 percent of them say that addressing climate change is of personal interest to them, a much higher percentage than the 67 percent of non-Hispanic people (Mora and Hugo Lopez 2021). Some of this focus may be because immigrants from Central America are migrating because of extreme climate events. It may also be that states with large percentages of Hispanic people like Texas, California, and Florida are experiencing more **extreme weather events** like drought, flooding, and wildfires.

In Oregon, where we experienced drought and unexpected wildfires in 2020, we see Latinos organizing for change. The Almeda fire in southern Oregon, impacted several communities which housed seasonal farm workers, mixed-status families, and low-**income** people. As a response, Latina and Indigenous women formed Coalición Fortaleza. It is a fire survivor organization which is creating options for survivors of the Almeda Fire in southern Oregon. They are working to re-home everyone. In doing so, they are strengthening their community and finding solutions that sustain Mother Earth. They write:

As experts of our own lived experiences, we have the imaginations, local knowledge and largest stake in ensuring that the rebuilding solutions don't recreate the systems and conditions that have kept us in **poverty** and without access to life-saving information and resources. We will focus on community-led solutions that will serve our most impacted members. (Coalición Fortaleza 2023)

The group is committed to using the disruption of their community and its rebuilding to challenge the existing structures of power and create new, more equitable **environmental justice**.

Indigenous Resistance

Indigenous resistance to **colonialism** and climate destruction continues worldwide. Indigenous cultures are rooted in place, tradition, and land stewardship. Because there are **Indigenous peoples** on every acre of land that is habitable by humans, each act of destruction to the environment is also an act of destruction to the Indigenous peoples.

You may know that Indigenous people currently steward 80 percent of the world's biodiversity (Raygoredetsky 2018). This is true because Indigenous peoples both resisted exploitation and created new systems for protecting the land, its inhabitants, and their cultures. These acts of resistance continue today. To learn more, watch [**Indigenous World View Can Preserve Our Existence \[Streaming Video\]**](#).



Figure 8.23 Water Protectors protesting the Dakota Access Pipeline in Standing Rock, North Dakota. Do you know anyone who went to Standing Rock?

A well-known example of Indigenous resistance in the United States is the land stewardship known as #noDAPL or Standing Rock. The picture in figure 8.23 shows Indigenous Water Keepers protecting the water. The NoDAPL movement began when the Standing Rock Sioux people decided to fight the construction of a pipeline known as the Dakota Access Pipeline. This pipeline would be built on their ancestral land, destroying cultural resources and violating centuries-old treaties made between the tribe and the U.S. government.

This led to intense protests where Indigenous peoples, allies, and community members from all

over the world came to occupy and resist the construction of the Dakota Access Pipeline. More than 300 people were injured, and hundreds were arrested during these protests by the U.S. government (Montare 2018). While the Dakota Access Pipeline was built, the NoDAPL movement paved the way for many contemporary Indigenous resistance movements in North America, which you have the option to explore in [#StopLine3 \[Website\]](#).



Figure 8.24 Zapatista Movement. In 1998, Zapatista women in Amador Hernandez, Southern Mexico, demanded daily that the Mexican military leave the village's communal landholdings.

Another historical example of Indigenous resistance is the Zapatista movement (figure 8.24). In 1994, an Indigenous armed organization named the Zapatista Army of National Liberation (EZLN) declared war on the Mexican Government. They demanded, “work, land, housing, food, **health, education**, independence, liberty, democracy, justice and peace.”

This uprising began in Chiapas, Mexico, as an occupation of land and continues to this day. The Indigenous and some politically aligned non-Indigenous peoples still assert sovereignty over their economic, social, and cultural development. The Zapatista movement is a current example of how Indigenous communities can defend their lands, cultures, and each other. You can learn more about the [Zapatista movement \[Website\]](#) if you'd like.

Paris Climate Agreements

Our interdependence is also reflected at the other end of the scale of social change. In 2015, the United Nations brokered an international treaty known as the Paris Agreement. The goal of the agreement is to limit the emission of greenhouse gasses to prevent additional global warming. This worldwide agreement was signed by 196 parties when it initially became a treaty, with the United States later withdrawing from the agreement on July 1, 2017, due to a decision made by then-President Donald Trump.

The United Nations writes this about the Paris Agreement:

The Paris Agreement is a landmark in the multilateral climate change process because, for the first time, a binding agreement brings all nations into a common cause to undertake ambitious efforts to combat climate change and adapt to its effects. (United Nations 2022)

The core components of the agreement are:

- Countries will enact limits on greenhouse gas emissions for their countries by 2020.
- Countries will also develop energy alternatives that reduce emissions.
- Countries that need help will receive financial, technological, and infrastructure assistance.

As you might expect, the implementation of this agreement is complicated. Some environmentalists argue that the agreement doesn't move fast enough to create the needed changes. When measuring progress in the five years since the agreement, the American Association for the Advancement of Science reports mixed results. On one hand, the implementation of some of the limits is starting to slow the emissions of greenhouse gasses. On the other hand, the United Nations has

very little money to enforce the agreements, and countries, such as the United States, can leave the agreement anytime. If you'd like to learn more

about the Paris Agreement, watch the 1:40 minute video [What is the Paris Agreement and How Does It Work? \[Streaming Video\]](#)

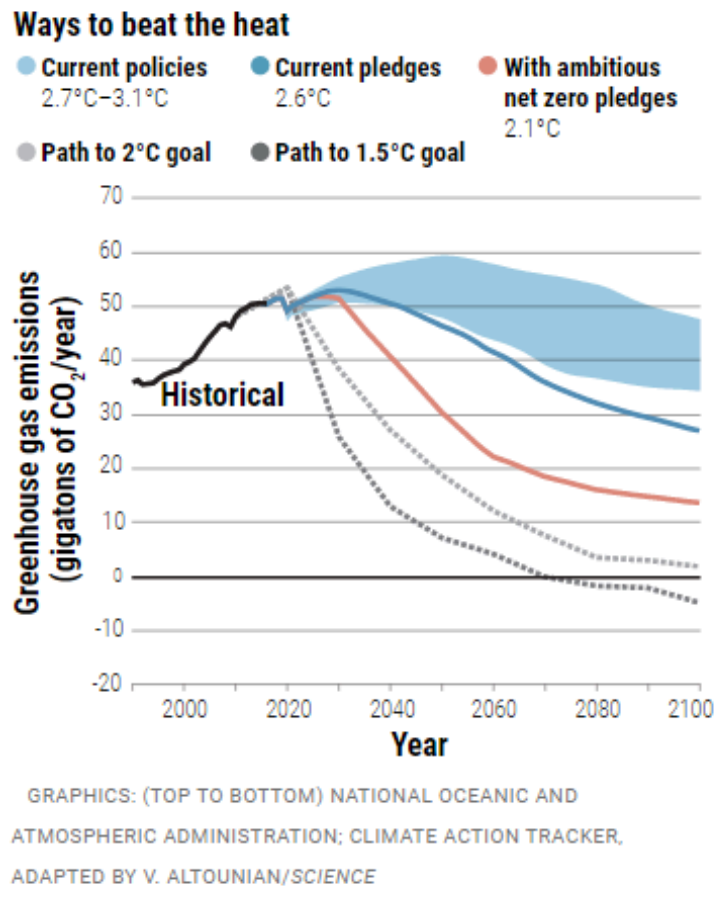


Figure 8.25 This chart shows the amount of greenhouse emission changes we would need to make in order to meet a variety of different scenarios related to limiting global warming. What action are you willing to take? [Image description.](#)

The chart in figure 8.25 shows both the goal for emissions and our progress. If we stay with current policies shown in the blue-shaded area, the greenhouse gas emissions would result in an approximately 3 percent increase in global temperature. If we actually do the work specified in the Paris Agreement, temperatures would only rise by 2.6 degrees Celsius. Most climate scientists believe we need to do more to sustain life.

Even though progress is uncertain, the act of global solidarity is unprecedented. Global leaders are recognizing our shared interdependence. They are acting on a global scale to make a difference.

We live on one planet. All of our actions affect each other. **Critical environmental justice** tells us that those who create the least harm are often harmed the most. In order to heal our people and our planet, we strive for **social justice**. Laws like the bottle bill and the Paris Agreement, community re-building with Latina and Indigenous fire survivors and Indigenous led protests show us the way forward. How will you commit to environmental justice?

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Figure 8.24. “In 1998, Zapatista women in Amador Hernandez demanded daily that the Mexican military leave the village communal landholdings” by Tim Russo from [A Spark of Hope: The Ongoing Lessons of the Zapatista Revolution 25 Years On](#), Hilary Klein, [North American Congress on Latin America](#) is included under fair use.

Figure 8.25. “Greenhouse Gas emissions – goals, progress, and vision” from [The Paris climate pact is 5 years old. Is it working?](#) by Warren Cornwall, [Science](#) is included under fair use.

8.6 Chapter Summary

Avery Temple and Kimberly Puttman

Climate change is a **social problem** impacting both people and the planet. Like other social problems, climate change reveals a conflict in values. These conflicts of **culture** and **worldview** are deeply rooted in the practices of **capitalism** and **colonialism** perpetuated by Western worldviews and values that have been established through colonialism.

Sociologists and environmental activists use the theories and practices of environmental **racism**, **environmental justice**, **critical environmental justice**, and **ecofeminism** to make sense of why climate change is happening so rapidly. These theories also suggest effective opportunities for action. Youth, Indigenous people, and their supporters are leading the way with **collective action** for **social justice**.

As we look back at the Jordan Cove Energy Project, where we began this chapter, we now see how unexpected this victory is. To stop the energy company, local residents, ranchers, fishermen and women, Indigenous elders, youth, and everyday people like you and me had to come together. They had to promote a common vision of clean renewable energy and the projected costs and risks of a pipeline. They had to convince local and state government officials that the pipeline was not in the best interests of the people who lived in that area and the people who might benefit from cheap energy.

The stakes were high, and their victory was uncertain. Working together, they succeeded in protecting the piece of the planet they call home.

ESSENTIAL IDEAS

Learning Objective 1: Why is climate change a social problem as much as an environmental problem?

Climate change is a social problem first because the activities of humans are the major contributor to creating the climate crisis. Second, we see conflicts in values between colonialist capitalism and more sustainable ways of living. Third, we know that climate disasters and environmental challenges impact groups unequally based on their **social location**. Finally, solving the climate crisis requires changes in laws, policies, and practices throughout the world, interdependent solutions that create environmental justice.

Learning Objective 2: How does colonization contribute to the environmental crisis?

Colonization as a social and economic system extracts resources from the people and lands of colonized areas to contribute to the **wealth** and **power** of the colonizers. This extractive form of economics prioritizes making profits over sustainable care for people and land. This economic system is still at play today, even though few colonies are left in the world.

Learning Objective 3: How do differences in Indigenous and Western worldviews contribute to the climate crisis and offer opportunities for innovative solutions?

Indigenous culture and worldview values communities and relationships. The land is sacred and must be cared for. Western culture values the individual and profit. The land is a resource that can be used to make profit. Because Indigenous cultures choose practices that nourish the land for generations, they offer solutions for healing our earth.

Learning Objective 4: How can an understanding of the intersections between race, class, gender, and other social locations help explain the causes and consequences of climate change?

As we consider the climate crisis, we see **environmental racism** and gendered impacts of environmental issues. For example, poor women in Nigeria can't farm like they used to, and their families are sick because of gas flaring. People who were poor and disproportionately Black couldn't evacuate New Orleans during Hurricane Katrina because they didn't have cars. Canadian farm families are already feeling the effects of climate change, and female farmers are picking up extra work. In all of these cases, social location matters to environmental justice.

Learning Objective 5: Are all human groups equally responsible for causing the climate crisis?

All human groups are not responsible equally for the climate crisis. One of the causes of the climate crisis is CO₂ emissions from fossil fuels. In general, people from industrialized countries use more fossil fuels and produce more CO₂. However, less industrialized countries have fewer resources to guard against the effects of climate change, so people in those countries are harmed more. That's partially why global climate agreements include provisions for transferring technology and money from more developed countries to less developed countries (although those promises aren't always honored).

Learning Objective 6: Are changes in individual behavior or collective action more important in supporting environmental social justice?

This is actually a trick question. Both **individual agency** and collective action are critical to ending the climate crisis. We need worldwide agreements like the Paris Agreement to set standards and targets for changing our collective behavior. We need feminists, youth, and Indigenous people to remind us how important this is with their **social movements**. And we need individual actions of recycling bottles, using less plastic, and being satisfied with less to solve the climate crisis. Environmental Justice is social justice for all of us.

Comprehension Check

KEY TERMS LIST

capitalism: an economic system based on private ownership and the production of profit

climate change: the long-term shift in global and regional temperatures, humidity and rainfall patterns, and other atmospheric characteristics

colonialism: the domination of a people or area by a foreign state or nation

conspicuous consumption: the purchase of expensive luxury goods or services as a display of one's wealth and status

critical environmental justice: a theory which considers how all forms of structural inequality put targeted communities at risk of environmental harm, and how all forms of inequality essentially violate the human right to live in a healthy, safe, and thriving environment

culture: the shared beliefs, values, and practices which are socially transmitted within a social group

cultural universals: patterns or traits that are globally common to all societies

ecofeminism: a theory that argues that the domination of women and the degradation of the environment are consequences of patriarchy and capitalism

enculturation: the process of learning culture

environmental justice: an intersectional social movement pioneered by African Americans, Indigenous peoples, Latinx, lower-income, and other historically oppressed populations fighting against environmental discrimination within their communities and across the world

environmental racism: any environmental policy or practice which disadvantages people or communities based on race

extreme weather events: severe weather effects or any weather event uncommon for a particular location

greenhouse effect: imbalance between the energy entering and leaving the Earth's atmosphere, resulting in a rise in global temperature

Indigenous peoples: Indigenous peoples have in common a historical continuity with a given region prior to colonization and a strong link to their lands

Traditional Ecological Knowledge (TEK): the on-going accumulation of knowledge, practice and belief about relationships between living beings in a specific ecosystem that is acquired by Indigenous people over hundreds or thousands of years through direct contact with the environment, handed down through generations, and used for life-sustaining ways

worldview: the collection of interconnected beliefs, values, attitude, images, stories, and memories out of which a sense of reality is constructed and maintained in a social system and in the minds of individuals who participate in it

DISCUSS AND DO

1. **Environmental Activism:** What organizations are working for environmental justice in your community?
 - What do they do? How do you see individual agency and collective action at work?
 - Why do you admire the actions they take?
 - How could you get involved?
 - Or, get involved and tell us what you learned.
1. **Climate Activists:** Introduce a climate justice activist: describe them, particularly their social location, and their work. You can choose a person introduced in the video: **Indigenous Activists [Streaming Video]**, or another activist. How does their contribution reflect inequality, **interdependence** and social justice?

2. **Climate Justice and Abolition:** Imagine a future in which your needs are met, you and your loved ones are safe, and you are able to spend your time how you wish. What would be different? What kind of world would we need in order to achieve this for everyone?
3. **Culture, Worldview and Climate Change:** How do culture and worldview contribute to causing climate change and to ending it? This is a great opportunity to dive into these stories of worldview that may be new to you: [“What I Learned from Coyote” \[Website\]](#) [“As I had shared with Coyote” \[Website\]](#).
4. **Culture, Worldview and Climate Change:** Climate Maps are ways of seeing the world. Compare the same region in [Google Earth \[Website\]](#), [Native Land Digital \[Website\]](#) or [History of the World Every Year \[Streaming Video\]](#). Who is telling the story? Why are the borders and boundaries different? How might this impact worldview and climate change?
5. **EcoFeminism:** Women and girls are disproportionately impacted by climate change. They may also have a unique response. The section on ecofeminism has several deeper sources: [Gender inequality is showing up... in climate change \[Streaming Video\]](#), [Ecofeminism: Encouraging Interconnectedness with Our Environment in Modern Society \[Website\]](#), and TED Talk [EcoGrief and Ecofeminism \[Streaming Video\]](#). How does gender impact the causes, consequences of climate change and the actions of climate justice?
6. **Climate change and Social Location:** What does it mean to say “Those who contribute the least, suffer the most?” when we talk about environmental justice?
7. **The Politics of Climate Change:** Some people argue that climate change isn’t real. Others argue that climate change is the most pressing issue for our time. What do you think? How would sociologists explain why this conflict is so divisive?

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Whose Lives Matter? Social Movements and Social Justice

9.1 Learning Objectives and Chapter Overview

Nora Karena

LEARNING OBJECTIVES

After reading this chapter, you will be able to:

1. Apply the social problems process to better understand the history of #BlackLivesMatter.
2. Explain why some people are more likely than others to be considered criminals because of their **gender**, **race** and **ethnicity**, social **class**, age, or other aspect of their social locations.
3. Describe what it means to be **anti-racist**.
4. Discuss the differences between social movement theories.
5. Explain how organizers effectively used social media in each of the phases of a social movement to support **social justice**.

Chapter Overview

With deep gratitude to the 2012-2014
Masters in Cultural Studies University of

Washington Bothell cohort and to our
teachers. This chapter is grounded in our
shared learning. –Nora Karena

This interactive content is not available in this version of the text. It can be accessed online here:

https://www.youtube.com/watch?v=kXXd_5sCesg

Figure 9.1 100 Days of Protest in Portland [Streaming Video]. In 2020, civil unrest in Portland continued for more than 100 days and captured national attention. To begin our exploration of social movements in response to the social problems that inspired Black Lives Matter protests in Portland and around the county, please watch at least the first 5 minutes of this video. [Transcript.](#)

“Social movements are not marginal to society. They are social engines of social change.”
– Aldon Morris

What do you think of when you hear, “Black Lives Matter?” You might think of protests, **police** violence against People of Color, or some of the counter-protests. Fundamentally, Black Lives Matter is a response to racial inequity. Racial inequity exists when different racial groups experience unequal outcomes. In 2013, #BlackLivesMatter emerged as an urgent and provocative **claim** driving the most recent iteration of a centuries-long social movement for **racial justice** in the U.S. **Racial justice** is a response to **racism** that seeks to change social systems in order to reduce racial inequities and to address the social and interpersonal conditions caused by racial inequities. As you might remember from [Chapter 2](#), racism is the marriage of racist policies and racist ideas that produces and normalizes racial inequities.

In the summer of 2020, Portland, Oregon, was one of many cities across the U.S. that erupted in nightly protests against the over-policing of Black people. Protests in Portland continued for more than 100 days and captured national attention. These ongoing protests of outrage and dissent amplified critical narratives about policing and racism that continue to shape public policy in the city. To see highlights of the protests, please watch the first 5 minutes of the video in figure 9.1.

Since the summer of 2020, BLM-inspired strides towards racial justice, in terms of both public opinion and policy change, have coincided

with a so-called “anti-woke backlash,” which includes attempts by activists and elected officials to censor educational materials about racism, **intersectionality**, **queer** studies, and other critical theories. In 2023, as of this writing, the police have killed more than 1200 people. Native Hawaiian and Pacific Islander, Black, Native American, and Hispanic people are more likely to be killed by the police than White people. If you would like to look at the most current statistics, feel free to examine [Mapping Police Violence \[Website\]](#).

In this chapter, we consider the impacts of the social movement identified with #BlackLivesMatter (BLM) as a case study of how social movements can drive social change. We will apply the social problems process to policing in **underserved communities**. To understand how sociologists think about social movements, we will also trace out a history of BLM organizing within a broader movement to reimagine safe communities and consider theoretical and activist lineages with roots in the emancipatory **sociology** of W.E.B. Du Bois and the civil rights movement of the mid-20th century.

We will get to know Alicia Garza, Ayo Tometi, and Patrice Cullors, organizers with a bold abolitionist vision who built a platform that has transformed the global conversation about racism, policing, and the **value** of Black lives. Finally, we will consider claims that policing can be considered a racist response to the social problems associated with communities that have been historically under-resourced and under-represented in the U.S.

FOCUSING QUESTIONS

Here are some questions to consider as you work through this chapter:

1. How do we apply the social problems process to better understand the history of #BlackLivesMatter?
2. Why are some people more likely than others to be considered criminals because of their gender, race and ethnicity, social class, age, or other aspect of their social locations?
3. What does it mean to be anti-racist?
4. How do sociologists explain social movements?
5. How did organizers effectively use social media in each of the phases of a social movement to support social justice?

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Figure 9.1. “[100 Days of Protest in Portland](#)” by [The Oregonian](#) is licensed under the [Standard YouTube License](#).

9.2 Applying the Social Problems Process to #BlackLivesMatter

Nora Karena

Recall from [Chapter 1](#) that most social problems go through a social problems process consisting of the following stages of development: *claimsmaking*, *media coverage*, *public reaction*, *policymaking*, *social problems work*, and *policy outcomes* (Best 2021:15). In this section, we will trace this pattern through the Portland protests of 2020. This section also explores inequalities in **class**, **race**, and policing. As you read, consider how you have observed this pattern in other social problems.

Claimsmaking and Media Coverage

Claimsmaking: In this step, people and groups identify an issue, and they try to convince others to take it seriously. The problem in this step is called a **claim** “an argument that a particular troubling condition needs to be addressed” (Best 2020:15). In this stage, people who may not agree that a problem exists agree on what to do about it or who should take action.

Media Coverage: In the second step, claimsmakers use media to build a base of people and groups who agree with them on the causes, impacts, and desired outcomes of the particular issue at hand.



Figure 9.2 George Floyd was one of a very long list of Black people killed by police and vigilantes in the U.S. Did you see video footage of Floyd's murder? How did it impact you?

On Monday, May 25, 2020, Derek Chauvin killed George Floyd. One of four Minneapolis **police** officers who arrested Floyd for allegedly trying to pass a counterfeit 20-dollar bill, Chauvin forced Floyd to the ground and knelt on his neck for more than eight minutes. Floyd struggled to breathe, cried out in fear and pain to his mother and to his God, and foretold his own **death**, but Chauvin did not let up until Floyd lost consciousness. Floyd was pronounced dead at the hospital later that afternoon. Like Ahmaud Arbery, killed by White vigilantes in February 2020, and Breonna Taylor, killed by police in March 2020, Floyd is one on a very long list of Black people killed by police and vigilantes in the U.S. (figure 9.2).

Horrorified bystanders captured a video of Floyd's murder and shared it on social media. In the first week after Floyd's murder, 3.4 million original posts and 69 billion engagements accounted for around 15 percent of all posts on Twitter during that week. By June 8, #BlackLivesMatter was mentioned in 1.2 million original posts (Wirtschafter 2021).

However, this hashtag didn't start in 2020. #**BlackLivesMatter** is a hashtag that first went viral in 2013 in response to the acquittal of Trayvon Martin's murderer. In the decade following its introduction, #BlackLivesMatter became a popular organizing tool on social media. This hashtag draws attention to racist violence in the

U.S. It is a code for a set of claims about **racism**, policing, **lynching**, and **underserved communities**. **Underserved communities** are groups with limited or no access to resources or are otherwise disenfranchised (FEMA 2023).

Claim: Lynching and Racist Policing

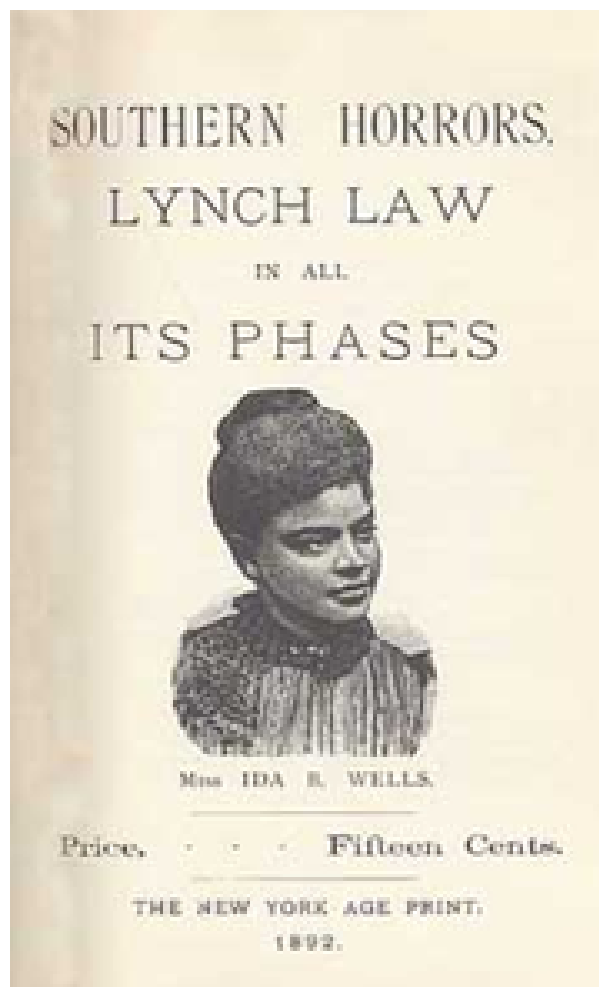


Figure 9.3 Journalist Ida B. Wells wrote *Southern Horrors: Lynch Law in All Its Phases* in 1892 to expose the racial violence in the South. Do you see evidence of racial violence in your community?

Lynchings are extrajudicial killings in which an individual or a mob kidnaps, tortures, and kills persons suspected of crime or social transgressions. Extrajudicial killings are murders by a person with authority, without any legal process (OMCT World Organization Against Torture

2023). In the U.S., the victims are most often Black men, women, and children. The perpetrators are almost never punished. More than 4,400 lynchings have been documented in the U.S. between 1877 and 1950 (Taylor and Vinson 2020). Racially motivated lynchings are a means of social control that reinforces the dominance of White people within a racial hierarchy.

In the late 19th and early 20th century, the journalist Ida. B. Wells wrote about lynchings as part of her work to document **discrimination** against Black people (figure 9.3). She found that the prevalent myth that Black men were lynched because they raped White women, was just that – a lie. Instead, she argued that lynching was a method of social control to suppress Black freedom and the right to vote by violence and murder.

Sociologist W. E. B. Du Bois, who we met in [Chapter 3](#), led the N.A.A.C.P. in an anti-lynching campaign that reduced lynchings. This campaign inspired the Civil Rights Movement in the mid-20th century. Despite the progressive gains these movements achieved, the murder of Trayvon Martin, an unarmed teenager on his way home, and the acquittal of George Zimmerman, the man who killed him, was a painful reminder that the extrajudicial killing of Black people has never stopped. Explicit racial bias has been demonstrated in some police departments. In a 2022 investigation of the Minneapolis Police Department, researchers found that:

...based on interviews and a review of 700 hours of body camera footage, identified an exhaustive list of slurs that officers and supervisors consistently use against women and Black people, including suspects, witnesses, bystanders and their own colleagues. (Dewan 2022)

They also identified “patterns of discrimination in arrests and use of force” (Dewan 2022).

Portland police also have a well-documented record of individual police officers expressing

racist ideas about Black people. A 2012 report documents a long and troubled history of racist policing, including an incident of harassment in which several Portland officers left dead animals at a popular restaurant owned by a Black person. You have the option to read the full 2012 report, [Black and Blue: Police-Community Relations in Portland’s Albina District, 1964-1985 \[Website\]](#).



Figure 9.4 Robin DiAngelo is a White working class educator and the author of *White Fragility* and *Nice Racism*. She has written extensively about the lengths people will go to to avoid being labeled racist, even when expressing racist ideas. Have you ever been told you were being racist? How did that make you feel? Did you take action to change or heal the harm?

Violence arises from **prejudice**. As you might remember from [Chapter 5](#) **prejudice** is an unfavorable preconceived feeling or opinion formed without knowledge or reason that prevents objective consideration of an individual or group. Many advocates for police and policing resist claims of racism by asserting that such attitudes are the

result of individual prejudice held by a few “bad apples” rather than a **culture** of racism. Robin DiAngelo (figure 9.4), an educator who studies racism, has written extensively about the lengths people will go to to avoid being labeled racist, even when expressing racist ideas (DiAngelo 2018). Most people, including police officers, resist being thought of as racist, but individual racial bias is only one dimension of racism.

Claims of racism and racist policing also rest on racial disparities and historical patterns of policing. **Racial disparity** is the unequal outcomes of one racial or ethnic group compared with outcomes for another racial or ethnic group (Children’s Bureau 2021:2). Racial disparities are sometimes called racial inequities. For example, BLM organizers and their allies point to higher percentages of Black people being stopped, arrested, imprisoned, and killed by police than White people. In Portland, Black people make up only 5.3 percent of the city population, yet they account for 22.6 percent of traffic stops and 16 percent of pedestrian stops in 2019. They are also arrested at a rate 4.3 times higher than White people. Furthermore, Black people are killed by Port-

land police 3.9 times more than White people (Levinson 2021).

This pattern of racial inequity repeats in cities across the U.S. A 2020 study found “that while Black people were much more likely to be pulled over than Whites, the **disparity** lessens at night, when police are less able to distinguish the race of the driver.” The study also found that Black people were more likely to be searched after a stop, though White people were more likely to be found with illicit drugs (Pierson et al. 2020). In the U.S., Black men are about 2.5 times more likely to be killed by police than White men. Black women are about 1.4 times more likely to be killed by police than White women (Edwards, Lee, and Esposito 2019).

Claims of racist policing also rest on scholarship about the history of policing in America. For example, Irish police officers in 1830s Boston were specifically hired to police communities of formerly enslaved people who were Black (NPR 2020). Slave patrols and Jim Crow-era policing of Black communities are well documented (NAACP N.d). Please watch this brief video to learn more about this history (figure 9.5).

This interactive content is not available in this version of the text. It can be accessed online here:

<https://www.youtube.com/watch?v=wPu6-1yy8-o>

Figure 9.5 Please watch the 4:51 video, [NPR Throughline, History of Policing in America \[Streaming Video\]](#), to learn more about the history of policing. What structural and individual causes of racist policing do you see? [Transcript.](#)

This historic construction of racist policing recalls Racial Formation **Theory**. We explored this theory by Omi and Winant (1986) in [Chapter 3](#). The theory describes how racial classifications are created, changed, and recreated through racial projects, like policing, which attach meaning and **power** to racial categories. The police are a civil force in charge of regulating laws and public order at a federal, state, or community level. However, Policing becomes a racist practice when Black

people get profiled as more likely to be considered a threat to public safety than White people.

Critical Race Theory, also introduced in [Chapter 3](#), helps us understand how legal statutes like The Anti-Drug Abuse Act of 1986 (H.R. 5484) actually create and sustain racial inequity. Another **institution** that contributes to racial inequities is the United States **Criminal Justice System**, which relies on legal codes, **criminalization**, policing, and punishment to mediate conflict, protect property, and maintain social order.

These laws include the Crime Bill (H.R. 3355), which significantly expanded prisons and funded 100,000 new police officers. They also include the 1998 Amendments to the Higher Education Act

of 1965 (HEA), which limits access to financial aid for students who have been convicted of a drug felony (Whitman and Exarhos 2020).

State regulated violence was needed to maintain slavery

Not just pathological behavior on the part of a few extreme people but..

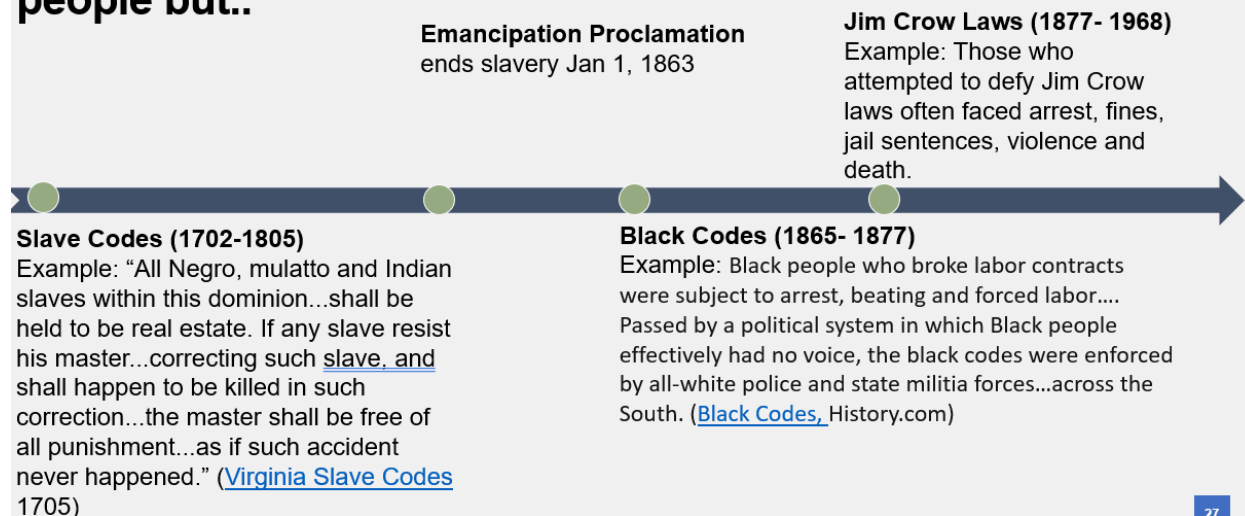


Figure 9.6 State regulated violence was needed to maintain slavery and subsequent racial inequality, using Slave Codes, Black Codes, and Jim Crow laws. Although these three sets of laws are illegal, where do you see racial inequality supported in other laws, policies, or practices? [Image description.](#)

Critical race scholarship further places this legislation within the historical context of legal statutes that regulated Black lives. A timeline of these laws and policies is shown in figure 9.6. These laws began with the Slave Codes. After the Civil War, Slave Codes became Black Codes. They restricted Black people's right to own property, conduct business, and move freely through public spaces. They fed a convict leasing system that replaced slavery as a source of cheap labor for enslavers. Black Codes then became Jim Crow Laws in many states, legally segregating Black people and White people. In each case, the laws reinforced the racist and incorrect ideas that Black people were dangerous and needed controlling. These ideas are wrong.

Claim: Under-resourced Communities

This claim centers the social devastation of historic racism in **BIPOC** communities. **BIPOC** is an acronym that stands for Black, Indigenous, and People of Color. It is used to refer to people whose communities have been historically under-resourced, over-policed, disproportionately impacted by social problems, and underrepresented in terms of institutional power in the United States because of their assigned race category.

The history of exclusion, **segregation**, and discriminatory lending practices described in [Chapter 6](#) created the social and economic conditions in the **under-resourced communities** we are looking at in this chapter. **Under-resourced com-**

munities are areas with relatively high **poverty** rates that lack robust economic infrastructure. While the term often refers to cities and suburbs with populations of over 250,000 people, many **rural** communities are also under-resourced (adapted from Eberhardt, Wial, and Yee 2020:5). In the South, Midwest, and Northeast, these neighborhoods are disproportionately Black. In the West, these neighborhoods are disproportionately Latinx.

The legacy of economic exclusion and discrimination is well demonstrated in a 2014 report from Portland State University. The report found that African-American family **income** is less than half that of White families. The poverty rate among African-American children is nearly 50 percent compared to 13 percent for White children. Local unemployment levels in 2009 for African-American people were nearly double the unemployment rate for White people.

Researchers also found that “fewer than one-third of African-American households own their homes, compared to about 60 percent of White households, and that African-Americans have experienced housing displacement and the loss of community as the historic Albina District has gentrified” (Coalition of Communities of Color 2014:3). The same study also documented substantial disparities for **health** outcomes like diabetes, stroke, and low birth weight, and in access to health insurance, prenatal care, and **mental health** care. If you would like to read the full report, consider how [The African American Community in Multnomah County: An Unsettling Profile \[Website\]](#), clearly documents racial inequality.

Demands for police reform and prison abolition argue that policing and the prison system are inadequate responses to the social problems that impact historically disadvantaged communities. The call for “defunding the police” is a call for recognizing that poverty is not caused by crime and for redirecting resources to programs that actually

support the well-being of communities disproportionately impacted by poverty.



Figure 9.7 Social geographer and Black activist Ruth Wilson Gilmore traces the physical locations of prisons to better understand how economic systems create privilege and oppression. Along with Angela Davis, she champions prison abolition. What do you think a world without prisons would be like?

Social geographer Ruth Wilson Gilmore (figure 9.7) applies a Marxist analysis to the economic conditions that accompanied the massive expansion of prisons in California. She demonstrates that the U.S. prison system grew to contain and control surplus labor as low-wage workers in historically disadvantaged communities lost access to jobs during the 1980s and 1990s. She also argues that **mass incarceration** prevents displaced workers from building robust labor movements that might challenge these exclusionary economic conditions (Wilson Gilmore 2007).

In 1996, Gilmore partnered with Angela Davis, whom we met in [Chapter 1](#), to organize Critical Resistance, a social movement organization that

challenges the idea that imprisonment and policing are acceptable solutions for social, political, and economic problems. The contemporary prison abolition movement, with which many BLM organizers are aligned, can trace its roots to these organizing efforts. Please click the link if you'd like to learn more about [Critical Resistance \[Website\]](#).

Public Reaction

Public Reaction: According to Best, in this step, individuals, groups, and organizations begin to align to a particular explanation of the problem and request a change in policy or law. Most of the time, at this step, it is the power of **social movements** that create the changes in policy or law.

A **protest** is a public expression of objection, disapproval, or dissent towards an idea or action (Definition of Protest 2023). Social movements have used sustained protests to disrupt civic life, draw attention to how the system is not working, and demand change. Protests began on May 26, 2020, in Minneapolis and around the U.S., growing to more than 7700 Black Lives Matter-inspired protests by mid-August. Juneteenth weekend alone saw as many as 25 million people in the U.S., including many celebrities and public figures, publicly demand justice and change.



Figure 9.8 The Pacific Northwest Youth Liberation Front protested during Black Lives Matter protests in Portland, Oregon. Why do you think young people emerge as leaders in movements for social justice?

On Thursday, May 28, 2020, the Pacific Northwest Youth Liberation Front (PNYLF) (figure 9.8) organized a protest at The Multnomah County Detention Center demanding an end to state-sanctioned violence against Black people. The young, mostly White protesters chanted, “Black Lives Matter,” “I Can’t Breathe,” and “Defund the Police.” PNYLF followers describe themselves as a “decentralized network of autonomous youth collectives dedicated to direct action towards total liberation (Graves 2020). For PNYLF, total liberation includes ending mass incarceration. If you would like to learn more about the history of mass incarceration, check out this [fact sheet \[Website\]](#) from The Brennan Center for Justice.

The people who attended the official NAACP protest the next day were also predominantly White. Black civil rights leaders, including past and current leaders of the NAACP, The Portland Urban League, and a City Commissioner, along with local faith leaders, rallied around a symbolic plywood casket. The casket was surrounded by banners to honor the murdered—George Floyd, Breonna Taylor, Micheal Brown, and Ahmaud Arbery. They called for an end to racist policing. They called on the growing crowds to “Stop killing us!” and to “Carry your **White privilege** to the point that it makes a difference.” Despite the

peaceful tone of the day, tempers and provocations flared with urgency as evening fell. Police and protesters clashed, and the Portland mayor declared the protest a riot (Graves 2020).

By the third night, the mayor declared a state of emergency, and parts of downtown Portland were boarded up. While most protests were peaceful and non-violent, news reports in July 2020 estimated that damage from the riots cost local businesses, mostly in the vicinity of the Multnomah County Justice Center, about \$23 million. Later reports reminded us that a significant portion of the lost revenue was related to **COVID-19** busi-

ness closures, not looting and vandalism (Bailey Jr 2020).

More protesters filled the streets each night. Violence escalated when militarized federal agents were deployed in the streets of Portland. Federal officials, including the Attorney General and the President, defended the action as necessary to protect federal property and to “prevent violence from spreading to other American cities.” Many state and local leaders argued that federal intervention was an unnecessary political stunt that only further escalated tensions (Graves 2020).



Figure 9.9 Black Lives Matter protesters in Portland included some unexpected groups like the Wall of Moms (left) and Dads with Leaf Blowers (right). Who protested in your community?

The protesters, now in the thousands, responded as a Wall of Moms, Dads with leaf-blowers, (figure 9.9), a naked White woman, along with a mostly White, multigenerational multitude of first-time protesters, who took turns confronting heavily armed federal forces and demanding an end to racist policing while declaring loudly that “Black Lives Matter.” If you would like to learn more about these protesters, please view or read: [Hear from the “Wall of Moms” \[Streaming Video\]](#), [Dads with leaf-blowers \[Website\]](#), and [‘Naked Athena’: The story behind the surreal photos of Portland protester \[Website\]](#).

On July 30, Oregon State Police were once again responding to the protests as federal agents began

to withdraw, and the protests became more peaceful, though no less urgent.

The charged protests in downtown Portland were not the only protests for Black Lives in the state. Thirty-three Oregon towns saw overwhelmingly peaceful protests like the 25 to 50 people enthusiastically singing “Black Lives Matter” as they paraded up and down the main street in Manzanita every weekend throughout that grim COVID summer. More than 2,000 cities in 60 countries around the world saw similar protests (Wikipedia 2022).

It was and remains a contested, often heated conversation. Around the state, smaller groups of pro-police counter-protesters refuted claims of

racist policing in Oregon and declared that, in fact, “Blue Lives Matter.”

Policy Making, Social Problems Work, and Policy Outcomes

The last three steps in Best’s model of the social problems process are policymaking, social problems work, and policy outcomes. As a reminder:

Policy Making: In the policy making step, governments create new laws, and institutions create new policies to implement a response to a **social problem**.

Social Problems Work: Once a new policy is put into place or the law is signed, institutions must act to implement the change.

Policy Outcomes: In this step, claims makers examine the outcomes of the policies and actions taken to respond to the social problem. Often, the outcome of this step is the refinement of a claim and a request for more action.

Protests were not the only way Oregonians responded to the murder of George Floyd. The small town of Vernonia was one of several that issued resolutions supporting equality and **inclusion**. Book clubs and racial **equity** work groups were convened. BLM took center stage as the whole state seemed to enter into an urgent public conversation about racism in Oregon, alternatives to policing, and what it might look like if Black lives really mattered here. If you’d like to learn more about this work, please review the blog [Victory in Vernonia \[Website\]](#).

In June, more than 800 people, organized by Unite Oregon and Imagine Black, testified at city budget hearings and urged city officials to redirect \$50 million from policing to community support and to sever connections between Portland Public Schools and the Portland Police Bureau. The city budget cut \$15,000,000 in funding for School Resource Officers and two other controversial policing programs. The Mayor also responded

with a list of 19 proposed police reforms, 13 of which he achieved within the year. If you would like to learn more about [Unite Oregon \[Website\]](#) and [Imagine Black \[Website\]](#), please check out their websites.

In July 2020, The Electoral Justice Project of the Movement for Black Lives introduced the **Breathe Act**, which “offers a radical reimagining of public safety, community care, and how we spend money as a **society**.” Two Members of Congress, Rashida Talib and Ayanna Pressley stepped up to champion the measure’s “four simple ideas”:

- Divest federal resources from incarceration and policing.
- Invest in new, non-punitive, non-carceral approaches to community safety that lead states to shrink their criminal-legal systems and center the protection of Black lives—including Black mothers, Black trans people, and Black women.
- Allocate new money to build healthy, sustainable, and equitable communities.
- Hold political leaders to their promises and enhance the self-determination of all Black communities (Movement For Black Lives 2020).

You can learn more about the [Breathe Act \[Website\]](#) if you would like to.

In April 2021, the Portland City Counsel’s Racial Equity Steering Committee issued a 65-page report with recommendations for police reform that included improved racial equity training and assessment, along with proposed changes in the way law enforcement responds to **homelessness** and mental health crises (Abdurraqib 2021).

In 2021, the Oregon legislature passed HB 2930 to hold police more accountable for sexual assault and racial bias. By August 2022, the commission formed to draft the new rules and released a draft proposal for public comment. The proposal has

been widely criticized for being too lenient and allowing officers who commit serious crimes to keep their jobs (Levinson 2022).

Portland police followed through on several of the requests, including more robust anti-bias training (Byrne 2021). Police agencies across the state have prioritized increasing racial and **gender** diversity in their recruitment and have begun to screen new hires for racial bias. However, these efforts have not been broadly supported by police officers. The majority of police personnel surveyed in 2021 thought that additional anti-bias training was unnecessary, and 15 percent of respondents said they had plans to leave within the year. A respondent quoted in the report described a general feeling within the rank and file that had been “betrayed” by “city leaders, elected officials, and community” (Gennaco et. al. 2022:47). Those who advance an abolitionist

vision, in which there are no under-resourced communities, assert that we can’t train our way out of racism.

A growing coalition of organizers emerging from the 2020 protests continues to work towards decarceration, transformative justice, and community care. For example, Don’t Shoot PDX, which was organized in 2016, continues to offer programming for young people impacted by racial injustice and police violence, as well as “mutual aid [including] food, household supplies, and clothing distributions to marginalized families, houseless communities, indigenous reservations and rural populations in the region” and legal outreach community members who experience racism and discrimination (Don’t Shoot PDX 2022). If you’d like to learn more about Don’t Shoot PDX, you can check out their website at [**Don’t Shoot PDX \[Website\]**](#).

Unpacking Oppression: Anti-Racist Social Justice

Before we discuss how sociologists might explain the inequalities that resulted in #BlackLivesMatter, it is important to understand how racism works. It is even more important to harness our own antiracist power. Let's dive deeper!

Recall from **Chapter 2** that identities are socially constructed, and that meanings change over time. When we think about how racism works as the sum total of racist policies, ideas, and inequitable outcomes, we can understand how racism is a process by which racial identity is socially constructed and reconstructed.

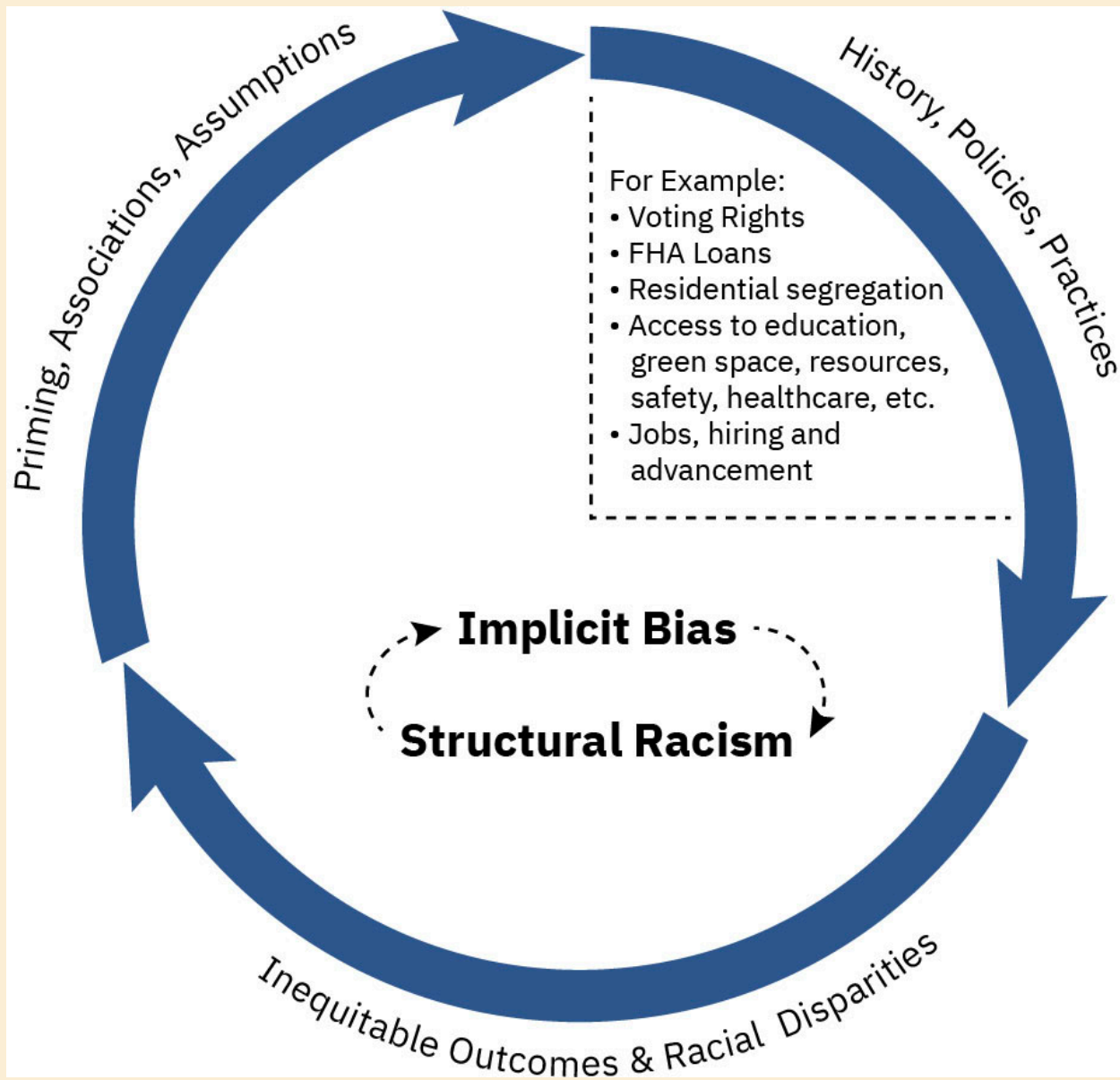


Figure 9.10 *Implicit Bias and Structural Racialization* (Osta and Vasquez N.d.). While racial bias is a component of racism that must be acknowledged and addressed, it is also critical to understand the work racial biases and other racist ideas do to justify specific policies, which produce and sustain inequitable outcomes and racial disparities. This is why antiracism pays attention to policy change as well as challenging racist associations and assumptions. You can practice antiracism by answering the “Your Turn” questions at the end of this section. [Image description.](#)

Have you ever had or heard a conversation like this?

“What do you mean, Black lives matter? Don’t you mean all lives matter?”

“Of course, all lives matter, but it doesn’t seem like Black lives matter when people who are Black are being killed by police and imprisoned at higher percentages than people who are White, and it’s been that way for a long time. If Black lives mattered more, the police wouldn’t be killing and locking up so many Black people.”

When Alicia Garza, Patrice Cullors, and Ayo Tometti boldly proclaimed that Black Lives Matter, they gave us a framework for talking about racism that challenges social norms about calling out racism.

If we only think about racism as hateful feelings about people who are different, we miss the systems and social structures that those ideas inspired. A common definition of racism is racial prejudice plus power equals racism. In other words, racist ideas, which can be conscious or unconscious, can inspire interpersonal hostility, but personal or institutional power is required for racist actions to occur. If you'd like a deeper dive into how the racist ideas we learn can become **implicit bias**, check out module one from [Kirwan Institute's Implicit Bias Module Series \[Website\]](#).

It can also be useful to look beyond individual biases and think about racism in terms of **structural racism** and institutional or systemic racism. As we learned in **Chapter 3**, structural racism refers to the social structures that emerge from racist ideas, policies, and practices and which produce racial inequities. Structural and systemic racism can be identified by the presence of racial inequity.

Racial inequity shows up as either **disproportionality** or disparities. As a reminder, disproportionality is the overrepresentation or underrepresentation of a racial or ethnic group compared with its percentage in the total population. Disparities are unequal outcomes of one racial or ethnic group compared with outcomes for another racial or ethnic group.

For example, when Black people are killed by Portland police 3.9 times more than White people, we recognize outcome disparities (Levinson 2021). If you'd like to review this data for yourself, please read [Portland has 5th worst arrest disparities in the nation according to data \[Website\]](#). Similarly, since Portland police arrest Black people at a rate 4.3 times higher than White people, we can say that Black people are over-represented in Portland jails. Because those inequities are racially defined, we can say that the institution or system, in this case, policing in Portland is racist.

Once constructed, racist systems and institutions can continue to impact people unevenly, even if the people who currently hold power do not share all of the same founding racist ideas (Bonilla-Silva 2015). Understanding the structural and systemic dimensions of racism helps us understand how persistent racist policies, procedures, and systems can sustain racial inequity, even as racist ideas begin to recede or at least change.

It's your turn to unpack oppression and create antiracist social justice

The historian Ibram X. Kendi describes an **anti-racist** as someone supporting an antiracist policy through their actions or expressing an antiracist idea (Kendi 2019:13). To better understand the relationships between racist ideas, racist policies, and racial inequities, try this exercise:

1. Identify a racial inequity (disparate outcome or a disproportionate representation) related to a social problem you have learned about in this book.
2. Identify some of the policies, practices, or historical legacies that create or maintain the inequity.
3. Identify some of the racist ideas that justify the policies or practices.

4. Practice being anti-racist by identifying at least one policy that would reduce the inequity and one anti-racist idea that would challenge the racist idea.
5. What are actions you can take to:
 - Support policy changes that could reduce racial inequities?
 - Challenge the racist ideas that support old racist policies?

If you need help visualizing this process, the chart in [Chapter 6](#), Figure 6.18, Racist Policies, Racist Inequities, and Racist Ideas in Housing might be useful.

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Figure 9.6. “Infographic: State Regulated Violence Was Needed to Maintain Slavery” by Kimberly Puttman and Michelle Culley, Open Oregon Educational Resources, is licensed under [CC BY 4.0](#).

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9.3 The Sociology of Social Movements

Nora Karena

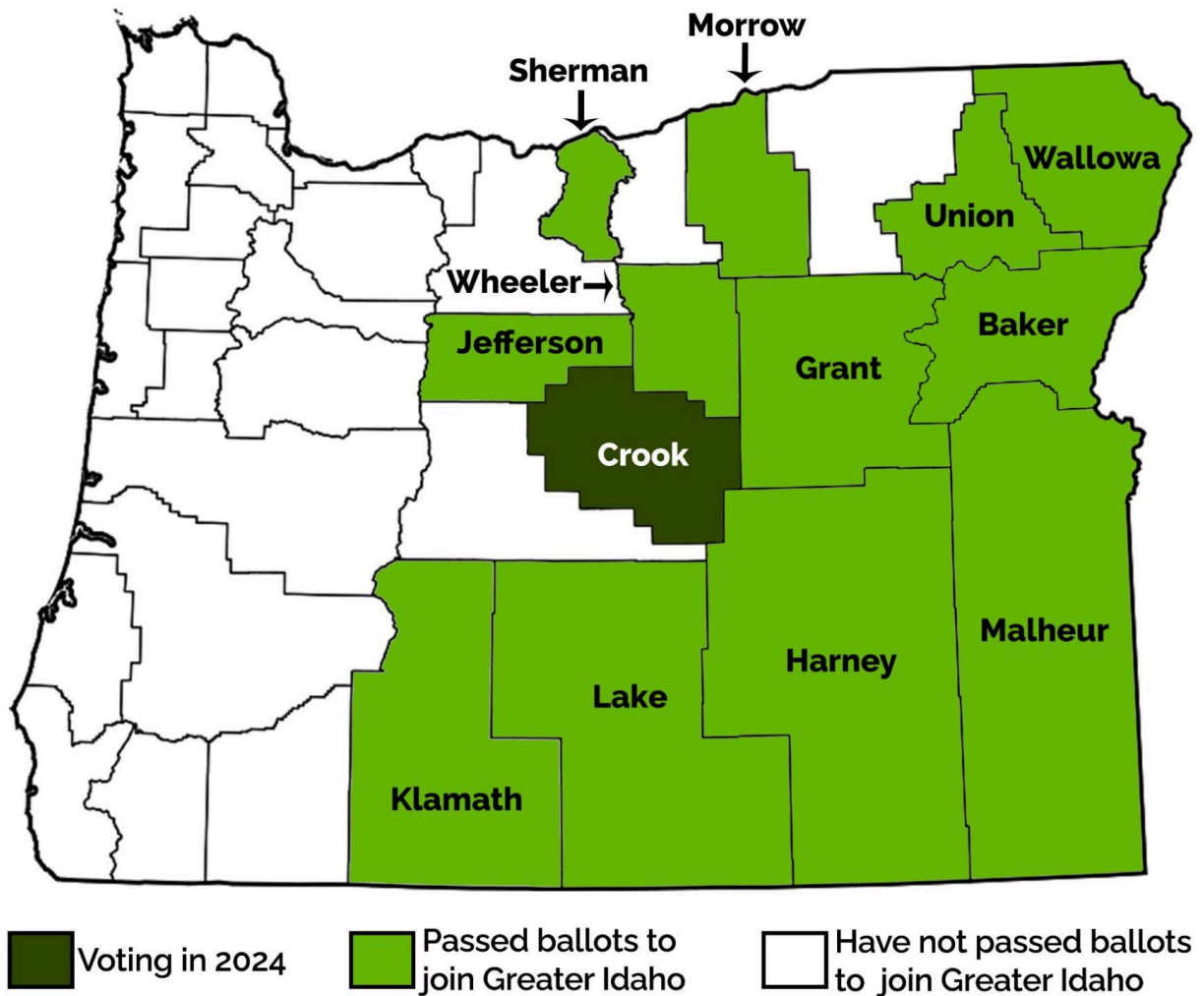
Social movements are purposeful, organized groups that strive to work toward a common social goal. Movements can happen locally, at the state and national level, and worldwide. Let's look at examples of social movements, from local to global. No doubt you can think of others on all of these levels, especially since modern technology has allowed us a near-constant stream of information about the quest for social change around the world.

Levels of Social Movements

Similar to the levels of **society** that sociologists study, as described in [Chapter 3](#), social movements can occur at any level of society. This section describes the various levels. Local social movements typically refer to those in cities or towns but can also affect smaller constituencies, such as college campuses. Sometimes colleges are smaller hubs of a national movement, as seen during the Vietnam War protests or the Black Lives Matter protests. Other times, colleges are managing a more local issue.

Oregon Counties That Passed Ballot Measures to Join Greater Idaho

as of October 2023



Data from Ballotpedia (retrieved October 5, 2023):
[https://ballotpedia.org/Greater_Idaho,_Oregon,_countywide_ballot_measures_\(2020-2024\)](https://ballotpedia.org/Greater_Idaho,_Oregon,_countywide_ballot_measures_(2020-2024))



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Figure 9.11 Some counties in Oregon want to become part of Idaho. This map shows how counties voted as of October 2023. The movement to join Greater Idaho is a state-level social movement. Do you know of any others? [Image description.](#)

The ultimate state-level **protest** would be to cease being a state. Organizations in several states are working toward that goal. In 2021, Harney County became the 11th county in Oregon to pass

a non-binding ballot measure in support of moving the Idaho border to include large parts of **rural** Oregon, as shown in figure 9.11. In 2022, Morrow and Wheeler counties voted similarly (Fixler

2022). Supporters of the initiative told reporters that they feel more aligned with Idaho's conservative political **culture** and alienated from the liberal politics of the Portland metro area, where the majority of the state's voters reside.

State-level organizing also shows up before and after national decisions. For example, the 2022 Supreme Court ruling that reversed *Roe vs. Wade* and ended the federally guaranteed right to get an abortion was met with a flurry of responses at the state level. Anti-abortion organizers had worked for years to prepare for this decision by putting in place trigger laws to immediately outlaw or severely restrict abortion access in the event of such a reversal. Other states responded with legislation to support access to abortion and other reproductive services. A notable and surprising response came from voters in Kansas, often considered reliably conservative and, by extension, anti-abortion. Kansas voters soundly rejected an attempt to repeal existing language in the state constitution that protects the right to abortion access. Each of these outcomes was shaped by competing social movements at the state level that either favor or oppose abortion access.

Many social movements worldwide mobilize **collective action** in response to global social problems such as **poverty**, inequality, and exploitation. Pro-democracy movements are also rising in response to perceived increases in authoritarianism and fascism. Some analysts cite the Arab Spring in 2010, Occupy in 2011, and Black Lives Matter protests worldwide to argue that we are in an age of global protests. In 2020, BLM protests took place in over 60 countries (Wikipedia N.d.), and blacklivesmatter.com includes significant information about and resources for global organizing for Black lives.

Types of Social Movements

Talking about Abolition...

Abolition is about presence—the presence of life-giving systems that allow people to thrive and be well, that prevent harm and better equip communities to address harm when it occurs. – Ruth Wilson Gilmore

“Actually, the goal is not to have a world with no stealing, it’s to have a world with no hunger. That’s the abolitionists’ goal.” – Richie Reseda, Abolitionist, Producer, Organizer

We know that social movements can occur on the local, national, or even global stage. Are there other patterns or classifications that can help us understand them? One of the most common and important types of social movements is the reform movement, which seeks limited, though still significant, changes in some aspect of a nation's political, economic, or social systems. It does not try to overthrow the existing government but rather works to improve conditions within the existing regime. Some of the most important social movements in U.S. history have been reform movements, including many iterations of the women's movement, which have addressed suffrage, economic **discrimination**, the labor movement, the civil rights movement, the Vietnam-era anti-war movement, movements for **queer** and trans liberation, and the environmental movement.

A report from the Pew Research Center found that about 55 percent of U.S. adults expressed at least some support for Black Lives Matter in September 2020, and those numbers held steady in a 2021 follow-up poll (Menasche Horowitz 2021). However, a 2021 survey by the Oregon Values and Beliefs Center found that only 53 percent of adults in Oregon favored **police** reform measures. The same study also found that 27 percent of Oregonians favor abolishing the police altogether and funding social services and infrastructure for under-resourced and historically oppressed communities.

A revolutionary movement goes further than a reform movement in seeking to overthrow the existing government or **institution** and to bring about a new one and even a new way of life. Revolutionary movements have been common throughout history. Reform and revolutionary movements are often called political movements because the changes they seek are political.

The abolitionist ideals at the heart of BLM organizing principles can be considered revolutionary in that they challenge the very premise of policing as an effective or humane response to social problems. The Black Lives Matter website invites visitors to “join the movement for Freedom, Liberation and Justice” (Black Lives Matter 2023). If you’d like to read their goals for yourself, please check out [Black Lives Matter \[Website\]](#). Building on the work of social theorists like Angela Davis, Ruth Wilson Gilmore, and Michelle Alexander, BLM organizers articulate an abolitionist vision that does not seek to reform policing but to replace the current **criminal justice system** with a system of transformative justice and community care. To learn more about what BLM organizers mean by “abolish the police,” you can watch the 3 part series, [Imagining Abolition \[Streaming Video\]](#).

Another type of political movement is a reactionary movement, so named because it tries to

block social change or to reverse already achieved social changes. #BlueLivesMatter emerged in 2016 as a powerful call to support and respect police and to defend the institution and traditions of police. Supporters assert that police officers are doing dangerous and misunderstood jobs that deserve respect. They **claim** that BLM organizing has made police work more dangerous and that the police have been victims of deliberate misinformation. This can be considered a reactionary movement as the goal is to block the social changes and maintain the status quo.

Two other types of movements are self-help movements and religious movements. As their name implies, self-help movements involve people trying to improve aspects of their personal lives; examples of self-help groups include Alcoholics Anonymous and Weight Watchers. Religious movements have elements of self-help and mutual aid. They generally aim to reinforce their members’ religious beliefs and convert other people to these beliefs. Principles from both religious and self-help movements have informed both reform and reaction movements.

Stages of Social Movements

The Four Stages of Social Movements



Figure 9.12 The Four Stages of Social Movements: Emergence, Coalescence, Institutionalization and Decline. Where do you think the movement inspired by #BlackLivesMatter is today in these stages? [Image description.](#)

Sociologists also study the lifecycle of social movements—how they emerge, grow, and in some cases, die out. Blumer (1969) and Tilly (1978) outlined a four-stage process, shown in figure 9.12. In the emergence stage, people become aware of an issue, and leaders emerge. This is followed by the coalescence stage, when people join together and organize in order to publicize the issue and raise awareness. In the institutionalization stage, the movement no longer requires grassroots volunteerism. The movement is now an established organization, typically with a paid staff. When people fall away and adopt a new movement, the movement successfully brings about the change it sought, or when people no longer take the issue seriously, the movement falls into the decline stage. In the next section, we will consider the **role** of social media in each of these stages.

New Social Movement Theory



Figure 9.13 Spanish sociologist Manuel Castells connects the power of the internet with the efficacy of social movements to explain their effectiveness in new ways.

New social movement **theory**, a development of European social scientists in the 1950s and 1960s, attempts to explain the proliferation of postindustrial and postmodern movements that are difficult to analyze using traditional social movement theories. Rather than being one specific theory, it is more of a perspective that revolves around understanding movements as they relate to class, politics, identity, culture, and social change. The Spanish sociologist Manuel Castells (figure 9.13) looks at how technology is transforming social movements. He argues that because the internet allows communication between people, often outside a government's control, social movements can be formed more rapidly and sometimes more effectively. He also believes that people act when their fear turns into anger about the oppression

they experience and when they are motivated by hope. He writes:

...the second condition for individual experience to link up and form a movement is the existence of a communication process that propagates the events and the emotions attached to it. The faster and more interactive the process of communication is, the more likely the formation of a process of collective action becomes, rooted in outrage, propelled by enthusiasm and motivated by hope. (Castells 2015)

We see this combination of technology and passion present with #BlackLivesMatter-inspired organizing, and also with interrelated social movements for racial, **gender**, and **disability** justice, like **ecofeminism**, discussed in [Chapter 8](#), which focuses on patriarchal society as a source of environmental problems.

Resource Mobilization Theory

White American sociologists McCarthy and Zald (1977) proposed a new theory about social movements called resource mobilization theory. In resource mobilization theory, they say that social movements are successful when they can gather people and use their resources to create change. Resources include money, people, and **power**. The more money, people, and access to power a movement has, the greater its ability to make change. Resource mobilization can include funding secured from sympathetic allies and donors outside of the impacted community, which can give a movement increased visibility and influence.

Indigenous Perspective Theory



Figure 9.14 Sociologist Aldon Morris. He was the 112th president of the American Sociological Association. His work in social movements centers on the efficacy of Black organizing, which powered social movements.

Aldon Morris (figure 9.14) researches the origins, nature, patterns, and outcomes of global movements that have successfully resisted and overthrown systems of oppression and injustice. With the Indigenous perspective theory, Morris argues it was the mobilization of the Black community's internal resources, knowledge, power, and skill that powered both the 20th-century civil rights movement (CRM) and the 21st-century movement for Black lives (BLM). In both cases, specific systems of domination were identified by members of oppressed communities, who also planned and executed direct action and brought change. These community-based processes, which center on collective agency and lived expertise, become the foundation for a political base from which deliberate and effective collective action can emerge. To learn more about his work, please either watch the 2.18-minute video [How Do People Make Change \[Streaming Video\]](#) or read from [Civil Rights to Black Lives Matter \[Website\]](#).

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Figure 9.12. "The Four Stages of Social Movements" by Kimberly Puttman, based on the work of Blumer and Tilly, is licensed under [CC BY 4.0](#).

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"Levels, Types and Stages of Social Movements," "New Social Movement Theory," and "Resource Mobilization" and the definition of "Social Movements" are adapted from "[Social Movements](#)" by Tonja R. Conerly, Kathleen Holmes, Asha Lal Tamang, [Introduction to Sociology 3e, Openstax](#), which is licensed under [CC BY 4.0](#). Modifications: Lightly edited section content on levels, types, and stages of social movements and applied specifically to BLM and prison abolition movements.

Figure 9.13. "[Photo of Manuel Castells](#)" by [Jorge Gonzalez](#) is licensed under [CC BY-SA 4.0](#).

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Figure 9.14. Photo of Dr. Aldon Morris © Emile Pitre is all rights reserved and included with permission.

9.4 Social Movements, Social Media, and Social Justice

Nora Karenna

This interactive content is not available in this version of the text. It can be accessed online here:

<https://www.youtube.com/watch?v=tbicAmaXYtM&t=1s>

Figure 9.15 An interview with the founders of Black Lives Matter: Alicia Garza, Patrisse Cullors, Opal Tometi [Streaming Video]. As you watch this 15:56 minute video, please pay attention to how Cullors, Garza, and Tometti talk about movement building and organizing for change. Which of the four stages of social movements do you think the BLM Movement was at when this was recorded in 2016? [Transcript.](#)

“We don’t deserve to be killed with impunity. We need to love ourselves and fight for a world where Black lives matter. Black people, I love you. I love us. We matter. Our lives matter.”

– Alicia Garza, Facebook Post July 13, 2013.

“Declaration: black bodies will no longer be sacrificed for the rest of the world’s enlightenment. I am done. I am so done. Trayvon you are loved infinitely. #blacklivesmatter.”

– Patrisse Cullors, Facebook comment, posted July 13th, 2013.

When mass protests erupted in the wake of the acquittal of the person who killed 17-year-old Trayvon Martin, the two impassioned Facebook posts that launched #BlackLivesMatter were called “love letters that launched a movement” (Jennings 2020). BLM is an example of the **power** of social media to create and shape **social movements**. Here we will look at how social media was engaged at each of the four stages described in the previous section, emergence, coalescence, institutionalization, and decline.

Emergence

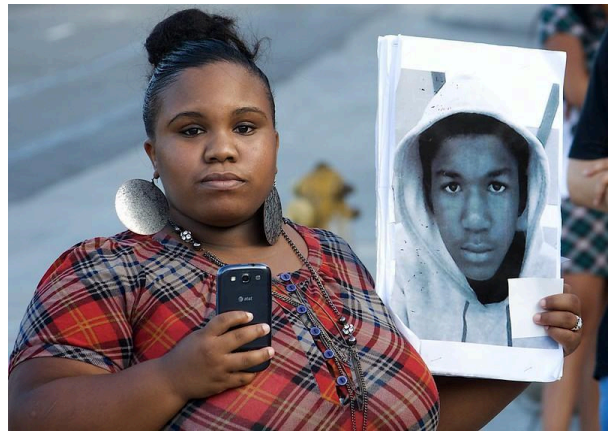


Figure 9.16 This organizer is holding a picture of Trayvon Martin, and using her phone to spread the word. A series of viral posts on Facebook introduced the world to the power of a hashtag after the acquittal of the person who killed Trayvon Martin. Have you ever used hashtags to amplify a message or idea?

Hashtag activism is the act of building up public support via social media for a cause, using a hashtag (#) (Pratim 2018:252). When Patrisse Cullors answered Alicia Garza’s declaration with #BlackLivesMatter, the message resonated deeply as part of an overwhelming outpouring of collective grief and anger on social media. Between July and December of 2013, the hashtag was used 5,106 times. By 2016 Twitter reported that #BlackLivesMatter was the third most popular hashtag in the platform’s 10-year history, with nearly 1,200,000 tweets (Sichynsky 2016).

Patrisse Cullors and Aliza Garza were already seasoned and well-networked organizers with experience using social media, as was Ayo Tometi, who responded to the posts with plans to purchase the domain blacklivesmatter.com. Together, they deftly used social media to amplify the voices of over-policed, **under-resourced communities** of Black people, as they declared to one another, “We matter,” and to Americans, “Stop killing us.” Ayo Tometi, an organizer with a background in communications, responded by purchasing www.blacklivesmatter.com, where they linked to organizing resources and articulated the following principles:

- We are expansive. We are a collective of liberators who believe in an inclusive and spacious movement. We also believe that in order to win and bring as many people with us along the way, we must move beyond the narrow nationalism that is all too prevalent in Black communities. We must ensure we are building a movement that brings all of us to the front.
- We affirm the lives of Black **queer** and trans folks, disabled folks, **undocumented** folks, folks with records, women, and all Black lives along the **gender** spectrum. Our network centers on those who have been marginalized within Black liberation movements.
- We are working for a world where Black lives are no longer systematically targeted for demise.
- We affirm our humanity, our contributions to this **society**, and our resilience in the face of deadly oppression.
- The call for Black lives to matter is a rallying cry for ALL Black lives striving for liberation. (Birdsong 2016)

Coalescence

At the next stage, the coalescence stage, social media is also transformative. Over the next year, these seasoned organizers skillfully leveraged social media to build legitimacy for their claims.



Figure 9.17 These marchers in Ferguson, Missouri, protested the killing of Michael Brown. Ferguson is a town of about 18,000 people. Are you surprised that such a small town became the epicenter of a revolutionary movement?

The most popular hashtag on Twitter in its first decade was #Ferguson, with 1.7 million tweets between 2014 and 2016 (Anderson 2016). Ferguson, Missouri, is where Black Lives Matter coalesced as a global movement. When Ferguson, Missouri, erupted in rage and grief over the killing of Michael Brown, Patrisse Cullors and Darnell L. Moore used social media to call for a “Freedom Ride” to Ferguson. Inspired by the activists who mobilized for Black lives during the Civil Rights Era, this Freedom Ride would focus national attention on this most recent example of state-sanctioned violence against Black lives. The plan successfully mobilized the #BlackLivesMatter Social network to gather in St. Louis for three days of solidarity with local organizers, including the *Organization for Black Struggle* (OBS) and *Missourians Organizing for Reform and Empowerment* (MORE). Their goal was to build a sustainable coalition around the following demands:

- Justice for the family of Michael Brown and other victims of law enforcement and vigilante violence
- The demilitarization of law enforcement
- National investment in jobs, housing, and schools in Black communities (Mosendz 2014)

The use of #BlackLivesMatter was so prevalent during the Ferguson protests that organizers asked Twitter users to stop using it unless directly related to the actual activities and information about the protests.

Since Ferguson, #BlackLivesMatter has been the go-to search term for antiracist organizing. On Dec. 4, 2014, after a New York grand jury declined to indict **police** officers in the **death** of Eric Garner, #BlackLivesMatter appeared 189,210 times—the most it was ever used in a single day. On the first anniversary of Garners’ death, the hashtag appeared more than 228,000 times in two days. When Senator Bernie Sanders defended the Black Lives Matter movement, the hashtag appeared more than 127,000 times on Twitter the following day as many users voiced support for Sanders (Anderson 2016).

Social media users report changing their minds about Black Lives Matter (BLM) and issues related to **race** and policing because of their interactions on social media platforms. Between Ferguson and Minneapolis, the world had a conversation on social media about what we mean when we say Black Lives Matter.

Social media is credited with helping #BLM to break through decades of color-blind **racism** and helped people feel OK saying that Black Lives Matter (Jennings 2020). Between 2014 and 2020, police killed at least 7680 people in the United States. Though only 12 percent of the population is Black, 25 percent of the dead people are Black

(Haddad 2021). Every time another Black life ended, the message got out again. More people engaged in the emerging network. By the time George Floyd's murder went viral, a match was struck. Around the world, seven years of organizing exploded into the streets.

Institutionalization

Social media can also accelerate a movement toward the institutionalization stage. In some cases, like #BlackLivesMatter, one or more formal organizations might exist alongside the hashtag or general sentiment.

BLM originally operated with a decentralized leadership structure and relied on fiscal sponsorship from a larger non-profit for financial oversight. The stated intention was always to distribute funds to local chapters that were well-positioned to respond to the needs of local communities. This infrastructure was temporarily overwhelmed after receiving \$90 million in donations during 2020. Social media coverage during this period included accusations of misuse and misappropriation of funds, and the organization came under scrutiny for a lack of transparency.

The Black Lives Matter Global Network Foundation responded to these growing pains by reorganizing and creating a Transparency Center on the website with updates on a new board of directors and links to tax filings. Their 2022 disclosures list \$42 million in assets and reports distributing more than \$26 million in grants to local BLM chapters and directly to families of victims of police violence in 2021 (Morrison 2022).

Decline

Decline simply refers to the winding down of an effort. It doesn't necessarily mean that a movement is not successful. On the contrary, a period of decline naturally follows successful efforts. It is also important to note that the status quo is not easily changed, and successful social movements also face periods in which their gains are challenged and tested. That's why it is important to view individual interconnected social movements within a larger historical context. The Civil Rights Movement of the mid-20th century was undoubtedly one of the most successful social movements in history, yet in spite of the notable gains, the movement eventually lost momentum when the most visible leadership and supporters, including Malcolm X, Dr. Martin Luther King Jr. and Bobby Kennedy, were assassinated, while more radical organizers, like Angela Davis, Fred Hampton, and Assata Shakur were criminalized. You met [Angela Davis \[Website\]](#) in [Chapter 1](#), but please click if you'd like to know more about [Fred Hampton \[Website\]](#) and [Assata Shakur \[Website\]](#).

Morris observes that "the decentralized leadership structure of the BLM movement and other contemporary social movements seems to have provided a bulwark against this sort of decapitation" (2017). When Garza, Tomati, and Cullors were targeted with misinformation and disinformation, the movement itself did not falter. Distributed leadership allowed the movement to thrive while the original organizers continued to develop new projects in their quest for a world that values Black lives.

As of 2023, the original website is now maintained by the Black Lives Matter Global Network Foundation, with current updates about the status of their ongoing work for **racial justice** and liberation. They also provide a link where people can report disinformation related to BLM. #BlackLivesMatter still trends on social media to signify racial injustice. While the Black Lives Matter

movement may have passed, it leaves a lasting legacy that continues to shape anti-incarceration and anti-violence **social justice** organizing around the county.

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Figure 9.17. “[Protestors demonstrating down West Florissant Ave.](#)” by [Loavesofbread](#) is licensed under [CC-BY-SA 4.0](#).

9.5 Chapter Summary

Nora Karena

In this chapter, we have taken up the 2020 Portland protests as a case study of **social movements**. We used the social problems process framework to contextualize the protests. We considered how theories about the social, historical, and political construction of **race** and **racism** help us understand how racist policies and racist ideas produce and substance racial inequities. We also identified harmful racist ideas about under-served communities and racist policies that strive to contain rather than enrich under-served communities.

We also looked at the uses of social media for social movements, and we located Garza, Cullors, and Tometi within interdependent organizing traditions that touch back to Black Feminist **Theory**,

the 20th-century civil rights movement, and the emancipatory **sociology** of Du Bois. We considered how #BlackLivesMatter makes powerful claims that engage critical consciousness, calling attention to all the places where Black lives don’t matter.

We did the work that #BLM invites us to do as we analyze how policing in **under-resourced communities** creates and sustains racism. Finally, we considered how an antiracist framework, which centers on the well-being of people most impacted by **police** violence and **mass incarceration**, can advance **social justice**, and create a world where no one goes hungry.

ESSENTIAL IDEAS

Learning Objective 1: How do we apply the social problems process to better understand the history of #BlackLivesMatter?

Organizers used the social media hashtag #BlackLivesMatter to articulate claims that identified historical patterns of over-policing in under-resourced communities of color as the reason for disproportionate rates of Black and Brown people killed by police. The public responded with record-breaking protests to demand new approaches to public safety that would redirect public resources away from policing and towards programs that increase the well-being of people who live in under-resourced communities. In Portland, the city council responded by cutting police funding and pledging to redirect those funds to support social services. As of July 2023, the implementation of those programs has been contested. Some of the funding originally cut from the Metro Police was restored. The robust organizing network that emerged in Portland and across the U.S. is continuing efforts to reduce police violence by rethinking policing, public safety, and community well-being.

Learning Objective 2: Why are some people more likely than others to be considered criminals because of their gender, race and ethnicity, social class, age, or other aspect of their social locations?

Policing in the U.S. can be traced back to slave patrols in the South that empowered White men to hunt Black people, who were considered the property of enslavers. After slavery was abolished, White people routinely policed Black communities. In many communities across the country, laws were created to control and contain the movement of Black people, Native Americans, and immigrant populations who were perceived threats to White people and their property. While civil rights organizers, led by Black and Brown people, have successfully challenged and abolished most of these laws, racist ideas about who counts as a criminal persist.

Learning Objective 3: What does it mean to be anti-racist?

An antiracist is a person supporting an antiracist policy through actions or expressing an antiracist idea. It's not just doing no harm (not racist) but actively challenging racist thoughts or behaviors or dismantling racist laws, policies, and practices. When we apply this to social problems, one way to take action is to identify racial inequality and the policies and practices that create it, understand the racist ideas that justify the policies, challenge them, and implement new policies and practices.

Learning Objective 4: How do sociologists explain social movements?

Sociologists have different ways to explain social movements. They can categorize social movements by their levels, types, and stages. They can also discuss why social movements are effective or ineffective. New social movement theory examines why social movements succeed using technology, interests based on identity, and harnessing the emotions of fear, anger, and hope. Resource mobilization theory argues that movements are successful when they can engage resources like leadership, membership, money, or social media to convince people to take action. Unlike Resource Mobilization Theory, Indigenous Perspective argues that oppressed people use internal resources to sustain their activism rather than external resources.

Learning Objective 5: How did organizers effectively use social media in each of the phases of a social movement to support social justice?

The four stages of social movements are the *preliminary stage*, when people become aware of an issue, and leaders emerge; the *coalescence stage*, when people join together and organize to publicize the issue and raise awareness; the *institutionalization stage*, when the organizing typically begins to rely on a paid staff, and the *decline stage*, when the movement successfully brings about the change it sought, or when people no longer take the issue seriously. In each stage #BLM organizers used social media in hashtags, tweets, web pages, Facebook pages, and other social media presence to achieve their goals. Although racism persists, they succeeded in expanding the possibility for liberation and social justice.

Comprehension Check

KEY TERMS LIST

anti-racist: a person who supports an anti-racist policy through their actions or expressing an antiracist idea

BIPOC: an acronym that stands for Black, Indigenous, and People of Color; it is used to refer to people whose communities have been historically under-resourced, over-policed, disproportionately impacted by social problems, and underrepresented in terms of institutional power in the United States because of their assigned race category

#BlackLivesMatter: a hashtag that first went viral in 2013 in response to the acquittal of Trayvon Martin's murderer; in the decade following its introduction, #BlackLivesMatter became a popular organizing tool on social media

criminal justice system: a system that relies on legal codes, criminalization, policing, and punishment to mediate conflict, protect property, and maintain social order

hashtag activism: the act of building up public support via social media for a cause

lynchings: extrajudicial killings in which an individual or a mob kidnaps, tortures, and kills persons suspected of crime or social transgressions

police: a civil force in charge of regulating laws and public order at a federal, state, or community level

protest: a public expression of objection, disapproval, or dissent towards an idea or action, typically a political one

racial disparity: the unequal outcomes of one racial or ethnic group compared with outcomes for another racial or ethnic group

racial justice: a response to racism that changes social systems to reduce racial inequities and address the social and interpersonal conditions caused by racial inequities

social movements: purposeful, organized groups that strive to work toward a common social goal

under-resourced communities: areas with relatively high poverty rates that lack robust economic infrastructure; while the term often refers to cities and suburbs with populations of over 250,000 people, many rural communities are also under-resourced

underserved communities: groups with limited or no access to resources or are otherwise disenfranchised

DISCUSS AND DO

1. **Social Movements:** This chapter focuses on Black Lives Matter but refers to several other social movements. Choose one of these social movements and explain the movement using Best's Social Problems Process. What is the movement's legacy? Why are you grateful to movement activists?
2. **Abolitionist Reform:** Police reform is a contentious topic. It can take the form of The **Breathe Act**, Police in Schools, Police Divestment, or Mobile Crisis Intervention Teams. Please research one of the following possibilities, and answer:
 - What is the goal of the reform?
 - How does this change address the goal?
 - What progress has been made?
 - What could be done to support this change?
1. **Racism:** Why is "All Lives Matter" a racist response to "Black Lives Matter"? You might choose to journal about this or create some art that reflects your response.
2. **Antiracism:** What can you do to use your anti-racist power to support social justice?
3. **Intersectionality:** How is #BLM an effective response to intersectional social problems?
4. **Antiracist Policing:** Is it possible to be an anti-racist police officer?
5. **Social Movement and Social Media:** When you hear "#Black Lives Matter" what do you think? How has your opinion changed over the course of this week, if it has changed?
6. **Social Movements and Social Justice:** This chapter links to a variety of people, websites, videos, news articles, and reports. Please review one of these sources in more detail. How does this more specific evidence help you understand Black Lives Matter, policing, social movements, abolition or anti-racist power?

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Who Gets Well? Health as a Social Problem

10.1 Learning Objectives and Chapter Overview

Kathryn Burrows and Kimberly Puttman

LEARNING OBJECTIVES

After reading this chapter, you will be able to:

1. Explain how **health** is a **social problem**.
2. Compare models of health that sociologists and health researchers use to explain inequality in health outcomes.
3. Describe how sociologists make sense of health and illness over time.
4. Evaluate the interdependent solutions for **social justice equity** in health outcomes, particularly during **COVID-19**.

Chapter Overview

My deepest gratitude goes to Kim Puttman, who helped guide me as I wrote this chapter during a tumultuous

period of my life. She was a thoughtful tutor and mentor, and this chapter wouldn't have been written without her.
– Kathryn Burrows

This interactive content is not available in this version of the text. It can be accessed online here:

<https://www.youtube.com/watch?v=Jks6zAYQFcM>

This interactive content is not available in this version of the text. It can be accessed online here:

<https://www.youtube.com/watch?v=YsJr2u3V83U>

Figure 10.1 *Isaiah – Voices of Long COVID [Streaming Video]* (top) and *Inside a long Covid clinic: 'I look normal, but my body is breaking down' [Streaming Video]* (below). Please watch all of the first video and the first 5 minutes of the second video. These two videos tell the story of people with long-haul COVID-19. As you watch, consider how these experiences might create a social problem. [Transcript.](#)

By now, we probably can all tell a story about how **COVID-19**, an infectious disease caused by the SARS-CoV-2 virus (Coronavirus N.d.), has impacted our lives. Some of us have had family members or friends pass away. Some of us are still experiencing lingering symptoms from a COVID-19 infection, called long-haul or long COVID-19, as seen in figure 10.1. Some of our kids just felt achy or tired for a day and then got better. Some of us may not know anyone who was personally affected by COVID-19. Pause for a moment to think about your own COVID-19 health story and consider the many ways that this disease has affected **society** in the United States and worldwide.

My personal COVID-19 story has many layers. My wife and I quarantined, masked, and stayed socially distant for over two years. We isolated ourselves stringently because both of us have underlying health conditions which would make surviving COVID-19 difficult. My four parents followed these same protocols, missing visits with grandchildren, graduations, and family holidays. My dad had his 80th birthday party on Zoom, an event that we never could have predicted. My brothers and their families quarantined as requested early in the pandemic. They attended school from home, just as many governors ordered. One sister-in-law still went to the hospi-

tal to deliver babies and care for patients sick with COVID-19.

Luckily, no one in my close family had to be hospitalized for COVID-19, and no one passed away. People in my close family got sick, but everyone has recovered. Luck might have kept my family well, but equally important to consider is my **social location**. My family had safe, warm, comfortable housing where we could quarantine. We could order food and supplies online, and people would deliver them to our door. Many of us were able to complete our work remotely or at least adjust our work schedules. Although we had to wait until our age groups were eligible, our family had relatively easy access to vaccines. While these advantages don't guarantee health, they gave us options to respond effectively during the pandemic.

This story highlights how health itself becomes a social problem, not just a medical one. Common sense tells us that since COVID-19 is a disease, it should affect all people equally. You would think that a virus wouldn't discriminate.

However, we have learned that some social groups are more likely to be infected, hospitalized, and even die as a result of contracting COVID-19. The table in figure 10.2 shows rates of cases, hospitalizations, and deaths due to COVID-19 by **race** and **ethnicity** as of July 2020. As you can see, non-Hispanic Black people died from COVID-19

at a rate twice that of White people during this time. Please take a moment to look at the other

differences related to race and ethnicity in this table.

Rate ratios compared to White, Non-Hispanic persons	American Indian or Alaska Native, Non-Hispanic persons	Asian, Non-Hispanic persons	Black or African American, Non-Hispanic persons	Hispanic or Latino persons
Cases ¹	1.5x	0.8x	1.1x	1.5x
Hospitalization ²	2.8x	0.8x	2.2x	2.1x
Death ^{3, 4}	2.1x	0.8x	1.7x	1.8x

Race and ethnicity are risk markers for other underlying conditions that affect health, including socioeconomic status, access to health care, and exposure to the virus related to occupation, e.g., frontline, essential, and critical infrastructure workers.

Figure 10.2 Rates for COVID-19 Infection, Hospitalization, and Death by Race/Ethnicity, as of July 28, 2020. Race and ethnicity are risk markers for other underlying conditions that affect health, including socioeconomic status, access to health care, and exposure to related occupations, e.g. frontline, essential, and critical infrastructure workers. [Image description.](#)

Perhaps you noticed that the data show a gap between White non-Hispanic Americans and American Indian/Alaskan Native, Asian, Black people, and Latinx people. As you can see in the table, cases, hospitalizations, and deaths for all racial and ethnic groups except for Asians are substantially higher than for Whites. This experience of inequality demonstrates that health and illness can be social problems.

This chapter will explore the social elements of **health**, a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity (World Health Organization 1946). We will look more deeply at why health is a social problem. We will explore collective and individual models of the **social determinants of health**. As we deepen our understanding of the social determinants of health, we will include the

experience of individual and generational **trauma** as a factor in health outcomes. We will examine how sociologists make sense of health and illness by considering how these understandings develop over time. Like many other social problems, government policies and practices influence access to health resources and health outcomes. We will look at the differences in health systems internationally and decide if these systemic differences support health for everyone. Finally, we will come back to our own COVID-19 stories. The pandemic has both exposed and worsened existing inequalities. The pandemic is also inspiring creative action from individuals, communities, and governments. These generous responses demonstrate our **interdependence**, and the need for the social justice of health.

FOCUSING QUESTIONS

The questions that encourage our curiosity include:

1. How is health a social problem?

2. How do sociologists and health researchers model influences on health outcomes to measure health inequality?
3. How do sociologists make sense of health and illness? How have our definitions changed over time?
4. How has COVID-19 provided an opportunity to assess and create interdependent solutions that improve health outcomes to ensure social justice oppressed people?

Let's learn about who gets well!

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Figure 10.2. "[Risk for COVID-19 Infection, Hospitalization, and Death By Race/Ethnicity](#)" by the [Centers for Disease Control \(CDC\)](#) is in the [Public Domain](#).

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Figure 10.1a. "[Isaiah – Voices of Long COVID](#)" by [Resolve to Save Lives](#) is licensed under the [Standard YouTube License](#).

Figure 10.1b. "[Inside a Long Covid clinic: 'I look normal, but my body is breaking down'](#)" by [The Guardian](#) is licensed under the [Standard YouTube License](#).

10.2 Health as a Social Problem

Kathryn Burrows and Kimberly Puttman



Figure 10.3 Medical providers must use universal precautions such as masks and gloves when treating patients with communicable diseases such as Ebola and COVID-19.

Even with our brief explanation of **COVID-19** statistics in the introduction of this chapter, we see that people experience unequal **health** outcomes based on their **race** and **ethnicity**. This is just one dimension of inequality in health outcomes. What else makes health and illness a **social problem**? Let's apply the characteristics of a social problem to health and illness.

Health and illness in **society** go beyond individual experience. We usually think of health, illness, and medicine in individual terms. When a person becomes ill, we view the illness as a medical problem with biological causes. A physician treats the

individual accordingly. A sociological approach takes a different view. Unlike physicians, sociologists and other public health scholars do not try to understand why any one person becomes ill. Instead, we typically examine illness rates to explain why people from certain social backgrounds are likelier than others to become sick. Our **social location** in society—our social **class**, race and ethnicity, **gender**, and other dimensions of diversity—makes a critical difference.

Medical sociology is the systematic study of how societies manage issues of health and illness, such as diseases and disorders, healthcare access, and the larger picture of physical, mental, and social components of health and illness. Major topics for medical sociologists include the doctor/patient relationship, the structure and socioeconomics of healthcare, and how **culture** impacts attitudes toward disease and wellness. In the next section, we'll look at what medical sociologists find when they look at how experiences of health and illness can differ by social location.

How we get sick and how we stay healthy reveals both inequality and **interdependence**. For example, Flint, Michigan, residents experienced higher-than-normal levels of lead toxicity, hair loss, rash, and other health issues when the local municipal government changed the water supply in 2013. Although government officials knew that the Flint River was contaminated with pollution from manufacturing, they decided to use this water for city residents because it was cheaper. Decisions at several interdependent layers of government resulted in this harmful action. Local citizens connected with doctors, health officials, and journalists to tell the story of the contaminated water and support a change.

More than 60 percent of the residents of Flint are Black. Over 40 percent of Flint's residents live below the **poverty** line. This combination of race and class influenced the original decision making and community response. Eventually, the Michigan Civil Rights Commission cited systemic

racism as the fundamental cause for the questionable decisions. Recovery required both **individual agency** and **collective action**. If you'd like to learn more, [**Flint Water Crisis: Everything You Need to Know \[Website\]**](#) provides more details.

Conflict between values may cause social problems to arise. We see this as people respond to government policies around COVID-19. How would you describe the difference in values between the social groups represented in figures 10.4 and 10.5?



Figure 10.4 Pandemic lockdown protesters hold signs that say that lockdown is an issue of tyranny and freedom.



Figure 10.5 Pandemic protesters hold signs that promote using science to end the pandemic. How is this perspective different from the protesters in image 10.4?

The protesters in figure 10.4 explicitly state that the COVID-19 lockdown is an example of government tyranny. The protesters in figure 10.5 promote vaccinations, asserting that scientific knowledge and research should be used to ensure our health. You may know people who support vaccines and social distancing as a way to manage

the pandemic. You may know other people who think vaccines are dangerous and that state-mandated quarantining is “un-American.” This conflict in values creates the conditions in which a social problem is likely to arise.

Our ideas about what is healthy, what is illness, and what actions we should take to be healthy and treat illness are socially constructed. A sociological approach emphasizes that a society’s culture shapes its understanding of health and illness and practices of medicine. In particular, culture shapes a society’s perceptions of what it means to be healthy or ill, the reasons to which it attributes illness, and the ways in which it tries to keep its members healthy and cure those who are sick (Hahn & Inborn 2009). Knowing about a society’s culture helps us to understand how it perceives health and healing. By the same token, knowing about a society’s health and medicine helps us to understand important aspects of its culture. We’ll look more deeply into cultural constructions of health and illness in the upcoming section, **Sociological Theories of Health.**

As you think about your experience with COVID-19, have you changed how you think about your own health? Many people who became severely ill or died from COVID-19 had other health issues, such as hypertension and obesity. Do you know people whose attitudes about their general health have changed? Do you know people who are suspicious of the government’s intentions or less likely to listen to doctors or scientists? What do you think will be the best way to prevent illness and **death** should another pandemic strike? Each of these questions highlights a topic related to the **social construction** of the social problem of health and illness.

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Figure 10.3. **“U.S. Navy Doctors, Nurses and Corpsmen Treat Patients in the ICU Aboard USNS Comfort”** by **Navy Medicine** is in the **Public Domain.**

Figure 10.4. **“Photo of an anti-lockdown protest”** by **Michael Swan** is in the **Public Domain.**

Figure 10.5. **“Photo of Yes to Science protesters”** by **Mitchell Luo** is licensed under the **Unsplash License.**

10.3 Epidemiology in the U.S.: Health Disparities by Social Location

Kathryn Burrows and Kimberly Puttman

Doctors and medical professionals focus most on the **health** of an individual. Sociologists and public health professionals focus on the health of groups. This specialty is called **epidemiology**, the study of disease and health and their causes and distributions. Epidemiology can focus on the differences between neighborhoods, states, or countries. As we look at health in the United States, we see a complex and often contradictory issue. On the one hand, as one of the wealthiest nations, the United States fares well in health comparisons with the rest of the world. However, the United States also lags behind almost every industrialized country in providing care to *all* its citizens. This gap between the shared **value** of health and unequal outcomes makes health and illness a **social problem**.

Sociologists and others who study human health have a detailed model that helps them make sense of health in groups. This model is called the **social determinants of health**. More specifically, the **social determinants of health** are the circumstances in which people are born, grow up, live, work, and age and the systems put in place to deal with illness (World Health Organization 2013). While **ethnicity** may seem to correlate with these elements, it is misleading to assume that all members of a specific racial group will experience the same health outcomes (Whitemarsh and Jones 2010). Instead, while certain diseases are linked to racial identity, lifestyle factors such as smoking and diet also play a **role**. These, of course, are also influenced by racial identity! These circumstances are shaped by a wider set of forces: economics, social policies, and politics.

Unpacking Oppression, Healing Justice: Social Determinants of Health and ACEs

Sociologists and health researchers use two different models to predict health outcomes. Social determinants of health measure the social factors that may impact a community's health outcomes. **Adverse Childhood Experiences (ACEs)** are potentially traumatic events that occur in childhood (0-17 years). The ACEs model measures the amount of **trauma** a child experiences and describes the impact of trauma on health outcomes. **Trauma** is a person's (or group) response to a deeply distressing or disturbing event that overwhelms one's ability to cope. Trauma causes feelings of helplessness, diminishes self-esteem and limits a person's ability to feel a full range of emotions and experiences (Onderko 2018). Let's examine both of these models.

Social Determinants of Health



Figure 10.6 This is a model of the Social Determinants of Health (SDOH), provided by the CDC. How do these factors impact your own health or the health of your family? How might these factors impact the health of families who are different from you? [Image description.](#)

Social scientists and health professionals use this model of social determinants of health to describe the social factors that influence the health or lack of health of different social groups. The Centers for Disease Control (CDC) created the model in figure 10.6. We see that access to quality health care influences how healthy you might be. Whether your neighborhood is located next to an oil refinery, as described in [Chapter 8](#), changes your health outcomes. You might be surprised that **education** access and quality also impact your health. However, you might remember from [Chapter 5](#) that education and **wealth** are correlated. Wealthy people can pay more money for healthcare. Additionally, they get better educations, which sometimes leads to better health choices.

The way organizations and institutions create models for the social determinants of health can change what we see. If you'd like to explore this question more deeply, here is a model from the [World Health Organization \[Website\]](#) and a [SDOH model from the Canadian First Nations Peoples \[Website\]](#). Why might these models be different from each other?

In a slightly different social model of health, researchers look at how trauma over time affects health outcomes.

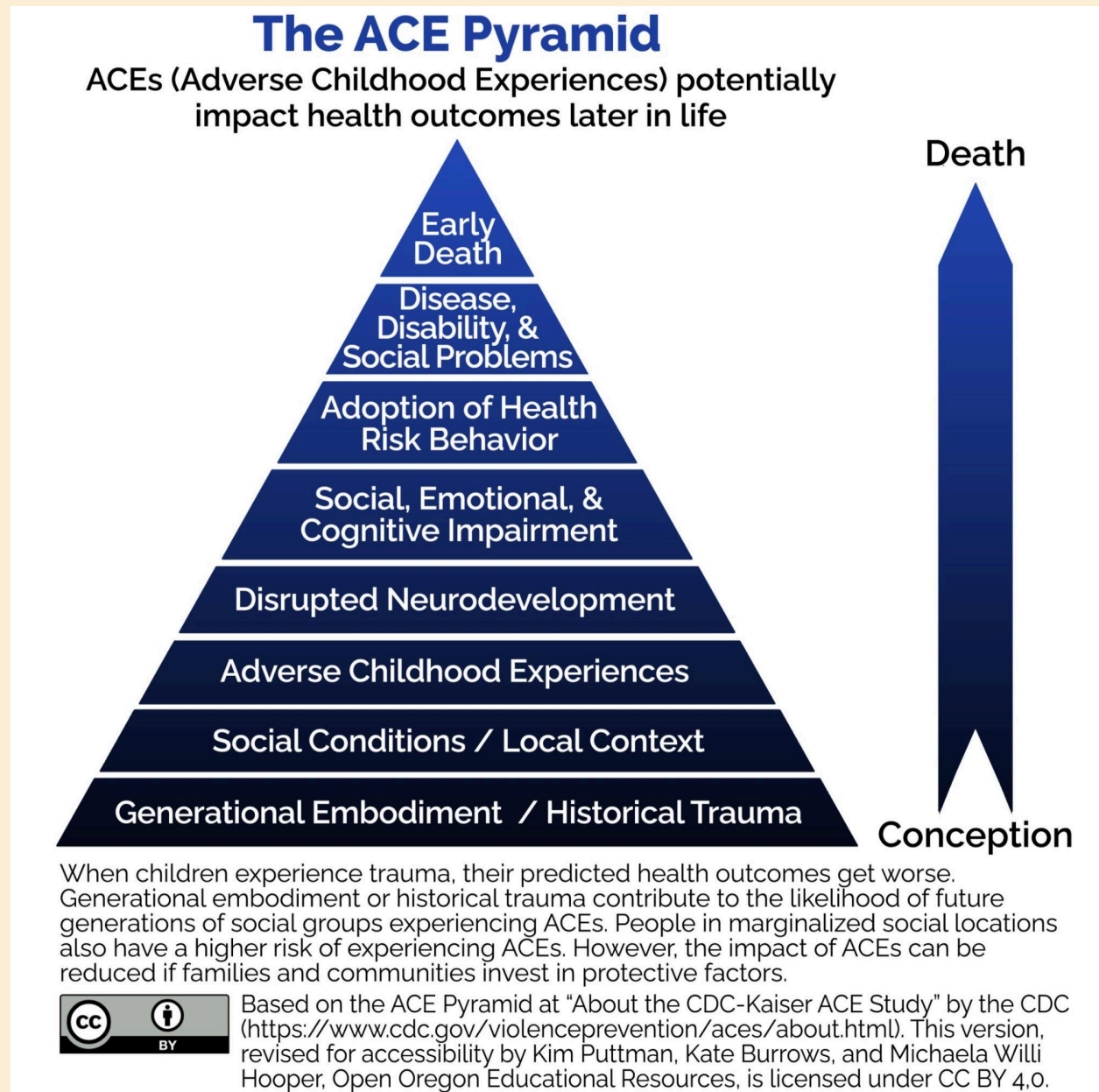


Figure 10.7 The ACE pyramid: Many of us experience some adverse childhood events. When communities and families invest in protective factors, the impact of ACEs on our future health outcomes decreases. [Image description.](#)

Figure 10.7 shows the ACE Pyramid distributed by the Centers for Disease Control and Prevention. Adverse Childhood Experiences (ACEs) potentially impact health outcomes later in

life. An arrow on the side shows the progression from conception (at the bottom) to **death** (at the top). The levels, from conception to death, are:

- Generational Embodiment/**Historical Trauma**
- Social Conditions/Local Context
- Adverse Childhood Experiences
- Disrupted Neurodevelopment
- Social, Emotional, & Cognitive Impairment
- Adoption of Health Risk Behavior
- Disease, **Disability**, & Social Problems
- Early Death

When children experience trauma, their predicted health outcomes get worse. These adverse or traumatic experiences may include growing up in a family with **mental health** or substance abuse issues, child abuse, or other experiences of violence. Because a person who experiences these events is more likely to experience some physical and mental health challenges in childhood, they are more likely to adopt risky behaviors as an adult. Additionally, the more ACEs an adult has, the more it can predict that person's risk of developing health problems such as diabetes, heart disease, and cancer. If left untreated, the related diseases and disabilities can lead to early death.

However, when children get help from caring adults, are connected with others, or receive competent professional support, they can recover from this early trauma. These interventions and others are known as protective factors. If families and communities support children with protective factors, the negative health impacts of trauma decrease. Many people experience at least one Adverse Childhood Experience in their lifetime. However, people in marginalized social locations have more risk of ACEs.

Beyond the experience of an individual, generational embodiment or historical trauma contributes to the likelihood of future generations of social groups experiencing ACEs.

Historical trauma is multigenerational trauma experienced by a specific cultural, racial or ethnic group (Administration for Children and Families N.d.). It is related to major events that oppressed a particular group of people because of their status as oppressed, such as slavery, the Holocaust, forced migration, and the violent **colonization** of Indigenous people in North America. The generational embodiment of this trauma means that trauma responses of a previous generation are passed down to future generations unless they are healed. For a deeper look at how ACEs work, you have the option to watch this TED Talk, "[How Childhood Trauma Affects Health Across a Lifetime \[Streaming Video\]](#)."

Trauma Affects Health Across a Lifetime [Streaming Video]."

Now it's your turn to unpack oppression and heal justice.

This particular activity has two options:

1. **Create a Social Determinants of Health model for your community.** You'll want to look at the two models presented here to understand what to illustrate. Then, you can research factors that influence your community's health. You might have only a small hospital—so access to health ser-

vices is low. You might have really clean ocean air, so environmental risk factors are low. How might you illustrate that one is low and one is high—perhaps the size of the shapes could change. Many counties have a county health assessment report like the one here: [Lincoln County Community Health Assessment \[Website\]](#). A report or fact sheet like this for your area might be helpful.

2. **Improve Protective factors.** Please review this infographic from the Centers for Disease Control, [We Can Prevent Childhood Adversity \[Website\]](#). What risk factors are most relevant in your community? How could you improve the protective factors for your children or children in your community?

Health Inequalities by Race and Ethnicity

When looking at the social epidemiology of the United States, it is easy to see health disparities between people with different races and ethnicities. The discrepancy between Black and White Americans shows the gap clearly. In 2018, the average **life expectancy** for Black males was 74.7 years. The average life expectancy for White males

was 78.5 years. This is a gap of almost 5 years (Wamsley 2021). **Mortality** measures how many people die at a particular time or place. Many families have experienced the tragedy of losing an infant, and it can be hard to talk about. We see similar disparities when we look at how many babies die or infant mortality. The 2018 infant mortality rates for different races and ethnicities are as follows:

Infant Mortality Rates by Race and Ethnicity, 2018

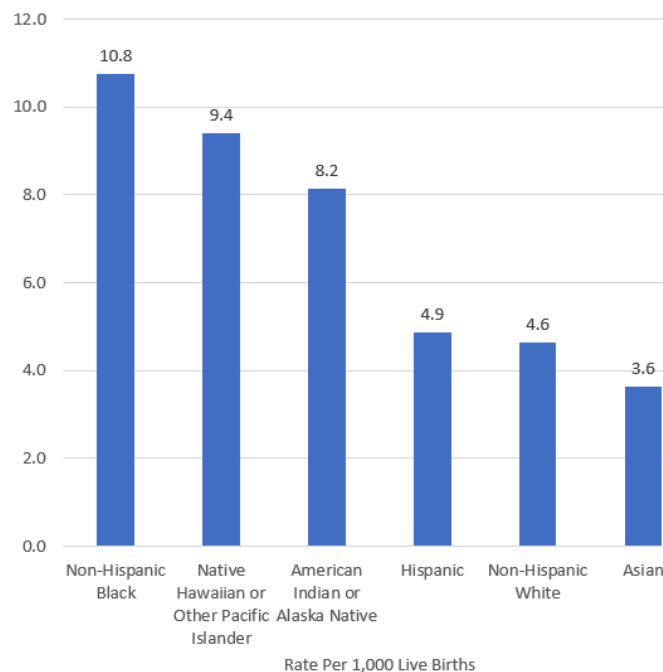


Figure 10.8 Infant Mortality by Race and Ethnicity, 2018. Infant mortality varies significantly by race and ethnicity. How might applying the Social Determinants of Health model help us to understand why? [Image description.](#)

According to a report from the Kaiser Family Foundation (2007), African Americans also have a higher incidence of several diseases and causes of mortality, from cancer to heart disease to diabetes. Mexican Americans and Native Americans also have higher rates of these diseases and causes of mortality than White people.

Lisa Berkman (2009) notes that this gap started to narrow as a result of the Civil Rights movement in the 1960s but began widening again in the early

1980s. What accounts for these persistent disparities in health among different groups? Much of the answer lies in the level of healthcare that these groups have access to. The level of healthcare is measured by specific quality measures, standards that measure the performance of healthcare providers for patients and populations. For example, quality measures include how many people get a flu shot, how long someone has to wait to see a doctor, or how often medication given for

low blood pressure actually results in lower blood pressure. Quality measures can identify important aspects of care like safety, effectiveness, timeliness, and fairness.

The National Healthcare Disparities Report used quality measures and **social location** to examine healthcare inequality. Even after adjusting for insurance differences, they found that Black, Indigenous, and People of Color receive poorer quality of care and less access to care than White dominant groups. The report identified these racial inequalities in care.

- Black people, Native Americans, and Alaska Natives receive worse care than Whites for about 40 percent of quality measures, which are standards for measuring the performance of healthcare providers to care for patients and populations.
- Hispanics, Native Hawaiians, and Pacific Islanders receive worse care than White people for more than 30 percent of quality measures.
- Asian people received worse care than White people for nearly 30 percent of quality measures but better care for nearly 30 percent of quality measures. (Agency for Healthcare Research and Quality 2020)

Although there are multiple, complex reasons for discrepancies in care, a simple illustration may help make the point. Medical professionals and public health workers are asking why Black and Brown people are more likely to die of **COVID-19**. One medical study examined the pulse oximetry measurements of Black and White people in the hospital. If you've been to the hospital, you likely have had to put your finger into a little device that tells the medical professionals how much oxygen is in your blood. That's oximetry. The study's authors examined how often these measurements were accurate for White and Black patients.

They found that Black patients were three times more likely than White patients to have shortages of oxygen in the blood that the monitor didn't pick up. Because COVID-19 mainly attacks the lungs and reduces oxygen, the discrepancies in the measurements of this device may lead to more medical complications in Black patients (Sjoding et al. 2021, Wallis 2021). In addition, blood oxygenation levels are part of complex automated medical alerts. If the measurements are wrong, they do not trigger the alerts which notify medical professionals to respond. Therefore, the related levels of care are lower and less effective for Black patients. To learn more, you have the option to watch the 4:47-minute video: [Investigating Claims That Oximeters Give Inaccurate Readings To Patients With Darker Skin \[Streaming Video\]](#).

Health Inequalities by Socioeconomic Status

The social location of wealth or **poverty** often influences health outcomes (Patel 2020). Marilyn Winkleby and her research associates (1992) state that "one of the strongest and most consistent predictors of a person's **morbidity** [incidence of disease] and mortality [death] experience is that person's socioeconomic status (SES). This finding persists across all diseases with few exceptions, continues throughout the entire lifespan, and extends across numerous risk factors for disease." In other words, having a lower SES makes you more likely to get sick or die of disease than people with a higher SES.

In Ijeoma Oluo's blog post, ["Healthcare...can't live with it....can't live without it" \[Website\]](#), the author describes her childhood experience in Japan. Feel free to read it for yourself if you'd like to. She explores how being poor changes a current healthcare crisis for her mother and her own ability to eat without pain. She writes that when you are poor, the only option you have when a tooth

goes bad is to get it pulled. Even if you get richer as an adult, your mouth tells the story of your poverty because it is full of gaps (Oluo 2022). Although this post contains some strong language, feel free to read it to learn more.

Money is only part of the SES picture. Social **class** also influences how likely you are to have health insurance. Particularly in the United States, where healthcare is not universal, the poorer you are, the less likely you are to have quality health insurance. Suppose you have a full-time, beneficial managerial job in a large multinational corporation. In that case, you will likely receive paid time off, excellent health insurance, long-term care insurance, and contributions to your retirement. This package of benefits helps you to prevent disease and stay healthy.

Conversely, suppose you have a low-wage seasonal job, particularly in a state that doesn't participate in the Affordable Care Act. In that case, neither your employer nor the government provides health care insurance for you. You pay for your health care out of your own pocket. Given the high cost of care, you will likely delay getting treatment, not have access to preventative care, or not be able to pay for complex treatment. In the U.S., economics, insurance, and health outcomes are linked in enormously inequitable ways.

But economics isn't the only driver of health outcomes. As we discussed in **Chapter 6**, class and education are related. Education is another variable that influences health outcomes. Phelan and Link (2003) note that many behavior-influenced diseases like lung cancer (from smoking), coronary artery disease (from poor eating and exercise habits), and HIV/AIDS initially were widespread across SES groups. However, once information linking habits to disease was shared, these diseases decreased in high SES groups and increased in low SES groups. This illustrates the important role of education initiatives regarding a given disease and possible inequalities in how those initiatives effectively reach different SES groups.

To find data on why people of low SES are more likely to contract and die from COVID-19, we look outside the United States to a study conducted in England. The study finds that people who are poor are more likely to live in overcrowded or substandard housing. These conditions make it challenging for the people who live there to quarantine effectively or maintain social distancing.

According to this study, people who are poor are more likely to be essential workers: servers, grocery clerks, delivery drivers, and other service workers. These essential workers have been required to keep their jobs and continue their interactions with many other people, increasing their risk of exposure to the virus. These essential workers are indeed heroes, but they had little choice because of their social location. If we wanted to recognize them, instead of just calling them "heroes," we could raise wages.

Finally, because people with a lower socioeconomic status experience financial insecurity, they can be more stressed. This stress often translates into weakened immune systems, making it difficult to fight the virus. Finally, poorer people may delay going to the hospital because they have less access to quality healthcare. Because they have to wait until their health is in crisis to get medical attention, their symptoms are more severe, making it more difficult for them to recover.

Health Inequalities by Biological Sex

The Pandemic has finally opened our eyes to the fact that health is not driven just by biology, but by the social environment in which we all find ourselves and **gender** is a major part of that.

– Professor Sarah Hawkes, Co-Director of GH5050

In addition to **race**, ethnicity, and class, gender also influences health outcomes generally, and COVID-19 outcomes more specifically. During the pandemic, women are more likely to be caregivers for family members and work as frontline health workers than men, increasing their risk of exposure. If you'd like to learn more, [A Gender Perspective on COVID-19 \[Streaming Video\]](#), the Georgetown Institute for Women, Peace, and Security highlights some of the ways females may experience COVID-19 differently than males.

Over time, though, worldwide data is showing that women and men are getting infected with COVID-19 at near equal rates. Stereotypes regarding the types of occupations and tasks taken on by women that led them to get more serious COVID-19 infections did not hold up once the statistics started to come in. In fact, men are more likely to die from a COVID-19 infection than women.

Fig 3. Number of Global COVID-19 Deaths where the Sex is Known, January 2021 - November 2021

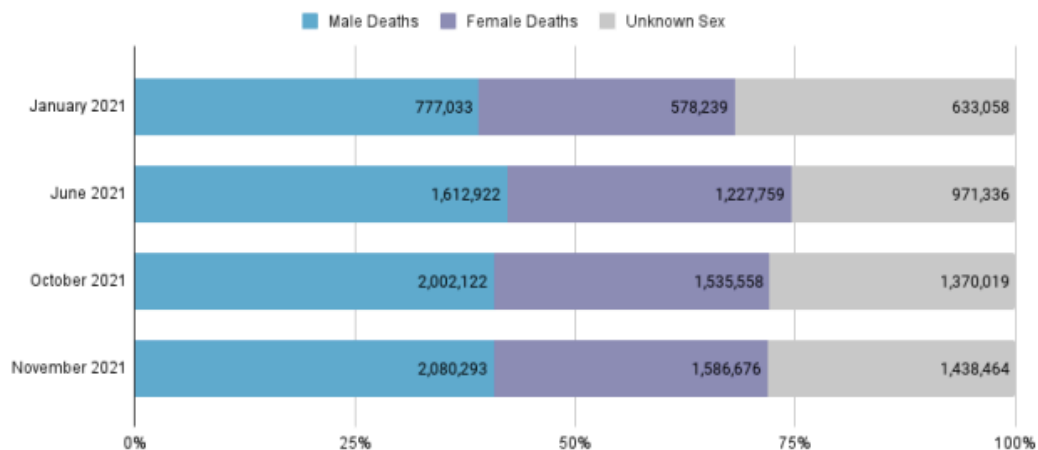


Figure 10.9 Number of Global COVID-19 Deaths Where Sex is Known, as of 2021. Men die more frequently. [Image description.](#)

The **Sex**, Gender, and COVID-19 Project works to collect all kinds of COVID-19 numbers, and dis-aggregate, or separate, the statistics by male, female, or non-binary gender. The chart in figure 10.9 demonstrates that more men are dying from COVID-19 than women.

To understand why this is so, the social scientists from this project highlight both biological sex characteristics and socially constructed gender. They note that men have higher levels of an enzyme called ACE2. This enzyme allows viruses to enter cells more easily, which might tend to make men sicker than women. In addition to biological differences, the evidence highlights differ-

ences in behavior and social structures. In general, men tend to engage in more risky health behaviors such as drinking and smoking. These behaviors lead to poorer overall health and more risk of early death. Also, men tend to seek treatment later than women. The scientists write:

However, experience and evidence thus far tell us that both sex and gender are important drivers of risk and response to infection and disease. For example, even in the case of ACE2 (the enzyme that helps the virus enter the body's cells), there are generally more ACE2 receptors in the heart cells of someone with pre-existing heart disease. And heart disease itself is associated with gender. In many societies today it is men who are more likely to suffer from heart disease and chronic lung disease as they are more frequently smokers, drinkers or working in occupations that expose them to risk of air pollution.

Other gender-based drivers of inequality may include men's generally lower use of health services, including preventive health services – which might mean that men are further along in their illness before they seek care, for example. (The Sex, Gender and COVID-19 Project 2022)

We are reacting to the COVID-19 pandemic and trying to understand complex links between the causes of pandemic sickness and death at the same time, so our scientific conclusions may change as we learn more. Even if the final analysis changes, gender is one dimension of difference that helps to explain unequal health outcomes during COVID-19.

Gender is also a key variable in understanding health with a wider lens. Women are affected adversely both by unequal access to and institutionalized **sexism** in the healthcare industry. According to a report from KFF, women experienced a decline in their ability to see needed specialists between 2001 and 2008. In 2008, one-quarter of women questioned the quality of their healthcare (Ranji & Salganico 2011). Quality is partially indicated by access and cost. In 2018, roughly one in four (26 percent) women—compared to one in five (19 percent) men—reported

delaying healthcare or letting conditions go untreated due to cost. Because of costs, approximately one in five women postponed preventive care, skipped a recommended test or treatment, or reduced their use of medication due to cost (Ranji, Rosenzweig, and Salganicoff 2018).

In addition, many critics also point to the **medicalization** of women's issues as an example of institutionalized sexism. **Medicalization** refers to the process by which previously normal aspects of life are redefined as deviant and needing medical attention to remedy. Historically and contemporaneously, many aspects of women's lives have been medicalized, including premenstrual syndrome, menstruation, pregnancy, childbirth, and menopause. The medicalization of pregnancy and childbirth has been particularly contentious in recent decades, with many women opting against the medical process and choosing natural childbirth.

Fox and Worts (1999) find that all women experience pain and anxiety during the birth process but that social support relieves both as effectively as medical support. In other words, medical interventions are no more effective than social ones at helping with the difficulties of pain and childbirth. Fox and Worts further found that women with supportive partners had less medical intervention and fewer cases of postpartum depression. Of course, access to quality reproductive health support outside the standard medical models may not be readily available to women of all social classes. It is also important to note that not all people with a uterus who may need this kind of healthcare identify as female and may face additional burdens finding reproductive healthcare.

Reproductive health is not limited to pregnancy and childbirth. It also includes the ability to choose when or whether to be pregnant. For centuries, women have controlled conception and pregnancy using plants and devices. As women's bodies became more medicalized, contraception and termination of pregnancy became managed

by doctors. In some cases, this was useful. Doctors developed “the Pill” in the 1950s. It was widely available in the 1970s (Liao and Dolin 2012). By reliably preventing conception, women had more choices in when to get pregnant. Often, this gave them more freedom to work, make money, and gain economic **power**.

The technology to provide safe, effective terminations of pregnancy also evolved. Abortion is the spontaneous or voluntary termination of pregnancy. As women fought to control their reproduction, the right to choose abortion became a hotly contested debate.



Figure 10.10 Activists supporting Roe v. Wade, then (left) and now (right). Why might reproductive rights be expanded and then removed?

On January 22, 1973, the Supreme Court affirmed the right to a woman’s privacy in matters surrounding her pregnancy in a 7-2 decision, commonly known as Roe v. Wade. The decision reads in part:

The Due Process Clause of the Fourteenth Amendment protects against state action the right to privacy, and a woman’s right to choose to have an abortion falls within that right to privacy. A state law that broadly prohibits abortion without respect to the stage of pregnancy or other interests violates that right. Although the state has legitimate interests in protecting the health of pregnant women and the “potentiality of human life,” the relative weight of each of these interests varies over the course of pregnancy, and the law must account for this variability. (Oyez N.d.)

Since then, women have had access to abortion services in all U.S. states. With access to safe and effective abortion, women’s health outcomes improved. Maternal mortality decreased, and there was less infant mortality (World Health Organization 2021).

However, like many social problems, some people did not agree that this law was correct. The conflict in values is based on politics, **religion**, and power. If you look at the conflict based on political party, you see that the Republican party argues that the unborn child has a right to life that cannot be violated. The Democratic party argues that people have the right to choose whether to get pregnant or to terminate pregnancy and to have access to safe, legal, affordable contraception and abortion.

However, not all Republicans and Democrats support their own party’s platform. Republicans who do support the platform are likely to be Protestant. Forty percent of them are White evangelical Christians (Lipka 2022). Republicans who

don't support the right to life are much less likely to be religious. Eighty percent of Democrats support the right to life. The 20 percent who don't are commonly White evangelical, Hispanic Catholic, or Black Protestant. The combination of race and religion appears to have a unique influence on beliefs about reproductive rights (Lipka 2022).

But differences in politics and religion mask a deeper divide: the debate over who controls women's bodies. Generally, men make the laws that control women and pregnant people's bodies. We'll examine why this is in [Chapter 12](#), when we discuss **patriarchy**.

We see the power of patriarchal systems in the challenges to *Roe v. Wade*. On June 24, 2022, access to abortion was removed as a federally protected right. Each state could decide whether abortions were legal or illegal. Many states limited the right to abortion. Other states protected the right to abortion.

The Supreme Court's decision to have states decide abortion rights has worsened health outcomes for women, particularly if they are poor or women of color. Women and people with uteruses may be arrested in some states if they have abortions. Doctors may face legal charges if they take action to terminate pregnancies, even when it is to save the mother's life. In mid-October 2022, a doctor was concerned about legal action in one case where the fetus would not survive at birth. The woman endured "a roughly six-hour ambulance ride to end her pregnancy in North Carolina, where she arrived with dangerously high blood pressure and signs of kidney failure" (Kusisto 2022). Because poor women and women of color, who are disproportionately poor, can't afford to travel to states which protect abortion rights, they are even more at risk.

The medicalization of health, particularly regarding reproduction, encourages women and pregnant people to work for **reproductive justice**, a framework that centers on the human right to have children, not have children, and parent the children we have in safe and healthy environments (Beaumont and Bond-Theriault 2017). If you want to learn more about reproductive justice, watch the 1.52-minute video: [What is Reproductive Justice? \[Streaming Video\]](#).

Health Inequalities by Sexual Orientation and Gender Identity

Gender identity and **sexual orientation** may also impact how a person experiences health and illness. However, understanding these unequal experiences based on sociological data is challenging. Because it has been illegal to be **queer** or transgender until recently in the United States, many people do not disclose their unique identities. The agencies that collect data about gender identity and sexual orientation have only recently begun to re-tool their data collection methods so that people can report their gender identity or sexual orientation. Despite these limitations, though, we notice inequality.

For example, when the Centers for Disease Control and Prevention (CDC) examined risk factors for COVID-19 illness or death, they found that gay, lesbian, and bisexual people had challenging underlying health conditions more often than straight people (figure 10.11). The report points primarily to economic causes as a core cause of the difference, indicating that lesbian, gay, and bisexual people, particularly if they are Black or Brown, experience less economic stability (Heslin and Hall 2021).

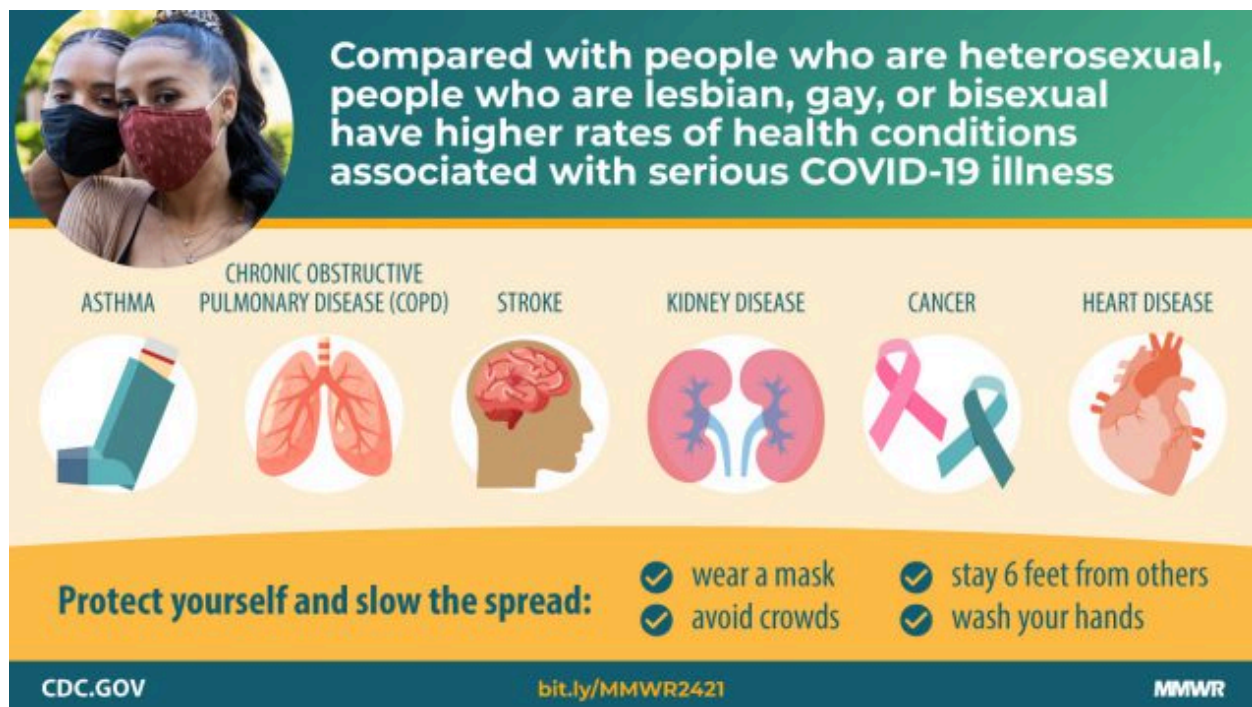


Figure 10.11 CDC Infographic COVID and LGBTQIA+ health (Heslin & Hall 2021). Because LGBTQIA+ people tend to be poorer than straight, CIS people, they often have more underlying conditions. These underlying conditions may put them at higher risk for poor COVID-19 outcomes. [Image description.](#)

When examining the overall health of lesbian, gay, bisexual, and transgender people, the American College of Physicians finds similar issues. They also highlight the connections between laws, **discrimination**, and rejection that result in poorer health outcomes for **LGBTQIA+** people:

These laws and policies, along with others that reinforce **marginalization**, discrimination, social **stigma**, or rejection of LGBT persons by their families or communities or that simply keep LGBT persons from accessing health care, have been associated with increased rates of anxiety, suicide, and substance or alcohol abuse (Daniel and Butkus 2015).

Transgender people have unique health concerns that are rarely addressed well by current practices. Although transgender people differ in their desires regarding medical support for their physical transitions, many of the procedures are not covered by insurance. When examining health

outcomes for transgender people, the report states:

Transgender persons are also at a higher lifetime risk for suicide attempt and show higher incidence of social stressors, such as violence, discrimination, or childhood abuse, than nontransgender persons. A 2011 survey of transgender or gender-nonconforming persons found that 41 [percent] reported having attempted suicide, with the highest rates among those who faced job loss, harassment, poverty, and physical or sexual assault (Daniel and Butkus 2015).

In this episode of **All Things Considered: Health Care System Fails Many Transgender Americans** [\[Streaming Video\]](#), which you can watch and read if you choose, the journalist notes that simple things, like having forms that indicate only male and female, become barriers to accessing health care services. Transgender people are

more likely to experience preventable health conditions because it is difficult to find medical providers who will treat them with respect. The

videos that are linked to this episode explore issues related to transgender health in more detail.



Figure 10.12 "So, you want to transition?" is student created artwork. They illustrate that the doctor holds a binary understanding of gender identity. The person looking to transition, meanwhile, is trapped by those options because their gender identity is nonbinary.

In our classroom piloting of this textbook, one student who participated in the open **pedagogy** of the Social Problems class and the Social Change class expanded our collective understandings of gender identity and sexual orientation. They shared their own experiences of gender identity and created art to convey the **prejudice** that they experience from the medical community. The image in figure 10.12 conveys the understanding of the physician that gender can only be experienced in a binary way and the limited belief that transitioning means to fulfill one of those gender

identities. When you examine the picture from the perspective of the trans person, you see both a key and a chain. The chain represents how a trans person is often chained to the binary during medical transition. The key represents how a trans-non-binary person would want to break away from the binary the medical system puts on them in order to meet the transition goals they actually have.

The student writes:

Being able to be a part of progress for the future and being able to influence the learning of people like me who take **Sociology** was an unexpectedly heart-warming experience. During the class itself, it didn't feel that impactful. However, as the class was coming to a close, I got the sense that my, and the rest of my class, were going to change the class just as much as the class changed us.

I also got the opportunity. After noticing a gap in knowledge in the textbook about medical discrimination for trans people, I wrote an essay detailing the issues that trans people like myself deal with while trying to transition. While it was relevant then, it seems even more relevant now. When asked to elaborate artistically, as a nonbinary person myself, I was able to delve more into the feelings associated with such discrimination – frustration, helplessness, anger and shame. After sharing this essay and the art pieces illustrating my points, I felt that my efforts were actually going to do something beyond fulfilling the necessities of the assignment.

This experience in open pedagogy supported the student in telling their truth. Their classmates were able to learn from this example. One student even changed the topic of her paper from women's reproductive rights to people's reproductive rights, to honor the fact that not all people with uteruses identify as women. And, because this art and essay can be incorporated into the course build and textbook, future students are able to benefit.

Perhaps this doesn't need to be said, but it is not the gender identity or sexual orientation per se that causes poorer health outcomes. Instead, it is the **social structure** embedded with stigma, discrimination, and violence that makes life riskier and shorter for LGBTQIA+ people.

Licenses and Attributions for Epidemiology in the U.S.: Health Disparities by Social Location

Open Content, Original

"Epidemiology in the U.S.: Health Disparities by Social Location" by Kathryn Burrows and Kimberly Puttman is licensed under [CC BY 4.0](#).

Figure 10.7. "The ACE Pyramid" by Kimberly Puttman, Kathryn Burrows, and Michaela Willi Hooper, [Open Oregon Educational Resources](#), is licensed under [CC BY 4.0](#). Based on the ACE Pyramid in "[About the CDC-Kaiser ACE Study](#)" by the [Centers for Disease Control \(CDC\)](#), which is in the [Public Domain](#).

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"Health by Race and Ethnicity," "Health By SES," and "Health by Gender" are adapted from "[Health in the United States](#)" by Tonja R. Conerly, Kathleen Holmes, Asha Lal Tamang, [Introduction to Sociology 3e, Openstax](#), which is licensed under [CC BY 4.0](#). Modifications: Added additional details related to infant mortality rates, racism, COVID-19 and outcomes for LGBTQIA+ populations.

"Morbidity" definition from [Introduction to Sociology 3e](#) by Tonja R. Conerly, Kathleen Holmes, and Asha Lal Tamang, [Openstax](#) is licensed under [CC BY 4.0](#).

Figure 10.6. "[Social Determinants of Health Model](#)" by the [Centers for Disease Control \(CDC\)](#) is in the [Public Domain](#).

Figure 10.8. “**Infant Mortality by Race and Ethnicity, 2018**” by the **Centers for Disease Control (CDC)** is in the **Public Domain**.

Figure 10.9. “**Number of Global COVID-19 Deaths Where Sex is Known, as of 2021**” by **The Sex, Gender and COVID-19 Project** is licensed under **CC BY-NC 4.0**.

Figure 10.10 (left). “**Sen. Judiciary subcomm. Hearing on abortion amendment 1974**” by Warren K. Leffler has no known copyright restrictions. Courtesy of the **Library of Congress**.

Figure 10.10 (right). “**Roe v. Wade**” by **Susan Ruggles** is licensed under **CC BY 2.0**.

Figure 10.11. “Infographic on Sexual Orientation and COVID-19” from “**Sexual Orientation**

Disparities in Risk Factors for Adverse COVID-19–Related Outcomes, by Race/Ethnicity — Behavioral Risk Factor Surveillance System, United States, 2017–2019” by the **Centers for Disease Control (CDC)** is in the **Public Domain**.

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Figure 10.12. Artwork “So, you want to transition?” © EME, Student Soc 205 and 206 is all rights reserved and included with permission.

10.4 Sociological Theories of Health

Kathryn Burrows

Like all social problems, the concepts of **health** and illness are socially constructed. The definition of the **social construction** of illness experience is based on the idea that there is no objective reality, only our own perceptions of reality. The theories surrounding the social construction of health emphasize the social and cultural aspects of the discipline’s approach to physical, objectively definable phenomena. This section examines a comprehensive framework that focuses on the cultural meaning of illness, the social construction of the illness experience, and the social construction of medical knowledge (Conrad and Barker 2010).

The Cultural Meaning of Illness

Most medical sociologists contend that illnesses have both a biological and an experiential component and that these components exist independently of each other. Dominant White **culture** influences the way we experience illness, dictating which illnesses are stigmatized, which are considered disabilities or impairments, and which are contestable illnesses (Conrad & Barker 2010).

Contested illnesses are those that are questioned or questionable by some medical professionals. Disorders like fibromyalgia or chronic fatigue syndrome are real physical experiences, but some medical professionals contest whether these ailments are definable in medical terms. This causes a problem for a patient with symptoms that might be explained by a **contested illness**—how to get the treatment and diagnosis they need in the face of a medical establishment that does not believe their symptoms are real.

We also see the social construction of health and illness when we try to measure and treat pain. Individual and cultural perceptions of pain can make it difficult for healthcare workers to treat illnesses since they cannot be measured using a device. A person's experience of pain is subjective, and a physician's response to treating pain is highly variable. In addition to individual and cultural differences in the response to pain, the medical system's response to pain varies by **race**. Minority women are less likely to receive adequate pain medication during childbirth (Lange, Rao, and Toledo 2017) and the postpartum period (Badreldin, Grobman, and Yee 2019). If you would like to learn more, [**How we fail black patients in pain \[Website\]**](#) explores some reasons why physicians may give less pain medication to Black and Brown people than to White people.

In addition to pain, it can be challenging to come to a shared understanding of physical activity. Assessment tools like the Rating of Perceived Exertion (RPE) Scale attempt to measure exertion at the individual level using accessible language and visual cues. This RPE chart includes the Wong-Baker FACES pain assessment tool, which is used often in healthcare settings because it works for a variety of ages, ability levels, and can be understood by those whose primary language is not English. The Rating of Perceived Exertion (RPE) chart (figure 10.13) gives a more complete view of an individual's actual exertion level, since heart rate or pulse measurements may be affected by medication or other issues (Centers for Disease Control 2022).

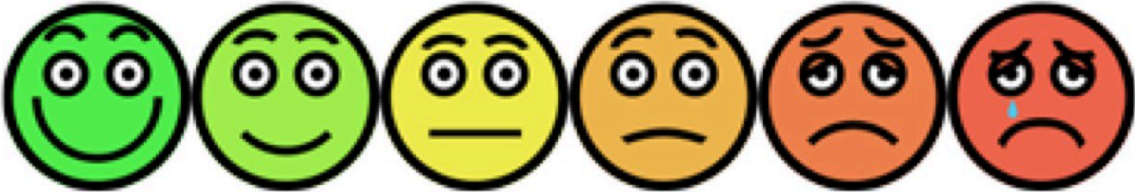
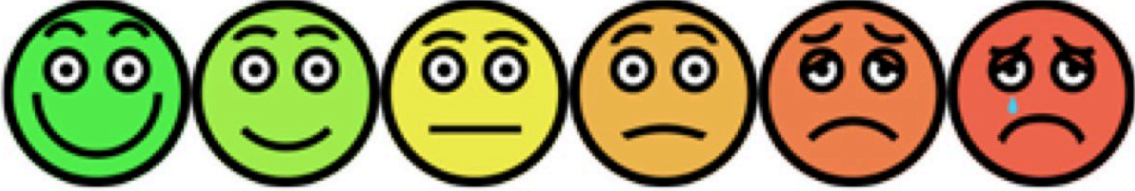
<p style="text-align: center;">Wong-Baker FACES Pain Rating Scale</p>  <div style="display: flex; justify-content: space-around; text-align: center;"> <div>0 NO HURT</div> <div>2 HURTS LITTLE BIT</div> <div>4 HURTS LITTLE MORE</div> <div>6 HURTS EVEN MORE</div> <div>8 HURTS WHOLE LOT</div> <div>10 HURTS WORST</div> </div>	<p>0 – Very light activity</p>	<p>Min tion tha or act</p>
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Figure 10.13 Rating of Perceived Exertion (RPE) Scale combined with the Wong-Baker FACES pain assessment tool. How is this chart an example of the social construction of

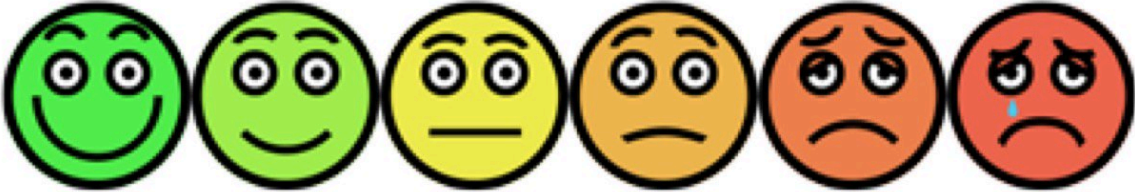
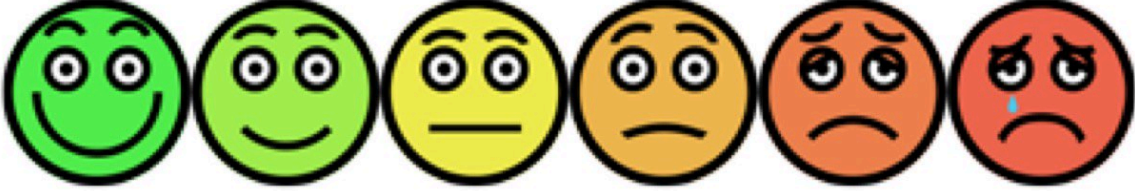
<p style="text-align: center;">Wong-Baker FACES Pain Rating Scale</p>  <div style="display: flex; justify-content: space-around; text-align: center;"> <div>0 NO HURT</div> <div>2 HURTS LITTLE BIT</div> <div>4 HURTS LITTLE MORE</div> <div>6 HURTS EVEN MORE</div> <div>8 HURTS WHOLE LOT</div> <div>10 HURTS WORST</div> </div>	<p>4 – Moderate activity</p>	<p>Feeling able to not the most</p>
<p style="text-align: center;">Wong-Baker FACES Pain Rating Scale</p>  <div style="display: flex; justify-content: space-around; text-align: center;"> <div>0 NO HURT</div> <div>2 HURTS LITTLE BIT</div> <div>4 HURTS LITTLE MORE</div> <div>6 HURTS EVEN MORE</div> <div>8 HURTS WHOLE LOT</div> <div>10 HURTS WORST</div> </div>	<p>6 – Vigorous activity</p>	<p>Feeling for much you work</p>

Figure 10.13 Rating of Perceived Exertion (RPE) Scale combined with the Wong-Baker FACES pain assessment tool. How is this chart an example of the social construction of

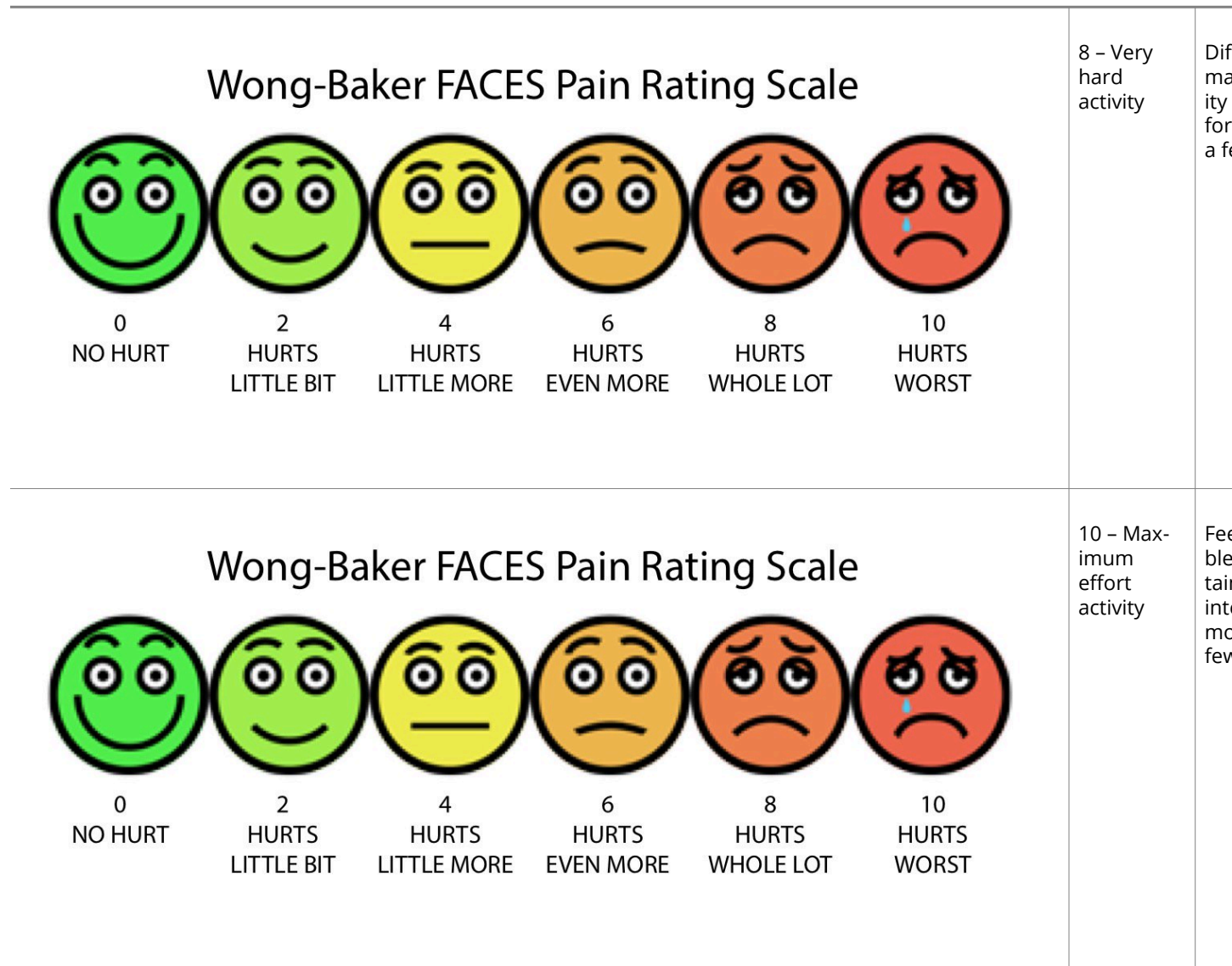


Figure 10.13 Rating of Perceived Exertion (RPE) Scale combined with the Wong-Baker FACES pain assessment tool. How is this chart an example of the social construction of

Sick Role and Functionalist Perspective

Health is vital to the stability of the **society**, so *illness* is often seen as a form of deviance. The American sociologist Talcott Parsons studied the social system. He examined the functions of sickness and health in his book *The Social System*, published in 1951, exploring the roles of the sick person and the doctor. The **sick role** is defined as patterns of

expectations that define appropriate behavior for the sick and those who take care of them.

Having a physician certify that the illness is genuine is an important symbolic step in taking on the sick **role**. It also reveals the strong **power** and authority differential between the patient and physicians. An example of the power differential between a patient and the physician is if a physician calls the patient on the phone and leaves a

voice message, the social **norm** is that the patient will call the physician back as soon as possible.

However, if the patient calls the physician, the expectation is that it may take several days for the call to be returned. In this example, the physician's priorities are different from that of the patient's. The patient has more social expectations to do what the physician says, and the physician has fewer social norms compelling them to respond to the patient. A long-term illness can make our world seem smaller, more defined by the illness than anything else. An illness can be a chance for discovery, for re-imaging a new self (Conrad and Barker 2007).

Social Disparities and the Conflict Perspective

According to conflict **theory**, the dominant group in society, those people with power and money, make decisions about how the healthcare system runs. Therefore, they ensure that they have access to quality healthcare. To ensure that subordinate groups stay subordinate, they restrict access to care. This creates significant healthcare and health disparities between the dominant and subordinate groups. These ideas come straight from the conflict perspective introduced in Chapter 3, which emphasizes that social **class** difference is the main cause of unequal outcomes, including health outcomes. However, as previously discussed, single-determinant models are insufficient to explain our complex social problems.

Healthcare institutions include thousands of doctors, staff, patients, and administrators. They are highly bureaucratic. They do not serve everyone equally, often because of **structural racism**, **sexism**, **ageism**, and heterosexism. When health is a commodity, marginalized people are more likely to experience illness caused by poor diet, and living and working in unhealthy environments.

Medicalization and the Symbolic Perspective

The term **medicalization** of deviance refers to the process that changes *bad* behavior into *sick* behavior. A related process is demedicalization, in which *sick* behavior is normalized again. Both of these concepts come from the symbolic interactionist perspective of **sociology**, which asserts that society is created by repeated interactions between individuals and groups. Medicalization and demedicalization affect who responds to the patient, how people respond to the patient, and how people view the personal responsibility of the patient (Conrad & Schneider 1992).

So far in this chapter, we have discussed medicalization as the process in which situations and behaviors are considered medical problems rather than social problems. In the case of the medicalization of deviance, the social problems that may be medicalized are deviant behaviors.

Another important example of medicalization is the significant differences in who delivers babies worldwide. In Great Britain, midwives deliver half of all babies, including Kate Middleton's first two children, Prince George and Princess Charlotte. In Sweden, Norway, and France, midwives oversee most expectant and new mothers, enabling obstetricians to concentrate on high-risk births. In Canada and New Zealand, midwives are so highly valued that they're brought in to manage complex cases that need special attention.

The medicalization of childbirth in the U.S. is so pervasive that most expectant mothers in the U.S. give birth in hospitals, with fetal monitors, medications, and other medical interventions that are unnecessary for most healthy pregnancies. In fact, severe maternal complications in the U.S. have more than doubled in the last 20 years.

Maternity care shortages have reached critical levels, with nearly half of all U.S. counties without a practicing obstetrician-gynecologist. In **rural** areas, hospitals offering obstetric services have

fallen more than 16 percent since 2004. Midwives are far less prevalent in the U.S. than in other affluent countries, attending around 10 percent of births. The extent to which they can legally participate in patient care varies widely from one state to the next. At times, the cultural stigmas regarding medical practices can cause people to seek medical services that don't meet their needs. There are other aspects of the U.S. healthcare system that rise as important social problems to be addressed.

Intersectional Theories of Health

Racism and Weathering



Figure 10.14 Arline Geronimus is a public health researcher who argues that the harm of racism itself is a cause of health inequality for People of Color. How is this explanation different from other explanations of health disparities?

When we consider the causes of poor health outcomes, a common theory about why People of Color have poor health outcomes is because they are disproportionately poor. They don't have the money or health insurance that they need to get the needed level of medical care. This theory is partially true. However, researcher Arline Geronimus argues that **racism** itself can impact health outcomes. She coined the term **weathering** to describe the impact that **social location** can have on health. **Weathering** is the idea that chronic exposure to social and economic disadvantage leads to an accelerated decline in physical health outcomes (Geronimus 2023).

As a student at Princeton, Geronimus worked with pregnant teenagers in Trenton, New Jersey. She noticed that many of these young moms had serious chronic conditions, even though they were still young. She wondered why. This curiosity led her to do extensive research (Demby 2018). She discovered that the physical body breaks down faster when you are exposed to chronic racism. The stress of wondering whether the **police** will stop you in traffic, or whether your children will come home safely, causes a stress overload in the body. This stress overload causes physical deterioration (Geronimus 2021).

While she originally did her research with Black people and focused on racial weathering, she has expanded her concept. During the **COVID-19** pandemic, she found that **marginalization** of oppressed populations related to race, class, **gender**, and other oppressions was likely to lead to poorer health outcomes related to COVID-19 (Geronimus 2021). Weathering partially explains racial and other disparities in a wide array of health conditions (Forde et al. 2019).

For example, in **Chapter 6**, we explored how structural racism leads to disproportionate **houselessness** for Black people in particular. Safe housing is one of the **social determinants of health**. Partially because Black people have less access to safe housing, they experience poorer health outcomes. This **NPR episode [Podcast]** explains the weathering concept if you would like more details.

The Hispanic Paradox



Figure 10.15 Social connections may be one of the reasons why Latinx families tend to be healthier than other families in similar economic circumstances. How do you see social connection as helpful in your own life?

Healthcare researchers also explore health outcomes for Hispanic people. They describe these outcomes as the “Hispanic Paradox.” Hispanics make up the largest and fastest-growing minority group in the U.S. (Funk and Lopez 2022). For decades, health services researchers have puzzled over a paradox among them. Hispanics live longer and have lower **death** rates from heart disease, cancer, and many other leading causes of death than non-Hispanic White people despite having social disadvantages, including lower incomes and worse access to health coverage.

There are many theories about why this might happen. The possibilities include stronger social networks, healthier eating habits, and lower smoking rates among some Hispanic groups, particularly newer arrivals. However, focusing on national data can mask important differences. It also matters if people have health insurance, speak primarily Spanish or English, or grew up in the U.S. or another country. The very heterogeneity of the Hispanic population— they were born here and they come from more than 20 countries, with widely differing experiences and social circumstances, including immigration status—makes it hard to pinpoint problems, including high rates of diabetes, liver disease, and certain cancers and

poor birth outcomes among some Hispanic groups. The same diversity challenges the validity of the Hispanic paradox (Hostetter and Klein 2018).

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10.5 Health Equity is Social Justice

Kathryn Burrows and Kimberly Puttman

As we examine the social structures of **health** and healthcare in the U.S. and worldwide, we see that governments influence health outcomes. In this *policymaking* step of the social problems process, governments decide who gets insurance, how people have access to clean water, or whether to fund initiatives related to reproductive health. We'll see that laws, policies, and practices related to health care and health access affect the **social problem** of health.

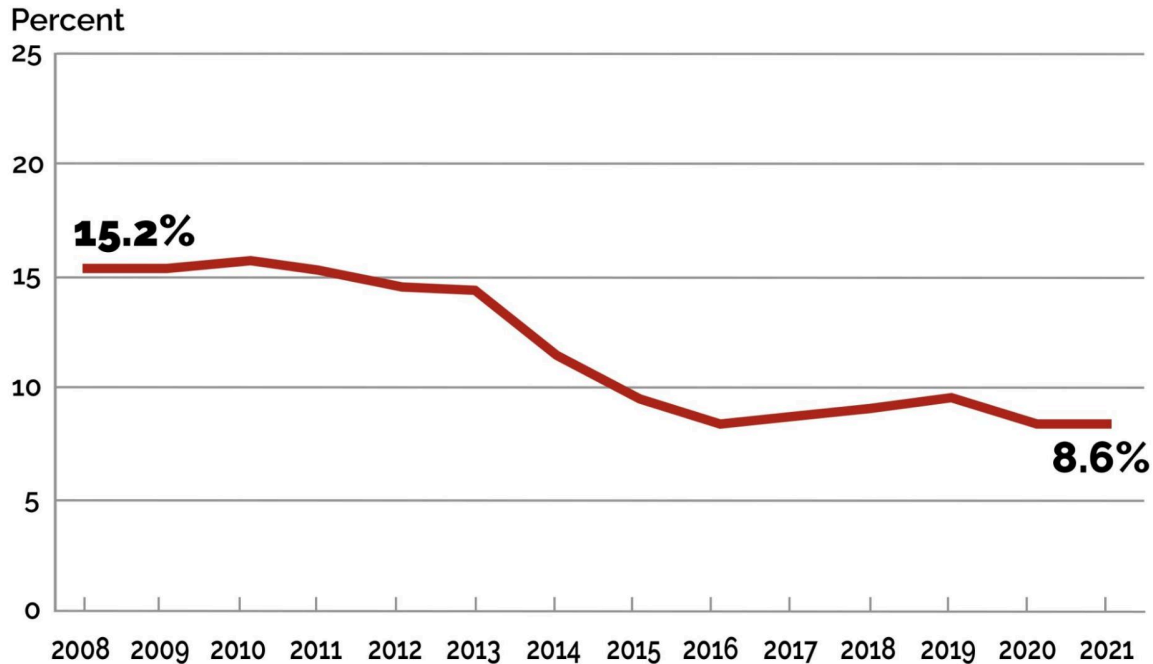
Changing U.S. Healthcare Policy

U.S. healthcare coverage can broadly be divided into two main categories: **public healthcare**, which is funded by the government, and **private healthcare**, which a person buys from a private insurance company. The two main publicly

funded healthcare programs are Medicare, which provides health services to people over 65 years old and people who meet other standards for **disability**, and Medicaid, which provides services to people with very low incomes who meet other eligibility requirements. Other government-funded programs include The Indian Health Service, which serves Native Americans; the Veterans Health Administration, which serves veterans; and the Children's Health Insurance Program (CHIP), which serves children.

Private insurance is typically categorized as either employment-based insurance or direct-purchase insurance. Employment-based insurance is health plan coverage provided in whole or in part by an employer or union. It covers just the employee or the employee and their family. Direct purchase insurance is coverage that an individual buys directly from a private company.

People Living in the U.S. Who Are Uninsured 2008-2021



Notes: Insured includes employer, non-group, Medicaid, Medicare, and military insurance. Uninsured: Includes those without health insurance and those who have coverage under the Indian Health Service only.
 Data source: Kaiser Family Foundation, Health Insurance Coverage of the Total Population:
<https://www.kff.org/other/state-indicator/total-population/>
 and Health Insurance Coverage of the Total Population (CPS):
<https://www.kff.org/other/state-indicator/health-insurance-coverage-of-the-total-population-cps/>



Designed by Elizabeth Pearce and Michaela Willi Hooper,
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Figure 10.16 With the Affordable Healthcare Act, the percent of uninsured people dropped by nearly half. How do you think this could change healthcare costs and healthcare outcomes in the United States? [Image description.](#)

The number of uninsured people is far lower now than in previous decades, but that doesn't mean everyone has the healthcare they need. In 2013, and in many years preceding it, the number of uninsured people was in the 40 million range, or roughly 18 percent of the population. The **Patient Protection and Affordable Care Act** (ACA) is a law that provides numerous rights and protections that make health coverage more fair and easier to understand, along with subsidies

(through "premium tax credits" and "cost-sharing reductions") to make it more affordable. When it was implemented in 2014 it allowed more people to get affordable insurance (Patient Protection and Affordable Care Act – Glossary N.d.).



Figure 10.17 The Affordable Care Act has been a savior for some and a target for others. As Congress and various state governments sought to have it overturned with laws or to have it diminished by the courts, supporters took to the streets to express its importance to them.

The Affordable Care Act (ACA) was a landmark change in U.S. healthcare. Passed in 2010 and fully implemented in 2014, it increased eligibility to programs like Medicaid, helped guarantee insurance coverage for people with pre-existing conditions, and established regulations to ensure insurance premiums collected by insurers and care providers went directly to medical care (as opposed to administrative costs). It also included an individual mandate, which required anyone filing for a tax return to either acquire insurance coverage by 2014 or pay a penalty of several hundred dollars. Other provisions, including government subsidies, are intended to make insurance coverage more affordable, reducing the number of **underinsured** or uninsured people.

The ACA remained contentious for several years. The Supreme Court ruled in the case of *National Federation of Independent Businesses v. Sebelius* in 2012, that states cannot be forced to participate in the ACA's Medicaid expansion. This ruling opened the door to further challenges to the ACA in Congress and the Federal courts, some state governments, conservative groups, and private businesses. The ACA has been a driving factor in elections and public opinion. In 2010 and 2014, the election of many Republicans to Congress came out of concerns about the ACA.

The uninsured number reached its lowest point in 2016, before beginning to climb again (Garfield, Orgera, and Damico 2019). People having some insurance may mask the fact that they could be **underinsured**; that is, people who pay at least 10 percent of their **income** on healthcare costs not covered by insurance or, for low-income adults, those whose medical expenses or deductibles are at least 5 percent of their income (Schoen et al. 2011).

However, once millions of previously uninsured people received coverage through the law, public sentiment and elections shifted dramatically. Healthcare was the top issue for voters going into the 2020 election cycle. The desire to preserve the law led to Democratic gains in the election (just a short time before **COVID-19** began to spread globally). With its passage, response, subsequent changes, and new policies, the ACA demonstrates the interplay between policymaking, social problems work, and policy outcomes, the last steps of Best's claimsmaking process.

Even with all these options, a sizable portion of the U.S. population remains uninsured. In 2019, about 26 million people, or 8 percent of U.S. residents, had no health insurance. That number increased to 31 million in 2020 (Keith 2020). People don't have health insurance for many reasons. Many small businesses can't afford to provide insurance to their employees. Many employees are part time, so they don't qualify for insurance benefits from their employers. Some people only have health insurance for part of a year (Keisler-Starkey and Bunch 2020). In addition, all states except for California and recently Oregon make it illegal for **undocumented** immigrants to receive Medicaid services through the ACA. Other states, such as Texas, are pushing to stop the spread of Medicaid to low-income citizens.

Changing Healthcare Policy Around the World

Clearly, healthcare in the United States has some areas for improvement. But how does it compare to healthcare in other countries? Many people in the United States believe that this country has the best healthcare in the world. While it is true that the United States has a higher quality of care available than many nations in the Global South, it is not necessarily *the best in the world*. In a report on how U.S. healthcare compares to that of other countries, researchers found that the United States does “relatively well in some areas—such as cancer care—and less well in others—such as **mortality** from conditions amenable to prevention and treatment” (Docteur and Berenson 2009). This conflict between values and outcomes is another example of the conditions of a social problem: that values and outcomes do not match.

Some consider the Patient Protection and Affordable Care Act (ACA) to be a slippery slope that could lead to **socialized medicine**, a term that for many people in the United States has negative connotations lingering from the Cold War era and earlier. Under a **socialized medicine** system, all medical facilities and expenses are covered through a public insurance plan that is administered by the federal government. It employs doctors, nurses, and other staff and owns and runs the hospitals (Klein 2009). The best example of socialized medicine is in Great Britain, where the National Health System (NHS) covers the cost of healthcare for all residents. Despite some U.S. citizens’ reaction to policy changes that hint at socialism, the United States Veterans Health Administration (VA) is administered in a similar way to socialized medicine in other countries.

It is important to distinguish between socialized medicine, in which the government owns the healthcare system, and **universal healthcare**, which is simply a system that guarantees healthcare coverage for everyone. Germany, Singapore,

and Canada all have universal healthcare. People often look to Canada’s universal healthcare system, Medicare, as a model for the system. In Canada, healthcare is publicly funded and administered by separate provincial and territorial governments.

However, the care itself comes from private providers. This is the main difference between universal healthcare and socialized medicine. The Canada Health Act of 1970 required that all health insurance plans must be “available to all eligible Canadian residents, comprehensive in coverage, accessible, portable among provinces, and publicly administered” (Kaiser Family Foundation 2010).

Reproductive Justice is Social Justice

Access to health insurance is not the only urgent social problem related to health. Issues related to reproduction and pregnancy are also social problems of health.

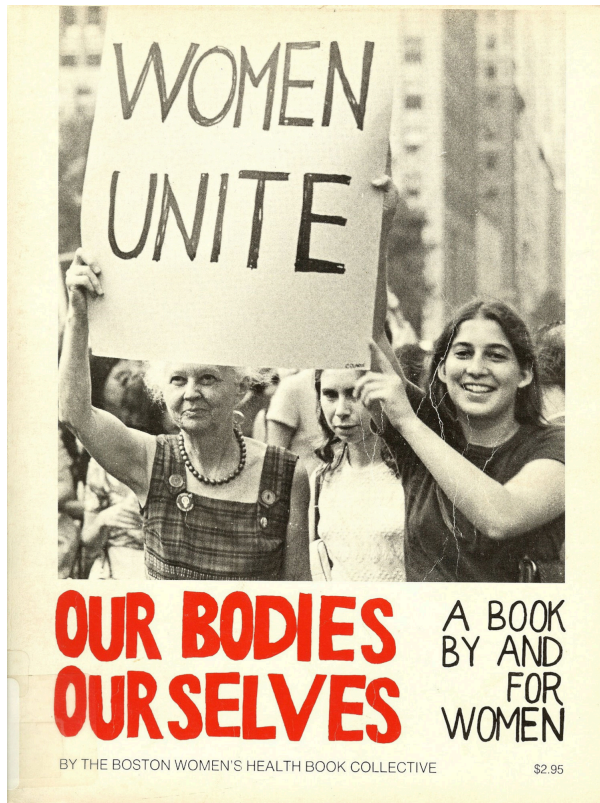


Figure 10.18 The Boston Women's Health Book Collective published *Our Bodies Ourselves* to educate women about women's health. Why would information like this increase reproductive justice?

Women have been sharing information about health forever, but this work became more focused with the 1970s women's movement. A women's collective wrote *Our Bodies Ourselves* to share concrete practical information about women's health. In their work, they told each other stories about their first periods and how they learned about menstruation. Generally, information about periods had been shrouded in mystery and shame. The book challenges this mystery and shame related to women's health, offering women clear, accessible information about health, information that wasn't generally accessible at the time. This collective is still going strong today (*Our Bodies Ourselves Today* 2023).



Figure 10.19 Feminist activists continue to agitate for reproductive justice. In the Boston Women's March in 2017, a protester wears a pussy hat and carries a sign that says "Stop The War On Women." Are there opportunities to create social justice through reproductive justice in your community?

Women's commitment to **reproductive justice** didn't stop with writing books and **education**. Feminists, including women, men and non-binary people, continue to work for reproductive justice. These efforts include supporting the 1973 *Roe v. Wade* decision, which protected the right to have an abortion. More recently, this social movement generated several Women's Marches on Washington D.C. and protests related to reproductive rights. The song "***I Can't Keep Quiet***" [[Streaming Video](#)] became one of the anthems of recent women's marches. Feel free to listen if you'd like.

Beyond education, writing and protesting, many organizations provide reproductive justice through healthcare services. SisterSong, the women of color reproductive justice coalition was formed in 1997 by 16 organizations of women of color. They write:

SisterSong's mission is to strengthen and amplify the collective voices of indigenous women and women of color to achieve reproductive justice by eradicating reproductive oppression and securing human rights. (SisterSong 2023)

They connect issues of **gender**, class, and **race** to create a national multi-ethnic movement to sup-

port reproductive justice, which includes not only access to safe abortion, but access to contraception, and freedom from forced sterilization. The organization collects funds and distributes them to birthing People of Color and **queer** or trans people who need birth support (Sistersong 2023).



Figure 10.20 Black Doulas improve maternal health outcomes for Black women and pregnant people. Why might demedicalizing maternal health care result in better outcomes?

Finally, midwives and birth doulas are offering options to ensure reproductive justice. Black Doulas, for example, help Black women and birthing people to have babies safely. This alternative is important to combat the **racism** in reproductive care, in which Black women are three times more likely to die than White women from pregnancy-related causes. A birth doula provides emotional and physical support to a pregnant person before, during, and after the birth. This cultur-

ally specific care improves outcomes for pregnant people:

As doula care is a proven, cost-effective means of reducing racial disparities in maternal health and improving overall health outcomes, policy advocates, legislators, and other stakeholders should undertake efforts to increase Medicaid and private insurance coverage of doula services. (Robles-Fradet and Greenwald 2022)

Reproductive Justice solutions include education, activism, and providing needed care. Reproductive Justice is **social justice**.

Interdependent Health Care Solutions to COVID-19

When you read about the numbers of people dying of COVID-19, the inequalities in meeting basic needs, or the reasons why children die more often in poorer countries, it is normal to feel overwhelmed by the depth and breadth of the social problems of health.

At the same time, our collective response to COVID-19 highlights our **interdependence** and our ability to create change. Even before COVID-19, health professionals highlighted how health for all requires acknowledging our interdependence. For example, in the article “The **power** of interdependence,” the authors write that connecting people, providers, and systems is essential:

Promoting optimal health outcomes for diverse patients and populations requires the acknowledgment and strengthening of interdependent relationships between health professions, education programs, health systems, and the communities they serve. (Van Eck et al. 2021)

Researchers have already started looking at how understanding the spread, treatment, and eventual recovery from COVID-19 can help us get better at solving social problems worldwide. In the article “System Thinking in COVID-19 Recovery,” the authors point out first that COVID-19 is targeting our most vulnerable people:

The effects of the COVID-19 pandemic have been experienced differently globally, regionally, and within countries. Rather than equalizing societies, the COVID-19 pandemic has exacerbated existing inequalities on an unprecedented scale. The effect of the pandemic on vulnerable people is already, and will continue to be, devastating, especially in regions with particularly challenging economic landscapes, such as in Latin America, which has the highest levels of inequalities globally, and in sub-Saharan Africa, which has the highest levels of **poverty**. The U.N. stated that just 25 weeks of the pandemic derailed 25 years of human development. (Omukuti et al. 2021)

They further argue that women and girls are disproportionately impacted:

Lockdowns have led to increases in domestic violence and femicide and although all women are at risk of gender-based violence, women of poorer backgrounds have less resources to flee violent homes, whereas women who are older, disabled, migrant, Indigenous, Black, or minority ethnic are less likely to have access to protection services or obtain justice. Social distancing measures have put more women and girls out of paid work and education in comparison to their male counterparts due to gendered factors, such as prioritizing boys’ education or forcing girls into child or early marriages. (Omukuti et al. 2021)

Unexpectedly, though, the authors do not argue for public health interventions. The first strategy they propose is reducing the debt loads of lower-income countries so that more money can go to public health and infrastructure projects. The intricate interconnections of money and power connect countries together. By changing the accessibility of money, the authors argue, the circumstances of women and girls during the pandemic can be improved in the long term.

Closer to home, we see how **individual agency** and **collective action** can give us hope. In another bit of good news, some young people across the country are using their tech-savvy skills to help older people get COVID-19 vaccines, which can be difficult to schedule and require a certain amount of tech-savviness. Twelve-year-old Samuel Kuesch, a video game lover, has helped over 1,200 older Americans get COVID-19 vaccine appointments (Herzog 2021). His project expanded to his **extended family**, and teens and preteens in his family are now all pitching in to give older Americans a “shot at the shot.” Other examples include neighbors taking food to quarantine friends, food kitchens adding staff to provide more boxed meals and delivery to people who

couldn't leave home, and school art studios using 3-D printers to create PPE for understaffed hospital workers. Each individual action supported the collective good, improving health for all of us. We all deserve to be healthy. Actions that promote health are social justice.

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Figure 10.20. "[Photo of Black pregnant woman and man](#)" by [Andre Adjahoe](#) is licensed under the [Unsplash License](#).

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Figure 10.18. "[Cover](#)" of the 1973 edition of 'Our Bodies, Ourselves' by The Boston Women's Health Book Collective is included under fair use.

10.6 Chapter Summary

Kathryn Burrows and Kimberly Puttman

In this section, we explored the different explanations for **health**, wellness, and illness. We saw that health is a **social problem** because not everyone has equitable access to health services. We noticed that **racism** itself, expressed as **weathering**, causes unequal health outcomes. We applied this concept to people with other oppressed social locations as an explanation for health inequality. We looked

at changes in reproductive rights, maternal health outcomes, and the need for **reproductive justice**. We examined how different implementations of health insurance worldwide change health outcomes. Finally, we explored how **COVID-19** challenged us to take individual and **collective action** to ensure the health of all of us. Health for all is **social justice**.

ESSENTIAL IDEAS

Learning Objective 1: How is health a social problem?

We can look at health as a social problem in two ways. First, the experience of health or illness goes beyond the individual. People get sick or get well partially based on their experience of **social location**. A person's **race**, **class**, or **gender identity**, for example, can partially predict their health outcomes. Second, we can apply the social problems process to health crises like the COVID-19 pandemic to better understand social conflict and social change in health as a social problem.

Learning Objective 2: How do sociologists and health researchers model influences on health outcomes to measure health inequality?

Sociologists use the **Social Determinants of Health** model to explore the social factors that influence the health outcomes of people in different populations. They use the Adverse Childhood Experiences (ACEs) model to predict the impact of generational, historical, and childhood **trauma** on individual health outcomes. Both models help explain why oppressed people have poorer health outcomes than powerful people.

Learning Objective 3: How do sociologists make sense of health and illness? How have our definitions changed over time?

Sociologists argue that the meaning of sickness and health is socially constructed. We can examine the roles of patients and providers to understand how we deliver healthcare. We can also look at health and healthcare as an arena of **power**, control, and inequality. Finally, sociologists look at health as an experience of deviance or labeling.

Learning Objective 4: How has COVID-19 provided an opportunity to assess and create interdependent solutions that improve health outcomes to ensure social justice for oppressed people?

The COVID-19 pandemic clearly demonstrates the inequality in healthcare outcomes that different social groups experience. We see racism, **sexism**, heterosexism, and other relationships of power causing people to get sicker and die more often if they are from an oppressed group. Part of the responsibility to change this rests at the level of the federal government. Access to affordable insurance or affordable healthcare could change health outcomes, particularly for our most vulnerable people. But interdependent solutions don't stop at the federal government level. States, counties, and communities can work together in creative ways to create healthy lives for every person. Health **equity** is social justice.

Comprehension Check

KEY TERMS LIST

Adverse Childhood Experiences (ACEs): potentially traumatic events that occur in childhood (0-17 years)

contested illness: an illness that is questioned or considered questionable by some medical professionals

COVID-19: an infectious disease caused by the SARS-CoV-2 virus

epidemiology: the study of disease and health, and their causes and distribution

health: a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity

historical trauma: multigenerational trauma experienced by a specific cultural, racial or ethnic group; related to major events that oppressed a particular group of people because of their status as oppressed, such as slavery, the Holocaust, forced migration, and the violent colonization of Native Americans

medicalization: the process by which aspects of life that were considered bad or deviant are redefined as sickness and needing medical attention to remedy

medical sociology: the systematic study of how humans manage issues of health and illness, disease and disorders, and healthcare for both the sick and the healthy

morbidity: the incidence of disease

mortality: the number of deaths in a given time or place

Patient Protection and Affordable Care Act: a law that provides numerous rights and protections that make health coverage more fair and easier to understand, along with subsidies (through “premium tax credits” and “cost-sharing reductions”) to make it more affordable

private healthcare: health insurance that a person buys from a private company; private healthcare can either be employer-sponsored or direct-purchase

public healthcare: health insurance that is funded or provided by the government

reproductive justice: a framework that centers the human right to have children, not have children, and parent the children we have in safe and healthy environments

sick role: patterns of expectations that define appropriate behavior for the sick and for those who take care of them

social determinants of health: social features of a person or group, such as race, class, gender, ability, rural/urban status, etc. that partially determine the health and wellness of the person or group

socialized medicine: when the government owns and runs the entire healthcare system

trauma: a person's (or group's) response to a deeply distressing or disturbing event that overwhelms one's ability to cope, causes feelings of helplessness, diminishes self-esteem and the ability to feel a full range of emotions and experiences

underinsured: people who pay at least 10 percent of their income on healthcare costs not covered by insurance

universal healthcare: a system that guarantees healthcare coverage for everyone

weathering: the concept that racism and other social pressures can lead to poorer health outcomes

DISCUSS AND DO

1. **Health as a social problem:** How could you apply the social problems process to a health-related topic: smoking, alcohol use, eating disorders, etc.?
2. **Intersectionality of Health:** What did you and your families experience during COVID-19? How does this experience reveal intersectional social problems or interdependent solutions?
3. **Gender, Sexuality and Health:** Some people believe that gender-affirming care is essential. Others think it should be restricted. Using the concepts of this chapter to support your answer, what do you think?
4. **Reproductive Health and Reproductive Justice:** Reproductive health and reproductive justice are contentious political topics. Please find examples of **protest** art, one from each side, and explain how the art reflects the conflict in values and power. If you like, you can create your own art for this assignment.

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Who Gets High? Social Problems Associated with Drug Use

11.1 Learning Objectives and Chapter Overview

Kelly Szott and Kimberly Puttman

LEARNING OBJECTIVES

After reading this chapter, you will be able to:

1. Describe the **social problem** of **drug use** and misuse.
2. Explain how **race** and **class** explain the different consequences of **harmful drug use**.
3. Compare and contrast the **five models of addiction**.
4. Analyze how different solutions to the social problem of harmful drug use create **social justice**.

Chapter Overview

With deep gratitude to the harm reduction community whose persistent critical and humane approach will change the societal understanding of drug use. – Kelly Szott

This interactive content is not available in this version of the text. It can be accessed online here:

<https://www.youtube.com/watch?v=pb8nFAGJGY4>

Figure 11.1 Coronavirus and addiction recovery: Fighting isolation to stay sober [Streaming Video]. Please watch this 5:32-minute video. How does COVID-19 make recovery from harmful drug use more complicated? [Transcript.](#)

When we consider the social problem of problematic drug use, we enter a challenging space. Like many social problems, opinions are often extreme and heartfelt. Where do we begin? As usual, we begin with another story:

Lynn has struggled with an **addiction** to heroin since 2018. When **COVID-19** hit, she experienced isolation and other stresses of the pandemic. Public **health** officials fear that these stresses, coupled with isolation, may have caused relapses for those in recovery from addiction. Due to roadblocks caused by the pandemic, Lynn decided to taper herself off Suboxone, a pharmaceutical containing buprenorphine used to treat opioid use disorder. In late March of 2020, Lynn overdosed in her apartment after using heroin laced with fentanyl. She was revived by her boyfriend, who administered Narcan, a brand of the overdose-reversing drug naloxone.

In the 2020 optional-reading article, **[Don't Forget the Other Pandemic Killing Thousands of Americans \[Website\]](#)**, author Kate Briquetelet writes, "Amid social distancing, authorities nationwide are reporting a surge in fatal opioid overdoses. Addiction and recovery advocates say the U.S. is now battling two epidemics at once. From 1999 to 2018, opioid overdoses involving prescription and illicit drugs have killed nearly 450,000 Americans." We have not just one pandemic but two.

The COVID-19 pandemic has enabled us to see how social environments and conditions impact the consequences of drug use and addiction. For example, many experts worried about the negative impacts of social isolation on those with substance use disorders. Isolation might increase depression, and the related self-medication will employ illegal substances. In addition, individuals who use opioids alone and overdose would have no one there to call 911 or administer Narcan, the overdose reversal medication. The video in figure 11.1 focuses on the importance of in-person group meetings and the struggles faced by those in recovery as they attempt to stay sober during a global health crisis. Beyond the individualized psychological view of drug use, a sociological perspective reveals the social conditions that can cause substance use, as well as make the consequences worse for certain structurally vulnerable groups.

Social scientists assert that people often seek to alter their consciousness deliberately. Sometimes people choose prayer or meditation. Sometimes they choose to dance or sing in a choir. Sometimes they choose a pound of chocolate or a runner's high. And sometimes they choose alcohol, cannabis, or other mind-altering substances. Many find this altered state without it becoming either a personal or a social problem. In this chap-

ter, we explore when and why *getting high* becomes a social problem.

FOCUSING QUESTIONS

As we look at the social problem of problematic drug use worsened by COVID-19, the following questions guide our curiosity:

1. How can we describe drug use and misuse as a social problem?
2. How does **social location** impact the experience of harmful drug use?
3. How do the five models of addiction differ in how they explain the causes and consequences of harmful drug use?
4. Which interdependent actions increase social justice related to problematic drug use?

Let's learn more together!

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Figure 11.1. "[Coronavirus and addiction recovery: Fighting isolation to stay sober](#)" by [The Washington Post](#) is licensed under the [Standard YouTube License](#).

11.2 The Social Problem of Drug Use and Misuse

Kelly Szott

There are many ways to construct **drug use** and **addiction** as a **social problem**. **Drug use** is simply the imbibing of substances, which can happen without addiction or physical dependence but may lead to those outcomes. There is nothing inherently wrong with drug use. On the other hand, **addiction** is the chronic, relapsing disorder characterized by compulsive drug seeking and use despite adverse consequences (National Institute on Drug Abuse 2020). But it's not just addiction or illicit drug use that is the social problem. The unequal impact of drug use on families and com-

munities is the social problem. This chapter will not discuss drug use as inherently bad.

Instead, we will examine this social problem based on some of the characteristics of a social problem from [Chapter 1](#). As the stories in section 11.1 illustrate, the opioid epidemic impacts everyone, from individuals to families, hospitals, workplaces, and governments. It goes beyond the experience of one individual.

Secondly, in our exploration of drug use and misuse, we see **social construction** at work. You may notice that throughout this chapter, we use

the word cannabis to describe the drug that is commonly known as marijuana or weed. The common word marijuana is racist. It reflects a racist past. More specifically, the United States experienced an increase in Mexican immigration after the 1910 Mexican War of Independence. Some immigrants used the herb *mariguano* for casual smoking. Although the immigrants were important in providing needed agricultural labor, the increase in immigration raised xenophobic fears.

Mexican immigrants were often blamed for property crimes and sexual misconduct. White people in **power** conveniently blamed the use of marijuana for this. “One Texas state legislator proclaimed on the senate floor: “All Mexicans are crazy and this stuff [cannabis] is what makes them crazy” (Ghelani 2020:7). In 1937, Harry Ainslinger, head of the Federal Bureau of Narcotics testified before Congress saying, “marihuana is an addictive drug which produces insanity, criminality, and **death**” (Ghelani 2020:8). Associating the use of cannabis with Mexican immigrants by naming it marijuana was a way to assert power and control over a particular ethnic group. This is using language as a social construction. To resist this oppression, we will use the word cannabis instead of the word marijuana in this chapter, except when we are quoting from other people.

In addition, we remember that a social problem arises when groups of people experience inequality. This point is particularly important when we discuss drug use and **harmful drug use**. People of all races use drugs at the same rate. However, People of Color are likely to be arrested and jailed for drug offenses. White people are more likely to be seen as needing medical intervention, and therefore they are more likely to receive treatment. More specifically:

Although Black Americans are no more likely than Whites to use illicit drugs, they are 6–10 times more likely to be incarcerated for drug offenses. (Netherland and Hansen 2017)

This racialized response to harmful drug use is a deep source of inequality, a key component of a social problem.

Finally, we recall that social problems must be addressed interdependently, using both **individual agency** and **collective action**. In this case, citizens, lawmakers, **health** care workers, community advocates, and the individuals themselves must act to address the social problem. We’ll look at various solutions in more detail in [Recovery is Social Justice](#).

Harmful Drug Use

Drug use can be a problem for anyone, but it is people’s different social locations that determine how harmful the drug use will be for themselves and for their family, friends, and community. **Harmful drug use** occurs when it negatively impacts a person’s health, livelihood, family, freedom, or other important aspects of their life.

One of the dominant approaches to understanding addiction involves looking solely at how a person’s brain is affected by drug use. Another popular approach focuses on the psychology of the user and the chemical traits of the substance. Both approaches ignore social issues such as **poverty**, **racism**, and **sexism** that increase the harmfulness of drug use for certain individuals, populations, and neighborhoods. Incarceration, disease (such as HIV), other negative health impacts, job loss, and family disruption are examples of harms associated with drug use that are more or less likely to occur depending on one’s **social location**.

Social-ecological framework of the opioid crisis
Major factors of opioid misuse

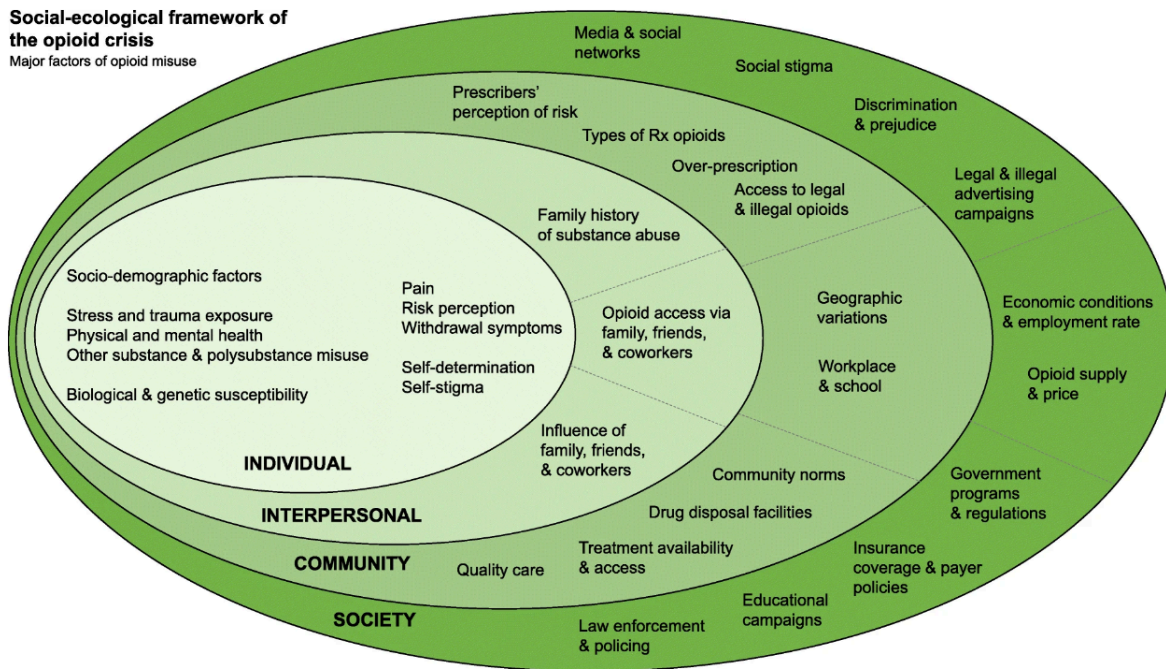


Figure 11.2 The Social Ecological Framework of the Opioid Crisis: This social-ecological model framework of the opioid crisis is a complex model which examines individual, interpersonal, community, and societal factors for the opioid crisis. We can use this model to examine harmful drug use in general. Sociologists look at the problem of harmful drug use at all levels, particularly focusing on how social location, social determinants of health, laws, policies, and practices influence drug use, misuse, and related health outcomes. [Image description.](#)

In contrast, the sociological perspective focuses on the social determinants of harmful drug use. This perspective avoids blaming the individual and making them responsible for getting the proper treatment and resources to fix issues caused by social inequality and oppression. A sociological lens can help us see how social structures of oppression can change the outcomes of harmful drug use depending on the social location of an individual (Friedman 2002).

Problematic Drug Use

Social scientists point out that a person's socioeconomic class may impact whether they can continue to work or go to school while using substances (Zinberg 1984; Singer and Page 2014; Friedman 2002). For example, White middle-class users of opioids, like heroin, are less likely to get

arrested or go to jail. Therefore they can more often keep their jobs and still earn money.

Racism in our **society** creates differences in how White people and People of Color are treated when they use drugs. White people are more likely to be seen as people experiencing a medical condition. Therefore, they need drug treatment to recover. Black, Brown, and Indigenous people are more likely to be seen as criminals. They are more likely to be arrested and put in jail than receive treatment. This chapter will discuss how racist social structures shape the experiences of problematic drug use.

A problem in deciding how to think about and deal with drugs is the distinction between legal drugs and illegal drugs. It makes sense to assume that illegal drugs should be the ones that are the most dangerous and cause the most physical and social harm, but research shows this is not the case.



Figure 11.3 a and b. Smoking and alcohol cause more deaths than illegal drug use. Why are some drugs legal and other drugs illegal?

Rather, alcohol and tobacco cause the most harm even though they are legal. As Kleiman and his research team note about alcohol:

When we read that one in twelve adults suffers from a substance abuse disorder or that 8 million children are living with an addicted parent, it is important to remember that alcohol abuse drives those numbers to a much greater extent than does dependence on illegal drugs. (2011:xviii)

According to the CDC, cigarette smoking kills 480,000 people due to complications from smoking or secondhand smoke (CDC 2022). Alcohol use prematurely kills 140,000 people per year in the U.S. These deaths are caused by physical damage related to long-term use. They are also caused by drinking too much alcohol in a short period of time. DUI fatalities are one example of this premature death. The rate of premature death is much higher for legal drugs than illegal ones.

Dependence

Substances that we consider drugs interact with our bodies in different ways. Drugs are often grouped by the kinds of physical effects they have. Some drugs, called depressants, slow down the central nervous system. Hallucinogens cause people to hallucinate, to see, hear, or experience things that are not physically real. Narcotics, derived from natural or synthetic ingredients, are effective at relieving pain, but they depress the nervous system. They are also highly physically addictive. Stimulants speed up the nervous system, potentially causing alertness, euphoria, or anxiety. Finally, cannabis may create euphoria, hunger, and relaxation and dull the sense of time and space.

Important distinctions exist between addiction, physical dependence, and drug use. These three are not mutually exclusive, but they differ from each other in significant ways. Addiction is often associated with a **mental health** diagnosis such as substance use disorder. Rather than using the diagnosis of addiction, health professionals now use the language of **substance use disorder (SUD)**, which is a condition in which there is uncon-

trolled use of a substance despite harmful consequences. People with SUD have an intense focus on using a certain substance(s), such as alcohol, tobacco, or illicit drugs, to the point where the person's ability to function in day-to-day life becomes impaired (Saxon 2023). Physical dependence means that the body has built up a tolerance to the drug and that one must take the substance in order to not feel ill. **Drug use** is just that—the intake of a substance that produces a change in your body. This can happen with or without addiction or physical dependence.

Licenses and Attributions for Drug Use and Addiction as a Social Problem

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Figure 11.2. “[The Social Ecological Framework of the Opioid Crisis](#)” from “[The opioid crisis: a contextual, social-ecological framework](#)” by Mohammad S. Jalali, Michael Botticelli, Rachael C. Hwang, Howard K. Koh & R. Kathryn McHugh, [Health Research Policy and Systems](#) is licensed under [CC BY 4.0](#).

Figure 11.3a. “[Photo](#)” by [Charles Etoroma](#) is licensed under the [Unsplash License](#).

Figure 11.3b. “[Photo](#)” by [Fred Moon](#) is licensed under the [Unsplash License](#).

11.3 Harmful Drug Use: Exploring Unequal Outcomes

Kelly Szott and Kimberly Puttman

Now that we have clarified how our understandings of **drug use** and **harmful drug use** are socially constructed, we can explore how differences in **social location** can influence when drug use is considered problematic and how outcomes may differ. For this section, we will specifically

consider geographic location and **race** and **ethnicity** to look at the inequality in outcomes.

The War On Drugs – Criminalizing Drug Use

This interactive content is not available in this version of the text. It can be accessed online here:

<https://www.youtube.com/watch?v=HSozqaVcOU8>

Figure 11.4 What is the Drug War? [Streaming Video]. In this 3:49-minute video, narrated by Jay-Z, we learn about the history and impact of the War on Drugs. How has the War on Drugs impacted your community? [Transcript](#).

The **War on Drugs** is an effort in the United States since the 1970s to combat illegal drug use by greatly increasing penalties, enforcement, and incarceration for drug offenders (Britannica 2023b). The War on Drugs was partially in response to a significant global economic recession in the early 1980s. Angela Davis, who we met in [Chapter 1](#), describes it this way:

By 1994, the deindustrialization of the US economy produced by global economic shifts, was having a deleterious impact on working-class Black communities. The massive loss of jobs in the manufacturing sector, especially in cities like Detroit, Philadelphia, Chicago, New York, and Los Angeles, had the result, according to Joe Willam Trotter, that “the black urban working class nearly disappeared by the early 1990s.” Combined with the disestablishment of welfare state benefits, these economic shifts caused vast numbers of black people to seek other—sometimes “illegal”—means of survival. It is not accidental that the full

force of the crack epidemic was felt during the early 1980s and 1990s. (Davis 2021)

The massive expenditures on the curtailment of the drug epidemic also shifted our views on drug use. The United States became much more punitive towards drugs. The courts treated harmful drug use as a criminal justice issue rather than as a substance dependence issue. The War on Drugs created tougher sanctions on drug use in America. The Drug Enforcement Agency was created in 1973 to provide another arm of the government to tackle the specific issue of drugs. By the 1980s, lengthy sentences for drug possession were also in place. One to five-year sentences for possession were increased to more than 25 years.

The War on Drugs and its associated policies also drove massive increases in prison populations. Between 1980 and 2010, the U.S. prison population quintupled. The population only began to decline slightly in the early 2010s. As of 2019, the United States still imprisoned more than 2 million people in prisons and jails. **Mass incarceration** refers to the overwhelming size and scale of the U.S. prison population. The United States has the largest prison population in the world, but how did this come to be the case?

Lifetime Likelihood of Imprisonment of U.S. Residents Born in 2001

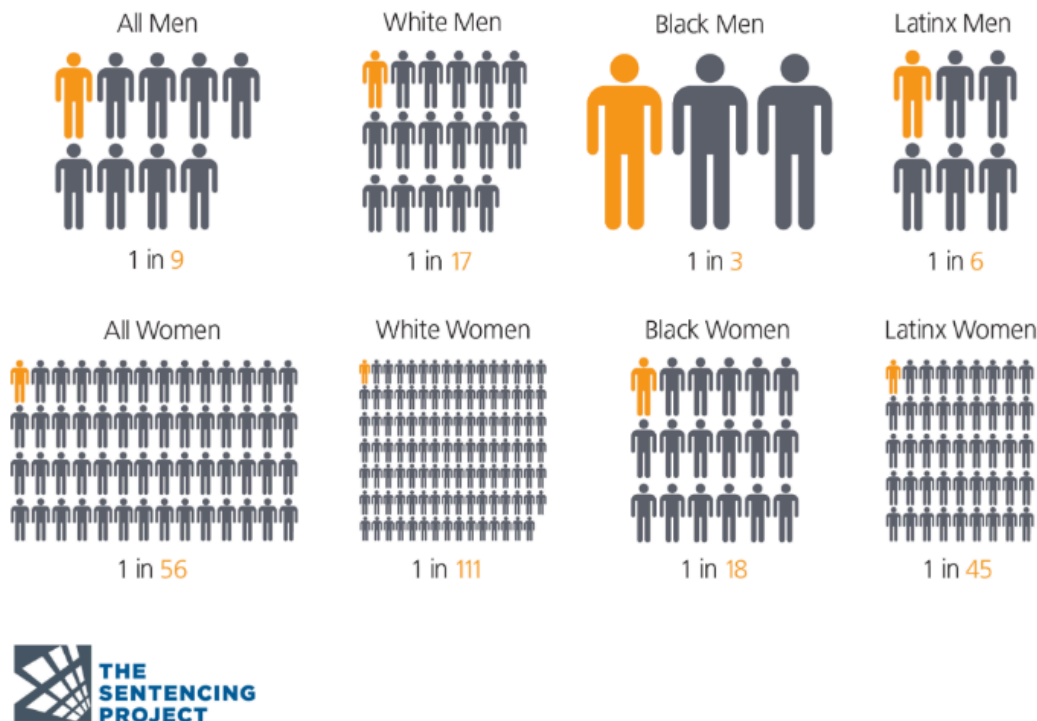


Figure 11.5 This chart shows the lifetime likelihood of imprisonment for men and women, by race and ethnicity. You are most likely to be imprisoned if you are a Black man and least likely to be imprisoned if you are a White woman. [Image description.](#)

The War on Drugs is one of the major drivers of the prison population in the United States. In 1971, President Richard Nixon declared a War on Drugs, dedicating increased federal funding and resources to quelling the supply of drugs in the United States. This war continued to ramp up through the 1980s and 1990s, especially as crack cocaine became a growing concern in the media and public sphere. Crack cocaine was publicly portrayed as a highly addictive drug sweeping its way through America, allowing politicians to capitalize on this hysteria and pass policies that rapidly increased the prison population. Even so, the vast majority of arrests and enforcement were not of high-level, violent dealers. More often, **police** arrested small-time dealers or people struggling with **addiction**. In fact, during the 1990s, the period of the largest increase in the U.S. prison

population, the vast majority of prison growth came from cannabis arrests (King and Mauer 2006).

The 1980s and 1990s were also an era where states turned to partnerships with private companies to meet the booming demand for facilities, leading to the rise of **private prisons**. **Private prisons** are for-profit incarceration facilities run by private companies that contract with local, state, and federal governments. The business model of private prisons incentivizes them to keep their prisons as full as possible while spending as little as possible on care for inmates. Down 16 percent from its peak in 2012, private prisons still held 8 percent of all people incarcerated at the state and federal level as of 2019 (The Sentencing Project 2022). This general statistic hides state-to-state differences, though. For instance, Oregon has

no private prison facilities in the state, while Texas has the highest number of people incarcerated in private prisons.

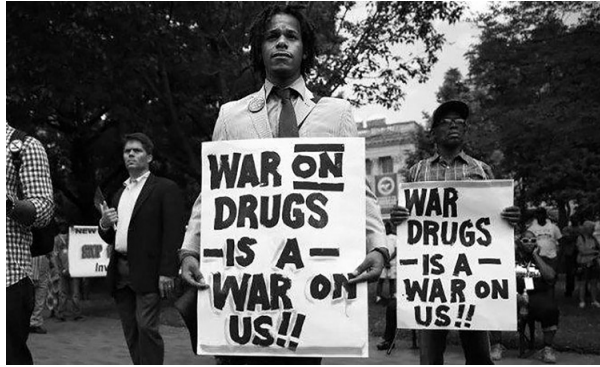


Figure 11.6 The War on Drugs Is A War On Us! The War on Drugs, which continues today, disproportionately impacts People of Color. What are some of the causes and consequences of this war?

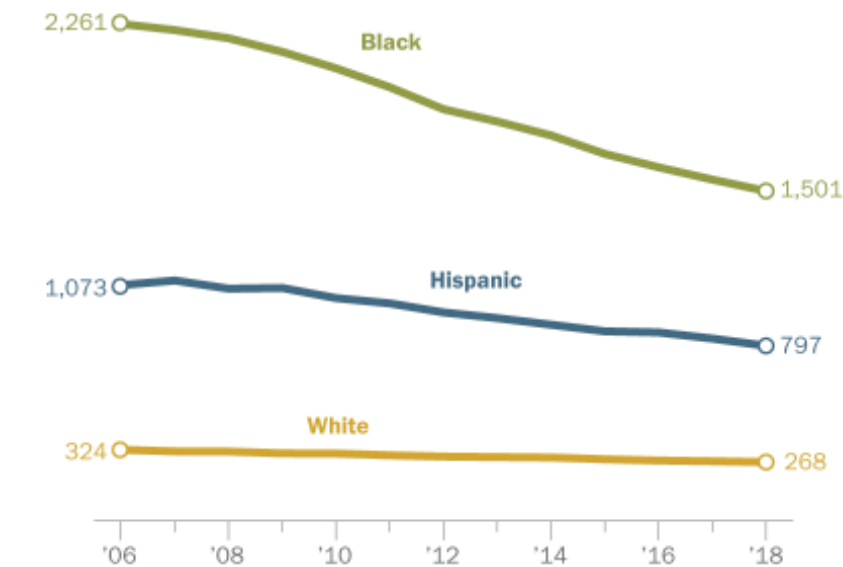
From the inception of the War on Drugs, racial biases were at the center of these policy changes. For instance, one of Richard Nixon's top advisors, John Erlichman, explicitly admitted to this in a 2016 interview:

You want to know what this [war on drugs] was really all about? The Nixon campaign in 1968, and the Nixon White House after that, had two enemies: the antiwar left and Black people. You understand what I'm saying? We knew we couldn't make it illegal to be either against the war or Black, but by getting the public to associate the hippies with marijuana and Blacks with heroin, and then criminalizing both heavily, we could disrupt those communities. We could arrest their leaders, raid their homes, break up their meetings, and vilify them night after night on the evening news. Did we know we were lying about the drugs? Of course we did. (Baum 2016)

The War on Drugs was a deliberately racist set of policies.

Imprisonment rates have declined across racial and ethnic groups – especially among black Americans

Prisoners per 100,000 adults ages 18 and older in each group



Notes: Blacks and whites include those who report being only one race and are non-Hispanic. Hispanics are of any race. Prisoners are those sentenced to more than a year in state or federal prison.

Source: Bureau of Justice Statistics.

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Figure 11.7 As of 2018, even though rates of imprisonment are declining for people of all races and the racial gap is closing, disproportionately more People of Color are still imprisoned. [Image description.](#)

Even as the racial gap in incarceration has narrowed in recent years, the U.S. disproportionately incarcerates Black Americans. While Black Americans make up 12 percent of the population, they make up over 33 percent of incarcerated individuals (Gramlich 2019). Similar trends exist among Latino Americans: while Latinos comprise 16 percent of the U.S. population, they account for 23 percent of incarcerated individuals (Gramlich 2019). In contrast, while White Americans comprise 63 percent of the population, they only make up 30 percent of those incarcerated (Gramlich 2019).

This network of policies and unequal institutional practices led to what scholar Michelle Alexander terms **The New Jim Crow**. The **New Jim Crow** refers to the network of laws and practices that disproportionately funnel Black Americans into the **criminal justice system**, stripping them of their constitutional rights as a punishment for their offenses in the same way that Jim Crow laws did in previous eras. Because of these new mass incarceration policies, a new iteration of the racial caste system has emerged: one where Black Americans can legally be denied public ben-

efits, housing, the right to vote, and participation on juries because of a criminal conviction.

The War on Drugs was a racialized response to a worldwide economic downturn. We had other options. James Forman Jr. puts it this way:

Rising levels of abuse, addiction, and drug-related violence should have been a sign that something was wrong with America. It should have led the nation to focus on the myriad ways in which 350 years of white supremacy had produced persistent Black suffering and disadvantage. It should have caused politicians to interrogate the cumulative impact of convict leasing, **lynching**, redlining, school **segregation**, and drinking water poisoned with lead. Instead of asking, “What kind of people are *they* that would use and sell drugs?” The nation should have been asking a question that, to this day, demands an answer: “What kind of people are **we** that build prisons while closing treatment centers. (Forman 2021 354)

Our response to drug use, not the drug use itself, is the **social problem**. **Social justice** requires a different response.

Unpacking Oppression, Quantifying Justice

- *“Approximately two-thirds of all federal prisoners are in prison for violent crimes or had a prior criminal record before being incarcerated.” – Christopher A. Wray, Assistant Attorney General, 2004, as quoted by The Sentencing Project 2004.*
- *Nearly three-quarters of the people in federal prison are nonviolent offenders with no history of violence.*
- *Black men are disproportionately arrested and imprisoned.*

These statements are all true, but what do they actually mean? Sociologists look at patterns of difference or change over time to measure inequality between groups and to explain it. Social problems sociologists often explore the efficacy of possible interventions. Because we want to take effective action, we must examine the information we use to make decisions very carefully.

We see deep inequalities in our criminal justice system. However, we also see competing claims about what is true. How, for example, can the first two statements be true at the same time? The issue lies in combining two populations in the first statement—people who commit violent crimes and people who have a prior criminal record. Getting a prior criminal record might include being arrested for being at a **protest**, even if you weren’t convicted. It could include failure to pay child support. It could also include having a few grams of cannabis in Oregon prior to 2015 when the related law changed. Many people have a criminal record, but they are not actually dangerous to **society**.

When you examine the second statement, it only includes one group of people: people who are in prison for non-violent offenses. Many of these offenses are related to drug possession, and some of them are related to drug distribution. Although harmful drug use causes harm, these offenses are non-violent. By looking at the numbers in this way, we open the door to considering options for social justice that are effective rather than carceral.

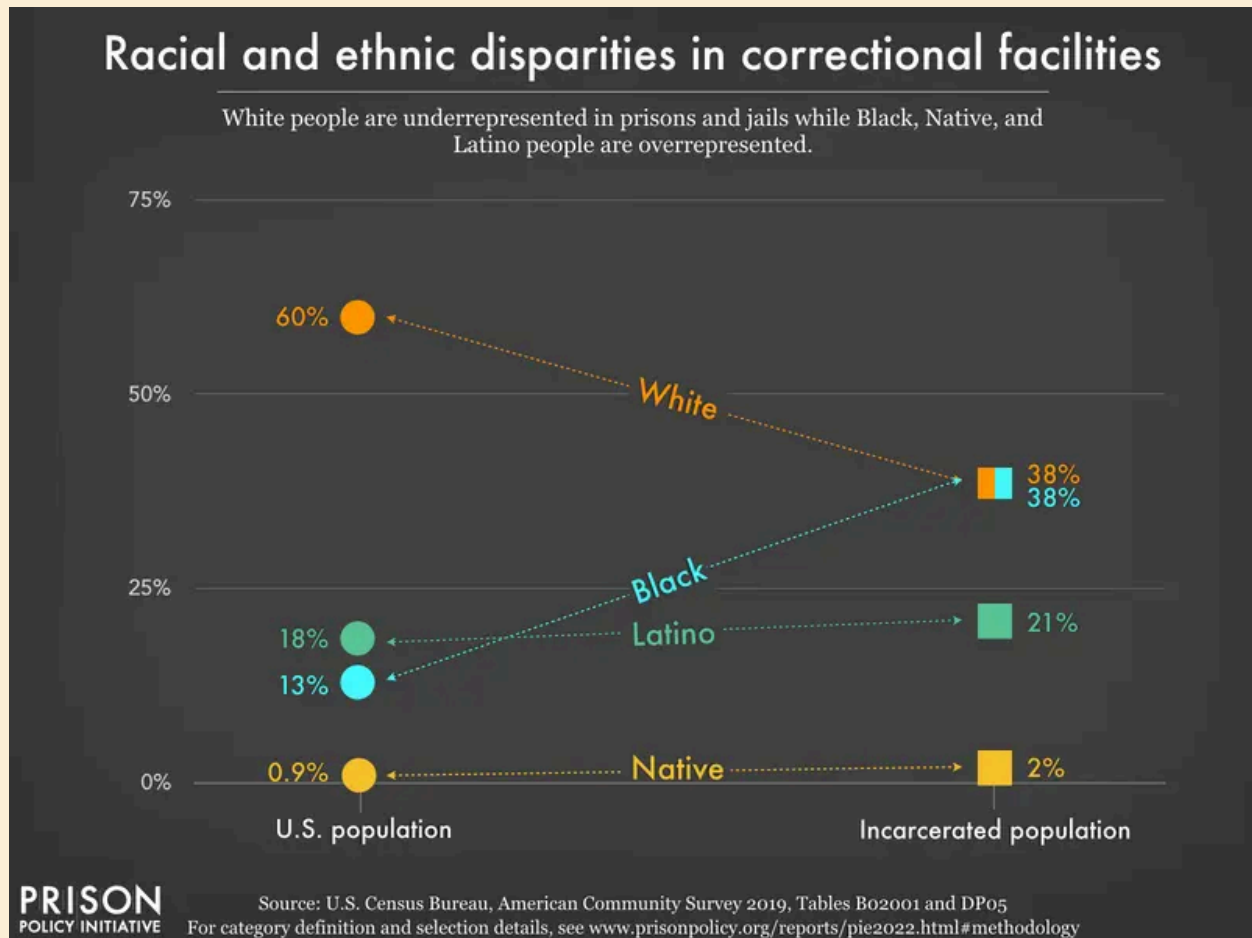


Figure 11.8 Racial and Ethnic Disparities in Correctional Facilities. If race and ethnicity didn't matter in the criminal justice system, we would expect to see the percentages of each group in the total population of the U.S. and the percentage of people in correctional facilities to match. Instead, we see vast inequality. [Image description.](#)

Disproportionality is the overrepresentation or underrepresentation of a racial or ethnic group compared with its percentage in the total population, as we discussed in [Chapter 6](#). We can see disproportionality across groups of many social locations. Racial disproportionality is commonly related to harmful drug use and the criminal justice system. As we see in figure 11.8, White people make up 60 percent of the overall population of the United States, but they make up only 38 percent of people who are incarcerated. Black people make up 13 percent of the overall population of the United States, but they are also 38 percent of the incarcerated population. Hispanic people are 18 percent of the total population and 21 percent of people in prison or jail. Finally, Native Americans are 0.9 percent of the population and 2 percent of those in jail. In every case, we see disproportionality.

However, the measure of disproportionality doesn't tell us why the difference exists or what to do about it. If you consider the infographic [The Social Ecological Framework of the Opioid Crisis \(figure 11.2\)](#), you see many causes of inequality.

The causes of disproportionality are often **disparity**. **Disparity** is the unequal outcomes of one racial or ethnic group compared with outcomes for another racial or ethnic group (Child

Welfare Information Gateway 2021). Disparity can be used to compare any groups with different social locations.



Figure 11.9 This picture shows powdered cocaine and the implements to use it. How does the form of a drug and the perceptions of people who use it impact drug policy?

However, as we consider the War on Drugs as an example, we see that systems, laws, policies, and practices **privilege** White people over People of Color. In one example, the sentencing for crack cocaine and powder cocaine (figure 11.9) are significantly different. Distributing 5 grams of crack cocaine has a 5-year mandatory minimum federal prison sentence. Distributing 500 grams of powder cocaine has the same sentence. More than 80 percent of the crack cocaine defendants in 2002 were Black, even though two-thirds of the

crack cocaine users were White or Hispanic (The Sentencing Project 2004). Powder cocaine is more likely to be used by wealthier people, who are disproportionately White (Vagins and McCurdy 2006).

Even when judges have more discretion in what sentences they impose, racial disparities exist:

Racialized assumptions by key justice system decision makers unfairly influence outcomes for people who encounter the system. In research on presentence reports, for example, scholars have found that People of Color are frequently given harsher sanctions because they are perceived as imposing a greater threat to public safety and are therefore deserving of greater social control and punishment. (Nellis 2021:12-13)

These biases are both conscious and unconscious, and they occur at every level of the criminal justice system, from police to lawyers, to judges, to the politicians who make the laws in the first place. **Structural racism** and individual racist ideas result in **racial disparity** in the criminal justice system.

It's your turn to unpack oppression and quantify justice:

1. Examine the racial and ethnic composition of the criminal justice system in your state. You can use [The Color of Justice \[Website\]](#) or [State Prison Growth in 50 States \[Website\]](#), but you are free to find additional sources.
2. What cause of this disproportionality is relevant to people in your state? For example, Oregon doesn't have private prisons, so that couldn't be a factor in imprisonment disparities here.
3. What changes in the criminal justice system might lower the total number of people involved in the system or decrease racial and ethnic disparities? You might look at [Winnable Criminal Justice Reforms in 2023 \[Website\]](#) for some ideas.

The Opioid Crisis: Medical Intervention, not Crime

Another way to notice **racism** at work in response to harmful drug use is to examine the opioid crisis. The **opioid crisis** refers to the surge in fatal overdoses linked to opioid use (DeWeerd 2019). The overdose fatality rate rose by 345 percent between 2001 and 2016 (Jalali et al. 2020). Opioids are a class of drugs that cause euphoria. Opioids include heroin, morphine, codeine, hydrocodone, Oxy-Contin®, and fentanyl (Johns Hopkins Medicine 2023). Heroin is an illegal drug. The others are prescription drugs that doctors prescribe for pain relief.

Nearly 75 percent of drug overdoses in 2020 involved a legal or illegal opioid (Centers for Disease Control 2022). The CDC describes the crisis

using three waves. The first wave started in the 1990s. In this wave, the deaths were primarily due to overdoses on prescription opioids, like Oxy-Contin® and Vicodin®. This wave was a result of the overprescription of opioid-based painkillers, causing some individuals to become physically dependent.

The second wave started in 2010. The second wave was due to overdoses related to using heroin. This use of heroin partially resulted from a decrease in the amount of legally available prescription painkillers.

The third wave started in 2013. This wave marked an increase in overdose deaths from synthetic opioids like fentanyl and tramadol. While fentanyl can be prescribed, this wave was driven by illegally manufactured substances.

Three Waves of Opioid Overdose Deaths

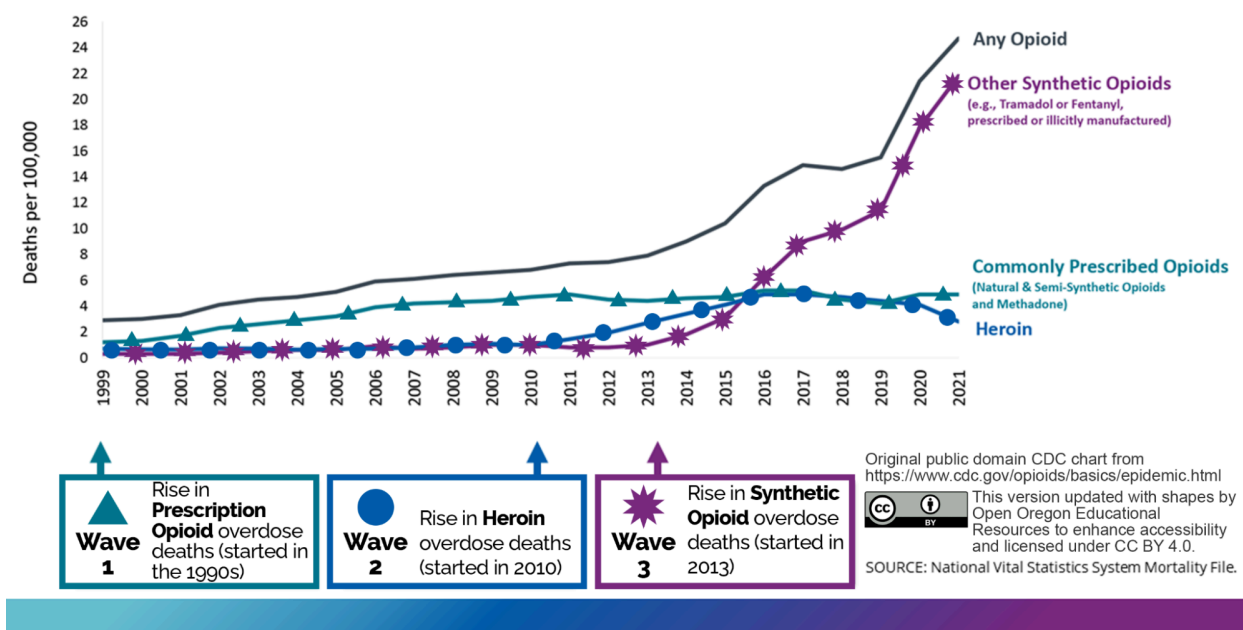


Figure 11.10 Three Waves of Opioid Overdose Deaths. Each wave was caused by a different opioid substance. Each wave also had different racist responses. [Image description.](#)

The response to heroin use and misuse was carceral. It was part of the war on drugs that we described in the [previous section](#).

Race was at the core of drug policy that emerged from an increase in heroin use in urban centers in the 1960s. According to media accounts, the face

of the heroin user at that time was “black, destitute and engaged in repetitive petty crimes to feed his or her habit” (Hart and Hart 2019:7). A popular solution to this racialized drug scare was to incarcerate Black users of heroin and offer methadone treatment to White users.

New York state was a forerunner in creating harsh drug laws to address heroin use in cities. The infamous Rockefeller drug laws of 1973 created mandatory minimum prison sentences of 15 years to life for possession of small amounts of heroin and other drugs (Hart and Hart 2019). Ninety percent of those *convicted* under the Rockefeller drug laws were Black and Latinx, though they represent a smaller proportion of people who use drugs in the population (Drucker 2002).

The societal response to opioid use and dependence among White people during this crisis has been gentler, relying more on treatment than the criminal justice system (Hart and Hart 2019; James & Jordan 2018). According to statistics from the Bureau of Justice, 80 percent of arrests for heroin trafficking are among Black and Latinx people, even though White people use heroin at higher rates and are known to purchase drugs within their own racial community (James & Jordan 2018).

As we examine the response to the overprescription of opioids and the harmful use of fentanyl, we see a stark difference in public response. We see a focus on monitoring doctors so that they don’t overprescribe opioids. We see a focus on the overuse of opioids as a medical disease needing treatment rather than criminalizing the user of the drug. Our response to drug overuse in the opioid crisis is racialized. Researchers Netherland and Hansen summarize the unequal response this way:

The public response to White opioids looked markedly different from the response to illicit drug use in inner city Black and Brown neighborhoods, with policy differentials analogous to the gap between legal penalties for crack as opposed to powder cocaine. This less examined ‘White drug war’ has carved out a less punitive, clinical realm for Whites where their drug use is decriminalized, treated primarily as a biomedical disease, and where White social privilege is preserved... in the case of opioids, addiction treatment itself is being selectively pharmaceuticalized in ways that preserve a protected space for White opioid users, while leaving intact a punitive, carceral system as the appropriate response for Black and Brown drug use. (Netherland and Hansen 2017)

We can see a racialized response in the differential access to treatment options for the harmful use of opioids. White people who use opioids have been given more access to the preferred addiction treatment medication, buprenorphine. Treatment with buprenorphine is less stigmatized because it is dispensed like any other pharmaceutical medication at a private doctor’s office.

Another treatment option is methadone. This method requires frequent visits to a methadone clinic. Often **BIPOC** receive treatment at the less-preferred methadone clinics (Hansen 2015). Politicians legalized Buprenorphine treatments for opioid use disorder, supporting the privileged lives of middle-class White addicts (Netherland & Hansen, 2017).

These characteristics of the social landscape contribute to increased **health** harms, such as contracting HIV or hepatitis C, for Black people who use drugs. Health harms caused by substance use are higher among Black people who use drugs, not because they participate in riskier drug use behav-

ior, but because they reside in **under-resourced communities** that hinder access to health-promoting services and materials (Cooper et al. 2011). Accordingly, opioid overdose rates for Black people have historically been higher than those for White people in some states. Recently this rate has been increasing more rapidly, though the media attention surrounding the opioid crisis mostly focuses on drug use by White people (James & Jordan 2018).

We also see differences in the harm caused by harmful drug use because of the lack of treatment centers in **rural** areas. The lack of treatment centers harms White people who live in these areas and People of Color.



Figure 11.11 Anthropologist Angela Garcia studies heroin use among members of a Latinx community in rural New Mexico. How might geographic location play a role in drug misuse, incarceration, or treatment?

Anthropologist Angela Garcia, shown in figure 11.11, spent several years researching heroin use among members of a Latinx community in rural New Mexico. Her findings point to the loss of a connection to land and livelihood and the experience of settler **colonialism** as social determinants of harmful heroin use (2010). Settler colonialism, as we explored in [Chapter 8](#), is a system of **power** that normalizes the continuous settler occupation

of Indigenous lands and exploitation of Indigenous resources. It is Eurocentric in nature and assumes that European White ideas and values are superior (Cox 2017).

Garcia's research found that dispossession of ancestral lands ruptured the link to cultural heritage and caused impoverishment. Together the disconnection and **poverty** formed a source of never-ending emotional pain for users of heroin. The sparsely populated rural setting also meant that drug treatment was less available. By examining the history of dispossession and oppression that impacted this community, Garcia shows how the social determinants of harmful drug use can illuminate the root social causes of the problem. If you would like to learn more, please watch [Angela Garcia on "Postcolonial theory and psychological anthropology" \[Streaming Video\]](#). In it, Garcia discusses her relationship with the families that she studied.

Licenses and Attributions for A Harmful Drug Use: Exploring Unequal Outcomes

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Figure 11.7. “Imprisonment rates have declined across racial and ethnic groups – especially among black Americans” from [“Black Imprisonment Rate in the U.S. Has Fallen by a Third since 2006”](#) by [John Gramlich](#) © [Pew Research Center](#), Washington, D.C. is licensed under [the Center’s Terms of Use](#).

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11.4 Five Models of Addiction

Kelly Szott

In this section, we explain the **five models of addiction** that are dominant in U.S. **society**: the moral view, the disease model, a public **health** perspective, a sociological approach, and an intersectional approach. We will discuss these five views or models in this section, as well as where these models can be found in action within society.

Moral View

The moral view depicts the use of illicit substances and the state of **addiction** as wrong or bad. Illicit **drug use** is understood as a sin or personal failing. Faith-based drug rehabilitation programs are one location where we see the moral model in use. Through qualitative interviews with individuals who had attended such a facility, Gowan and Atmore (2012) found that within the teachings of evangelical conversion-based rehab, substance use is thought to be rooted in immorality. This

requires the user to convert and submit to religious authority to recover. Gowan and Atmore (2012) found that the program implied that the root of addiction was in secular or nonreligious life. The rigid structure of faith-based drug treat-

ment programs can be helpful for some people in recovery. Some people also find that faith-based community programs like 12-step programs are effective.

Schedule	Definition	Examples
Schedule I	No currently accepted medical use and a high potential for abuse.	Heroin, LSD, and cannabis
Schedule II	High potential for abuse, with use potentially leading to severe psychological or physical dependence. These drugs are also considered dangerous.	Vicodin, cocaine, methamphetamine, methadone, hydromorphone (Dilaudid), meperidine (Demerol), oxycodone (OxyContin), fentanyl, Dexedrine, Adderall, and Ritalin
Schedule III	Moderate to low potential for physical and psychological dependence. Abuse potential is less than Schedule I and Schedule II drugs but more than Schedule IV.	Tylenol with codeine, ketamine, anabolic steroids, and testosterone
Schedule IV	Low potential for abuse and low risk of dependence.	Xanax, Soma, Valium, Ativan, Talwin, Ambien, and Tramadol
Schedule V	Lower potential for abuse than Schedule IV and consist of preparations containing limited quantities of certain narcotics. Generally used for antidiarrheal, antitussive, and analgesic purposes.	Robitussin AC with codeine, Lomotil, and Lyrica

Figure 11.12 The Federal Drug Schedule. Which drugs that impact human behavior are on this list? Which ones are missing?

The moral view toward drug use can also be seen in our **criminal justice system** and the **criminalization** of drug use. **Criminalization** is the act of making something illegal (Definition of Criminalize 2023). The 1970 Comprehensive Drug Abuse and Control Act (U.S. House 1970) created drug categorizations, called *schedules*, based on the drug's potential for abuse and dependency and its accepted medical use. This new system of categorization acknowledged the medical use of some

drugs while heightening the criminalization of other drugs (figure 11.12). Drug policy in the United States is guided by the moral view of drug use. It calls for those who use substances to be punished, whether it is through fines, some form of home arrest, or incarceration.

Disease Model



Figure 11.13 The Drunkard's Progress, an 1864 lithograph by Nathaniel Currier, shows the progression of alcoholism as a disease. By organizing the information into careful steps, the illustrator uses the trappings of science to popularize the disease model.

Understanding drug use and particularly addiction to mind-altering substances as a disease is another dominant model found within U.S. society and its social institutions. The idea of considering substance use a disease is at least 200 years old. Researching the history of the disease concept of addiction, sociologist Harry Levine (1978) found that habitual drinking during the eigh-

teenth century was not considered a problematic behavior. The emergence of the temperance movement in the nineteenth century shifted American thought toward understanding addiction as a progressive disease. In this idea of disease, a person loses their will to control the consumption of a substance. In the 1940s, the National Council of Alcoholism was founded by

E.M. Jellinek, a professor of applied physiology at Yale. The purpose of this council was to popularize the disease model of addiction by putting it on scientific footing by conducting research studies on drug use. Science promoted the disease model. It did not create it (Reinarman 2005).

The disease model of addiction also involves the use of pharmaceuticals, such as methadone, to treat physical and psychological dependence on opiates. Physicians Vincent Dole and Marie Nyswander successfully researched the use of methadone to stabilize a group of 22 patients previously addicted to heroin. Dole and Nyswander (1965) found that with the medication and a comprehensive program of rehabilitation, the patients showed marked improvements. They returned to school, obtained jobs, and reconnected with their families. The researchers found that the medication produced no euphoria or sedation and removed opiate withdrawal symptoms.

The legitimacy of the disease model of addiction was reinforced by the clinical research findings of Dole and Nyswander, which showed that a pharmaceutical (i.e., methadone) could be used to treat addiction. Dole and Nyswander (1965) wrote: “Maintenance of patients with methadone is no more difficult than maintaining diabetics with oral hypoglycemic agents, and in both cases, the patient should be able to live a normal life.” Those who support the disease model of addiction often compare addiction to diabetes. The analogy demonstrates the similarity of addiction to other diseases.

Since the 1990s, addiction has been understood as a neurobiological disease and referred to as a

chronic relapsing brain disease or disorder. Using brain imaging technology, scientists and researchers came to find that addictive long-term use of substances changed the structure and function of the brain and had long-lasting neurological and biological effects.

Social scientists have questioned the sole use of the disease model to understand addiction, asserting that addiction also involves a social component. They point out that the disease of addiction is not diagnosed through brain scans. Rather, it is often identified when one is breaking cultural and social norms around productivity and compulsion (Kaye 2012).

Public Health Perspective

A public health perspective toward substance use incorporates a sociological understanding of drug use but focuses on maintaining the health of people who use drugs. Often this approach is labeled **harm reduction**. **Harm reduction** is a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use (Harm Reduction Principles N.d.). Harm reduction is also a movement for **social justice** built on a belief in, and respect for, the rights of people who use drugs. It focuses on providing people who use drugs with the information and material tools to reduce their risks while using drugs. This perspective focuses on reducing the harm of substance use rather than requiring abstinence from all drug use. Similar harm reduction strategies are wearing seat belts or providing adolescents with condoms.

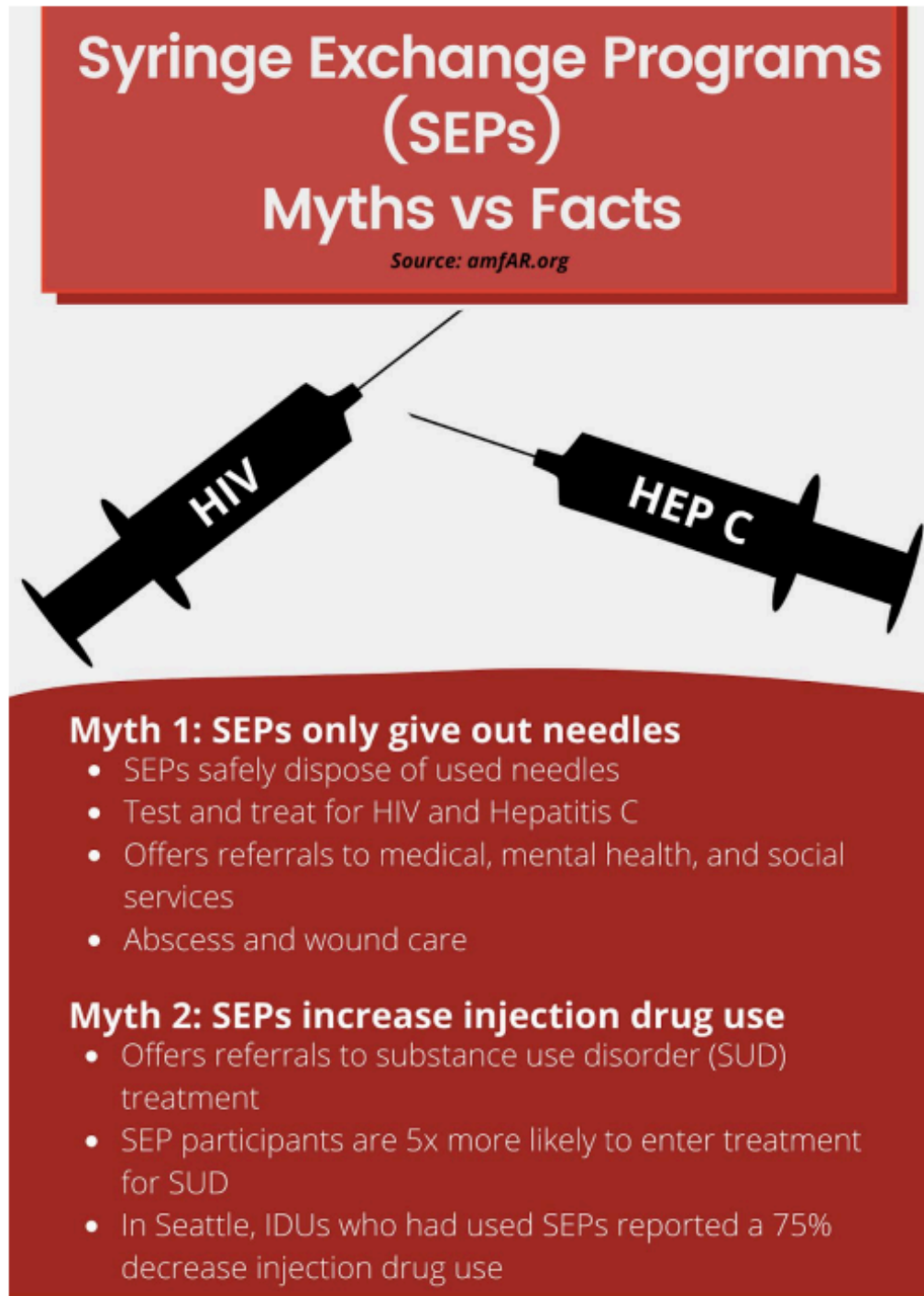


Figure 11.14 In this infographic, we see myths about syringe exchange programs and the facts that dispel the myths. Syringe exchange programs reduce harm. [Image description.](#)

One of the most well-known harm reduction practices is syringe exchange. This became legal during the HIV epidemic of the 1980s and '90s to

help people who inject drugs avoid infection with the then-deadly virus. Currently, harm reduction is also associated with the distribution of the opi-

oid overdose reversal antidote—Narcan or Naloxone. This harmless medication can almost instantaneously reverse an opioid overdose, saving a person's life.

The public health or harm-reduction perspective toward drug use can be controversial because some believe that it enables drug use. There is no scientific evidence to support this idea. Instead, scientific evidence shows that syringe exchange reduces HIV and hepatitis C rates, and the distribution of Narcan lowers drug overdose **mortality** rates (Platt et al. 2018; Fernandes et al. 2017; Chimbar & Moleta 2018).

Sociological Model

The sociological model of drug use and addiction examines how social structures, institutions, and phenomena may lead individuals to use mind-altering substances to cope with difficulty and distress. A sociological view also examines how social inequalities can make the impacts of drug use worse for some social groups than others.

Within the sociological model, a sociopharmacological approach looks at how social, economic, and health policy might exacerbate harm to people using substances. Sociopharmacology is a sociological **theory** of drug use developed by long-time drug use researcher Samuel R. Friedman. Friedman (2002) writes that approaches toward understanding drug use that focus on the psychological traits of the people using the drugs and the chemical traits of the drugs ignore socioeconomic and other social issues that make individuals, neighborhoods, and population groups vulnerable to **harmful drug use**.

To consider how the sociopharmacological approach plays out in everyday life, consider how drug policy prohibits the use of heroin and results in several harmful effects. New syringes can be hard to find. People will inject in unclean and rushed circumstances, which may negatively

impact their health by putting them at risk of contracting HIV or life-threatening bacterial infections.

This type of analysis is also thought of using the analytic concept of risk environments developed by Tim Rhodes. A **risk environment** is a social or physical space where a variety of things interact to increase the chances of drug-related harm (Rhodes 2002). An analysis of risk environment looks at how the relationship between the individual and the environment impacts the production or reduction of drug harms.

In his sociopharmacology theory, Friedman also notes that the social order might cause misery for some social groups, which might cause people to self-medicate with drugs. People who experience **class, gender**, or racial oppression suffer harm. As a way to deal with that harm, they may choose to self-medicate with drugs or alcohol.

For example, working a low-paying service job where you deal with unhappy customers and mistreatment from your boss may lead you to blow off steam by using substances. Individualistic theories of drug use stigmatize and demonize individuals who use drugs as being weak or criminal. According to the sociopharmacological approach, if anything should be demonized, it should be the social order—not the individual who uses drugs (Friedman 2002).

Looking at the social determinants of the **opioid crisis** provides a way to discuss a sociological approach to studying drug use. Many approaches to understanding the opioid crisis focus on the supply of opioids in the U.S. and whether they were pharmaceutical or illicit. This approach misunderstands the reasons individuals use opioids. The label *deaths of despair* has been used to describe three types of mortality that are on the rise in the U.S. Deaths of despair have caused a decline in the average lifespan among Americans. These three deaths occur from drug overdose, alcohol-related disease, and suicide. **Death** from these conditions has risen sharply since 1999, especially among

middle-aged White people without a college degree (Dasgupta, Beletsky, and Ciccarone 2018).

This interactive content is not available in this version of the text. It can be accessed online here:

<https://www.youtube.com/watch?v=56k4TCJvVZQ>

Figure 11.15 “Deaths of despair” are surging in white America [Streaming Video]. Economists Anne Case and Sir Angus Deaton explain their research on the opioid crisis and deaths of despair in this 3:47-minute video. As you watch, please pay attention to the social forces that influence this social problem. [Transcript.](#)

Researchers are examining how economic opportunities impact opioid use and overdose rates. In a study focused on the Midwest, Appalachia, and New England, areas that are predominantly White, researchers found that mortality rates from deaths of despair increased as county economic distress worsened. In **rural** counties with higher overdose rates, economic struggle was found to be more associated with overdose than opioid supply (Monnat 2019).

Analysis of the social and economic determinants of the opioid crisis notes that the jobs available in poor communities, which are often in manufacturing or service, present physical hazards and cause long-term wear and tear on the worker’s body (Dasgupta et al. 2018). An on-the-job injury can lead to chronic pain, which may disable a person. The **disability** may cause them to seek pain relief through opioids. The resulting addiction pushes them into **poverty** and despair. The video in figure 11.15 describes the trends in the deaths of despair.

A 2017 report from the National Academy of Sciences used a sociological view of drug use when it commented on the cause of the opioid crisis. The report states:

Overprescribing was not the sole cause of the problem. While increased opioid prescribing for chronic pain has been a vector of the opioid epidemic, researchers agree that such structural factors as lack of economic opportunity, poor working conditions, and eroded **social capital** in depressed communities, accompanied by hopelessness and despair, are root causes of the misuse of opioids and other substances. (Zoorob and Salemi 2017)

However, this research into deaths of despair focused on the increased opioid-related deaths due to overprescription in the first wave of the opioid crisis. Although the researchers don’t name it specifically, they were looking at patterns of drug use and abuse by White people. The researchers demonstrate **implicit bias**.

As the crisis continues, researchers are examining the impact of the second and third waves of the crisis. According to a study from Marjorie C. Gondré-Lewis, Tomilowo Abijo, and Timothy A. Gondré-Lewis:

Categorically, from 2015 to 2017, African Americans experienced the highest OOD increase of all races analyzed; 103% for opiates and 361% for synthetic opioids in large central metropolitan cities, and respectively 100% and 332% in large fringe metros. Illicitly manufactured fentanyl accounts for increased overdose deaths more than any other opioid across the USA. (2022)

The opioid crisis is now impacting urban, Black people disproportionately.

Despite the research biases we notice here, a sociological view of drug use helps us to understand the social contexts that can lead to drug use and cause it to be harmful or deadly. Without a sociological analysis, we'd only be looking at individual people and drugs. We would miss the entire social environment which influences both drug use and the consequences of drug use. A sociological analysis notices widespread social structural elements that might increase drug use: **racism**, economic despair, and hopelessness. This analysis can help us create policies and programs that can be beneficial for large numbers of people. From the sociological perspective, we see that, like other social problems, differences in **social location** create unequal outcomes.

Intersectional Model: Colonization and Drug Use

Indigenous people report the second highest rate of illicit drug use disorder between 2015 and 2019, at 4.8 percent. The highest percentage is among people who identify as two or more races or ethnicities. Indigenous people are also the highest percentage of people who sought treatment for illicit drug use disorders and received it (Center for Behavioral Health Statistics and Quality 2021).



Figure 11.16 Researcher Maria Yellow Horse Brave Heart of the Hunkpapa/Oglala Lakota examines drug use. How does her work explore generational trauma you might remember from the ACEs model in [Chapter 10](#)?

The work of researcher and professor Maria Yellow Horse Brave Heart, shown in figure 11.16, explains how the historically-based **trauma** experienced by Indigenous communities in the United States may impact substance use. She emphasizes that the traumatic losses suffered across generations by the North American Indigenous populations meet the definition of **genocide**. She lists massive traumatic group experiences as part of the intergenerational trauma experienced by this community, which may contribute to substance use (2003:8).

This list includes traumas such as massacres; prisoner of war experiences; starvation; displacement; separation of children from families and placement in compulsory and often abusive boarding schools; disease epidemics; forced assimilation; and the loss of language, **culture**, and spirituality. All of this contributes to the breakdown of family kinship networks.

Brave Heart points to an 1881 U.S. policy outlawing the practice of Native ceremonies, which prohibited traditional mourning practices. This undermined practices of healing and resolution

that might improve wellness and potentially lower problematic substance use levels. Urban Indigenous people who use alcohol and/or other illicit substances reported symptoms of **historical trauma** (Wiechelt et al. 2012). Brave Heart (2003) points out that alcohol was not part of Indigenous culture except for in specific ceremonies before colonial contact. If you'd like to listen to Brave Heart herself, watch [Historical Trauma in Native American Populations \[Streaming Video\]](#).

Researchers suggest that treatments for substance use disorder among **Indigenous peoples** should coincide with decolonizing practices. This means that Indigenous communities should be supported in making attempts and achieving control of land and services. Nutton and Fast report that:

...communities that have made attempts to regain control of land and services have been found to have lower suicide rates, reduced reliance on social assistance, reduced unemployment, the emergence of diverse and viable economic enterprises on reservation lands, more effective management of social services and programs, including language and cultural components, and improved management of natural resources. (2015:842)

Identity formation can also be a helpful part of drug treatment for Indigenous individuals. Research indicates that increased participation of Indigenous peoples in their culture of **origin** can decrease the prevalence of substance use disorder (Nutton & Fast 2015).

Finally, all drug treatment interventions should be culturally adapted for Indigenous communities. For example, among Indigenous people inhabiting the Great Plains, the Sun Dance was performed in thanksgiving for a bountiful year and a request for another year of food, health, and success. Today community members pledge to do the Sun Dance to maintain their sobriety from alcohol or drugs.

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11.5 Recovery is Social Justice

Kelly Szott and Kimberly Puttman

Though the continued opioid (and now fentanyl) crisis may be a reason to despair, there are many individuals, **social movements**, and other organizations who are working to address problems associated with substance use. Social science, public **health**, biomedical, and legal scholars and researchers are diligently producing more evi-

dence-based knowledge to guide societal efforts toward more humane and pragmatic responses to substance use. Reducing **harmful drug use** is **social justice**.

Harm-Reduction Movement

This interactive content is not available in this version of the text. It can be accessed online here:

<https://www.youtube.com/watch?v=h0I0uV-Xqpl>

Figure 11.17 Transformation: The Alchemy of Harm Reduction [Streaming Video]. Please watch at least the first 5 minutes of this hour-long video. It describes an innovative harm reduction program in New York. As you watch, please consider how this approach changes the conversation around harmful drug use. Also, how can syringe exchange be a starting place for creating social transformation? [Transcript](#).

Harm reduction offers a lens through which we can understand and address issues associated with substance use. The first minute of the video in figure 11.17 provides a list of the ways that harm reduction creates a safer environment for everyone. Harm reduction can be understood as a set of practices. It can also be understood as a social justice movement. The philosophy behind harm reduction revolutionizes the way we respond to human problems, namely **addiction**, drug overdose, and HIV.

Harm reduction uses a grassroots approach based on advocacy from and for people who use drugs and accept alternatives to abstinence that reduce harm (Marlatt 1996). According to the Harm Reduction Coalition, the central harm reduction organization in the U.S., a core principle of harm reduction philosophy “accepts for better or worse, that licit and illicit **drug use** is part of our world and chooses to work to minimize its harmful effects rather than simply ignore or condemn them.”

Syringe exchange programs, or their more current name—syringe service programs—were one of the early harm reduction efforts made to address the AIDS crisis of the 1980s and ’90s. The Harm Reduction Coalition states that “Syringe service programs (SSPs) distribute sterile syringes, safer drug use supplies, and **education** to people who inject drugs.” The current **opioid crisis** in the United States is causing a dramatic increase in infectious diseases associated with injection drug use, such as HIV or hepatitis C. Syringe service programs are known to reduce HIV and hepatitis C infection rates by an estimated 50 percent (Platt et al. 2017). When paired with medication-assisted treatment to treat opioid dependence, syringe service programs can reduce HIV and hepatitis C transmission by over two-thirds (Platt et al. 2017 ; Fernandes et al. 2017).

Sometimes people oppose syringe service programs because they think it might enable drug use. Research shows the opposite. According to the U.S. Centers for Disease Control and Prevention (2019), new users of syringe service programs are

“five times more likely to enter drug treatment and three times more likely to stop using drugs than those who don’t use the programs.”

Syringe service programs can also prevent opioid overdoses by educating people who use drugs about ways to prevent overdose. Syringe service programs provide training on how to recognize an overdose and how to use naloxone or Narcan, a harmless medication that reverses opioid overdoses. Often syringe service programs will distribute overdose prevention kits that include naloxone (CDC 2019).

Decriminalize Low-Level Drug Offenses

National social justice advocates recommend decriminalizing low-level drug offenses as a way to decrease oppression in our **criminal justice system**. **Decriminalization** is the act of reducing penalties for possession/use of small amounts from criminal sanctions to fines or civil penalties (Galvin 2014). For example, in order to address the racial and ethnic disparities in criminal justice systems, Ashley Nellis from the Sentencing Project recommends that we:

discontinue arrest and prosecutions for low-level drug offenses which often lead to the accumulation of prior convictions which accumulate disproportionately in communities of color. These convictions generally drive further and deeper involvement in the criminal legal system. (Nellis 2021)

Decreasing criminal involvement in the first place related to harmful drug use is a step in treating harmful drug use like a medical condition that needs treatment rather than a criminal condition that needs punishment.

Legalization of Cannabis

Social movements, as well as individuals who sought to decriminalize and legalize cannabis, were often motivated by the United States’s long history of systemic **racism** and the **war on drugs**. **Legalization** means to make the possession and use of a drug legal (Galvin 2014a). Since 2012, 24 states and Washington, D.C., have legalized cannabis for adults over the age of 21. Legalizing cannabis has meant fewer arrests and jail time. In Oregon, the number of cannabis arrests decreased by 96 percent from 2013–2016, the year cannabis was legalized for adult recreational use (The Drug Policy Alliance 2022).

The Drug Policy Alliance, a nonprofit organization that advocates for the decriminalization of drugs, examined rates of youth cannabis use. They found that since the legalization of cannabis use in some states, youth use rates have remained stable and, in some cases, gone down. They have also found that legalization has not made roadways less safe due to driving under the influence of cannabis. Finally, they show that states are using the money generated through taxes on legal cannabis for social good (The Drug Policy Alliance 2022). In Oregon, 40 percent of the cannabis tax revenue goes to the state school fund, and 20 percent goes to alcohol and drug treatment.

However, health researchers remain concerned about the impacts of cannabis legalization on adolescent cannabis use. Increasing amounts of research reveal correlations between adolescent cannabis use and short and potentially long-term impairments on cognition, worse academic/vocational outcomes, and increased prevalence of psychotic, mood, and addictive disorders (Hammond et al. 2020). Though cannabis use rates among adolescents are higher in states that have legalized the substance, those rates were higher even before legalization (Choo et al. 2014; Wall et al. 2011; Ammerman et al. 2015). Legalization itself did not cause higher usage rates.

Other negative impacts of cannabis use have risen in states where cannabis is legalized. Motor vehicle accidents and deaths where cannabis was involved have increased. Young children and pets accidentally overdose more often. Finally, emergency rooms see more patients and hospitalize them more often due to potent cannabis causing psychosis, depression, and anxiety ([Committee on Substance Abuse & Committee on Substance Abuse Committee 2015](#), as cited in Hammond et al. 2020).

When considering whether cannabis should be legal, Hammond et al. (2020) point out that we must balance the negative impacts (discussed above) with the positive effect of decriminalization, reducing youth juvenile justice involvement. Youth involvement in the juvenile justice system can have long-lasting negative impacts on the life outcomes of youth. For example, involvement in the juvenile justice system may disrupt education or cause long-lasting **mental health** problems. We must consider the reduction of these types of issues alongside the known negative impacts of youth cannabis use.

Another **equity** issue arises with the legalization of cannabis and the rise of a money-making industry. A drug-related felony on an individual's record may be a barrier to gaining a license to sell cannabis through a dispensary. As we've discussed in this chapter, due to systemic racism within drug policy enforcement, those with drug-related felonies on their record are disproportionately Black. This means that Black entrepreneurs may be disproportionately blocked from entering the cannabis industry. Several states and cities have implemented equity programs to address this issue. In California, a prior drug felony cannot be the sole basis for denying a cannabis license. In Portland, Oregon, a portion of cannabis sales tax revenue is spent on funding women-owned and minority-owned cannabis businesses (DPA).

Decriminalizing Personal Possession of Illegal Drugs in Oregon

On November 3, 2020, Oregon became the first state in the United States to decriminalize the personal possession of illegal drugs. By approving Measure 110, Oregon voters significantly changed the way drug possession violations are addressed. People found with smaller amounts of controlled substances (such as heroin, cocaine, or methamphetamine) are issued a Class E violation, which is punishable by a \$100 fine. Alternatively, people in violation can have the fine waived if they complete a health assessment at an addiction recovery center.

Measure 110 also created a new drug addiction treatment and recovery grant program funded by the anticipated savings due to reduced enforcement of criminal drug possession penalties, as well as cannabis sales tax revenues (Lantz and Neiuburt 2020). Advocates for Measure 110 saw it as a way to eliminate drug policies that were having a disproportionately negative impact on Black and Indigenous People of Color. This law also shifted the societal response to drug use from a punitive, moralistic approach to one that involved treatment and compassion.



Figure 11.18 Store for Magic Mushrooms in the Netherlands. How do we use social construction at work in the conversation around the decriminalization of psilocybin?

During the same election vote in 2020, Oregonians also approved Measure 109, which directs the Oregon Health Authority to license and regulate the manufacturing, transportation, delivery, sale, and purchase of psilocybin products and the provision of psilocybin services (Oregon Health Authority N.d.). Psilocybin is the main psychoactive component of *magic mushrooms* (figure 11.18). This substance has been utilized for thousands of years in spiritual ceremonies in Indigenous cultures (Lowe et al. 2021). Psilocybin is considered a psychedelic hallucinogenic drug that produces both mind-altering and reality-distorting effects.

Following negative stigmatization of the substance due to its use within the hippie counterculture movement, in 1970, the federal government changed the classification of psychedelics (including psilocybin) to Schedule 1 drugs, which ended all scientific research on psychedelics. Research interest in the therapeutic uses of psychedelics resumed in a 2004 pilot study from the University

of California, Los Angeles, which investigated the use of psilocybin treatment in patients with advanced-stage cancer (Grob et al 2010).

Since then, significant amounts of research into the use of psilocybin to treat an array of health concerns, from anxiety to cluster headaches, have taken place. Measure 109 in Oregon required a comprehensive review of the scientific literature on psilocybin's therapeutic uses. This review found research that suggests that psilocybin can reduce depression and anxiety. The FDA has designated psilocybin as a “breakthrough therapy” for the treatment of depression, which means that psilocybin treatment may be a significant improvement over existing therapies to treat depression. Psilocybin therapy involves the administration of the substance in the context of counseling support in the weeks before and after dosing (Abbas et al. 2021). Though Oregon's regulated psilocybin treatment programs will not be up and running until 2023, they offer hope to those suffering from mental health disorders for whom other treatments do not work.

Oregon's decriminalization of low-level drug offenses is revolutionary, but it follows the advice of national social justice advocates, who recommend this action to address systemic inequalities related to harmful drug use.

Community Collaboration for Drug Treatment

A final way to address the **social problem** of harmful drug use is to expand access to effective drug treatment. Expanding options takes collaboration by federal, state, and community partners to make a difference.

The Intersectionality of Drug Treatment

Socioeconomic status and **race** impact access to drug treatment. Most elective drug treatment programs require some form of payment for services. Those without insurance and without the financial means to pay will be unable to receive treatment. Researchers have also found that racial **discrimination** has prevented entry for Black and Indigenous People of Color into more desirable forms of drug treatment (Hansen 2015).

While some may actively seek drug treatment, others may be forcefully mandated to attend strong-arm or faith-based rehabilitation programs. Sociologist Teresa Gowan asserts that these types of mandated rehab programs are used by the state to manage the poor. Poor individuals with a drug violation may be mandated to undertake forms of treatment that are designed to “transform basic behavioral dispositions and instill a new moral compass” (Gowan 2012).

At strong-arm rehab centers, all DWI (driving while intoxicated) and many low-level drug offenders are encouraged to define themselves as addicts, even if they may not actually have a substance use disorder. They are also punished for relapse and rewarded for a “cure.” Gowan found that cultural styles and tastes that were not middle class were brought into the so-called therapeutic habilitation process and considered to be in need of reform. Bringing up the **role** of **poverty** or racism in one’s life is thought to be immature and evidence of the addict’s ego (Gowan 2012).

Race and class also play a role in determining which type of opioid use disorder treatment one will receive. Hansen (2015) found that **BIPOC** was often only offered the option of the less desirable methadone treatment, which requires near-daily visits to a clinic and a demeaning and constricting practice of surveillance (Bourgois 2000). In contrast, White middle-class individuals were more likely to be given the opportunity to receive buprenorphine treatment for their opioid use dis-

order. This type of treatment is more private and requires significantly fewer medical interactions. Hansen (2015) sees this systemic discrimination as working to maintain the race and class **privilege** of White middle-class individuals.

Increasing Drug Treatment Options in Local Communities

Drug treatment in Oregon is particularly lacking. Oregon ranks 47th among the 50 U.S. states in access to treatment for substance use disorders. Treatment needs are significantly unmet. In fact, only 8.5 percent of teens and adults in Oregon who needed treatment actually received it (Substance Abuse and Mental Health Administration 2020). How might increasing treatment options impact the social problem of harmful drug use?

Higher levels of **social capital** within a community might protect it from higher overdose rates. **Social capital** is defined as the social networks or connections that an individual has available to them due to group membership. These researchers measured social capital by looking at voting rates, the number of non-profit and civic organizations in a community, and response rates to the census (Zoorob and Salemi 2017). These are all indicative of one’s engagement with their community, as well as increased social linkages between people through community organizations.

Community connections can also decrease drug use. Research documents the relationship between experiences with racism and illicit drug use among Black women (Ehrmin 2002). This research shows that while socioeconomic class was a factor, it was not the sole determinant of drug use (Stevens-Watkins et al. 2012). Instead, Black women used drugs less if they had a strong ethnic identity and were connected to their communities (Maclin-Akinyemi et al. 2019).

This interactive content is not available in this version of the text. It can be accessed online here:

<https://www.youtube.com/watch?v=ICtBRzTornA>

Figure 11.19 A Small-Town Plague: A New Approach to Opioid Addiction [Streaming Video]. This 9.52-minute video describes community partnerships that support reducing harmful drug use in communities. Please watch the first 5 minutes. How do these approaches leverage existing interdependence, individual agency, and collective action to reduce harm? [Transcript.](#)

Increasing funding for drug treatment, including drug treatment facilities, harm reduction programs, and community-based drug treatment programs can expand social justice for drug users. Community-based drug treatment programs serve over 53 percent of people in recovery (Bowser 1998). They include Twelve Step programs and other peer-led recovery groups. These community-based organizations may serve people with specific social identities, such as recovery groups for firefighters, **queer** people, or women, as examples. In addition, a recent study found that even when harm reduction or drug treatment services were available, they couldn't offer enough wrap-around services to their clients. For example, even though many clients were unhoused, most programs didn't offer housing. Even when clients were parenting, the programs had no funding for childcare services (Krawczyk et al 2022).

One way to increase funding for drug treatment is through local ballot measures. Measure 110, which decriminalizes possession of small amounts of illicit drugs, was passed in the 2020 election in Oregon. This law increases state funding for drug treatment services.

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Figure 11.17. "[Transformation: The Alchemy of Harm Reduction](#)" by [Lower East Side Harm Reduction Center](#) is licensed under the [Standard YouTube License](#).

Figure 11.19. "[A Small-Town Plague: A New Approach to Opioid Addiction](#)" by [The Atlantic](#) is licensed under the [Standard YouTube License](#).

11.6 Chapter Summary

Kelly Szott

Drug use is often mistakenly identified as a **social problem** in and of itself. This chapter has shown that it is the consequences of some forms of drug use (and often by certain groups of people) that can be constructed as problems. The problems that arise from drug use must be solved collectively because they have structural roots.

Structural racism and **class** inequality drive different outcomes for people who use drugs. White rich people are more likely to be perceived as having a medical condition that needs treatment. They are also more likely to access effective treatment. People of Color and poor people are more likely to be seen as criminals and receive punishment. They are much less likely to have access to effective treatment. It's not the use of drugs that's the social problem—it's the deep injustice in the consequences of the behavior that is the social problem.

What is considered a harmful drug, and thus, must be outlawed, is constantly changing. This is demonstrated by the recent **decriminalization** of the possession of small amounts of drugs in Oregon. We must wrestle with defining drug use as legal or illegal, moral or immoral, individual or social.

Structural inequality combined with drug policy that creates avoidable harm from drug use. **Social justice** for people who have substance use disorder includes changing the laws, policies and practices related to **harmful drug use**. It includes increasing funding for effective community and inpatient treatment and services, particularly in **rural** communities. And it includes addressing the generational problems of **racism** and **poverty** reflected in the **disproportionality** of both the assignment of criminality and access to treatment.

ESSENTIAL IDEAS

Learning Objective 1: How can we describe drug use and misuse as a social problem?

Harmful drug use is a social problem because it affects different groups of people in different ways. People differ on whether they consider drug use a moral, psychological or structural problem. They disagree on what to do, reflecting a conflict in values. Our ideas about legal and illegal drug use, and the consequences of that harmful drug use are socially constructed. Finally, taking action to expand justice requires individuals to take action to pursue recovery and **collective action** by people in our **society** to change drug laws, support **harm reduction** programs, fund drug treatment, and fight racism. These interdependent actions increase social justice for people who use drugs in harmful ways.

Learning Objective 2: How does social location impact the experience of harmful drug use?

We see disproportionality and **disparity** when we examine the outcomes of harmful drug use based on **race** and **ethnicity**. Whites are disproportionately less represented in prison and jail populations. Black, Brown, and Indigenous people are disproportionately more represented in prison and jail populations. The reasons for this disparity include racist policing and disparate mandatory sentencing, among other practices. Generally, White people are perceived as needing treatment, and they more often have access to it. People of Color are more often seen as criminals and get punished.

Learning Objective 3: How do the five models of addiction differ in how they explain the causes and consequences of harmful drug use?

The five models of **addiction** are moral, disease, public **health**, sociological, and intersectional. The moral model focuses on the failings of an individual. While most sociologists don't use this approach, it can be effective in peer-led recovery groups. The disease model focuses on substance use as a medical disorder, often based on neurological explanations. This approach is helpful in developing medical treatment but often minimizes the **social determinants of health**, which influence the differential outcomes of harmful drug use. The public health model focuses on minimizing the harm that occurs related to harmful drug use. This approach focuses on harm reduction strategies. The sociological approach focuses on how structural inequalities like racism or economic inequalities influence the consequences of harmful drug use. Finally, the intersectional approach looks at how historical and generational **trauma** is uniquely experienced in communities of color. Scholars examine how the deep roots of **colonization** continue to create unequal access to treatment resources. Finally, in this model, researchers look at how cultural capital can be used to make a difference.

Learning Objective 4: Which interdependent actions increase social justice related to problematic drug use?

Radical justice for drug use and misuse will take federal, state, community, and individual action to transform our society. Among the options are harm reduction, decriminalization of small amounts of substances, increased access to treatment options, and community collaborations. Recovery is social justice.

Comprehension Check

KEY TERMS LIST

addiction: a chronic, relapsing disorder characterized by compulsive drug seeking and use despite adverse consequences

criminalization: the act of making something illegal

decriminalization: the act of reducing penalties for possession/use of small amounts from criminal sanctions to fines or civil penalties

disparity: the unequal outcomes of one group compared with outcomes for another group; disparity can be used to compare any groups with different social locations

drug use: the imbibing of substances, which can happen without addiction or physical dependence but may lead to those outcomes

five models of addiction: five ways to understand drug use that are dominant in U.S. society—the moral view, the disease model, the public health perspective, a sociological approach, and an intersectional approach

harm reduction: a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use; harm reduction is also a movement for social justice built on a belief in, and respect for, the rights of people who use drugs

harmful drug use: a person's drug use negatively impacts their health, their livelihood, their family, their freedom, or any other aspect of their life that they deem important

legalization: to make the possession and use of a drug legal

mass incarceration: the overwhelming size and scale of the U.S. prison population

New Jim Crow: the network of laws and practices that disproportionately funnel Black Americans into the criminal justice system, stripping them of their constitutional rights as a punishment for their offenses in the same way that Jim Crow laws did in previous eras

opioid crisis: a surge of drug overdoses and suicides, both linked to the use of opioid drugs

private prisons: for-profit incarceration facilities run by private companies that contract with local, state, and federal governments

risk environment: the space—whether social or physical—in which a variety of factors interact to increase the chances of drug-related harm

social capital: the social networks or connections that an individual has available to them due to group membership

substance use disorder (SUD): a condition in which there is uncontrolled use of a substance despite harmful consequences; people with SUD have an intense focus on using a certain substance(s), such as alcohol, tobacco, or illicit drugs, to the point where the person's ability to function in day-to-day life becomes impaired

War on Drugs: The War on Drugs is an effort in the United States since the 1970s to combat illegal drug use by greatly increasing penalties, enforcement, and incarceration for drug offenders

DISCUSS AND DO

1. **Harmful Drug Use as a Social Problem:** What's the difference between illegal and legal drugs? Does everyone in society agree on these categories? Why or why not?
2. **Causes and Consequences:** Which of the five models of addiction best explains the opioid crisis?
3. **Conflict in Society:** What are the advantages and disadvantages of legalizing any currently illegal drug? Feel free to use an example from the textbook, or from your community.
4. **Mass Incarceration:** How can we see mass incarceration as a social problem related to the racialization of drug use?
5. **Social Construction of Drug Use:** Please find a video, print, or social media ad that is selling or against selling a mind-altering substance. This could be prohibition, smoking in old movies, medical cannabis today, or other substances. How did this ad capture the beliefs or opinions of the drug at the time? How have the views changed over time?
6. **Community Action:** What drug treatment services are available in your community? Are they community-based, medical, or carceral? How might you access them? Are they effective?

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Who Feels OK?: The Social Problem of Mental Health

12.1 Learning Objectives and Chapter Overview

Kathryn Burrows

LEARNING OBJECTIVES

After reading this chapter, you will be able to:

1. Compare and contrast the concepts of **mental health**, **mental illness**, and mental well-being.
2. Explain how mental **health** can be understood as a **social problem**.
3. Explain why people from different social locations, like **gender**, **race**, and **class**, experience different levels of mental health systems, diagnosis, and treatment.
4. Analyze how the socially constructed identity of mixed race impacts mixed-race people's experiences of mental health, mental illness, and mental well-being.
5. Explain how mental health and mental illness relate to race and class, particularly in relationship to exacerbating other social problems.
6. Explain how the **social structure** and behaviors of **patriarchy** impact the experience of social problems for women and non-binary people, particularly related to mental health and mental illness.

7. Compare and contrast the multiple medical, psychological, and sociological models of mental health and mental illness.
8. Evaluate interdependent solutions using **collective action** and **individual agency** to provide effective mental health solutions that expand **social justice**.

Chapter Overview

I am grateful to my husband Jon who has taught me a new way to live with a severe mental illness. — Kathryn Burrows

This interactive content is not available in this version of the text. It can be accessed online here:

<https://www.youtube.com/watch?v=7a9fuSYJ2yo>

Figure 12.1 Rosalind's Story: Living with Serious Mental Illness and Alcoholism [Streaming Video]. Please watch this 5:58-minute video. As you watch, please consider how mental illness might complicate other social problems. [Transcript.](#)

In this chapter, we examine the social problem of mental health, mental illness, and mental well-being. Our human lives contain sadness, loss, excitement, joy, and, especially in the United

States, feeling like you are not enough. But what are the boundaries between having a tough week and mental illness? To begin, we'll read my story about my interactions in a mental hospital.

KATE'S STORY

I have a SPMI (severe and persistent mental illness), and needed to be hospitalized because I couldn't differentiate between reality and fantasy. This excerpt tells part of my story. This story illustrates some of the challenges that people with mental health issues experience while they are in the hospital. Many people* appear in the excerpt:

- *Holland* is a man in his 30s who has schizoaffective disorder. He was experiencing psychosis and mania.
- *Lise* is a woman in her 50s who has been addicted to alcohol and other drugs since her teens. She is in the hospital for detox, after which she will go to a residential **addiction** treatment program.
- *Music* is a man in his 40s who has schizophrenia. He often forgets his name, and as a result, he changes his name frequently.
- *Jim* is a man in his 20s who has depression. He is in the hospital because of a suicide attempt.
- *Liz* is a woman in her 20s who has anxiety and depression. She is in the hospital because of a suicide attempt.

* (All of the names are changed to protect the anonymity of the people.)

Personal Experiences of Stigma and Out-grouping in the Psychiatric Hospital

Encounter 1: “Do you believe in UFOs?”

From my diary: Monday, Day 1, South Unit

Holland and I were standing in line for dinner, and we started talking about our delusions. They are almost exactly the same! We got so excited because finally, for once, we were talking to somebody who believed us and who understood! Holland GETS me. He knows about the things that come over the radio. I know about the signs he gets from church. I am so excited to meet somebody who is like me!

Lise was overhearing us and said, “What do you mean?” Holland explained that there were things going on in the universe that she doesn’t know about, and only special people can know about them. Then Christian broke in and said, “How do you know about this?” I told him I heard it on the radio. Then Jim said, in a totally rude and demeaning voice, “Do you believe in ghosts? Do you believe in UFOs? You can’t believe everything you hear on the radio!” First of all, Jim thought I was talking about FM radio, but you can’t hear anything over FM. I get the messages from Andy’s ham radio at home.

I felt like they were calling me crazy—calling me nuts. Like Lise has been sober for three days, and those other guys are all depressed and Bipolar. Like they have something over us.

Encounter 2: “I can’t believe he’s schizo!”

From my diary: Tuesday, Day 2, South Unit

Today, while I was waiting for our music group to start, Lise and Liz were talking about a conversation they had with Music last night. Lise said, “He was like a normal person! It was amazing!” Liz added, “I can’t believe he’s schizo! I mean, he talked to me totally normally. Do you know he has been married twice and has kids?” “You’d never know he had schizophrenia,” Lise said. “Until he forgets his name!” Liz said, and then they both laughed.

I didn’t know what to do to stand up for Music. I should have. I feel guilty for just letting them sit there and talk about him like that, but I didn’t know what to do. They’ve obviously never met a person with schizophrenia before. They acted like he was a freak. It was horrible.

In this story, you might notice all the things you have in common with the people who are patients. In the hospital, we had to figure out how to talk to people and how to get along. Just like high school, we formed our own groups. Some people were in the in-crowd, and others weren’t.

In this chapter, we use the models of social problems and **social location** that we have been using all along. We add some new sociological vocabu-

lary – stigma, and total institutions – to understand why “who feels OK?” is a sociological issue.

You may have experienced your own challenge with mental health during **COVID-19**. Many of us

are feeling stressed, lonely, or depressed. We may have even needed to see a counselor for the first time, or we may have found that the ways we usually cope with life didn't work. But why would we consider this a social problem?

At first blush, mental health appears to be a uniquely personal phenomenon: mental health, mental well-being, and mental illness seem to be intensely private experiences outside the realm of sociological analysis. After all, who but psychologists and psychiatrists are truly equipped to understand mental health and illness? In this chapter, we aim not only to understand the **role** of **sociology** in the study of mental health but to gain a deeper understanding of the effects of social life on our mental well-being. You will be introduced to the major concepts and techniques of understanding mental health and illness from a sociological perspective.

This chapter is interdisciplinary. It includes material from many fields. But there is a coherent organizing theme: the need to understand mental illness in a broad social context. Too often, scientists and psychologists study people who have diseases of the mind without regard to their social origins and to the institutions of social control involved in mental illness.

This chapter critically examines how history, institutions, and **culture** shape our conceptions of mental illness and people with mental health challenges. Mental health and mental illness become a social problem because of the conflict in how people disagree about these ideas. We will consider the social factors contributing to the rates and the experiences of mental illness. By this point in our exploration, you will not find it surprising that social location impacts the social problem of "Who is OK?"

FOCUSING QUESTIONS

In this chapter, we examine the **epidemiology** of mental health and mental illness to discover how race, class, gender, and other social locations impact how people are diagnosed and treated. We explore how sociologists explain this difference, using concepts such as stigma. Finally, we consider the interdependent nature of mental health and mental illness. These conditions impact individuals, but they also affect families and **society**. The questions that focus our curiosity are:

1. What is the difference between mental health, mental illness, and mental well-being?
2. How can we understand mental health as a social problem?
3. Why do people experience different mental health issues, diagnoses, and treatments based on gender, race, class, and other social locations?
4. How does the **social construction** of the mixed-race identity explain social inequality, particularly in relation to mental health?
5. How are mental health and mental illness underlying factors in other social problems?
6. How does the structural oppression of patriarchy impact social problems, particularly related to women, **queer**, transgender, and non-binary people?
7. How do sociological explanations of mental health and mental illness differ from primarily medical or psychological models?

8. What creative solutions to providing mental health services combine individual agency and collective action to expand social justice?

Let's find out who feels OK!

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Figure 12.1. "[Rosalind's Story: Living with Serious Mental Illness and Alcoholism](#)" by [California Health Care Foundation](#) is licensed under the [Standard YouTube License](#).

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12.2 The Basics: Mental Health and Mental Illness as a Social Problem

Kathryn Burrows

In our everyday lives, we might say someone is crazy. Or we might say that we feel out of it. These terms are commonly used, but social scientists must be more precise in their language. This section explores what we really mean when we say **mental health**, **mental illness**, and **mental well-being**.

Once we have defined our terms, we explore why mental **health** and mental illness are social problems, not just individual ones.

What Do We Mean, Really?

In "Kate's Story," which opens this chapter, the people used their diagnosis to sort people into groups. But what does that actually mean?

Mental health is a state of mind characterized by emotional well-being, good behavioral adjustment, relative freedom from anxiety and disabling symptoms, and a capacity to establish constructive relationships and cope with the ordinary demands

and stresses of life (American Psychological Association 2023). It includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make choices.

Mental health includes subjective well-being, autonomy, and competence. It is the ability to fulfill your intellectual and emotional potential. Mental health is how you enjoy life and create a balance between activities. Cultural differences, your own evaluation of yourself, and competing professional theories all affect how one defines mental health. Mental health is important at every stage of life, from childhood and adolescence through adulthood.

When sociologists study mental health, they look at trends across groups. They look at how mental health varies between all genders, different racial and ethnic groups, different age groups, and people with different life experiences, including socioeconomic status. In addition to this, though, they also explore the factors that maintain—or

distract from—mental health, such as stress, resilience, and coping factors, the social roles we hold, and the strength of our social networks as a source of support.

The term *mental health* doesn't necessarily imply *good* or *bad* mental health. At some times in your life, you will feel really good and have good coping skills, strong social networks, a fulfilling career, and a healthy personal and family life. At other times, things may not be going so well for you. You may have work or family conflicts, you find yourself engaging in poor coping skills, not contacting your social network for support. Both times, you are dealing with mental health. In the next section, we will explore the concept of mental illness, which, contrary to common belief, is not the opposite of mental health. Rather, it is one type of experience a person can have with their mental health.

Throughout your life, if you experience mental health problems, your thinking, mood, and behavior could be affected. Some early signs related to mental health problems are sleep difficulties, lack of energy, and thinking of harming yourself or others. Many factors contribute to mental health problems, including:

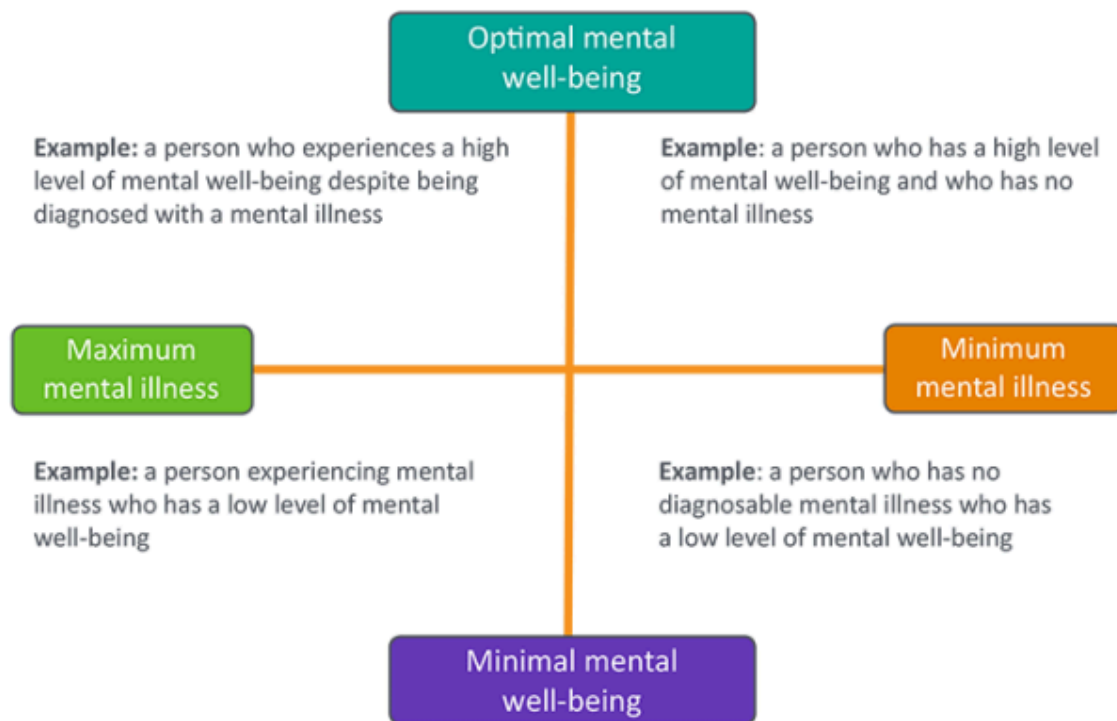
- biological factors, such as genes or brain chemistry
- life experiences, such as **trauma** or abuse
- family history of mental health problems

All of us will experience mental health challenges throughout our lives – times when we're not sleeping, eating, or socializing as well as we know we could be. We may have times when we feel mildly depressed for a matter of days or just don't feel like doing much. These experiences are common and do not mean you have a mental illness.

Mental illness, also called mental health disorders, refers to a wide range of mental health conditions and disorders that affect your mood, thinking, and behavior. Examples of mental illness include depression and other mood disorders like bipolar disorder, anxiety disorders, schizophrenia, eating disorders, and addictive behaviors (Mayo Clinic Staff 2022). When substance use disorders co-occur with other mental health disorders, it is known as dual diagnosis. Having a dual diagnosis increases symptoms and decreases responsiveness to treatment. **Drug use** can precipitate overdoses on drugs such as methamphetamines, cocaine, and cannabis and can also worsen diagnoses such as bipolar disorder and schizophrenia. You already learned about **harmful drug use** in **Chapter 11**.

Unlike mental health, mental illness has a very specific definition. Psychiatrists, psychologists, and even your primary care doctor use a manual called the **Diagnostic and Statistical Manual of Mental Disorders (DSM)**. The DSM is the handbook used by healthcare professionals as the authoritative guide to the diagnosis of mental disorders. DSM contains descriptions, symptoms, and other criteria for diagnosing mental disorders. The DSM lays out each condition – 297 in the most recent iteration – that professionals recognize as a mental illness (American Psychiatric Association 2013).

Each mental illness listed in the DSM has a list of diagnostic criteria that a person must meet to be considered to have that particular mental illness. For example, to get an official diagnosis of major depressive disorder, a person must meet five out of eight symptoms, such as severe fatigue, feeling hopeless or worthless, or much less interest in activities they used to enjoy, for at least two weeks to be considered clinically depressed.



Adapted from Keyes (2002)

Figure 12.2 The Mental Health and Well-being Continuum. Have you ever considered that mental illness and well-being might differ?
Image description.

In addition to the definitions of mental health and mental illness that we commonly use to discuss diagnosis or lack thereof, some people are starting to use the description of mental well-being. **Mental wellness** is an internal resource that helps us think, feel, connect, and function; it is an active process that helps us to build resilience, grow, and flourish (McGroarty 2021). While people can support their own mental well-being with self-care activities and connecting with family and friends, the core concept is more profound. It comprises the activities and attitudes that all of us can cultivate to ensure our own resilience, whether we have a mental health diagnosis or not.

The community activists and researchers who created the phrase mental well-being use it for

two reasons. First, by separating a mental health diagnosis from the quality of mental well-being, we have a model that helps us understand that mental illness can be similar to a chronic disease. You can see this model for yourself in figure 12.2. Some days, weeks, or even years, the illness is very well managed, and the person leads a productive, happy, and fulfilling life. On other days, the illness is not well managed, and the person needs more support. On the other axis, some people may experience a life event that makes them deeply sad or feel powerless. They don't have a mental health diagnosis but may need mental health treatment or support anyway. If seeing how the model works real time will help, please watch [Mental Health Continuum \[Streaming Video\]](#).

Second, some people and communities stigmatize people who have mental illnesses or need mental health treatment. In those cases, using the language of mental wellbeing avoids **stigma**. The National Alliance on Mental Illness (NAMI) hosts these sites, which you can explore if it interests you: [**Sharing Hope: Mental Wellness in the Black Community \[Website\]**](#) and [**Compartiendo Esperanza: Mental Wellness in the Latinx Community \[Website\]**](#). Both sites have excellent videos exploring issues relating to mental wellness and resilience, mental health, and mental illness in these specific communities.

Why Is Mental Health and Mental Illness a Social Problem?

In [**Chapter 1**](#), we listed the characteristics of a **social problem**. If you will remember:

1. A social problem goes beyond the experience of an individual.
2. A social problem results from a conflict in values.
3. A social problem arises when groups of people experience inequality.
4. A social problem is socially constructed but real in its consequences.
5. A social problem must be addressed interdependently, using both **individual agency** and **collective action**.

How might these apply to “Who feels OK?”

Mental health and mental illness go beyond individual experience

Mental illnesses are common in the United States. Nearly one in five U.S. adults live with a mental illness (57.8 million in 2021) (National Institute of Mental Health 2023). Mental illnesses include many different conditions that vary in degree of severity, ranging from mild to moderate to severe. Two broad categories can be used to describe these conditions: Any Mental Illness (AMI) and Serious Mental Illness (SMI). AMI encompasses all recognized mental illnesses. SMI is a smaller and more severe subset of AMI.

The charts below in figure 12.3 show the prevalence of AMI and SMI among adults in 2020, and the bottom chart shows the rates of mental illness in adolescents. There are some group-level differences in this data that are important to notice. The prevalence of AMI among women is much higher than that of men. There is a 10 percent gap between the two groups. Why might this be?

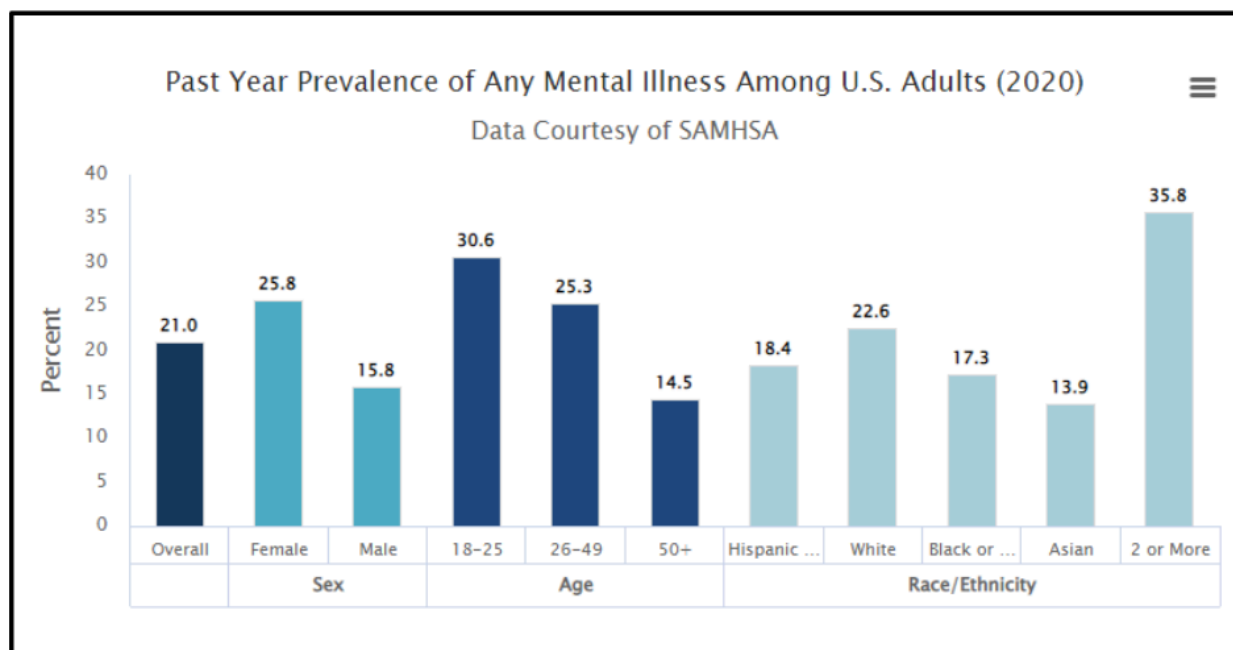


Figure 12.3 Prevalence of Any Mental Illness (AMI). What differences do you see? [Image description.](#)

In this graph we see several differences between groups of people. For now, we will focus on just one of the bars on this graph: the 35.8 percent of people who experience any mental illness and report as two or more races. We'll look at two

factors that might influence the mental health of multiracial people: legal history and double-**dis-crimination**, although there are many more contributing factors.

Unpacking Oppression, Mixing Justice: The Social Construction of Mixed Race Identity



Figure 12.4 Former President Barack Obama is a mixed-race person who identifies as Black. His father is Black, and his mother is White.



Figure 12.5 Former Vice President Kamala Harris identifies herself as American. Her mother is South Asian and her father is Black.

Former U.S. President Barack Obama and Vice President Kamala Harris are famous Americans who are multiracial. Obama's mother was White from Kansas. His father was Kenyan from the Luo tribe. Although he is mixed **race**, he self-identifies as African American. Vice President Kamala Harris identifies as American. In most of her political work, she labels herself Black, often because mixed race wasn't a choice. Her mother was South Asian from India, and her father was Black from Jamaica. If you would like to learn more, this article from Pew Research, [**"In Vice President Kamala Harris we can see how America has changed"**](#) **[Website]**, describes several demographic trends of "mixing" occurring recently in the United States.

People from different races have always had relationships with each other. Sometimes, in the cases of slavery, these relationships were non-consensual sexual violence. The laws against miscegenation, or the mixing of two races, were only overturned at the federal level in the United States in 1967, less than 50 years ago. (Greig 2013). In fact, "the 2000 Census was the first time that citizens of the United States could select multiple racial categories for self-identification apart from Hispanic **ethnicity** in a census" (Whaley and Francis 2006). The lack of legal, governmental, and systems recognition of multiracial identity is an additional stress for multiracial people. If you would like to learn more, check out this blog, [**Laws that Banned Mixed Marriages**](#) **[Website]**.

A second contributing factor to mental health risks for multiracial people is double-discrimination, the concept that you experience discrimination from both of your communities. This popular media article about Kamala Harris quotes Diana Sanchez, a professor who studies multiracial identity:

Sanchez says that multiracial people can face what she refers to as double discrimination, where they experience discrimination from both communities they are members of. In Harris's case, that leads to South Asians saying she's not South Asian enough and Black people saying she might not be Black enough. "So there's all these different sources of discrimination that are affecting the development of your multiracial identity and your experience with it, and that can make it hard to navigate," Sanchez said. (Chittal 2021)

Now it's your turn to unpack oppression and mix justice:

If you want to learn more about the experience of mixed-race people, check out [**Do All Multiracial People Think the Same?**](#) **[Streaming Video]**.

Then answer the question: Why might mixed-race people have a unique experience of social problems, including mental health and mental illness?

Social Location and Mental Illness Prevalence

Studies show that your **social location**—your race, class, **gender**, and sexuality—influences whether or not you develop a mental illness. Our social environments—the way we were socialized as children to be men or women, and the privi-

leges and disadvantages granted by our race, class, and birth **sex**—all contribute to rates of mental illness. This does not mean that a particular person is more or less likely to get a mental illness but that the rate of mental illness in a particular social group is influenced by that group's location in the **social structure**.

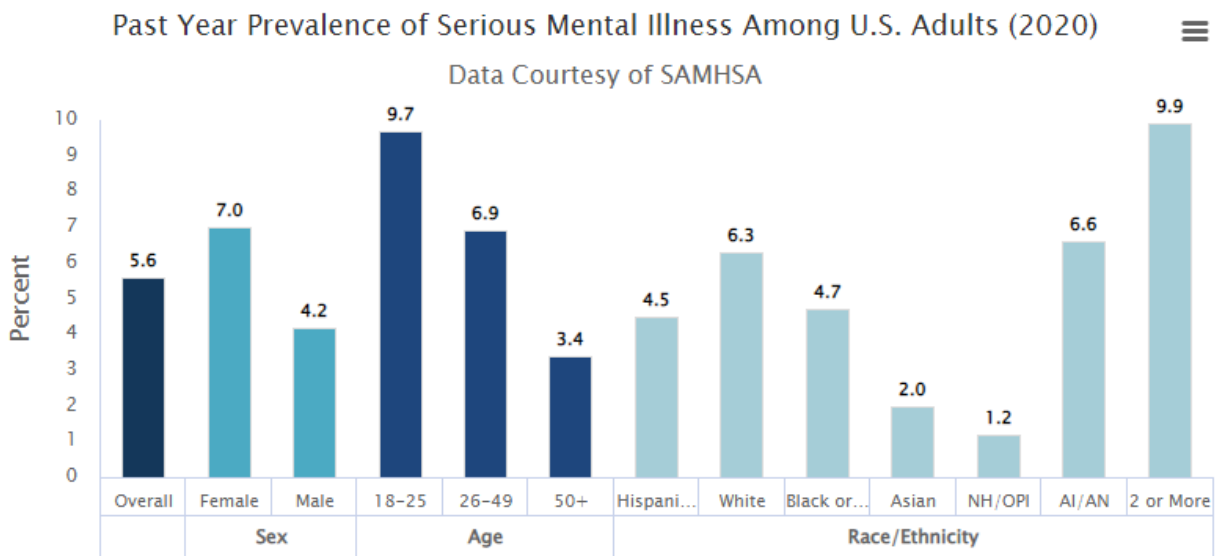


Figure 12.6 Prevalence of Serious Mental Illness 2020. Mixed Race Adults have the highest prevalence followed by young people ages 18-25. [Image description.](#)

For the graph in figure 12.6, we will focus on the different prevalence of serious mental illness between women and men. Worldwide, women are more likely than men to experience mental health issues (Andermann 2010). In the past, social scientists commonly concluded that women are more emotional than men. Today, we consider other factors. In the optional article, [Culture and the social construction of gender: Mapping the intersection with mental health \[Website\]](#), psychiatrist Lisa Andermann calls us to look beyond individual explanations of women's mental health and explore structural factors:

Identifying the psychosocial factors in women’s lives linked to mental distress, and even starting to take steps to correct them, may not be enough to reduce rates of mental illness or improve well-being of women around the world. More studies which take into account the interaction between biological and psychosocial factors are needed to explore the perpetuating factors in women’s mental health, and explain why these problems continue to persist over time and suggest strategies for change. And for these changes to occur, health system inadequacies related to gender must be addressed. (Andermann 2010)

In the section **Unpacking Oppression, Embodying Justice** of this chapter, we look at the structures of **patriarchy** that impact all of our lives.

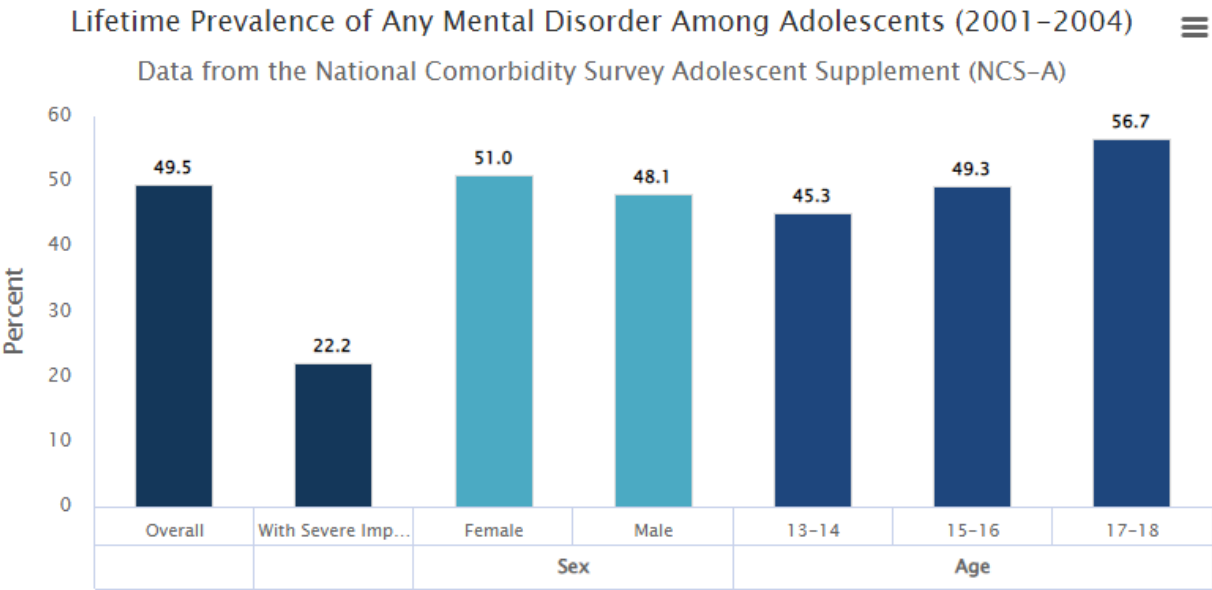


Figure 12.7 Prevalence of Any Mental Disorders Among Adolescents Almost half of all teenagers report a mental disorder. What do you think might cause such a high rate? [Image description.](#)

When 21 percent of all adults have a mental illness, and almost half of all teenagers have mental disorders, as demonstrated in figure 12.7, the condition goes beyond being a personal trouble and enters the realm of a public issue. The optional video, **The Teen Mental Health Crisis Caused by COVID [Streaming Video]**, tells the story of the

increase in teen suicide with the **COVID-19** pandemic. Because this video recreates the experience of a parent whose child died of suicide, please skip it if you may experience harm.

Why is there such a wide difference between teenagers and adults? It’s hard to say for sure, but research offers three options:

Biology: Scientists are mapping changes in the brain in much more detailed ways. During adolescence, the brain adds new connections, particularly connections related to executive planning and regulation.

Half of adults with mental disorders experience onset of the disorder by age 14, and 75 percent of adults experience onset by age 24 (Kessler 2007). Remembering that the human brain is in formation until age 25, these data suggest that experiences during adolescence shape mental health outcomes. Let's look deeper.

Scientists are mapping brain development in new ways that reveal the importance of the neural networks that are being created in adolescence. An adolescent brain is creating new connections, particularly connections related to planning and regulation. These connections help to stabilize a person's mental health. Further, if a person's experience or biology does not map new connections in essential pathways, a person's mental health may be less stable. Because adolescent brains not only respond to the same experiences as adult brains, but develop faster and more extensively, experiences in adolescence may shape the brain's functioning more powerfully than those some experiences in adulthood. Experiences that negatively impact brain development include child and adolescent illness, hormonal shifts, exposures to toxins such as drugs and alcohol, food insecurity, trauma history, emotional and physical abuse. As we learned in [Chapter 10](#), ACEs predict health outcomes. Impact on brain development is one of the ways in which childhood trauma impacts adult health outcomes. Specifically, trauma and stress factors negatively impact normal brain development and increase vulnerability to mental or emotional illness.

Inclusion in data: Other researchers suggest that part of the difference between the two age groups has to do with being able to contact people. Many youth are still connected with school and family, even if they are experiencing mental health

issues. Most mental health surveys don't contact people in residential living, including assisted living, group homes, prisons, or jails. Also, they do not contact people who are houseless. Because of this, mental health issues in adult and senior populations may be significantly under-reported (Kessler and Wang 2008).

More stress, less stigma: Also, researchers are exploring whether the increase in reporting of mental health issues for teens and young adults is due to experiencing more stressors or experiencing less stigma around reporting mental health concerns. This article, [Why Gen Z is More Open in Talking about Their Mental Health \[Website\]](#) explores this conundrum. Feel free to read it if you like.

Conflict in values

One major conflict in values we see in the social problem of mental health and mental illness is the **value** of community care versus the efficacy of psychiatric care. Historically, many people with mental illnesses were institutionalized. Many state hospitals provided essential care. People were isolated from their families and communities and significantly stigmatized. Also, because these facilities were often locked, outside oversight was often limited. In 1955, over half a million people were hospitalized (Talbot 2004).

Since this high, the institutionalized population has decreased by almost 60 percent (Yohanna 2013). Some of that decrease is due to a change in values. Talbot writes, "The impact of the community mental health philosophy that it is better to treat the mentally ill nearer to their families, jobs, and communities" (2004). This perspective humanizes people with this condition.

Unfortunately, government funding for community mental health services and other social supports is insufficient to meet the need. Instead of finding wrap-around support, many people

who were deinstitutionalized became houseless instead (Pierson 2019).

Socially constructed but real in consequences

Scholars disagree over whether mental illness is real or a **social construction**. The predominant view in psychiatry, of course, is that people have actual mental and emotional functioning problems. These problems are best characterized as mental illnesses or mental disorders and should be treated by medical professionals (Kring and Sloan 2009).

But other scholars, adopting a labeling approach, say that mental illness is a social construction (Szasz 2008). In their view, all kinds of people sometimes act oddly, but only a few are labeled as mentally ill. If someone says they hear the voice of an angel, we attribute their perceptions to their religious views and consider them religious, not mentally ill. Instead, if someone insists that men from Mars have been in touch, we are more apt to think there is something mentally wrong with that person. We socially construct our concepts of mental illness, labeling some people but not others.

This intellectual debate notwithstanding, many people suffer serious mental and emotional problems, such as severe mood swings and depression, that interfere with their everyday functioning and social interaction. Other symptoms of mental illnesses include psychosis, which is the loss of contact with reality; hallucinations, which is seeing or hearing things that others cannot; and delusions, which is believing things that are not actually true. Sociologists and other researchers have investigated the social **epidemiology** of these problems. As usual, they find social inequality (Cockerham 2011).

Unequal outcomes

Sociologists see unequal outcomes when they examine prevalence and outcomes of mental illness. First, social class affects the incidence of mental illness. To be more specific, poor people exhibit more mental health problems than rich people. They have higher rates of severe mental illnesses such as schizophrenia, serious depression, and other problems (Mossakowski 2008). However, sociologists are careful not to confuse **correlation** with **causation**, a concept that we talked about in [Chapter 5](#). Some sociologists believe that the stress of **poverty** can contribute to having a mental illness. Others think that having a mental illness may increase the chances that the person might be poor. Although there is evidence of both causal paths, most scholars believe that poverty contributes to mental illness more than the reverse (Warren 2009).

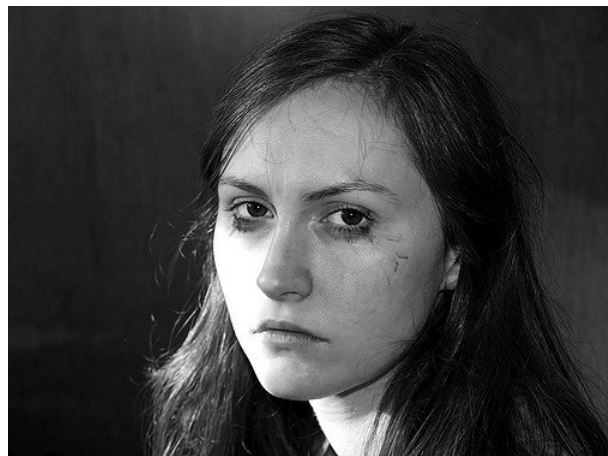


Figure 12.8 Jessica B – Self Portrait of Depression. Why are women more likely than men to be seriously depressed?

Second, gender is related to mental illness in complex ways. The nature of this relationship depends on the type of mental disorder. Women have higher rates of eating disorders and PTSD than men and are more likely to be seriously depressed. Still, men have higher rates of antisocial personality (a lack of empathy, or psychopathy), disorders and substance use disorders that

lead them to be a threat to others (Christiansen, McCarthy, and Seeman 2022).

Although some medical researchers trace these differences to sex-linked biological differences, sociologists attribute them to differences in gender socialization that lead women to keep problems inside themselves while encouraging men to express their problems outwardly through violence (Kessler and Wang, 2008). Women are socialized to talk about their feelings more than men, who tend to be less connected to their feelings. To the extent that women have higher levels of depression and other mental health problems, the factors that account for their poorer physical health, including their higher rates of poverty, stress, and rates of everyday discrimination, are thought to also account for their poorer mental health (Read and Gorman 2010).

Mental health is a social problem, although people rarely take to the streets to **protest** about mental illness. In the next section, we'll look deeper at the inequalities related to mental health and explore some of the causes of that inequality.

Licenses and Attributions for The Basics: Mental Health and Mental Illness as a Social Problem

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Figure 12.2. "The Mental Health and Well-being Continuum" from "[Enhancing Public Mental Health and Wellbeing Through Creative Arts Participation](#)" by Tony Gillam is licensed under [CC BY-NC-ND 3.0](#).

Figure 12.3. "[Prevalence of Any Mental Illness](#)" by the [National Institute of Mental Health](#) is in the [Public Domain](#).

Figure 12.4. "[Barack Obama Official White House Photo](#)" by Pete Souza is in the [Public Domain](#).

Figure 12.5. "[Vice President Kamala Harris](#)" by [Lawrence Jackson](#) is in the [Public Domain](#).

Figure 12.6. "[Prevalence of Serious Mental Illness](#)" by the [National Institute of Mental Health](#) is in the [Public Domain](#).

Figure 12.7. "[Prevalence of Any Mental Disorders Among Adolescents](#)" by the [National Institute of Mental Health](#) is in the [Public Domain](#).

Figure 12.8. "[Week Five – Face of depression...](#)" by [Jessica B](#) is licensed under [CC BY-NC-ND 2.0](#).

12.3 Social Location and Mental Health

Kathryn Burrows and Kimberly Puttman

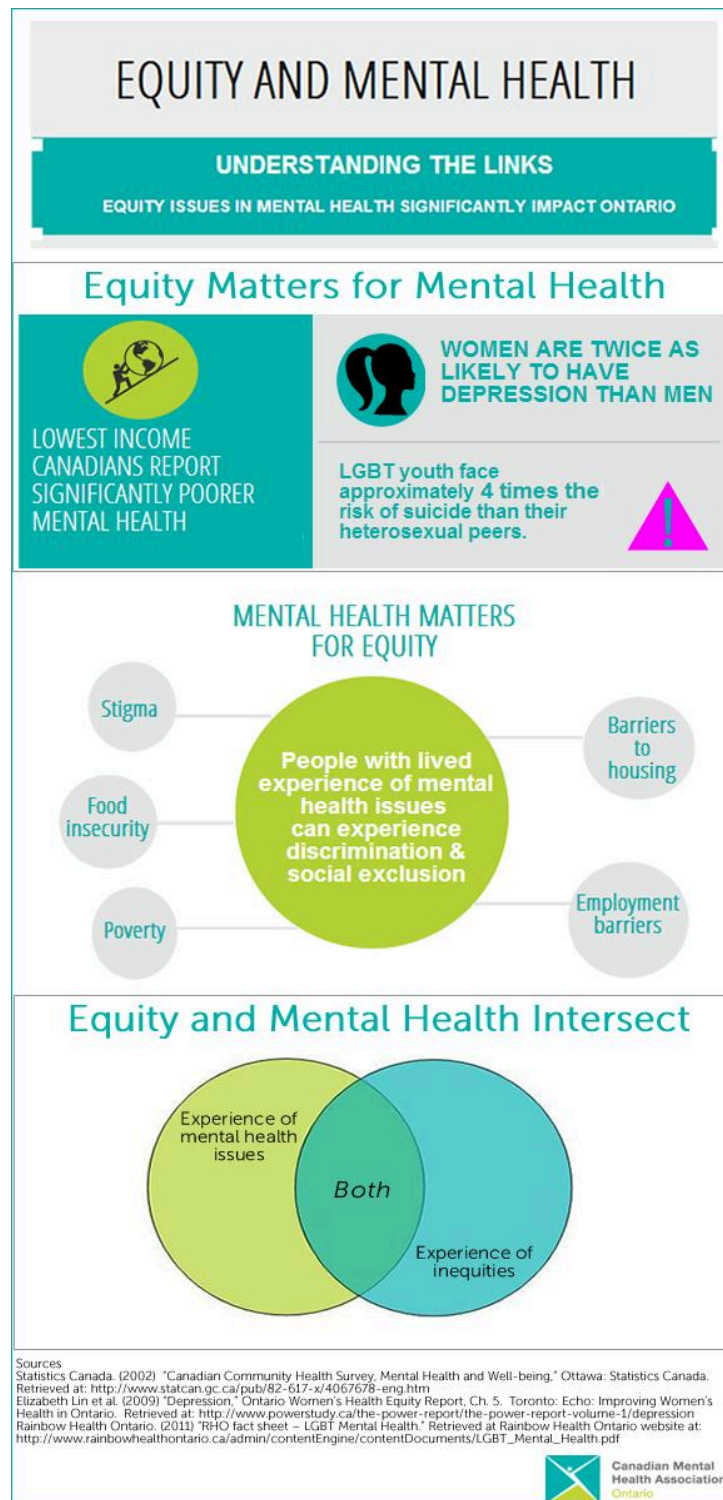


Figure 12.9 Equity Matters to Mental Health: Equity and Mental Health impact each other. How does this infographic help us to understand this? [Image description.](#)

The infographic in figure 12.9, **Equity Matters to Mental Health**, highlights the intersectional nature of **social location** and mental **health**. In the related report, the Canadian Mental Health

Association-Ontario describes the relationship between equity, mental health, and **intersectionality**:

1. *Equity matters for mental health.* Due to decreased access to the **social determinants of health**, inequities negatively impact the mental health of people who live in Ontario. Marginalized groups are more likely to experience poor mental health. In addition, marginalized groups have decreased access to the social determinants of health essential to recovery and positive mental health.
2. *Mental health matters for equity.* Poor mental health has a negative impact on equity. While mental health is a key resource for accessing the social determinants of health, historical and ongoing **stigma** has resulted in **discrimination** and social exclusion of people with lived experience of mental health issues or conditions.
3. *Equity and mental health intersect.*

People often experience both mental health issues and additional inequities (such as **poverty**, racialization, or **homophobia**) simultaneously. Intersectionality creates unique experiences of inequity and mental health that pose added challenges at the individual, community, and health systems level. (Canadian Mental Health Association 2014)

Mental health status itself can influence your ability to stay in school, hold a job, or raise a family. And the reverse is also true—if you are struggling to put food on the table, keep your kids stable, or stay safe in your neighborhood, you are more likely to have poor mental health.

Although there are many ways to layer social location, we will look more deeply at **race** and **ethnicity**, class, language, and **gender**.

Race and Ethnicity

This interactive content is not available in this version of the text. It can be accessed online here:

https://www.youtube.com/watch?v=eiOv_xXsUI0&t=1s

Figure 12.10 #TerpsTalk: Intersection of Race and Mental Health [Streaming Video]. Please watch the first 8 minutes of this video discussing both the needs for mental health services and the barriers to services for People of Color. What issues are new as part of our discussion of social problems? [Transcript.](#)

The video in figure 12.10, “The Intersection of Race and Mental Health,” presents some of the newest research on race and mental health. It specifically calls out racial **trauma** as a cause of mental health issues. **Racial trauma** is one term used to describe the physical and psychological symptoms that People of Color often experience after being exposed to stressful experiences of **racism** (Jernigan et al. N.d.). People of Color experience discrimination in the form of microaggress-

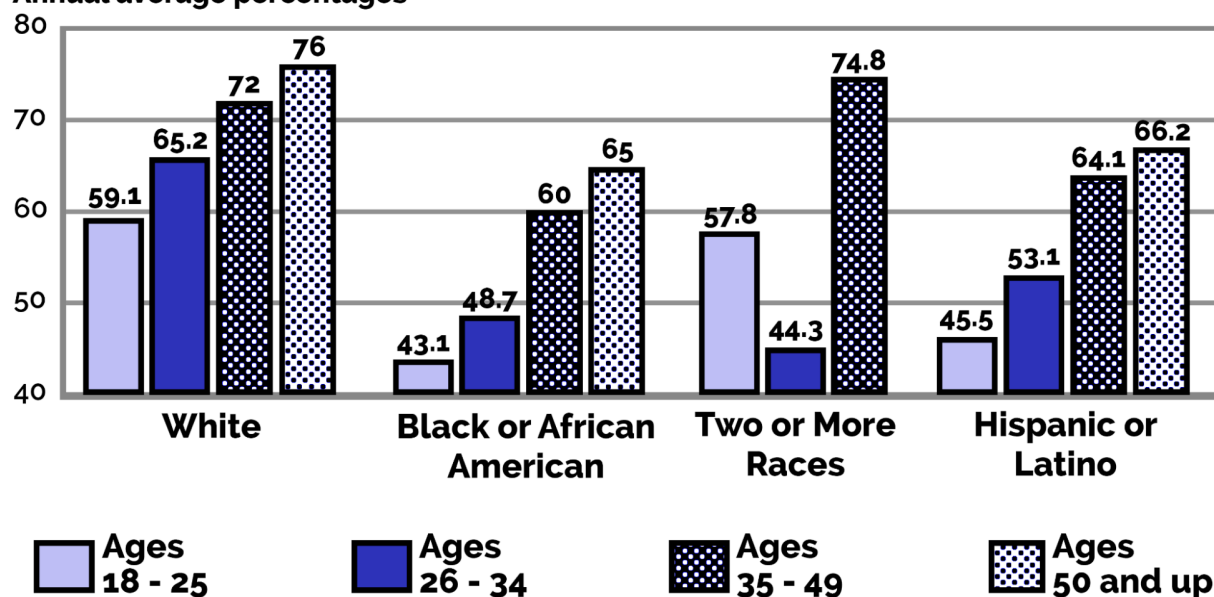
sions, which we discussed in [Chapter 2](#). We discussed the **police** violence and disproportionate incarceration of People of Color in [Chapter 11](#). These experiences, and many others, contribute to racial trauma.

Making this problem worse, Black, Brown, and Indigenous people have less access to mental health services than White people. In the chart in figure 12.11, we notice that White people use mental health services more than any other group.

Mental Health Service Use in the Past Year among Adults with Serious Mental Illness

by Race/Ethnicity and Age Group
2015–2019, Annual Averages

Annual average percentages



Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2015–2019. See figure 5.4 in *Racial/Ethnic Differences in Mental Health Service Use among Adults and Adolescents (2015–2019)* for confidence intervals:
<https://www.samhsa.gov/data/sites/default/files/reports/rpt35327/2021NSDUHMHChartbook.pdf>



Design by Kimberly Puttman and Michaela Willi Hooper,
Open Oregon Educational Resources, CC BY 4.0.

Figure 12.11 Mental Health Service Use in the Past Year among Adults with Serious Mental Illness, by Race/Ethnicity and Age Group: 2015–2019, Annual Averages. [Image description.](#)

We can also examine the amount of unmet needs for mental health services according to race and ethnicity. When we do this, we see that People of Color have more unmet needs than non-Hispanic White people.

Black and Brown people have a harder time accessing quality mental health services. When they do receive services, they are more likely to have a negative experience. Some cultures have more stigma around mental health issues than White Americans generally have. This can be a barrier for some immigrants and first- and second-generation Americans to seek services.

For immigrants, mental health providers often lack language and cultural competency skills, which makes the treatment much less effective. Finally People of Color are profoundly underrepresented in research and clinical trials for new treatments. Mental health researchers often don't consider the unique experiences of People of Color when they develop new treatment options or medications.

Class Issues in Mental Health Treatment

One of the most consistent findings across studies is that lower socioeconomic groups have greater amounts of **mental illness**. Why is this the case?

One of the earliest studies of the **sociology** of mental health came from the University of Chicago in the 1930s. You may remember this school from our discussion of Jane Addams in **Chapter 1**. Sociologists explored whether mental illness caused poverty or whether poverty caused mental illness. The two researchers who led this project—Faris & Dunham—looked at psychiatric admissions to Chicago hospitals by neighborhood. What they found was rather shocking—there was a nine times increased rate of schizophrenia from people who came from poorer neighborhoods, than from more middle-class neighborhoods. The researchers tried to figure out why.

One idea was *social selection*, the idea that lower class position is a consequence of mental illness. Mentally ill people would drift downward into lower **income** groups or poorer neighborhoods because they couldn't keep jobs. In addition to considering social selection, they considered *social causation*, also. In this model, which Faris & Dun-

ham later refuted, lower class position was a cause of mental illness.

Results of this early study came back mixed. At first, Faris & Dunham said that the isolation and poverty of living in the central city created schizophrenia—cause. But then, they changed their minds and said people with schizophrenia have downward drift and moved to the central, poorer part of town after developing schizophrenia—effect. Later studies have found that Faris & Dunham's study was actually trying to tell us that it's both—cause and effect. Social selection theories and social causation theories can be used to account for the relationship between schizophrenia and poverty.

As our infographic on equity and mental health (figure 12.9) shows, people with mental health issues can struggle with educational and economic stability because sufficient social supports are not in place to support them. Poverty itself can be a risk factor for poor mental health. This optional article from the *The Guardian*, **Mental Illness and Poverty: You Can't Tackle One Without The Other [Website]**, might help you to make more sense of this complex relationship.

Gender

This interactive content is not available in this version of the text. It can be accessed online here:

<https://www.youtube.com/watch?v=caSr5rHnxtY>

Figure 12.12 Teen Intersectionality Series: Mental Health & Gender [Streaming Video]. As you watch this 4-minute video, please consider how gender identity and sexual orientation might impact mental health and well-being. **Transcript**.

Gender has often been an explanation for the occurrence of mental health and mental illness. While traditional explanations focus on women, as explored in the previous section, newer research is focusing on the interactions of nonbinary and gender fluid folx (a deliberately non-binary word)

and their mental health. The video in figure 12.12 provides some detail about this experience.

But why is gender such a persistent variable in all of our social problems? To make sense of this, let's explore the **social structure** of **patriarchy** more carefully in the next section.

Unpacking Oppression, Embodying Justice: Patriarchy



Figure 12.13 Gender Fluid Person: People do gender in a variety of ways. Would you identify this person as male, female, fluid, androgynous, or none of the above?

As early as [Chapter 2](#), we started using the word gender in this book. We discussed **sexual orientation** and **gender identity** in [Chapter 7](#), but as usual, we have more to say. Traditionally, sociologists defined gender as the attitudes, behaviors, norms, and roles that a **society** or **culture** associated with an individual's biological **sex**. Gender describes the social differences between female and male or the meanings attached to being feminine or masculine. This definition is somewhat outdated because it labels gender as only female or male rather than seeing **gender expression** and gender identity as a continuum.

GENDER TERMINOLOGY

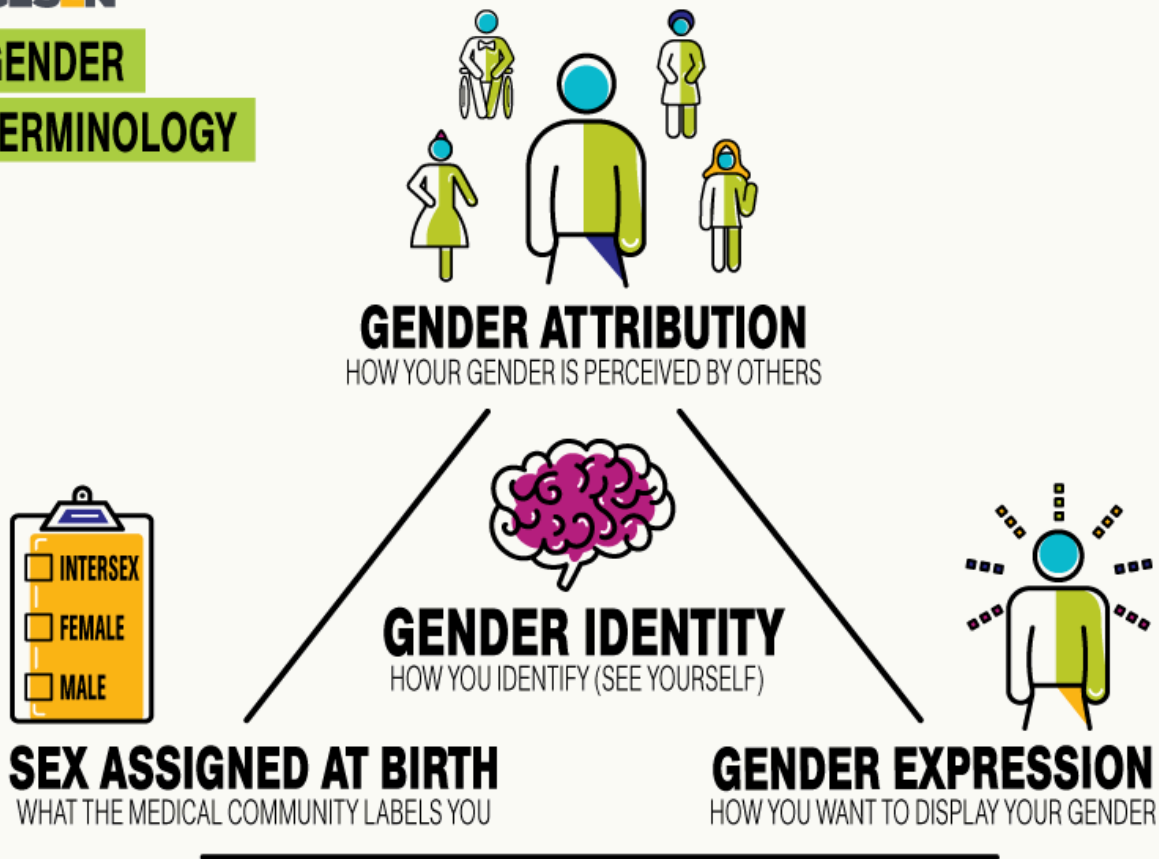


Figure 12.14 This diagram from [GLSEN \[Website\]](#) shows the relationship between sex and gender and the different ways gender identity interacts with gender expression and attribution. Why might it be useful to have different layers of gender? [Image description.](#)

More new words, you say? The Human Rights Campaign Foundation (HRC) defines **gender identity** as one's innermost concept of self as male, female, or a blend of both or neither—how individuals perceive themselves and what they call themselves (Human Rights Campaign 2023). One's gender identity can be the same or different from their sex assigned at birth. The term **sex** or sex assigned at birth is a biological categorization based on characteristics that distinguish between female and male based on primary sex characteristics present at birth. For example, you may know yourself as female, even if your physical body has a penis. Alternatively, you may feel like female or male gender labels don't fit you at all.

HRC further defines **gender expression** as the external appearance of one's gender identity, usually expressed through behavior, clothing, body characteristics, or voice, and which may or may not conform to socially defined behaviors and characteristics typically associated with being either masculine or feminine (Human Rights Campaign 2023). Often, your identity and your expression match. Sometimes, you may choose to wear skirts, glitter, and paint your nails, even if your gender identity is male.

Gender, then, is a complex construct. Gender develops throughout life. We may change our gender identity as we age. If this concept challenges you, you may want to watch Paula Stone Williams, a transgender woman, describing what she learned about being male and being female in her TED Talk, [**“I’ve lived as a man and a woman” \[Streaming Video\]**](#).

How sociologists understand gender changes as we listen carefully to people who don’t fit in traditional gender boxes. How each of us “does” gender changes as we become more authentically ourselves throughout our lives.

Even though our concept of gender is fluid, our social structures consistently **privilege** people with a male gender and marginalize people of a female or nonbinary gender. How can we explain the persistence of this oppression?



Figure 12.15 Alda Facio is a Costa Rican jurist, writer, teacher and activist. How might you re-write her definition of patriarchy?

Like our concepts of **structural racism** in [Chapter 3](#), our society supports the structure of patriarchy. Alda Facio, a Costa Rican jurist, writer, teacher, and activist, offers the following definition of patriarchy:

Patriarchy is a form of mental, social, spiritual, economic and political organization/ structuring of society produced by the gradual institutionalization of sexbased political relations created, maintained and reinforced by different institutions linked closely together to achieve consensus on the lesser **value** of women and their roles.

This is a powerful definition, but it is complicated to understand. Think of it this way. Put simply, feminism is the radical idea that women are people. Patriarchy is the social structure and related behaviors that give men **power**, and oppress women and non-binary people. As social problems scholars, we want to understand how patriarchy works in a much deeper way.

Patriarchal Tree Model: Mental Health

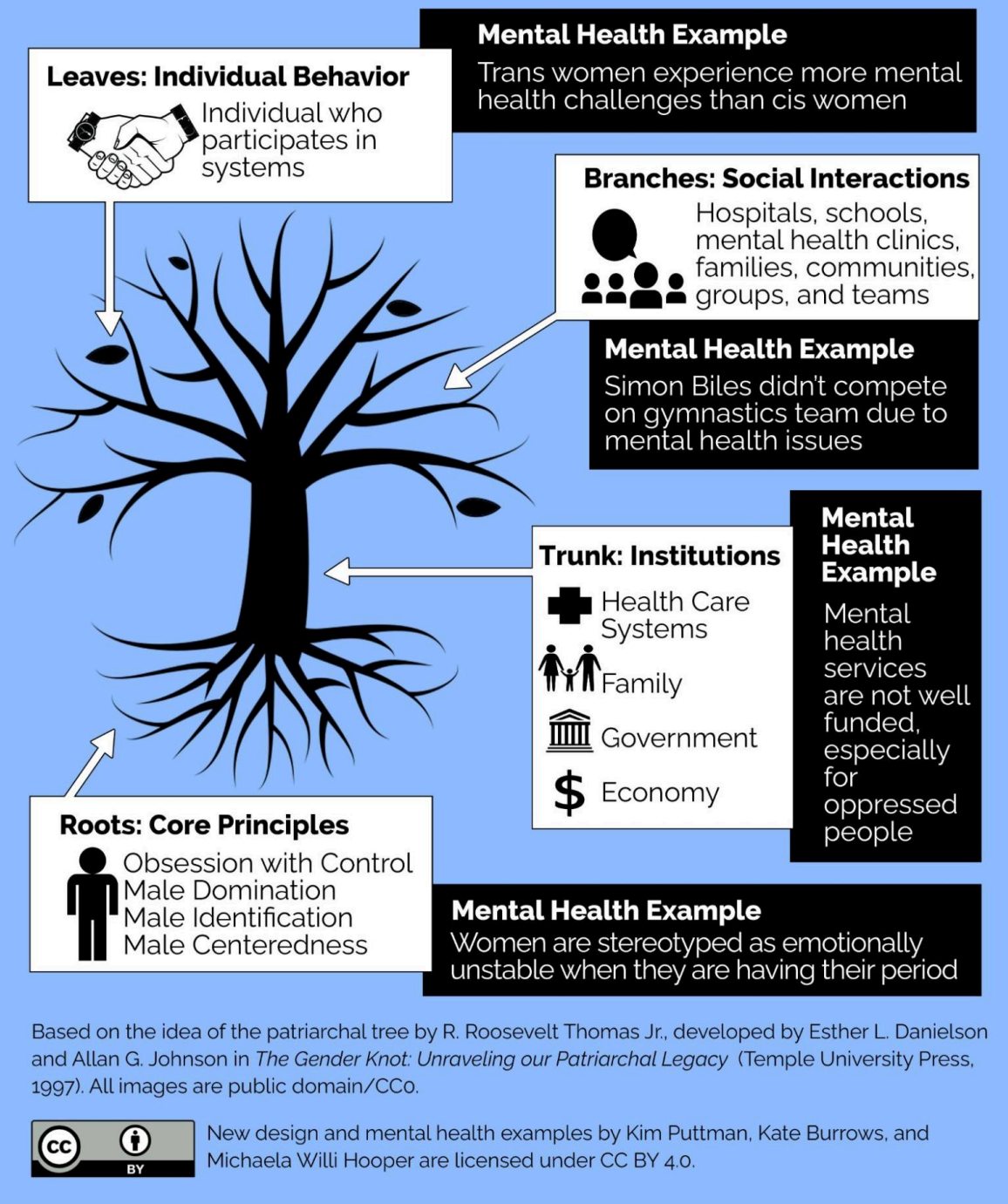


Figure 12.16 Patriarchy is like a tree. It has the roots of core principles, the trunk of institutions, the branches of social interactions and the leaves of individual behavior. Where do you think individual and collective action needs to happen to change this system?
Image description.

In the drawing of this tree, we notice:

Roots: The roots of the patriarchal tree are the core beliefs and practices that provide an often unconscious base of patriarchy. These underlying principles are *obsession with control*—controlling women’s bodies, money, and choices. This principle also supports the idea that men should stay in control—of their emotions, lives, and other people’s lives. The second principle, *male domination*, locates men in positions of authority. Leadership is a male **role** and a source of male power. The third principle, *male identification*, locates men at the center of what is right and good. We see this principle in action when we use words like all mankind when we actually mean all people. The fourth and final principle is *male centeredness*. In this principle, we focus on and value the activities of men and boys, rather than women, girls, and nonbinary gendered people. Combining many of these principles in action, the U.S. Soccer Federation only agreed that female and male soccer players should earn equal pay in 2022. For more on this landmark victory, feel free to read [**The U.S. National Women’s Soccer Team wins \\$24 million in equal pay settlement \[Website\]**](#).

Trunk: The trunk of this **structural inequality** is our institutions, our governments, and our economy. Throughout this book, we have seen examples of gender inequality, often supported by our schools, businesses, and governments. We’ve also seen how these organizations sometimes change to become less patriarchal.

Branches: The branches of our tree are the smaller containers of social interaction, such as families, churches, clubs, work teams, or your favorite gamer’s discord group. At this level, group norms influence the behavior of individuals. In these smaller communities, we explore what it means to do the gender of nonbinary, female, or male. For example, in many heterosexual dual-parent families, members take on traditional gender roles. The father does the outside chores like mowing the lawn, the mother cooks, and the kids do their homework with the help of both their parents.

Leaves: Each of us is a leaf on the patriarchal tree. In our own actions, we can reinforce gender norms, or we can consciously choose to uproot these deep roots. We can nourish or uproot **sexism**, which is discrimination or **prejudice** against an individual or group based on the idea that one sex or gender is better than the others. Our choices matter deeply. However, by placing each of us in a system of power, we move away from shame, blame, and a bad person model. Instead, we can examine how social structures of gendered oppression may be reproduced in our own daily interactions. This knowledge empowers us to choose differently.

Because this structure is both deeply rooted and interconnected, it is resistant to change. Also, patriarchy itself becomes a reason for inequality in all of our social problems.

Now it’s your turn to unpack oppression and embody justice

Patriarchy exists as roots, trunk, branches, and leaves.

- Find an example of patriarchy at work in the world. This could be a law, policy, practice, story, image, song, personal experience or other kinds of example.
- What level of patriarchy is being employed here?
- Where do you see the other three levels of patriarchy supporting this example?
- What would it take to end patriarchal oppression?

Licenses and Attributions for Social Location and Mental Health

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Figure 12.11. “Mental Health Service Use in the Past Year among Adults with Serious Mental Illness by Race/Ethnicity and Age Group” by Kimberly Puttman and Michaela Willi Hooper is licensed under [CC BY 4.0](#). Data source: [National Survey on Drug Use and Health, 2015–2019](#), SAMHSA, Center for Behavioral Health Statistics and Quality.

Figure 12.16. “Patriarchal Tree Model: Mental Health” by Kimberly Puttman, Kathryn Burrows, and Michaela Willi Hooper is licensed under [CC BY 4.0](#). Based on the idea of the patriarchal tree by R. Roosevelt Thomas Jr., developed by Esther L. Danielson and Allan G. Johnson in *The Gender Knot: Unraveling our Patriarchal Legacy* (Temple University Press, 1997). All icons are public domain/[CC0](#).

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Figure 12.13. “[Photo of Gender Fluid Person](#)” by [Mapbox](#) is licensed under the [Unsplash License](#).

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12.4 Mental Health: Models and Treatments

Kathryn Burrows

In this section, we explore the different models of **mental health** and **mental illness**. These models come to us from different academic disciplines—psychology, psychiatry, and **sociology**. All three have something to offer to help us understand mental **health** and mental illness.

Medical and Psychological Models of Mental Health and Mental Illness



Figure 12.17 This illustration of Bethlehem Hospital also known as Bedlam from 1735 shows people with a mental illness who were housed there, and people who came to view them. During this time people believed that mentally ill people became that way because they were immoral.

The dominant models of mental illness are biological, medical, and psychological, and so are important to learn about even in a sociology course! Cultural views and beliefs about mental illness have varied enormously throughout history. For example, ancient humans once believed that mental illness was caused by the influence of evil spirits over the afflicted person. Accordingly, treatments back then involved removing part of the patient's skull to allow the demon to escape. Later, during the Middle Ages, mental illness was thought to be connected to the moon (hence the term *lunacy*). Another common belief was that a person with mental illness was being punished by God.

Fortunately, we've come a long way since then. However, scientists are still struggling to pinpoint exactly what causes mental illness. Most people, however, agree that mental illness can be influenced by a variety of things, including biological factors, personal history and upbringing, and lifestyle. To help provide a framework for understanding these potential causes, experts have developed a number of different models, which we'll explore here.

Biological model

The **biological model** of mental illness approaches mental health in much the same way a doctor would approach a sick or injured patient. They look for problems or irregularities in the body that are causing the symptoms. Adherents of the medical model believe that mental illness is primarily caused by biological factors such as abnormal brain chemistry or genetic predisposition (McLeod 2023).

Medical model

The **medical model** of mental illness has proven to be true in many cases. For example, depression has long been linked to deficiencies in certain neurotransmitters (a chemical substance that is released at the end of a nerve fiber), and schizophrenia has been shown to run in families. Science like this forms the basis of psychopharmacology, which is the treatment of mental illness with medication that adjusts the level of neurotransmitters present in the brain. Researchers still do not know what turns on or off the brain/chromosome structures. The result is an impairment of a person's overall level of functioning. However, critics of the medical model believe that it is too simple because it ignores important social factors in a person's life.

Psychological model

As you might expect, in the **psychological model** of mental illness, psychologists look at psychological factors to explain and treat mental illness. For example, they look at attachment **theory**, which is a theory that examines how you relate to other people. In fact, there are over 500 different psychological models of therapy—there is a right model for everybody, and a psychologist's or therapist's job is to figure out which of those models works for which patient. Of course, psychologists have preferences and skill sets—no psychologist can practice 500 forms of psychotherapy. If you'd like to learn more about how psychotherapy is helping people with schizophrenia you can read [Talk Therapies Take On a Vital Role in Treating Schizophrenia \[Website\]](#).

Sociological Approaches to Mental Illness

The previous models focus on biology, medicine and psychology. However, as sociologists, we know that social factors matter. Remember the **Social Determinants of Health** from **Chapter 10**? They apply also to mental health. The social determinants of health help us to explain why mental illness is also a **social problem**. Let's look more deeply at sociological theories of mental health.

Functionalist

Functionalism sociologists begin to layer social approaches to medical and psychological models. Functionalists look at the function that mental illness and mental health play in **society**. They look at how mental health functions in a person's life. To this end, they developed psychosocial and biopsychosocial models of mental illness.

One functionalist model of mental illness is called the **psychosocial model** of mental illness. The psychosocial approach focuses on how individuals interact with and adapt to their environment. Specific factors of interest might include a person's relationships, past **trauma**, economic situation, outlook on life, and religious beliefs.

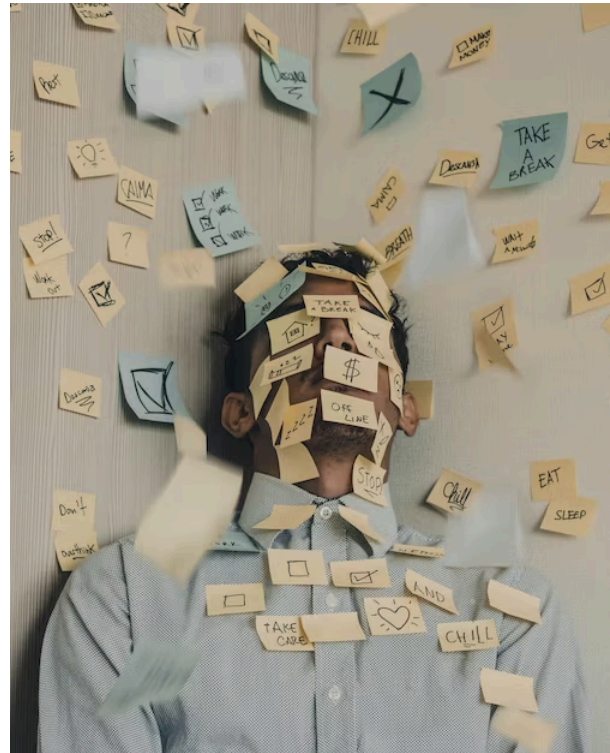


Figure 12.18 This is a stressed-out person. Functionalists say that role strain can cause mental stress. What in your life stresses you?

For example, stress—both *good* and *bad*—can affect your mental health. Social scientists pay attention to where these stressful areas are. In fact, starting a new job is in the top three stressful things—but most people are happy to start new jobs. Happiness aside, the new expectations, roles, and attitudes you find at your new workplace cause stress. Of course, *negative* things can also cause stress, and psychologists help people develop resilience against this sort of stress so they can successfully navigate the stressful situation.

Another thing psychologists take into account are your social roles. Having conflicting social roles—such as being a parent during **COVID-19** and having a full-time job, is a **role** conflict that can cause stress. There are several kinds of **role strain**, situations caused by higher-than-expected demands placed on an individual performing a specific role that leads to difficulty or stress. For example, being a student can take up too much time according to your boss at work.

As the name implies, the psychosocial model focuses on the importance of psychological and social factors in informing a person's mental health. Rather than looking to a person's brain for clues, a proponent of the psychosocial model of mental illness might look to a patient's personal history, attitude, beliefs, and life circumstances to better understand their mental illness.

But the psychosocial model is also limited because it doesn't take biological or genetic factors into account. To address this, sociologists, psychologists, and psychiatrists have developed the **biopsychosocial model** of mental illness, which addresses the idea that mental health problems are caused by a combination of biological, sociological, and psychological features.

For example, it can be true that a patient has a biological disposition to mental illness *and* has experienced trauma that is causing or exacerbating their symptoms. Similarly, many patients have discovered that a combination of psychotropic medication *and* talk therapy helps address their mental health issues. In fact, many mental health care providers integrate both approaches into a more holistic framework called the biopsychosocial model.

Conflict

From **Chapter 3** you will remember that sociologists who use **conflict theory** look at money and **power** to explain social inequality. When we look at inequality in mental health, as in the section **Social Location and Mental Health**, our approach is grounded in conflict theory.

We have an example of this approach to mental health in section **Class Issues in Mental Health Treatment**. If you look again at this section, you will notice that it is a conflict approach because it ties social **class** and **wealth** to rates of mental illness. In essence, The Chicago Schizophrenia Study found that people from poorer neighbor-

hoods were more likely to develop schizophrenia than were people from middle-class neighborhoods. While Faris and Dunham had differing approaches to explain why this might be the case, the fact that **poverty** is linked to a health outcome is a classic conflict theory approach to mental illness.

Symbolic Interactionist

Mental illness impacts individuals, so why do sociologists, who study groups, research it? Michaela MacDonald, historian of psychiatry, observed, "is the most solitary of afflictions to the people who experience it; but it is the most social of maladies to those who observe its effects" (1981:1). Mental illness has social and cultural dimensions which compel sociological interest.

Psychiatry generally focuses on the suffering individual while sociologists study the social aspects and implications of an individual's mental disturbance on friends, family, community, and society. Sociologists ask questions like:

- How can we define and draw boundaries around mental illness and distinguish it from eccentricity or mere idiosyncrasy?
- Who determines what is "normal" difference and what is pathological?
- Who has the **privilege** to make such decisions? Why? Do such things vary across time and cross-culturally?
- How have societies responded to the presence of those who do not seem to share our commonsense notions of reality?

As part of the answer to these questions, the **social construction** theory of mental illness states that mental illnesses, mental health, normality, and abnormality are all social constructions and are not based in biological reality. One socially constructed concept is the idea of what is normal.

People in power say that normal is being happy and productive. If you are not these things, you are deemed “abnormal” or “sick.” The National Alliance for Mental Illness, or NAMI, challenges this idea and argues that people with mental illnesses are indeed “normal,” although they may be different. Differences are to be celebrated, not labeled as dangerous or damaged.

At the same time, mental illness has profoundly disruptive effects on individual lives and on the social order we all take for granted. Erving Goffman (figure 12.19), whose mid-twentieth century writings still constitute some of the most provocative and profound sociological meditations on the subject, is perhaps best known for his searing critique of mental hospitals as total institutions.



Figure 12.19 Erving Goffman, a Canadian-born, Jewish sociologist researched mental health and mental illness. His book *Stigma: Notes on the Management of Spoiled Identity* is essential in understanding the social construction of difference. How does his approach differ from those of other sociologists?

Accepting, then, that there is such a thing as mental illness, a whole series of further questions then arise: Does the incidence and prevalence of

mental illness vary by class, by age, by **gender**, by **race**, by **ethnicity**, and other social locations? Do these social variables affect how mental illness is reacted to and socially managed? What are the costs of such episodes of mental disturbance to individuals, families, and society, and how are those costs distributed?

How have societies characteristically responded to mental illness, and what institutions have they constructed to contain and perhaps cure it? What changes in these responses have occurred over time, and what accounts for these changes? One could go on, but the vital importance of a sociological perspective on mental illness should by now be apparent.

From the late 1960s through the 1980s, the intellectual distance and even hostility between sociologists and psychiatrists often seemed to be growing. Within five years of the appearance of Goffman’s groundbreaking book *Asylums*, the California sociologist Thomas Scheff had authored a more radical assault on psychiatry. Scheff dismissed the medical model of mental illness altogether and attempted to replace it with a societal reaction model, where mental patients were portrayed as victims—victims, most obviously, of psychiatrists (Scheff 1966).

Noting that despite centuries of effort, “there is no rigorous knowledge of the cause, cure, or even the symptoms of functional mental disorders,” argued that we would be better off adopting “a [sociological] theory of mental disorder in which psychiatric symptoms are considered to be labeled violations of social norms, and stable ‘mental illness’ to be a social role.” And “societal reaction [not internal pathology] is usually the most important determinant of entry into that role” (Scheff 1966:25).

During the 1960s and 1970s, the societal reaction theory of deviance enjoyed broad popularity and acceptance among many sociologists. Scheff’s was one of the principal works in that tradition. In the face of an avalanche of well-founded objec-

tions, Scheff was eventually forced to back away from many of his more extreme positions. By the time the third edition of his book appeared (Scheff 1999), most of its bolder ideas had been quietly abandoned. Labeling and stigmatization of the mentally ill have remained important subjects for sociologists. This **stigmatization of illness** is when shame or disgrace is aimed at a person with a physical or mental illness or condition. The idea of stigmatization is powerful, even if few would now argue that they have the significance once attributed to them.

Though the labeling theorists' skeptical claims have been sharply curtailed, much of the sociological work on mental illness has retained its critical edge. Four major inter-related changes have occurred in the psychiatric sector in the past half-century.

The first change is the progressive abandonment of the prior commitment to hospitalization for patients for life when they have serious mental illness. The second change is the rundown of the state hospital sector. We see changes in how patients are institutionalized in the set of photos from 12.20 to 12.23. As you look at these pictures, consider how mental illness and mental illness treatment are socially constructed over time.



Figure 12.20 Oregon Hospital For The Insane, which operated near the current Hawthorne street in Portland, Oregon, from 1859-1883.



Figure 12.21 The facility moved to the Salem area, and was known as the Oregon Asylum for the Insane, later renamed the Oregon State Hospital. It operated in this building from 1883 to 2008. The movie *One Flew Over the Cuckoo's Nest* was filmed here.

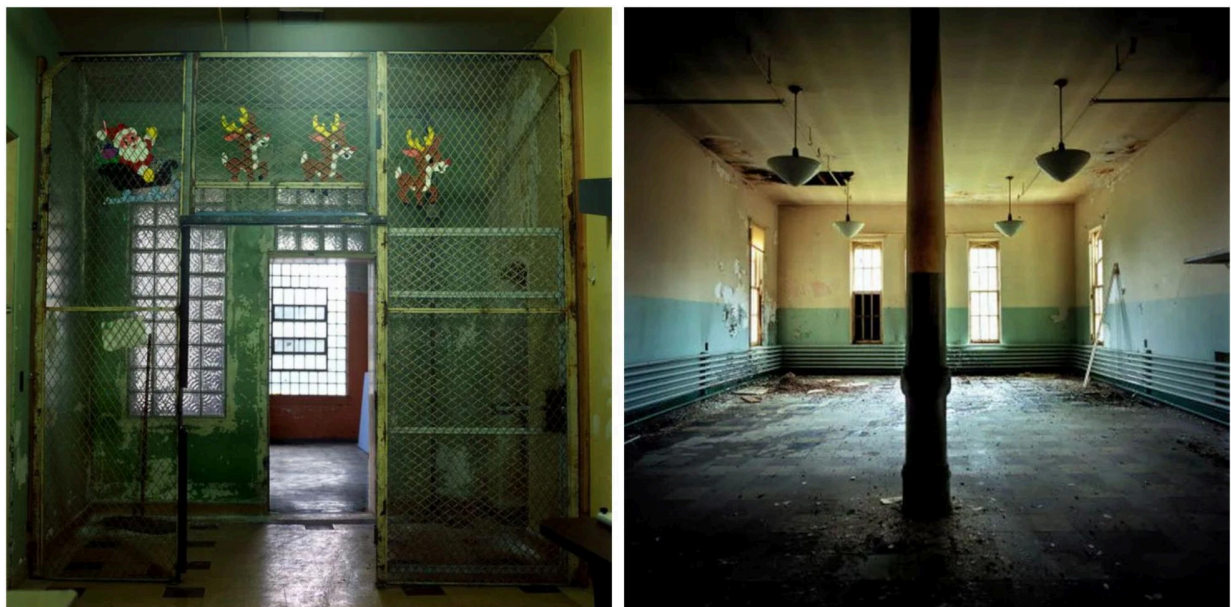


Figure 12.22 These Oregon State Hospital pictures were taken in 2006. The old, unsafe, and overcrowded conditions lead to the hospital's closure in 2008.



Figure 12.23 The New Oregon State Hospital has operated since 2014. This picture of the interior quad shows the open areas where patients can relax, listen to music, and play. There are not enough beds for the patients who need them. Sometimes, patients are released back into their communities, even though there aren't enough community mental health services for them.

Deinstitutionalization, for example, was initially presented as a grand reform, ironically just as the mental hospital had originally been. From the mid-1970s, however, a more skeptical set of perspectives emerged. Psychiatrists had assumed that the new generation of antipsychotic drugs had been the main drivers of the expulsion of state hospital patients. In reality, it was a political and economic decision by the federal government to close mental hospitals because they were expensive and overcrowded. Also, there was a move toward community mental health, which provides a patient-centered approach, but these services were not sufficiently funded. Also, there are not enough beds in current hospitals and psychiatric wards for the people who really need them.

Unfortunately, deinstitutionalization had several unintended consequences, including a rise in **houselessness** (Mechanic and Rochfort 1990). Another unintended consequence is that the prison system became a de facto asylum system. Approximately half of current prison and jail inmates experience a mental illness. However, treatment there is irregular and insufficient (Bronson and Berzofsky 2017). If you want to know more, please watch this 54-minute video, [**The New Asylums \[Streaming Video\]**](#), about the rise of the prison system as the new asylum.

In addition, the hegemony, or dominance, of the Diagnostic and Statistical Manual (DSM) began to attract attention, with critics examining both the processes by which the successive editions had been produced and the intended and unintended

effects of its widespread use. The sources and the impact of the psychopharmacological revolution drew increased interest, with attention paid to both the role of the pharmaceutical industry and changes in the intellectual orientation of the psychiatric profession.

In [Chapter 3](#), we discussed Emile Durkheim's book *Suicide*, in which he systematically studied suicide rates in France. An upward trend of suicidal ideation and suicide attempts was observed

during the COVID-19 pandemic despite the suicide rate remaining stable (Yan et al. 2023).

Intersectional

We introduced the concept of **intersectionality** in Chapter 2, as a way of identifying your own **social location**. Another way of understanding intersectionality is by looking at categories of oppression. This intersection is detailed in figure 12.24.

Intersecting Forms of Oppression

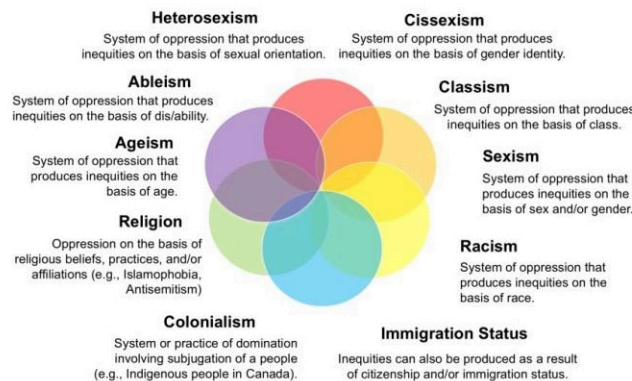


Figure 12.24 Intersecting forms of oppression: This infographic is another way to think of intersectionality and how different forms of oppression can amplify each other. [Image description.](#)

Each of these layers of oppression connects with the other sources of oppression. Social locations such as race, ethnicity, class and socioeconomic status, sexuality, **sex**, and gender all impact mental health outcomes.

Patricia Hill Collins first wrote about intersectionality. However, Kimberlé Crenshaw, who popularized the concept of intersectionality, spoke recently about the urgency of intersectionality. If you would like to learn more, please watch this 18:50-minute video, [The Urgency of Intersectionality \[Streaming Video\]](#).

While watching the video, consider how intersectionality may impact mental health. How does a White woman experience a mental health crisis differently than a Black woman? One research

paper examines the intersectionality of mental health, **racism**, **sexism**, and **ageism**. If you would like to learn more, please read [Triple Jeopardy: Complexities of Racism, Sexism, and Ageism on the Experiences of Mental Health Stigma Among Young Canadian Black Women of Caribbean Descent \[Website\]](#).

Scholars working on the sociology of mental illness thus now confront a very different research environment than the one that prevailed a quarter century ago. Dramatic shifts in mental health policy, practice, and impact require careful sociological analysis to support **social justice** in mental health.

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Figure 12.20. “[Oregon Hospital For The Insane, which operated near the current Hawthorne street in Portland Oregon from 1859-1883](#)” by an unknown photographer is in the [Public Domain](#).

Figure 12.21. “[Oregon State Hospital in Salem Oregon, circa 1900](#)” by Unknown Author is in the [Public Domain](#). Image courtesy of the [Oregon State Library Archive](#).

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12.5 Mental Health Is Social Justice

Kathryn Burrows and Kimberly Puttman

As usual, our explorations of social problems can make us depressed, even just by reading this chapter. However, several social programs are designed to alleviate some of the problems outlined in this chapter.

As the title of this chapter suggests, “It’s Okay not to be Okay.” This was one of the themes of the media response to **COVID-19** and the related

mental health problems people experienced due to the isolation and fear brought on by the pandemic. For example, the 2020 song [OK Not to Be OK \[Streaming Video\]](#) by Marshmello and Demi Lovato deals with this topic head on.

By the winter of 2020, the CDC reported that up to 40 percent of Americans reported mental **health** problems due to the pandemic (Kostic

2020). In conjunction with the White House, the CDC, and Health and Human Services, the Ad Council created a new advertising campaign that discussed coping skills for dealing with the pandemic. Feel free to watch the ad campaign [Coping-19 \[Website\]](#).

To explore alternative approaches to addressing this problem, let us examine two programs which increase mental health access to treatment in non-traditional manners.

CAHOOTS



Figure 12.25 CAHOOTS: The people in this picture are working together to create solutions for mental health issues. Where do you see interdependence in their work?

The [Crisis Assistance Helping Out On The Streets \(CAHOOTS\) \[Website\]](#) program in Eugene, Oregon, addresses mental health and drug-related issues integrated into the **police** and 911 emergency access services system operated jointly by the White Bird Clinic and the Eugene police. If you would like to learn more, please listen to [“CAHOOTS”: How Social Workers And Police Share Responsibilities In Eugene, Oregon \[Podcast\]](#).

CAHOOTS began as an offshoot of the counterculture movement in Eugene. The organization provided volunteer-operated mental health services to the community. It also presented periodic **role**-playing seminars to the Eugene police related to managing and defusing mental health-related

situations in policing. In the 1980s, the police department began taking advantage of this community initiative, informally referring mental health cases to the CAHOOTS organization to reduce the direct involvement of police in non-crime-related scenarios. CAHOOTS volunteers still offer crisis response services and access to other community services to persons experiencing mental health or drug-related issues.

Public attention to mental health services increased after a 2015 lawsuit against the city for excessive use of force and racial **discrimination** in a fatal shooting of a veteran with PTSD by the Eugene police. In response, the Eugene city council committed \$225,000 of the city police budget to fund 24/7 availability of the CAHOOTS services and access to the 911 dispatch system.

As the CAHOOTS organization began to respond to calls, the delays in responding to issues decreased significantly, to a level of about double the time required for a response by the police. CAHOOTS estimates that in 2021, roughly 17 percent of the calls to 911 in Eugene resulted in a dispatch of a CAHOOTS team—reducing the involvement of the official police significantly. Chris Skinner, the Eugene chief of police, commented before the pandemic hit that increasing the number of CAHOOTS teams is a benefit of probability: “the less time I put police officers in conflict with people, the less time those conflicts go bad.”

In 2019, Eugene voters approved a payroll tax to bring in \$23 million for additional community-safety positions. In the initial proposal, two-thirds of this money was intended to go to the police department for additional positions. Reacting to the Black Lives Matter protests, the Eugene City Council instead redirected that money to community organizations. CAHOOTS received some of that money and benefited from county use of federal CARES Act funding to open a 250-bed homeless shelter in buildings on the Lane County Fairgrounds. The federal funding expired in June

of 2021, but talks are in place to expand the use of some police funds to maintain the program, roughly \$1 out of every \$50 committed to the police budget.

Loveland Foundation

A different approach by the Loveland Foundation addresses resources to communities of color in a number of locations nationwide, including Texas, Georgia, California, Ohio, and New York. The Loveland Foundation was established in 2018 by Rachel Cargle in response to a fundraiser for therapy support for Black women and girls.

The organization partners with organizations providing culturally-competent therapy resources for Black women and girls in the areas where they operate. The organization funds all or part of the costs of access to therapy. Additionally the organization operates workshops for therapy providers to educate about eating disorders in Black women and girls in partnership with the Renfrew Center for Eating Disorders. The workshops are a six-part series focusing on providing the historical context, etiology, intergenerational **trauma**, and its impact on body image, assessment, and treatment.

One unusual feature is their approach to building future therapy support resources for specifically People of Color. According to the American Psychological Association, only 17 percent of therapists in the U.S. identify as People of Color, and only 3 percent identify as Black or African American. The Loveland Foundation is investing significant scholarship funding in enabling undergraduate and graduate **education** for BIPOC people intending to offer therapy to the BIPOC community, including addressing the use of

unpaid internships and the lack of dependable mentors to provide support resources to students wishing to address this need. If you would like to learn more about the services of the Loveland foundation, you can check out their site, [The Loveland Foundation \[Website\]](#).

When we consider mental health, **mental illness**, and mental wellbeing, we notice interdependent solutions supporting **social justice**. Each of us has agency in our own mental health and the mental health of our friends and families. We can care for ourselves and each other. At the same time, we experience different rates of trauma, **prejudice**, and mental illness. We need **equity** in mental health resources and treatment options. Organizations like NAMI, CAHOOTS and the Loveland Foundation work to address the systemic inequities in mental health experiences. Working together we can weave interdependent solutions for mental resilience and social justice.

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Figure 12.25. “White Bird/CAHOOTS Photo” from “[Best Programs for the Homeless](#)” © Todd Cooper, [Eugene Weekly](#), is all rights reserved and included with permission.

12.6 Chapter Summary

Kathryn Burrows and Kimberly Puttman

In this section, we have explored the different explanations for **mental health**, **mental wellness**, and **mental illness**. We have looked at what sociologists care about when they study mental **health**, and we have looked at some of the leading explanations for mental challenges—including stress and social **role** conflict. We have seen that People of Color, and people who are poor, are

more likely to have mental health challenges—and we have seen that this is probably both an effect of being poor, as well as a cause. We ended the chapter by looking at innovative ways social service organizations have responded to mental illness problems in their communities. While it's OK to be not OK, supporting mental health is **social justice**.

ESSENTIAL IDEAS

Learning Objective 1: What is the difference between mental health, mental illness, and mental well-being?

Distinguishing between mental health, mental illness, and mental well-being is important. All of us can understand more about our own mental health and the mental health of others. This allows us to live resiliently. Some of us have mental illnesses or diagnosed conditions. And even people with mental illness can experience mental well-being, an active process that allows us to thrive mentally and emotionally.

Learning Objective 2: How can we understand mental health as a social problem?

Even though individuals experience poor mental health or resilient mental health, we can see mental health as a social problem because:

- Different groups experience mental health in different ways. Old people and young people have different rates of mental illness
- People differ in their willingness to support or fund mental health services
- people experience unequal symptoms, access to services, and outcomes based on their **social location**.
- The way that we understand mental health and mental illness changes over time. Therefore what we do to support and treat people with mental illnesses changes over time also.
- **COVID-19** has demonstrated that it takes both the **collective action** of establishing more community-based, culturally appropriate mental health services and individual care for mental health for everyone to be mentally healthy.

Learning Objective 3: Why do people experience different mental health issues, diagnoses, and treatments based on gender, race, class, and other social locations?

Like physical health, groups' experiences with mental health vary based on intersecting social locations. For example, People of Color tend to experience more symptoms of mental illness but receive less treatment and have poorer outcomes.

Learning Objective 4: How does the social construction of the identity of mixed race explain social inequality, particularly in relationship to mental health?

People who are mixed-race tend to experience poorer mental health outcomes partially because they experience **prejudice** and **discrimination** from multiple groups. They may be considered not White enough or not Black enough, for example.

Learning Objective 5: How is mental health and mental illness an underlying factor in other social problems?

Sociologists study whether mental illness can contribute to making someone poor or whether being poor can partially cause mental illness. They find that both directions of this relationship are partially true. Furthermore, it is relatively common to be houseless and mentally ill or have **harmful drug use** and be mentally ill. These complex experiences make social problems challenging to impact.

Learning Objective 6: How does the structural oppression of patriarchy impact social problems, particularly related to women, queer, transgender, and non-binary people?

It's not that **gender identity** or expression causes social problems directly. Patriarchy, the **social structure**, and behaviors that empower men and oppress women and non-binary people limit options and cause harm. Almost any social problem is worse for women and non-binary people than it is for men.

Learning Objective 7: How do sociological explanations of mental health and mental illness differ from primarily medical or psychological models?

Psychologists, doctors, and sociologists use different models to understand why people experience mental health or mental illness. These different models support different kinds of treatments or social change. Sociological models emphasize the **social determinants of health** and focus on changing related social structures.

Learning Objective 8: What creative solutions to providing mental health services combine individual agency and collective action to expand social justice?

COVID-19 has made it clear that people need more mental health support that is effective and culturally appropriate. As individuals, we can take action in our daily lives and communities to support our own mental wellbeing and the health of others. Collectively, community mental health services like CAHOOTS and The Loveland Foundation provide these services effectively.

However, the work doesn't end there. Generational and systemic inequalities partially cause mental health issues, and limit equal access to mental health services. Fighting for **equity** and resilience in our mental health is social justice.

Comprehension Check

KEY TERMS LIST

Diagnostic and Statistical Manual of Mental Disorders (DSM): the handbook used by health care professionals as the authoritative guide to the diagnosis of mental disorders; DSM contains descriptions, symptoms, and other criteria for diagnosing mental disorders

gender expression: the external appearance of one's gender identity, usually expressed through behavior, clothing, body characteristics, or voice, and which may or may not conform to socially defined behaviors and characteristics typically associated with being either masculine or feminine

gender identity: one's innermost concept of self as male, female, a blend of both or neither – how individuals perceive themselves and what they call themselves; one's gender identity can be the same or different from their sex assigned at birth

mental health: a state of mind characterized by emotional well-being, good behavioral adjustment, relative freedom from anxiety and disabling symptoms, and a capacity to establish constructive relationships and cope with the ordinary demands and stresses of life

mental illness: a wide range of mental health conditions, disorders that affect your mood, thinking, and behavior; examples of mental illness include depression, anxiety disorders, schizophrenia, eating disorders, and addictive behaviors

mental wellness: an internal resource that helps us think, feel, connect, and function; it is an active process that helps us to build resilience, grow, and flourish

models of mental health and illness:

- *biological model:* understands mental health and illness to be a combination of genetics and neurochemicals; it understands mental illness to be a defect of brain chemistry.
- *biopsychosocial model:* an interdisciplinary model that looks at the interconnection between biology, psychology, and socio-environmental factors
- *medical model:* a theory that states that psychiatric conditions are caused by an imbalance of chemicals in the brain

- *psychological model*: an approach to mental illness that assumes mental health and mental illness lie within mental processes, such as beliefs, attitudes, thinking patterns, and life experiences
- *sociological model*: an approach that emphasizes that a society's culture shapes its understanding of health and illness and practice of medicine

patriarchy: a form of mental, social, spiritual, economic, and political organization/structuring of society produced by the gradual institutionalization of sex-based political relations created, maintained, and reinforced by different institutions linked closely together to achieve consensus on the lesser value of women and their roles

racial trauma: a term used to describe the physical and psychological symptoms that People of Color often experience after being exposed to stressful experiences of racism

role strain: a situation caused by higher-than-expected demands placed on an individual performing a specific role that leads to difficulty or stress

sex: a biological categorization based on characteristics that distinguish between female and male based on primary sex characteristics present at birth

sexism: discrimination or prejudice against an individual or group based on the idea that one sex or gender is better than the others

stigmatization of illness: when shame or disgrace is aimed at a person with a physical or mental illness or condition

DISCUSS AND DO

1. **Mental Well-being**: In [Chapter 2](#), Angela Davis proposed that we practice radical self-care. Caring for your own mental well-being is a radical act of resistance. Why is this true? How might you implement it?
2. **Mental Health and Social Location**: In this chapter, we discuss several groups who may experience challenges to their mental health. Please pick one group to discuss.
 - What evidence do you have of inequality for that group?
 - How might sociologists explain this difference?
 - Do you agree or disagree?
1. **Correlation and Causation of Mental Health**: Does **poverty** cause mental illness, or does mental illness cause poverty? Please use evidence to support your answer. You may want to apply your understanding of correlation and causation that we presented in [Chapter 5](#).
2. **Community Activism for Mental Health**: Finding mental health resources can be challenging. Please identify a community mental health resource.

- For your answer, please describe the service you found. This description might include the name of the program or meeting, phone number or address, type of service, and other useful details.
- Do you think this intervention is effective? Why or why not? (You may be able to find outcomes evidence)

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Who Dies Well?: Death and Dying as a Social Problem

13.1 Learning Objectives and Chapter Overview

Kimberly Puttman

LEARNING OBJECTIVES

After reading this chapter, you will be able to:

1. Explain how **death** and dying is a **social problem**.
2. Identify the cultural, social, and structural factors that impact death and dying.
3. Apply the concepts of **life course**, **ageism** and **a good death** to explain inequalities in death and dying.
4. Describe how **religion** creates the potential for conflict in values that is a characteristic of a social problem.
5. Demonstrate how **thanatology** helps us understand the social problem of death and dying.
6. Compare individual and **collective action** which expand the possibility of justice in the process of death and dying.

Chapter Overview

*Note: With thanks to the people who make our lives and our deaths easier – the front line **health** care workers, spiritual care workers, and our families. We see you! – Kim Puttman*



Figure 13.1 COVID-19 Deceased in Morgue Truck 2020. So many people died unexpectedly from COVID-19 that even dealing with the bodies was a challenge to our health systems. How has COVID-19 challenged our expectations around a good death?

This chapter may be the most difficult chapter in the whole book. We will be exploring the social problems of death and dying. Some of us have lived with a lot of death in our lives. The experience is familiar, even though every death is painful. Some of us have never even thought about death, really. Whatever our experience, this chapter can bring up strong feelings and emotions. Please remember to practice good self-care as you walk with us through this material.

And, as much as we once knew about the process of dying and death itself, dealing with death during the **COVID-19** pandemic brings its own set of challenges. Watch the video in figure 13.2 to learn more about one family's experience.

This interactive content is not available in this version of the text. It can be accessed online here:

<https://www.youtube.com/watch?v=IJ9EbZjcVGy>

Figure 13.2 In this 6.50-minute video, **Dying of Coronavirus: A Family's Painful Goodbye [Streaming Video]**, a family talks about someone in their family who died of COVID-19. As you watch, please think about who was involved in this death. How does this death differ from what you might consider a good death? Finally, you might consider how providers and families respond to death from COVID-19. **Transcript.**

To put this story in a wider context, over 767 million people contracted COVID-19 worldwide as of August 2023. Nearly 7 million people worldwide died from COVID-19 (World Health Organization 2023). That's about half the population of the Pacific Northwest or just under twice the population of Los Angeles. Although some people would have died anyway, many of these deaths were unexpected. Sociologists call this pattern **excess death**, the difference between the observed numbers of deaths in a particular time period and the expected deaths for that same time period (CDC 2023).

As we discussed in **Chapter 10**, the level of illness worldwide overwhelmed our healthcare system. The amount of unexpected death overwhelmed our **end of life** systems as well. Hospitals in New York and elsewhere needed to park morgue trucks in their parking lots to handle the number of bodies (figure 13.1). Spiritual care staff, including chaplains, pastors, ministers, rabbis, and other religious leaders, performed funerals on Zoom and prayed over burials in uncountable numbers. Every country has been impacted by unexpected deaths due to COVID-19. You can see

the cumulative death per million people on the map in figure 13.3.

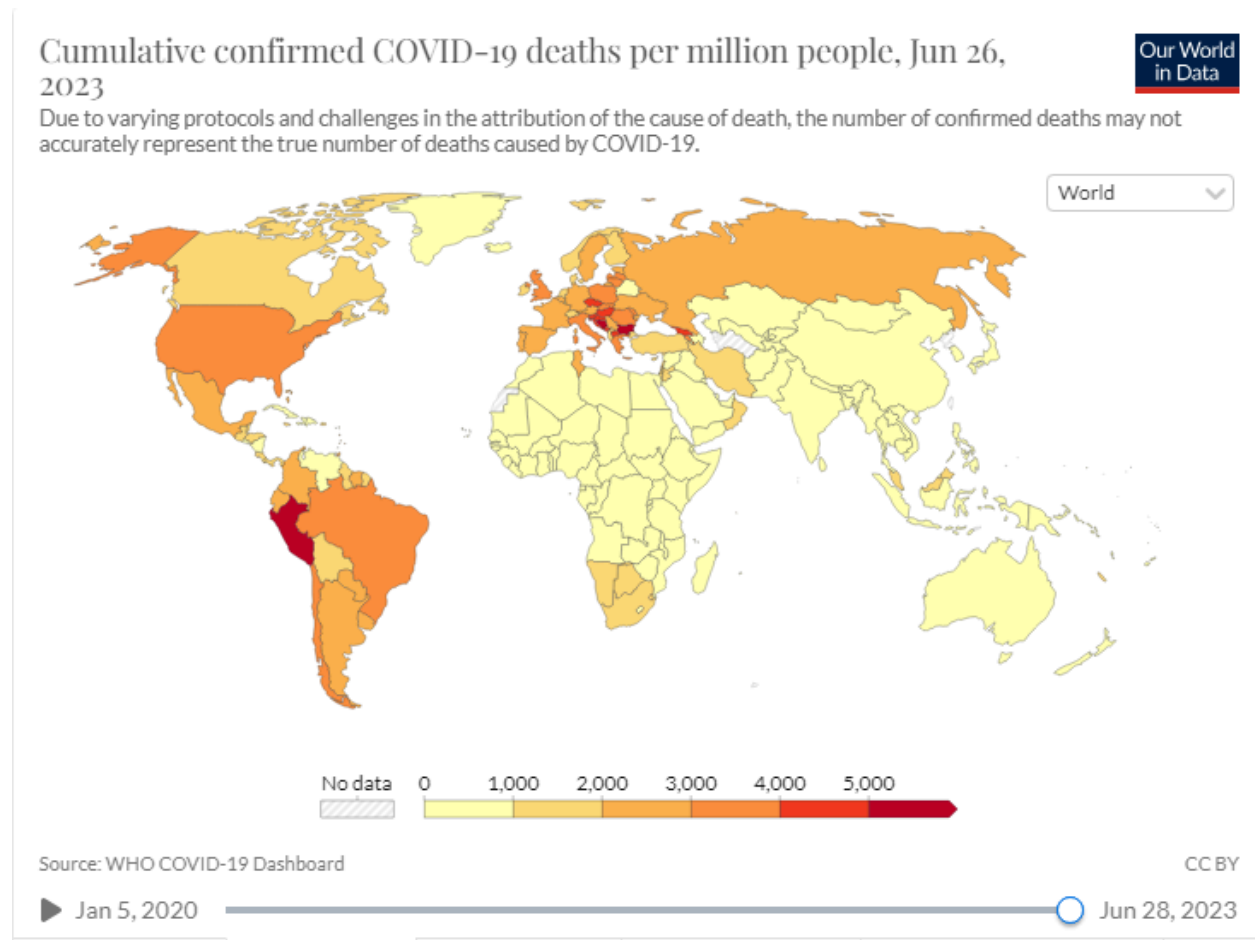


Figure 13.3 Global cumulative deaths from COVID-19, per million people, as of June 26, 2023. The country in which you live partially determines how likely you are to die from COVID-19. [Image description.](#)

As we consider what may be the most personal of all human experiences, death, we also see that death is a social problem. With the map in figure 13.3, we notice that where you live, by country,

changes the likelihood that you will die of COVID-19. Even by this simple measure, death is also a social problem.

FOCUSING QUESTIONS

As we look deeper, the questions that guide our exploration are:

1. How do we explain death and dying as a social problem?
2. What are the cultural, social, and structural factors that impact death and dying?
3. How does the concept of life course illuminate issues around aging and dying?

4. How does the social **institution** of religion create the potential for conflict in values, a characteristic of a social problem?
5. How does thanatology help us understand the social problem of death and dying?
6. How are individuals and communities creating new possibilities of interdependent improvements to create **social justice** in the process of death and dying?

Let's stare death in the face together!

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Figure 13.3. "[Global cumulative deaths from COVID-19, per million people, as of June 26, 2023](#)" by the [World Health Organization](#) is licensed under [CC BY-NC-SA 3.0 IGO](#).

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Figure 13.2. "[Dying of Coronavirus: A Family's Painful Goodbye](#)" by [The New York Times](#) is licensed under the [Standard YouTube License](#).

13.2 Death and Dying as a Social Problem

Patricia Antoine and Kimberly Puttman

"Nothing is certain but **death** and taxes." This phrase summarizes some of the wisdom of living in a modern economy. If we think back to the **sociological imagination** from [Chapter 1](#), we know that of course, death is personal. It happens to each of us in a unique and individual way. However, death is also a social event. Our families, friends, and communities walk through the process with us. We depend on the social institutions of hospitals and hospices and the businesses of mortuaries and funeral homes to care for us. Even the government must issue death certificates for deaths to be considered valid. In this sense, death is also a **social problem**. Let's look at why

that is, using the characteristics of a social problem from [Chapter 1](#).

Beyond the Experience of the Individual

Death is one of the most intimate and personal issues a person will ever confront. What happens to an individual is affected by the social context within which it takes place, but death also has broader social implications.

At a micro level of analysis, death and the dying process involves the loss of social roles and a shift in existing roles. For instance, when a parent dies,

you lose someone in the parental **role**. Older siblings, grandparents, or family friends may need to step in and take on parenting responsibilities. Social relationships are also altered. The loss of a member of our social circle affects all who are part of that social network. As a result of a death, the group dynamics and relationships may need to be renegotiated and a new shared meaning developed.

At a social institutional level, death and the resulting loss of a worker, a teacher, or a com-

munity leader affects institutional processes and a shift of institutional resources to fill vacated roles. While a single death may have one type of impact, numerous deaths may have a more immediate and significant societal impact. As we discussed in **Chapter 1**, the **COVID-19**-related workforce issues disrupted the flow of goods and services worldwide.

Conflict in Values: Right To Die

This interactive content is not available in this version of the text. It can be accessed online here:

<https://www.youtube.com/watch?v=fDAKaOgdF3c>

Figure 13.4 This 9.27-minute video, **Right-to-die movement finds new life beyond Oregon [Streaming Video]**, discusses the right to die. As you watch the first 5 minutes, you can think about who is making the decision about when to die. Also, what conflict in values is present as we answer this question? **Transcript.**

All human societies have to answer the profound questions of who lives and who dies. We discussed the conflict in values related to who lives when we discussed **reproductive justice** in **Chapter 10**. We also see a conflict in values in talking about who dies.

Who gets to decide who dies? What criteria or values do people use in order to make this decision? This conflict in values is expressed in **right to die laws**. These **right to die laws** are the laws that allow a person who suffers from a terminal disease and meets the required criteria to choose to end their life on their terms. They provide an option for eligible individuals to legally request and obtain medications from a physician to end their life in a peaceful, humane, and dignified manner. As of 2023, only 10 states and the District of Columbia have a Death with Dignity law.

In recent decades there has been a growing movement to ensure that individuals have the autonomy and agency to control their own **end of life** decisions, including the right to die. The government, with the advice of medical professionals, sets standards, accepted practices, and legal

statutes concerning end of life options. These regulations and standards may conflict with the personal preferences of those who are in the dying process.

This highlights a fundamental question, “Who has the ultimate right to decide how and when an individual’s life ends?” Those working for the passage of so-called “right-to-die” legislation (also referred to as physician-assisted suicide or physician-assisted death) assert that individuals should be able to make the decision as to how much pain, suffering, and debilitating symptoms at end of life they should endure.

The first right-to-die law in the United States was enacted in Oregon in 1997. Oregon’s Death with Dignity Act (DWDA) allows a terminally ill individual to end their own life with a self-administered lethal dose of medication prescribed by a physician for that purpose (Oregon **Health Authority** 2022). The Oregon law sets out a very structured procedure with specific requirements and criteria that must be met for an individual to utilize this option. Generally, you have to be able to make decisions for yourself, and two physi-

cians must agree. If you would like to learn more about these criteria, look at the [Frequently Asked Questions about Death With Dignity \[Website\]](#).

Those who oppose this type of legislation express fear over a lack of oversight at the moment of death. They cite concerns that the final decision to end one's own life will be made by others on behalf of those who may be too ill to speak on their own behalf. Some fear the normalization of physician-assisted death to the point that patients will feel responsible for relieving the burden their care places on their loved ones. And many believe it is the job of physicians to alleviate suffering, not the role of the patient to decide.

Beliefs grounded in a *sanctity of life* orientation strongly emphasize the basic duty to preserve life. This perspective is often grounded in cultural and religious tenets that explain life as being a sacred gift granted to humans accompanied by a requisite responsibility to care for the body. Such an orientation may lead to a preference for using all available medical options to live as long as possible.

Alternatively, others may focus more on the quality of a person's life. A *quality of life* perspective argues that when life is no longer meaningful, the obligation to preserve life no longer exists. Although medical technology may be able to extend life, the human experience of living is more important than simply keeping the body medically functioning. From this orientation toward life, the emphasis is placed on the ability to live with dignity and purpose. Decisions concerning the use of end of life medical interventions are shaped by the intentional consideration of the distinction between the quantity of life and the quality of that life.

Where do you stand?

Inequality in Life Expectancy

Although death is an inevitability of the human condition, **mortality** rates vary based on **social location**. When and how a person dies is more than just the outcome of individual genetics and human physiology. **Life expectancy** and cause of death are also affected by the **social determinants of health** that we talked about in [Chapter 10](#), such as access to healthcare, quality of life indicators, geographic location, and socioeconomic variables. Differential patterns in life expectancy and death rates based on **gender** and **race/ethnicity** are affected by broader social issues and systemic inequalities.

Social institutional features involving work, family, social **class**, healthcare, and **social construction** of gender role expectations contribute to the ongoing differential **life expectancy**, the number of years a person can expect to live, based on an estimate of the average age that members of a particular population group will be when they die (Ortiz-Ospina 2017). When we look at life expectancy based on gender, we see a difference. Males are predicted to live only 76.3 years on average, while females are expected to live 81.4 years on average (National Center for Health Statistics 2021).

Comparative death rates based on race and ethnicity also reflect systemic inequalities in social systems and people's social experiences (figure 13.5).

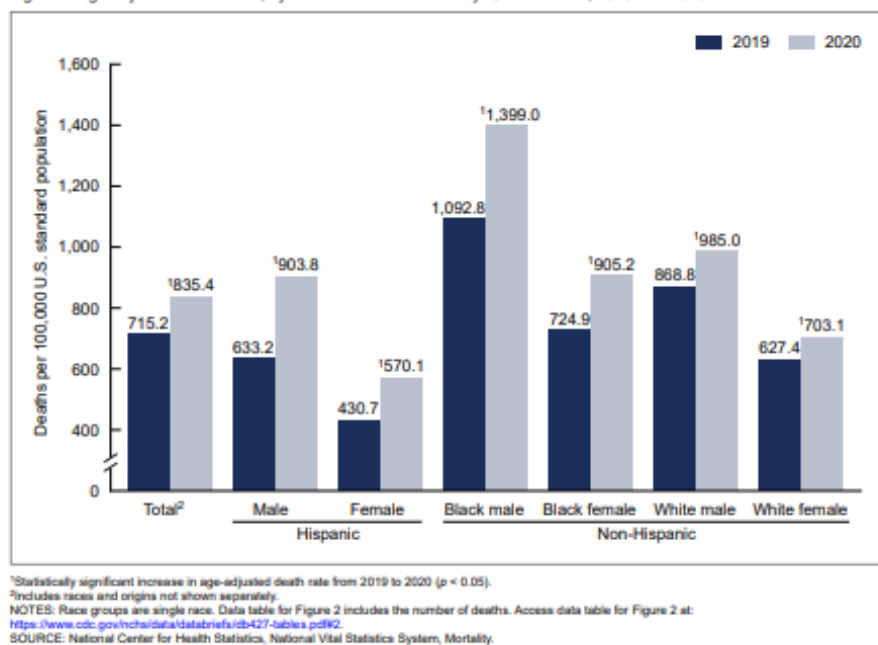


Figure 13.5 Age-Adjusted Death Rates by Sex and by Race/Ethnicity United States 2019 and 2020. Black males experience the highest rate of death. Part of the difference in rates of death in 2020 was due to COVID-19. [Image description.](#)

The impact of social inequalities is also evident during significant catastrophic events that challenge **society**, such as the COVID-19 pandemic. With the emergence of a new virus, this medical crisis strained social institutions and fundamentally interrupted previous patterns of social activity. Any one of us could get COVID-19, but the probability of contracting the virus and the like-

lihood of death from the infection are affected by social factors. Many of these social risk factors disproportionately impact people based on social location indicators such as race, ethnicity, and social class.

All Cases and Deaths by Race and Ethnicity Among Ages 18+ in California, as of May 9, 2023

Race/ Ethnicity	Number of cases	Percent of cases	Number of deaths	Percent of deaths	Percent of CA population
Latino	3,171,021	42.5	42,360	41.9	36.3
White	2,042,907	27.4	36,630	36.2	38.8
Asian	816,262	11.0	11,391	11.3	16.2
African American	420,445	5.6	7,138	7.1	6.1
Multi-Race	72,825	1.0	1,715	1.7	1.7
American Indian or Alaska Native	34,503	0.5	478	0.5	0.5
Native Hawaiian or Other Pacific Islander	58,685	0.8	593	0.6	0.3
Other	837,322	11.2	907	0.9	0
Total with data	7,453,970	100.0	101,212	100	100

Figure 13.6 This chart shows the number of COVID-19 cases and deaths by race and ethnicity in California as of May 9, 2023. Although some of the reported cases and deaths don't have race and ethnicity associated with them, the trends are clear. If race and ethnicity had no impact on who was more likely to die, the percentage of California's population and the percentage of deaths would match. They don't.

As you look at this chart, you may want to start at the last column. This column reflects the percent of California's total population for a particular group's race and ethnicity. If race and ethnicity did not influence the rate of catching COVID-19 or dying from COVID-19, you would expect that columns Cases (column 2) and Deaths (column 4) would match the last column. They do not. Instead, we see that White, Asian, and multi-ethnic people have a slightly lower-than-expected death rate. People of all other races and ethnicities have a slightly higher death rate. When you consider what you learned in [Chapter 10](#) about why this is true for health, you can apply those learnings to

understanding the consequences of social location on death.

The Social Construction of Death

Determining when a death takes place seems straightforward and obvious. When a person's body ceases to function, **death** has occurred. But as one delves deeper into the details and specifics, that task becomes far more complex. Historically, there have long been accounts of people who were determined to be dead when, in fact, they were still very much alive. Although not common, such

instances were often a result of shallow breathing or faint heartbeats that went undetected. Advancements in medical technology address this possible problem. At the same time, they introduce new challenges in determining when death occurs. Modern medicine's ability to artificially keep people alive raises new and difficult questions in determining when death occurs. Therefore, society found a need to clearly define what determines death, delineate the criteria to be used to establish that death has occurred, and develop a process to socially recognize and certify death.

Clinical Death

The customary method of determining death has centered on the cessation of basic vital signs of life – the absence of breathing and a heartbeat. However, advancements in new technology have raised new issues and challenges in using these conventional methods for establishing death. The use of advanced life support systems, such as ventilators, respirators, and various methods of cardio-pulmonary support, can now artificially support life for long periods of time. In these cases, a person can be kept “alive” through mechanical means for days, months, and in some cases, years. While in this state, do we say that the person is alive, or that the person is dead?

With the ability to keep a person breathing and the heart beating through artificial means for long periods of time, the medical community turned to the concept of **brain death** to determine death. Based on the work of the 1968 Harvard Medical School Ad Hoc Committee, **brain death**, or what became known as the “whole-brain” definition of death, involved the following criteria: the absence of spontaneous muscle movement (including breathing), lack of brain-stem reflexes, the absence of brain activity, and the lack of response to external stimuli. This criterion for brain death is used

to augment the customary use of vital signs when they may be ambiguous.

Legal Death

The definition of death affects many aspects of our daily lives. The death of an individual often triggers government laws that regulate issues directly related to how the body of the deceased is handled and the options for the final disposal of the corpse. Issues arising after death may also require some type of official government documentation verifying a death has occurred. A government-issued death certificate with verified information as to the date, place, and in some cases, the cause of death is needed to execute wills and inheritances, file necessary taxes, assess any civil and criminal liabilities, and a host of other legal issues regulated by the government.

With the broad-based acceptance of the medical criteria for death, legislative discussion ensued to develop a standardized, legal means for determining that a death has occurred. Efforts focused on updating the legal standards used to determine death that closely aligned with the criteria being used by the medical community.

Social Death

Social death involves the loss of **social identity**, loss of social connectedness, and loss associated with the disintegration of the body (Krállová 2015). This can be marked by a specific event, such as biological death. But it can also involve a series of changes, such as the loss of the ability to take part in daily activities, the loss of social relationships, and/or the loss of social identity during end of life and the dying process. When there is a social determination of death, a person's place in society changes. There is a shift in their social status that denotes a separation from society and community.

Establishing when social death occurs signals others as to the expected adjustments in social interactions.

Social death can change social role expectations, social status, and social interactions. When a person is dying, they may no longer be able to fulfill their social roles. For instance, a mother or father may no longer be able to care for the children. The children may need to become care providers for the parents. Adult children may become the care provider for an aging parent. The meaning of friendship expectations changes, and social interaction within community or work settings are altered or severed.

After biological death, the status transition of the deceased from the world of the living to the spiritual realm or the world of their ancestors is often denoted by funeral rituals. Socio-cultural beliefs, values, and norms form the basis for the determination and meaning of social death. In the U.S. dominant **culture**, the meaning of social death may be directly linked to the absence of medical/biological indicators such as breathing, heartbeat, brain-based reflexes, and processes that then lead to various funerary rituals.

In other cultural belief systems, biological death is only one aspect of determining social death. For the Toraja people of Indonesia, social death does not come until the body leaves the home. They often keep the body of the biologically deceased in the home as an ongoing social member of the family and community for weeks, months, or even years. During this time, the person is perceived as being sick or in a prolonged sleep. They are fed and bathed, and their clothes are periodically changed. They are talked to, hugged, caressed, and moved to various settings to ensure they are included in family and community activities. The removal of the body from the home and completion of funerary rituals denotes the change in social status and social determination of death (Arora 2023; Seiber 2017).

The video, [Here, Living With Dead Bodies for Weeks—Or Years—Is Tradition \[Streaming Video\]](#), depicts the Torajan view of death. Please be aware that it contains graphic images of dead bodies and the killing of cows. If this will be triggering for you, you can skip this video. If you do decide to watch it, please consider how death can be social as well as biological. How does this experience of death change your expectations about what it means to be dead?

Interdependent Solutions

The final characteristic of a social problem is that it requires both **individual agency** and **collective action** to create **social justice**. When we apply this characteristic to the experience of death and dying, we can change both the individual willingness to talk about death. We can also create communities that collectively support the experience of dying.

Many of us are afraid to even talk about dying. However, this isn't the only way to approach death. Instead, we can be open to learning about death and talking about it. We can be death positive. Death positive doesn't mean that we want to die now. **Death positivity** means that we are open to honest conversations about death and dying. It is the foundation of a social movement that challenges us to reimagine all things tied to death and dying (Lewis 2022).

One of the ways to have individual agency is to have "the conversation." In this conversation, you can talk to your parents, your children, your partner, or your friends. You can talk about what you want at the end of life, what you think will happen when you die, how you want your funeral to be, or what gives meaning and **value** to your life. By having these conversations now, you begin to prepare for the end of your life or the end of life for those you care about. If you'd like to get some ideas about why we talk about death, you could

watch [Talk About Your Death While You're Still Healthy \[Streaming Video\]](#).



Figure 13.7 Sociologist and Anthropologist Bernard Crettaz (left) created the idea of the Death Cafe. Jon Underwood (right) popularized it. Death Cafes have now been held in over 65 countries. Do you think you would ever attend one?

You can also participate in a Death Cafe. A Death Cafe is a social gathering, usually with tea and cake, where people talk about death. The question may range from, “What do you want to be remembered for?” to “What is the best funeral you ever attended?” Because people talk about death, they support each other and are more prepared to deal with it when it happens (Death Cafe N.d.). If you would like to learn more about this conversation, watch Death Cafe’s video: [Death Cafes: Discussing Death and Especially Life \[Streaming Video\]](#).

Having the conversation and attending a death cafe are taking action at an individual and community level. However, death positivity is also a social movement. Rather than marching with signs, activists are creating compassionate communities. People are forming communities that care for each other, whether physically living

together, meeting regularly, or connecting online. **Hospice Palliative Care Ontario** describes it this way, “A Compassionate Community is a community of people who feel empowered to engage with and increase their understanding about the experiences of those living with a serious illness, care” (Hospice Palliative Care Ontario 2019). At these individual, community, and institutional levels, we see action creating social justice. We’ll examine many more interdependent solutions as the chapter continues.

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“Death positivity” definition from [On Death and Dying](#) by Jacqueline Lewis is licensed under [CC BY 4.0](#).

Figure 13.5. “[Age-adjusted death rates, by sex and race and ethnicity: United States, 2019 and 2020](#)” by Sherry L. Murphy, Kenneth D. Kochanek, Jiaquan Xu, and Elizabeth Arias, [CDC](#) is in the [Public Domain](#).

Figure 13.6. “All Cases and Deaths by Race and Ethnicity Among Ages 18+ in California, as of May 9, 2023.” Data from “[California: All COVID-19 Cases and Deaths by Race and Ethnicity Among Ages 18+ California Department of Public Health](#),” [California Department of Public Health](#).

Figure 13.7 (left). “[Bernard Crettaz](#)” by [Erling Mandelmann](#) is licensed under [CC BY-SA-3.0](#).

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Figure 13.4. “[Right to Die Movement Finds New Life](#)” by [PBS NewsHour](#) is licensed under the [Standard YouTube License](#).

Figure 13.7 (right). “[Jon Underwood](#)” by an unknown artist is included under fair use.

13.3 Inequality in End of Life and Death

Patricia Antoine and Kimberly Puttman

In this section we explore three ways to understand inequality in the **social problem** of **death** and dying. First, we examine the sociological concept of **life course**, which helps us understand the expected paths of our lives and the differences in **power** and **privilege** that occur at each stage. Then, we look more deeply at inequalities based on **culture**. Dominant White U.S. culture “does” death in culturally specific ways. People from Latinx, Black, and Indigenous cultures have other

ways of understanding **end of life**, death, and life after death. When cultures collide, we see inequality. Finally, we look at end of life. In this section, we specifically highlight the challenging **social location** of being **rural**. Ruralness itself contributes to shorter **life expectancy**. We’ll look at why that is.

First, let’s find out more about the relationship between power and age.

Unpacking Oppression, Living Justice



Figure 13.8 Take a moment to look at this picture of the baby, mom, grandmother, and great-grandmother. They look so happy to be together. As you consider your own life and your own family, please consider how your identity changes over time. Does your access to power and privilege also change over the course of your life?

Sociologists and other social scientists study the human life course or life cycle to make sense of these questions and many more.

As human beings grow older, they go through different phases or stages of life (figure 13.9). It is helpful to understand aging in the context of these phases. A **life course** is the period from birth to death, including a sequence of predictable life events such as physical maturation. Each phase comes with different responsibilities and expectations, which of course, vary by individual and culture.

The life course approach

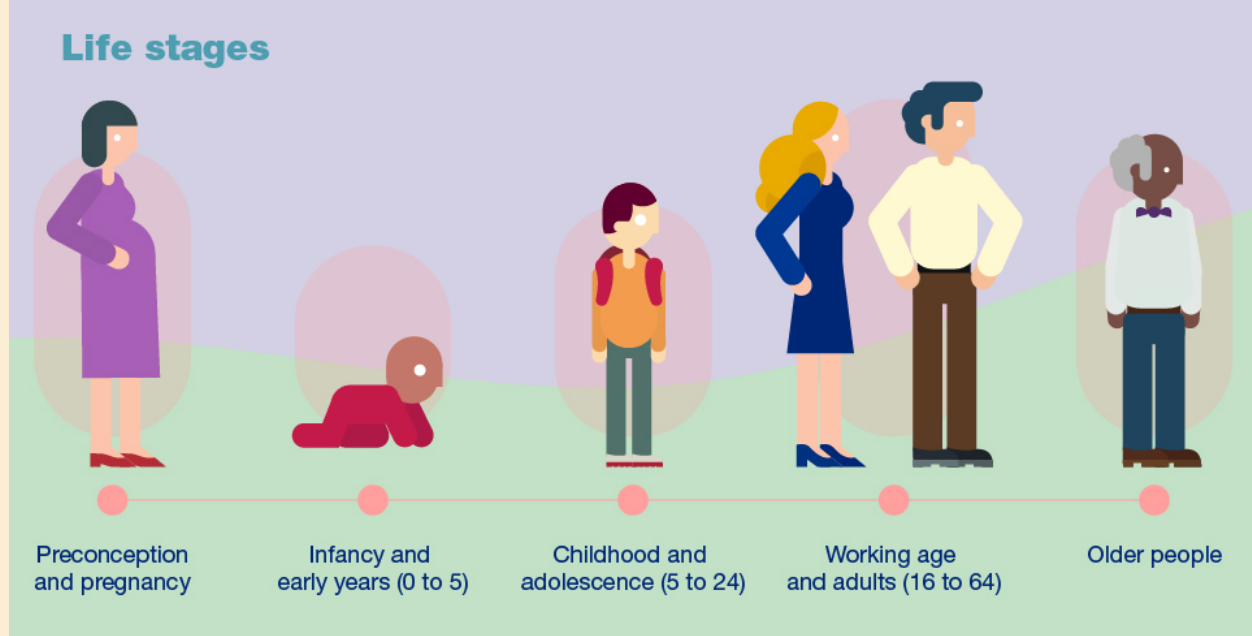


Figure 13.9 The Western model of the life course or life stages. Which stage are you in?

The life course in Western societies often includes preconception and pregnancy, infancy, childhood, adolescence, adulthood, and old age (figure 13.9). Children love to play and learn, looking forward to becoming teenagers. Teenagers, or adolescents, explore their independence. Adults focus on creating families, building careers, and experiencing the world as independent people.

Finally, many adults look forward to old age as a wonderful time to enjoy life without as much pressure from work and family life. In old age, grandparenthood can provide many of the joys of parenthood without all the hard work that parenthood entails. For others, aging is something to dread. They avoid it by seeking medical and cosmetic fixes. These differing views on the life course are the result of the cultural values and norms into which people are socialized. In most cultures, age is a master status influencing self-concept, as well as social roles and interactions.

You may also experience changes in power and privilege as you move through life stages. Young children, as you might expect, have little power. They depend on others to care for them. When a person turns 18 in the United States, they can vote, which is a level of power and privilege. As people move from adulthood to senior citizens, they may experience more frequent **ageism**, which is **discrimination** based on age.

Often, your power and privilege decline as you age. For example, sometimes older workers are laid off first, right before they reach retirement age, so that companies don't have to pay

full retirement benefits. Or, older people aren't hired for jobs because hiring managers assume that they don't understand technology, or won't be able to keep up with the demands of the job. In an intersectional example, Black elders often can't retire or can't retire well because of the Black **wealth** gap. Because of **racism** in employment and housing Black families (and other families of color) cannot accrue generational wealth at the same rate as White families (National Partnership for Women and Families 2021). Therefore, they have less to fall back on when it comes to getting the care that they need during retirement, end of life, and dying.

Also, sociologists see a connection between ageism and death and dying. When people fear death and dying, they don't want to interact with people who are aging or at the end of life. When they worry about dying, they are more likely to be ageist (Banerjee, Brassolotto, and Chivers 2021), discriminating against people as they age or enter their end of life. For example, a doctor or caregiver might assume that an older person can't make their own end of life decisions based on their chronological age. However, age is only part of the picture. Physical **health, mental health**, and cognitive capacity all play a **role** in whether a person is capable of making decisions for themselves (Kotzé and Roos 2022).

As we look at the life course, related more specifically to death and dying, professionals use this model in two ways. The first way helps us understand what constitutes **a good death**. "The institute of medicine defines **a good death** as one that is free from avoidable death and suffering for patients, families, and caregivers in general, according to the patients' and families' wishes" (Gustafson 2007). Albert Albert McLeod is a Status Indian with ancestry from Nisichawayasihk Cree Nation and the Metis community of Norway House in northern Manitoba. He is an activist and Two-Spirit leader. If you feel you would benefit from it, watch his description of [**A Good Death \[Streaming Video\]**](#). If you choose to watch it, consider how your ideas about a good death are the same or different from his.

When children die, for example, grief is particularly challenging in part because their death is unanticipated and not part of the normal life course. When people who are poor die of diabetes or heart disease as young adults, this is also not a good death because these deaths could have been prevented.

Medical professionals also integrate this idea of a good death into their models of health and illness. This infographic is intended for doctors, so it is very complicated. However, if you examine it piece by piece, you will find that we have actually covered most of these ideas in this book. The infographic helps to synthesize our knowledge.

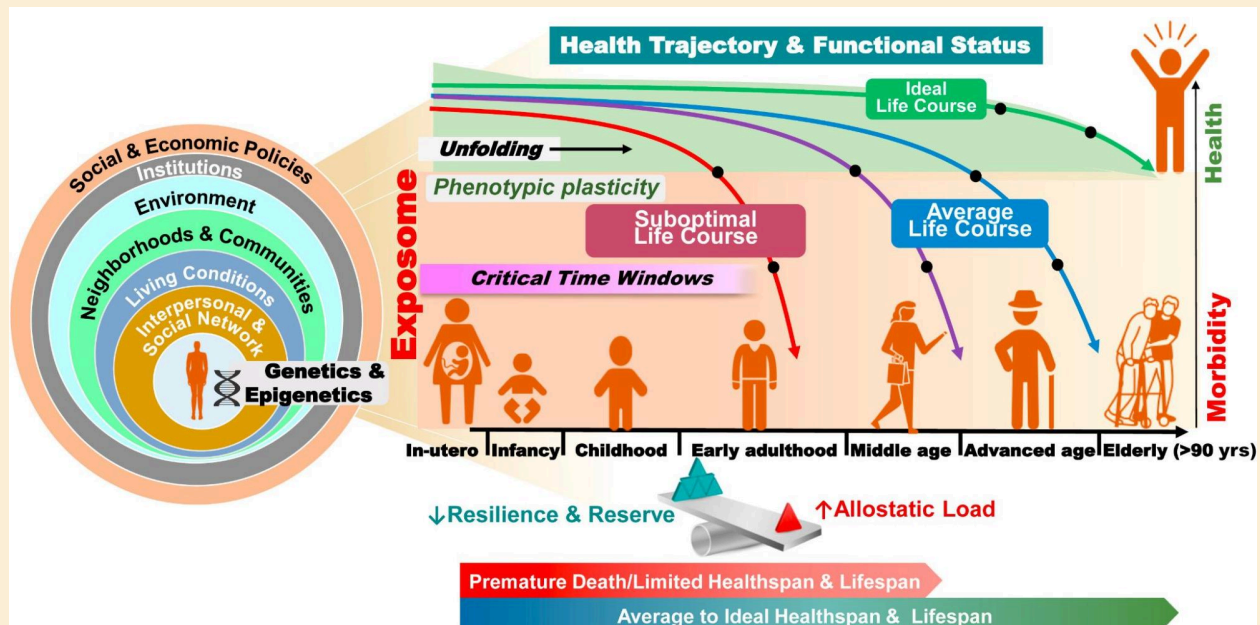


Figure 13.10 The Evolution of Health Trajectories Under the Influence of Macro- and Micro-Level Factors. How can we use this model to understand a good death? [Image description.](#)

The circles on the left side represent the social ecology model that was introduced in [Chapter 3](#). A person's health is impacted at the micro level of individual interactions to the macro level of the laws and policies that create or change **structural inequality**. People who talk about racial **environmental justice**, as in [Chapter 8](#), might notice how neighborhood exposure to oil or coal burning would impact health outcomes.

The Exposome is the equivalent of Adverse Childhood Effects (ACEs) or the protective factors that we discussed in [Chapter 10](#). The chart maps resilient health to less health during the aging process. It also shows how the likelihood of illness or death changes depending on social factors. Finally, the chart displays how health and illness may unfold over the life course, depending on social and individual factors.

The concept of life course helps sociologists understand how a "good life" and a "good death" unfold for people from a particular culture. When a life or a death does not unfold that way, sociologists can explain why. Social problems scientists can then propose action. Activists, community members, and governments can act or choose not to act to support good living and good dying for everyone.

Now it's your turn to unpack oppression and live justice:

Ageism is common in our **society**. We privilege and promote youth and vitality. Please find an example in the media that is ageist. It can be an advertisement, meme, short video, or other media source. If you need some help thinking about what kind of attitudes and behaviors are ageist, feel free to watch [Age Doesn't Define You \[Streaming Video\]](#).

Then reflect:

- What evidence do you see that demonstrates ageism?

- What laws, policies, or practices might cause this ageism, or be sustained with this ageism?
- How does the ageism we see in our society influence our willingness and ability to talk about death and dying, or to support people who are nearing end of life?
- If you were going to create a non-ageist advertisement or media element, how would you change it?

Cultural Differences in Death and Dying

One of the ways we can think about inequality in death and dying is to consider cultural differences. Think for a minute about the last funeral you attended. For some of you, this may have been a recent experience. Others of you may never have attended a funeral. However, when we examine how people from different cultures think about and do death and dying, we notice many differences.

In dominant White culture, there is often a funeral. People come together to pay their respects to the dead person. The body of the dead person may be present in a casket, or a cremation may occur. People may also attend a viewing or wake, where they can sit with the family and the body to pray or say goodbye. There may be a burial of the body or a placement of the cremated remains in a columbarium. Finally, the process may end with a memorial service or a celebration of life, depending on the wishes and beliefs of the person or their family.

This pattern is very common. We also notice three themes related to death and dying in dominant White culture. The first is the denial of death. We don't often talk about death, prepare for death, or talk about a person who died (Hughes 2014). Although the denial of death is not unique to U.S. culture, the dominant U.S. cultural **norm** is that young and beautiful is the right standard. We live as if we will stay young and healthy forever.

The second element of death and dying in the dominant culture is that death and dying is a big business. It costs money for the casket, for embalming the body, the cremation, the rituals, the burial plot, mausoleum, or columbarium, the flowers, the food, and all of the things associated with the funeral rites. Journalist Jessica Mitford

drew attention to this problem. She wrote an article in "The Undertaker's Racket" for *The Atlantic Monthly* magazine in 1963. In it, she details all of the people and all of the costs of a traditional U.S. death. At the time of the article, she estimated that the funeral business was a \$2 billion industry in the U.S. (Mitford 1963:56). As of 2023, the funeral industry makes over \$20 billion annually (Marsden-Ille 2023). Dying is a big business.

Finally, the dominant White culture leaves very little space for grief. Although bereavement leave exists, it is often short and unpaid. In dominant White culture, people often talk about "getting over" someone's death as if the grief will go away at some point. It is not common to sit in prayer for several days or to restrict your activities to allow space for grief.

However, this way of dying, death, and grieving isn't the only way. We'll illuminate inequalities in death and dying by exploring the Day of the Dead/Dia de los Muertos in Mexican and Mexican American culture, RIP T-shirts from the Black community, and current practices in two Indigenous communities. We will use qualitative data, or stories, to do this exploration. In [Chapter 4](#), we learned that using stories is common in both the interpretive and Indigenous scientific frameworks.

Because we are using stories, we don't have numbers to demonstrate the inequality present between dominant and non-dominant cultures. However, doing death differently than traditional White culture requires explaining what you need and insisting that you get it—activities of resistance that take energy and focus. This additional load is an example of inequality in action.

Before we begin, let's look at another social location: **religion**. As you might expect, religion has a lot to do with how we go about death and dying.

Unpacking Oppression, Believing Justice

How people deal with death and dying is often related to their religions and spiritual beliefs.

Religion is a personal or institutional system of beliefs, practices, and values relating to the cosmos and supernatural. This definition has two key components. First, people experience religion as a personal set of beliefs and practices. Second, religion is a social **institution**, a structure of power with hierarchies, doctrines, practices, and beliefs.

The religion you belong to is often included when sociologists discuss power and privilege. In the United States, the dominant religion is Christianity. About 64 percent of Americans are Christian, and the number is dropping (Pew Research 2022). However, Christian privilege is embedded in our society in other ways. For example, our Pledge of Allegiance contains the words, “One nation under God.” Our national holidays include Christmas, a holiday that is only celebrated in Christianity. We most often swear oaths for public service or juries on the Bible, the holy book of Christianity. Recognized churches that closely match the Christian pattern get tax breaks. What other examples can you think of?

Other religions and spiritualities are non-dominant, even though the number of people who are not Christian is rising. With the exception of Judaism, non-Christian religions like Hinduism, Buddhism, Islam and others are growing. Additionally, people who identify as “None” or have no religious affiliation will be the majority of people in the U.S. by 2070 (Pew Research 2022). While estimates that far in the future are somewhat unreliable, the number of “Nones” is growing.

These differences in religious power and privilege drive inequality in death and dying. Differences in religious practices around death and dying also create conflict. In some religions, for example, it is essential to cremate the body. In others, only burial will work.



Figure 13.11 Beliefs pertaining to death, preparation of the body, and funeral rights for some religions. How might these differences impact the social problem of death and dying?

Now it's your turn to unpack oppression and believe justice:

Let's explore cultural beliefs and rituals related to death and dying. For this activity, you may explore the traditions related to your own religion or culture or choose to look at something new.

You may use the information from the table in [crossref:Back Matter,Appendix: **Class Expansion Materials**]Appendix: Class Expansion Materials[/crossref:Religion – Beliefs About Death, Preparation of the Body, and Funeral Rites] or the details from cultural differences that follow this activity. The open **education** textbook [On Death and Dying \[Website\]](#) has videos and pictures of several religious customs related to death. The website [Learn Religions \[Website\]](#) might also help if you search related to death and dying and a particular tradition.

As you explore, please answer:

1. What religion, spirituality, or culture are you examining?
2. What beliefs around aging and dying does this tradition hold?
3. What do people who practice this tradition think about the body?
4. What funeral rites or practices does this tradition commonly do?
5. How does this tradition differ from the dominant culture, if it does?
6. How do differences in belief around death and dying contribute to the social problem?

Cultural Differences – Día de los Muertos/Day of the Dead



Figure 13.12 This Day of the Dead picture shows an altar with a decorated skull, flowers, and pictures of people who have died. Is this ritual similar to what you would practice?

Unlike dominant White culture, Día De Los Muertos/Day of the Dead celebrates the connections between the living and the dead. If you like, you can learn more by watching [Thousands pay tribute to life during Día De Los Muertos, 'The Day of the Dead' \[Streaming Video\]](#) or [Día De Los Muertos: A Brief Overview \[Streaming Video\]](#). However, one of the best ways to learn more is to read this account from Latinx Writer and activist Linda González.

Linda González Tells Her Story



Figure 13.13 Linda González is a writer and an anti-racist educator. Her dad is Mexican, and her mom is Colombian. They raised her in Los Angeles. She wrote the following story.

Every year as November 1 approaches, I do the math to remember how long ago my father passed away on Día de los Muertos. This year, I dutifully pulled up my calculator and subtracted 1996 from 2017. Twenty-one years. And then the obvious hits me. I can always know how long it has been since he passed on to his next life by subtracting one year from my twins' age. They are 22 and were just a year old when their abuelo died. I remember carrying Gina down the aisle behind the casket, her and Teo's new life blooming while that same year Tot's had faded.



Figure 13.14 This is a personal altar from Linda González. How is she remembering this person?

I set up my altar this week, pulling out the pictures of my dearly departed and adding new ones from this year. The first step is always laying out the cross-stitched mantle with years of stains and a dark mark from when a candle burned too hot. I tape papel picado above the altar, remembering this ritual is not a dirge; it is an opening of the veil to celebrate the lives that touched me and my comunidades. It is a time to think about why I miss them and ponder how to keep them alive in the present moment.

I imagine my dad's disappointed spirit hovering over the Dodgers as they lost in the World Series. I invoke my mom's stovetop magic as I figure out what to do with a bag of zucchini that must be cooked tonight. I remember the mothers who grieve their sons' vibrant spirits every day, and I take a moment to send Snapchats to my beloved cuates.

Día de los Muertos is so ingrained in my being that I am startled to see people in costume; my mind wonders for a second, "What's that all about?" This is amazing because I was so involved in Halloween while my children were growing up—making costumes, figuring out the healthiest candy to hand out, trading my children's candy

for money so they were not overloaded with sugar (and I could store their loot for the next Halloween).

In years past, I have hosted gatherings to decorate sugar skulls, loving this tradition of blending death with creativity. I treasured giving my children and their friends the chance to be playful and imaginative with something that so many people fear. As a writer, I live in that crevice of light and shadow, writing drafts only to end their existence for another version and then another and then yet another.

I love the transparency of life and death, the calaveras that dance and meditate and watch TV. Each skeleton could be anyone of us, and one day we will know what our antepasados experienced after their last out-breath. One day we will see there is no separation between any of us, alive and dead.

Cultural Differences – Indigenous



Figure 13.15 A funeral for Arnold Billy, who was a victim of COVID-19, at Tuba City Community Cemetery in Tuba City, Ariz., on May 22, 2020. What inequalities in death and dying might Indigenous people face?

Indigenous people in the United States experience complex issues related to death and dying. In [Chapter 5](#), we saw how residential schools destroyed Indigenous families. In [Chapter 8](#), we discussed how **colonization** harmed Indigenous people. These harms continue in the social problem of death and dying.

Maise Smith, a psychologist is Tlingit and Northern Tutchone from Champagne and Aishihik First Nations. She was born and raised in the Yukon Territory and is part of the Daklaweidi Clan. She says that people who lived in residential schools were taught not to talk, not to feel, and not to trust. When they spoke their Indigenous languages, they were punished. When they reacted to the punishment with anger, sadness, or defiance, they were punished more. These practices created a lack of trust in systems and institutions. Now, as the children of these children are dying, the families find it difficult to talk about their feelings of grief and loss. If you would like to learn more about the impact of colonization on current Indigenous families, watch this 4.15-minute video, [**Colonization, Trauma and Responses to Dying and Grief \[Streaming Video\]**](#).

At the same time, Indigenous practices related to death and dying can support families as they experience loss. Jeroline Smith is a retired nurse, consultant, and elder at Peguis First Nations in Manitoba. She describes some of these practices. For example, in some Indigenous cultures, it is traditional to open windows when someone has died so that their spirit can fly free. Often women will prepare the bodies for burial or cremation. If you would like to learn more about these traditions, watch the 43-second video, [**Traditions when a person dies at home \[Streaming Video\]**](#).

Cultural Differences – Hindu

COVID-19 disrupted religious rituals related to death and dying around the world, including India. In the Hindu religious tradition, a dead body would be washed, wrapped in white cloth, and covered with flowers. Mourners visit the body to pray and pay last respects. When this is complete, the body is cremated. Cremation marks the actual death of the person. Indian sociologist Sarita Kumari writes:

... it is believed that vital breath is released by the heat of pyre and ritual of 'kapal kriya' (breaking of one skull). Hence, according to beliefs, death takes place during the process of cremation. Even the smoke from the pyre towards the sky is seen as a metaphor of release of soul and its integration with heaven is considered as 'good death.' (Kumari 2023)

In this quote, we see another way of looking at death: death that occurs with a ritual act rather than the cessation of breath. This ritual is an essential component of a good death. Cremation is a sacrifice to the gods. After cremation, the family puts the ashes into a sacred flowing river. This practice represents the annihilation of the body through fire and flood.

One family in India struggled to do the things that their religion said were important. Indian Ph.D. candidate Jigyasa Sogarwal shares her experience when her grandfather died in a hospital from COVID-19. She says because they are migrants, they would usually need to take the body back to his village to be cremated. However, the family could not transport the body of their grandfather back to his ancestral village. Instead, they cremated the body in the local crematorium, using full personal protection. They used technology to include the family:

Extended family back at the ancestral village looked at the funeral pyre on their mobile video screens while we held our camera phones still. This was not a video chat with a best friend at the end of a busy workday. This was not a video chat of long distant lovers. This was not an office team meeting video call. My grandfather was burning to ashes, and I had to point the camera to his pyre so that his wife of forty years, his daughters, brothers, sons, grandsons and hundreds of his former students and village friends and family could see him burning. (Sogarwal 2022)

In her writing, you can feel the pain that Jigyasa experienced, as she did her best to carry out the family's traditions through the disruption of COVID-19. If you would like to read the full article feel free to look at [Body of the Dead, rituals of death and disenfranchised grief in post-COVID society \[Website\]](#).

Cultural Differences – RIP T-Shirts and Social Justice

When we consider grief and **social justice**, one of the privileges that wealthy, White people have is time to grieve and resources to have an expensive funeral. In Black communities, on the other hand, grief is disenfranchised. This **disenfranchised grief** is “grief that is unacknowledged and unsupported both within their sub-culture and within the larger society” (Bordere 2016). Bordere describes this grief:

African American youth, for instance, who reside in urban areas are often disenfranchised grievers. Many African American youth cope with numerous profound death losses related to gun violence and non-death losses, including the loss of safety...[T]hese youth are often inappropriately described as desensitized. Consequently, these losses are dealt with in the absence of recognition or support for their bereavement experience in primary social institutions, including educational settings, where they are expected to continue in math and writing as if a loss has not occurred. (Bordere 2016)

As a partial response to disenfranchised grief, RIP (Rest in Peace) T-shirts have become part of the funeral rites in Black communities. Dr. Kami Fletcher is the aunt of an African American man who was murdered. She described the RIP T-Shirts for her nephew, Willie, in this way:

As ritualized mourning wear, all of Willie's immediate and extended kin, as well as his close friends, donned the RIP T-shirt at his wake. The T-shirts unified us in our grief while signaling to the public that we were in mourning. The T-shirts also provided solidarity, creating room for healing by memorializing his life—his place within our family and the larger community. Further still, RIP T-shirts allow room for healing by metaphorically filling the void of the loved one's absence, serving as second skin to keep him close, and even allowing mourners to fill out the imprint he left, with our own image. (Fletcher 2020)

These shirts are also worn after the funeral itself, bringing the presence of the loved one to birthday parties or other family events.



The day after Willie's funeral, cousin Candice Taylor posted this picture with the following message:

*Wasn't able to make it to see you one last time
but took you to church with me this morning
with my heart filled with joy!! The hardest part
is healing but you will always be in our hearts!
I love you cuzzo*

Figure 13.16 Candice Taylor is wearing an RIP T-Shirt for her cousin Willie, whose nickname was “Chill.” Even though she wasn’t able to attend the funeral, she could connect with the family, mourn and remind others of the importance of Willie’s life. [Image description.](#)

They also become a call for justice because they remind people of the importance of the person’s life. They call out White supremacist violence by both naming and picturing the person who was murdered:

From Mike Brown and Sandra Bland to Willie Oglesby, Jr., and Breonna Taylor, and George Floyd, Black bereaved family members politicize their grief in ways that highlight the white supremacy that caused the death as well as use it as a tool to fight for justice. As a walking memorial, the RIP T-shirt is a reminder of the life cut short by injustice. It is a reminder that we have not forgotten and that we won’t forget. (Fletcher 2020)

Wearing RIP T-Shirts becomes another way to “say their name,” to make their name visible, ensuring that the consequences of racial violence

are obvious. If you would like to learn more about this memorial proactively, you can read [Fresh to Death: African Americans and RIP T-Shirts \[Website\]](#).

Inequality at End of Life – Rural Challenges

What does it mean to be at the end of your life? Common sense would say that end of life is the period of time before you die. However, none of us know when we will die. How, then, can we understand when the end of life happens? Researchers depend on two definitions. First, end of life is defined by Medicare and Medicaid as a person who is in a six-month or less period before their death. The government uses this definition to decide who qualifies for **hospice**, particularly when the government is paying for the care.

A second definition focuses on the end of life as a physical process. **End of life** is the period preceding an individual’s natural death from a process that is unlikely to be arrested by medical care (Hui et al. 2014). The end of life is a fertile ground for social problems. End of life decisions raise issues of culture, choice, and values. End of life options also vary depending on where you live or how much money you have. Let’s look at the case of rural living.

End of Life Care Options in the Country



Figure 13.17 Rural Areas in Mt Shasta, CA (top left), Forks, WA (below left), and Lincoln City, OR (right). Rural areas have small populations, low housing density, and are far from cities. However, rural communities differ widely. How might end of life options be different between rural areas and cities?

In this section, we introduce the social location of being rural. Social locations such as age, **gender**, socioeconomic status, and geographic locality affect all aspects of a person's life. The variability in access to resources and services based on these factors has a significant impact on the dying experience. One social location that matters is geography. People in urban areas and cities tend to have access to more services. To be **rural** means to live in areas that are sparsely populated, have low housing density, and are far from urban centers (U.S. Census Bureau 2017). U.S. rural populations tend to be older, have higher **mortality** rates, be more likely to suffer from chronic diseases, and be disproportionately poorer than urban populations (Rural Health Information Hub 2022).

Palliative Care

Death is an unavoidable event in the life course. We are born. Eventually, we will all die. But with the advancements in modern medicine and its ability to manage disease and prolong life, dying has increasingly become an elongated process rather than a sudden specific event. The dying process is now often the end result of chronic disease and/or age-related physical decline that can be accompanied by pain and distressful symptoms.

Palliative care is often used to improve the quality of life and relieve pain and suffering during end of life care. As a treatment strategy, **palliative care** is specialized medical care for people living with serious illnesses and medical conditions (Definition of Palliative Care N.d.). The focus is on anticipating, preventing, and treating physical,

psychological, and emotional pain and relieving symptoms. Because rural populations are generally older and poorer than urban populations, they have more need for palliative care, but they actually have less access to palliative care (Rural Health Information Hub 2021). Data also indicates that caregivers for the medically fragile who live in rural areas often spend more time providing care and are more likely to care for multiple people than in urban or suburban areas. This is especially concerning considering the role palliative care programs can play in supporting those who provide daily caregiving and support for loved ones (Center to Advance Palliative Care 2019).

Readily available access to palliative care has advantages for the patient, those who provide daily care, and the healthcare system. Community-based palliative care programs lower healthcare costs and reduce the need for hospitalization (Weng, Shearer, and Grangaard Johnson 2022). Early diagnosis of care needs and promptly addressing medical needs before hospital care is needed provide obvious benefits for the patient. The availability and accessibility of support services for care providers is also critical to the overall well-being of the patient and the caretakers. In addition, minimizing hospital visits helps bring down overall medical costs and conserves system-wide medical resources at a time when the healthcare system is struggling to control escalating costs.



Figure 13.18 Access to health care services in rural areas is limited compared to bigger cities. The people in Lincoln County, Oregon, rely on the Coast Guard for ocean rescues. Private air services move critically injured and dying people to the Willamette Valley for more complex care. When lawmakers proposed cutting funding to the local Coast Guard helicopter, residents protested, and funding was restored.

Rural areas face disproportionate barriers in providing palliative care options. Financially, the sheer volume of patients in urban areas is better able to support the resource allocation needed for hospital and community palliative care programs. Larger patient numbers can financially support the viability of healthcare teams specifically designated and trained to provide palliative care. However, rural areas lack sufficient patient numbers and the necessary medical resources to maintain palliative care programs. These areas are hindered by geographically dispersed patients, significant travel and driving time (fig 13.18), the lack of rural hospitals and medical specialists, and the difficulty in recruiting and retaining trained healthcare providers (Weng et al. 2022).

Nursing Care and Home Health Care

The scarcity of nursing care facilities and hospice services in rural areas poses barriers to accessing end of life care assistance with medical and personal needs. Nursing care facilities (sometimes referred to as nursing homes) are residential centers designed to provide health and personal care

services for those who can no longer care for themselves. These facilities provide a broad array of services dependent upon the specific focus of a facility. Levels of service can range from assisted living settings where residents may need assistance with meals, help with medication, and housekeeping to skilled nursing care facilities where the focus is more on medical care, including rehabilitative services (e.g., physical, occupational, and speech therapy), and complete support with daily activities.

These facilities can be essential end of life options, but for rural residents, they are often not available. Rural nursing care facilities face many of the same challenges as rural palliative care programs. Rising operational costs due in part to the lower number of patients, distance to resources, and difficulty in finding and retaining trained staff have resulted in a high rate of nursing facility closures across rural America. Rural residents who must often leave their community, family, and friends to access these services face the stress of relocation and isolation because of less contact with loved ones.



Figure 13.19 Telemedicine can provide more healthcare services to rural patients and others who may lack access to transportation. However, internet access and technology skills are often limited in rural areas, as noted in [Chapter 5](#).

When end of life health care can be delivered to a patient's home, it can be less expensive, more convenient, and just as effective as services provided in hospitals or nursing care facilities. However, there is limited access to these services in

rural areas, where the service may be based out of cities 50-100 miles away and have limited openings or long waiting lists to enroll. In many instances, there are no options available for specialized medical needs, occupational or physical therapy, or mental health support.

To help fill this service gap, telemedicine (figure 13.19) is increasingly feasible. Research indicates that the use of telemedicine can improve access to healthcare professionals for patients at home. Its visual features allow genuine relationships with healthcare providers (Steindal et al. 2020). However for rural residents, limited cellular coverage and internet access are barriers. Any cost savings to the patient and to the health care system may be far less than what is needed for investment in extending the needed technological infrastructure.

Hospice

Hospice programs provide an important option for end of life care. **Hospice** is specialized healthcare for those approaching end of life. Hospice focuses on quality of life and comfort of the patient, and support's the patient's family. The focus of hospice care is not to cure disease or medical conditions.

Instead, the goal is to support the patient and their loved ones while facilitating the highest quality of life possible for whatever time the patient has left. To qualify for hospice services, a physician or primary healthcare provider must verify that the patient is terminally ill with 6 months or less to live. A patient's enrollment can be extended as many times as necessary to support a patient until the end of life. A patient can disenroll whenever they choose or request re-enrollment at any time.

The focus within hospice programs is on reducing pain and keeping the patient as comfortable as possible. The broad-based approach to addressing overall well-being during end of life includes

attention to physical, psychological, social, and spiritual needs. To address these needs, a hospice team can involve doctors, nurses, and other health care providers as needed, as well as social workers, counselors, and volunteers. Depending upon patient preference, hospice programs may include access to options such as aromatherapy, touch and massage, art therapy, music therapy, and pet therapy. These complementary services can help with pain management and psychological well-being and contribute to the patient's comfort and quality of life (Hospice Alliance N.d.).

Although hospice programs are increasingly available nationwide, less than 20 percent of hospices operate in rural areas. Rural hospice programs face many of the same barriers as the other end of life care options discussed above. Due to lower patient numbers, staffing shortages, high staff turnover, and long driving distances and time, they are financially vulnerable, and have limited services. This is further complicated by a common lack of available family member caregivers, which is essential to the home-based hospice option. Adult children or other caregivers often live far away, making it difficult for the dying patient to be cared for by a family member and live out their life in their home.

Although quality end of life care can take many forms, rural residents have less access to needed services during the process of death and dying. The social location of rural is a unique location of oppression.

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13.4 Studying Death and Dying

Patricia Antoine

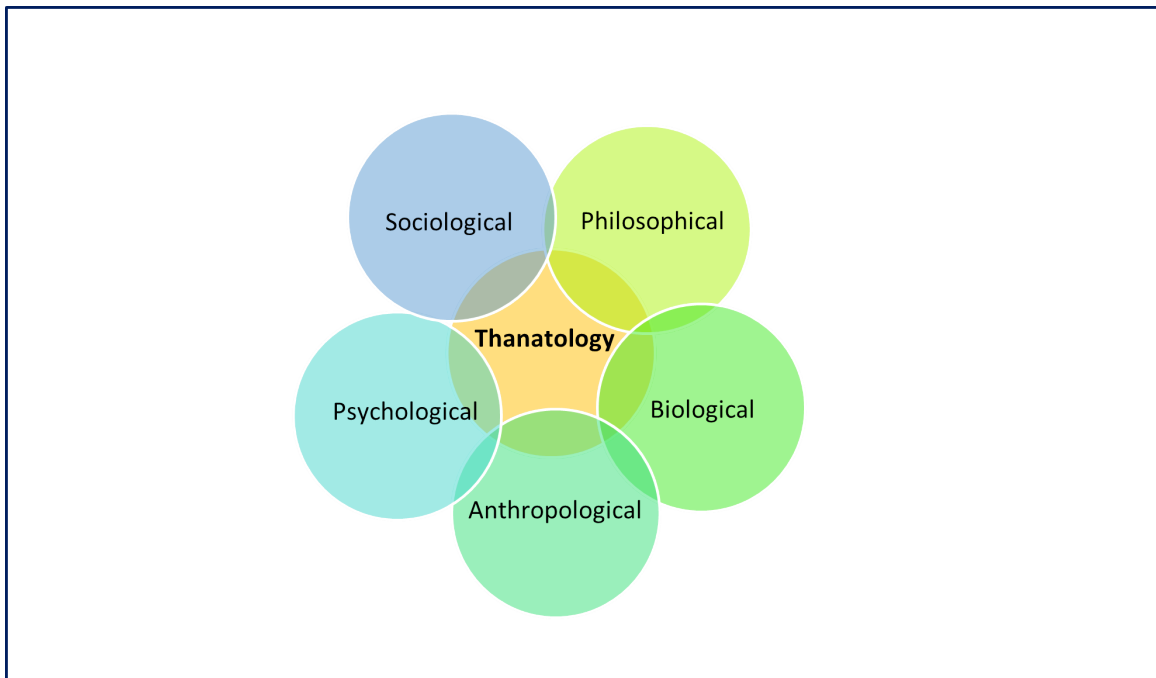


Figure 13.20 Thanatology Is Interdisciplinary: Many disciplines, including anthropology, sociology, psychology, philosophy, and biology, contribute to our understanding of death and dying. Image description.

Thanatology is the scientific study of **death**, the dying process, and bereavement. Death can be studied from many perspectives. Each perspective highlights a different dimension of the complexities surrounding death and dying. This interdis-

ciplinary study of death relies on contributions from many academic fields of study (figure 13.20).

The Philosophical Approach

Philosophy explores fundamental questions about knowledge, life, **mortality**, and the human condition. There is a focus on examining the meaning of our existence, the nature of human thought, the essence of the universe, and the connection between them. This approach challenges humans to examine their own beliefs and question the validity of those beliefs. A philosophy-based perspective provides insights into the holistic human experience of death and dying. We and we alone will confront death. Our beliefs and perceptions become our reality and our truth. These beliefs then shape the meaning of death and the subsequent actions and responses.

Philosophy provides insights into the **value**-based decisions surrounding death and dying. For instance, in medicine, there may not be enough doctors, enough medicine, or enough hospital beds. Healthcare professionals decide who gets priority emergency treatment. Do they decide to treat the patient who has the best chance of survival? Or do they decide to treat the patient who is most urgent, regardless of the long-term outcome?

Biological and Medical Approaches

Biology is the science of life and living organisms. The multiple disciplines and subfields that make up this field of study examine the structure, function, growth, and evolution of organisms. Biological sciences and their application to the human body form the foundation of the Western healthcare system. Healthcare provider **education** and training are grounded in a biological paradigm. Western approaches to science and scientific methodology are used to establish a diagnosis, prognosis, and treatment strategy.

A biological perspective provides insights into an array of issues related to the understanding of

death and dying. U.S. dominant **culture** relies on biology and medicine to define when death occurs. This basic, fundamental question may at first seem fairly evident. But upon closer examination, it is a complex issue that relies on biological indicators that lead to questions such as: Does death occur when the heart stops? When internal organs cease to function? When brain activity stops? The interpretation and meaning of these physiological indicators are used to establish death. This raises questions for the U.S. healthcare system when providing services for those who hold belief systems that do not place the same emphasis on the biological approach as being the definitive determinant in defining death.

Biological and medical approaches focus on the physical life and death of the body, as we discussed earlier in the chapter.

Anthropological Approach

Anthropology examines social, cultural, and biological factors to gain a holistic understanding of humanity. Using empirical evidence to study human language, culture, and societies this perspective considers the past when exploring the distinctiveness of social groups. Rituals, practices, and beliefs concerning death and dying reflect the most important cultural values by which people live their lives. What a culture places emphasis on at the **end of life** indicates what is valued in life. An anthropological perspective can facilitate a comparative analysis of past and present as well as a contemporary cross-cultural examination of death practices. This broadened awareness facilitates the cross-cultural understanding of varied death practices underscores that there is no inherent right or wrong way to address the issues associated with death.

Psychological Approach

Psychology examines human behavior and mental processes and explores how consciousness, cognition, and social interaction impact human behavior. This discipline connects social science with the biological sciences by focusing on the physiological and neurological processes in relationship to mental functioning and human behavior. A psychological perspective provides a framework for studying a vast array of death topics, including the study of death fears, death anxiety, and the emotions associated with death and dying. There has also been significant work in this field advancing the understanding of the impact of cognitive development on the death experience. Scholars and practitioners more deeply explore issues associated with grief, mourning, and bereavement.

We see a psychological approach in action when we look at how Maise Smith, a psychologist who is Tlingit and Northern Tutchone from Champagne and Aishihik First Nations, describes the challenges of grieving for adults who grew up in residential schools and for their children. This story is in [Cultural Differences: Indigenous](#).

Sociological Approach

By now, you know that **sociology** focuses on the behavior of people in groups at many different levels. Sociologists take this approach when they examine the **social problem** of death and dying.

At a macro level of analysis, sociology focuses on the **role** of social institutions in structuring the processes surrounding death and dying. For

instance, governments regulate the ways in which a corpse and or human remains can legally be handled. They legislate the process by which the legal definition and medical criteria are used to determine when death has occurred. The discipline also explores the impact of social indicators such as **class**, **race**, and **gender** and how **social location** differentially affects the end of life experience, such as access to healthcare resources and social support.

At a micro level of analysis, a sociological approach can shed light on how belief systems and social factors affecting our day-to-day interactions create meaning around death and the dying process.

Thanatology has long recognized the necessity and the value of an interdisciplinary approach to the study of death and dying. Each of the above disciplines contributes a unique body of critical information and insights needed to develop a holistic understanding of death. Sociology, with its focus on the impact of social forces and social processes, plays a critical role in expanding that understanding of death and death-related experiences.

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13.5 Dying Well is Social Justice

Kimberly Puttman and Patricia Antoine

This interactive content is not available in this version of the text. It can be accessed online here:

<https://www.youtube.com/watch?v=dRqjkIPMBhw>

Figure 13.21 The 6:48-minute video, *A Realistic Utopia*, explores new options for dealing with death and dying. Do any of these options help you to think about what a good death would look like? [Transcript](#).

As we look at the complex issues related to **death** and dying, we see that the question of who dies when is complicated by **privilege**, oppression, and difference. At the same time, we are capable of taking interdependent action to increase **social justice** for people who are dying and their families. We already talked about the community actions of death cafes and conscious communities. We dis-

cussed changes in the laws related to the **end of life** and right to life. In this section, we learn about three additional ways that people are taking interdependent action: POLSTs and Advance Directives, Green Burials, and Last Words.

POLST and Advance Directives

POLST	Advance Directive
Medical Order to a doctor	Legal document
A health care professional completes the form	An individual completes the form
Is a specific Medical Order	Contains general wishes about treatment
A copy is in the patient's medical record	May not be in the patient's medical record
Was created in 1990 by Oregon Health and Sciences University	Began in 1967, as part of a living will
Oregon POLST [Website]	Sample Advance Directive [Website]

Figure 13.22 The chart describes the differences between a POLST and an Advance Care Directive. How might filling out either of these forms change the experience of death and dying for you or your loved ones?

The state of Oregon is once again an innovator. In the early 1990s, healthcare professionals and the state legislature created the POLST or Portable Orders for Life-Sustaining Treatment®. The **POLST** allows patients to describe what measures they want doctors to use to sustain their lives. These orders are really useful when patients are too sick to speak for themselves.

The POLST form is in addition to an advanced directive, a legal document that states a person's wishes about receiving medical care if that person is no longer able to make medical decisions because of a serious illness or injury. An advance directive may also give a person (such as a spouse, relative, or friend) the authority to make medical decisions for another person when that person can no longer make decisions. Unlike an advance

directive, the POLST focuses on what a doctor can or cannot do for the patient, including providing CPR or assistance with breathing.

The POLST process is now widely used in all US states, although state regulations vary (National POLST N.d.). To learn more about one family's experience with POLST, the video [POLST: When is the Right Time? \[Streaming Video\]](#) is helpful.

Green Burial



Figure 13.23 This is an image of a green burial ground in the UK. How does it differ from a traditional cemetery?

In [Chapter 8](#), we looked at some of the ways that environmentalists are acting to heal the earth. These efforts don't stop with living people. They continue until after death. In the United States, until the 1930s, most people died at home. Their loved ones took care of their body. They were buried in home or city-owned cemeteries.

After this time, however, many states required trained morticians to report the deaths, embalm the bodies, and bury them in cemeteries with caskets. Often, these caskets were covered in cement, preventing the normal decay of the body. This style of burial adds toxic chemicals to the environment, risking the **health** of funeral workers. It also contributes toxins to the cemeteries.

As an alternative, eco-death activists agitate for green burials. A **green burial** (figure 13.23) is a way of caring for the dead with minimal environmental impact (Green Burial Council N.d.). This aids in the conservation of natural resources, reduction of carbon emissions, protection of worker health, and the restoration and or preservation of habitat. If a body is buried without these chemicals in a wooden box, the decomposing body can eventually nurture plants. If you would like to learn more about green burials, watch [Die as You Lived: What is Green Burial? \[Streaming Video\]](#). How is this style of burial consistent with environmental values?

Last Words Project: Art as Activism



Figure 13.24. The Magenta Horse (left) is one of the mailboxes that Crystal created to receive letters to loved ones. It was located in Siletz Bay on the south end of Lincoln City, Oregon. The second mailbox (right) is called the "Golden Chachkie" because it is filled with trinkets. "It kind of reminded me of my grandma," Crystal says. "She loved antiques." (Tobias 2021 width="832")

In addition to implementing new laws and policies related to end of life, and new options for funerals and burials, one woman is creating new alternatives for expressing grief. Crystal Akins is an arts activist, musician, spiritual director, and death doula. In the Last Words Project, she united people with words and music to create support for

the dying and celebrate the dead. A news article says this about the project:

Crystal says throughout her years of death work, she has seen inequities in how we care for our dying, adding, “I also see the isolation around grief, loss, and dying. I’ve noticed when I see my folks grieving, that we all grieve differently according to what has happened and our own unique personalities.”

So, Meneses took to the drawing board and came up with this music series stating, “Let’s use art and music to create access to these places that we don’t usually want to visit.” (Meneses quoted by Thomas 2021)

In this project, she set up mailboxes in Lincoln City, Oregon, so that people could write letters to their loved ones. People could write to whoever they wanted, including people, pets, and trees. Then, Crystal wrote songs that expressed the feelings and themes of the letters, allowing the wisdom about life, death, loss, and grief to shine from people’s words. You might enjoy the song, [Body \[Streaming Video\]](#), for its joy in living. She recorded this music with a group of singers and musicians. As a final step, she held a series of concerts in graveyards around Portland, Oregon. These concerts raised money to care for people who would otherwise die alone.

In addition, this project brought urban and **rural** people together. Locals and visitors to the Oregon coast could share their words. Urban Portlanders and anyone on YouTube could enjoy the music. In this way, Crystal and her singers and musicians were creating community resilience (Kirkendall 2021; Tobias 2021; Thomas 2021).

In these interdependent actions—changing laws and policies, providing new ways to deal with bodies, and using art and song to create change—we expand the possibilities for social justice for people who are dying, their families, the dead, and our ancestors. How will you take action?

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13.6 Chapter Summary

Patricia Antoine and Kimberly Puttman

The way you live impacts the way you die. Sociologists see that dying itself is a **social problem**. People's experience differs depending on their **culture**, beliefs, and values. Their experiences of **power** and **privilege** impact when and how they die in complex ways. Issues about who decides

when to get medical treatment at the **end of life** or who decides when to die are complex social questions. People and communities are grappling with these complex issues and creating interdependent solutions that reinforce the **value** of human life and the **social justice** of **death** and dying

ESSENTIAL IDEAS

Learning Objective 1: How do we explain death and dying as a social problem?

Death and Dying can be a social problem because although each person has a unique death, wider social forces influence the **life expectancy** and ability to have **a good death** based on **social location**. We disagree about who makes the decision for someone to die or what should happen to people's bodies. How we define death and choose to care for the dead changes over time and place. Finally, moving toward **equity** in death and dying requires the interdependent action of changing laws, policies, and practices, engaging in community conversations, and taking individual actions, like being willing to talk about death in a positive way.

Learning Objective 2: What are the cultural, social, and structural factors that impact death and dying?

Depending on which culture you live in, you may understand death to be physical, legal, or social. You may bury or cremate your dead or take time for grief. We also see that social location with corresponding power and privilege changes what the end of life or death looks like for groups of people. More specifically, People of Color, people who are houseless, and people who live in **rural** areas, among other social locations, have less access to needed services and are likely to die sooner than others with more privilege.

Learning Objective 3: How does the concept of life course illuminate issues around aging and dying?

A life course model defines the expectations for what people will do at various stages of their lives. These models differ by culture, time, and space. Particularly when we think of aging and death, a life course model defines when in a person's life they should happen. When death occurs as it is expected, it is a "good death." When this **norm** is violated, we have an unex-

pected death. We can also use these models to think about power and oppression related to aging. In some societies, the elderly are respected and revered. In others, they are ignored and silenced. Fear of death and dying can lead to **ageism**, particularly because the fearful people want to avoid people at end of life.

Learning Objective 4: How does the social institution of religion create the potential for conflict in values, a characteristic of a social problem?

Religion is a social institution and a set of beliefs that is particularly engaged with questions of living and dying. Religions and spiritual traditions differ widely in how they think of life and death, what is acceptable to do with the body, and how funeral rites should occur. In addition, the landscape of our religious affiliations is changing. In the U.S., fewer people are Christian, membership in other religious traditions is generally growing, and many people say that they don't have any religious affiliation. Because of the wide variety of differences, and the differences in power related to each religious tradition, we experience conflict in values and norms around death and dying. This conflict generates a social problem.

Learning Objective 5: How does thanatology help us understand the social problem of death and dying?

Thanatology is a discipline that studies death and dying. It combines the knowledge and wisdom of **sociology**, psychology, biology, medicine, anthropology, and philosophy to make sense of a complex and challenging stage of life. By considering the individual, the family, the body, the community, and the wider social structures, thanatology helps to create a holistic picture of death and dying and support people, families, and communities in moving through the process with grace.

Learning Objective 6: How are individuals and communities creating new possibilities of interdependent improvements to create social justice in the process of death and dying?

Health practitioners, lawmakers, activists, and people who are dying are taking action to make death and dying more equitable. From RIP T-Shirts, to green burials, to POLSTs and advance directives, to conscious communities and concerts in graveyards, we are rethinking what it means to live and die well. It's not easy, but interdependent action can create social justice for the dead.

Comprehension Check

KEY TERMS LIST

ageism: discrimination based on age

a good death: a death that is free from avoidable death and suffering for patients, families, and caregivers in general accordance with the patients' and families' wishes

brain death: brain death, or what became known as the "whole-brain" definition of death, involved the following criteria: the absence of spontaneous muscle movement (including breathing), lack of brain-stem reflexes, the absence of brain activity, and the lack of response to external stimuli

death: when a person's body ceases to function

death positivity: a concept that means we are open to honest conversations about death and dying, and is the foundation of a social movement that challenges us to reimagine all things tied to death and dying

disenfranchised grief: grief that is unacknowledged and unsupported both within their sub-culture and within the larger society

end of life: the period preceding an individual's natural death from a process that is unlikely to be arrested by medical care

excess death: the difference between the observed numbers of deaths in a particular time period and the expected deaths for that same time period

green burial: a way of caring for the dead with a minimal environmental impact that aids in the conservation of natural resources, reduction of carbon emissions, protection of worker health, and the restoration and or preservation of habitat

hospice: specialized healthcare for those approaching end of life; focuses on quality of life, comfort care, and medical, psychological, and social needs, treats the person and the symptoms of disease and illness rather than the disease itself, supports the patient and family

life course: the period from birth to death, including a sequence of predictable life events such as physical maturation

life expectancy: the number of years a person can expect to live, based on an estimate of the average age that members of a particular population group will be when they die

palliative care: specialized medical care for people living with a serious illness; this type of care is focused on providing relief from the symptoms and stress of the illness

religion: a personal or institutional system of beliefs, practices, and values relating to the cosmos and supernatural

Right to Die Laws: laws that allow a person who suffers from a terminal disease and meets the required criteria to choose to end their life on their terms

rural: areas are sparsely populated, have low housing density, and are far from urban centers

social death: the loss of social identity, loss of social connectedness, and loss associated with the disintegration of the body

thanatology: the scientific study of death, the dying process, and bereavement

DISCUSS AND DO

1. **Lifecourse and “a Good Death”:** How has **COVID-19** challenged our expectations around a good death?
2. **Conflict in Values/Right to Die:** This 9.27-minute video, [Right-to-die movement finds new life beyond Oregon \[Streaming Video\]](#), discusses the right to die. As you watch, you can think about who is making the decision about when to die. Also, what conflict in values is present in answering the question about who decides?
3. **Aging, Ageism and Lifecourse:** Does your access to power and privilege change over the course of your life? Please use the life course model to illuminate your answer.
4. **Religion, Death and Dying:** How do religion and spirituality impact how a person or social group expects to experience death and dying?
5. **Culture, Death, and Dying:** The sections on culture and death and dying all have additional readings or videos. Please compare two of the sources. What did you learn?
6. **Individual Agency, Collective Action and Social Justice:** Take action related to death and dying: have “the conversation,” attend a death cafe, evaluate burial options, or take an action of your choice. What did you learn by taking action?

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Who Recovers? A Case Study In Weaving Community

14.1 Learning Objectives and Chapter Overview

Bethany Grace Howe

LEARNING OBJECTIVES

After reading this chapter, you will be able to:

1. Describe the social problems experienced by the people in a community before a disaster.
2. Explain how disaster can exacerbate existing complex social problems in a community using qualitative and quantitative data.
3. Apply sociological theories to understand the social problems inherent in disaster and **disaster recovery**.
4. Evaluate community responses to disasters as a method for strengthening **social justice**.

Chapter Overview: The Echo Mountain Fire

My thanks to the survivors of the Echo Mountain Fire and the people of Otis,

Oregon. Your willingness to fight to bring your neighbors home inspires both this chapter and its author.

—Bethany Grace Howe

This interactive content is not available in this version of the text. It can be accessed online here:

<https://youtu.be/ArwQ4YhkZUw>

Figure 14.1 The Story of the Echo Mountain Fire [Streaming Video]. Please watch this 6.42-minute, student-created video. What social problems do you see in this video? How might they intersect? Do you see interdependent solutions working to create social justice? [Transcript.](#)

Late on the afternoon of Sept. 7, 2020, the winds were high in the Coast Range. Unexpected but powerful, the winds turned a still-unknown ignition source into rapid fire growth in the unincorporated Lincoln County town of Otis, Oregon. Please take a couple of minutes to familiarize yourself with the area, using the maps in figures 14.3 and 14.4.

As is the case with many disasters, no one in Otis was expecting a wildfire on Labor Day weekend. Otis is located just a couple of miles inland from the coast. Wildfires were not a concern for most Otis residents in an area that gets nearly 100 inches of rain a year.



Figure 14.2 This drone image shows the smoke still rising from properties destroyed in the Echo Mountain Fire.

The blaze started in two places. The first fire began at the summit of Echo Mountain, approximately three miles in from the Pacific Ocean. The second started in the Kimberling Mountain area, approximately three miles east of Echo Mountain. The first fire then tore down the side of Echo Mountain, largely moving east and destroying the

homes on the slopes of Echo Mountain. Simultaneously, the second fire moved west from Kimberling Mountain, where it would eventually destroy many of the homes on the banks of Panther Creek. By September 8, the blazes joined. They were officially named the Echo Mountain Complex Fire.

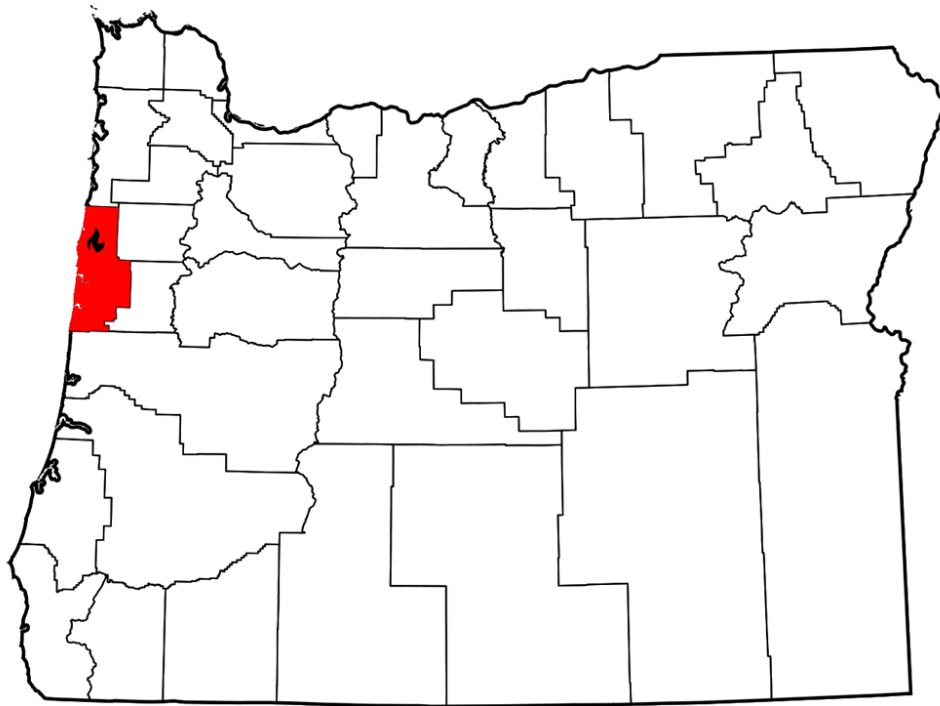


Figure 14.3 Lincoln County borders the Pacific Ocean on the central Oregon Coast. The Echo Mountain Fire was in the north end of the county.

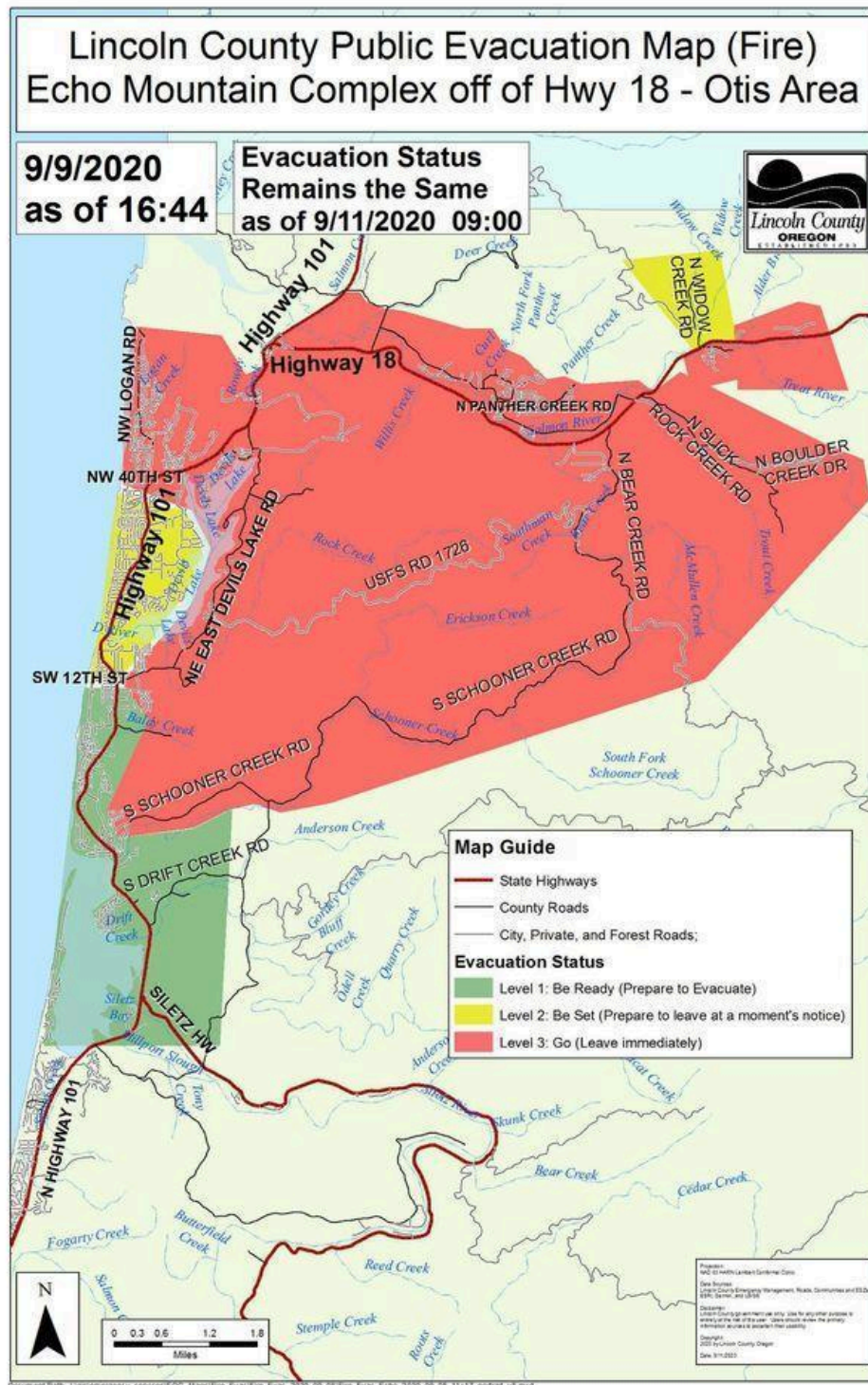


Figure 14.4 Echo Mountain Fire Evacuation Map for Otis, Oregon, showing some of the detail of the places we refer to in this chapter. How far away from this fire do you live?

For area residents, this map conveyed what matters: Red was “Go now!” Yellow was “Be set to leave,” while green told them to “Be ready to leave.” September 7, 2022, started with area residents

uncertain. By September 8, all of Otis and most of north Lincoln City was red.

The fire's destruction was far from over, however. First, it moved along the north bank of the Salmon River and then along the south bank after crossing the river. Finally, it moved south and east, skipping from ridge to ridge. There, it destroyed more than a dozen more homes in the Highland Estates neighborhood and even a few on the northeast edge of Lincoln City.

We are #OtisStrong

Otis was not alone that summer. The Echo Mountain Fire was one of five major fires that destroyed thousands of homes across the state of Oregon. The statewide destruction made national news (Miller 2020). Despite being only one-quarter of one percent of the acreage burned in Oregon, however, more than 6 percent of the homes lost in Oregon were in Otis.

What did not make the news, however, were the long-term crises that had beset the town before the first flame erupted. Houseless people, **harmful drug use**, **poverty**, a lack of **education**, cultural barriers, and **structural racism** were just a few problems in Otis long before the fire.

To properly understand the recovery of Otis after the Echo Mountain Fire—or any community affected by the crisis—you must begin before the crisis. Before this life-changing event, both individuals and the community were experiencing multiple social problems simultaneously. Healing communities is difficult precisely because of this complexity.

For example, one long-time Otis resident could not prove to the government she deserved financial assistance without asking her abusive ex-husband to testify on her behalf. An **undocumented** Latino was afraid to reach out for government support for fear he and his family could be deported. A disabled senior could only sell her

property because she could never afford to rebuild on it. All three of these stories—and dozens more just like them—are evidence of how structural inequalities can make community disaster recovery more difficult. More than that, they illustrate how government response to disaster can actually magnify someone's personal crisis by ignoring the structural inequalities present in their life before the disaster.

Fortunately, the organized response to the Echo Mountain Fire was never entirely in the hands of the government. Through the efforts of volunteers and local nonprofits, the people of Otis took charge of their own recovery.



Figure 14.5 #OtisStrong remains the rallying cry for fire survivor efforts. The community took charge of their own recovery. How might this slogan help survivors heal?

#OtisStrong was the hashtag and the name that survivors picked for themselves. Within mere days of the fire, you could buy bumper stickers and T-shirts with this logo. Later, hats sported this logo, as shown in figure 14.5. The hashtag came to symbolize more than just a belief or a feeling. It was a commitment to action. It is the kind of action you hear about in a lot of places after a **natural disaster**. Families helped each other to sift through debris and move blackened trees. Community

members stepped forward to lead those around them who seemed unable to take the next step.

Their response drew state and national attention for its community-centered approach to disaster recovery. According to the Federal Emergency Management Agency (FEMA), **disaster recovery** is the phase of the emergency management cycle that begins with the stabilization of the incident and ends when the community has recovered from the disaster's impacts (N.d. 313). More importantly, the response unified a community and built a stronger Otis.

A Case Study Approach to Interrelated Social Problems

This chapter takes a unique approach to social problems in three ways. First, it was written by Dr. Bethany Grace Howe. She is a former resident of Lincoln City, Oregon. At the time of writing this chapter, she was the director of Echo Mountain Fire Relief (EMFR), an organization specifically created to support Echo Mountain Fire survivors. She is a transgender woman and **LGBTQIA+** activist. She is also a journalist by training, so this chapter has a lot of stories. The "I" in this chapter refers to Dr. Howe.

And that leads us to our second point. This chapter is an extended case study. For sociologists, that means that we are diving deep into the lived experience of a community in order to more deeply understand the causes and consequences of a **social problem**, or in this case, a set of social problems. Case studies use qualitative data, or sto-

ries. These particular stories reflect the experiences of actual Echo Mountain Fire survivors. To protect their privacy, their names have been changed. To be clear, our goal was to support community recovery, similar to the humanitarian efforts described in **Chapter 4**. At the same time, we learned a lot in doing this work, and we want to share our wisdom.

Third, our goal for this chapter isn't to introduce many new sociological concepts, although we'll add a few about the **sociology** of disaster recovery. Instead, we describe the overlapping social problems that our tiny town experienced before the fire, the impact of the wildfire, and the complex processes of recovery. We are asking how a community confronts multiple social problems at once and, ideally, how the community, in the end, gets stronger. Please listen to these stories with an open mind and an open heart.

Finally, we present the specific stories so that you and your communities can become more **disaster resilient** to increase their ability to prevent, withstand, and recover from the harmful impacts of natural hazards on people, places, and the natural environment (Tasmania Fire Service 2023). As we pointed out in **Chapter 8**, **climate change** is increasing the amount and severity of natural disasters here and around the globe (Arcaya, Racker, and Waters 2020). Therefore, we present this case study so that you can also prepare your own families and communities. As you read, listen, and learn about this specific community, you might consider how these lessons could make your own community stronger.

FOCUSING QUESTIONS

In this chapter, we will explore how many of the social problems you've come to understand in this textbook impacted the residents of Otis, Oregon. We ask you to apply examples from the Echo Mountain Fire recovery to your exploration of these questions:

1. What social problems did people experience before the natural disaster?
2. How does a disaster exacerbate existing complex social problems in a community?
3. How do sociologists explain disaster and disaster recovery?
4. How does the weaving of community after a disaster create opportunities for strengthening social justice?

This is the story of #OtisStrong!

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Figure 14.4. "[Echo Mountain Fire Evacuation Map – Otis, Oregon](#)" by Lincoln County, Oregon, [Incident Information System](#) is in the [Public Domain](#).

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14.2 Who Lives in Otis? Setting the Stage of Social Problems

Bethany Grace Howe

Prior to September 2020, the residents within the community of Otis might have, at best, been considered **disconnected**. **Disconnection** is the breakdown of connections among and between people (Putnam 2001). In healthy communities, most people are connected. Their connection is one element of their **social capital**, a concept we first examined in [Chapter 11](#). Social capital allows people to build community because they cooperate in everyday life and trust each other. After a disaster, communities with more social capital tend to recover faster (Arcaya, Raker, and Waters 2020). However, for the people of Otis, social connections were weak at best.

The neighborhoods that long-time residents fondly remembered had been replaced by increasing gaps between middle-class residents and those who struggled to get by. Numerous homes that had once been the pride of the neighborhood had fallen into disrepair with junk and uncut weeds filling the lawn. In school, students could be heard insulting one another: “Well, at least I don’t live up Panther Crick.” At the same time, many residents were proud of their homes, but even these residents were aware that time had not been kind to Otis. The collective will to solve these problems as a community was decreasing year after year.

Who were the people who were disconnected? Let’s meet them.



Figure 14.6 The U.S. flag, shredded by winds, obscured by smoke, hanging from the ladder of a fire truck near Otis. It represents both the destruction in Otis and the community's determination to survive. Have you seen similar powerful symbols after a disaster?

Betty

In her 80s, Betty had been living on a subsistence-level **income** for years. Unable to even pay her property taxes, she had fallen into default years earlier. She figured someone would pay them from her small estate when she died. Betty's life was limited by **health** concerns. With severe COPD, Betty no longer traveled anywhere independently other than the garden outside her front door. Her personal interactions were largely limited to the neighbors who would stop by to talk to her as she sat on her favorite bench, tended her flowers, and watched the birds.

Carol

When the fire broke out, Carol had been divorced from her husband for about one year. A survivor of spousal abuse, she had a years-long substance use disorder, most recently with methamphetamines. Since the divorce, she'd largely moved from place to place in Otis, paying cash to a variety of people so she could sleep on their couch for a few weeks at a time. Her ex-husband had agreed to let her put what few things she owned in a storage area on the edge of the property near her former home. She traded doing some yard work for even that kindness. She kept a sleeping bag there, just in case there was absolutely nowhere else to stay. Still, she rarely felt safe staying there, so she rarely did.

Fernando

Although he would eventually become the leader of fire recovery for an entire community, at the time of the fire, Fernando was one more Otis resident living in a house located where the pavement and dirt roads connected amidst the trees. He and his wife had been residents of Lincoln County for nearly 20 years after immigrating from Mexico. Their son, a local high school student, had been born in the United States. Fernando often acted as a translator and liaison to local governments and churches. Over the previous four years, they saw neighbors they had never known begin to fly Trump flags from their homes and vehicles, with stickers demonizing immigrants. In conversations, they would hear some of their neighbors say, "Send them back," in reference to their birthplace of Mexico.

Tommy & Wendy

Just into his 70s, Tommy was in failing health. A handyman by trade, a lifetime of physical labor and accidents he could never afford to have treated properly had left him permanently disabled. He was unable to walk anything but short distances. After being struck by a forklift, a traumatic brain injury left him sometimes unable to understand basic conversations or make complex decisions. Unmarried, he rented a small, dilapidated trailer on an old friend's property. It was not a life most people would want, but for Tommy, it was manageable, and he made it work for the most part.

Tommy's older daughter Wendy had been in trouble as long as he could remember. A drug user since her teens, mainly of inhalants such as kerosene, paint thinner, and glue, she did manage to stay in touch with him. That's how he'd learned a few years ago that Wendy's **harmful drug use** had started following long-term sexual abuse by a family friend. Now in her early 40s, she had been hospitalized multiple times as a result of her use of inhalants. Each time the long-term damage to her liver and heart was measurably worse. Although not technically without a home, Wendy moved frequently, often living with people who enabled her harmful **drug use**.

Betty, Carol, Fernando, Tommy, and Wendy: five lives forever changed by the Echo Mountain Fire. The flag in figure 14.6 was a symbol of the destruction of the fire and a call to hope. For all but Fernando, the overlapping social problems of a lack of formal **education**, **poverty**, substance use disorders, and **housing insecurity** would impede almost every aspect of their lives in ways that even those who worked to help them would be powerless to stop.

Some of these problems had been building in their lives for decades. Others were newer, such as the political polarization of the country and the **COVID-19** pandemic. Whatever the cause or

how long it had been festering in Otis, however, these five, like many local residents, felt their lives and community had been under siege since long before the fire ever roared down Echo Mountain.

Unpacking Oppression, Recovering Justice

Along with stories, sociologists define populations with numbers. When we describe Otis by the numbers, we are discovering whether the folks impacted by the fire share the same characteristics as people in Lincoln County, people in Oregon, or people in the U.S.

For this activity, we'll compare the demographics of Lincoln County and Oregon. We will consider how the two populations are different. We will also apply this information to understand what impact these differences might have on the social problems the community experiences.

Age and Gender

Figure 2.1: Lincoln County population by age group and sex, 2012-2016.

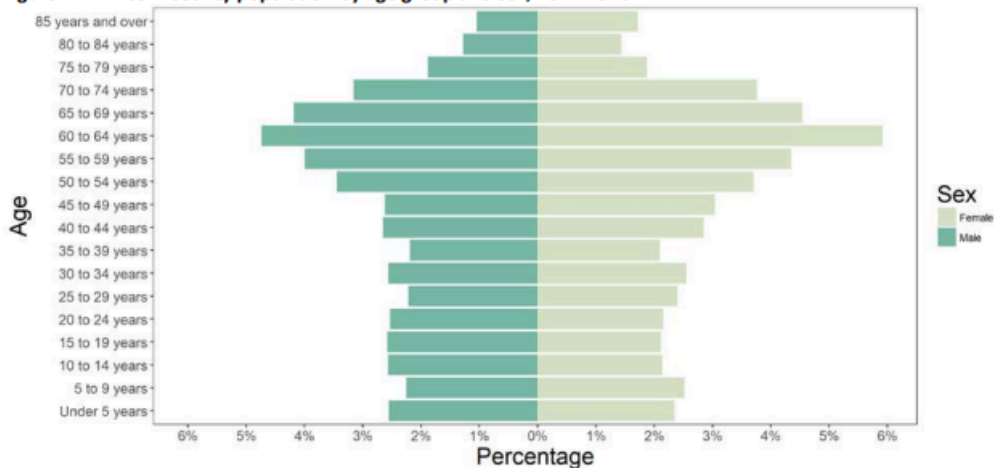


Figure notes: The population of Lincoln County, as recorded in this ACS data, is approximately 46,700.

Source: U.S. Census Bureau, American Community Survey 5-year estimates, Table S0101

Figure 2.2: Oregon population by age group and sex, 2012-2016

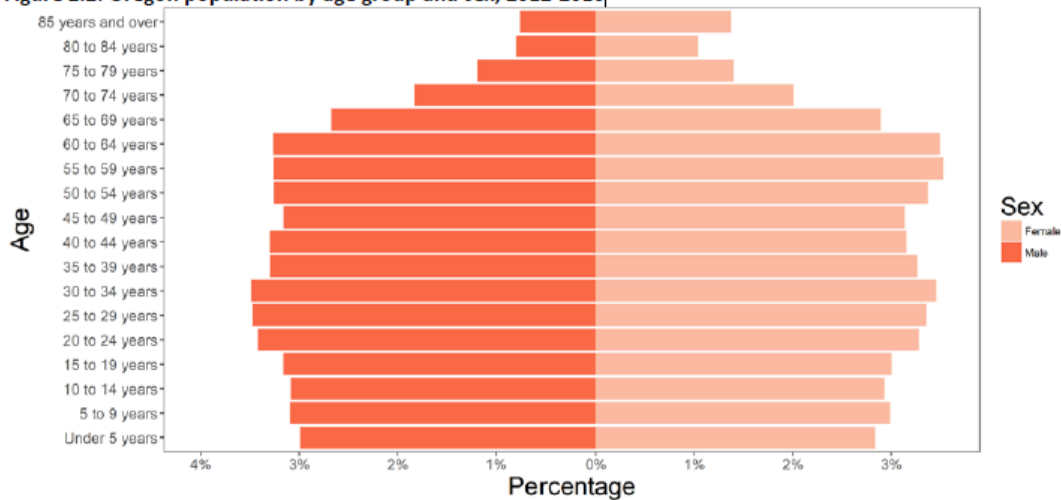


Figure notes: Oregon's population pyramid displays a classic shape for an aging society, with roughly equal percentages of individuals between 0 and 65 years old. Oregon's 2016 population, as recorded by this ACS data, is approximately 3,980,000.

Source: U.S. Census Bureau, American Community Survey 5-year estimates, Table S0101

Figure 14.7 Comparison of the population of Lincoln County (top), vs the population of the entire state of Oregon (below). What differences do you see? [Image description.](#)

When you compare the populations of Lincoln County and the State of Oregon, what do you notice? Are there the same percentages of women and men? What about young people?

Race and Ethnicity

Lincoln County, Oregon – Race and Ethnicity, as of 2022

Race and Hispanic Origin	Percent
White alone	89%
Black or African American alone	1%
American Indian and Alaska Native alone	4.1%
Asian alone	1.6%
Native Hawaiian and Other Pacific Islander alone	0.2%
Two or More Races	4.1%
Hispanic or Latino	10.1%
White alone, not Hispanic or Latino	81.1%

State of Oregon – Race and Ethnicity, as of 2022

Race and Hispanic Origin	Percent
White alone	85.9%
Black or African American alone	2.3%
American Indian and Alaska Native alone	1.9%
Asian alone	5.1%
Native Hawaiian and Other Pacific Islander alone	0.5%
Two or More Races	4.3%
Hispanic or Latino	14.4%
White alone, not Hispanic or Latino	73.5%

Figure 14.8 Comparison of the race and ethnicity of Lincoln County's population (top), vs the population of the entire state of Oregon (below), as of 2022. When you compare race and Hispanic origin for Lincoln County to the population percentages of Oregon as a whole, what do you notice?

These numbers about race and ethnicity may not be completely accurate. On one hand, as part of our recovery efforts, we asked survivors and community organizations about the number of Latinx families who were affected by the fire. We identified approximately 25 to 30 families of Latinx heritage, like Fernando's, who lost their homes in the fire. This matches the approximately 10 percent of the population that we see in the official count of the U.S. Census data in the chart in figure 14.8a (2022). On another hand, local community organizations estimate that the Latinx population of Lincoln County is closer to 20 percent. The U.S. Census agrees that Latinx people are underrepresented in their data, but they have yet to correct the error (Yang 2022). What might cause this discrepancy?

Social Class

As you will remember from **Chapter 6**, class is primarily defined as the amount of income and **wealth** of a group of people. Let's look at the socio-economic status of the people of Otis. They are poorer than Lincoln City, Lincoln County, and the state of Oregon as a whole.

	Oregon	Lincoln County	Lincoln City	Otis
Living below poverty line	11.0%	14.4%	15.3%	23.7%
Median household income	\$65,667	\$50,775	\$46,080	\$43,594

Figure 14.9 Percent of the poverty line and median household income Oregon, Lincoln County, Lincoln City, and Otis. Otis is poorer than any of the other areas. How might this make recovery more difficult?

As compared to the rest of the state, the number of people living in poverty in Otis is more than double that of Oregon as a whole, as shown in figure 14.9. The median household income in Otis is roughly two-thirds of that as compared to the rest of Oregon. Most people in Otis are not poor; however, Betty, Carol, Tommy & Wendy are. These numbers provide yet another piece of evidence that SES plays an enormous **role** in **disaster recovery**. The number of people living in poverty also intersects with race. In Oregon, 12 percent of the White population is poor, compared to 23 percent of the Hispanic community (Mechling 2020). These numbers reflect the disproportionate impact of race. In Lincoln County, 28 percent of Hispanic families live below the federal poverty line, a number that is also disproportionate (Lincoln County Health and Human Services 2022).

It's your turn to unpack oppression and recover justice:

As you look at these statistics for Lincoln County and Oregon and begin to match the numbers to the stories, you get a richer understanding of this community. What about your own community? If disaster struck, who would be most at risk? One way of understanding this impact is to try the following steps:

1. Go to this [U.S. Census Bureau Quick Facts \[Website\]](#).
2. Enter your state, city, or zip code in the box in the upper left-hand corner.
3. Now, examine what you find. What is the racial and ethnic makeup of your community? How many

people are in poverty? How many own homes or rent them? How many own a computer? You can discover a lot here.

4. Now, explore the map on the [**National Risk Index \[Website\]**](#). What risks are common in this area? How likely are they to happen? (Fun fact: The wildfire risk in Lincoln County is assessed at very low.)
5. Finally, please apply the lens of **social location** to thinking about a disaster. How vulnerable are people in your community to the disasters that are likely to occur where you live? How long might it take them to recover?

Now that you know about your community, let's return to Otis and see what happens to Betty, Carol, Fernando, Tommy, and Wendy.

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Figure 14.8a and b. “Composition of the population of Oregon as a whole and Lincoln County” by Kimberly Puttman is licensed under [CC BY 4.0](#). Data from the [U.S. Census Bureau](#).

Figure 14.9. “Percent of Poverty line and median household income Oregon, Lincoln County and Otis” by Bethany Grace Howe is licensed under [CC BY 4.0](#). Data from the [U.S. Census Bureau](#).

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Figure 14.6. “The Flag flies over Otis, Oregon” by an unknown author is all rights reserved.

Figure 14.7 (top). “[Lincoln County by Age and Sex](#)” by [Lincoln County Health and Human Services](#) is included under fair use.

Figure 14.7 (below). “[Oregon by Age and Sex](#)” by [Lincoln County Health and Human Services](#) is included under fair use.

14.3 The Interconnected Social Problems of Wildfire Recovery

Bethany Grace Howe

In the two years I worked in fire recovery, I began to see the lived experiences of people like Betty, Carol, Francisco, Tommy, and Wendy as being trapped in a slow-moving landslide that was inevitably pulling them down. On any given day, the movement was almost invisible. But over time, the distance they had fallen was clear. The social problems that defined their lives were slowly destroying them all (Kristoff and WuDunn 2020). The fire changed that, for a while, anyway. Like extreme heat used to cauterize a wound to stop it from bleeding, the fire stopped the slide but didn’t end it entirely.

In this section, we look at sets of social problems. First, we look at the stories of Tommy, Wendy, and Carol to examine the impact of **harmful drug use**, compromised **mental health**, and being **rural** to understand **disaster recovery**. Then we look at Fernando’s story and the impact of **racism** on recovery. Finally, we connect cli-

mate change, **COVID-19**, and Christmas in a final way of discussing social problems and disaster recovery.

Harmful Drug Use, Mental Health, and Houselessness in the Country



Figure 14.10 This giant mural of two octopuses was painted on the side of one local hotel that was repurposed for fire survivor housing. Local politicians, activists, and fire survivors participated in the ribbon cutting ceremony. In some ways, the residents of Otis were lucky because hotel rooms empty because of COVID-19 could be repurposed to house them.

Carol's Story Continues

For many people in Otis, daily life was already a struggle. Sometimes not having a car prevented people from going to the doctor. Other times not having the internet prevented filling out paperwork requesting government support. The disaster made life even more complicated. Disaster survivors must interact with dozens of programs and people to get the services they need. Each of these programs has complex deadlines. Failing to meet them can result in losing both money and

other recovery services. Recovery was difficult for every survivor, but even more difficult for Carol.

On one hand, Carol's life improved immediately after the fire. At first, she found herself going where people told her to go moving from one evacuation site to another. When she heard about extra food being delivered to the Church of the Nazarene, she'd get there as quickly as she could. She couldn't carry much, but not much would fit in her tiny hotel refrigerator, either. She lived in a fire survivor hotel, pictured in figure 14.10, for over a year and a half. At that time she experienced stability, which was unusual for her. Her **health** improved, until it was time to make decisions.

The largest decision was about where she wanted to move. Her time in the hotel as post-fire housing as provided by the state of Oregon was running out. Carol needed to decide where she wanted to go. But she couldn't decide. Like many people who experience harmful **drug use** and many people who experience disaster, her ability to make decisions was impaired (American Psychological Association 2013, Carpenter 2001). It was clear Carol needed help.

Mental Health in a Rural Community

We know that disasters challenge the mental health of survivors (Turner 2021). These struggles range from dealing with the shock of losing everything they own, to disillusionment with the recovery process. They face the **trauma** caused by triggering events, such as news of other wildfires or even anniversary observances. We also knew that existing mental health issues and wildfire mental trauma would be complicated by substance use disorder. As we discussed in **Chapter 12**, the combination of mental health issues and substance use disorder is even more difficult to treat.

We worked with the Red Cross and the state of Oregon to find money to fund mental health services. However, there were no mental health pro-

professionals available to hire. Like the shortage of healthcare providers that we discussed in Chapter 13, our rural county lacks mental health services.

We are part of a nationwide shortage of mental health professionals, particularly in rural counties (Morales, Barksdale, and Beckel-Mitchener 2020).



Figure 14.11 Media for the Art of Healing Groups for Echo Mountain Fire Survivors. Survivors could talk with a mental health support worker or do art therapy. However, the services we could provide were much smaller than the need. [Image description.](#)

Our response was to roll up our sleeves and create services. We funded numerous art therapy workshops for survivors, some of whom continued for over a year (figure 14.11). We connected kids with a summer camp for disaster survivors, and we supported group counseling events. We also worked with Lincoln County Mental Health to fund a mental health outreach worker. She was hired to give fire survivors someone to listen to them. Despite her background in mental health, she was not a trained counselor. She told people this, and for most, it didn't matter. They valued her simply for her ability to listen and, when she

could, help them navigate what government and nonprofit resources were available.

In the spring, Carol even went to see her. They made some progress, but the outreach worker was candid with me. There wasn't much she could do. Carol needed help she was not trained to provide. When Carol was asked to leave the shelter, she ended up leaving Lincoln County. All the outreach worker could do was wish her well and call me to say that she had left. What we could do to create services for mental health services wasn't enough, and the failure still stings.

Houselessness and Disaster Recovery: Tommy, Wendy, and Carol

In **Chapter 6**, we explored some of the social factors that increase **houselessness**. Housing in Otis was even more fragile. According to data gathered by Echo Mountain Fire Relief, almost 70 percent of the homes burned in Otis were owned by their residents. On the face of it, this seems like it indicates housing stability. Many of these homes were very old mobile homes that were uninsurable. It is estimated across Oregon that more than one-quarter of the modular homes in use are so old that insurance providers will not insure them (Oregon Housing and Community Services 2022). In Otis, where 90 percent of the homes that burned were modular, that would mean 60 to 70 families who went from home ownership to owning nothing literally overnight. The lack of insurance payouts slowed recovery for many Otis residents.

However, recovery was even more difficult for Wendy and Carol. Tommy's daughter, Wendy, was a person who had couch-surfed in Otis in her youth. Then she moved away. Over the years, her dad had begged her to return, so he could get her the help she needed. A few weeks before the fire, she finally agreed. Even better for the both of them, he'd been able to make arrangements with his buddy to move his daughter home—on what turned out to be the day of the fire. Tommy's friend was on his way west back to Otis from Salem when the road was literally closed 20 miles ahead of him because of the fire. That he wouldn't have a home for either of them within 24 hours was tragic. That this bad timing would, in the end, prove to be the most critical part of Wendy's recovery story, is even more so.

Because Wendy was not technically residing with her father on the day of the fire, she was not eligible for government assistance as a resident of Otis. Wendy was one of those that FEMA considered "pre-disaster homeless" and told her she was

ineligible for help. Neither she nor Tommy knew this right away, of course. When they were eventually reunited at a fire evacuation hotel in Lincoln City in the days following the fire, both of them listed his address in Otis as their legal home. For nearly a year, they both progressed through the fire recovery process as two separate cases, with both receiving housing and food.

During this time, disaster case managers worked with fire survivors. Their **role** was to support survivors in accessing the services and resources available to them so that the survivors could recover (Catholic Charities 2018). They always asked: "What was your legal address at the time of the fire? Were there any other family members living with you at the time of the fire?" Wendy told them she lived up Panther Creek with her father. Tommy told them he, too, lived up Panther Creek alone. His daughter was going to move in.

The Disaster Case Manager interviewing her noticed the discrepancy in their stories. She returned to Tommy and asked him to explain the difference, but first, they told him why it mattered. If Wendy was not living with him on September 7, she would continue receiving assistance. Tommy would not lie.

Three days later, Wendy moved out of the fire survivor hotel. The community that she'd helped move into the building now helped her move out. She packed every last thing she could fit into her car. She wasn't sure where she was going to go, she told her friends wearily. As her friends watched her leave, one said, "I think she'll be dead within a week." Thankfully her father wasn't there to hear it. He was in his room, still thinking about the lie he could not tell.

Carol, too, was starting to answer questions about her legal address at the time of the fire. Unlike Wendy, it was not verifying a date that would determine what aid Carol received. Instead, it was verifying an address. Carol had no proof that she'd lived in any specific place in Otis. Yes,

she'd been in Otis for years, but in the year since her divorce, it had been largely spent on couches. Many of the people Carol "rented" from were renters themselves. Government regulations do not allow paying rent to another renter as a legal form of establishing an address. She had her driver's license, which showed her address, but it was too old to be acceptable proof to FEMA.

Carol's abusive ex-husband eventually signed and notarized a document stating that Carol had lived on their property. This document is proof of a lease, putting a monthly monetary **value** of \$100 on the yardwork that Carol had done. Once the Disaster Case Manager received the document, Carol was allowed to stay in the fire survivor hotel.

Many families were just like Carol, Tommy, and Wendy. They were walking a tightrope of stability. It was so tenuous that after the fire, they couldn't successfully prove to FEMA that they deserved help. The fire destroyed what fragile stability they had. Many people failed to recover.

Racism and Solidarity

Some residents of Otis experienced racism before, during, and after the fire. However, recovering from the fire also created solidarity. Let's learn more.

Fernando's Story Continues

Fernando was more fortunate as he prepared to seek resources to move forward. His previous work with the county gave him some familiarity with governments and how they worked. Still, he did not know how to start. That thought alone cost him hours of sleep. He was sad, anxious, and depressed. It is not easy to get up each day when you have no idea if any government agency—any-

one—would be there to help you and your neighbors in a small, devastated town.

Amidst these sleepless nights and uncertain thoughts, he discovered something else. He could not stand still, waiting for help. He had to have the courage to seek help not only for himself but for other Latino families. Working for their recovery was his distraction from his depression and sadness. By staying focused on finding resources not only for himself and his family but for the entire Latino community, which had the least amount of help, he would find his motivation to get up each day.

This is what would guide Fernando through the next two years. Journeying from his own devastating experience, Fernando was able to keep his faith as he moved forward. This journey connected him with generous people he would have never otherwise met. Grateful that an experience that began in tragedy would ultimately show him that after the darkness, there is always a light of hope.

Despite this hope, racism was present. One FEMA assessment shows that People of Color are likely to be discriminated against during disaster recovery (FEMA National Advisory Council 2020). In addition, from literally the first moment the fires began, the political discourse that had been accelerating against People of Color since the election of 2016 was on full display.

For example, local nonprofit and government leaders had become aware of a concerning incident in Jackson County, Oregon, the site of the Almeda Fire. This fire also happened on Labor Day weekend (Jefferson Public Radio 2021). In this fire, 2,600 homes were destroyed. Most of them belonged to Latino families. In the very first days following the fire, local nonprofit organizations stepped up to provide meals and water to displaced families. They welcomed any volunteer who would help. Among those who answered their calls for assistance were members of Immigration and Customs Enforcement (ICE). It is not known what their intentions were. However, they

kept their badges and occupations hidden. When they were discovered, they were asked to leave.

Perhaps that's why, even as White families in Otis were comfortable with telling FEMA about the casual living arrangements they had with other family members, some Latino fire survivors chose not to. This choice meant no access to up to \$7,500 in immediate aid, to say nothing of tens of thousands of dollars in long-term aid. To trust the government with the identities of which family members lived with whom, especially those who are **undocumented**, was simply too big of a risk.

But why did telling FEMA about family structure matter so much? We know from [Chapter 7](#) that Latino families are more likely than White families to live in multigenerational households (Landale et al. 2006). It is also common for adults from the same generation and their children to live together, siblings and cousins all sharing and contributing to the same household. However, FEMA rules basically meant anyone not living in a "traditional" family of parents and children stood to lose out. As is often the case, this hurts People of Color more.

Despite these racist barriers, Fernando kept showing up for his community. When he came to The Grange in the earliest days of fire relief, he often did two things. When he arrived, he usually brought items from the store and used The Grange's kitchen to make lunch for the volunteers. Before he left, he got a copy of every form he could in both English and Spanish to give out to his community.

Solidarity in Action

You might expect that the political polarization that was common in the United States in 2020 would derail disaster recovery in Otis. But that's not what happened at all. The Volunteer Clean-up was instead born of celebrating diversity, as pictured in figure 14.12.



Figure 14.12 From Left to Right: Bethany Grace Howe, Executive Director of Echo Mountain Fire Relief, Associate Pastor and landscaper Corey Rivera, Otis residents and clean-up workers Melinda Small and Ty Small, and CRT Executive Director Marc Brooks. These leaders coordinated efforts to clean up Otis. We come together even though we are different.

"The Volunteer Clean-up"—its description would ultimately become its proper title—started with Corey Rivera, a local minister of an evangelical church who was also a manager at a local landscaping company. With those tools and heavy equipment to get the work done, he asked those homeowners near him at the bottom of Pony Trail Lane if he might help them out, too. Pony Trail Lane was a small-loop road on the slopes of Echo Mountain. Every home on this road was destroyed. There were plenty of people to help. Many of them were not evangelical Christians, while others wouldn't apply "Christian" or even particularly religious to their identities.

Officials from the county planning department had heard about the local pastor working with equipment on loan from work to start a volunteer clean-up of his neighbors' properties. They were not happy. Regulations and laws, they said, prevented such activity. Only authorized contractors, the kind that were still months away, were allowed to do such work. The pastor needed to stop.

The pastor said he had no intention of stopping. He knew the law: a property owner has the full legal right to clean up their own property. In addition, if he was doing it strictly as a volunteer, he was allowed to help his neighbors, too. So he kept right on going. By the end of the week, it was

clear the volunteer clean-up had started to become something more.

Among those who came to help was the leader of what became the [Cascade Relief Team \[Website\]](#), a Black man from the Portland suburbs, helping bring needed supplies to the clean-up. Members of The Grange were there, bringing out what supplies they could. And me, an **LGBTQIA+** journalist and activist, came to help generate more donations to keep the machines fueled and people fed. This volunteer cleanup was sustained by **Community Organizations Active In Disaster (COADs)**, local groups of community organizations that coordinate emergency human services while working in concert with partner agencies, including the local emergency management agency and social service agencies, during all stages of a disaster. COADs are part of the community impacted by the disaster, focusing on providing and sustaining relief efforts (Montgomery County Government 2023).

Fire survivors came, too. Some were leaders, like the president of The Grange, who had lost her home in the fire. Others had no affiliation. They just wanted someplace to go and feel like they were helping others, even as they could not help themselves. Everyone was welcome, which was good because everyone was needed. New leaders emerged, and other equipment was brought in, even as the minister and the first group of volunteers had to return to their jobs. Off of Pony Trail Lane, one of the first home sites to be cleaned up was Fernando's. The leader of the crew was wearing a "Trump 2020" hat.

In the end, the effort cleaned nearly 100 lots at no required expense to fire survivors. Tommy and Wendy, as well as Betty, were among those property owners. What the volunteers accomplished was more than cleaning. It had the potential to be life-changing. For Betty and Tommy, this collaborative and accelerated process meant they were able to sell their properties far sooner than would have ever been possible. Betty was even able to

pay off all her back taxes, giving her both time and resources to choose what she would do next. For Fernando, whose lot was among the first to be cleaned, it gave him a clean piece of land on which to place a trailer for his family. He got a six-month head start on getting out of the motel and rebuilding his home.

Remember, this story began with a discussion about how racial relations in Otis had been changing since 2016, and indeed building across the country as the 2020 election approached. The Volunteer Clean-up was not just a distraction from national events. It countered it, even as divisiveness continued to grow in the country. For even as a contentious national election wrapped up, a mob invaded the U.S. Capitol, and another impeachment trial began, the people of Otis stayed together. As one story put it: "A minister, a black guy, a transgender chick, and a Trump supporter walked into a town...to help save it" (Denis 2020). If you would like to read this story or watch the short video, access them here: [After Echo Mountain Complex Fire, Otis leads renewal with small hands and huge hearts \[Streaming Video\]](#).

Heather McGee, who wrote *The Sum of Us*, would call this multi-racial, multi-party, multi-political party group, and their success part of the solidarity dividend, which we discussed in [Chapter 1](#). Because people who would normally be at odds came together, community recovery began. Everyone benefitted, particularly the most vulnerable people.

This is not to say everything went perfectly, nor that everything is now. When some Latino families tried to use the Grange services, they experienced racism. Long before 2016, many Latino families found Otis a challenging place to live. Drawn to the area for many of the same reasons of space and economics as White residents, these similarities weren't enough to make them neighbors and friends. Trump flags and chants of "send them back" may have gotten bolder and louder

following 2016, but the sentiments had been there for decades, and they still are.

Climate Change In Otis



Figure 14.13 The sign for Chinook Winds Casino. Other signage was flattened by gale-force winds. The sky was hot, orange, and full of smoke from the Echo Mountain Fire.

As we talked about in [Chapter 8](#), human-caused climate change impacts people differently, based on their **social location**. North Lincoln County is no different. However, we'll start the story of climate change for Echo Mountain Fire survivors at the end, not the beginning.

Summers in Oregon are getting hotter. The Oregon coast's summer temperatures generally peak between 70 and 80 degrees Fahrenheit. The summer of 2022, however, did not spare Otis, with temperatures reaching 90+ degrees Fahrenheit (Accuweather 2022). For hundreds of Otis residents who'd returned home in the last year to live in new manufactured homes and trailers, the temperature inside their homes could reach over 100 degrees. Miserable to be sure, but how is this an injustice?



Figure 14.14 This image from 2013 captures the forest that used to exist around Otis. Many of these mature trees are now gone.

Environmental justice can mean access to shade. In Otis, there was no shade for these new homes. Every tree that had provided such protection had been destroyed in the fire. With its lack of tree cover, Otis was now like many communities with low SES, with 25 percent less shade than more typical communities (Leahy and Surkeze 2021).

Environmental justice can mean access to cooling. Air conditioners were also in short supply, as they are for most people with low SES. Across the country, more than half of residences with low SES occupants have no air conditioning (U.S. Energy Information Administration 2011). In Otis, air conditioners were rare, even in the new homes and trailers.

Access to shade and air conditioners isn't typically how we define environmental injustice. However, inequality in social **class** made a difference. Wealthy Otis residents could buy air conditioners after the fire. Lower-**income** Otis residents could not.

Betty's Story Continues

We see more typical environmental injustice when we look at Betty's story more carefully. Suffering from COPD, Betty's daily life in Otis was impacted in numerous ways that tied into her low income.

She lived on a dirt road. The dust made it difficult to breathe when a car drove by as she sat on the bench in her garden. Her decades-old mobile home let in dust no matter how tightly she closed the doors or windows. Even before the fire, Betty's house wasn't healthy.

Then the fire came. We can see the devastation of wind and smoke in figure 14.13. By the time Betty evacuated, she had been breathing smoke for hours. As Betty fled her home, she could barely see outside to reach her neighbor's car. As they headed out, there was no setting on the car's vents that could keep out what Betty was breathing into her lungs. She would say later she could almost feel the smoke attacking her COPD-damaged lungs.

Betty was not alone in this regard. For the elderly, children, and people with pre-existing

health conditions of all kinds, wildfire smoke can cause serious illness (D'Evelyn et al. 2022). Indeed, when scientists look at those populations most impacted by wildfire smoke across the nation, it reads like a description of Otis: "Populations more vulnerable to smoke exposure include people in low-income communities, people living in homes with poor air filtration systems, (and) people experiencing **homelessness**."

Climate change affects everyone, but the wildfires in Otis affected some people more.

Responding to Climate Change and Disaster



Figure 14.15 The greenhouse (left) and the Fall holiday celebration at Landscaping with Love (right). Small, sustained efforts can create environmental justice.

Just a few lots down from Betty's old garden, however, a new garden began to grow. The president of The Grange set aside a piece of her property for what would become an example of environmental justice unlike any in the 1.1 million acres of burned Oregon. They called it "Landscaping with Love." Within a matter of months, the site

held a greenhouse, as shown in figure 14.15 (left). In the greenhouse were vegetable seedlings and other baby plants for fire survivors. Next to them were gardening tools of all kinds, everything from spades to wheelbarrows, and books on how to use them.

Outside were more plants, everything from the smallest flower to a sprawling rhododendron bush, to sapling trees. There were even pre-assembled garden boxes, and demonstration gardens in a few of them. Each variety of plant was chosen not just to demonstrate what would grow but also to show how people could replant their yards, making them more fire-resistant in the future (Lehman 2021). All of this was free. If a fire survivor needed help replanting their lot, the services, expertise, tool rental, and plants were at no cost to fire survivors. Fernando took some plants home on one visit. Dozens of his neighbors did the same. In this way, not only did Echo Mountain and Panther Creek begin to be replanted with more fire-safe plants and vegetation, but also in a more environmentally sustainable one, too.

Now, was this posted on the door? Was “combating climate change” splayed across the Landscaping with Love Facebook page? It was not. But planting wildfire and drought-resistant plants was doing exactly that. They called it “doing the right thing” as they acted to strengthen environmental justice.

Here, “#OtisStrong” meant environmental justice.

COVID-19 and Christmas

COVID-19 came to Lincoln County in the late winter and spring of 2020. By the summer of 2020, tourists were told to stay home. Lincoln City was closed.

On a personal level, COVID-19 had already impacted some fire survivors’ lives in ways that might have gone unnoticed if the fire had not occurred. With money tight, some Otis residents decided to reduce their level of fire insurance or forgo it completely. What in one month had seemed a calculated decision to save some money for a few months now would impact them for the rest of their lives. Beyond the individual stories,

however, the presence of COVID-19 also played a massive role in both the immediate and ongoing response to the fire.



Figure 14.16 This COVID-19 vaccine clinic occurred at the Lincoln City Cultural Center, just south of Otis, Oregon. It particularly focused on engaging Latinx survivors. The COVID-19 pandemic complicated disaster relief efforts.

Prior to COVID-19, **disaster response** normally entailed placing displaced residents into congregant living facilities, such as cots in gymnasiums or sleeping bags unrolled on the floor at a local church. With COVID-19, this was impossible. Instead, families were booked into area hotels, like the one in figure 14.10. In this sense, the evacuees of the Echo Mountain Fire were lucky. Lincoln City itself is home to thousands of hotel rooms. With few exceptions, many of the local fire survivors could be housed in the hotels of north Lincoln County.

This made an enormous difference. As the evacuation orders were lifted, those whose homes had survived could be home in minutes. Survivors who lost their homes only had to travel short distances to work on their property.

Even though survivors were often housed together, COVID-19 caused isolation. Survivors were discouraged from visiting the rooms of people who were not part of their immediate family. Their former neighbors and life-long friends might literally be in the same building as them, but to stay safe from the virus, they could not see each other.

Betty, for example, didn’t know that for the first eight months after the fire, her former neighbor had been living just two floors below her the

entire time. As discussed earlier, this social isolation only made worse the ongoing mental health crisis that was occurring within the population of fire survivors. One fire survivor celebrating his 30th birthday wanted nothing more than just to eat a steak. He couldn't get one. Every restaurant in town was closed, and there was no open grilling allowed in the hotel parking lot. He was alone, just like every other survivor, in one way or another. Echo Mountain Fire Relief changed that.

Celebrating Christmas: A Radical Act of Social Justice

While the Echo Mountain Fire was the smallest in Oregon, by Christmas time, it was one of the most well-known. Our hometown Volunteer Clean-up had put us on a lot of people's philanthropic radar, and they wanted to help. Churches inside Lincoln City wanted to make cookies, civic clubs from throughout Lincoln County were willing to give gift certificates, donations of toys were collected by our neighbors to the north in Tillamook County, and across the country, someone in North Carolina wanted to send quilts.

We decided to have a Christmas party as a way of combating the social isolation of the fire survivors. This decision met with controversy. Working together doesn't mean that everyone agrees. It means that people and organizations continue to work to build community in the midst of disagreements. When people disagreed with me, I said two simple words: "George Floyd."

COVID-19, fire relief, #Black Lives Matter, George Floyd, and Christmas parties: these things might seem totally unrelated. But as we discussed in [Chapter 9](#), thousands of people marched in support of Black Lives Matter, even with the virus raging. For some, the need to **protest** White supremacy and **police** violence was more urgent than staying quarantined (Diamond 2022). In the case of fire survivors, the need to connect and cel-

brate was more important than the protection of quarantine. That's why I decided to organize a Christmas party for fire survivors.

At the party, I saw fire survivors there I had not seen in weeks. Fernando and his family were there, along with a few other Latino fire survivors. Tommy and his daughter were there, too, as was Carol. Even when I am saddened to think about how Carol and Wendy had to leave the hotel, I take some solace in remembering their smiles that night. I think it was the first happy and community Christmas any of them may have had in years, which of course, is why we did it. They needed to know they were not alone. And for one night, they were not (and as far as we know, no one got COVID-19). Celebrating Christmas was a radical act of **social justice**, continuing to weave the threads of community healing together.

Licenses and Attributions for The Interconnected Social Problems of Wildfire Recovery

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Figure 14.15 (left). “Landscaping with Love Greenhouse” by an unknown photographer for Cascade Relief Team is all rights reserved and included with permission.

Figure 14.15 (right). “Landscaping with Love Community Event” by author unknown for Cascade Relief Team is all rights reserved and included with permission.

Figure 14.16. **“Photo Lincoln City COVID-19 Vaccine Clinic”** by Oralia Mendez, Oregon State University is included under fair use.

14.4 The Sociology of Disaster Recovery

Kimberly Puttman

As we examine the **sociology** of natural disasters, we will present three models which explore the human consequences of disasters. The models include the cycle of **disaster recovery**, the **mental health** recovery paradigm, and resilience gentri-

fication. Resilience gentrification is an intersectional theoretical approach to disaster recovery.

The Disaster Management Cycle



Figure 14.17 This diagram illustrates the disaster management cycle. Once the disaster occurs, the community responds immediately. When the initial disaster subsides, disaster recovery starts, but it often takes years for a community to recover. Ideally, communities learn from the disaster, mitigating any future problems and beginning to prepare for the next disaster. [Image description.](#)

The disaster management cycle is a model that assists communities in thinking about disasters. The inner ring includes preparation, the idea that

a disaster could occur. In this step, governments and agencies assess what kind of disasters are likely to occur, and put plans and supplies in place

so that they can respond effectively. In the outer ring, we see that communities may put early warning systems in place so that they increase their ability to move people to safety in advance of a pending disaster.

The disaster occurs and is immediately followed by **disaster response**. **Disaster response** includes the activities that address the short-term, direct effects of an incident (FEMA 2013). The response includes immediate actions to save lives, protect property, and meet basic human needs. In the outer ring, we see that efforts focus on search and rescue to save people and emergency relief, the provision of temporary shelter, food, water, and medical, emotional, and spiritual support. If you would like to learn more about this step in the words of two young women who responded in Massachusetts, watch the 9.07-minute video [**How to step up in the face of disaster \[Streaming Video\]**](#). These sisters use better technology solutions to improve the way we respond to disasters.

For Otis, the responders included the fire departments and wildfire fighters who put out the fire. It included other first responders who helped with the ever-changing evacuations. It included the Red Cross, who managed initial temporary shelters and funded some of the survivors' temporary housing. It included FEMA, who vetted survivors to see if they met federal qualifications. If so, survivors began the long process of accessing federal money and services. FEMA also provided a handful of housing trailers. Finally, disaster response included community organizations both locally and across the state.

The stories of Echo Mountain Fire Relief, Cascade Relief Team, The Grange, Landscaping with Love, and Latino Outreach are woven throughout this chapter. When we made a list, we saw that over 50 governmental, non-profit, community,

and religious organizations took part in our recovery, in addition to all the individual people who showed up to help.

The next step, disaster recovery, includes rebuilding the affected community. Houses, schools, hospitals, roads, and electrical and water systems are reconstructed often to higher building standards than before. The infrastructure that was only partially damaged gets rehabilitated. Some people are able to return to new homes. This process can take years. It is also a process full of inequality.

For Otis, disaster recovery is still the current step, even two years later. The Red Cross left relatively quickly. People are still working through the FEMA process. However, the community organizations that engaged directly after the fire and subsequently grew are still supporting survivors.

The final step, mitigation, includes the forward planning and action needed so that the community can recover more quickly in the event of the next disaster. Often, this step includes expanding **disaster resilience**, a community's ability to withstand a disaster, recover from it, and thrive after it (adapted from Arcaya, Raker and Waters 2020: 11.4).

To increase disaster resilience, many communities create a **Long Term Recovery Group (LTRG)**, an umbrella group which oversees the recovery of an area after a disaster to ensure seamless communication and coordination of all the parties involved in recovery. These LTRGs coordinate survivor support in a community. They also look to the future and take action to increase community resilience and prevent harm in the face of the next disaster.

Disaster Mental Health

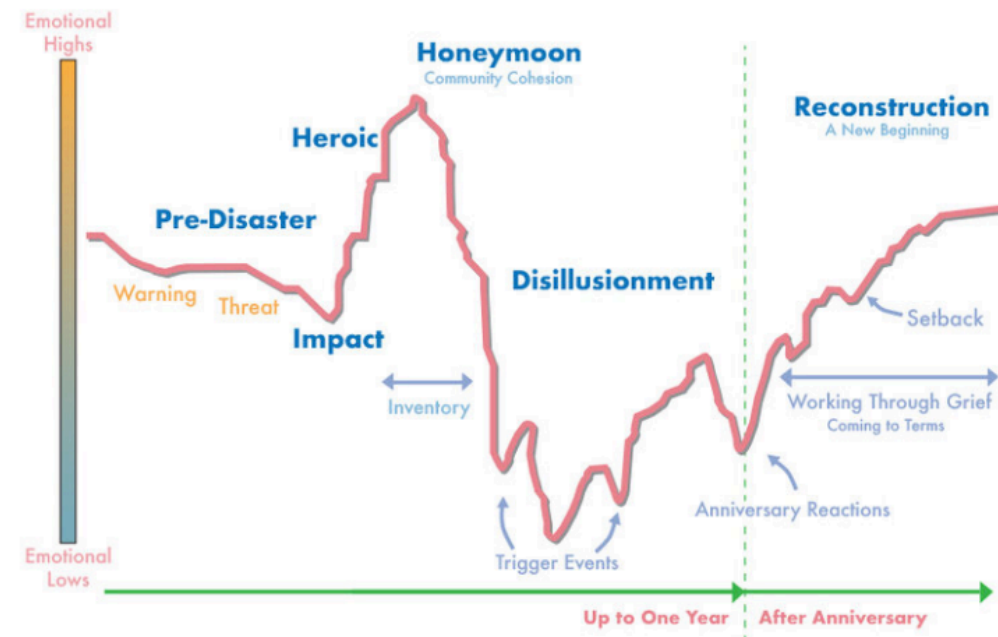


Image from : <https://www.samhsa.gov/dtac/recovering-disasters/phases-disaster>

Figure 14.18 Emotional stages that people and communities go through related to a disaster. As you read the fire survivor stories in this chapter, where do you see the emotional highs and lows? [Image description.](#)

In the previous section, we discussed the challenges to mental **health** that the people of Otis faced before, during, and after the Echo Mountain Fire. We recognized that mental health services were already in short supply and that the fire itself caused significant **trauma**. This trauma resulted in an even greater need for mental health services. In addition, sociologists see a relationship between pre-disaster health and post-disaster mental health. If your health was already challenged before the disaster, you are more likely to experience mental health challenges after the disaster (Arcaya, Raker; and Waters 2020: 11.9)

However, the mental health picture is more complex than that. As the chart in figure 14.18 demonstrates, people experiencing disaster go through highs and lows. They experience stress before the disaster hits, as they try to gather information about what is going on and figure out what to do. Often, information conflicts. In Lincoln City, we heard that the whole north end of the

town was burning when it wasn't. In Otis, some families had only minutes to leave their homes. One recovery worker said that many survivors were barefoot because it took too long to put on shoes (Debbie 2023).

After the disaster hits and the initial panic begins to recede, survivors are grateful for the everyone who helped them. People who help are seen as heroes. Survivor emotions become more positive. However, it can take years for survivors to return home. As they realize how long the process will take and how hard it will be to recover, they are disillusioned. Seeing a similar event on TV can trigger traumatic feelings. The one-year anniversary of the disaster becomes another low point because it brings to mind the terror of the original disaster and the discouragement because of the lack of progress. Finally, although reconstruction and returning home are generally positive, emotional recovery takes time and energy. One person who supported survivors

said that a common message from survivors once they returned home was, “This is my house, but it’s NOT my home” (Debbie 2023). In the process of moving in, they realized their life before the fire was really gone. The toll on their mental health

was enormous. If you would like to learn more about the effects of disaster on mental health, watch this 5:10-minute video: [How Natural Disasters Can Affect Your Mental Health \[Streaming Video\]](#).

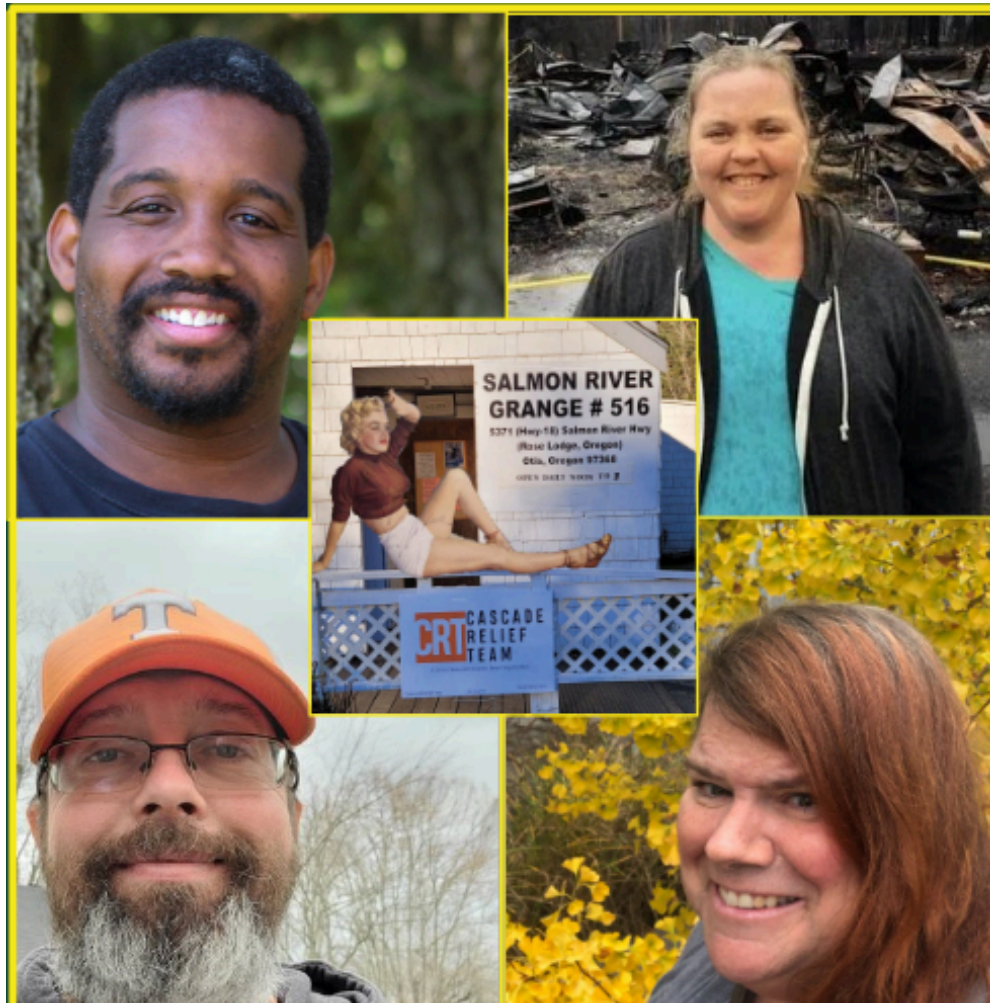


Figure 14.19 These people are the disaster recovery leaders who presented: Mark Brooks (upper left); Melanie Bright, a CRT leader from the Holiday Farm Fire, a Labor Day fire in the Cascade Mountain Range (upper right); Josh Taylor, a CRT leader who experienced the Kentucky tornadoes of 2021 (lower left); Dr. Bethany Grace Howe (lower right); and Debbie, a Salmon River Grange leader that Marilyn Monroe is standing in for (center).

And feelings aren’t just for disaster survivors. They are for disaster recovery leaders too. CRT leaders pictured in figure 14.19 presented “Via not Versus’ From Nothing to Everything: How to Lead When No One has to Listen” at a national conference for disaster recovery in 2023. In it, they discussed the problems that disaster relief leaders have to solve. One problem is that people who step up to lead in communities after a disaster

don’t have official formal **power**. They lead because they are effective and people want to follow them, *power to*, not because they have *power over* them. This discussion of power is similar to the difference between power to and power over in [Chapter 2](#).

These CRT leaders suggest that emotional intelligence and informed empathy are powerful tools in creating connections with survivors and with

other relief leaders. All of us have been afraid, angry, sad, or elated. We can relate to similar feelings of other human beings, even when those feelings are caused by different events. This shared emotion allows us to form a connection with someone else. The connection is what allows us to think things through and act together. The CRT leaders say:

With Emotional Intelligence you can connect with people who may be unfamiliar to you **via** mutual feelings, **not versus** their experience which you may not now or ever share. (Howe, Brooks, and Bright, 2023: 48, emphasis in the original)

We see wise understanding of emotions and of trauma to make connections with survivors and people in other organizations so that we can work together. While disaster clearly takes a toll on mental health for both survivors and providers, understanding the challenges can help us solve them.

The Social Inequality of Disaster and Resilience Gentrification

Sociologists examine the inequalities present where people live. Early sociologists, including Marx, Weber, Durkheim, and Du Bois, who we met in [Chapter 3](#), examined the **poverty** in the city related to moving from **rural** to urban set-

tings. Jane Addams, who we met in [Chapter 1](#), not only studied the relationship of immigration and urbanization to social class and inequality, she did something about it.

When we apply these learnings to disasters, we see the same intersectional inequality at work. In a recent survey of the sociological work related to disasters, the authors write:

Social inequality shapes who is most at risk in disasters, with **race**, socioeconomic status, **gender**, and age all shown to affect vulnerability to disasters. Social vulnerability can also be influenced by access to resources (e.g., economic, political, or information based), beliefs and customs, history, and other factors. Crucially, recent research stresses that social vulnerability is intersectional. In other words, it combines race, age, class, and gender, together with other conditions that create vulnerability; social isolation, poor physical or mental health, and precarious legal statuses create different levels of social vulnerability vis-à-vis different disasters. (Arcaya, Raker and Waters 2020: 11.5)

As you consider this quote, the message should be familiar by now. Intersectional inequality influences who is most at risk. More than that, intersectional inequality influences who recovers when. At the same time, this inequality plays out in unique ways when it comes to disasters. Let's look deeper.



Figure 14.20 Sociologists Kenneth Gould (left) and Tammy L. Lewis (right) study the impact of climate disasters on coastal communities. They find that disasters widen existing inequities.

Modern sociologists continue the tradition as they examine the relationship between class and disaster recovery. Sociologists Kenneth Gould and Tammy L. Lewis, pictured in figure 14.20, examined the relationship between **wealth** and recovery in Brooklyn, New York, after Hurricane Sandy and the island of Barbados, after Hurricane Irma. Prior to Hurricane Irma, the authors were working with the government of Barbados to design participation **action research** that would discover what types of development projects the Barbudans wanted to do on their own island. You may remember participant action research from **Chapter 4**.

These sociologists focused on these two geographies because of a challenging paradox. On one hand, **climate change** is causing more severe

storms and increased flooding. People in coastal areas are becoming more at risk of experiencing climate disasters. At the same time, about 40 percent of the population in the U.S. and the world lives in coastal areas. These populations are increasing (Gould and Lewis 2021). The contradiction of more risk and increasing population creates an urgency in understanding the human effects of disaster and suggests options for mitigating the risks.

Gould and Lewis found that disasters resulted in resilience gentrification. **Resilience gentrification** is the process in which only the wealthy can pay the increased costs of building climate-resistant structures, resulting in displacing poorer people (Gould and Lewis 2021). Let's learn more about this process.

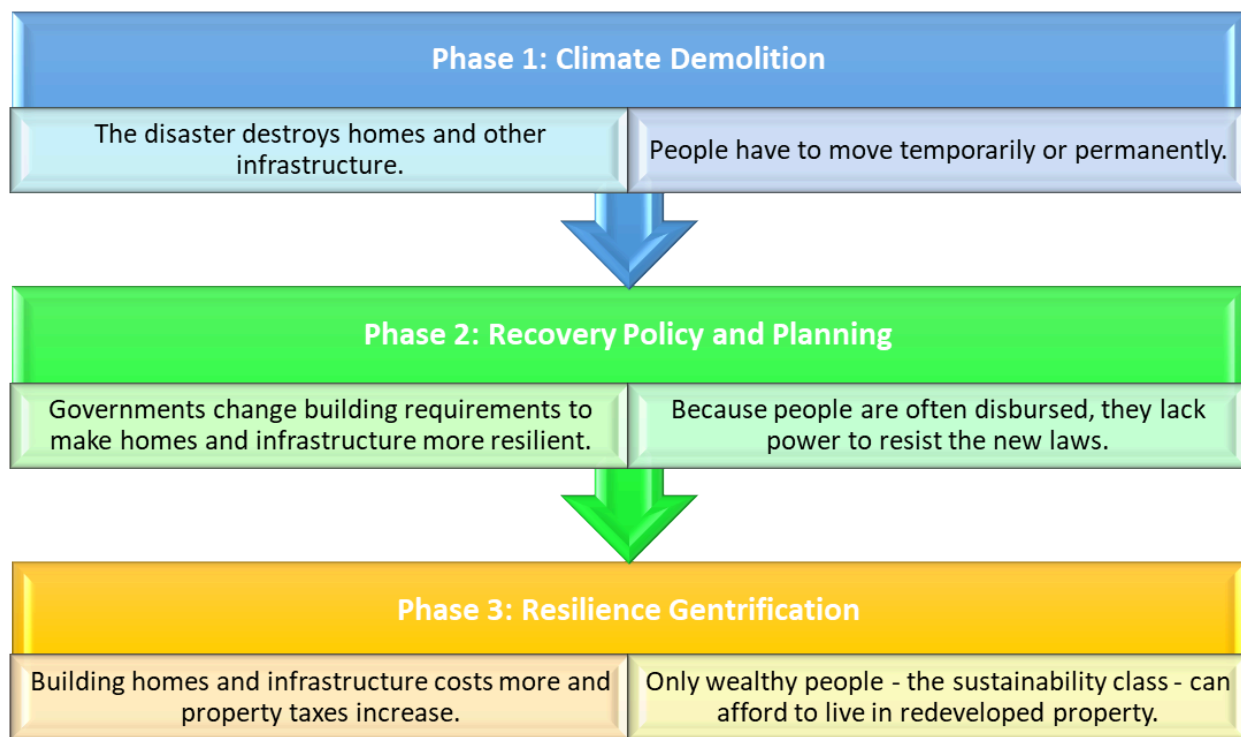


Figure 14.21 Disasters result in resilience gentrification. First, in Climate Demolition, the disaster destroys property. Second, in Recovery Policy and Planning, the government responds by changing the laws and policies to make sure that the new homes and infrastructure will survive the next disaster. Third, in Resilience Gentrification, the new homes cost more and have higher taxes because they were more expensive to build. The end result is that only wealthy people can afford to buy new homes. **Image description.**

In Phase 1: Climate Demolition, the disaster destroys homes, roads, electricity, hospitals, schools, water systems and other infrastructure.

The people in the area have to move either temporarily or permanently. This phase provides an opportunity to do things differently, whether it is

to let the environment recover without rebuilding or rebuild in more sustainable ways. Often communities choose rebuilding resiliently.

In Phase 2: Recovery Policy and Planning, (mostly) well-intentioned governments change the rules so that communities are more resilient to disaster. Depending on the geography and the need, they may require that houses and buildings be raised higher than the floodplain. Electrical and plumbing infrastructure may be made of better materials or use more structurally sound building processes. These new building codes increase the disaster resilience of the new built environment. Usually, these changes cost money. Because the original residents are still dispersed, they can't respond to or oppose the proposed changes to building codes.

In Phase 3: Resilience Gentrification, the new, more expensive homes, buildings, and infrastructure are built. Because the properties are more expensive, the property taxes are also more expensive. Therefore, only people who are wealthy can afford to buy property there. Gould and Lewis call these people the sustainability class. They write:

The sustainability class is well-educated, holds overt sustainability oriented values, can afford sustainability themed consumption, and touts their green urbanism (such as living on the waterfront or near green spaces) to brand their lifestyle. (Gould and Lewis 2018: 12)

However, their analysis of the sustainability class goes deeper. This class of people is often White. Sometimes they make their money because they build eco-friendly buildings or own the factories that create eco-friendly products. Often they make their money precisely because they benefit from the labor of the working class. Gould and Lewis are explicit about this conclusion for the Brooklyn neighborhood that they studied:

Demographic analysis ...reveals that structural mitigation, building "resilience," is linked to gentrification.Housing prices for new construction exceeds the rate of Brooklyn housing cost increases, while the neighborhood shifts from a working-class community of color to a wealthy white enclave. A structurally mitigated, climate resilient [neighborhood] is increasingly available only to the sustainability class. (Gould and Lewis 2021)

We see resilience gentrification in Otis. Survivors like Betty sold their property because they couldn't afford to rebuild. And as fire survivors come home, they live in new modular and stick-built homes. These homes are worth significantly more than their old homes, so they owe more property taxes. In some cases, they can't afford to continue to live in these new properties. We also see that people with insurance generally recover faster. Because the amount of government aid is dependent on the original worth of your property, the wealthy, generally White people receive more payments and can rebuild sooner (Arcaya, Raker, and Waters 2020; Howell and Elliott 2019).

Licenses and Attributions for The Sociology of Disaster Recovery

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Figure 14.21. "Disasters Result in Resilience Gentrification" by Kimberly Puttman, based on the work of Gould and Lewis, is licensed under [CC BY 4.0](#).

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Figure 14.17. “**The Disaster Management Cycle**” by **Coventry University** is licensed under **CC BY-NC 4.0**.

Figure 14.18. “Phases of Psychological Reactions to Disasters” based on Zunin & Myers Stages of Disaster Recovery from **Traumatic Stress and Suicide After Disasters** (p. 8) by **SAMHSA** is in the **Public Domain**.

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Figure 14.19. “Image of Disaster Recovery Leaders” from “Via not Versus From Nothing to Everything: How to Lead When No One has to Listen” by Howe, Brooks and Bright is included under fair use.

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Figure 14.20 (right). “**Sociologist Tammy L. Lewis**” © **Tammy Lewis** is all rights reserved and included with permission.

14.5 Community Recovery is Social Justice

Bethany Grace Howe and Kimberly Puttman

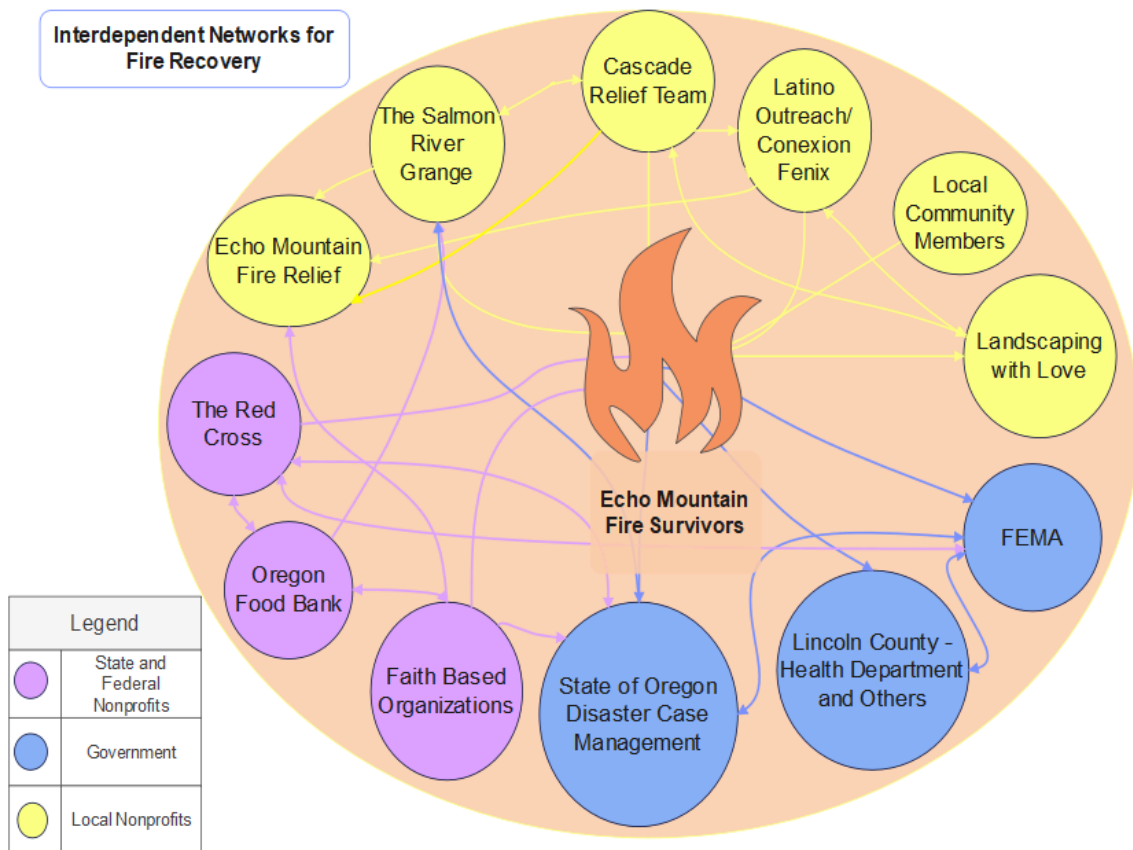


Figure 14.22 This diagram shows how governmental, nonprofit, faith-based, and community actors all worked together to heal their community. Only some of the 50 organizations that provided relief are included here. If you think this diagram looks complicated, think about what it would be like if you were a fire survivor. [Image description.](#)

Throughout these stories of survivors and survival, you have seen a huge cast of characters, from individual people, to local nonprofits, to community organizations, to statewide government and national relief organizations (figure 14.22). But who actually came together, and what did they do?

Our survivors tell uncommon stories. Many of those who worked hardest to remove the debris from their neighbors' lots on the burned hillside of Echo Mountain had lost everything to the fire as well. They chose to help their neighbor first,

even as smoke still curled from the debris of their own home. As the recovery progressed, community members who had been limited by a lifetime of addictions and a history of **trauma** suddenly found themselves leading the people around them.

It was more than that, however. For even as the residents of Otis chose to do it themselves, other local groups and businesses were taking action, too. Some of them were century-old institutions, while others formed in the wake of the fire. All of them were fighting for Otis, usually before state

and federal organizations could take action. In this section, we'll look at how a community weaves itself together. In some cases, this community is stronger than before. In others, persistent structural inequalities and social conflict limit how far recovery can go. Let's explore the specific ways that Otis leveraged **individual agency** and **collective action** to strengthen **social justice**.

Addressing Community Building: Echo Mountain Fire Relief

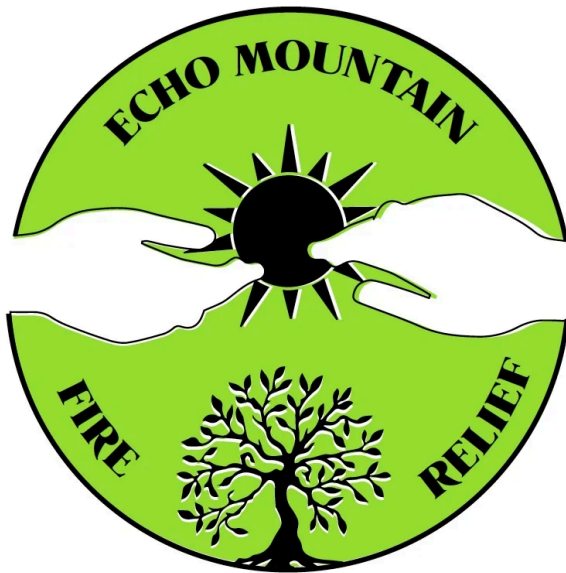


Figure 14.23 The logo of Echo Mountain Fire Relief emphasizes the organization's role in connecting survivors and organizations.

As we discussed in the previous section, ensuring that survivors knew about services and service providers knew about each other took communication. The people of Otis got the help they needed starting even before the fires were out because the government worked with the churches, and nonprofits coordinated with small businesses. Researchers call this type of interaction between groups of similar size and levels **horizontal communication**. It sustained the people of Otis in the very first days of fire relief. Just as critical, however, to the continued recovery was **vertical com-**

munication, those communications that cross up and down between organizational levels and groups of different sizes and authority (Serra et al. 2011:6).

The organization that became the communication hub for both horizontal and vertical communication was Echo Mountain Fire Relief (EMFR). EMFR was founded by a local business owner and volunteer firefighter. Over the next year, the organization would move into social services, even signing a contract with the State of Oregon to provide social services in the affected area. However, communication is what EMFR specialized in.

One of our most consequential connections was between The Grange, CRT, and **Northwest Oregon Works (NOW) [Website]**. A local nonprofit, NOW had donated thousands of dollars to pay for groceries and other immediate needs for fire survivors. More importantly, they offered Dislocated Worker Grants. These grants from the Department of Labor allowed CRT and the Grange to hire fire survivor workers. NOW either paid employees directly or reimbursed CRT for their wages. Each person made \$20 an hour, more than some of them had ever been paid in their lives. This ensured not only the success of The Grange, but also the Volunteer Clean-up, Landscaping with Love, and other north Lincoln County relief efforts.

Addressing Basic Needs: Salmon River Grange, Landscaping with Love, and the Cascade Relief Team



Figure 14.24 The Salmon River Grange. The mini-Walmart of Otis, where you can find food, sheets, tools, clothes, and even facemasks and hand sanitizer. Perhaps more importantly, survivors found people who would listen with love.

In the immediate days and weeks after the fire, donations poured in for the people of Otis. Every kind of household good was given, from appli-

ances to clocks to dish towels. Non-perishable foods of all kinds, from cans of soup to sacks of potatoes. And clothes: every imaginable thing, to fit every imaginable person.

The sustained response to coordinating donations and ensuring that they got to survivors became **The Salmon River Grange (“The Grange”)** [Website], as pictured in figure 14.24. Before the fire, this 104-year-old building was home to weekly bingo nights. Now, they are known as the survivor mini-Walmart. As soon as it was safe to return to this site, adjacent to the fire, the Grange was the place to go for food, water, clothes, and other household stuff, as shown in the image in figure 14.25. More than that, it was a place that wove community, providing people who would listen and solve problems with survivors.



Figure 14.25 Shelves stocked at the Salmon River Grange. Even as late as 2023, survivors are still coming home and need all the basics.

This massive community response is not unusual in the days and weeks after a disaster. What happened in north Lincoln County was different from many communities, however, in how coordinated these efforts were. Although communication wasn't perfect, people stayed in touch with one another. When a fire survivor needed something one donation site didn't have, they

knew who might. When the donations threatened to overwhelm one location, they knew they could make arrangements to send it to another.

As The Grange moves into disaster mitigation and preparation, its **role** in the community remains vital. Survivors still arrive every week for help. With **mental health** outreach, a food bank, internet access, and other services that just about any Otis resident needs, they are again what they started as more than a century ago – a center of community life.

Leaders at The Grange are envisioning the future. They are remodeling their kitchen so that the community of Otis can have access to a commercial kitchen. They hope that this will allow people to create products to sell at local farmer's markets, strengthening the economic resilience of the area residents (Debbie 2023).

Landscaping with Love thrives also, with the support of The Grange, CRT, and a lot of volunteers. They get occasional visits from the Otis Strong Tigers, a group of fire-impacted students and school district staff brought together after the fire. The Otis Strong Tigers volunteer at both The Grange and the Greenhouse from time to time. Whether tending the plants outside or folding clothes inside, they're among the dozens of people still giving of their time to fire survivors in Otis.

Finally, CRT became the umbrella organization that does the administration that keeps the lights on for The Grange and Landscaping with Love. They are still organizing clean-ups of survivor properties because removing the dead wood and brush takes time. They have moved their headquarters to Otis. Perhaps the most important sign of their continued commitment to social justice is that they are responding to disasters in Oregon, including the Bootleg Fire and the Blue River Fire, and to disasters nationwide, including the tornadoes in Kentucky.

Addressing Housing: County and State Action



Figure 14.26 Left, Lincoln County Commissioner Kaety Jacobson and right, Oregon District 10 State Representative David Gomberg work to increase disaster recovery and resilience, and reduce resilience gentrification. (Can you tell that we are a county partially supported by crabbing?)

Getting survivors home and supporting **equity** in our community takes governmental action also. Lincoln County Commissioner Kaety Jacobson and State Representative David Gomberg are two examples of people who are tireless in their advocacy. Jacobson spent time at the Grange listening to survivors and folding clothes. She used this knowledge to write and advocate for 18 million dollars of recovery funding. She initiated a partnership with Oregon State University to rebuild septic systems and wells (Jacobson 2022, Lucas-Woodruff 2022). Because of her work, and the work of others, Lincoln County will build two tiny home villages specifically for fire survivors (Jacobson 2022, Lucas-Woodruff 2022).

Re-homing fire survivors also takes a state response. For our Echo Mountain fire survivors and fire survivors across the state, State Representative David Gomberg also took action. He lives in Otis. While his house survived, the trees and brush on about half of his property were burned. This experience and his existing commitment to

the people of Lincoln County energizes his drive to support changes in the laws and policies of the State of Oregon to support fire survivors.

In the most recent legislative session, he sponsored bills that supported changes to **disaster recovery**, wildfire relief, and emergency preparedness. For example, one bill requires insurers to pay at least 70 percent of property loss, even if the policyholder doesn't have a precise inventory.

These efforts and many others are slowly returning fire survivors to new homes. They are beginning to build more affordable housing in north Lincoln County. For some survivors the new homes are even nicer than what they lived in before the fire. Being home again is truly a success.

Addressing Racism: Latino Outreach and Conexión Fénix



Figure 14.27 This is the logo of Conexión Fénix, the organization that grew out of the Latino Outreach efforts of Echo Mountain Fire Relief. In it, the phoenix rises from the ashes of the fire to create new life.

Formal disaster relief efforts have a long history of leaving out communities of color. As we have discussed particularly in [Chapter 7](#), [Chapter 9](#), and [Chapter 10](#), historical and current **racism** drives inequality. This racism occurs in recovery efforts and requires dedication and action to address. In Otis, the predominant community of color is the Latino community. Fernando's leadership with the Latinx Outreach committee combated the racism that Latino families experienced.

He assembled a team of people who created events that were culturally relevant to the Latino community. Survivors gathered for dinner on the lawn. They created art that depicted the disaster and their hope for recovery. The Latino Outreach group hosted an afternoon with mental **health** counselors specially brought in from Portland's Latino community. They coordinated a disaster preparedness training in Spanish in which every family in attendance got a first-aid backpack, as well as a solar-powered radio and flashlight.

Eventually, Fernando's advocacy efforts went beyond the Latino community. When the Disaster Case Management process broke down, impacting Latino and White survivors alike, it was Fernando who wrote the first letter to the state. The second letter, too, was from a family he worked with. With another two letters from The Grange and another from CRT, the five of them worked together with leaders to make changes in the program that benefited the entire community.

Beyond disaster recovery, the Latino outreach committee has taken on a life of its own. In August of 2022, the Latino Outreach portion of EMFR became a new group. Called [Conexión Fénix \[Website\]](#), they are what Fernando and his team always dreamed was possible, a community group serving the Latino community of north Lincoln County. Conexión Fénix empowers the community through **education** from how to buy a home to how to prepare for a disaster to how to start a small business. This family has risen from the ashes and created an organization that helps their community thrive. Their logo, shown in figure 14.27, illustrates how they soar.

From time to time, I still get to have dinner with Fernando and his family. My favorite evenings are when we sit out on the porch of Fernando's beautiful new home, the one near the top of a small hill on the side of Echo Mountain. He and his family built it together. The grill smells of carne asada and other delicious food. Sometimes, some old friends from the Volunteer Clean-up even stop by. The smells from Fernando's grill carry quite a ways down the hill. Smiling and laughing, I can't help but think one thing: "I'm really glad I called Fernando."

Litigating Justice: Holding Power Companies Accountable

The Labor Day 2020 fires were one of the worst natural disasters in Oregon history. Although they were partially caused by high winds and drought, some survivors sought to hold Pacific Power accountable also. They filed a **class** action suit that claimed that PacifiCorp failed to respond to the warnings of the governor's chief of staff and state fire officials to turn off the power in some areas to prevent sparks from the power lines.

On June 12, 2023, a jury found that PacificCorp was negligent. They awarded more than \$70 million dollars to the 17 plaintiffs, who sued on behalf of thousands of others in this class action suit. Once all of the people in the class action suit apply for compensation, the total cost of the negligence may be upwards of a billion dollars. This is the largest penalty a utility company in Oregon has ever faced for its negligence in starting wildfires. PacificCorp plans to appeal the ruling, so it is too soon to tell if any survivors will receive the money (Profita 2023; Thomas 2023; Watson 2023).

Licenses and Attributions for Community Recovery is Social Justice

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Figure 14.22. "Interdependent Networks for Fire Recovery" by Kimberly Puttman and Valerie McDowell is licensed under [CC BY 4.0](#).

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Figure 14.23. "[Logo of Echo Mountain Fire Relief](#)" by Echo Mountain Fire Relief is all rights reserved and included with permission.

Figure 14.24. "The Salmon River Grange" by an unknown author for Cascade Relief Team is all rights reserved and included with permission.

Figure 14.25. "Shelves stocked at the Salmon River Grange" by an unknown author for Cascade Relief Team is all rights reserved and included with permission.

Figure 14.26a. "[Commissioner Kaety Jacobson](#)" by unknown author is included under fair use.

Figure 14.26b. "[State Representative David Gomberg](#)" © David Gomberg for State Representative is all rights reserved and included with permission.

Figure 14.27. "[Logo of Conexión Fénix](#)" © Marisol Martinez Garcia is all rights reserved and included with permission.

14.6 Chapter Summary

Bethany Grace Howe and Kimberly Puttman



Figure 14.28 This painting of Otis Strong was created by a sociology student who was a fire survivor. In their art, they reflect suffering they still experience even years after the fire. They actually burned part of the canvas, so that the art piece would smell like smoke, creatively demonstrating the pervasiveness of their loss.

More than two years after the fire, the work continues. As late as January 2023, modular homes

are still being delivered in Otis. Can we call this a success? It depends on how we measure. By the

end of the fall of 2023, over 155 families had returned to put new homes on their properties. Some were built from the ground up. Most were modular homes or trailers. For some, it's the nicest home they ever lived in. For nearly all of them, it is the only thing it needs to be: home. I spoke to someone just last week who had only been home for a few days. Every night, she said, she went out onto her deck. She'd forgotten what the stars looked like without city lights.

Over 100 families have found new homes away from Otis. Some bought new homes. Most relocated to apartments and other similar housing. Even before the fire, it was difficult to find affordable housing in Lincoln County, and after, it was nearly impossible. That most fire survivors were able to remain in north Lincoln County is remarkable. Dozens of others, however, have moved to other parts of the city, county, state, or country. Some did it because they had to. They couldn't recover in Otis. For others, the fire was the impetus for change that they already wanted to make.

The connections that the survivors and supporters made with each other remain. We are no longer so **disconnected**. However, not every bond in Otis has improved with time. When the Volunteer Clean-up finally packed up their things with the arrival of state clean-up crews, some relationships went with them. Some of the original leaders of the effort have drifted apart. No longer tightly bound by the day's mission of cleaning up one more home, and finding the funds to keep going for one more week, cultural and political differences once again define their relationships. But certainly not for everyone.

The transgender activist and the evangelical minister have dinner together when they can and talk about their lives and their beliefs. The Black leader from the Portland metro area is now living and working in Otis, bringing CRT to take action in disaster relief nationwide. Although our community is stronger, what happened to the fire survivors in our stories in the end?

As you might expect from the stories throughout this chapter, Fernando and his family are doing well. Fernando continues to work connecting Latinx families with the wider community, and to grow educational opportunities for everyone in Lincoln County. When I was at his house last week, his new crop of strawberries was almost ready to pick, and his first fruit trees were starting to blossom. He and his family remain deeply rooted in Otis, committed to creating community with all of us.

Carol and Tommy are still struggling. Carol left the fire survivor hotel without a solid plan. She returned to the insatiable life she had tried so hard to get away from. The last time I spoke to her, she was living in a friend's attic. She said she hoped to only be there for a few days. Tommy is still living at the transition motel, struggling to find a home. The social problems he originally experienced limit his chances of returning home as well.

And Wendy and Betty? Their stories have come to an end.

When Wendy left the fire survivor hotel, one of her friends said to me she thought Wendy would be dead in a week. She was off by two days. Wendy returned to the life she'd fled the day of the fire, and died from a drug overdose.

Betty died on Aug. 9, 2021. We held a memorial service with nearly two dozen people. When we were done, we walked to the beach and dropped the flowers in the receding tide. Betty had died living in a hotel alone, just like she feared she would.

Betty and Wendy died. Tommy and Carol have an uncertain future at best. From these four stories, it's tempting to wonder if all of our **individual agency** and **collective action** was a failure. People died because they didn't get what they needed. The four stories that concluded above are tragedies, and they speak to how social problems are sometimes nearly impossible to escape.

However, in the final analysis, we succeeded. EMFR started with one mission, to give donors a place to give their money. In the end, EMFR

became a hub for communication, connecting survivors and providers so that the community became stronger. From that beginning, the Cascade Relief team was born. CRT continues to help locally and around the nation. The Grange is now managed by CRT and continues to support the basic needs of survivors, with the goal of supporting everyone in the community. Landscaping with Love is fighting **climate change** one plant at a time and hopes to open its nursery to the wider community. Latino Outreach, once an offshoot of EMFR, is now its own vibrant organization celebrating **culture**, dance, music, **education**, and connection.

EMFR itself is closed. This is actually a success. The organization did what it set out to do, distribute money and connect a community. Indeed, when I wrote the last check from the fund in August of 2022, I may not have known what people that money had gone to, but I knew what it had paid for. The last funds paid for an accessibility ramp for one family and a new trailer for a survivor who had been living in a hotel for two years. Two more families survived and thrived because the people of Otis did it together.

All of us are #OTISSTRONG!

ESSENTIAL IDEAS

Learning Objective 1: What social problems did people experience before the natural disaster?

The people of Otis were experiencing disconnection even before the Echo Mountain Fire. Many people in the community experienced all of the social problems explored in this book: educational inequality, high rates of **homelessness**, **racism**, and poor **health**, among other examples. Because of their physical location, they experienced less access to quality food, health, **mental health**, and drug treatment services. However, when we read survivors' stories and explore the related demographic data, we learn that the truth of people's lives cannot be reduced to general categories. Instead, each survivor is uniquely #OTISSTRONG.

Learning Objective 2: How does a disaster exacerbate existing complex social problems in a community?

When we experienced the dual disasters of wildfire and the **COVID-19** pandemic, the underlying social disconnection made recovery much harder to achieve. Natural disasters, including the Echo Mountain Fire, expose existing social inequalities because people with less **power** and **privilege** have fewer personal resources to survive disasters and to support their own recovery. They may also find it more challenging to meet the complex and contradictory requirements to receive governmental recovery support. Often, the existing inequality gets worse because the destruction of existing infrastructure impacts the people with the fewest resources the most. In some cases, **structural inequality** may decrease. For example, many of the new homes now in Otis are newer and better than the structures they replaced.

Learning Objective 3: How do sociologists explain disaster and disaster recovery?

Sociologists use three models to explain disaster and disaster recovery. The disaster management cycle allows us to share a common understanding of the phases of disaster and disaster recovery. The disaster mental health model charts a path of mental health challenges for people and communities so that we can respond to mental health needs more effectively. The concept of resilience gentrification links **class, race**, and disaster to provide a deeper understanding of how inequality is exacerbated (or not) after a disaster.

Learning Objective 4: How does the weaving of community after a disaster create opportunities for strengthening social justice?

Disaster wipes out physical and social infrastructure. As a community responds to the disaster, new organizations and new organizational relationships form, like Echo Mountain Fire Relief, The Grange, Landscaping with Love, and Conexión Fénix. Individuals come together in new ways, like the Volunteer Cleanup. Recovery in Otis is a long-term effort. These new social organizations and social networks resulted in re-homing many survivors and creating new ways of building a resilient equitable community. Although it is not common or guaranteed, disasters can result in social justice.

Comprehension Check

KEY TERMS LIST

Community Organizations Active in Disaster (COAD): a local group of community organizations that coordinates emergency human services while working in concert with partner agencies, including the local emergency management agency and social service agencies, during all stages of a disaster

disaster recovery: the phase of the emergency management cycle that begins with the stabilization of the incident and ends when the community has recovered from the disaster's impacts

disaster resilience: a community's ability to withstand a disaster, recover from it, and thrive after it

disaster response: the activities that address the short-term, direct effects of an incident; the response includes immediate actions to save lives, protect property, and meet basic human needs

disconnected/disconnection: the breakdown of connections among and between people

horizontal communication: interaction between groups of similar size and levels

Long Term Recovery Group (LTRG): a unification of area groups brought together to oversee the recovery of an area after a disaster to ensure seamless communication and coordination of all the parties involved in recovery

resilience gentrification: the process in which only the wealthy can pay the increased costs of building climate-resistant structures, resulting in displacing poorer people

vertical communication: the communications that cross up and down between organizational levels and groups of different sizes and authority

DISCUSS AND DO

1. **Disaster Response and Individual Agency** If you had ten minutes to leave your home because of a natural disaster, what would you take with you? How many of the things recommended by the CDC in this infographic, [Are you Prepared? \[Website\]](#) do you already have?
2. **Disaster Recovery and Community Action:** How prepared is your community? Do you have a long-term recovery group? What about a disaster recovery plan? Take some time to explore what resources your community already has in place for disaster preparedness and response. Can people of all social locations access these resources equally? If not, what would make a difference?
3. **Disasters, Power, and Privilege:** As you read the stories of the survivors of the Otis wildfires, where do you see overlapping social problems? Do people recover equally?
4. **Interdependent Action for Social Justice:** As you explore all the ways in which people, communities, and agencies responded to the wildfires and their aftermath, where do you see social justice in action?

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Glossary

#Black Lives Matter

a hashtag that first went viral in 2013 in response to the acquittal of Trayvon Martin's murderer. In the decade following its introduction, #BlackLivesMatter became a popular organizing tool on social media

a good death

a death that is free from avoidable death and suffering for patients, families and caregivers in general accordance with the patients' and families' wishes

achievement gap

any significant and persistent disparity in academic performance or educational attainment between different groups of students, such as White students and students of color, for example, or students from higher-income and lower-income households

action research

a family of research methodologies that pursue action (or change) and research (or understanding) at the same time

addiction

a chronic, relapsing disorder characterized by compulsive drug seeking and use despite adverse consequences

Adverse Childhood Experiences (ACEs)

potentially traumatic events that occur in childhood (0-17 years)

age group

a group of individuals who are regarded by society as holding a similar position based on their age

ageism

discrimination based on age

anti-racist

a person who is supporting an antiracist policy through their actions or expressing an antiracist idea

Banking model of education

the concept of education in which "knowledge is a gift bestowed by those who consider themselves knowledgeable upon those whom they consider to know nothing"

BIPOC

an acronym that stands for Black, Indigenous, and People of Color. It is used to refer to people whose communities have been historically under-resourced, over-policed, disproportionately impacted by social problems, and underrepresented in terms of institutional power in the United States because of their assigned race category

birthright citizenship

the concept that a child born in a country becomes a citizen, regardless of the citizenship of their parents

blended families

families consisting of two or more adult partners and their children together with children from previous relationship

blue lining

real estate that is considered high risk due to low elevation, and flooding due to climate change, may not qualify for loans

bodily autonomy

the idea that a person has the power to decide what happens to their own body

brain death

brain death, or what became known as the “whole-brain” definition of death, involved the following criteria: the absence of spontaneous muscle movement (including breathing), lack of brain-stem reflexes, the absence of brain activity, and the lack of response to external stimuli

BREATHE Act

proposed legislation that offers a radical reimagining of public safety, community care, and how we spend money as a society

capitalism

an economic system based on private ownership and the production of profit

causation

a change in one variable causes a change in another variable

chosen family

a deliberately chosen group of people that satisfies the typical role of family as a support system. These people may or may not be related to the person who chose them

claim

an argument that a particular troubling condition needs to be addressed

claimsmaker

a person who seeks to convince others that there is a troubling condition about which something needs to be done

class

a group who shares a common social status based on factors like wealth, income, education, and occupation

climate change

the long-term shift in global and regional temperatures, humidity and rainfall patterns, and other atmospheric characteristics

collective action

the actions taken by a collection or group of people, acting based on a collective decision

collectivist

a society that focuses on meeting the needs and goals of all members of a group rather than focusing on individual successes

colonialism

the domination of a people or area by a foreign state or nation

colonization

the action or process of settling among and establishing control over the indigenous people of an area

community cultural wealth

the interdependent, overlapping forms of knowledge, skills, abilities, and networks possessed and utilized by Communities of Color to survive and resist racism and other forms of subordination

Community Organizations Active in Disaster (COAD)

a local group of community organizations that coordinates emergency human services, while working in concert with partner agencies, including the local emergency management agency and social service agencies, during all stages of a disaster

Conflict Theory

a sociological approach that views society as characterized by pervasive inequality based on social class, race, gender, and other factors

consent

freely given agreement to do something. This term is often applied to sexual activity but can be used in other situations

conspicuous consumption

the purchase of expensive luxury goods or services as a display of one's wealth and status

contested illness

an illness that is questioned or considered questionable by some medical professionals

correlation

when a change in one variable coincides with a change in another variable but does not necessarily indicate causation

cost burdened households

a household in which 30% or more of a household's monthly gross income is dedicated to housing, making it difficult to pay for necessities

COVID-19

an infectious disease caused by the SARS-CoV-2 virus

criminal justice system

a system that relies on legal codes, criminalization, policing, and punishment to mediate conflict, protect property, and maintain social order

criminalization

the act of making something illegal

critical environmental justice

a theory that considers how all forms of structural inequality put targeted communities at risk of environmental harm and how all forms of inequality essentially violate the human right to live in a healthy, safe, and thriving environment

Critical Race Theory

the theory that systemic racism is embedded in US institutions, not just the behavior of individuals

cultural appropriation

the act of taking or using things from a culture that is not your own, especially without showing that you understand or respect this culture

cultural assimilation

the process of members in a subordinate group adopting cultural aspects of a dominant group

cultural humility

the ability to remain open to learning about other cultures while acknowledging one's lack of competence and recognizing power dynamics that impact the relationship

cultural universals

patterns or traits that are globally common to all societies

culture

the shared beliefs, values, and practices which are socially transmitted within a social group

death

When a person's body ceases to function

death positivity

a concept that means we are open to honest conversations about death and dying, and is the foundation of a social movement that challenges us to reimaging all things tied to death and dying

decriminalization

the act of reducing penalties for possession/use of small amounts from criminal sanctions to fines or civil penalties

dependent variable

the effect of a change in another variable

Diagnostic and Statistical Manual of Mental Disorders (DSM)

the handbook used by healthcare professionals in the United States and much of the world as the authoritative guide to the diagnosis of mental disorders. DSM contains descriptions, symptoms and other criteria for diagnosing mental disorders

Digital Divide

uneven access to technology due to inequalities between different social, cultural, and economic groups, often caused by location

disability

a disability is a condition of the body or mind which makes it more difficult for a person to participate fully in everyday life

disaster recovery

the phase of the emergency management cycle that begins with the stabilization of the incident and ends when the community has recovered from the disaster's impacts

disaster resilient

a community's ability to withstand a disaster, recover from it, and thrive after it

disaster response

activities that address the short-term, direct effects of an incident. Response includes immediate actions to save lives, protect property, and meet basic human needs

disconnected

the breakdown of connections among and between people

discrimination

the unequal treatment of an individual or group based on their statuses (e.g., age, beliefs, ethnicity, sex)

disenfranchised grief

grief that is unacknowledged and unsupported both within their sub-culture and within the larger society

disparity

the unequal outcomes of one group compared with outcomes for another group. Disparity can be used to compare any groups with different social locations

disproportionality

The overrepresentation or underrepresentation of a racial or ethnic group compared with its percentage in the total population

drug use

the imbibing of substances, which can happen without addiction or physical dependence but may lead to those outcomes

ecofeminism

a theory that argues that the domination of women and the degradation of the environment are consequences of patriarchy and capitalism

education

a social institution through which a society's children are taught basic academic knowledge, learning skills, and cultural norms

educational debt

the cumulative impact of fewer resources and other harm directed at students of color

enculturation

the process of learning culture

end of life

the period preceding an individual's natural death from a process that is unlikely to be arrested by medical care

environmental justice

an intersectional social movement pioneered by African Americans, Indigenous peoples, Latinx, lower-income, and other historically oppressed populations fighting against environmental discrimination within their communities and across the world

environmental racism

any environmental policy or practice that disadvantages people or communities based on race

epidemiology

the study of disease and health, and their causes and distribution

equity

the state of everyone having what they need, even if it means that some need to be given more to get there

ethnicity

a group of people who share a cultural background, including language, location, or religion

excess death

the difference between the observed numbers of deaths in a particular time period and the expected deaths for that same time period

extended family

a couple and their children and close relatives living in the same household or in proximity to each other, often spanning several generations

extreme weather events

An extreme weather event is defined by the severity of its effects or any weather event uncommon for a particular location

familism

a strong commitment to family life that stresses the importance of the family group over the interest of an individual

family autonomy

the ability of a family to make their own decisions about their future or about the treatment of their members

family of origin

the family into which one is born

Feminist theory

a theoretical perspective stating women are uniquely and systematically oppressed and that challenges ideas of gender and sex roles

five models of addiction

five ways to understand drug use that are dominant in U.S. society—the moral view, the disease model, the public health perspective, a sociological approach, and an intersectional approach

gender

a social expression of a person's sexual identity that influences the status, roles, and norms of their behavior

gender expression

the external appearance of one's gender identity, usually expressed through behavior, clothing, body characteristics, or voice, and which may or may not conform to socially defined behaviors and characteristics typically associated with being either masculine or feminine

gender identity

one's innermost concept of self as male, female, a blend of both or neither – how individuals perceive themselves and what they call themselves. One's gender identity can be the same or different from their sex assigned at birth

genocide

the systematic and widespread extermination of a cultural, ethnic, political, racial, or religious group

green burial

a way of caring for the dead with minimal environmental impact that aids in the conservation of natural resources, reduction of carbon emissions, protection of worker health, and the restoration and or preservation of habitat

greenhouse effect

imbalance between the energy entering and leaving the earth's atmosphere, resulting in a rise in global temperature

harm reduction

a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use. Harm Reduction is also a movement for social justice built on a belief in, and respect for, the rights of people who use drugs

harmful drug use

a person's drug use negatively impacts their health, their livelihood, their family, their freedom, or any other aspect of their life that they deem important

hashtag activism

the act of building up public support via social media for a cause

health

a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity

heteronormativity

the assumption that heterosexuality is the standard for defining normal sexual behavior and that male-female differences and gender roles are the natural and immutable essentials in normal human relations

heteropatriarchy

a system of oppression designed to reproduce and reinforce the dominance of heterosexual, cisgender men and oppress women and LBBTQIA+ people

historical trauma

multigenerational trauma experienced by a specific cultural, racial or ethnic group. It is related to major events that oppressed a particular group of people because of their status as oppressed, such as slavery, the Holocaust, forced migration, and the violent colonization of Native Americans

homelessness

being unsheltered, having inadequate shelter, not having a permanent fixed residence, and/or lacking the resources to secure stable housing

homophobia

the irrational fear of or prejudice against individuals who are or are perceived to be gay, lesbian, bisexual, and other non-heterosexual people

horizontal communication

interaction between groups of similar size and levels

hospice

specialized healthcare for those approaching end-of-life. Focuses on quality of life, comfort care, and medical, psychological, and social needs; treats the person and the symptoms of disease and illness rather than the disease itself; supports the patient and family

houselessness

lacking a place to live

housing insecurity

a broad set of challenges, such as the inability to pay rent or utilities or the need to move frequently

hypothesis

a testable educated guess about predicted outcomes between two or more variables

identity first language

Identity first language focuses on an inherent part of someone's identity, such as deafness or neurodiversity

immigration industrial complex

The immigration industrial complex is the confluence of public and private sector interests in the criminalization of undocumented migration, immigration law enforcement, and the promotion of "anti-illegal" rhetoric

Implicit bias

the hidden or unconscious beliefs that a person holds about other social groups

inclusion

the laws and practices that require that disabled students be included in mainstream classes - not separate rooms or schools

income

the money a person earns from work or investments

independent variable

the cause of the change in another variable

indigenous peoples

Indigenous peoples have in common a historical continuity with a given region prior to colonization and a strong link to their lands

indigenous science

the scientific approach of Indigenous cultures worldwide, a time-tested approach that sustains the community and the environment

individual agency

the capacity of an individual to actively and independently choose and to affect change, free will, or self-determination

individualist

a society that emphasizes the needs and success of the individual over the needs of the whole community

institution

A large-scale social arrangement that is stable and predictable, created and maintained to serve the needs of society

interdependence

the concept that people rely on each other to survive and thrive

Interpretive Framework

an approach that involves a detailed understanding of a particular subject through observation or listening to people's stories, not through hypothesis testing

intersectionality

overlapping social identities produce unique inequities that influence the lives of people and groups

legalization

to make the possession and use of a drug legal

LGBTQIA+

an acronym that stands for Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual, and more

life course

the period from birth to death, including a sequence of predictable life events such as physical maturation

life expectancy

the number of years a person can expect to live, based on an estimate of the average age that members of a particular population group will be when they die

long term recovery group (LTRG)

a unification of area groups brought together to oversee the recovery of an area after a disaster to ensure seamless communication and coordination of all the parties involved in recovery

lynching

extra-judicial killings in which an individual or a mob kidnaps, tortures, and kills persons suspected of crime or social transgressions

Macro-level Theory

a theory that examines larger social systems and structures, such as the capitalist economy, bureaucracies, and religion

marginalization

a process of social exclusion in which individuals or groups are pushed to the outside of society by denying them economic and political power

marriage equality

The recognition of same-sex marriage as a human and civil right, as well as recognition by law and support of societal institutions

mass incarceration

the overwhelming size and scale of the U.S. prison population

matrix of domination

a concept that says that society has multiple interlocking levels of domination that stem from the societal configuration of race, class, and gender

medical model of disability

a model which says that people are disabled because they have impairments or differences

medical sociology

the systematic study of how humans manage issues of health and illness, disease and disorders, and healthcare for both the sick and the healthy

medicalization

the process by which aspects of life that were considered bad or deviant are redefined as sickness and needing medical attention to remedy

mental health

a state of mind characterized by emotional well-being, good behavioral adjustment, relative freedom from anxiety and disabling symptoms, and a capacity to establish constructive relationships and cope with the ordinary demands and stresses of life

mental illness

a wide range of mental health conditions, disorders that affect your mood, thinking, and behavior. Examples of mental illness include depression, anxiety disorders, schizophrenia, eating disorders, and addictive behaviors

mental wellness

an internal resource that helps us think, feel, connect, and function; it is an active process that helps us to build resilience, grow, and flourish

Micro-level Theory

a theory that examines the social world in finer detail by discussing social interactions and the understandings individuals make of the social world

microaggression

a term used for brief and commonplace daily verbal, behavioral, or environmental indignities, that communicate hostile, derogatory, or negative prejudicial slights and insults toward any group

mixed status family

a family whose members include people with different citizenship or immigration statuses

models of mental health and illness

biological model: understands mental health and illness to be a combination of genetics and neurochemicals. It understands mental illness to be a defect of brain chemistry
biopsychosocial model: an interdisciplinary model that looks at the interconnection between biology, psychology, and socio-environmental factors
medical model a theory that states that psychiatric conditions are caused by an imbalance of chemicals in the brain;
psychological model: an approach to mental illness that assumes mental health and mental illness lie within mental processes, such as beliefs, attitudes, thinking patterns, and life experiences;
sociological model: an approach that emphasizes that a society's culture shapes its understanding of health and illness and practice of medicine

morbidity

the incidence of disease

mortality

the number of deaths in a given time or place

multigenerational family

a family with two or more adult generations and families that have grandchildren under age 25 and grandparents living together

nativism

an intense opposition to an internal minority that is seen as a threat to the nation on the grounds of its foreignness

natural disaster

unexpected natural events that cause significant loss of human life or disruption of essential services like food, water, or shelter

neurodiversity

an axis of human diversity describing how brain differences are naturally occurring variations in humans

New Jim Crow

the network of laws and practices that disproportionately funnel Black Americans into the criminal justice system, stripping them of their constitutional rights as a punishment for their offenses in the same way that Jim Crow laws did in previous eras

norm

the rules or expectations that determine and regulate appropriate behavior within a culture, group, or society

nuclear family

a family group that consists of two parents and their children living together in one household

objectivity

the unrealistic idea of conducting research with no interference by aspects of the researcher's identity or personal beliefs

opioid crisis

a surge of drug overdoses and suicides, both linked to the use of opioid drugs

origin

the geographical location where a person was born and grew up

palliative care

medical care focusing on relief of pain and symptoms. Meant to enhance a person's current care by focusing on quality of life and addressing what matters most to the patient

Patient Protection and Affordable Care Act

a law that provides numerous rights and protections that make health coverage more fair and easy to understand, along with subsidies (through "premium tax credits" and "cost-sharing reductions") to make it more affordable

patriarchy

a form of mental, social, spiritual, economic and political organization/structuring of society produced by the gradual institutionalization of sexbased political relations created, maintained and reinforced by different institutions linked closely together to achieve consensus on the lesser value of women and their roles

pedagogy

the art, science, or profession of teaching

person first language

a way to emphasize the person and view the disorder, disease, condition, or disability as only one part of the whole person

police

a civil force in charge of regulating laws and public order at a federal, state, or community level

poverty

the state of lacking the material and social resources an individual requires to live a healthy life

power

the ability of an actor to sway the actions of another actor or actors, even against resistance

prejudice

prejudice is an unfavorable preconceived feeling or opinion formed without knowledge or reason that prevents objective consideration of an individual or group

prison industrial complex

the overlapping interests of government and industry that use surveillance, policing, and imprisonment as solutions to economic, social and political problems

private healthcare

health insurance that a person buys from a private company; private healthcare can either be employer-sponsored or direct-purchase

private prisons

for-profit incarceration facilities run by private companies that contract with local, state, and federal governments

privilege

an advantage that is unearned, exclusive to a particular group or social category, and socially conferred by others

protest

a public expression of objection, disapproval or dissent towards an idea or action, typically a political one

public healthcare

health insurance that is funded or provided by the government

qualitative research

non-numerical, descriptive data that is often subjective and based on what is experienced in a natural setting

quantitative research

data collected in numerical form that can be counted and analyzed using statistics

queer

a person who does not conform to norms about sexuality and gender (particularly the ones that say that being straight is the human default and that gender and sexuality are hardwired, binary, and fixed rather than socially constructed, infinite, and fluid)

queer theory

an interdisciplinary approach to sexuality and gender studies that identifies Western society's rigid splitting of gender into male and female roles and questions the manner in which we have been taught to think about sexual orientation and gender

race

a socially constructed category with political, social, and cultural consequences, based on incorrect distinctions of physical difference

racial disparity

the unequal outcomes of one racial or ethnic group compared with outcomes for another racial or ethnic group

racial justice

a response to racism that changes social systems to reduce racial inequities and address the social and interpersonal conditions caused by racial inequities

racial trauma

a term used to describe the physical and psychological symptoms that People of Color often experience after being exposed to stressful experiences of racism

racism

a marriage of racist policies and racist ideas that produces and normalizes racial inequities

red lining

the discriminatory practice of refusing loans to creditworthy applicants in neighborhoods that banks deem undesirable or racially occupied

religion

a personal or institutional system of beliefs, practices, and values relating to the cosmos and supernatural

reproductive justice

a framework that centers the human right to have children, not have children, and parent the children we have in safe and healthy environments

research method

the ways in which social scientists collect, analyze, and understand research information

research methods

an established scholarly research process that involves asking a question, researching existing sources, forming a hypothesis, designing a data collection method, gathering data, and drawing conclusions

residential segregation

the physical separation of two or more groups into different neighborhoods

Right to Die laws

laws that allow a person who suffers from a terminal disease and meets the required criteria to choose to end their life on their terms

risk environment

the space—whether social or physical—in which a variety of factors interact to increase the chances of drug-related harm

role

the behaviors and patterns utilized by an individual, such as a parent, partner, sibling, employee, employer, etc., which may change over time

role strain

a situation caused by higher-than-expected demands placed on an individual performing a specific role that leads to difficulty or stress

rural

areas are sparsely populated, have low housing density, and are far from urban centers

scientific racism

the use of pseudo-scientific methods to justify racial inequality

segregation

the physical separation of two groups, particularly in residence, but also in workplace and social functions

SES - socioeconomic status

an individual's level of wealth, power, and prestige

sex

a biological categorization based on characteristics that distinguish between female and male based on primary sex characteristics present at birth

sexism

Discrimination or prejudice against an individual or group based on the idea that one sex or gender is better than the others

sexual orientation

a person's emotional, romantic, erotic, and spiritual attractions toward another person

sick role

patterns of expectations that define appropriate behavior for the sick and for those who take care of them

social capital

the social networks or connections an individual has available to them due to group membership

social construction

shared understandings that are jointly accepted by large numbers of people in a society or social group

social death

the loss of social identity, loss of social connectedness, and loss associated with the disintegration of the body

social determinants of health

the circumstances in which people are born, grow up, live, work, and age and the systems put in place to deal with illness

social identity

the sum total of who we think we are in relation to other people and social systems

social justice

full and equal participation of all groups in a society that is mutually shaped to meet their needs

social location

the combination of factors including gender, race, social class, age, ability, religion, sexual orientation, and geographic location that define an individual or group in relationship to power and privilege

social mobility

an individual's or group's (e.g., family) movement through the class hierarchy due to changes in income, occupation, or wealth

social model of disability

a model of disability which says that disability is caused by the way that society is organized

social movements

purposeful, organized groups that strive to work toward a common social goal

social problem

a social condition or pattern of behavior that has negative consequences for individuals, our social world, or our physical world

social structure

The complex and stable framework of society that influences all individuals or groups through the relationship between institutions (e.g., economy, politics, religion) and social practices (e.g., behaviors, norms, and values)

socialized medicine

when the government owns and runs the entire healthcare system

society

a group of people who live in a defined geographic area, who interact with one another, and who share a common culture

Sociological Imagination

a quality of mind that connects individual experience and wider social forces

sociology

the systematic study of society and social interactions to understand individuals, groups, and institutions through data collection and analysis

Standpoint Theory

a theory which argues that where you stand, or your point of view, influences what you notice

stigma

the social process whereby individuals that are taken to be different in some way are rejected by the greater society in which they live based on that difference

stigmatization of illness

when stigma is aimed at a person with a physical or mental illness or condition

stratification

a socioeconomic system that divides society's members into categories ranking from high to low, based on things like wealth, power, and prestige. Also called inequality

Structural Functional Theory

a sociological approach which maintains that social stability is necessary for a strong society, and adequate socialization and social integration are necessary for social stability. Society's social institutions (such as the family or the economy) perform important functions to help ensure social stability

structural inequality

a condition where one category of people is attributed an unequal status in relation to other categories of people

structural mobility

a shift in hierarchical position of an entire class of individuals over time in society

structural racism

the totality of ways in which societies foster racial discrimination through mutually reinforcing systems of housing, education, employment, earnings, benefits, credit, media, health care and criminal justice

substance use disorder (SUD)

the condition in which there is uncontrolled use of a substance despite harmful consequences. People with SUD have an intense focus on using a certain substance(s), such as alcohol, tobacco, or illicit drugs, to the point where the person's ability to function in day-to-day life becomes impaired

Symbolic Interactionist Theory

a sociological approach that focuses on the study of one-on-one social interactions and the meanings that emerges from them

thanatology

the scientific study of death, the dying process, and bereavement

theory

a statement that describes and explains why social phenomena are related to each other

Traditional Ecological Knowledge (TEK)

the ongoing accumulation of knowledge, practice, and belief about relationships between living beings in a specific ecosystem that is acquired by indigenous people over hundreds or thousands of years through direct contact with the environment, handed down through generations, and used for life-sustaining ways

trauma

a person (or group) response to a deeply distressing or disturbing event that overwhelms one's ability to cope, causes feelings of helplessness, diminishes self esteem and the ability to feel a full range of emotions and experiences

under-resourced communities

areas with relatively high poverty rates that lack robust economic infrastructure. While the term often refers to cities and suburbs with populations of over 250,000 people, many rural communities are also under-resourced (adapted from Eberhardt, Wial, and Yee 2020:5)

underinsured

people who pay at least 10 percent of their income on healthcare costs not covered by insurance

underserved communities

groups that have limited or no access to resources or that are otherwise disenfranchised

undocumented

anyone residing in any given country without legal documentation. It includes people who entered the U.S. without inspection and proper permission from the government, and those who entered with a legal visa that is no longer valid

universal healthcare

a system that guarantees healthcare coverage for everyone

value

an ideal or principle that determines what is correct, desirable, or morally proper

vertical communication

those communications which cross up and down between organizational levels and groups of different sizes and authority

War on Drugs

an effort in the United States since the 1970s to combat illegal drug use by greatly increasing penalties, enforcement, and incarceration for drug offenders

wealth

the total amount of money and assets an individual or group owns

weathering

the concept that chronic exposure to social and economic disadvantage leads to an accelerated decline in physical health outcomes

white privilege

the unquestioned and unearned set of advantages, entitlements, benefits, and choices bestowed upon people solely because they are White

worldview

the collection of interconnected beliefs, values, attitudes, images, stories, and memories from which a sense of reality is constructed and maintained in a social system and in the minds of individuals who participate in it

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Appendix: Class Expansion Materials

Homelessness: Grace Wins Haven, a Case Study by Harris

Associated with [Chapter 6: Who has a Home?](#)



Page 1: Title: Homelessness: Grace Wins Haven, a Case Study by Harris



Page 2: Grace Wins Haven, People, Place, and a Cute Puppy

Q and A with Traci Flowers, Executive Director of Grace Wins Haven.

Harris: Where did you get the idea to start a day resource shelter?

Traci: I applied for a position at the Portland Rescue Mission and was one of two finalist. I had life experience and the other applicant had a college degree. I didn't want the position if I wasn't the clear choice, so I took myself out of the running for the job. I felt that God told me, "I didn't give you part of Portland, I gave you all of Newport." I then proceeded to opened Grace Wins Haven Day Resource Center, which serves clients, ranging from toddlers all the way to people in their 80's and 90's.

Harris: What is your vision for Grace Wins Haven?

Traci: My visions for Grace Wins Haven is to offer compassion, love and a hand up to facilitate change in the lives of the houseless. I would like to start either a shelter or a tiny house program where people can live while working on goals.

Harris: How did you start Grace Wins Haven?

Traci: My mother owned the House of Bargains Thrift Store, and when it closed, the building was available for Grace Wins Haven. I started fund raising, a Facebook page, and talked with churches and the community about the shelter.

Harris: What services does Grace Wins Haven provide clients?

Traci: Currently we help our clients obtain a job, sign up for disability services, get their record expunged, and create goals to promote a more successful future. We offer our clients a smile and provide showers, laundry facilities, food, lockers, and connections to other agencies. We take the time to converse with our clients about their lives. We want our clients to feel safe and valued.

Harris: What are your main challenges?

Traci: Our main challenge is not enough funding. On an average, we feed 50 individuals daily, (about 100 different individuals a week) costing around \$1,000 a week to supply food for our clients.



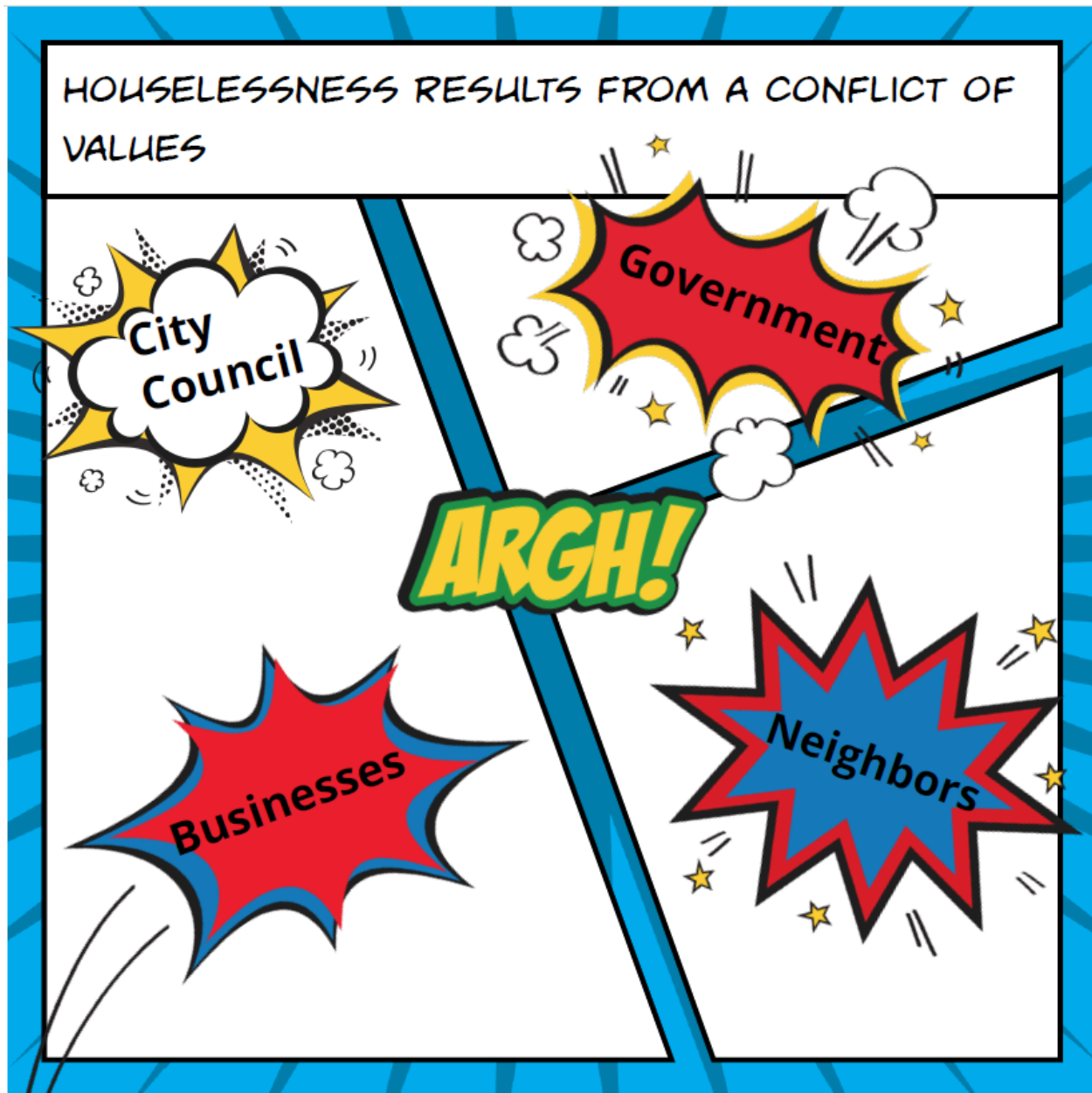
Page 5: The Social Problem of Houselessness: Goes Beyond the Individual

Harris: How do you see houselessness going beyond the individual?

Traci: Our street is lined with cars that provide shelter to many people. The scene is familiar with ones in other cities, along with tents under bridges and along the road, and campers parked along the street with belongings spilling out of them. Due to the Camping Ordinance (Ordinance No. 2198), that the Newport, Oregon, City Council adopted on October 3rd, 2022 (Lipp, 2022), businesses may start seeing people or even entire camps outside doors, which makes both the business and unhoused individuals uncomfortable.

Harris: What emotional toll does houselessness have you seen on clients?

Traci: During the Covid pandemic, we saw a lot of paranoia and anxiety. Clients wondered who would take care of them if they became sick, which created overwhelming panic. The emotional impact of the Covid pandemic is still impacting our clients. Our clients exhibit anger, anxiety, hurt and sadness. We have a service dog, Tank, who provides comfort for our clients. I have witnessed clients who are near manic calm down and regulate after spending time with Tank.



Page 7: The Social Problem of Houselessness: Homelessness Results From A Conflict in Values

Harris: How do you see houselessness as a conflict of values?

Traci: Grace Wins Haven is near the high school, an industrial and business area and private residence. Some of our neighbors and nearby businesses don't want the shelter or houseless individuals in their neighborhood.

Traci: The new Camping Ordinance is an example of a conflict in values. The City Council is made up of a wide range of representation and the basis of the Camping Ordinance is fair. However, the city had to include parameters that many of the council members did not agree with, but were legally bound by the government to include. Some members of City Council went against their own values in passing the Camping Ordinance.

Traci: It is common for houseless individuals who are female, to go against their moral values just to survive. They feel that they need to have a male in their life to provide safety, which leads sex trafficking (exchanging sex for someone to watch out for them) and a focus on finding a male to be in relationship with.

**INEQUALITIES IN REGARDS TO HOUSELESSNESS:
SOCIAL LOCATION**

**Where am I
going to plug
my oxygen tank
at night?**



Page 9: The Social Problem of Houselessness Reveals Inequality, Image

Harris: You previously mentioned the Camping Ordinance (Ordinance No. 2198), that the Newport, Oregon, City Council adopted on October 3rd, 2022. What inequality have arisen due to the Camping Ordinance?

Traci: There is language in the new Camping Ordinance that refers to walking distance of service, but in that term, lies inequality. The walking difference varies depending on the social location of ability, whether one is in a wheelchair or walker or has trouble walking. The new Camping Ordinance prohibits people from camping within 200 feet of houseless services, which is a life-or-death problem for one of our clients, a 76 year old gentleman, (the picture on the previous page), who plugs his oxygen tank into Grace Wins Haven at night. Due to his need to plug his oxygen in at night, he is more impacted by houselessness than other populations and unfortunately, his disability does not hit a high enough mark to qualify for Senior Services.

Harris: What other inequalities in regards to intersectionality, have you witnessed?

Traci: Clients with past felony records, existing health issues and families with children who have disabilities, also face inequality in regards to being houseless. An 89 year old client is going to be evicted, even though she has lived in her house for over 20 years. The person she was renting from passed away and the house is being sold. Even though there are many organizations and programs available, including the Turn Key program (a Lincoln City shelter program), applicants have to fall within certain categories to be able to be eligible for services. Unfortunately, our 89 year old client, does not qualify for any of the services.

Traci: Our clients face many inequalities and jobs are difficult to obtain without identification, an address, clean clothes, a shower, a place to store their belongings, or transportation. For example:

- * A client is living in a tent in woods and the nearest services or programs are located in Salem, Albany or Corvallis. The client does not have a car for transportation.

- * One youth, who was in his 20's, found employment at a local fast food restaurant. Since he did not have a place to store his belongings, he stashed them in the bushes, where they were stolen while he was working. He ended up missing work while he was trying to find his items, resulting in termination of employment.

- * A client, who lived in her house for 40 years, became houseless when her spouse died and she was not able to afford housing.

- * A mom and her son, who has autism, have unstable housing. The son was bullied in school due to his disability, so his mother unenrolled him from school.

- * A gentleman, who was a felon 25 years ago, cannot secure housing, even though he has not had any more marks on his record.

Traci: Some of our clients experience poverty, substance abuse disorder, poor mental health and have medical conditions. It is difficult for individuals after they have a heart attack or a stroke, to pay rent and keep current on bills. A lack of education makes it difficult for them to fill out medical paperwork, causing a barrier to obtaining medical help.



Page 11: Homelessness Is Socially Constructed But Real In Its Consequences, Image

Harris: How do you see houselessness as socially constructed, but real in its consequences?

Traci: Many of our clients are unhoused due to an increase in rent, or even a small increase in income, causing them to no longer qualifying for section 8, resulting in a lack of housing in their price range. Many rentals require the applicant to earn three times their rent and deposits on utilities, which could add up to \$6,000, just to move into a rental, which is not possible on a limited income.

Traci: Low paying jobs, inflation and a competitive housing market also add to the difficulty in securing housing.



Page 13: Housing Justice Requires Interdependent Solutions of Individual Agency and Collective Action

Harris: How do you see organizations working together to wrap around our houseless population?

Traci: In close proximity to Grace Wins Haven is Head Start, the Food Bank, and the Avery Building, which houses unemployment services, food stamps, Community Services Consortium and vocational rehab. The organizations collaborate with each other to create a safety net for Newport's unhoused population. Due to the close proximity of the organizations, an able-bodied unhoused person is able to walk between the support services. We connect clients with services at the Avery building, the Food Bank, and Head Start, if they have children who meet the Head Start requirements. If unhoused people initially go to the other organizations, the organizations connect the unhoused individuals with Grace Wins Haven. The Samaritan House Shelter, Safe Families, Grocery Outlet, the City of Newport, LCSD Help Program, churches and other organizations work together to provide support for the houseless population in Lincoln County.

Harris: How can people donate to the shelter?

Traci: We accept checks, donations through Facebook, and our website, Gracewinshaven.org has a place for PayPal donations.

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Page 15: Bibliography

**Religion – Beliefs About Death,
Preparation of the Body, and Funeral
Rites**

Associated with **Chapter 13: Who Dies Well?**

Religion	Beliefs Pertaining To Death	Preparation of the Body	Funeral
Buddhist	Both a religion and way of life with the goal of enlightenment. Beliefs include that life is a cycle of death and rebirth.	Goal is a peaceful death. Statue of Buddha may be placed at bedside as the person is dying. Organ donation is not permitted. Incense is lit in the room following death.	Family washes and prepares the body. Cremation is preferred but if buried, the deceased should be dressed in regular daily clothes instead of fancy clothing. Monks may be present at the funeral and lead the chanting.
Catholic	Beliefs include that the deceased travels from this world into eternal afterlife where the soul can reside in heaven, hell, or purgatory. Sacraments are given to the dying	Organ donation and autopsy are permitted.	Cremation historically forbidden until 1963 The Vigil occurs the evening before the funeral Mass is held. Mass includes Eucharist. If a priest is not available, a deacon can lead the funeral service. Rite of committal takes place with interment.
Hindu	Beliefs include reincarnation, where a deceased person returns in the form of another, and Karma	Organ donation and autopsy are acceptable. Bathing the body daily is necessary. Death and dying must be peaceful. Customary for the body to not be left alone until cremated.	Prefer cremation within 24 hours after death. Ashes should be scattered in sacred rivers.
Jewish	Tradition cherishes life but death itself is not viewed as a tragedy. Views on an afterlife vary with the denomination (Reform, Conservative, or Orthodox).	Autopsy and embalming are forbidden under ordinary circumstances. Open caskets are not permitted.	Funerals are held as soon as possible after death. Dark clothing is worn at and after the funeral/burial. It is forbidden to bury the deceased on the Sabbath or festivals. Three mourning periods are held after the burial, with Shiva being the first seven days after burial.
Muslim	Muslims believe in an afterlife and that the body must be quickly buried so that the soul may be freed.	Embalming and cremation are not permitted. Autopsy is permitted for legal or medical reasons only. After death, the body should face Mecca or the East. Body is prepared by a person of the same gender.	Burial takes place as soon as possible. Women and men will sit separately at the funeral. Flowers and excessive mourning are discouraged. Body is usually buried in a shroud and is buried with the head pointing toward Mecca.

Religion	Beliefs Pertaining To Death	Preparation of the Body	Funeral
Native American	Beliefs vary among tribes. Sickness is thought to mean that one is out of balance with nature. Thought that ancestors can guide the deceased. Believe that death is a journey to another world. Family may or may not be present for death.	Preparation of the body may be done by family. Organ donation is generally not preferred.	Most burials are natural or green. Various practices differ with tribes. Among the Navajo, hearing an owl or coyote is a sign of impending death and the casket is left slightly open so the spirit can escape. Navajo and Apache tribes believe that spirits of the deceased can haunt the living. The Comanche tribe buries the dead in the place of death or in a cave.
Protestant	Belief in Jesus Christ and the Bible is central, although differences in interpretation exist in the various denominations. Beliefs include an after-life.	Organ donation and autopsy are permitted.	Cremation or burial is accepted. Funerals can be held in a funeral home or in church and led by a minister or chaplain.

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“Beliefs pertaining to death, preparation of the body, and funeral rights for some religions” from **“Diversity in Dying: Death Across Cultures”** by Susan E. Lowey, **Nursing Care at the End of Life** is licensed under [CC BY-NC-SA 4.0](#)

Image Descriptions

Description for Figure 1.5

Globally, and in every region, the prevalence of food insecurity is higher among women than men.

A line chart shows moderate or severe food insecurity for both women and men in different regions of the world from 2015 to 2020. The lines are often close, but women are always more food insecure than men. Throughout the world, food insecurity has risen for both women and men (from around 20% in 2015 to over 30% for women in 2020). The two lines diverge the most for Latin America and the Caribbean, where food insecurity went from approximately 25% in 2015 to over 40% in 2020. Food insecurity rates for both men and women are highest in Africa (almost 60% for both men and women in 2020) and lowest in North America (between 10 and 15% in 2020).

Data source: [State of Food Security and Nutrition in the World 2021 \[Website\]](#), prepared by FAO, IFAD, UNICEF, WFP and WHO.

This simplified version was created by Michaela Willi Hooper and Kimberly Puttman and licensed under CC BY-NC-SA 4.0.

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Description for Figure 1.14

The six steps of claimsmaking defined and organized in a circle:

1. Claimsmaking: People make claims that there is a social problem, with certain characteristics, causes, and solutions.
2. Media Coverage: Media...report on claimsmakers so that news of the claims reaches a broader audience.
3. Public Reaction: Public opinion focuses on the social problem identified by the claimsmakers.
4. Policymaking: Lawmakers and others with the power to set policies to create new ways to address the problem.
5. Social Problems Work: Agencies implement the new policies, including calls for further changes.
6. Policy Outcomes: There are various responses to the new arrangements.

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Description for Figure 1.15

Civil Rights March on Washington, D.C.

Leaders marching from the Washington Monument to the Lincoln Memorial. In the front row, from left are: Whitney M. Young, Jr., Executive Director of the National Urban League; [Roy Wilkins \[Website\]](#), Executive Secretary of the National Association for the Advancement of Colored People; A. Philip Randolph, Brotherhood of Sleeping Car Porters, American Federation of Labor (AFL), and a former vice president of the American Federation of Labor and Congress of Industrial Organizations (AFL-CIO);

Walter P. Reuther, President, United Auto Workers Union; and Arnold Aronson, Secretary of the Leadership Conference on Civil Rights. Aug. 28, 1963.

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Description for Figure 2.3

The social identity wheel has common characteristics in the middle that remain stable including, national origin, race/ethnicity, mental/physical ability, sexual orientation, age, gender, gender identity or expression. The characteristics on the outside can change over time like, work experience, education, appearance, religion, income, language and communication skills, organizational role, family, and political belief.

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Description for Figure 2.10

Six disabled people of color smile and pose in front of a concrete wall. Five people stand in the back, with the Black woman in the center holding up a chalkboard sign reading “disabled and here.” A South Asian person in a wheelchair sits in front.

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Description for Figure 2.11

Wheel of Power and Privilege

Overview

A multicolored wheel that visualizes an individual’s or group’s relationship to power and privilege. From a center that says power, two intersecting lines with arrows at each end point outwards and are labeled *marginalization*. There are 16 slices or segments in the wheel. Each segment represents categories of identities or social locations. Social locations near the center of the wheel experience more power. Social locations near the edge of the wheel experience more oppression and are more marginalized. Gray words outside the circle indicate forms of oppression and discrimination directed at people with those social identities.

Please keep in mind that as we try to describe the relationships between socially constructed power and identity, the categories we use can be imprecise, overlapping, and unstable.

Category descriptions and social identities/locations

- Race/Ethnicity: Black and Indigenous People of Color are the most marginalized identities; White passing is in the middle, and white is closest to the center of power. Racism is a form of oppression marginalized people in this category experience.
- Skin color: Dark is the most marginalized identity, with medium shades in the middle and white closest to the center of power. Colorism is a form of oppression marginalized people in this category experience.
- Indigeneity: Indigenous is the most marginalized identity, and Settlers are closest to the center of power. Colonialism is a form of oppression marginalized people in this category experience.

- Citizenship: Undocumented are the most marginalized, documented non-citizens are in the middle, and citizens are closest to the center of power. Nativism is a form of oppression marginalized people in this category experience.
- Language: Non-English speaking is the most marginalized identity; English speaking is in the middle, and native English is closest to the center of power. Xenophobia is a form of oppression marginalized people in this category experience.
- Geography: Rural/inner city is the most marginalized identity, the suburb is in the middle, and the city is closest to the center of power. Classism is a form of oppression marginalized people in this category experience.
- Social class: The poor/working poor is the most marginalized identity, the middle class is in the middle, and the wealthy are closest to the center of power. Classism also affects people in this category.
- Housing status: Houseless is the most marginalized identity, sheltered/renting is in the middle, and the property owner is closest to the center of power. Classism also affects people in this category.
- Education: Elementary education is the most marginalized identity, high school is in the middle, and college or university is closest to the center of power. Credentialism is a form of oppression marginalized people in this category experience.
- Neurodiversity: Significant neurodivergence is the most marginalized identity; some neurodivergence is in the middle, and neurotypical is closest to the center of power. Ableism is a form of oppression marginalized people in this category experience.
- Physical and mental health: Vulnerable is the most marginalized identity, mostly stable is in the middle, and robust is closest to the center of power. Ableism also affects people in this category.
- Ability: Severe disability is the most marginalized identity, mild disability is in the middle, and able-bodied is closest to the center of power. Ableism also affects people in this category.
- Body size: Overweight or obese is the most marginalized identity, average is in the middle, and slim is closest to the center of power. Sizeism is a form of oppression marginalized people in this category experience.
- Gender identity: Trans/intersex/nonbinary is the most marginalized, cisgender women are in the middle, and cisgender men are closest to the center of power. Sexism and cisgenderism are forms of oppression marginalized people in this category experience.
- Sexual orientation: Lesbian, bi, pan/asexual are the most marginalized identities, gay men are in the middle, and straight is closest to the center of power. Heterosexism is a form of oppression marginalized people in this category experience.
- Marital Status: Single/nonmonogamous are the most marginalized identities, engaged/partnered are in the middle, and married is closest to the center of power. Heterosexism is a form of oppression marginalized people in this category experience.

Attributions and license

Based on the work of Patricia Hill Collins, Kimberlé Crenshaw, and Allan Johnson, and the visual images of Sylvia Duckworth and the Canadian Institutes of Health Research. This version was designed by Kimberly Puttman, Michaela Willi Hooper, and Lauren Antrosiglio, [Open Oregon Educational Resources, CC BY 4.0](#).

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Description for Figure 2.16

A flower-like visualization with a semi-opaque circle in the middle. Rainbow-colored ovals radiate from the middle like petals. These overlap with the oval on either side and with the circle in the middle. Each oval has one of the following social identities written in it:

- Nationality
- First Language
- Religion
- Ability
- Neurodiversity
- Health
- Body size
- Age
- Sex
- Gender
- Sexuality
- Race
- Culture
- Ethnicity
- Socioeconomic Status (SES)
- Geography

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Description for Figure 3.7

Cultural appropriation and cultural appreciation

A drawing comparing a medium-skinned Mexican American woman and white woman wearing the same clothes and makeup, but being described very differently. A tear is rolling down the Mexican American woman's cheek. Words and phrases used to describe the Mexican American woman include: From the hood, too Mexican, trashy, ghetto, broke, thug, ugly, ratchet. Words and phrases used to describe the white woman dressed in the same way include: Pretty, nice, lovely, stylish, neat, fire, cute, fashion, adorable.

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Description for Figure 3.12

Key Sociological Thinkers: Industrial Revolution to the Great Depression

The center line includes events and movements such as the invention of the printing press (1440), the first steam engine patent (1698), the Industrial Revolution (1760-1840), the Civil War (1861-1865), the invention of the telephone (1876), the launch of the Ford Model T (1908), World War I (1914-1918), the 19th amendment (1920), and the Great Depression (1929-1939). On either side are boxes with information about the thinkers, some of whom have headshots next to their information. Harriet Martineau [a woman with light skin, brown hair, and a half smile] lived from 1802-1867 and was British. She developed sociological methods, studied the status of women, and wrote the book *Society in America* (1837). Karl Marx [in a black and white photo with a large white beard] lived from 1818-1883 and was German. He developed the idea of class consciousness and wrote *The Communist Manifesto* in 1848 with Friedrich Engels. Emile Durkheim lived from 1858-1917 and was French. He developed the ideas of anomie and collective consciousness and wrote *Le Suicide* in 1897. Anna Julia Cooper [a woman with dark skin and hair looking directly at the camera] lived from 1858-1963 and was American. She is considered the founder of black feminism and wrote *A Voice from the South: By a Black Woman of the South* (1892). Jane Addams [a painting of a serious woman with light skin and a dark bun] lived from 1860-1935 and was an American social reformer. She founded Hull House and wrote *Hull House Papers and Maps* (1893). Ida B. Wells [a smiling woman with dark skin and coiffed dark hair] lived from 1862-1931 and was American. She exposed lynching as white supremacy and wrote *Southern Horrors: Lynching Law in All Its Phases* (1892). Max Weber lived from 1864 to 1920 and was German. He studied bureaucracy and the impact of values. He wrote *The Protestant Work Ethic and the Spirit of Capitalism* (1905). W.E.B. Du Bois lived from 1868-1963 and was American. He developed the ideas of double consciousness and the veil. He wrote the *Souls of Black Folks* in 1903. Eugene Kinckle Jones [shown as a young man with medium skin and a mustache] lived from 1885-1954 and was American. He was a leader of the national urban league, an advocate for black communities, and an anti-segregation activist. At the bottom of the image is a CC BY 4.0 Creative Commons license and a note that the image was designed by Michaela Willi Hooper and Kim Puttman.

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Description for Figure 3.14

The infographic, titled “the Proportion of Freeman and Slaves Among American Negroes,” shows the percentage of free slaves from 1790 to 1870; 1790, 8%; 1800, 11%; 1810, 13.5%; 1820, 13%; 1830, 14%; 1840, 13%; 1850, 12%; 1860, 11%; 1870, 100%.

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Description for Figure 3.15

Modern Sociologists

The center line includes events and movements such as World War II (1939-1945), the Civil Rights Movement (1945-1968), the Vietnam War (1955-1975), the Stonewall Riots (1969), Personal Computers (1977), Second Wave Feminism (1960s-1980s), September 11, 2001 attacks, #MeToo (2006), and #BlackLivesMatter (2013).

On either side are boxes with information about the thinkers, some of whom have headshots next to their information.

Peter Bergman (1929-2017) and Thomas Luckmann (1927-2016) developed the idea of social constructivism and wrote *The Social Construction of Reality: A Treatise in the Sociology of Knowledge* (1966).

C. Wright Mills (1916-1962) is pictured as a serious man with light skin and glasses looking down. His key idea was the sociological imagination, and he wrote *The Power Elite* (1956).

Joe Feagin's (1938-) key idea is systemic racism. He wrote *Systemic Racism: A Theory of Oppression* (2006). He has light skin, wears glasses, has white hair, and smiles.

Angela Davis was born in 1944. She is pictured as a smiling woman with light curly hair and dark skin. She studied the prison industrial complex and queer rights. She wrote *Women, Race, and Class* (1981) and was part of the abolitionist feminist movement.

Gloria E. Anzaldua (a smiling woman with medium skin, dark, short hair and large earrings) lived from 1942-2004. She developed the ideas of *la frontera* and new tribalism. She wrote *Borderlands* (1987).

Patricia Hill Collins was born in 1948. She is pictured as a woman with dark skin and curly, short, white hair speaking passionately into a microphone. She developed the concepts of interlocking oppressions and the matrix of domination. She wrote *Black Feminist Thought* (1990) and was part of the intersectionality movement.

Judith Butler was born in 1956. They are pictured as a person with short, light hair and skin staring directly at the camera. They developed the ideas that gender is socially constructed and queer theory. They wrote *Gender Trouble: Feminism and the Subversion of Identity* (1990).

Gregory Cajete (1952-) stands in front of red rock and has dark skin. He wrote *Native Science: Natural Laws of Interdependence* (2000).

At the bottom of the image are attributions for the photos that were used. The infographic was compiled by Kimberly Puttman and is All Rights Reserved at the request of one of the copyright holders.

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Description for Figure 3.23

A person's lifespan is represented by an arrow with a child at one end and a gravestone at the other. In the middle of several concentric circles is a family welcoming a new baby. Extended family interactions are represented by an older person talking to an adult, and an adult talking to a teenager. In the next set of circles, there are other interpersonal interactions, such as between a boss and employee and a teacher and student. In the outer circle are symbols representing major religions. Arrows indicate that these circles interact with one another.

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Description for Figure 4.2

“The Scientific Process”: A circle of arrows around the words Scientific Process. The top arrow says Identify a Social Issue or Find a Research Topic and Ask a Question. This points to the next arrow, which says review existing literature and sources. Build a broad understanding of work previously conducted, identify gaps in understanding of the topic, and position your own research to build on prior knowledge. The next arrow says Formulate a Hypothesis: What are the general causes of the phenomenon you’re wondering about? The next arrow says Select a Research Method and Design a Study: Select a research method appropriate to answer your question. Typically, your research question influences the method you will use. The next arrow says Collect data: Collect information on the topic using the research design. The next arrow says Analyze data: Organize and analyze the data after it is collected. If the analysis does or does not support the hypothesis, discuss implications for theory or policy. From here there is an arrow that goes back to Select a Research Method that says Based on findings, what new questions do you have? How can these new questions help develop future projects? Another arrow from Analyze Data continues the circle and says Report Findings: Share results at conferences and in academic journals. Before the conclusions of a study are widely accepted, the studies are often repeated. New research questions may emerge to inspire more research projects. This arrow points back to the top arrow where we started.

There is also an attribution statement saying this image is CC BY 4.0 and created by Jennifer Puentes and Michaela Willi Hooper.

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Description for Figure 4.5

1) Find a topic: What do you want to learn more about? 2) Design study: What do you ask? Who do you ask? 3) Collect data: What themes emerge? How should the interviews change? 4) Code data: How can the information best be categorized? 5) Analyze literature: How do other scientists understand or explain the social behavior? 6) Evaluate theory: Does it effectively explain or predict the social behavior?

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Description for Figure 4.11

Globally, and in every region, the prevalence of food insecurity is higher among women than men

A line chart shows moderate or severe food insecurity for both women and men in different regions of the world from 2015 to 2020. The lines are often close, but women are always more food insecure than men. Throughout the world, food insecurity has risen for both women and men (from around 20% in 2015 to over 30% for women in 2020). The two lines diverge the most for Latin America and the Caribbean, where food insecurity went from approximately 25% in 2015 to over 40% in 2020. Food insecurity rates for both men and women are highest in Africa (almost 60% for both men and women in 2020) and lowest in North America (between 10 and 15% in 2020).

Data source: [State of Food Security and Nutrition in the World 2021](#), prepared by FAO, IFAD, UNICEF, WFP and WHO.

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Description for Figure 4.12

Share of the world population that is undernourished image description

Overview

A line chart shows the share of individuals in global regions that have daily food intake that is insufficient to provide the amount of dietary energy required to maintain a normal, active, and healthy life. Between 2001 and 2020, all regions started high, dipped down between 2013 and 2019, and then rose in recent years.

- Sub-Saharan Africa consistently had the highest percentage of people who are undernourished. It was over 25% in 2001, dipped below 20% between 2010 and 2019, and is just over 20% in 2020.
- The South Asia line is just below Sub-Saharan Africa. It peaked just above 20% in 2004, declined to under 15%, and then spiked back up over 20% in 2018.
- The World line is below South Asia. It began just below 15% and in 2021 sat just below 10%.
- Latin America and the Caribbean was just above 10% in 2001. It dipped to almost 5% in 2014 and then began to steadily rise.

Access full data

Our World in Data provides [a sortable table \[Website\]](#) with data for all countries and regions, including the prevalence of undernourishment (% of the population) in 2001 and 2020, the absolute change, and the relative change.

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Description for Figure 5.4

In a crowded kitchen, three people are signing to each other. Someone with glasses and a pierced right ear has their back to the camera. A woman with long hair is holding a red cup in the center, looking at a man to her left who has a short beard and glasses. All of their hands are blurred, suggesting they are moving their fingers very quickly.

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Description for Figure 5.5

A chart lists the percentages that Black Deaf, Black Hearing, White Deaf, and White Hearing people attain a high school diploma/GED, some college, an Associates Degree, a Bachelor's Degree, Master's Degree, and a PH.D., J.D. or M.D. The overall educational attainment is highest by those who are white and hearing. The lowest attainment is by those who are Black and deaf. The differences between attainment among White deaf and Black hearing people is minimal.

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Description for Figure 5.8

Categories of neurodiversity often overlap with each other including these examples, 1) Dyscalculia: innovative thinking and verbal skills shares creativity with, 2) Dyslexia: visual thinking, 3D mechanic skills shares authenticity with, 3) ADHD (Attention Deficit Hyperactivity Disorder): creativity, energy and passion shares hyper-focus with, 4) Tourette Syndrome: observational skills, cognitive control, creativity and shares innovative thinking with, 5) Acquired Neurodiversity: adaptability, empathy and shares resilience with, 6) Mental Health: depth of thinking, expression and shares sensory awareness with, 7) Autism: concentration, fine detail processing and shares memory with, 8) DCD/Dyspraxia: empathy, intuition and shares verbal skills with Dyscalculia.

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Description for Figure 5.9

A heading on a note reads, "I like being Autistic because:" and is surrounded by brightly colored doodles of a yellow light bulb and a pink brain with a red heart inside. The next part of the note reads, "The same parts of my brain that disable me, also allow me to develop multi-disciplinary talents. Nevermind savantism; I have many skills which I attribute to the exact same aspects of my neurology that handicap me. Disability is nothing to be ashamed of and the spectrum is rife with ability too!"

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Description for Figure 5.16

U.S. Public School Students Tend to Go to Schools Where Their Classmates Share Their Racial and Ethnic Background

Overview

The chart shows the percentage distribution of students in each racial/ethnic group by % of that racial/ethnic group in the school, 2018-19 school year. The overwhelming majority of students who tend to share racial/ethnic background with their classmates are White and the least majority is those of two or more races, Pacific Islander, Asian American, and American Indian/Native American.

Data table

Percentage distribution of students in each racial/ethnic group, by % of that racial/ethnic group in the school, 2018-19 school year

	More than 90%	75-85%	50-74%	More than 50%
White	17.6	29.4	31.6	78.7
Hispanic	16.1	15.7	24.2	55.9
Black	13.2	11.1	17.8	42.0
American Indian/ Alaska Native	12.8	4.7	6.6	24.1
Asian American	n/a	Not shown	11.0	14.3
Pacific Islander	n/a	Not shown	5.7	7.2
Two or more races	n/a	n/a	n/a	0.1

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Description for Figure 5.18

The illustration presents three similar but different images. The first is “Equality” and shows 3 people of different heights, each standing on the same size box in an attempt to look over a fence to view a baseball game. Only 2 of the people can see over the fence. The second image is “Equity” and shows the same 3 people, only this time the tall person has no box to stand on but can still see over the fence, the person of medium height is standing on one box and can see over the fence. The shortest person is standing on 2 boxes and can finally see over the fence. The third image is “Equity for all” and adds a fourth person to the group sitting in a wheelchair. This time the solid wood fence has been swapped out for a chain link fence and all four of the people can see the game.

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Description for Figure 5.19

A graph compares employment for people with various levels of education. Overall, educational attainment correlates with less unemployment and higher hourly earnings. That is, the more education people tend to have, the less likely they are to be unemployed and the more money they are likely to make in their jobs. 9.2% of people without a high school diploma are unemployed, and when employed, their average hourly earnings are \$15.52. 7% of people with a high school diploma are unemployed, and when

employed, their average hourly earnings are \$19.74. 6.3% of people with some college (but no degree) are unemployed, and when employed, their average hourly earnings are \$21.93. 5.2% of people with a two-year college degree are unemployed, and when employed, their average hourly earnings are \$23.45. 3.5% of people with a four-year degree or higher are unemployed, and when employed, their average hourly earnings are \$35.89.

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Description for Figure 5.20

A flow chart shows how individual characteristics relate to income, financial decision-making, and ultimately wealth. The individual characteristics include cognitive ability, non-cognitive traits (“grit”), socioeconomic status, education itself, and education by-products (educated spouse, incentive to become financially savvy).

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Description for Figure 5.25

Despite growth, rural Americans have consistently lower levels of technology

A detailed graph compares access to technology between rural, suburban, and urban Americans by comparing the percentage of U.S. adults who say they have or own different types of technology.

A set of four line graphs display percentages represented by light blue lines for suburban respondents, gray lines for urban respondents, and dark blue lines for rural respondents. Above each graph, dark text shows a different item U.S. adults claim to own.

According to the graphs, the following percentages own home broadband: 79 percent of suburban respondents, 77 percent of urban respondents, and 72 percent of rural respondents.

The following percentages own a smartphone: 84 percent of suburban respondents, 89 percent of urban respondents, and 80 percent of rural respondents.

The following percentages own a tablet: 54 percent of suburban respondents, 55 percent of urban respondents, and 44 percent of rural respondents.

The following percentages own a desktop/laptop computer: 78 percent of suburban respondents, 80 percent of urban respondents, and 72 percent of rural respondents.

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Description for Figure 5.26

The interdependent solution includes federal and state government, non-profits, computer companies, school districts, schools, families and students. Each of these actors may interact with any of the others.

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Description for Figure 6.3

Homelessness: Grace Wins Haven, a Case Study by Harris

This resource is a graphic novel, which looks like a comic book. Each page has images and text with a cartoonish background.

Page 1: Homelessness: Grace Wins Haven, a Case Study by Harris.

Page 2: 9 photos show a brown and white dog resting outside; piles of folded clothes and blankets; people moving amongst racks of clothes; a refinished bathroom; two smiling adults; a row of lockers with signs posted on them; a woman smiling at desk doing paperwork; shelves of boxed food; and people standing outside a building with a couch for resting.

Page 3: A Q&A with Traci Flowers, Executive Director of Grace Wins Haven.

Harris: Where did you get the idea to start a day resource shelter?

Traci: I applied for a position at the Portland Rescue Mission and was one of the two finalist. I had life experience and the other applicant had a college degree. I didn't want the position if I wasn't the clear choice, so I took myself out of the running for the job. I felt that God told me, "I didn't give you part of Portland, I gave you all of Newport." I then proceeded to open Grace wins Haven Day Resource Center, which serves clients ranging from toddlers all the way to people in their 80's and 90's.

Harris: What is your vision for Grace Wins Haven?

Traci: My Visions for Grace wins Haven is to offer compassion, love and a hand up to facilitate change in the lives of the houseless. I would like to start either a shelter or a tiny house program where people can live while working on goals.

Harris: How did you start Grace Wins Haven?

Traci: My mother owned the House of Bargains Thrift store, and when it closed, the building was available for Grace Wins Haven. I started fund raising, a Facebook page, and talked with churches and the community about the shelter.

Harris: What services does Grace Wins Haven provide clients?

Traci: Currently we help our clients obtain a job, sign up for disability services, get their record expunged, and create goals to promote a more successful future. We offer our clients a smile and provide showers, laundry facilities, food, and connections to other agencies. We take the time to converse with our clients about their lives. We want our clients to feel safe and valued.

Harris: What are your main challenges?

Traci: Our main challenge is not enough funding. On an average, we feed 50 individuals daily, (about 100 different individuals a week) costing around \$1,000 a week to supply food for our clients.

Page 4: A photo collage under the heading, "Houselessness goes beyond the individual."

A person in a leather jacket and a hooded sweatshirt sits outside on a sidewalk, bent forward, head down, besides a travel bag with a pink scarf folded on top. A white car parked in an alley has belonging across the dashboard. Two tents on an urban sidewalk are covered in tarps. A set of tarps along a sidewalk provide shelter in front of a travel trailer.

Page 5: Q&A with Traci Flowers, Executive Director of Grace Wins Haven, continued.

Harris: How do you see houselessness going beyond the individual?

Traci: Our street is lined with cars that provide shelter to many people. The scene is familiar with ones in other cities, along with tents under bridges and along the road, and campers parked along the street with belongings spilling out of them. Due to the Camping Ordinance (Ordinance No. 2198), that the Newport, Oregon, City Council adopted on October 3rd, 2022 (Lipp, 2022), businesses may start seeing people or even entire camps outside doors, which makes both the businesses and unhoused individuals uncomfortable.

Harris: What emotional toll does houselessness have you seen on clients?

Traci: During the Covid pandemic, we saw a lot of paranoia and anxiety. Clients wondered who would take care of them if they became sick, which created overwhelming panic. The emotional impact of the Covid pandemic is still impacting our clients. Our clients exhibit anger, anxiety, hurt and sadness. We have a service dog, Tank, who provides comfort for our clients. I have witnessed clients who are near manic calm down and regulate after spending time with Tank.

Page 6: Homelessness results from a conflict of values: City council, government, neighbors, and businesses.

Page 7: Q&A with Traci Flowers, Executive Director of Grace Wins Haven, continued.

Harris: How do you see houselessness as a conflict of values?

Traci: Grace wins Haven is near the high school, an industrial and business area and private residence. Some of our neighbors and nearby businesses don't want the shelter or houseless individuals in their neighborhood

The new Camping Ordinance is an example of a conflict in values. The City Council is made up of a wide range of representation and the basis of the Camping Ordinance is fair. However, the city had to include parameters that many of the council members did not agree with but were legally bound by the government to include. Some members of City Council went against their own values in passing the Camping Ordinance.

It is common for houseless individuals who are female, to go against their morals just to survive. They feel that they need to have a male in their life to provide safety, which leads sex trafficking (exchanging sex for someone to watch out for them) and a focus on finding a male to be in relationship with.

Page 7: Inequalities in regards to houselness: Social location. A person with a hat, beard, and suspenders sits in the driver seat of a car with the windows down. The person is using an electric oxygen tank and reading a book. A thought bubble above the person asks, "Where am I going to plug my oxygen tank at night?"

Page 8: Q&A with Traci Flowers, Executive Director of Grace Wins Haven, continued.

Harris: Previously mentioned the Camping Ordinance (Ordinance No. 2198) that the Newport, Oregon, City Council adopted on October 3rd 2022. What inequality have arisen due to the Camping Ordinance?

Traci: There is language in the new Camping Ordinance that refers to walking distance of service, but in that term, lies inequality. The walking difference varies depending on the social location of ability, whether one is in a wheelchair or walker or has trouble walking. The new Camping Ordinance prohibits people from camping within 200 feet of houseless services, which is a life-or-death problem for one of our clients, a 76 year old gentleman, (the picture on the previous page), who plugs his oxygen tank into Grace Wins Haven at night. Due to his need to plug his oxygen in at night, he is more impacted by houselessness than other populations and unfortunately, his disability does not hit a high enough mark to qualify for Senior Services.

Harris: What other inequalities in regards to intersectionality, have you witnessed?

Traci: Clients with past felony records, existing health issues and families with children who have disabilities, also face inequality in regards to being houseless. An 89 year old client is going to be evicted, even though she has lived in her house for over 20 years. The person she was renting from passed away and the house is being sold. Even though there are many organizations and programs available, including the Turn Key program (a Lincoln City shelter program), applicants have to fall within certain categories to be eligible for services. Unfortunately, our 89-year-old client does not qualify for any of the services.

Our clients face many inequalities and jobs are difficult to obtain without identification, an address, clean clothes, a shower, a place to store their belongings, or transportation. For example:

- A client is living in a tent in woods and the nearest services or programs are located in Salem, Albany, or Corvallis the client does not have a car for transportation.
- One youth, who was in his 20s, found employment at a local fast food restaurant. Since he did not have a place to store his belongings, he stashed them in the bushes, where they were stolen while he was working. He ended up missing work while he was trying to find his items, resulting in termination of employment.
- One client, who lived in her house for 40 years, became houseless when her spouse died and she was not able to afford housing.
- A mom and her son, who has autism, have unstable housing. The son was bullied in school due to his disability, so his mother unenrolled him from school.
- A gentleman, who was a felon 25 years ago, cannot secure housing even though he has not had any more marks on his record.

Some of our clients experience poverty, substance abuse disorder, poor mental health and have medical conditions. It is difficult for individuals after they have a heart attack or stroke, to pay rent and keep current on bills. A lack of education makes it difficult for them to fill out medical paperwork, causing a barrier to obtaining medical help.

Page 9: Houselessness is socially constructed but real in its consequences: rent expenses, low wages, competitive housing market, and inflation.

Page 10: Q&A with Traci Flowers, Executive Director of Grace Wins Haven, continued.

Harris: How do you see houselessness as socially constructed, but real in its consequences?

Traci: Many of our clients are unhoused due to an increase in rent, or even a small increase in income, causing them to no longer qualify for Section 8, resulting in a lack of housing in their price range. Many rentals require the applicant to earn three times their rent and deposits on utilities, which could add up to \$6,000, just to move into a rental, which is not possible on a limited income.

Low-paying jobs, inflation and a competitive housing market also add to the difficulty in securing housing.

Page 11: What can be done: Interdependence. A collage of 9 images includes a series of resources working together to help the houseless meet basic needs. A building titled Newport Head Start Center; A logo for Safe Families for Children, A Program of Hearts with a Mission; the exterior of an apartment building; Grocery Outlet; a sticker for Grace Wins Haven; the outside of a storage facility; logo for Samaritan House; City Hall; Community Services Consortium: Helping People, Changing Live.

Page 11: Q&A with Traci Flowers, Executive Director of Grace Wins Haven, continued.

Harris: How do you see organizations working together to wrap around our houseless population?

Traci: In proximity to Grace Wins Haven is Head Start, the Food Bank, and the Avery Building, which houses unemployment services, food stamps, Community Services Consortium and vocational rehab. The organizations collaborate with each other to create a safety net for Newport’s unhoused population. Due to the close proximity of the organizations, an able-bodied unhoused person is able to walk between the support services. We connect clients with services at the Avery building, the Food Bank, and Head Start if they have children who meet the Head Start requirements. If unhoused people initially go to the other organizations, the organizations connect the unhoused individuals with Grace Wins Haven. The Samaritan House Shelter, Safe Families, Grocery Outlet, the City of Newport, LCSD Help Program, churches and other organizations work together to provide support for the houseless population in Lincoln City.

Harris: How can people donate to the shelter?

Traci: We accept checks, donations through Facebook, and our website, Gracewinshaven.org has a place for PayPal donations.

Page 12: Bibliography

[Newport adopts camping ordinance \[Website\]](#)

Flowers, Traci. Interview. Conducted by harris. October 20, 2022.

Pictures taken at Grace Wins Haven are used in this project with permission.

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Description for Figure 6.7

A seven-column table is shown. The column on the left lists five categories of students in a study: No needs (“Secure”); Food insecure, housing insecure, or homeless (“Insecure”); Food and housing insecure; Housing insecure and homeless; Food insecure and housing. According to the next two columns, at a two-year college, 14,965 or 30 percent of students fit in the first category; 34,111 or 70 percent fit in the second category; 19,021 or 39 percent fit in the third category; 7,846 or 16 percent fit in the fourth category; and 6,485 or 13 percent fit in the fifth category. At a four-year college, 10,179 students or 39 percent fit in the first category; 15,861 or 61 percent fit in the second; 7,723 or 30 percent fit in the third; 2,917 or 11 percent fit in the fourth; and 2,394 or 9 percent fit in the fifth. Overall, 25,144 students in the study, or 33 percent, are “Secure.” 49,972 students, or 67 percent, are “Insecure.” 26,744 students, or 36 percent overall, are food and housing insecure; 10,763 or 14 percent are food insecure and homeless; and 8,879 or 12 percent are “food insecure and housing.”

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Description for Figure 6.11

A line graph is shown. The header reads “Share of aggregate income held by U.S. middle class has plunged since 1970.” The subheading reads: “% of aggregate household income held by lower-, middle-, and upper-income households.” On a line graph, a tan line representing middle income households, descends from 62% in 1970 to 42% in 2020. A dark green line representing upper income households ascends from 29% in 1970 to 50% in 2020. A light blue line representing lower income households descends slightly from 10% in 1970 to 8% in 2020.

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Description for Figure 6.18

The chart of 3 columns contains 3 categories: 1) Racist policies (laws and policies), 2) racial inequities (impact and consequences, 3) Racist ideas (rationalization). To demonstrate that racist policies and ideas sustain racial inequities, arrows are used across the columns to show what components reinforce this racist system

- slavery policies are legal from the 1600s to 1863, leading to enslavement of generations of Black people, which leads to ideas including, savage culture, pagan values, immoral souls, intellectually less, aesthetically inferior, needing direction and saving, shiftless and aimless, unworthy
- Those same racist ideas lead to policies including, de facto policies of segregation of free Black people in the North during the 1830s
- The de facto policies lead to impoverished conditions, drop in property values in impoverished segregated neighborhoods, leading to racist ideas that “black people make property rates go down” which inspires de facto policies, i.e. block busting as creatively shown in the film Raisin in the Sun, wrong side of town
- These racist ideas lead to racist policies like 1930s federally sanctioned redlining, racist conditions, covenants, and restrictions (CC&R’s), exploitive credit and lending policies
- These racist policies lead to lower home values, reduced services, increased poverty, lost generational wealth which leads to racist ideas, driving, walking, or jogging “while Black,” unconditional compliance with police expectation, and preconceived notion about criminality
- These racist ideas lead to racist policies like, racial profiling, increased policing, gentrification
- These racist policies lead to Black people over-represented in housing insecurity statistics, and criminal justice system and Black people have less access to capital to build generational wealth leading back to racist ideas

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Description for Figure 6.20

A black and white photograph shows 2 male-presenting, dark skin-toned people sitting on the stoop of the National Association of Real Estate Boards holding protest signs. A third male-presenting person with a lighter skin tone stands talking to a police officer.

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Description for Figure 7.2

Median Age at First Marriage: 1890 – 2022

Line chart from the U.S. Census Bureau shows age at first marriage. This dipped down from 26 for men and 22 for women in 1890 to about 20 for women and 22 for men in the 1950s and '60s. The lines then rise quickly to 2020, when there is again a slight dip downwards. In 2022, the median age of first marriage was about 30 for men and 28 for women.

Source: U.S. Census Bureau, Decennial Census, 1890-1940, and Current Population Survey, Annual Economics Supplements, 1947-2022. Note: Starting in 2019, estimates for marriage now include same-sex married couples.

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Description for Figure 7.3

A color-coded map of the world shows the availability of marriage for same-sex partners in 2023. Same-sex marriage is legal in North America, Brazil, Australia, South America, New Zealand, Chile, Argentina, several other Latin American countries, and Western Europe. Civil unions or other partnerships are recognized in China, Bolivia, Italy, Greece, and several smaller Eastern European countries. Only foreign same-sex marriages are recognized in Namibia, Nepal, Israel, and several small eastern European countries. Unrecognized cohabitation is available in Poland, India, and Slovakia. In Japan and Cambodia, recognition varies by region. Same-sex relationships are unrecognized in North Korea, much of the Caribbean and Pacific islands, Central America, Africa, the Middle East, and Southeast Asia. They are banned or not legal in Russia, Indonesia, and throughout much of Africa, the Near and Middle East, and some small Latin American countries.

If you would like to see specific data for any country, please refer to the [Same Sex Marriage Country Table \[Website\]](#) at Our World in Data.

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Description for Figure 7.5

People in the U.S. Living in Multigenerational Family Households Quadrupled Between 1971 and 2021

A bar chart shows that the number of people living in multigenerational households (represented in millions) increased steadily from around 15 million in 1971 to 60 million in 2021.

Notes: Data are represented in ten year intervals. Multigenerational households include at least two generations of adults mainly 25 and older or grandparents and grandchildren younger than 25.

Data source: "Financial Issues Top the List of Reasons U.S. Adults Live in Multigenerational Homes," Pew Research Center analysis of Current Population Survey Annual Social and Economic Supplement (ASEC) data files for 1971, 1981, 1991, 2001, 2011, and 2021 (IPUMS).

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Description for Figure 7.6

For children, growing diversity in family living arrangements (1960, 1980, and 2014)

Bar chart visualizing the data in the following table:

Family Structure	1960	1980	2014
Two parents, first marriage	73%	61%	46%
Two parents remarried	14%	16%	15%
Single parent	9%	19%	26%
No parent	4%	4%	5%
Cohabiting parent	N/A	N/A	7%

Notes: Data regarding cohabitation are not available for 1960 and 1980. In those years, children with cohabiting parents are included under “single parent.”

Data source: Pew Research Center analysis of 1960 and 1980 Decennial Census and 2014 American Community Survey (IPUMS). <https://www.pewresearch.org/social-trends/2015/12/17/1-the-american-family-today/>

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Description for Figure 7.14

Latino vs. Hispanic Infographic

Summary

Latino is the term for people whose ancestors came from Latin America, including Central and South America, Brazil, and some of the Caribbean islands. It is represented by an image of the western hemisphere with Latin America highlighted (see next section for details).

Hispanic is the term for Native speakers of Spanish, which includes people from Spain but not people from countries like Brazil.

Countries that are Latino, Hispanic, or Both

Only Latino

- Brazil
- French Guiana
- Guadeloupe
- Martinique
- Saint Barthélemy
- Saint Martin

Only Hispanic

- Spain

Both Latino and Hispanic

- Argentina
- Bolivia
- Chile
- Colombia
- Costa Rica
- Cuba
- Dominican Republic
- Ecuador
- El Salvador
- Guatemala
- Honduras
- Mexico
- Nicaragua
- Panama

- Paraguay
- Peru
- Puerto Rico
- Uruguay
- Venezuela

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Description for Figure 7.15

Immigration Status Exists on a Spectrum

This infographic shows the immigration statuses that a mixed-status family can experience:

In order from left to right the boxes are:

Undocumented/out of status

Non-Immigrant Visa (Student, Scholars, Students, Tourists)

Asylee/Refugee DACA Temporary Protected Status

US Citizen Immigrant Visa (Permanent Resident/Green Card)

Below the boxes is a continuum arrow.

People move from Fewer Protections/More Risk to More Protections/Lower Risk

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Description for Figure 7.17

What Part of Legal Immigration Don't You Understand?

Opponents of illegal immigration are fond of telling foreigners to “get in line” before coming to work in America. But what does that line actually look like, and how many years (or decades) does it take to get through? Try it yourself with this text description of the flowchart!

Start: A person stands at a door that says USA and looks confused.

Do you have family in the U.S.?

- If yes, proceed to Is your family a U.S. citizen or lawful permanent resident?
- If no, proceed to Are you skilled?

Is your relative a U.S. citizen or lawful permanent resident?

- If your relative is a U.S. citizen, proceed to If your relative is a United States citizen.
- If your relative is a lawful permanent resident, proceed to If your relative is a lawful permanent resident.

Are you skilled, which is visualized by a cartoon person on a unicycle juggling.

- If yes, proceed to Do you have a college degree of specialty occupation?
- If yes, proceed to Can you prove that you're a genius? How about a star athlete? Or an investor with \$1 million dollars? Question is visualized by a soccer player kicking a bag of money.
- If no, you end at Sorry! There is virtually no process for unskilled immigrants without relations in the U.S. to apply for permanent legal residence. Only 10,000 green cards are allotted every year, and the wait time approaches infinity. (Those who receive H-2A or H-2B temporary visas for seasonal work cannot transition to a green card). When the flow chart reaches one of these points, people of different ages and genders are shown being kicked out of a door.

Do you have a college degree of specialty occupation? Okay, then you have a shot! Do you have a job offer?

- If yes, proceed to Is your employer willing to file paperwork for labor certification? And conduct a new job search for your position? And pay up to \$10,000 in legal and other fees?
- If no, you end at Sorry, you're out of luck.

Can you prove that you're a genius? How about a star athlete? Or an investor with \$1 million dollars?

- If yes, end at Congratulations! You have found the quickest way to get a green card, taking 12 to 18 months. But you would have made it anywhere, Mr. Beckham.
- With your green card you can become a citizen in 5-6 years. Total time to immigrate and become a citizen: 6 to 7 years. People reaching this point in the flowchart are represented by a bedraggled, tired person with a long beard.

Is your employer willing to file paperwork for labor certification? And conduct a new job search for your position? And pay up to \$10,000 in legal and other fees?

- If yes, the wait time for a green card is typically 6-10 years. Proceed to Can your employer wait 6 to 10 years for you to start work?
- If no, you end at Sorry, you're out of luck.

Can your employer wait 6 to 10 years for you to start work?

- If yes, after your green card, count on another five to six years for citizenship. Total time to immigrate and become a citizen: 10 to 16 years.
- If no, proceed to Is your employer willing to apply for your temporary work visa (H-1B)?

Is your employer willing to apply for your temporary work visa (H-1B)?

- If yes, end at Then you have a 50/50 chance of getting your H-1B, because these visas are capped at 85,000 per year, well below the total demand. They run out on the first day they become available. If you are lucky enough to get one, you can start working in the country and your employer can apply for your labor certification and green card. This is visualized by someone flipping a coin.
- If no, end at Sorry, you're out of luck.

**If your relative is a United States citizen,
which is visualized by a person waving
an American flag.**

The only path here is from Is your family a U.S. citizen or lawful permanent resident? Are you that relative's parent, spouse, or minor child?

- If yes, Congratulations! You've found one of the easiest ways to become an American.
- There is no annual cap on the number of spouses, minor children, or parents of U.S. citizens who can enter, and they generally can receive green cards.
- After you file your naturalization papers and endure 6 to 12 months of processing delays, you can take a language and civics test. Pass it, and you're a citizen.
- End at Total time to immigrate and become a citizen: best case: 6 to 7 years.
- If no, adult children and siblings of U.S. citizens can apply for a green card.
- Wait time depends on country and marital status.
- Single adult children: 6 to 14 year wait.
- Married adult children: 7 to 15 year wait.
- Siblings of U.S. citizens: 11 to 22 year wait.
- With a green card, you can likely become a citizen after six years.
- End at Total time to immigrate and become a citizen: 12 to 28 years.

**If your family is a lawful permanent
resident**

Are you the spouse or child of a lawful permanent resident?

- If yes, proceed to If you're a child, are you a minor?
- If no, end at Sorry, you're out of luck.

If you're a child, are you a minor?

- If yes, Spouses and minor children of lawful permanent residents can apply.
- Wait time depends on home country. Wait time: 5 to 7 years.
- With a green card you can likely become a citizen after 6 years.
- End at Total time to immigrate and become a citizen: 11 to 13 years
- If no, proceed to Are you single?

Are you single?

- If yes, wait time depends on home country.
- Wait time for a single adult of a lawful permanent resident: 9 to 14 years.
- End at total time to immigrate and become a citizen: 14 to 20 years.
- If no, Sorry, you don't qualify to apply.

Attribution

What Part of Legal Immigration Don't You Understand [Website] by Mike Flynn and Shikha Dalmia. Illustrated by Terry Colon. Flynn is director of government affairs and Dalmia is a senior policy analyst at Reason Foundation. This chart was developed by Reason Foundation in collaboration with the National Foundation for American Policy.

This text description was created for accessibility with permission from *Reason Magazine*.

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Description for Figure 7.20

The illustration separates each letter of LGBTQIA+ into a colorful circle which is connected to the next letter showing how they are all connected. Above and below the letters are brief definitions of the terms:

- Lesbian: Women who are attracted to women
- Gay: People who like people of the same sex. Often used for men who are attracted to men. It is a concept valid for all genders.
- Bisexual: People who experience attraction to people of multiple genders.
- Transgender: People who identify with the sex opposite to the one they were assigned at birth. This has no relation to sexual preferences.
- Queer: People whose sexuality goes beyond the heteronormative and what is accepted by society.
- Intersex: People who were born with genital organs of both sexes (male and female). It is a genetic condition.
- Asexual: People uncomfortable with sexual contact with anyone. They have no interest in relating sexually with their partners.
- More

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Description for Figure 7.27

Community Cultural Wealth

Two circles at the top of the images are connected with a reciprocal arrow.

The first circle says “Income: The dollars received from salaries, wages, and payments.”

The second circle says, “Wealth: The total extent of an individual’s accumulated assets and resources.”

The bottom half of the graphic shows Community Cultural Wealth in the center. All the arrows of the smaller circles converge on the central circle, Community Cultural Wealth.

The smaller circles include:

- Cultural Capital
- Aspirational Capital
- Familial Capital
- Social Capital
- Navigational Capital
- Resistant Capital
- Linguistic Capital

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Description for Figure 8.3

Historical CO₂ Levels

A line chart shows that CO₂ levels have historically been below 300 parts per million for 800,000 years before 1950. CO₂ did go up and down over time, but beginning in 1950 it rose precipitously to over 420 parts per million.

The data source was reconstructed from ice cores and the chart is credited to NOAA.

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Description for Figure 8.5

Areas with very low vulnerability to climate change are shaded yellow; those with low vulnerability are tan; moderate vulnerability is represented with brown; and countries with high vulnerability are red. According to this legend, the United States, Australia, parts of Western Europe, and the southern part of South America experience low vulnerability. Russia, most of Africa and Asia, and most of South America experience moderate or high vulnerability. Data is sourced from the [Notre Dame Global Adaptation Initiative \[Website\]](#).

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Description for Figure 8.6

Countries Emitting the Most CO₂ Per Capita

A bar chart showing the countries with the highest annual per-capita CO₂ emissions (in tons).

Data table:

Qatar	37.0
Mongolia	27.0
Kuwait	20.8
Saudi Arabia	18.0
Kazakhstan	15.5
Australia	15.3
UAE	15.2
U.S.	14.3

Only includes countries with 2 million inhabitants or more, 2020 figures, latest available. Sources: UNFCCC/CDIAC/BP via Global Carbon Project, World Bank. Statista, CC BY-ND.

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Description for Figure 8.7

Nigeria and Adjacent Countries

Nigeria is on the West Coast of Africa. It is surrounded by Benin, Niger, Chad, Cameroon, and the Atlantic Ocean.

Other countries in the region of West Africa include:

- Burkina Faso
- Cabo Verde (Cape Verde)
- Côte d'Ivoire (Ivory Coast)

- The Gambia
- Ghana
- Guinea
- Guinea-Bissau
- Liberia
- Mali
- Mauritania
- Saint Helena, Ascension and Tristan da Cunha
- Senegal
- Sierra Leone
- Togo

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Description for Figure 8.9

The culture wheel is a visual representation of a specific culture's beliefs, actions, and backgrounds. This wheel wants you to consider these categories: 1) values, 2) greater community, 3) knowledge and stories, 4) language, 5) traditions and rituals, 6) techniques and skills, 7) tools and objects, 8) the arts, and 9) food and drink.

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Description for Figure 8.11

This video clip includes music but no spoken words or other sound. The clip begins just after 16 minutes with the year 1550 and shows the advanced civilizations in the world, with each civilization being assigned a different color and its region shown on the global map. A bar at the bottom of the screen shows the world population for that year. The video proceeds through 1970 and shows the rise and fall of several world civilizations. As noted in the Figure 8.11 caption, there are many places on the map where no civilization is shown even though Indigenous peoples lived in those areas.

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Description for Figure 8.13

Maslow's Hierarchy of Needs Western Perspective Compared to First Nations' Perspective

Two triangles next to each other. The first triangle represents the western perspective. From bottom to top, the levels are:

- Physiological
- Safety
- Belongingness/Love

- Esteem
- Know/Understand
- Aesthetic
- Self-actualization
- Transcendence

The second triangle represents the First Nations' perspective. From bottom to top, the levels are:

- Self actualization
- Community actualization
- Cultural perpetuity

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Description for Figure 8.25

Ways to beat the heat

A line chart shows that historical greenhouse gas emissions rose until 2020. In the future, emissions will rise or fall based on different paths:

- The path to 1.5 degrees celsius goal leads to the lowest emissions, falling below 0 gigatons of CO₂ a year by 2080
- The path to 2 degrees celsius goal is next lowest, almost reaching 0 by 2100
- With ambitious net zero pledges (2.1 degrees celsius) emissions will fall to between 10 and 20 gigatons by 2100
- With current pledges (2.6 degrees celsius) emissions will fall below 30 gigatons by 2100.
- With current policies (2.7 degrees celsius to 3.1 degrees celsius) emissions will be somewhere between 30 and 50 gigatons by 2100.

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Description for Figure 9.6

State regulated violence was needed to maintain slavery

Not just pathological behavior on the part of a few extreme people but...

A timeline shows the following events:

- Slave codes (1702-1805). Example: "All Negro, mulatto and Indian slaves within this domain...shall be held to be real estate. If any slave resist his master...correcting such slave, and shall happen to be

killed in such correction...the master shall be free of all punishment...as if such accident had never happened.” ([Virginia Slave Codes \[Website\]](#), 1705)

- Emancipation Proclamation ends slavery Jan 1, 1863.
- Black Codes (1865-1877). Example: Black people who broke labor contracts were subject to arrest, beating and forced labor...Passed by a political system in which Black people effectively had no voice, the black codes were enforced by all-white police and state militia forces...across the south. ([Black Codes \[Website\]](#), History.com).
- Jim Crow Laws (1877-1968). Example: Those who attempt to defy Jim Crow laws often faced arrest, fines, jail sentences, violence and death.

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Description for Figure 9.10

Cyclic path graphic consisting of three black arrows. In the center of the graph in large black text is the text “Implicit Bias” with a small dotted arrow pointing to the phrase, “Structural Racism” with another small dotted arrow pointing to “Implicit Bias.” The top left arrow is titled “Priming, Associations, Assumptions.” The top right arrow is titled “History, Policies, Practices.” To the left of the arrow are bullet points that state the following: “Voting Rights; FHA Loans; Residential segregation; Access to education, green space, resources, safety, healthcare, etc.; Jobs, hiring, and advancement.”

The bottom arrow is titled, “Inequitable Outcomes & Racial Disparities.”

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Description for Figure 9.11

Oregon Counties That Passed Ballot Measures to Join Greater Idaho

A map of Oregon shows that the following counties have passed ballots to join Greater Idaho:

- Sherman
- Morrow
- Wheeler
- Union
- Wallowa
- Jefferson
- Grant
- Baker
- Klamath
- Lake
- Harney
- Malheur

Crook county is voting in 2024, and all the other Oregon counties have either rejected a ballot measure or never voted on one.

Data are from [Ballotpedia \[Website\]](#) and current as of October 2023.

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Description for Figure 9.12

The Four Stages of Social Movements

1. Emergence: People become aware of an issue and leaders emerge.
2. Coalescence: People join together, organize, and take action.
3. Institutionalization: The movement becomes an established organization.
4. Decline: The relevance of the movement declines over time.

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Description for Figure 10.2

Risk for COVID-19 Infection, Hospitalization, and Death by Race/Ethnicity

Rate ratios compared to White, Non-Hispanic Persons	American Indian or Alaskan Native, Non-Hispanic Persons	Asian, Non-Hispanic Persons	Black or African American, Non Hispanic Persons	Hispanic or Latino Persons
Cases	1.5x	0.8x	1.1x	1.5x
Hospitalization	2.8x	0.8x	2.2x	2.1x
Death	2.1x	0.8x	1.7x	1.8x

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Description for Figure 10.6

Social determinants of health surround the individual including: 1) health care access and quality, 2) neighborhood and built environment, 3) social and community context, 4) economic stability, 5) education access and quality.

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Description for Figure 10.7

Heading: The ACE Pyramid. Subheading: ACEs (Adverse Childhood Experiences) potentially impact health outcomes later in life.

A layered pyramid is shown, starting with dark blue layers at the foundation and getting lighter toward the top. An identically-colored bar to the right shows a gradient from “Conception” at the bottom to “Death” at the top. On the pyramid, the layers read as follows from the bottom up:

- 1 – Generational Embodiment/Historical Trauma
- 2 – Social Conditions/Local Context
- 3 – Adverse Childhood Experiences
- 4 – Disrupted Neurodevelopment
- 5 – Social, Emotional, & Cognitive Impairment
- 6 – Adoption of Health Risk Behavior
- 7 – Disease, Disability, & Social Problems
- 8 – Early Death

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Description for Figure 10.8

Rate per 1,000 live births; 1) Non-hispanic Black, 10.8, 2) Native Hawaiian or other Pacific Islander, 9.4, 3) American Indian or Alaskan Native, 8.2, 4) Hispanic, 4.9, 5) Non-Hispanic White, 4.6, 6) Asian, 3.6.

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Description for Figure 10.9

Number of Global COVID-19 Deaths Where Sex is Known, as of 2021

Month	Male Deaths	Female Deaths	Deaths of Unknown Sex
January 2021	777,033	578,239	633,058
June 2021	1,612,922	1,227,759	971,336
October 2021	2,002,122	1,535,558	1,370,019
November 2021	2,080,293	1,586,676	1,438,464

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Description for Figure 10.11

Compared with people who are heterosexual, people who are lesbian, gay, or bisexual have higher rates of health conditions associated with serious COVID-19 illness including: Asthma, Chronic Obstructive pulmonary disease (COPD), stroke, kidney disease, cancer, heart disease.

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Description for Figure 10.16

A line graph shows a declining percentage over time. The graph is titled “People Living in the U.S. Who Are Uninsured: 2008-2021.” The percentage begins at 15.2% in 2008, as shown by the percentages on the y-axis and years on the x-axis, and then declines to 8.6% in 2021, with two slight bumps upward in 2010 and 2019.

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Description for Figure 11.2

The Social Ecological Framework of the Opioid Crisis: Major Factors of Misuse

The opioid crisis is represented by four concentric ovals

The first (innermost) oval is individual. Phrases in this oval include:

- Socio-demographic factors
- Stress and trauma exposure
- Physical and mental health
- Other substance and polysubstance misuse
- Biological and genetic susceptibility
- Pain
- Risk perception
- Withdrawal symptoms
- Self-determination
- Self-stigma

The second oval is interpersonal. Phrases in this oval include:

- Family history of substance abuse
- Opioid access via family, friends, and co-workers
- Influence of family, friends, and coworkers

The third oval is community. Phrases in this oval include:

- Prescribers’ perception of risk

- Types of Rx opioids
- Over-prescription
- Access to legal and illegal opioids
- Geographic variations
- Workplace and school
- Community norms
- Drug disposal facilities
- Treatment availability and access
- Quality care

The fourth (outermost) oval is society. Phrases in this oval include:

- Media and social networks
- Social stigma
- Discrimination and prejudice
- Legal & illegal advertising campaigns
- Economic conditions and employment rate
- Opioid supply and price
- Government programs and regulations
- Insurance coverage and payer policies
- Educational campaigns
- Law enforcement and policing

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Description for Figure 11.5

Lifetime Likelihood of Imprisonment of U.S. Residents Born in 2001

Demographic groups are represented by people icons to show the likelihood of incarceration for that group.

- All men: 1 in 9
- White men: 1 in 17
- Black men: 1 in 3
- Latinx men: 1 in 6
- All women: 1 in 56
- White women: 1 in 111
- Black women: 1 in 18
- Latinx women: 1 in 45

Source: The Sentencing Project

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Description for Figure 11.7

Imprisonment Rates Have Declined Across Racial and Ethnic Groups – Especially among Black Men

Three lines on a line chart represent Black, Hispanic, or White prisoners per 100,000 adults, ages 18 and older in each group from 2006 to 2018.

- Black people are imprisoned at the highest rates, starting at 2,261 in 2006 and dropping steadily to 1,501 in 2018.
- Hispanic people have the next highest rate of imprisonment, starting at 1,073 in 2006 and dropping to 797 in 2018.
- White people have the lowest rate of imprisonment, beginning at 324 in 2006 and dropping slightly to 268 in 2018.

Note: Blacks and whites include those who report being only one race and are non-Hispanic. Hispanics are of any race. Prisoners are those sentenced to more than a year in state or federal prison.

Source: Bureau of Labor Statistics/Pew Research Center.

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Description for Figure 11.8

Racial and ethnic disparities in correctional facilities

White people are underrepresented in prisons and jails while Black, Native, and Latino people are over-represented. This is visualized by lines going from the percent of the U.S. population of the group to the percent incarcerated.

- White people are 60% of the population and 38% of the incarcerated population (line goes down steeply).
- Black people are 13% of the population and 38% of the incarcerated population (line goes up steeply).
- Latino people are 18% of the population and 21% of the incarcerated population (line goes up slightly).
- Native people are 0.9% of the population and 2% of the incarcerated population (line goes up).

Source: Prison Policy Initiative. U.S. Census Bureau, American Community Survey, 2019. Tables B02001 and DP05. For category definition and selection details, see www.prisonpolicy.org/reports/pie2022#methodology

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Description for Figure 11.10

Three Waves of Opioid Overdose Deaths

A line chart represents deaths per 100,000 for the three different types of opioids as well as for any opioids. All rose between 1999 and 2020. Synthetic opioids have risen at a far greater rate than other forms of opioids beginning in 2013.

Wave 1: Rise in Prescription Opioid Overdose Deaths (Natural and Semi-Synthetic Opioids and Methadone)

Deaths are shown beginning in 1999 at about 2 per 100,000. Deaths then rose steadily until they were about 4 per 100,000 in 2011. They then dip and go up slightly a few times after that, most recently dipping in 2019 and rising in 2020.

Wave 2: Rise in Heroin Overdose Deaths (Started in 2010)

Heroin deaths are below 1 per 100,000 until 2010 when they begin to rise steeply, peaking around 2016 around 4 per 100,000. Since then rates have declined slightly but are still above 2 per 100,000.

Wave 3: Rise in Synthetic Opioid Overdose Deaths (Started in 2013; e.g., Tramadol or Fentanyl, prescribed or illicitly manufactured)

Deaths are below 1 per 100,000 until 2013, when they begin to rise steeply, especially since 2019. In 2020 deaths peaked at around 18 per 100,000.

Any Opioid

Deaths increased gradually from around 3 per 100,000 until 2013, when they sat around 6 per 100,000. They then increased steeply to about 14 per 100,000 in 2016. They then dipped slightly and then increased at a higher rate to around 20 per 100,000.

Source: National Vital Statistics System Mortality File

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Description for Figure 11.14

Syringe Exchange Programs (SEP) Myths

v. Facts

Needles represent HIV and Hepatitis C.

Myth 1: SEPs only give out needles

- SPES safely dispose of used needles
- Tests and treats for HIV and Hepatitis C
- Offers referrals to medical, mental health, and social services
- Abscess and wound care

Myth 2: SEPs increase injection drug use

- Offers referrals to substance use disorder (SUD) treatment
- SEP participants are 5x more likely to enter treatment for SUD
- In Seattle, intravenous drug users who had used SEPs reported a 75% decrease in injection drug use

Source: amfAR.org

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Description for Figure 12.2

The graphic displays the four stages in the Mental Health and Well-being Continuum in the form of two intersecting lines. At the top of the vertical line is optimal mental well-being which leads down to minimal mental well-being. The left side of the horizontal line is maximum mental illness which leads to the right and minimum mental illness. The intersection of lines creates four squares that contain examples.

From top left to right, the examples are: 1) a person who experiences a high level of mental well-being despite being diagnosed with a mental illness and 2) a person who has a high level of mental well-being and who has no mental illness. From bottom left to right, 3) a person experiencing mental illness who has a low level of mental well-being and 4) a person who has no diagnosable mental illness who has a low level of mental well-being.

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Description for Figure 12.3

Prevalence of Any Mental Illness (AMI) 2020

- In 2020, there were an estimated 52.9 million adults aged 18 or older in the United States with AMI. This number represented 21 percent of all U.S. adults.
- The prevalence of AMI was higher among females (25.8 percent) than males (15.8 percent).
- Young adults aged 18–25 years had the highest prevalence of AMI (30.6 percent) compared to adults aged 26–49 years (25.3 percent) and aged 50 and older (14.5 percent).
- The prevalence of AMI was highest among the adults reporting two or more races (35.8 percent), followed by White adults (22.6 percent). The prevalence of AMI was lowest among Asian adults (13.9 percent).

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Description for Figure 12.6

Prevalence of Serious Mental Illness 2020

- In 2020, there were an estimated 14.2 million adults aged 18 or older in the United States with SMI. This number represented 5.6% of all U.S. adults.

- The prevalence of SMI was higher among females (7.0%) than males (4.2%).
- Young adults aged 18-25 years had the highest prevalence of SMI (9.7%) compared to adults aged 26-49 years (6.9%) and aged 50 and older (3.4%).
- The prevalence of SMI was highest among the adults reporting two or more races (9.9%), followed by American Indian / Alaskan Native (AI/AN) adults (6.6%). The prevalence of SMI was lowest among Native Hawaiian / Other Pacific Islander (NH/OPI) adults (1.2%).

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Description for Figure 12.7

Lifetime Prevalence of Any Mental Disorders Among Adolescents 2001-2004

A column chart shows the lifetime prevalence of any mental disorder among U.S. adolescents aged 13-18 from 2001-2004.

Population group	Percent
Overall	49.5
With severe impairment	22.2
Female	51.0
Male	48.1
Ages 13-14	45.3
Ages 15-16	49.3
Ages 17-18	56.7

The chart is based on data from the [National Comorbidity Survey Adolescent Supplement \(NCS-A\) \[Website\]](#).

- Based on diagnostic interview data from the National Comorbidity Survey Adolescent Supplement (NCS-A), Figure 12.7 shows the lifetime prevalence of any mental disorder among U.S. adolescents aged 13-18.
- An estimated 49.5% of adolescents had any mental disorder.

- Of adolescents with any mental disorder, an estimated 22.2% had severe impairment. DSM-IV-based criteria were used to determine impairment level.

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Description for Figure 12.9

A large infographic is shown, with a title at the top reading “Equity and Mental Health.” A subheading reads, “Understanding the Links: Equity Issues in Mental Health Significantly Impact Ontario.” The rest of the infographic is split into three sections.

The first, titled “Equity Matters for Mental Health,” is colored dark green on the left and gray on the right. A small image on the green background shows a figure pushing a globe up a slope. Underneath the image, white text says, “Lowest income Canadians report significantly poorer mental health.” On the gray background, a feminine silhouette sits in a circle next to green text that says, “Women are twice as likely to have depression as men.” Below, smaller green text says, “LGBT youth face approximately 4 times the risk of suicide than their heterosexual peers.” To the right of this text is an exclamation mark inside a pink triangle.

In the second section, on a white background, the text at the top says, “Mental Health Matters for Equity.” A large green circle contains the text, “People with lived experience of mental health issues can experience discrimination & social exclusion.” Five gray lines shoot out of the circle, connecting to smaller gray circles that say “Stigma,” “Food insecurity,” “Poverty,” “Barriers to housing,” and “Employment barriers.”

The third section is titled, “Equity and Mental Health Intersect.” It shows a Venn diagram between a green and a blue circle. The green circle says, “Experience of mental health issues.” The blue circle says, “Experience of inequities.” The space where they overlap says, “Both.”

The fine print at the bottom of the infographic cites a number of sources. A small logo on the bottom right says, “Canadian Mental Health Association Ontario.”

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Description for Figure 12.11

A vertical bar chart shows four colored bars for each of the following categories, indicated on the x-axis: White, Black or African American, Two or More Races, and Hispanic or Latino. Along the y-axis, text reads: “Annual Average Percentages and 95% Confidence Intervals.” In each category, a light blue bar represents people aged 18-25; a red bar indicates 26-34; a green bar indicates 35-49; and a dark blue bar represents people 50 and older. According to the chart, among white people with serious mental illness, 59.1% of 18 to 25-year-olds have used mental health services in the past year. Percentages are at 65.2% for 26 to 34-year-olds, 72% for 35 to 49-year-olds, and 76% for those 50 and older. Among Black people with mental illness, 43.1% in the youngest age bracket have used mental health services, with percentages at 48.7% for the next age bracket, 60% for the next, and 65% for the oldest age group. Among people of two or more races who have a mental illness, 57.8% of those in the 18-25 group have used services; 44.3% of the 26-34 group; and 74.8% of the 35-49 group. No data is represented for the 50+ group in this cate-

gory. Among Hispanic or Latino respondents, 45.5% of the 18-25 group have used services; 53.1% of the 26-34 group; 64.1% of the 35-49 group; and 66.2% of the 50+ age group.

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Description for Figure 12.14

A heading at the top left of the image says, “Gender Terminology.” A large human figure is shown at the top of the page, surrounded by four smaller figures—one in a dress and a hair bun, one in a wheelchair, one wearing pants and an afro hairstyle, and one with long hair and pants. Text below this image says, “Gender Attribution: How your gender is perceived by others.” A diagonal line goes down to the left of the image, pointing to a clipboard with checkboxes for “intersex,” “male,” and “female.” This image is labeled, “Sex Assigned at Birth: What the medical community labels you.” To the right, a third image is connected to the other two with black lines, creating a triangle. This image shows a figure with dotted lines coming out of its head. Below, the label says, “Gender Expression: How you want to display your gender.” In the middle of the triangle is a picture of a brain above the words, “Gender Identity: How you identify (see yourself).”

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Description for Figure 12.16

Patriarchal Tree Model: Mental Health

A tree with arrows pointing at different parts.

Roots: Core Principles

A man icon stands next to this text:

- Obsession with Control
- Male Domination
- Male Identification
- Male Centeredness

Mental health example: Women are stereotyped as emotionally unstable when they are having their period.

Trunk: Institutions

Icons illustrate each of the following institutions:

- Health Care Systems
- Family
- Government
- Economy

Mental health example: Mental health services are not well-funded, especially for oppressed people.

Branches: Social Interactions

An icon of people talking to each other represents hospitals, schools, mental health clinics, families, communities, groups, and teams. Mental health example: Simon Biles didn't compete on gymnastics team due to mental health issues.

Leaves: Individual Behavior

An icon of two people shaking hands represents the individual who participates in systems. Mental health example: Trans women experience more mental health challenges than cis women.

Attributions and licenses

Based on the idea of the patriarchal tree by R. Roosevelt Thomas Jr., developed by Esther L. Danielson and Allan G. Johnson in *The Gender Knot: Unraveling our Patriarchal Legacy* (Temple University Press, 1997). All images are public domain/CC0. Mental health examples by Kimberly Puttman and Kathryn Burrows are licensed under CC BY 4.0.

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Description for Figure 12.24

Intersecting forms of oppression are 1) Heterosexism: system of oppression that produces inequities on the basis of sexual orientation, 2) Cissexism: system of oppression that produces inequities on the basis of gender identity, 3) Classism: system of oppression that produces inequities on the basis of class, 4) Sexism: system of oppression that produces inequities on the basis of sex and/or gender, 5) Racism: system of oppression that produces inequities on the basis of race, 6) Immigration Status: inequities can also be produced as a result of citizenship and/or immigration status, 7) Colonialism: system or practices of domination involving subjugation of a people (e.g. Indigenous people in Canada), 8) Religion: oppression on the basis of religious beliefs, practices and/or affiliations (e.g. Islamophobia, Antisemitism), 9) Ageism: system of oppression that produces inequities on the basis of age, 10) Ableism: system of oppression that produces inequities on the basis of dis/ability.

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Description for Figure 13.3

The global map displays reported deaths from COVID-19. Many continents have a rate of nearly 25,000 deaths per 100,000 people, including North and South America, Europe, Asia, as well as countries in Africa.

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Description for Figure 13.5

A vertical bar graph shows death rates in different demographics compared side-by-side from 2019 to 2020, with 2019 deaths represented by a dark blue bar and 2020 deaths represented by a gray bar. From left to right, the chart shows deaths per 100,000 people over the total U.S. population, among Hispanic men and women, among Black men and women, and among White men and women. Deaths increase in every demographic from 2019 to 2020, but not by the same amount. The smallest increase shown is among White females, a demographic in which only 75.7 more people died per 100,000 in 2020 compared to 2019. The largest increase occurs in Black men, who also show the highest overall death rate

in both years. According to the chart, 1,399 Black men in 100,000 died in 2020, compared to 1,092.8 in 2019, an increase of 306.2. Smaller but still significant increases are shown in Hispanic men and women (an increase of 270.6 male deaths per 100,000 and 139.4 female deaths per 100,000), in Black women (an increase of 180.3), and in White men (an increase of 116.2).

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Description for Figure 13.10

A header reads “Health Trajectory & Functional Status.” The image below shows a human figure traveling from left to right along a chart with an x-axis representing time. To the left, a human figure stands in the middle of a series of concentric circles, separated by color: the white circle where the figure stands, followed by orange, blue, light green, light blue, gray, and pink. Starting from the inside and going outward, text in each circle reads: “Interpersonal & Social Network,” “Living Conditions,” “Neighborhoods & Communities,” “Environment,” “Institutions,” and “Social & Economic Policies.” Starting in the inner circle and cutting across the others, text reading “Genetics & Epigenetics,” accompanied by a DNA strand, creates a bridge from the human figure to the word “Exposome,” which forms the y-axis of the ensuing chart. Points along the x-axis are labeled “In-utero,” “Infancy,” “Childhood,” “Early adulthood,” “Middle age,” “Advanced age,” and “Elderly (>90 yrs).” The figure is shown at each point as, respectively, a fetus inside a mother’s womb, a baby, a child, an adult, an adult walking with a briefcase, an adult with a hat and cane, and a person using a walker with the assistance of another person. A subheading placed over the first four stages of life reads “Critical Time Windows.” Above it, another subheading reads “Phenotypic Plasticity.” From the top of the chart, a series of red, purple, and blue arrows arc down towards certain life stages. Text reading “Unfolding” points to the arcs with a black arrow. A red arrow, labeled “Suboptimal Life Course,” ends at early adulthood. The purple and blue arrows, collectively labeled “Average Life Course,” point at the middle age and elderly stages, respectively. A green arrow, labeled “Ideal Life Course,” points to another human figure at the top of the chart. This figure is larger than the others, is raising its arms, and has a halo of lines sprouting from its head. On the right side of the chart, the top half of the y-axis is labeled “Health” in green letters, and the lower half is labeled “Morbidity” in red letters. Below the chart, an image of a see-saw shows a pile of blue triangles on one side, labeled “Resilience & Reserve,” and a red triangle on the other side, labeled “Allostatic Load.” A red horizontal bar that extends to the “middle age” stage on the chart is labeled “Premature Death/Limited Healthspan & Lifespan.” Below it, a blue bar extends to the “elderly” stage, and is labeled “Average to Ideal Healthspan & Lifespan.”

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Description for Figure 13.16

An African-American person with long hair is shown wearing a t-shirt with the image of another Black person with short hair and a hat. Text on the shirt reads, “We Love and Miss You...Chill August 17, 1989–November 8, 2017.” Below the image, text reads, “The day after Willie’s funeral, cousin Candice Taylor posted this picture with the following message: *Wasn’t able to make it to see you one last time, but took you to church this morning with my heart filled with joy!! The hardest part is healing but you will always be in our hearts! I love you cuzzo*”

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Description for Figure 13.20

Thanatology is at the center of the diagram overlapping with these disciplines, 1) Philosophical, 2) Biological, 3) Anthropological, 4) Psychological, 5) Sociological.

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Description for Figure 14.7

Top chart: A bar graph shows the population of Lincoln County, Oregon. Blue bars represent the male population and gray bars represent the female population. The y-axis shows age groups in 4-year increments, starting with “under 5 years” and going up to “85 years or older,” while the x-axis shows percentages of the population (from 1% to 6%). The graph shows a population that skews older and female, with the largest percentage of the population (by a whole percentage point) being made up of females aged 65-69 years old, and the second largest (at a bit less than 5%) being males aged 65-69.

Lower chart: A nearly identical bar graph shows the population of Oregon as a whole. This time, red bars represent the male population and pink bars represent the female population. It shows a more even distribution of ages (though females still slightly outnumber males), with most age groups making up about 3% of the population. Starting at 70 years old, the older age demographics decline to below 2%.

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Description for Figure 14.11

Flyer publicizing free, somos bilingues The Art of Healing, Relax, breathe and Play for Echo Mountain Fire Survivors, 1) May 12, The art of stories, 2) May 19, The art of mandalas, 3) May 26th, the art of visions

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Description for Figure 14.17

A series of arrows form two concentric rings around a central circle. The outer circle is made up of two blue arrows pointing clockwise. Yellow text on the shorter arrow says “Search & Rescue” and “Emergency Relief.” The larger arrow says, in clockwise order, “Rehabilitation,” “Reconstruction,” “Prevention,” and “Early Warning.” The inner circle is made up of four thicker arrows, also pointing clockwise, broken up by a jagged pink bubble labeled “Disaster.” The first arrow, colored pink, says “Response” in white letters. The second, which is purple, says “Recovery.” The third, which is darker purple, says, “Mitigation.” The fourth arrow, which is blue, says, “Preparedness.” The gray circle at the center of the graphic says, “Disaster Management Cycle.”

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Description for Figure 14.18

Emotional Stages Related to Disasters

Emotional highs and lows from before the disaster until one year after it occurs are shown as a line chart.

Pre-Disaster

People's emotions become lower during warnings and threats.

Impact

Emotions dip still lower

Honeymoon

Community cohesion causes emotions to rise higher than average, followed by a sudden dip as survivors finish taking inventory of the situation.

Disillusionment

Emotions dip to the lowest as the honeymoon wears off and trigger events occur.

Reconstruction

Survivors' emotions begin to go up slowly as they build a new beginning a year or more after the disasters. Dips happen at anniversaries, setbacks, and as people work through grief and come to terms.

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Description for Figure 14.21

Three text boxes are connected vertically by arrows. The first box, colored blue, is labeled "Phase 1: Climate Demolition." Two lower sections of the box, colored lighter shades of blue, read, respectively: "The disaster destroys homes and other infrastructure" and "People have to move temporarily or permanently." The second box, which is green, is labeled "Phase 2: Recovery Policy and Planning." The lighter-colored sections of this box read, respectively: "Governments change building requirements to make homes and infrastructure more resilient" and "Because people are often disbursed (sic), they lack power to resist the new laws." The third box, colored yellow, is labeled "Phase 3: Resilience Gentrification." Its lighter-colored sections read, respectively: "Building homes and infrastructure costs more and property taxes increase" and "Only wealthy people—the sustainability class—can afford to live in redeveloped property."

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Description for Figure 14.22

Independent Networks for Fire Recovery Diagram

Echo Mountain Fire Survivors are shown in the center with arrows connecting them to the following organizations, which are also connected to one another.

State and Federal Nonprofits

- The Red Cross
- Oregon Food Bank

- Faith Based Organizations

Government

- State of Oregon Disaster Case Management
- Lincoln County – Health Department and Others
- FEMA

Local Nonprofits

- Echo Mountain Fire Relief
- The Salmon River Grange
- Cascade Relief Team
- Latino Outreach/ Conexion Felix
- Local Community Members
- Landscaping with Love

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Transcripts

Transcript for Figure 1.1, Open Oregon Class: Social Problems

[Kim Puttman, Adult Basic Skills and Sociology Faculty, Oregon Coast Community College]: Hi. My name is Kim Puttman. I'm a sociology instructor at Oregon Coast Community College. I also work with fire survivors of the Echo Mountain Fire here in Lincoln County. And in my not so generous spare time, I'm writing a book about social problems with the state of Oregon Open Oregon project. This book, once written, will be free to all students. But this isn't really about me. It's about you.

You may be feeling overwhelmed or stressed out with everything that's facing you right now. Between COVID, wildfire recovery, housing shortages and other issues, life in Lincoln County can be challenging. I'm excited to be offering Social Problems, a sociology course that is specifically designed to talk about all of that, about how these problems arise for all of us, about how they impact people differently, and most importantly, what can be done about them.

With Bethany Grace Howe, the executive director of Echo Mountain Fire Relief, teaching with me, we will all learn more about homelessness, health, mental health, and dying and addiction, among other topics. Much more than that, we will explore what it means to rebuild the community after disaster strikes.

We don't pretend we have all the answers. It takes all of us asking the questions and sharing her wisdom to create those.

[Dr. Bethany Grace Howe, Executive Director of Echo Mountain Fire Relief]: Hi there. I'm Bethany. You may recognize me from one of my gazillions of Facebook posts and videos talking about the recovery from the Echo Mountain Fire. But what a lot of people don't know is that I'm also Dr. Bethany Grace Howe. I've got a Ph.D. in communications and a what you might call a sociological background on why people do the things they do and how they're impacted from doing the things they don't want to do. I mention this because even though it might not seem obvious, those things have played a role in the recovery from the Echo Mountain Fire.

I use what I've learned every day. For instance, you might think to yourself that it's pretty obvious that if you have money, recovery faster might seem pretty obvious, that if you're educated, recovery is faster. What may not seem quite so obvious, however, is how education impacts recovery, because it's not a straight line as many people might think it is. Also, how do things like race, LGBTQ status and other factors impact the recovery of a community? I mention this because as you look around the recovery of Echo Mountain and you see construction ongoing.

People are asking questions. Why are some people back? Why are some people not?

Why have some things moved so quickly? For some and for others, the recovery seems to have barely begun. Well, I'm not going to pretend that we've got all the answers, but I can tell you that we have some of the ability to start answering those questions in a way that not only allows us to help rebuild Otis, it's going to allow us to build a more resilient community.

And if that's something you'd like to understand better and be a part of, we would love to have you.

Attribution

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Transcript for Figure 1.6, Social Construction

Hi. I'm Kim Puttman. I'm a sociologist and author at Oregon Coast Community College.

Hi. I'm Liz Pearce. I teach in human development and family sciences at Linn-Benton Community College in Albany, Oregon.

These videos are being made for Open Oregon Educational Resources.

Rain is a fact of life. The storms roaring in from the ocean soak the forests and the yards. The brisk wind scours our beaches and our hearts. The gentle rain on the vineyards grows our grapes and brings us peace. This rain is real, but our experience of rain is socially constructed. That's what we're here to talk about today.

Social construction is a term introduced by Austrian-born American sociologist and Protestant theologian Peter Berger and American-Austrian sociologist Thomas Luckmann in 1966. These men wrote a book called "The Social Construction of Reality." In it, they assert that our social world is constructed in the daily habits and patterns that people repeat regularly. Social constructions are shared understandings that are jointly accepted by large numbers of people in society or social groups. How we make sense of our world depends on shared social agreements. These agreements can change over time, and even when the agreements are made up, they are real in their consequences.

Let's look at our example of rain to make sense of this. Clearly, if you go outside when it's raining, you will get wet. Rain is physically real. However, even our language around rain is socially constructed. The word "rain" and the raindrops themselves don't look at all alike. Also, our behavior in the rain is socially constructed. People in Chicago and people in Oregon deal with rain differently. In a very informal poll, the writers from "The Oregonian" asked people how often they use an umbrella. 66% of them said never. When they were asked why, most of the people said it was because they wanted their hands free. 8% of the people said they wouldn't use them because they would be embarrassed. What? People get wet because they are embarrassed? Here we see social construction in action. Real Oregonians don't use umbrellas, so if you want to be a real Oregonian, you follow the habit. The conversation in Chicago is really different. It's not whether you use an umbrella, it's how you find one that will actually work.

What else is socially constructed? Symbols are socially constructed. Symbols are gestures or objects that have meanings associated with them that are recognized by people who share a culture. One common symbol is a flag. In the US, when we use the symbol of the flag, we understand the cloth and colors to represent the United States. When we see pictures of people using the symbol of the flag to protest, it brings up emotions. We associate the cloth and colors with our country deeply, yet there are different socially constructed meanings related to the flag. Some believe that the flag is so important that it should only be displayed and treated in very respectful ways. Others believe that the flag is so important that burning it is the ultimate form of protest. Although we share the social construction of the symbol, not all of us share the same interpretation.

Another common symbol is money. We agree that this piece of paper can be exchanged for things that are worth a dollar, and as a society, we share this agreement. If you tried to convince a car salesperson that you could actually buy a car with this dollar, you wouldn't get very far. Even something as common as color can be socially constructed. Think for a moment about what colors you associate with girls and

women, and what colors you associate with boys and men. Many people in the U.S. are likely to say blue for boys and pink for girls. Did you know that this designation is socially constructed? For example, a June 1918 article from the trade publication “Earnshaw’s Infants Department” said, “The generally accepted rule is pink for the boys and blue for the girls. The reason is that pink, being a more decided and stronger color, is more suitable for the boy, while blue, which is more delicate and dainty, is prettier for the girl.”

Right now, in our society, it seems like if you think of a color for a boy — in a binary system, if you think of a color for boys, it would be blue, and a color for girls would be pink. And as you can see, we are not fitting into that social construction. And lots of people don’t, but, still, it’s the way that social construction exists right now.

And more recently, pink is being reclaimed as a color for men. The men’s magazine “GQ” declared in 2013 that “real men wear pink.”

Our behavior is also socially constructed. We see this when we look at who uses masks or face coverings. Before the Covid 19 pandemic, it was rare to see people in the United States using masks. However, this behavior has been present in Asia since 2002 with the advent of the SARS epidemic. Mask wearing during the pandemic was also more common in countries with a high degree of social trust. It will be interesting to see how this behavioral norm changes as the pandemic comes to an end. Another behavior that may seem universal but that is actually socially constructed is kissing. When you think of who kisses whom, the first image is the Hollywood movie version of the sexy embrace between a woman and man. However this version is not the only way that kissing is socially constructed. We might also expect that parents and children kiss within the context of the family. In some cultures, even strangers kiss. In Latin America and France, the air kiss to the cheek is common, even when you don’t know the person that well. In New Zealand, the Maoris share the hongi, a greeting in which they touch foreheads and breathe together. This greeting acknowledges their interdependent connection with each other. The most famous interracial kiss on TV happened on Star Trek in 1968, only a year after the Supreme Court ruled that interracial marriage must be legalized in every state in the United States. In the times of Covid 19, we found that the kiss was quickly replaced by the ever-common elbow bump, and our understanding about who can kiss each other continues to evolve.

Even social categories that we might think of biological are socially constructed. When you consider gender, you may think that gender itself is fixed, that it’s the same as sex assigned at birth, that society consists of women and men with specific physical characteristics and associated gender roles. However, social scientists assert that gender is socially constructed also. People identify as nonbinary, neither male nor female, and transgender, expressing a gender other than sex assigned at birth, as well as male or female. In addition, how we do gender changes over time. Consider for a moment how what we wear signals our gender. Who traditionally wears pants? Who traditionally wears dresses or skirts? These norms are challenged in different cultures and in different times. In Scotland, the kilt is part of the national dress for men. Hillary Clinton was considered unfeminine when she wore pantsuits. And Billy Porter wears elegant gowns all over town.

Finally, even though language, symbols, and behaviors are socially constructed, they are real in their consequences. This will be discussed in other videos, but here are two examples. Your gender significantly predicts your access to wealth. Women and nonbinary people are more likely to be poor, and there is a consistent gender pay gap all around the world.

In the United States, the first time that married women could own their own property occurred in 1848 in New York State. Perhaps more surprisingly, until the mid-1970s, women could not get credit without having a male cosigner, usually their husband or their father. And women are still often charged with higher interest rates than men.

Women and nonbinary people are more likely to be poor, and there is a consistent gender pay gap all around the world. In the United States, the first time that married women could own their own property occurred in 1848 in New York State. Perhaps more surprisingly, until the mid-1970s, women could not get credit without having a male cosigner, usually their husband or their father. And women are still often charged with higher interest rates than men.

In a second example, some people believe that race is based on biological categories. However, scientists know that how we define race changes over time and place. In 1790, the U.S. census used free white males, free white females, all other free persons, and slaves as racial categories. In 1970, the U.S. census added a separate question related to being of Hispanic ethnicity. In 2020, the U.S. census changed to allow people to select more than one race to describe their racial identification.

The social construction of race also continues to be hotly contested. For example, Barack Obama is known as our first Black president. His father, Barack Obama, Sr., was a successful Black Kenyan economist, and his mother, Ann Dunham, was an accomplished White American anthropologist. While he was running for president, some people said he wasn't Black enough, while others said he wasn't White enough. And beyond this exceptional example, scholars and people of color know that race matters.

Now we see that social constructions are shared understandings between groups of people. Social constructions can change over time or location, and they are real in their consequences. Because we create social constructions in our everyday interactions, we have hope for change. The next time you enjoy a walk in the rain, with or without your umbrella, think about it.

[Music.]

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Transcript for Figure 2.1, Social Identities

Hi. I'm Kim Puttman. I'm a sociologist and author at Oregon Coast Community College.

Hi, I'm Liz Pearce. I teach in human development and family sciences at Linn-Benton Community College in Albany, Oregon.

These videos are being made for Open Oregon Educational Resources.

In this video, we will focus on the social characteristics or social identities that we all possess as part of identity. We will clarify the distinctions between race, ethnicity, and culture, and between sex, gender, and sexuality. We will also discuss intersectionality and identity.

Before we get to the social characteristics, let's take a brief look at the other main aspects of identity. The inner ring of the wheel explores internal characteristics. Internal characteristics include your values, beliefs, commitments, motivations, and personality characteristics. I have unique motivations and beliefs. I am motivated to make a difference in the world for the better. I believe that we can make the United States a more equitable place.

I am motivated to create communities of respect and belonging. I believe that the personal is the political, changing the world through my everyday interactions.

Let's look at the outer ring of the identity wheel, roles and relationships. My identity also includes the roles I play and the relationships I have. For example, I would describe myself this way. I'm a teacher. I'm a mother. I'm a hiker.

I am also a teacher. I am a writer and an activist, an interfaith minister, a wife, and most recently a grandmother and great aunt.

Now let's look at those social characteristics in the middle ring. Your social identity includes all of who you are. It is the combination of your social identities or the intersections of these characteristics. Many of us identify with a couple aspects of our social identity more strongly than others. Although we define our own identities, the ways that others perceive our identities shape us as well. How we see ourselves is important. We are complicated and we can't be reduced to just one characteristic. We aren't just gay or male or Muslim or that person in the wheelchair. We live in the intersection of all of our identities.

Let's review a little bit for you. We have body size, whether bigger or smaller than is typical or considered typical, age, religion, the first language you learn to speak, geography, your physical location, both whether you live in a rural, suburban, or urban setting, as well as what part of the country or world you live in. Nationality, whether you identify with a country you were born in, the country your parents are born in, or the country in which you reside. Socioeconomic status, SES, sometimes called social class, but SES refers to your income, your career status, and your education level all together. Health, the robustness or vulnerability of your physical or mental health. Ability, whether you see yourself as disabled or able-bodied or as more people are saying temporarily-abled, which describes the reality that most of us will experience some form of disability in our lives. And neuro-diversity, whether the way you think and learn is considered to be typical or if and how it diverges in some way.

You might have noticed that a few social identities in this wheel were skipped. We will look at these next because they are highly related to one another, overlap with each other, and sometimes are confused.

Let's provide a little bit more of an explanation about sex, gender or gender identity, and sexuality and how they relate to one another. The basic definition of sex is based on biology. Typically, that means that sex assigned at birth and might be seen as the best guess based on a baby's physical characteristics at birth. Gender identity is the way we socially express our sex identification. Some theorists say that people do gender in their everyday interactions.

Stereotypical feminine characteristics include wearing dresses and high heels or speaking more softly. Stereotypical masculine characteristics include taking up more space or talking more. However, gender expression goes beyond female and male. People are exploring new ways of expressing their gender and new language to label it.

Cisgender means that you express your gender in the way that reflects your sex assigned at birth in the way that society typically expects you to. Transgender refers to identifying with a gender other than the one assigned to you at birth. Gender nonconformity rejects the binary system of gender and sees it as more of a continuum. You may not know other language that helps you or others define gender identity. Sexuality is about your sexual orientation. It's not just who you have sex with but who you're attracted to, who you have feelings for, what your capacities and interests are related to sexuality. There are many ways of identifying yourself authentically and labels for that experience.

LGBTQIA plus is a common acronym for lesbian, gay, bisexual, trans, queer, intersexual, and asexual and more. This acronym mixes gender identity and sexual identity. And while it contains some of the

identity options around sexuality, there are new ones emerging all the time. Heterosexual or straight, are the most common terms for people who are attracted to opposite sex partners. Labels for sexuality continue to evolve. Even if we describe the most recent term for sexuality here, it will have changed by the time you see this video. What is the most recent label you have heard of?

Now let's look at the relationships between race, ethnicity, and culture. Just as a reminder, race is a social construction, a construction that is based on physical characteristics. It still divides people into groups and it affects how people are treated. Race is a social identity.

When we talk about ethnicity, we mean a social group that shares language and behavior and often shares a geography or ancestry. Some people identify as Irish even if they don't live in Ireland. Although their race is most commonly White, their ethnicity might be Irish if they share Irish culture, identify as Catholic or Protestant, celebrate Irish holidays, or, in some cases, speak Gaelic. In fact, more Irish people live outside of Ireland than within that country. Similarly, Hispanic or Latinx is an ethnicity not a race because people who identify as Hispanic or Latinx can be of any race. However, people in this group are often from South and Central America and speak Spanish or Portuguese. They share customs and experiences. Sometimes people confuse ethnicity and culture. Irish and Hispanic or Latinx people have their own distinct cultures. However, the concept of culture is much broader than that. Culture is shared beliefs, values, and practices which are socially transmitted. Culture focuses more on behaviors and interactions that are shared and learned through socialization. A culture can be shared not only through ethnicity but through religion, geographic location, or any community or social group.

All of these are social characteristics or social identities. Every person has all of these identities, but we typically identify more and less strongly with a few of them. Our identities contain overlapping privileges and oppressions known as intersectionality. Intersectionality is defined as overlapping social identities which produce unique inequities that influence the lives of people and groups. Kimberly Crenshaw created the term intersectionality to clarify the experience of Black women. They were excluded from the experience of women, which traditionally included White women. They were excluded from the experiences of Black, which traditionally included Black men. Instead, they had their own unique relationship with power and privilege as Black women. This initial specific definition of intersectionality is now being more widely applied to many constellations of identities which experience oppression.

We all have overlapping identities that contribute to our unique selves, but not all of us have intersectional identities. If you have several identities that typically face discrimination or oppression, you have an intersectional social identity. Our intersectional identities contribute to how much privilege we experience and how much oppression we experience. For example, I identify as a cisgendered woman who is gay. Both of these identities have less privilege than the identities of being male and heterosexual. So those are intersectional for me. I am also part of more privileged identities being White and middle class. I may not notice that I have a race and a class because I am part of the typical or more privileged group. But I'm more aware of being gay and being a woman and the discrimination that can come with each of these identities.

Similarly, I am White, middle class, and educated. However, I am also Buddhist, queer, and female. I actively resist the oppression I experience as a non-Christian, woman-loving woman. It is more challenging to notice the privilege I experience as White, middle class, and educated. These privileges helped me to thrive despite oppression.

Social identity is an essential way that we experience the world. Take some time to consider the overlapping identities that contribute to your overall unique identity and experience with the world. Con-

sider the ways that intersectionality affects others, especially those that have different social identities than you have. Understanding social identities is a way to better understand yourself and the world around you.

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Transcript for Figure 2.22, Eliminating Microaggressions

The formal definition of a microaggression is listed behind me. Simply put, microaggressions are insults that are rooted in stereotypes, and they’re directed at someone because of their membership within a marginalized group. Now, because they are rooted in stereotype, they limit a person’s ability to see people as individuals.

In 1970, Dr. Chester Middlebrook Pierce, a professor at Harvard, coined the term “microaggressions” to describe insults and dismissive behavior he witnessed Black people enduring. But now the term has been expanded to include offensive comments and behaviors directed at anyone in a marginalized group, including but not limited to women, people of color, people with disabilities, and people who are older.

So, one of the things about microaggressions is that they’re very prevalent in society, and I could do a full day’s discussion about that. I actually developed a training that I share with companies to help them address offensive comments in their workplace. We’re just going to go through a couple of examples here today. But it’s important to note that we all have biases, and anyone can be guilty of making a microaggression or being subjected to one.

So, why does it matter? Well, for some people, just being themselves can be a revolutionary act because their very being is challenging stereotypes of who and what they should be.

Microaggressions wound people. If we were to compare it to getting a paper cut, one paper cut is manageable, but paper cuts all over your body is something quite different. It’s this accumulation of offensive comments in social and professional settings that begins to take a toll on a person’s spirit.

Microaggressions can be an amorphous concept, but it’s my hope through the examples I’m going to provide for you that I can provide a more definitive understanding. Microaggressions regarding disability are prevalent. For example, making comments like “I’m so OCD about my files” or “I can’t read today; I’m so dyslexic” when someone does not actually have dyslexia or OCD can be perceived as a microaggression. These phrases are examples of ableist language and trivialize something that is quite serious for some.

For historical context, I want to discuss what happened when the Americans with Disabilities Act was signed in 1990. The ADA makes it illegal in employment to discriminate against someone because of a mental or physical disability. It also guarantees access to buildings and public and private transportation. Shortly before the Act was passed, several disability activists came to DC and climbed the 83 steps outside the Capitol building. They met at the base of the stairs, got out of their wheelchairs, took off their crutches and any kind of assistive walking devices, and crawled or dragged themselves up all 83 steps. I like to share this story because it’s a good reminder of the historical exclusion that people with disabilities have had to face.

Microaggressions regarding race are also very plentiful. Some people might be surprised to know that professing colorblindness can actually be a form of microaggression. Examples would be “I don’t see color,” “I was raised to treat everyone the same,” “I work in a diverse environment,” or “I was in the Peace Corps.” It’s important to note that mere proximity to people of color does not make someone woke or automatically knowledgeable about social justice issues. These comments actually deny the existence of people of color’s experiences in the world.

The last microaggression that I want to talk about is the phrase “that’s so ghetto.” Saturday Night Live has done a sketch about this phrase, and it’s tossed around in the workplace and in professional settings. But this phrase can be very offensive to people. I’m going to provide some historical context as to why.

The word “ghetto” is an Italian word used in 1516 to describe an area in the city where Jewish people are living in Venice. Then in 1899, the word was used to describe where minority groups were living in the city, often low-income areas. From a U.S. perspective, the word has been associated with Black and Brown people who live in low-income areas. Essentially, we’re talking about a place in the city where people are regulated because of poverty, disenfranchisement, and reasons that point to systemic racism. When people use the phrase “that’s ghetto,” it’s a way of making fun of someone or something, and for the reasons I just shared, it’s not funny.

Now that I’ve given you a couple of examples of what a microaggression is, I want to give you a couple of tools to avoid making these kinds of comments in the workplace. The first tool or tip is pretty simple: pause before you ask someone a personal question in the workplace. Pause before you compare someone to something or someone else. Pause before describing someone’s personality, and when you’re pausing, think to yourself: What could potentially be the impact of what I’m about to say to someone? Not just my intention but the possible impact it could have on that person.

The next thing to think about is whether the comment is necessary and whether it promotes a growth mindset, because your number one priority at work should be productivity. Research is also crucial. Many words in American English are slang, so before adding a new word to your vocabulary, do a quick Google search to ensure that what you’re saying is not offensive.

So, as I leave here this afternoon, I hope you leave with an understanding of inclusion and respect, but also with the concepts of kindness and human decency. Thinking before you speak is a form of kindness, and treating people the way you want to be treated is one of the highest forms of kindness. Thank you.

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Transcript for Figure 3.1, Texas state rep. gives powerful testimony on the history of bathroom laws

I have been a member of this society during a period of time in the history of this state and in this country when we had separate but equal, and I remember those days. I remember bathrooms being white colored. I was living through an era not only in American history but also in Texas history. Bathrooms divided us then, and they divide us now. America has long recognized that separate but equal is not equal at all.

I can tell you, as an African American, how deeply I felt discriminated against because of the color of my skin and my ethnicity. Those of you probably don't have those feelings because you have not had the privilege of walking in my shoes. But I can tell you, ladies and gentlemen, I hope you never have to walk in those shoes—never, never.

I can also tell you that separate restrooms for transgender kids, which is what we would be discussing with this bill, are also based on fear. There is a case currently before the United States Supreme Court that highlights the history of how discrimination has been used to divide us. I would like to read to you, if you would be so kind, a little bit about that.

Not so long ago, bathroom facilities were designated as “colored only” and “white only.” A key lesson from that painful and ignoble era is that while white-only restroom barriers may have seemed like minor inconveniences or insignificant sources of embarrassment to some, they were, in fact, a source of profound indignity that inflicted deep and indelible harm on individuals of both races and on society at large.

This indisputable tradition of state and local governments trying to inject fear or hostility toward a disfavored group of people into laws requiring their physical separation from others should encourage this court to view with skepticism the rationales proffered by local officials here.

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Transcript for Figure 3.17, Kimberle Williams Crenshaw: What is Intersectional Feminism?

So, what is intersectional feminism and why is it important? Well, we've been talking about women and power against the backdrop of women's political participation, and there's so much excitement now that we have to really think about what we know about women and political participation historically. What are some of the lessons that we might learn from it?

Let's think for a minute about the struggle for women's political power right here in the United States. In about 15 to 20 years, we're going to celebrate the centennial of women's right to vote. Knowing as I do how we in America like to celebrate things as if anything that happened here was the greatest thing that ever happened in the world, I can imagine how excited everybody's going to be. But here's the question: Where do I, as an African American woman, get to celebrate my entry into the political community? In reality, I've got to wait another 40 years to celebrate because the situation was that giving blacks the right to vote did not empower black women, and giving women the right to vote did not empower women who were black. So, this, quite simply, is what I call structural intersectionality: the collision of two overlapping dynamics of oppression.

Patriarchy reared its head during the debate over the Fifteenth Amendment. It was “the Negro's hour,” they said, but the “Negro's hour” apparently meant that it was not “Negro women's hour”; it was “Negro men's hour.” So, what happened when the women's hour came to vote some 30 years later? By that time, blacks had been so thoroughly disenfranchised that black women won nothing when women won the right to vote.

Now, you're not going to read this story in our history books, and it certainly isn't part of our political culture. We celebrate women's enfranchisement and the women who led the struggle as though it's an unabashed victory for women. The fact that a whole lot of women were left at the station falls from our consciousness, as does the racial strategy that the suffragettes followed to win the vote for women. In fact, one of the main arguments for women's suffrage was that it would help shore up white supremacy. Women, it was argued, would be the helpmates to maintain the American way of life against lower-order citizens and all these immigrants. Adding millions of white women voters to the rolls would ensure that democracy would survive. It was not an accidental argument nor an isolated one.

Now, I don't want this to be a one-sided critique because African American men weren't any better on the question of whether black women should get the right to vote. Their basic sense was that they were better off left disenfranchised. With friends like these, need I say more?

So, what's the moral of this story? Why is this important? You might say, "Come on, this is ancient history. What does it have to do with contemporary politics?" Well, let's ask a couple of questions. What might have happened had enfranchisement truly been universal? If women's power wasn't seen and celebrated as white women's power? If enfranchising the slaves had not been seen as enfranchising the men? If feminism had been seen early on as incorporating all women, black and immigrant, native and Asian? If anti-racism had been seen as incorporating all people of color, men as well as women? What might have happened, and where would our culture be now if the fight against patriarchy and the fight against white supremacy had not become alien to each other, and if the women who were subject to both had been centered rather than marginalized in these struggles? We can barely imagine how political life might be different in the here and now.

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Transcript for Figure 3.20, What Critical Race Theory Actually Is — and Isn't

[Music.]

It's inconceivable that a white teacher would be teaching white children that they are evil because they're white, but that's what people think, even though it's blatantly false. I don't know if some of you guys have seen this critical race theory. It's basically teaching kids to hate our country and to hate each other based on race.

[Music.]

Critical race theory is an intellectual sort of field that emerged in the late 1970s and early 1980s among legal scholars and lawyers who were recognizing that racial disparity was persisting. The public pronouncements that all these laws on the books were race-neutral, and so these scholars recognized that something was wrong here and that they had to take a new critical approach to examining the law, to examining policies, to examining structures, which they recognized were the source of these continuing disparities and not what's wrong with people.

And what are some misconceptions around critical race theory? Oh, there are many.

That critical race theorists argue that white people are inherently evil. That's not true. That critical race theorists argue that everything and everyone is racist. That's not true. Critical race theorists would be the first to say there are people battling and challenging racism, and those are the people we should learn from.

People imagine that critical race theory is widely taught in schools. It's not even widely necessarily taught in law schools where it originated, where people wanted to be taught, let alone in elementary schools.

Another misnomer about critical race theory or even anti-racism is that it's anti-white or racist, and I don't think people realize that that is one of the oldest and most vile white supremacist talking points.

Teaching kids to hate their country and to hate each other is not worth one red cent of taxpayer money. Critical race theory is not appropriate for our kids to learn and to have in our school systems. I think critical race theory is wrong, and I don't think it should be taught in schools at all, and I don't think we should fund any money to allow that to happen.

When we think of racial inequality in this country, I think it's important for us to recognize that historically, we've been arguing over why that inequality exists, and the racist position has stated that inequality exists because there's something inferior or superior about different racial groups, whether culturally, behaviorally, genetically. And the anti-racist position has largely stated that inequality is the result of policy and racist policy. So, therefore, the problem isn't bad people; the problem is bad policy. And it's important if we want to eliminate inequality to identify those bad policies and replace them with the types of policies that can create equity and justice for all.

Part of the challenge with discussing race and racism is people who argue racism no longer exists have one definition of racism that I've been trying to pin down for a while. They refuse to actually define it, and those of us who are documenting its persistence have a different definition. So fundamentally, in many ways, we're arguing over definitions. And so when I engage with people in a constructive sense to really get them to understand race and racism, the first and most important step is definitions. That's why "How to Be an Antiracist" is based and built and grounded in defining terms. And these aren't defining terms out of thin air; we should be defining terms based on the evidence, based on scholarship, based on history, based on material reality.

[Music.]

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Transcript for Figure 4.1 (top), Suzanne Simard: How Trees Talk to Each Other

Imagine you're walking through a forest. I'm guessing you're thinking of a collection of trees, what we foresters call a stand, with their rugged stems and their beautiful crowns. Yes, trees are the foundation of forests, but a forest is much more than what you see, and today I want to change the way you think about forests.

You see, underground there is this other world, a world of infinite biological pathways that connect trees and allow them to communicate and allow the forest to behave as though it's a single organism. It might remind you of a sort of intelligence. How do I know this? Here's my story.

I grew up in the forests of British Columbia. I used to lay on the forest floor and stare up at the tree crowns. They were giants. My grandfather was a giant, too. He was a horse logger, and he used to selectively cut cedar poles from the inland rainforest. Grandpa taught me about the quiet and cohesive ways of the woods, and how my family was knit into it.

So I followed in grandpa's footsteps. He and I had this curiosity about forests, and my first big "aha" moment was at the outhouse by our lake. Our poor dog Jigs had slipped and fallen into the pit. So grandpa ran up with his shovel to rescue the poor dog. He was down there, swimming in the muck. But as grandpa dug through that forest floor, I became fascinated with the roots, and under that, what I learned later was the white mycelium and under that the red and yellow mineral horizons.

Eventually, grandpa and I rescued the poor dog, but it was at that moment that I realized that that palette of roots and soil was really the foundation of the forest. And I wanted to know more. So I studied forestry. But soon I found myself working alongside the powerful people in charge of the commercial harvest. The extent of the clear-cutting was alarming, and I soon found myself conflicted by my part in it. Not only that, the spraying and hacking of the aspens and birches to make way for the more commercially valuable planted pines and firs was astounding. It seemed that nothing could stop this relentless industrial machine. So I went back to school, and I studied my other world.

You see, scientists had just discovered in the laboratory *in vitro* that one pine seedling root could transmit carbon to another pine seedling root. But this was in the laboratory, and I wondered, could this happen in real forests? I thought yes. Trees in real forests might also share information below ground. But this was really controversial, and some people thought I was crazy, and I had a really hard time getting research funding. But I persevered, and I eventually conducted some experiments deep in the forest, 25 years ago.

I grew 80 replicates of three species: paper birch, Douglas fir, and western red cedar. I figured the birch and the fir would be connected in a belowground web, but not the cedar. It was in its own other world. And I gathered my apparatus, and I had no money, so I had to do it on the cheap. So I went to Canadian Tire — (Laughter) and I bought some plastic bags and duct tape and shade cloth, a timer, a paper suit, a respirator. And then I borrowed some high-tech stuff from my university: a Geiger counter, a scintillation counter, a mass spectrometer, microscopes. And then I got some really dangerous stuff: syringes full of radioactive carbon-14 carbon dioxide gas and some high-pressure bottles of the stable isotope carbon-13 carbon dioxide gas. But I was legally permitted. (Laughter) Oh, and I forgot some stuff, important stuff: the bug spray, the bear spray, the filters for my respirator.

The first day of the experiment, we got out to our plot and a grizzly bear and her cub chased us off. And I had no bear spray. But you know, this is how forest research in Canada goes. (Laughter) So I came back the next day, and mama grizzly and her cub were gone. So this time, we really got started, and I pulled on my white paper suit, I put on my respirator, and then I put the plastic bags over my trees. I got my giant syringes, and I injected the bags with my tracer isotope carbon dioxide gases, first the birch. I injected carbon-14, the radioactive gas, into the bag of birch. And then for fir, I injected the stable isotope carbon-13 carbon dioxide gas. I used two isotopes because I was wondering whether there was two-way communication going on between these species. I got to the final bag, the 80th replicate, and all of a sudden mama grizzly showed up again. And she started to chase me, and I had my syringes above my head, and I was

swatting the mosquitos, and I jumped into the truck, and I thought, “This is why people do lab studies.” (Laughter) I waited an hour. I figured it would take this long for the trees to suck up the CO₂ through photosynthesis, turn it into sugars, send it down into their roots, and maybe, I hypothesized, shuttle that carbon belowground to their neighbors. After the hour was up, I rolled down my window, and I checked for mama grizzly. Oh good, she’s over there eating her huckleberries. So I got out of the truck and I got to work. I went to my first bag with the birch. I pulled the bag off. I ran my Geiger counter over its leaves. Kkhh! Perfect. The birch had taken up the radioactive gas. Then the moment of truth. I went over to the fir tree. I pulled off its bag. I ran the Geiger counter up its needles, and I heard the most beautiful sound. Kkhh! It was the sound of birch talking to fir, and birch was saying, “Hey, can I help you?” And fir was saying, “Yeah, can you send me some of your carbon? Because somebody threw a shade cloth over me.” I went up to cedar, and I ran the Geiger counter over its leaves, and as I suspected, silence. Cedar was in its own world. It was not connected into the web interlinking birch and fir. I was so excited, I ran from plot to plot and I checked all 80 replicates. The evidence was clear. The C-13 and C-14 was showing me that paper birch and Douglas fir were in a lively two-way conversation. It turns out at that time of the year, in the summer, that birch was sending more carbon to fir than fir was sending back to birch, especially when the fir was shaded. And then in later experiments, we found the opposite, that fir was sending more carbon to birch than birch was sending to fir, and this was because the fir was still growing while the birch was leafless. So it turns out the two species were interdependent, like yin and yang. And at that moment, everything came into focus for me. I knew I had found something big, something that would change the way we look at how trees interact in forests, from not just competitors but to cooperators. And I had found solid evidence of this massive belowground communications network, the other world. Now, I truly hoped and believed that my discovery would change how we practice forestry, from clear-cutting and herbiciding to more holistic and sustainable methods, methods that were less expensive and more practical.

What was I thinking? I’ll come back to that.

So how do we do science in complex systems like forests? Well, as forest scientists, we have to do our research in the forests, and that’s really tough, as I’ve shown you. And we have to be really good at running from bears. But mostly, we have to persevere in spite of all the stuff stacked against us. And we have to follow our intuition and our experiences and ask really good questions. And then we’ve got to gather our data and then go verify. For me, I’ve conducted and published hundreds of experiments in the forest. Some of my oldest experimental plantations are now over 30 years old. You can check them out. That’s how forest science works. So now I want to talk about the science.

How were paper birch and Douglas fir communicating? Well, it turns out they were conversing not only in the language of carbon but also nitrogen and phosphorus and water and defense signals and allelochemicals and hormones — information. And you know, I have to tell you, before me, scientists had thought that this belowground mutualistic symbiosis called a mycorrhiza was involved. Mycorrhiza literally means “fungus root.” You see their reproductive organs when you walk through the forest. They’re the mushrooms. The mushrooms, though, are just the tip of the iceberg, because coming out of those stems are fungal threads that form a mycelium, and that mycelium infects and colonizes the roots of all the trees and plants. And where the fungal cells interact with the root cells, there’s a trade of carbon for nutrients, and that fungus gets those nutrients by growing through the soil and coating every soil particle. The web is so dense that there can be hundreds of kilometers of mycelium under a single footstep. And not only that, that mycelium connects different individuals in the forest, individuals not only of the

same species but between species, like birch and fir, and it works kind of like the Internet. You see, like all networks, mycorrhizal networks have nodes and links. We made this map by examining the short sequences of DNA of every tree and every fungal individual in a patch of Douglas fir forest. In this picture, the circles represent the Douglas fir, or the nodes, and the lines represent the interlinking fungal highways, or the links. The biggest, darkest nodes are the busiest nodes. We call those hub trees, or more fondly, mother trees, because it turns out that those hub trees nurture their young, the ones growing in the understory. And if you can see those yellow dots, those are the young seedlings that have established within the network of the old mother trees.

In a single forest, a mother tree can be connected to hundreds of other trees. And using our isotope tracers, we have found that mother trees will send their excess carbon through the mycorrhizal network to the understory seedlings, and we've associated this with increased seedling survival by four times. Now, we know we all favor our own children, and I wondered, could Douglas fir recognize its own kin, like mama grizzly and her cub? So we set about an experiment, and we grew mother trees with kin and stranger's seedlings. And it turns out they do recognize their kin. Mother trees colonize their kin with bigger mycorrhizal networks. They send them more carbon below ground. They even reduce their own root competition to make elbow room for their kids. When mother trees are injured or dying, they also send messages of wisdom on to the next generation of seedlings. So we've used isotope tracing to trace carbon moving from an injured mother tree down her trunk into the mycorrhizal network and into her neighboring seedlings, not only carbon but also defense signals. And these two compounds have increased the resistance of those seedlings to future stresses. So trees talk. (Applause) Thank you. Through back-and-forth conversations, they increase the resilience of the whole community. It probably reminds you of our own social communities, and our families, well, at least some families. (Laughter) So let's come back to the initial point.

Forests aren't simply collections of trees, they're complex systems with hubs and networks that overlap and connect trees and allow them to communicate, and they provide avenues for feedbacks and adaptation, and this makes the forest resilient. That's because there are many hub trees and many overlapping networks. But they're also vulnerable, vulnerable not only to natural disturbances like bark beetles that preferentially attack big old trees but high-grade logging and clear-cut logging. You see, you can take out one or two hub trees, but there comes a tipping point, because hub trees are not unlike rivets in an airplane. You can take out one or two, and the plane still flies, but you take out one too many, or maybe that one holding on the wings, and the whole system collapses. So now how are you thinking about forests? Differently? (Audience) Yes. Cool. I'm glad.

So, remember I said earlier that I hoped that my research, my discoveries would change the way we practice forestry. Well, I want to take a check on that 30 years later here in western Canada. This is about 100 kilometers to the west of us, just on the border of Banff National Park. That's a lot of clear-cuts. It's not so pristine. In 2014, the World Resources Institute reported that Canada in the past decade has had the highest forest disturbance rate of any country worldwide, and I bet you thought it was Brazil.

In Canada, it's 3.6 percent per year. Now, by my estimation, that's about four times the rate that is sustainable. Now, massive disturbance at this scale is known to affect hydrological cycles, degrade wildlife habitat, and emit greenhouse gases back into the atmosphere, which creates more disturbance and more tree diebacks. Not only that, we're continuing to plant one or two species and weed out the aspens and birches. These simplified forests lack complexity, and they're really vulnerable to infections and bugs. And as climate changes, this is creating a perfect storm for extreme events, like the massive mountain

pine beetle outbreak that just swept across North America, or that megafire in the last couple months in Alberta.

So I want to come back to my final question: instead of weakening our forests, how can we reinforce them and help them deal with climate change? Well, you know, the great thing about forests as complex systems

is they have enormous capacity to self-heal. In our recent experiments, we found with patch-cutting and retention of hub trees and regeneration to a diversity of species and genes and genotypes that these mycorrhizal networks, they recover really rapidly. So with this in mind, I want to leave you with four simple solutions. And we can't kid ourselves that these are too complicated to act on. First, we all need to get out in the forest. We need to reestablish local involvement in our own forests. You see, most of our forests now are managed using a one-size-fits-all approach, but good forest stewardship requires knowledge of local conditions. Second, we need to save our old-growth forests. These are the repositories of genes and mother trees and mycorrhizal networks. So this means less cutting. I don't mean no cutting, but less cutting. And third, when we do cut, we need to save the legacies, the mother trees and networks, and the wood, the genes, so they can pass their wisdom onto the next generation of trees so they can withstand the future stresses coming down the road. We need to be conservationists. And finally, fourthly and finally, we need to regenerate our forests with a diversity of species and genotypes and structures by planting and allowing natural regeneration. We have to give Mother Nature the tools she needs to use her intelligence to self-heal. And we need to remember that forests aren't just a bunch of trees competing with each other, they're supercooperators.

So back to Jigs. Jigs's fall into the outhouse showed me this other world, and it changed my view of forests. I hope today to have changed how you think about forests. Thank you.

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Transcript for Figure 4.1 (bottom), The Scientific Method

Why are some kids sad? What makes the wind blow? How do birds fly?

Our world is full of curious phenomena.

To find answers or solve problems, we can use a process, which was first acknowledged by the scientist and philosopher Ibn al-Haytham, in the 11th century. Also known as Alhazen, he is considered to be the father of optics and the scientific method. There are six steps to it:

1. Observe and Ask Questions

Observation helps us formulate challenging questions that you will be able to test.

A good question converts the natural sense of wonder into a focused line of investigation. For example, when is the best time to drive to school? Which food is my dog's favorite?

If you observe that women smile more often than men, you might ask: why do women smile more often?

2. Research

Find out if other people have asked the same or similar questions.

If you research online, use search terms like “study ...”, “research ...” or “meta-analysis ...” – which is a summary of research for a specific topic.

Read as much about your particular subject to see what you can find out about.

For example, research happiness based on gender or study the science of smiling in different cultural contexts.

3. Formulate a Hypothesis

A hypothesis is a theory that you can test to see if your prediction is right or wrong.

From your observation, you have noticed that women smile more often and that people who are smiling seem to be happy. From your research, you know that there are different types of smiles, shy, genuine, and false. In one paper you read that baby girls smile more often than baby boys.

Here is a hypothesis: Women smile more than men because they are happier than men.

4. Test Your Hypothesis

When you test your hypothesis, you want to make sure to do this in a fair way and that the conditions are constant.

For this hypothesis, you can design a test where an interviewer talks with a set of men and women for 5 minutes each, counts how many times they smile, and then asks each one to rate their level of happiness.

To get a good sample of the population, you invite 300 women and 300 men.

However, you should consider potential biases or variables that could affect the results.

5. Analyze and Conclude

Let's assume that you designed a very careful experiment, controlling for as many variables as possible. Now you can analyze the data to see if your hypothesis is correct or incorrect. Depending on your findings, you may want to change your hypothesis or change the design of your testing. Perhaps you have discovered an even more interesting question.

This stage of the scientific method can be repeated as many times as necessary until you find just the right hypothesis and test method to find accurate results.

6. Share the Results

When you are satisfied that you have proven or disproven something important, report your results. In science, it is important to detail your methods so that your peers can review your work, which is a critical step to getting published. If your results are solid, your experiment can be repeated by other scientists. Such reproducibility is a sign of good scientific work.

Failed results should also be reported.

Additional Considerations Before Publishing:

Any scientific theory is falsifiable, meaning it can be proven wrong. If your theory can't possibly be proven wrong, then it's not scientific.

Correlation is not causation. Be careful when interpreting your results and consider other variables.

Avoid selective windowing and present all relevant facts.

Let's apply the Scientific Method to study your local currency. Maybe you have a hypothesis that we can test until we get solid, repeatable results to report. Please publish your findings in the comments below!

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Transcript for Figure 4.7, Consider This with Robin Wall Kimmerer

Minutes 55:25-57:20

Question: Can I ask, how do you develop confidence in the names you're using for beings?

Answer: If by "right names," you're thinking, "I need to have a book that tells me what the right name is," as a botany professor, I admit that's a lot of my work. These are the right names! But, in fact, that's not how I teach my students anymore. When we're walking through the woods, and they're good botanist biologists, they want to know the names of everything, and I don't tell them anymore because it's almost like a kind of consumerism. I just want to know that name, and that's all I need to know. So I thought, well, we can get to the name, but first let's look at this being, let's smell this being, let's see who it's friends with. Let's see who they are. And you come up with the name for that being based on your observations. I love this exercise because it decenters this Western scientific authority to say that that pine is called "Pinus strobus," and really that's all you need to know. A white pine is Pinus strobus—who cares? What are the medicines? How does it live? How long does it live? What does it sound like? That's how you come to know a pine, not by slapping a Latin name onto it. Once you know the pine, and then you want to know more, to access the literature, the scientific literature, it's good to know its scientific name because it opens the doors, of course, to more knowledge. But to me, forming a real relationship with that being by using your gifts of observation is the way to really know them. And so, no, I don't think that folks ought to be saying, "Why, I don't have the time to study a book and learn what the name of that plant is."

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Transcript for Figure 4.14, Participatory Action Research

Participatory action research is highly valuable for organizations to consider because it enables communities to collaboratively build with each other, engage in healing and transformative work, and conduct research simultaneously. Furthermore, it empowers the community by granting them control and decision-making authority over what is important, when it's essential, how they wish to approach it, who should be involved, and how to utilize the data. This approach is distinct from academic research, which may have long-term effects but tends to be distant from immediate community impact.

Participatory action research directly influences the communities engaged in it, offering the ability to hold data and results in their hands. With findings readily available, communities can implement immediate changes and take proactive steps, eliminating the need to wait for external sources for results. It allows for real-time trend analysis and responses, fostering dynamic and timely community development.

Another strength of participatory action research is its capacity to redefine and control language. Unlike academic research that labels phenomena based on data accumulation, community-led research

empowers communities to shape and control the conversation. This control over language and discourse enables communities to bring about positive change within their city, town, or organization by influencing the tone and direction of conversations and ideas.

One notable example of the profound impact of participatory action research is the work conducted by the Young Women's Empowerment Project in 2009 and 2012. Their research highlighted the systemic problem of institutions turning away young people involved in the sex trade and denying them assistance. By initiating the "Bad Encounter Line," they collected reports of such experiences, generating invaluable data that had never been accessible before. This data played a pivotal role in exposing the negligence of the United States in its treatment of people in the sex trade, as acknowledged by the United Nations. Furthermore, the study inspired other communities to undertake participatory action research and establish their encounter lines, expanding the reach of these impactful tools.

The research's influence extended to the Board of Amnesty International, significantly contributing to their international policy decisions regarding the sex trade. Additionally, the study gained recognition in prominent publications, including the New York Times and National Public Radio, giving voice to young people involved in the sex trade, particularly youth of color, queer and trans individuals, and reaching a national audience. This unique experience demonstrates the profound impact of participatory action research that transcends the reach of traditional academic papers.

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Transcript for Figure 5.1, How coronavirus lockdowns interrupted education systems worldwide

It's the largest disruption of global education systems in history. When the pandemic first hit, around one and a half billion students around the world were sent home as schools closed their doors. Some have since reopened, but class isn't in session for half of the world's school children. The lucky ones were able to pursue their studies online, but for many, even in developed countries, that's not an option. The world was already struggling to come to grips with educational inequality. Now, the United Nations warns the COVID crisis is making it worse, disproportionately affecting the most vulnerable and threatening to wipe out decades of progress for this generation and possibly beyond.

At the height of the pandemic, schools in some 190 countries closed their doors. Many have since reopened, but the experience of lockdown heightened major inequalities in education, and even richer countries like Germany have struggled with the challenges of going digital. Pencils are sharpened, books are out, German students are back in the classrooms, but it seems not much of the digital learning put in place during lockdown has survived.

Here at the Fritz Castle School in Berlin, teacher Ryan Plougher says many of the challenges involved in digital learning remain. The foundational problems are still there. A lot of parents don't understand technology, and a lot of families don't have internet or digital technology at home, but the schools are much better prepared. So we are able to have clouds and messenger services and email that is all in accordance with data protection laws, which was not the case before. The corona crisis has made schools real-

ize how much still needs to be done. In most classrooms, teachers and students still use analog tools and learning materials. To change that, the German government has put aside 5 billion euros to digitalize the classroom. Money desperately needed, says co-principal Oliver Schoenefeld.

When looking at his equipment, it is definitely the case that teachers and parents are investing their own private resources to digitalize the school. Of course, there have been initiatives by the state, but that always comes with a lot of bureaucracy, which we see now as well with the current fund. So, in the end, you have to make sure you take all that you can get. Until now, only one of over 1,200 students at this school has received a tablet financed by the state. Students are aware of how slowly things are moving and want to see change. There's room for improvement in the digitalization of our school, to say the least. There's not enough equipment for all students. It was not enough to make proper homeschooling possible, but some students think that they are now better prepared in case of another lockdown.

From Westminster, Illinois, at the beginning, it was new for all of us: the system, the computers, working at home. Now, I think that it would work better than the first time. But the ideal classroom that can switch effortlessly from the school to each student's room remains a distant goal.

Let's talk now to Professor Fernando Riemers. He's the director of the Global Education Innovation Initiative at Harvard University.

Professor Riemers, thanks for joining us. You've said the current disruption to learning could cause the biggest educational setback in history. Could you expand on that for us?

Absolutely, I'm delighted to be with you. The current setback has to be set in the context of the fact that over the last seven decades, the world experienced the most remarkable silent revolution in the history of humanity as a result of the expansion of access to school, which went from including about one of two children in school 70 years ago to including just about everyone. Now, this pandemic, through three mechanisms, is going to create a major setback. The first mechanism is that because schools have had to create alternative ways of delivering education in a limited time with limited professional preparation to teachers, those mechanisms have not reached all students equally well. In addition, the kind of support that is available to students at home varies depending on the level of education of their parents and their socio-economic level. As a result, for the students who have not been reached effectively and who do not have adequate support at home, they are not learning and they are not engaging in school. What that means is that some of them are going to have a very hard time continuing their studies when the pandemic is over, and some of them are going to drop out altogether. In some cases, the hardship caused by the pandemic in some families has caused those children to begin to work to help their families survive. And finally, the third mechanism is that this pandemic is creating enormous financial burdens in some states, and as a result of that, there's going to be less funding available for education. So, those three mechanisms are the ones that are going to cause major setbacks in how many children are able to return to school. We're going to see many of them drop out, and we're going to see that for many children, even those who continue, they're going to be significant gaps in their knowledge that schools may or may not be able to help them recover. So, some huge challenges there.

Now, you've spoken to educators all over the world. What's the most surprising thing you've heard from them?

That is correct. Over the last six months, I have been doing extensive research with colleagues at the OECD and at the World Bank. What has really surprised me the most are three things. Number one, the tremendous concern for education. The fact that education is seen at a time of pandemic when life is at stake has a very, very serious concern. And that speaks to a major cultural shift in humanity. If you think

about the last pandemic of 1918, education was not one of the top three, was not even one of the top 10 concerns. And the fact that it is, it speaks very well about how we, as a global community, have internalized how important the development of the talent and skills of the next generation are. The second thing that has surprised me is the professionalism of many teachers who have demonstrated that to them, education is not just a job; it's a live mission. And they have worked extremely hard to create alternative ways to continue to reach their students, sometimes with the support of their local governments, state governments, sometimes in the absence of that support. The third thing that has surprised me is the remarkable creativity and innovation that has resulted from collaboration, collaboration among teachers within schools, among schools, collaborations among organizations of civil society and teachers. I think that some of those innovations have been facilitated by the teachers who are connected to networks of people outside their jurisdictions, extensive communication that puts a teacher in touch with others in places far and away. That communication, extensive communication, has created the equivalent of a Medici effect. A Medici effect is a term used to refer to what happened in Florence several decades after the Italian pandemic when Lorenzo de Medici convened in that city a variety of artists and intellectuals and scientists like Leonardo da Vinci, like Michelangelo, like Machiavelli. Out of that convergence of great minds in a small place came the Renaissance. I think there is a potential that for some schools, this communication, this collaboration is going to really bring about some renaissance in some schools.

But sometimes, and on a hopeful note, there, Professor Fernando Riemers, thank you so much for speaking with us. It was a pleasure. Thank you very much for having me.

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Transcript for Figure 5.3, Being a Deaf Student in a Mainstream School

Last week, I made a storytelling video talking about a thing that happened while I was in school, and in U.S. History class. And then I said I would make a more generalized video about being in public school as a deaf student. So that's what we're gonna do today.

Subscribers were asking me on YouTube comments, on Twitter and Facebook, which by the way, links to everything will be down below. Just asking me if I went to a public school, and if I did, what exactly – what was it like, yada yada yada.

Yes, I did go to a public school, and it was a very interesting time. So we'll backtrack a little bit. I had my first diagnosis, yes that's the word, when I was 12, and I did not notice it. I was a child, why would I notice anything like that? But, uh –

My abuser, who is deaf, and I was born from, long story. My abuser who was deaf, that I was born from. Her friend, all of us were together in her friend's house, because I was spending time with her daughter as well. She noticed that I just wasn't replying to things, and her name is Ute, so we'll call her Ute. So Ute was talking with a person, and said something like "You know, you're deaf, obviously, and I'm just wondering, have you ever checked Rikki's hearing? Because I notice when we try to, you know, call out her name, she doesn't answer."

So I got a hearing test, da da da, and I had already been in public school. I have always been in public school, from Kindergarten to seventh grade when that happened, and even after that, even after the audiologist said “Hey, your kid is very, very deaf in the right ear, and a little bit in the left ear,” I still went to a public school.

It was difficult. I would say it was much more difficult as the years went by because that’s when my hearing just got worse. And I would say that it got a lot worse, it was at its worst, sometime in the middle of high school, I would say.

This was both with social life and like actual school life, like grades and work. With friends, making friends was a little bit difficult. I did keep to a very small social circle, because they got me, and they weren’t really do anything to me. But when it came to making new friends, sometimes it was difficult just because it was like no, there’s no real understanding there. It was hard to, when you know, we’re having lunch or whatever, it’s very hard to get involved in a lot of the conversations because there’s so much happening at once.

There were occasionally times when if somebody was trying to get my attention, let’s say we’re at a school assembly or we’re walking down a hall, somebody going “Hey Rikki!” And I don’t pay attention, they’ll make fun of me, they’re like, not really like (laughs) but like crack a little bit of a joke and say “Gosh, what are you, deaf or something?” And I’m like “Yeah.” In fact, I remember one guy used to pull my hair when I wasn’t paying attention, so he would run up behind me and like pull my hair, because I just wasn’t turning around. Now I wish I could’ve probably kicked him in the shins for that, but... He was a little weird anyway, nobody was very comfortable around him, but anyway.

So sometimes that was difficult, and I remember if somebody was trying to talk to me, and I would always be like “What?” And then they would kind of crack jokes about that as well. A few of those kids were the bullies in school, so.

But the social life wasn’t really so difficult. It didn’t really make me feel embarrassed about anything so much. The real difficult part was the actual work part. I wasn’t put into any special ed classes or anything. I was still with regular teachers, regular classes. There was no deaf program in my school, as far as I could tell. If there was one, nobody told me about it and it was very, very secret. People keep their secrets well. I didn’t really get any special assistance. There just wasn’t any provided for me. Nobody ever talked to me about these things. My counselors never mentioned it, so when I would tell my teachers hey, we’ve got a problem, most of the time I was just sat in the front of the class, and we’d kind of hope for the best. Sometimes they would re-explain things to me, you know, help me out after everybody else is kinda like settled and doing their work.

The most difficult subjects were English. I think English was honestly the most difficult subject for me. Because there was a lot of reading things out loud, reading from books, so it was very difficult, say if I’m like in the middle of the class. Sometimes I was in the middle of the class, and people in front would be talking, and either side of me, left and right, behind me, and I was like okay, I could not hear what this person said, and I was constantly losing my place. And if you’re constantly losing your place, the teachers kinda get annoyed, because it’s like “You’re supposed to be paying attention!”

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Transcript for Figure 5.7, What Is Neurodiversity?

What I mean by neurodiversity is that all brains are different. Growing up, I felt different from other people, and I sort of viewed myself as an outsider. Actually, that was okay; that was alright. I just, somewhere in my heart, accepted that I was different. I don't think it made me feel very good or very well, but it was just who and what I was. The term neurodiversity actually came into being in the context of the autism disability movement, for want of a better expression, where people with autism were saying, "Actually, you shouldn't see us as people having something wrong with us. We haven't got a disease. We're not broken; we are just different. We are towards the ends of a spectrum on which everybody is located."

I just thought I was a bit of a freak, to be honest with you. You know, I was like, "Well, why can't I cope with situations like family members or close friends? Why do I struggle in being around so many people?" It used to happen quite a lot in social situations. I would say that I was better on a one-to-one basis, but it would sort of impact me more when there were more than two people there. What I'm trying to talk about is that if you are significantly different from the average person, and if we think about the average person as being in the middle of the bell curve—you know what I mean by that, so most of us are in the middle section—of course, there are some of us who are towards the ends, aren't there? Just as a matter of probability, that is bound to be the case. Because we probably exist on many, many, and maybe millions of different dimensions, it's likely that all of us, in some respects, are outliers rather than average people who are the ones who are described as normal.

I think one way I dealt with my difference, which I wasn't aware of growing up, was I was very shy, and I feel quite emotional saying this, but I think I sort of isolated myself from other people. I've always had friends, but if I reflect on how it was, it wasn't a very pleasant experience for me, especially when I was a lot younger. It was almost like I sort of had—it would happen—I can write now when I think of it, it's like having an out-of-body experience. I sort of, and actually, maybe that is what happened, is that I used to sort of maybe dissociate or leave my body to deal with it because it was too stimulating for me.

The human world, of necessity, is created for the majority. That's just practical sense. If you're not, in certain respects, like the majority, if you're a bit different, adapting to that world can be very difficult. Fitting into it can be very difficult. If you can't sit still and you're very distractible and you find it hard to attend to rather dull material, and if you struggle with learning to read and write, you're going to find it very difficult to do well at school. That can have all sorts of consequences. If ADHD was something that was diagnosed when I was at school, I probably would have been diagnosed with that. The proof is in my school reports. It's so interesting. I found them recently, and I'm so ashamed about them. I actually chucked them in. That's a really sad thing. I always got really good grades, but it was my behavior, and it was just, "I can't sit still," and "I can't stop talking." So I was always in trouble at school. But it was like something that I couldn't help, and I wasn't aware of it at all. But that really, I think you can see with my emotion, it really dented my confidence because I was ten years old, having awful school reports, and my parents having to go in and being told that I was a disruptive person. As a child, you have no bad intentions, but you're being told there's something wrong with you. So that was really, really challenging for me.

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Transcript for Figure 5.10, An Analogy of Ableism

[Dr. Dana Pertermann]: Dana Pertermann, Anthropology Minute. I want to make an analogy about ableism. Disclaimer though, it's not my analogy. I saw it through another creator on TikTok here, and I can't find the original video. I can't even remember the creator that made it, so if you see that creator doing this analogy much more cleverly than I'm about to do it, please tag them in the comments.

So this analogy comes out of Crip Theory, which is a school of thought that comes out of disability studies and is much more interested in activism, in being anti-ableist. The medical model to disability studies talks about trying to cure disabled folks but the social model of disability studies and then going into Crip Theory talks about actually creating a society in which disabled folks can participate to the extent that they are able.

So the analogy is, you are a regular human who gets a semi-holiday on the Planet Krypton, Superman's planet. Now for the purposes of this analogy, everyone on Krypton

has the same powers as Superman does on planet Earth. Now, I know that's not canon, but just work with me here.

So on Krypton, most Kryptonians can do all the things that Superman does on the planet Earth – leap tall buildings in a single bound, stronger than a locomotive, faster than a speeding bullet, so there's no need for a mass transport and there's no need for roads and there's no need for elevators. All the doors are incredibly heavy.

Now imagine you, as an able-bodied, regular human Joe, are taking this stunning holiday on Krypton. And it's not like you just forced your way to Krypton, you were invited, you belong here. But Krypton's done absolutely nothing in the way of trying to make your life possible there. You can't get to where you need to go instantly because you don't run that fast. You can't even access the buildings because not only are there no stairs, there's no elevators. The doors – you can't even get through the door because you simply can't open it. Think of all the everyday things that you take for granted as an able-bodied human and imagine what you can't do on a planet of Superman. Is that your fault, or does Krypton have some obligation to mitigate those concerns because you live

there now? I absolutely love this analogy.

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Transcript for Figure 6.2, Comic Book Profiles 10 Portland State University Students' Struggles With Housing Instability

“So, I remember every year we'd be moving to a different school, different house, different apartment. When I was 15, my dad kicked me out. They were going through a rough time.”

PSU student Daniela Ortiz Mendez is one of 10 students featured in this *Changing the Narrative* comic book. Her family came to the United States from Mexico when she was young and struggled financially for years. The comic describes Daniela's life living in 10 places between the ages of 3 and 17. When she got to college, the housing instability did not stop. When she tried to focus more on school, she ended up losing her job.

"No one knew what I was going through, ever. My teachers didn't know, and even most recently, my clients didn't know what losing this job meant for my housing instability. So it was beautiful that they were able to tell the story from then until now."

Dr. Casey McKinney works in the Urban Studies and Planning department at PSU. She created the project to help inspire change in the way people think about housing instability. Dr. McKinney put out a call for students who had had these experiences. They were interviewed, and artists turned those stories into a comic book.

"People who became homeless because they were living in poverty as a child, or people who had an injury and lost work, and so were financially unable to find housing, or who were discriminated against when trying to find housing."

A 2019 PSU study found that out of 3500 students, 44 percent had experienced housing instability that year. Daniela finally has her own apartment and stability. She says she wants to spread awareness about the issue.

"I went through a lot of emotional trauma based on how much I had to move, the places I had to live, the people I had to live with. It was a lot."

Now, this comic can be found at Street Root vendors across the city. There's also an exhibit that will showcase these stories at the downstairs gallery at Southwest Yamhill Street on February 12 and 13.

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Transcript for Figure 6.6, City of Roses or City of Homeless? Portland's Human Tragedy

[Jeff Gianola, KOIN news anchor]: It's part of Portland's reputation and landscape everywhere you look, there are people living on sidewalks and streets. The homeless crisis has now reached a breaking point.

[Gianola]: This is KOIN News 6 at 6 o'clock. I'm Jeff Gianola.

[Elizabeth Dinh, KOIN news anchor]: And I'm Elizabeth Dinh. This week we're taking an in-depth look at the issues plaguing our city, from riots to skyrocketing crime. We ask, is Portland over? And tonight, Jeff, we look at this. You certainly have a long history of covering Portland's homeless crisis. This is not a new issue nor is a new issue to you.

[Gianola]: No, I've covered it for decades now. In 2019, Elizabeth, there were more than 4,000 people living on the streets in emergency shelters and transitional housing here in Portland. Since the pandemic began, it's obvious those numbers have grown. Bureaucratic red tape continues to get in the way of real solutions.

As a young reporter 35 years ago, I lived on the streets for a week documenting Portland's homeless. Who they were. Where they were. Why were they there? What I didn't know back then – what nobody could predict – Portland's homeless problem would become Portland's full-blown human tragedy.

[To houseless man]: Pops. Are you doing okay, Pops?

[Gianola]: Over the years Portland has struggled, and failed, in getting people off the streets. Why? Look no further than the former Wapato jail site. Three years ago, people in agencies working with the homeless urged county commissioners to convert the never used 500-bed facility into a shelter. Multnomah County leaders refused.

[Deborah Kafoury, Multnomah County Commissioner]: All those in favor, aye.

[Gianola]: Led by County Chair Deborah Kafoury, commissioners voted to sell the building to a private developer, rejecting any and all attempts to convert it into a homeless shelter.

[Kafoury, to reporters]: It's too expensive. It's too far from services. There's no transportation, and land use policies don't allow it.

[Gianola]: Deborah Kafoury was the one who didn't allow it. Developer and philanthropist Jordan Schnitzer eventually bought the building, turning it into the Bybee Lakes Hope Center, a place where homeless men and women are turning their lives around, working and contributing back to the community.

[Greg Baker, Executive Director, Blanchet House]: And I heard everything from well, it's too far out, we don't have transportation, it doesn't have access.

[Gianola]: Back in 2018, Greg Baker headed up Portland's Blanchet House. He and other frontline homeless workers could understand the county's decision

[Baker]: I saw Wapato as an economic development engine to address a major problem here. People didn't want to do it. They made all kinds of excuses.

[Gianola]: Excuses like, it's too far from services – homeless camped in tents and RVs now live within a stone's throw of the building. There's no transportation – Trimet donated a used bus to help out. It's too expensive – while they rejected the Wapato site, that same year, county commissioners spent hundreds of thousands of dollars on this building, a former strip club to house homeless families. It was unsanitary, there were structural problems, and part of the roof collapsed. The county had to relocate 110 parents and children to other shelters.

[Homer Williams, Developer, Harbor of Hope]: That's what upsets a lot of business people and people outside of government. They think that they're wasting opportunities for political reasons. And that's never good.

[Gianola]: Homer Williams made his money as a developer. Now he's dedicated his money and time to solving the homeless crisis. When the county turned down his plan to turn Wapato into a homeless shelter, he came up with his own ambitious plan, Harbor of Hope, providing essential services to the homeless and stabilizing lives. Portland's first-ever navigation center for the homeless, directing them to care, jobs, and eventual permanent housing one day.

Harbor of Hope is based off this program in San Diego called Alpha Project. On my visit to San Diego three years ago, I toured a massive staging area where homeless can be registered, assessed, and evaluated with health and social services.

[Bob McElroy, CEO, Alpha Project in San Diego]: People have 120 days. Everybody here is mandated to work with a case manager, a housing navigator.

[Gianola]: Residents here, hundreds of them, also are given jobs, paid to clean up city streets, sidewalks, and roadways. Imagine if Portland had adopted a similar program on a massive scale.

[McElroy]: We literally had hundreds and hundreds and hundreds of people in tents, in tarp towns, as Skid Row does, living in squalor and filth. People ask me all the time, why is this place so clean? Because now people have some hope. When you're out there in the squalor, who gives damn where I pick my trash up.

[Gianola]: For years, Portland has been reluctant to adopt successful homeless programs from other cities like San Diego, Austin, San Antonio. But now, things are changing.

[Ted Wheeler, Portland mayor]: We are being innovative. We're listening to what other people are doing around the country, and we're taking the best ideas. We're putting into place right here.

[Gianola]: Portland's Harbor of Hope is small compared to the scale of San Diego's transition center. But Homer Williams wants to expand Harbor of Hope facilities all across the city. He has plans for managed homeless communities, a step between shelters and apartments where people can use common facilities like kitchens. The idea behind his innovative plans: Get people off the streets into the shelter now. Because the old Portland plan of focusing only on permanent housing is why we're now facing a crisis.

[Williams]: We cannot build our way out of this. We are not efficient in building affordable housing, number one. It takes way too long, and it takes way much money, and we don't have the money to effectively build our way out of this. We don't have it. So we are interested only in things that can scale. By that I mean deal with the magnitude of the problem in big ways.

[Gianola]: The mayor is a strong supporter of Harbor of Hope and Williams' other ambitious plans. In 2018, he liked the idea of turning Wapato into a homeless shelter. So how did he feel when the county rejected the idea?

[Wheeler]: This is a democracy, I am in a weak mayor form of government. I have 20% of the votes on the city council. And when it comes to issues like homelessness, it's not just the city. It's the county, it's the metro government, it's the state government.

[Gianola]: It's also politics and lost opportunities. It's a major reason Portland now faces a homeless disaster. Recently, we asked county chair Deborah Kafoury, if she had to do it all over again, would she have changed her mind on Wapato?

[Kafoury]: Kudos to Jordan Schnitzer and the folks at Bybee Lakes who have been able to re-envision that building to something useful. It wasn't going to work for the county.

[Gianola]: It didn't work for the county, but it's working for the homeless men and women who now have a place to stay.

[Wheeler]: I'm a bit of an outlier because I believe that we have an obligation to take resources today and have a FEMA-like response to getting as many people as quickly and humanely as possible off the streets and into alternatives.

[Gianola]: Last fall, voters in Multnomah, Clackamas, and Washington counties approved a massive tax, aimed directly at the homeless problem.

[Wheeler]: There will be \$100 million a year more coming into the city of Portland, through Multnomah County, for the purpose of connecting people to mental health or substance abuse or other types of issues. So that, alongside our ongoing efforts to increase the amount of shelter space and alternatives to people living on the sidewalk or living in our public right of ways, all of those things are now in a position to come together and make a difference.

[Gianola]: Now it's up to all of us to watch where our money goes in solving the homeless crisis. Make sure it's being used effectively and not wasted, and hold our leaders accountable.

[Unidentified speaker]: Those are daughters, our sons, our uncles or cousins – that's who they are. They do have names and they belong to people.

[Gianola]: No city has the magic key to solving the homeless problem, and what Portland has been doing for years hasn't been working. Is Portland over? Not if we care, because when we stop caring, it is over.

[Gianola, to Dinh]: And you see the problem. You see the mayor embracing these new ideas. Yet he's overruled by the county and others because as he said, it's not really a democracy, it's a democracy, but he doesn't have the final say

[Dinh]: Right. There are many, many people who are impacted and can enact change in this. We mentioned again, it's worth saying this, you've covered this for decades. Do you sense that the many people you've interviewed, even those who are homeless that you've talked to for this piece, that there is a little bit of a sense that change may actually come?

[Gianola]: Well, there's already an argument on the county's plan to spend all that tax share. [Name unintelligible] one of the commissioners went against the commission, said your plan right now isn't doing enough to get people off the streets now, and the mayor agrees with her. So it's all our responsibility because it's our money to see how this money is spent during the next few years to see if they can get the people off the streets into some sort of housing now because that is the need.

[Dinh]: Yeah, thanks, Jeff. What we also want you to know, of course, this is a series. It's all week long. And then coming up tomorrow at 6 o'clock, we take an in-depth look at Portland's restaurant scene.

And this is something that I've looked into. And of course, the restaurant industry is already difficult but also look at how it's been hurt by this pandemic and just another layer here. Know that you can also go to KOIN.com right now to find out what experts are saying about how Portland's houseless population is counted during a pandemic and what it could mean for the city and Multnomah County going forward.

[Gianola]: Then tune in next Monday at 7 p.m. for an hour-long special, "Is Portland Over?"

[Dinh]: If you missed our stories earlier on Portland's reputation, the protests, even the crime rate, you can go to KOIN.com to watch those in-depth reports.

[Gianola]: We're also getting lots of feedback from you on this series. Dave writes, "The San Diego reference was spot on. These leaders in Portland show no compassion, but instead have enabled the homeless."

[Dinh]: Art says, "Portland's soul could revive and thrive again if she found a new model to resolve the national homeless crisis. Neither Wapato or Harbor of Hope fill the prescription." We want to hear from you. Email your comments to isportlandover@koin.com.

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Transcript for Figure 6.19, Oregon already has a climate refugee crisis

This is where you used to live, yeah, right about 10 feet in from the road. When you look around, you know some of these houses seem fine, but other things are just completely gone. Yeah, that's what amazes me, you know. Why'd it take five of us and leave Kenny and leave these two? You know, I couldn't figure that out because the fire had a mind of its own. It was like a beast, eating, taking a bite here and a bite there.

Wanda Toomey was one of over twelve thousand Oregon residents who lost their homes in the Labor Day fires of 2020. Now, nearly a year after over a million acres burned, all that's left in neighborhoods leveled by fire are empty overgrown lots.

What's it like for you to stand here and look at this?

Well, I'm reminiscing a little bit, but you know, I can't stay there. You know, I can't stay in that thinking mode.

Last year's catastrophic wildfire season claimed over 4,000 homes across Oregon, more than 40 times the number of houses lost in the prior five fire seasons combined. Nearly 2,500 of those homes were here in Jackson County, where the Almeda Fire ripped through a creekside forest, ravaging three towns in its path.

Project Turnkey

In October of last year, one month after the fires, the state legislature put aside 30 million dollars to house wildfire victims in hotels and motels through a program called Project Turnkey.

Yeah, this one has two beds, and I only have one. I don't need two beds, but that's all they had.

Eleven months later, Oregon is still using converted hotel rooms to house around 900 survivors from the 2020 fires while now battling its latest fire season.

Someone had told me that they were converting these motels into apartments, so I stopped by here one day and signed a piece of paper to be on the waiting list. How did you feel having a place to be? Well, it was great because I was sleeping in my truck.

Do you feel like you're living in a hotel, like you're living in a home?

No, oh no, a hotel. It's not a home for me. Compared to what I had, it's just a room to sleep in and take a shower.

If you hadn't gotten this room, where would you be?

I'd probably still be sleeping in my truck.

Nina and Kevin

Hi, yes.

Hi, Nina, are you? Nice to meet you too. This is Kiva. Hi, Kevin.

Do you mind if we come in?

No, no, no, come on in.

We have a mid-size refrigerator, a four-burner stove, and a sink, and that's it.

Where were you living before the fires?

We were in a three-bedroom home on around 40 acres.

Wow, the home was 4,000 square feet.

Wow. It was a rental, and we were basically caregiving for the owner of the property.

Did you lose a lot in the fire?

I lost everything. There's a picture of the house, and then there's my fishing boat.

If you weren't living here, where would you be?

We'd be living out of the back of my pickup, pretty much because there's no rentals available. A room this size would be going for around a thousand dollars a month.

Housing Crisis

Oregon was already in a housing crisis before the 2020 fires. The state was short 150,000 homes for what its population needed, a problem the fires only made worse.

Recovery is centered around having a place to live, and we've got to find those places, and it takes time. Is there enough housing?

No, there's not enough housing. There wasn't enough housing before this disaster, and there's not enough housing now.

Some of the wildfire survivors we spoke to have been in temporary housing now for almost a year, and we're sitting here, and there's fire raging in Oregon. The environment's changing. What was normal a few years ago is not normal now, and we're thinking hard about what we need to be able to do to respond to these challenges. Is there going to come a time when you tell people the best disaster preparedness is just not to live here?

I would never make that recommendation. Anywhere you move in the United States, you're going to find a hazard.

Rebuilding

State officials say there's enough funding to continue sheltering these wildfire survivors for the next two years. Meanwhile, local leaders are racing to rebuild, even in the face of an uncertain future.

So we're on four acres in Talent, Oregon. What we're doing now is laying in infrastructure for 53 RV sites here. We lost 700 dwellings, and that's a third of our town. I mean, a third of our town burned down.

Are you afraid about coming fire seasons becoming more and more extreme?

There is climate chaos in Oregon, and the wildfire is a very in-your-face expression of what global warming is looking like for us. What it really looks like for me is, are we building and bringing folks back home to be sitting ducks for more of the same?

Are you?

Yeah, on some level, you know, but where do you go otherwise? There's no place to go where we are not going to be faced with defending ourselves against climate change, and this is where we're choosing to defend ourselves.

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Transcript for Figure 6.21, Pandemic shows importance, effectiveness of Housing First programs

[Reporter]: With temperatures dropping into the -30s in Saskatchewan, people who are homeless must desperately search for a spot to warm up. For some, the search is over. Every day, this housing support team makes its rounds, checking in on people who now have homes but are still getting used to it.

Stephen Ledoux lived on the streets for years. He broke his neck in a construction accident and began drinking heavily.

[Woman]: Hello, how's your morning?

[Ledoux]: Pretty good so far.

Housing First

[Reporter]: Ledoux says he used to spend his days digging in dumpsters and drinking with friends, often getting arrested. Drunk in public, drunk and disorderly, just staggering around the city.

That all changed when he got accepted into the Housing First program three years ago. He says you can see the difference. Right here, a house. They found me a house as soon as I got into the program.

[Reporter, to Ledoux]: And then how has that changed your life?

[Ledoux]: I haven't been in trouble with the law, and I'm staying pretty sober now.

[Reporter]: Over the past decade, Housing First programs have become common in Canadian cities.

What is Housing First

Touted for their simple premise.

[Kendra Giles]: So it doesn't matter if people are sober. It doesn't matter if they have bad records of tenancy. Nothing matters as long as they are homeless and in need of supports. We put that in place first, and then you can work on everything else after.

[Reporter]: Kendra Giles with Phoenix Residential Society runs the federally funded program in Regina. It has 30 clients. She says Housing First makes even more sense in a pandemic. You couldn't get a more perfect setup given that everyone has their own safe place to call home. People can actually be in a safe place to isolate, and then we can bring the supports to them.

Alcohol Delivery

[Reporter]: Her teams make more frequent visits now, delivering groceries, medication, and even alcohol. Depends on what they like, beer, vodka, whiskey, or wine. All safer than drinking mouthwash or hand sanitizer. Phoenix received more money from Ottawa this past year to expand its managed alcohol program.

[Giles]: We got your beers here. There you go.

[Man]: Thank you.

[Giles]: You're welcome.

[Reporter]: Three deliveries a day stop people from going to the bar or liquor store.

Caseworkers

[Reporter]: 57-year-old army veteran Rudy McQuaig waits for the Phoenix Team to arrive.

[McQuaig]: They come and check my house, make sure I'm OK, so they're very protective.

[Woman]: Rudy, hello, how was your night? What'd you get up to? Just got your medication here.

[Reporter]: Caseworkers helped him collect social assistance to pay rent and buy groceries.

[Woman]: OK, you have a good day, OK?

[Reporter]: A couple of clients have contracted the virus, and they get support to self-isolate. Overall, there have been fewer visits to the hospital emergency room, detox center, jail, and shelters, which can't meet demand. COVID-19 outbreaks have temporarily shut some down, and physical distancing rules have cut capacity.

Jason Merkerty's organization serves vulnerable people but due to the pandemic has to frequently turn them away. Pretty much every day where the temperature drops below -15, we have people begging us to let them in the building. It's not just us, it's every organization in the city that really is struggling to allow people in and maintain COVID protocols, and we've had people crying, we've had people quite upset.

But for Stephen Ledoux, his biggest challenge now is boredom.

[Ledoux]: The more you sit around, the more you want to drink.

[Reporter]: A Housing First social worker helped Ledoux get a cat who he named COVID to keep him company.

[Ledoux]: I just mainly stay home.

[Reporter]: And for that, Ledoux is proud of himself. When public health officials urge people to stay home, it's something he can finally do.

Bonnie Allen, CBC News, Regina.

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Transcript for Figure 7.1, Who Belongs? Family Stories of Immigration

In this video, we will examine the social problem of belonging through the stories of students whose families may resonate with yours. Before we begin, take a moment to reflect on your own family and how it has evolved over time. Your family might resemble some of the narratives we explore, or it could be distinctly different. Who belongs when it comes to your family?

While all families are unique, the traditional American family is often portrayed as the nuclear family—a household with two parents and their children. The idealized image is of a middle-class, heterosexual, married couple, typically white, owning a house, and perhaps even having a dog and a white picket fence. Many laws, policies, and practices assume this family structure. However, societal changes have led to a decline in the prevalence of nuclear families.

As illustrated by the graph, the percentage of children living in families with two parents in their first marriage has decreased from over 70% in the 1960s to about 45% in 2014. Alternative family structures, such as single-parent households, remarried parents, or cohabitating parents, have become more common.

The issue of belonging doesn't arise from the changing forms of families; rather, it stems from the fact that not all families receive the support they need to thrive. Mixed-status families, comprising members with different citizenship or immigration statuses, face unique challenges. Some family members may be undocumented, living with the constant fear of deportation, while others may have DACA or asylum status.

LGBTQIA+ families also encounter hurdles, such as homophobia and prejudice. Approximately 3.7 million children in the United States have a parent who identifies as LGBTQIA+, and these families navigate judgment and rejection from both their families of origin and societal institutions.

The video presents personal stories to shed light on these issues. Kevin, for example, shares the challenges faced by his DACA recipient family member, highlighting the impact of xenophobia and racism. In another story, Omar, Kevin, and Julian discuss their journey as a same-sex couple, emphasizing the legal challenges and societal shifts that have redefined the concept of marriage.

Both individual and collective actions are showcased as families strive to thrive. The power of social movements is evident, particularly in the case of LGBTQIA+ and undocumented individuals who fight for their rights and social justice. Belonging, as explored in this video, is not just a personal matter; it is a social justice imperative.

By expanding our definition of family in laws, policies, practices, and everyday life, we contribute to creating a world where all families belong. The pursuit of belonging is synonymous with the pursuit of social justice.

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Transcript for Figure 7.16, Mixed Status Family

I was born in a small village called Loma Bonita, Oaxaca, Mexico. My mom knew that there was no opportunity for me in Mexico, so when I was four years old, we both decided to come to the U.S. My mom eventually gave birth to my two U.S.-born sisters. She had to quickly learn how to be a single mom and support herself. She was able to save enough money for the deposit on a small one-bedroom apartment in one of the toughest neighborhoods in Cincinnati at the time. So, she began organizing to try to make the community better and try to make the world that we were living in a little better.

When I started college, my sophomore year, I came upon the YES group (Youth Educating Society). The group was for undocumented youth, DACA recipients, members of a mixed-status family, or anyone who wanted to create a better world for immigrants.

My mom has instilled in all three of us a great love for this country, but we have understood how complicated that love is. My mom is undocumented, and at any moment of the day, she can be detained and deported. My sisters are also the ones who vote for the whole family. We can see the ongoing fear that they live with every day. As a DACA recipient, I also feel that many times I have to be the adult in the family. That doesn't make us so different from a normal family. We still get on each other's nerves, constantly fighting for which movie we get to pick during movie night. The special family moments of graduations, holidays are just normal, but legally, we have all these complications and scars.

My name is Esmeralda Tovar Mora. I'm 24 years old. I'm from Mexico City, Mexico, and I've been living in Hutchinson, Kansas, for about 22 years. I came to this country when I was just two years old. The United States is pretty much the only country I've ever known, and it is the place where I learned to speak my second language. My father had kind of acquired Spanglish at work. He actually recorded himself on

those cassette tapes, and we would rehearse those before going to bed. I ended up being fluent in English by first grade.

I decided early on when I gained DACA and the ability to work that I wanted a job that helped others. I love working with the elderly. Geriatric patients are something I love, and I don't have my grandparents here in this country, especially in a dementia Alzheimer's unit. I know how many of them only wish that their families could visit them. Everyone deserves equity. Everyone is deserving of love and respect. Everyone's mental health and well-being matters.

Part of it honestly is my daughter. It really is. I keep doing all of this for us to stay together so that she can create a life that she loves and is proud of.

I migrated to the United States when I was 12 years old. One of the things that we enjoy as a family: we do get together for birthdays to celebrate being another year together. This has been an ongoing tradition since we moved here, and it has been over 15 years now. I have two brothers, one sister, and over 12 nephews and nieces, so it's a full house when they come over. We want to be able to teach my nephews and nieces the importance of family and staying together. That's one of the things that I'm very thankful for: that I have my family around me because I would not be able to do what I'm doing without them. We are here to try our best for ourselves and for our families, and all we're asking for, I feel, is that opportunity to keep on growing and keep on becoming the best version of ourselves.

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Transcript for Figure 7.19, Tyler Ford Explains The History Behind the Word "Queer"

From its humble beginnings in the sixteenth hundreds – it's still controversial used today the word queer has always been well queer. Queer can mean something different to everyone who uses it, and we love it for its versatility and its resilience. So how much do you really know about the history of the word queer?

The Oxford History of Queer English Dictionary credits sixteenth-century Scottish people for coming up with the word queer in the fighting of Dunbar and Kennedy, a poetic war of words that involved accusations of sexual perversion or weakness. Picture a rap battle but in kilts. "Hey, here comes our own queer clerk," one rogue battler tells another, but the guy's not necessarily gay, just eccentric and suspicious.

The first person to use the word queer as a homophobic slur was John Sholto Douglas, the 9th Marquis of Queensberry, in 1894. His son Francis was the private secretary to Lord Rosebery, and the two were rumored to be carrying on a scandalous affair. After Francis died, his father wrote a letter to his younger son, Lord Alfred Douglas, denouncing snob queers like Roseberry and blaming the Lord for the elder son's death. The thing is, Alfred himself was one of a claimed author and so-called first modern homosexual Oscar Wilde's literary muses, and they wrote each other love letters for years. When Douglas found out about the affair, he made it his personal mission to take down Wilde, and it worked. Wilde was later arrested, eventually found guilty, and sentenced to two years of hard labor. Other crooked and bad became synonyms for queer for years, and the use of the word queer reached its height of popularity in the late 1920s as the term also became widely known in America.

But New York Stonewall Riots in 1969 marked the beginning of the gay rights movement in the US. From the start, members of the community called themselves queer as an act of defiance as they celebrated their right to love who they want even in the face of police violence. Yet that age of sexual liberation in the 1970s turned into tragedy in the 1980s. More than 16,000 Americans died of AIDS-related complications in just five years. The AIDS crisis sparked an era of activism in a time of grave crisis, and this had a large influence on young activists who took up the word queer as a Badge of Courage. This culminated in the founding of Queer Nation in 1990.

As AIDS continued to ravage the LGBTQ community, at New York Pride in 1990, they passed out queers read this: “Being queer is not about a right to privacy; it is about the freedom to be public, to just be who we are.” For the first time, the world was hearing, “We’re here, we’re queer, get used to it.” The work of these queer activists inspired a shift in art, culture, and academia as institutions questioned the heterocentric norms of Western culture.

With the rise of the internet came digital queer communities and a new wave of LGBTQ activism. Bills like Prop 8 in California and the larger national fight for marriage equality moved a new generation of activists to organize and fight for equality. The Internet’s ability to connect people and spread information at a rapid pace cemented the term queer into a modern generation’s lexicon. Now, a wide range of LGBTQ people and other sexual minorities call themselves queer as a more expansive and expressive umbrella term for their sexualities and genders. Also, not everyone in the LGBTQ community loves the word queer. There are plenty of trans folks and older gays and lesbians who just don’t jive with the term. But as our movement evolves beyond just the L in the gene, our ever-growing acronym, the proliferation of the term has been seen by some as an overwhelmingly positive, reflecting a more inclusive approach to our politics and our community. We’re all stronger together and clearer than ever.

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Transcript for Figure 7.26, Understanding Bodily Autonomy – May Diversity Calendar

Today, we’re going to talk about something important: bodily autonomy. Have you ever heard of it? If not, don’t worry; we’re here to explain what it is and why it plays a crucial role in fostering equality.

So what exactly is bodily autonomy? Simply put, bodily autonomy is the right to control what happens to our own bodies. This includes making decisions about our health, relationships, and even how we express ourselves.

You might be wondering, how does bodily autonomy contribute to fostering equality? Well, when everyone has the right to make decisions about their own bodies, it leads to a more equitable society where people’s rights are respected regardless of their gender, race, or background.

Let’s take a look at a few examples to better understand how bodily autonomy fosters equality.

Example one: Health Care and Reproductive Rights. In terms of health care, bodily autonomy means having the right to access information and make informed decisions about reproductive health, contra-

ception, and family planning. When everyone has access to these resources, it helps to create a more equal society where people can make choices that are best for them and their families.

Example two: Consent Culture. Another example is consent culture, which emphasizes the importance of obtaining clear and enthusiastic consent before engaging in any physical or intimate activity. This promotes equality by ensuring that everyone's boundaries are respected and that people can freely express their desires and limitations without fear of judgment or coercion.

Example three: Personal Expression and Appearance. Lastly, bodily autonomy allows people to express themselves through their appearance, such as clothing, hairstyles, or body modifications. By celebrating and respecting each person's unique self-expression, we foster an environment where everyone can feel confident and valued regardless of their appearance.

Conclusion: So, as you can see, bodily autonomy plays a vital role in promoting equality and creating a more inclusive and respectful society. It's essential for all of us to understand and advocate for our own bodily autonomy and that of others. By doing so, we can work together to create a world.

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Transcript for Figure 7.30, UndocuQueer Manifesto

We demand the right to love and be loved by those who wish to love us. We are who we are; we are human and will not tolerate violence, conversion, or divisive forces against our queer and immigrant communities.

Let us be ourselves, our true selves. We have beautifully crafted our lives despite the challenges of being queer and undocumented. Despite always being asked to separate the queer from our undocumented stories, we have created a queer familia within our movement, because our survival depends on it.

Together we rise; we are Hoderia Familia – fabulous queers with a cause, fighting towards social justice. We are undoubtedly queers in solidarity, fighting towards social justice.

We need to acknowledge that our lives are ever-changing, and regardless of the opportunities that may arise, we must always be there to support one another, because our lives, spirits, and existence didn't cross by accident.

Our love, our hortelia, and our transitions have traveled through mountains, rivers, deserts, and oceans and settled in the hearts of open minds. We are all fantastic with different names, cultures, desires, roads, and different life philosophies invested in working collectively towards the liberation of our sueños.

Where no more brothers and sisters die in the closet, we seek to bring an end to the violence within our communities and families. To end all racism, sexism, xenophobia, and poverty. We seek to transform ourselves as we walk hand in hand with our many communities.

If you believe in social justice, then what makes us different than you? We want to fight this war knowing our queer rights are immigrant rights. Don't make us choose one; we are one. We want our voices to be heard without being judged. Our families are diverse and unique. We have undocumented unconditional lovers, loving, lovemaking, and love meant to be fluid, meant to be free of shaming.

Therefore, we need to acknowledge that “isms” exist in our communities. We are continuously transforming our communities and each other, not destroyed because of culture, sexuality, or color.

Somos Hotas Pottos – fabulous queers with a cause, fighting towards social justice.

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Transcript for Figure 8.1a, 36 Inches | Understanding the Jordan Cove Energy Project

That’s me, James, recovering apathetic millennial, admittedly complacent to most of the issues facing our world. And that’s my friend Ron; he’s from Oregon. One day Ron called me up about a pipeline project that was going to run through his backyard, called the Pacific Connector Pipeline. Ron said it was a big deal because he felt his property rights have been infringed, and that it was not just a use of eminent domain, topical politics, probably an excellent course, and happy recovery. So I was interested. I called up my friend Matt, we hopped on a plane, and started our journey.

Our journey began understanding the basics. Ron shared that the Pacific Connector Pipeline would begin at the California-Oregon border, where it would meet up with an existing pipeline bringing in fracked natural gas from the Rockies. From there, the 36-inch pipeline would run 230 miles through a combination of private property and public lands to the first-ever West Coast liquefied natural gas export facility. That facility in Coos Bay, Oregon, will receive between 1.1 and 1.6 billion cubic feet of gas per day, liquefied, and send it via ship to be sold in foreign markets. Altogether known as the Jordan Cove Energy Project, at first glance, it seems like not too bad a deal — about 150 permanent jobs, a big investment in Oregon’s infrastructure, and growth in the local economy. At least that’s what this industry-sponsored group is saying: “Our region is hurting, but the Pacific Connector Pipeline can boost our economy. It’s our turn for jobs, it’s our turn for better schools, it’s our turn for a brighter future. Jobs, schools, brighter future — sounds great.”

So why the opposition, or specifically, the outrage? Well, one quick search, and the headlines flood in: bad for our economy, destructive to the environment, risk to public safety, and back to my friend Ron’s concern — infringement on personal property rights. It gets confusing fast. Support for the project seems to be based on economics, so that’s where we started to dig deeper.

First, the issue of export. It does seem counterintuitive to the pervasive ideology of energy independence. Americans will not have to rely on any source of energy beyond our own. Not to mention that science and common sense have told us that the rule number one about fossil fuels is that they’re finite — save them, use them wisely. So why the shift? Why now is it okay to export our finite natural gas? Well, the gas companies say we have an oversupply, and that export will be a driver for the US economy. In fact, the Department of Energy has opened up the floodgates to hydraulic fracturing, more contentiously known as fracking, to draw this stuff up. As of 2013, there were 487,286 natural gas wells in the US, which is one for every six and a half square miles of the lower 48. The price for a thousand cubic feet of natural gas in the US is around \$2.80, while the price for a thousand cubic feet of natural gas in Asia is over \$12. So it’s clear why the industry is pushing towards export and an equalization in price.

But what about the economic downsides for the US? The side effects of LNG export, as documented by the US Energy Information Administration, could increase domestic gas prices anywhere from 10 percent to upwards of 20 percent. So opposition to export isn't just coming from the obvious sources like environmentalists and the far left, but major US industry like Dow Chemical and Alcoa. In a company statement addressing Jordan Cove, Dow said, "US manufacturers are putting Americans back to work and creating high-paying jobs due to this new abundance of affordable natural gas. This is vastly preferable to sending our energy resources overseas and jobs overseas." It's also worth noting that the majority stakeholder in the Jordan Cove Energy Project is a company called Veresen, which is Canadian. So, a Canadian company, which no doubt will make significant profits and benefit shareholders, is exporting US gas, potentially raising US gas prices, and doing so under the umbrella of eminent domain.

Our next stop was with Ron's friend Stacey, who with her husband purchased 357 acres in Myrtle Creek, Oregon, ten years ago. They rehabilitated the land, removing trash heaps, restoring diversity, and planting over 10,000 trees — the manifestation of the American dream.

"So, it goes a mile across our land, it cuts our place in half. Look how beautiful that is, look at the tree behind it, two oaks. This is gone once that pipeline goes in here. None of this exists anymore. There are so many magical, special places; it's just sacred. How does it make me feel? It makes me feel very angry that the government and that these corporations have the right to come in and take our property, that they have the right to destroy our land when we say no."

Stacey is not the only one prepared to fight for her property. Out of over 300 impacted landowners, the majority have yet to sign a lease, meaning eminent domain is likely. This is completely legal under Section 7 of the Natural Gas Act, as long as the project is deemed to be in the public benefit. So the question becomes, how can a project like this be deemed to be in the public benefit?

What about concerns over the environment? Simply put, they're significant. Not only are there concerns regarding the clear-cutting of old-growth forest, intrusion onto publicly-owned BLM land, and risk to over 400 critical waterways, but there's an introduction to the risk of pipeline failure. Not only is this a public health and safety concern, but it exposes a severely drought-stricken Southern Cascadia region to the risk of large-scale fire and ecosystem destruction. Some say these concerns are hyperbole, but examples of pipeline failure are hard to ignore, especially when the Williams Company, who's overseeing this particular pipeline's construction, has had nine significant spills, leaks, or ruptures in the recent past. It's also a known fact that all pipelines leak, especially 230-mile-long pipelines, and that methane, which is a key component of natural gas, is 84 times more potent than carbon dioxide as a greenhouse gas.

But most surprising of all, the power plant facility, which will supply the energy needed to convert the gas into LNG, will eventually become the most polluting plant in the state of Oregon. So it's proposed to build Oregon's biggest emitter of greenhouse gas in our modern context of climate change — melting ice caps, rising sea levels, droughts, deadly storms, and our government's pledge to reduce 25% of carbon emissions in ten years.

As Matt and I wrapped up our time in Southern Oregon, we headed back south to debrief with Ron's friend Stacey. The resounding question we kept asking was, for what? Why are we building Oregon's biggest greenhouse gas polluter? Why are we putting some of the most ecologically diverse and precious land at risk? Why are we seizing private land against owners' will? And why are we supporting an increase in domestic gas prices beyond 150 jobs and tax revenue for whose county? There is no pub-

lic benefit to this project. Pipelines are substantial long-term investments, locking stakeholders into, at a minimum, 20-year contracts. So regardless of whether the economics...

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Transcript for Figure 8.1b, Rogue Climate, Klamath Co. landowners ‘excited’ as Jordan Cove project halts after years-long fight

****Femina Requests Removal of Authorizations from Federal Energy Regulatory Commission****

Femina filed a request to remove its authorizations from the Federal Energy Regulatory Commission today. NBC 5’s Anthony Carter spoke to a landowner who would have had the pipeline go through her property against her will. He has our top story tonight.

After more than a decade of legal battles and protests, Canadian pipeline corporation Pembina is pulling the plug on its controversial Jordan Cove project and pipeline. This is really exciting news. There are thousands of people across southern Oregon today who are celebrating. Local non-profit Rogue Climate is one of many that have been lobbying against the project.

The company proposed to dig a 229-mile-long pipeline stretching from Malin and Klamath County through several more southern Oregon counties to Coos Bay. The gas would then be liquefied at Jordan Cove in Coos Bay before being exported to Asia. It would have become the largest source of climate pollution in the state of Oregon and would have harmed hundreds of rivers, including the Rogue.

Though the project had its detractors, it also garnered plenty of supporters who pointed to big tax dollars and jobs the project and pipeline construction would bring in. Despite being granted federal approval in March of 2019, Pembina still needed the green light from the state, where it hit multiple environmental roadblocks. Then last month, the Federal Energy Regulatory Commission (FERC), now led by an appointee of President Joe Biden, indicated it was going to revisit the plan. The project, far from a certainty, was on shaky ground.

Our communities demanded the state of Oregon deny permits for this project, and the state listened. Pembina said it had garnered more landowner support across southern Oregon for its pipeline in recent years. But some local residents were going to have their pipeline cut through their land against their will under eminent domain. That was one of the biggest concerns for landowner Deb Evans in Klamath Falls. She says she was excited to hear the news Wednesday after a long fight.

“Just overwhelmed at how long this has been and how long we’ve waited for this day. My husband and I hugged each other, and it was pretty emotional,” Rose and Blue said the withdrawal only gives her group and others more confidence to continue fighting for what they believe in.

“If any fossil fuel corporations decide to propose a similar project like Jordan Cove LNG, we will be here, and thousands of other people will be here to stop it,” NBC 5’s Anthony Carter reporting. Pembina has issued a statement regarding its decision. It says, in part, “We are thankful for the support from community members across southern Oregon and the Rockies Basin.” This is a story we have been continuing to follow for years now. You can read much more on our website, [kobi5.com](#).

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Transcript for Figure 8.18, Gender inequality is showing up...in climate change

“I don’t know very much about this topic.”

“I’m not sure that I’ll be able to answer your questions, and I don’t know if I’ll be very helpful to you at all.”

I hear these words all the time. I’m a social scientist, and I study the social dimensions of climate change and climate-related disasters. That means that I spend a great deal of my time talking to people who have extremely important in-depth knowledge about climate events.

But I’m always surprised because when I first sit down to talk to these people, these are often the first words that they say to me. These people that I talk to most are not climate scientists or climatologists, although I do work with those experts as well.

But the experts that I talk to most are the invisible experts. They’re experts who are experts in the lived experience of climate change, of a climate extreme. They’re people who have seen their entire livelihoods threatened and sometimes even decimated by a single climate event.

The people, the experts that I talk to most are farm women. They’re farm women that live and work here in the Canadian prairies and around the world. They are experts who live on farms near towns that have names like Elbow, Ituna, and Carrot River. And if, like me, you’re from rural Saskatchewan, then you know all about these kinds of places.

So I grew up on a farm in rural Saskatchewan near a town named Calvington. And growing up, I spent my childhood doing things like going on walks, adventures through the bush with my dogs, and getting my legs all cut up from running through fields full of wheat stubble.

And like all farmers, my parents experienced dry years and droughts. They experienced extreme precipitation and flash floods that wiped out crops. But I was lucky because as a child, I was relatively sheltered from most of it. I do remember one year though. It was the drought, the severe drought that hit Saskatchewan in the late 1980s. And it was so dry that year that the soil in our yard was cracking, forming these large, gulping cracks all around the yard. And I was just a little kid at the time, but my mom tells me, and I have a vague recollection of it, my mom tells me that I spent a lot of time that year with my little watering can, going around our yard and watering the cracks in the yard because I was afraid that those cracks were going to turn into earthquakes.

Twenty years later, I moved to a large city. I moved to Toronto as a young adult. And it was during my time living in a large city in a large urban space that I realized how often rural people and rural places, like the people and places that I knew growing up, get overlooked. And I learned how frequently their contributions, like their contributions to our food system, get ignored.

And I began to realize even further that amongst this whole ignored rural sphere of agricultural people and agricultural places, that farm women, specifically, are the invisible food producers. And their invis-

bility is a product of a culture that for a very long time has equated the word “farmer” with the image of a man.

And that’s why here in North America, especially when I say the word “farmer,” most people are very likely to envision someone who looks a lot like this:

(Image of a male farmer)

That’s why when I say the word “farmer,” most people are very unlikely to envision someone who looks like this or perhaps like this:

(Images of female farmers)

And that’s why when I sit down with farm women, farm women who make absolutely crucial contributions to our food system, farm women who play essential roles in Canadian agriculture, they tend to describe those crucial contributions, those essential roles, using words like “helper,” “supporter,” “employee,” and “hired man.”

This invisibility, this marginalization of women’s contributions to agriculture, exists around the world. In low-income countries, the countries of the global south, countries that we used to call the third world, women actually constitute the majority of agricultural producers. But they do this agricultural production on the smallest plots of land. They do it on the most marginal and the least productive plots of land. And they do it in some countries on land that they can’t even hold in their own names. And they do it without access to many of the economic and agricultural resources that we would consider to be essential for agriculture.

And so, in 2009, I began a research project where I wanted to begin to value the contributions of farm women, and I wanted to consult with farm women as experts in their fields. And so, I drove around the province of Saskatchewan, and I sat down in farm women’s kitchens, and we talked.

And we talked about things that are commonly associated with women. So, we talked, for example, about the fact that here in Canada and around the world, and especially in rural places, farm women and women in general continue to do an overwhelming majority of domestic work, of housekeeping work, of caregiving for children and for the elderly. And that these contributions are far less likely than other kinds of work, especially paid work, to be recognized and to be valued.

But we didn’t stop there. So, we didn’t stop talking at the things that are commonly associated with women. We went on, and we talked about the changing nature of rural societies. We talked about the industrialization of Canadian agriculture. We talked about changes in agricultural policy, and we talked about climate change.

And it’s through these conversations that I have come to know that climate change has gendered impacts. And it’s this connection, this often invisible connection between gender and climate change, a connection that’s often invisible just like farm women themselves are invisible, that I would like to share with you today.

And let’s start by talking a bit about climate change. What is climate change? There are, according to climate science (this is what climate science tells us), two types of climate change.

The first is natural climate cycles. So, these are the natural cycles of the climate that exist over decades, over centuries. These are natural cycles that have caused wet years and dry years, hot, cold, throughout our history on this planet. These are natural cycles that have caused us in the past to experience flooding and droughts.

But there’s a second type of climate change. And the second type of climate change is called anthropogenic climate change. And anthropogenic climate change means human-induced or human-caused cli-

mate change. And this means that our activities as humans on this planet are affecting the environment. It means that our production of fossil fuels, our burning of fossil fuels, our production of greenhouse gases, all of these things are interfering with that first type of climate change, the natural cycles.

And although here in Saskatchewan, our climate scientists expect that over the next few decades, our climate will be dominated by that first type, the natural cycles, we can expect that over the longer term, we here in Saskatchewan and in the Canadian prairies can expect to experience more severe precipitation and flash flooding. We can expect to experience longer, more protracted droughts and more extremes in general as that second type of climate change, that anthropogenic type, interacts with the natural cycles of the climate.

And we have to be prepared for this. And being prepared for this means acknowledging that not everybody is affected in the same way by climate change. It means acknowledging that although we here in the Canadian prairies may not start to feel the worst effects of climate change for some time yet, people around the world are living climate change right now. We have climate refugees. The residents of the Carteret Islands near Papua New Guinea have been evacuated from their islands. The Republic of the Maldives has been sounding the alarm on climate change for decades. And a few years ago, NASA scientists identified the Canadian prairies as a hotspot for future climatic change. So, we have to be ready.

And being ready for climate change means more than just the kind of technological fixes that we might talk about as adaptation. It means acknowledging that certain groups of people, just like the Carteret Islanders, are going to be more or less affected by climate change. And it means acknowledging and acknowledging that our existing forms of social inequality, so social inequality that exists along the lines of gender, race, socioeconomic class, all of the different ways that people in our society are either privileged or disadvantaged, means that those different groups of people will be affected differently by climate change. And we need to prepare for that as well.

So, when we begin to notice inequality and social inequality in climate change, that's when we begin to notice, for example, that climate change has gendered impacts. And so, it's when we begin to notice gender and climate change that we begin to notice that in the aftermath of almost any climate-related event around the world, rates of violence against women increase dramatically.

And it's when we begin to notice climate, gender, and climate change that we begin to notice, for example, that in the case of many places around the world that are prone to floods and cyclones, that women are more likely to die as a result of those floods and cyclones than men. And the reason that women are often more likely to experience a climate event as fatal is because in some parts of the world, women and girls are not taught how to swim, and in some parts of the world, it's considered inappropriate for a woman to leave her home during a disaster, especially if her clothes have become saturated with flood-water.

And it means acknowledging that in food shortages that are associated with droughts in many places around the world, women eat last. And this means that climate change has gendered impacts.

But gender is complex, just like climate change. And so, it's important to look at specific examples, specific contexts of how this plays out. And so, we could take, for example, the case of Hurricane Mitch, which hit parts of Nicaragua and Honduras in 1998. And in the case of Hurricane Mitch, it was actually men that were more likely to die than women. And the reason for that is because gender does not equal women. Men experience gendered roles and gendered expectations as well. And in the case of Hurricane Mitch, men were expected to be heroes. It was men who were expected to be rescuers and to go rushing into the disaster when everybody else was trying to rush out.

And it's when we take this complex gender lens and start to notice the gendered impacts of climate change that we see, in the same disaster, in the case of Hurricane Mitch, it was female-headed households, which around the world are more likely to be poor than any other kind of household, who had the most difficulty recovering. And that's true in many cases of climate events around the world.

And we saw that in the case of Hurricane Mitch as well as many other climate extremes. We see that it's women agricultural producers, farm women, who often have the most difficulty recovering their operations after a disaster. And the reason for that is because they lack access to basic resources to recover those operations. And so, this is what we begin to see when we see gender in climate change.

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Transcript for Figure 9.1, 100 Days of Protest in Portland

"No justice, no peace. No justice, no peace."

We're at a time that we have never, ever been in our society before. America understands that our policing system is broken and that we need radical change. Portland, Oregon, of all places, still one of the whitest major places in our entire country, is at the center of the national imagination around the Black Lives Matter movement.

"George Floyd matters! Breonna Taylor matters!"

It must be something going on where all these white people are woke. And they're feeling what Black people feel. George Floyd's death represented police brutality. I am no one out there. I am a random person who saw George Floyd's video and couldn't sleep. There's been a lot of narratives around peaceful/non-peaceful, violent/non-violent, and every protest is a voice of the unheard.

If you think to yourself, like looking at the civil rights movement of the 50s and 60s, 'oh, I would have marched, I would have been at Selma,' then you should be in the streets now because that's what we're doing. I can't breathe! What? I can't breathe! What? I can't breathe! What? When you know, I saw the news about George Floyd, you know my first reaction was this is not the first time we've heard, 'I can't breathe.' So I had no reason whatsoever to think that the reaction to George Floyd's murder would be different than any other murder that's happened in Portland or the United States since the birth of our country.

"What do we want? Justice! When do we want it? Now! And we stand with the grieving family of George."

Clearly we were unprepared for the emotional combustion that took place.

The night people broke into this building, tried to set fires and people were out and really wanted to have their voices heard, standing up for racial justice and police reform and things of that nature.

It was wild to see the City of Portland and Portland Police Bureau's reaction to the protests early on, curtailing and violating our constitutional rights.

"If you are in this crowd as a peaceful demonstrator and do not want to be subject to potential force, you have the opportunity to leave the area now."

I first started coming to the protests when the marches were really big from Rev Hall, there were like thousands of people in the street then. It was really inspiring.

“George Floyd, Michael Brown, Trayvon Martin. Patrick Kimmons, Kevin Matthews, Sandra Bland. Eric Garner.”

To see two weeks later in Portland and still have 5,000 or more people showing up on a nightly basis really gave me a sense of nostalgia.

“It’s time for you to rise up, exterminators. And claim what belongs to you. And in the voice of the old civil rights song: you can’t let nobody turn you around. We want justice! We want justice! We want justice! We want justice!”

It’s about progress and progress does not come easily, it’s going to take time. We’re here for the long haul. It’s not a short game. This is war. Make no mistake, this is war. Protest, riot. All of these things are voices of a community that has been let down, that has not been supported, that doesn’t feel heard.

I’m not someone who personally is going to go and burn down a building, but I can understand why somebody feels like they need to burn a building down. Our people have been the constant victims of brutality on the part of America’s racists and the government has found itself either unwilling or unable to do anything about it, so out of necessity we’ve reached a point now where our people must form self-defense units.

People that act like a revolution is built strictly off the backs of rioting don’t understand history. It’s Malcolm and Martin, it’s not just Malcolm. It always has been. So I need people to understand that there are multiple pillars underneath the house of this uprising. This isn’t a short process, this is always a long process if you look at the history of the civil rights movement; almost none of those many protests lasted any shorter than like three to seven months. When they boycotted the bus system, that was 381 days, you know?

I need people to understand that that kind of mental fortitude isn’t something most of us are used to having, because we’ve had such luxurious lifestyles. And so I’m trying to get them in the mental headspace of, your feet are going to hurt, you’re going to be tired, we’re not here to be comfortable or happy. Black people have been marching for centuries about equality, so when you have more white people woken up here, then it appears that yeah, people are going to notice.

‘I’m Major John Cloud of the Alabama state troopers. This is an unlawful march. You will not be allowed to continue.’

‘You should go back to your homes or return to your church.’

And Hosea Williams said, ‘Major, give us a moment to kneel and pray.’ And the major said, ‘Troopers advance!’

You saw these men putting on gas masks. They came toward us, beating us with nightsticks, trampling us with horses, and releasing the tear gas.

We saw our police go out and use excessive crowd control tactics. And we’re in the middle of a pandemic, a virus that literally attacks your respiratory system. And here we have police officers indiscriminately using tear gas against broad swaths of people, the vast majority of whom are not committing any form of vandalism whatsoever. We give people ample warnings before we use any force or any munitions, or things of that nature. The best way to protect yourself is to listen to those warnings, and disperse when we tell you to disperse.

For us, we don’t really want to be using munitions against community members. It’s just the violent acts, the acts that are criminal in nature, those are the ones that are problematic for us as a police organi-

zation. I completely support the goals and the aspirations of non-violent demonstrators who want to see racial justice and equity, who want to see meaningful engagement of the public in police reforms.

Unfortunately, the story has shifted and the focus of the conversation has, I think somewhat distractingly, become the question of nightly violence. What I mean by that specifically is on one hand the violence of those who are engaged in perpetrating violence and criminal destruction — we've seen that. And on the other hand, there's also a legitimate question about police violence and police tactics.

Mayors and governors must establish an overwhelming law enforcement presence until the violence has been quelled. If a city or state refuses to take the actions that are necessary to defend the life and property of their residents, then I will deploy the United States military and quickly solve the problem for them. We want to have a dialogue to make sure that we keep this peaceful and safe for everybody. Conversations are not super effective when there is a whole group of people versus another person. It needs to be smaller. It needs to be maybe one on one.

The three sides of the perspective — I see this as being white, I see this as being Black, I see this as being a police officer. And all I see out of it is division. And there's a point where we need to just have a conversation. It appalls me to hear Portland police characterize people as showing up to fight. Those shields were self-protection. Those hockey sticks were self-protection, right? Bicycle helmets, self-protection. Gas masks. I mean, what else do you do to protect yourself when you're being brutalized by people who were sworn to protect and serve you.

We bring out this gear because unfortunately you have to have armor now to exercise your First Amendment rights in this city. That's an incredibly sad state of affairs that you need to buy a gas mask and body armor and a shield. You know, we used to be able to come out dressed like I am but then they started tear-gassing crowds. And so people had to get respirators to try to protect themselves. And then they started shooting off concussion grenades and you start getting, like, kneepads and chest protection because that will hit you. Um, they started indiscriminately macing people. So now you need eye protection to go out. I do not like the tear gas. I think it's ugly. It is not focused enough.

Person in crowd: What are you going to do about it? The city of Seattle today, late this afternoon, banned the use of tear gas for 30 days except in limited circumstances. We should do the same. Tomorrow my colleagues and I will be making announcements.

Crowd: Tonight!

LRAD: Disperse the area now. CS gas is being used. Disperse from the area.

I was going to a family member's house. They were in the direction I was going, basically.

Reporter: You were in your car.

I didn't think it was going to burn and hurt me this much. I mean, I just — my eyes are so red. Like, I'm just now breathing. It's really, really sickening. I'm just now starting to feel a little bit better because I couldn't see, I couldn't breathe, I was hyperventilating and stuff like that and — Yeah, this is a whole lot. It's very, very overwhelming.

"Tell me what democracy looks like! This is what democracy looks like! Tell me what democracy looks like! This is what democracy looks like!"

What really brought this to the level of having an international human rights organization come to Portland really was the sending of the Federal officials.

These impact munitions, the class of rubber bullets, those are intended to be used from far away. They're really supposed to be used if someone is being violent. It's supposed to be used as a last resort. But

the problem is here they're being shot indiscriminately against peaceful protesters. They're being used for dispersal. The medics were very scared that someone could die.

When the mayor of the largest city in a state are all saying exactly the same thing which is you're not invited, you're not wanted here, you're not helping, we want you to leave and they get defensive and locked down and say, well, the only reason we're here is because you're not doing your job, that's not a response, that's not a genuine opportunity to sit down and listen. This is a waste of time, waste of resources and my biggest fear, honestly, is that somebody's going to die.

The night of July 12th, we had marched to the PPA, which is the police union. And so, we had a line. One of the cops came up and shoved me with his baton a couple times and grabs my respirator, wrenches my head back and I don't know what's happening at this point. Then I feel it come off and then just wet all over my face and everything went black.

And they want us to stop. They're trying everything they can to make us stop and so we can't – we absolutely can't stop. They can't win with this. I'm from Memphis, Tennessee where Martin Luther King was killed so I've been an activist my whole life. The reason why Portland is such a mecca for Black Lives Matter right now is because there's a majority of white people versus Black people. So, the world is kind of shocked.

We knew there was a need for a group and the moms are fulfilling their needs to help with the Black Lives Matter movement and be with this revolution.

“George Floyd! Say his name!”

That's why I love Portland, right? So when you tear gas moms, what happens? Twice as many people show up the next night, right? And you tear gas them again, twice more people show up the next night, right? So what 45 thought he was doing, which was intimidation and fear that would stop people from protesting, clearly he hadn't been in Portland before because Portlanders were not going to take that sitting down. We do this every night!

We had unnamed people from federal sources that were unnamed and they brutalized people. I mean, the amount of tear gas that they used on people – What I know is that what he does was very dangerous to our community.

“Who do you protect? Who do you serve? Who do you protect?”

We're telling them right now that we're coming in very soon, the National Guard, a lot of people – a lot of very tough people and these are not people that just have to guard the courthouse and save it. These are people that are allowed to go forward and do what they have to do to clean out this beehive of terrorists. Black lives matter! Whose lives matter? Black lives matter! Whose lives matter? Black lives matter? Whose lives matter?

So the significance of the different nightly action locations, they're for the most part, they're precincts. So that's where the police operate from. It's – we're coming to them at work. But the reason why we center Black lives is because in any form of oppression if you are Black, you are experiencing the worst form of that oppression. Say his name! George Floyd! Say his name! George Floyd! This is a riot. Disperse from the area now. Get your hands off her! Move onto the sidewalk now.

When I think of a stopping point for this for me personally I don't see one until the Portland Police Bureau is no more. I've really been thinking more kind of long-term. I think a lot of the things that need to happen really circle around trust. I want to have an organization that serves the community. In order to have a really great police department, we need to invest and you need to train, look at ways to improve and those usually entail investment and additional money, not cuts.

For weeks I had been standing in front of the press and I'd been saying my biggest fear is that ultimately somebody is going to die. And somebody has. And I think it's important for all us to now turn to the positive and work on ways that we can lift this community together. I think that it's awful that it had to come to a point where somebody lost their life.

My goal after this is to make it so our country, this country, United States is left to our children in a way that they're at peace with walking around, the laws are for us and everything is, you know, peaceful. People are hungry for this conversation. I'm here to tell you that life will never be normal again. Because what we had before was an unjust system. And I have no desire to rebuild a system that did not work for all our community members.

I'm very excited about building a more just, a more fair city. That's where we're headed."

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Transcript for Figure 9.5, History of Policing in America

[Rund Abdelfatah]: Hi, I'm Rund Abdelfatah.

[Ramtin Arablouei]: And I'm Ramtin Arablouei.

[Abdelfatah]: We co-host NPR's history podcast Throughline. To help give some historical context to the police killing of George Floyd, and so many other Black people in this country, this week we're bringing you the deep history of policing in America.

[Arablouei]: We wanted to understand how the relationship between police and the Black community had evolved to one so bloody and tragic.

[Abdelfatah]: So we reached out to this historian:

[Khalil Gibran Muhammad]: My name's Khalil Gibran Muhammad. I teach at the Harvard Kennedy School.

[Abdelfatah]: In his book, "The Condemnation of Blackness," Khalil lays out a historical argument for how Black people have been criminalized over the past 400 years in the U.S. And he does that by telling parallel narratives about the history of policing in the North and the South. These stories share one key feature: the use of brutal force to control Black Americans.

Policing in America

[Arablouei]: Policing in America started in the mid-1600s with the Boston Watch, essentially a neighborhood watch group. But some of the first police forces in the South were created to control enslaved Black people. They would come to be known as "slave patrols." Almost all white men had to serve in these patrols.

[Abdelfatah]: Their duties were written into law, like this slave patrol statute from Louisiana in 1835:

"Arrest any slave or slaves, whether with or without a permit, who may be caught in the woods or forest with any fire or torch, which slave or slaves thus arrested shall be subjected to corporal punishment, not exceeding 30 stripes."

[Muhammad]: So the tying together early on – the surveillance, the deputization essentially of all white men to be police officers – and then to dispense corporal punishment on the scene are all baked in from the very beginning.

[Arablouei]: The Civil War eventually brought an end to slavery in America. But for most Black people in the South, it didn't fundamentally change their lives.

[Abdelfatah]: And by the early 20th Century, the KKK would emerge to enforce control over Black citizens in the South. And this pushed millions of Black citizens to flee to northern "progressive" cities, as part of what would become known as The Great Migration.

[Muhammad]: Police officers receive African American migrants in the same way that their white neighbors and community peers did, which is with contempt and hostility. When a white person throws a Molotov cocktail into a new Black homeowner on a street that had previously been all Irish or all Polish or all German, the police come and they arrest the Black family and defend the white mob. And this happens time and time, over and over again. They are policing the racial norms of white supremacy from the very beginning in the North.

[Abdelfatah]: Black skin becomes equated with criminality.

Khalil Gibran Muhammad

[Arablouei]: And according to Khalil Gibran Muhammad, the system hasn't fundamentally changed since then. He says that pointing out the problem is clearly not sufficient to fix the system.

[Muhammad]: Because the problem has been known for a century. The evidence has been presented for a century. The recommendations for change, for holding police officers accountable, for charging them with criminal offenses when they behave criminally. It's a century of the same story playing out over and over again. It seems to me that's what's possible is recognizing that police officers and police agencies are incapable of fixing themselves. And so the question that has to be asked in the wake of George Floyd, and I think this question is being asked and answered by more white people than I've seen in my lifetime is: Do white people in America still want the police to protect their interests over the rights and dignity and lives of Black and, in too many cases, brown, indigenous and Asian populations in this country?

[Arablouei]: Our whole country is waiting to hear the answer to that question. That was historian Khalil Gibran Muhammad. I'm Ramtin Arablouei.

[Abdelfatah]: I'm Rund Abdelfatah. You can listen to this full episode of NPR's Throughline wherever you get your podcasts and at npr.org/throughline.

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Transcript for Figure 9.15, An interview with the founders of Black Lives Matter Alicia Garza, Patrisse Cullors, Opal Tometi

[Mia Birdsong]: Why is Black Lives Matter important for the U.S. right now and in the world?

[Patrisse Cullors]: Black Lives Matter is our call to action. It is a tool to reimagine a world where black people are free to exist, free to live. It is a tool for our allies to show up differently for us. I grew up in a neighborhood that was heavily policed. I witnessed my brothers and my siblings continuously stopped and frisked by law enforcement. I remember my home being raided. And one of my questions as a child was, why? Why us? Black Lives Matter offers answers to the why. It offers a new vision for young black

girls around the world that we deserve to be fought for, that we deserve to call on local governments to show up for us.

[Opal Tometi]: And antiblack racism — (Applause) And antiblack racism is not only happening in the United States. It's actually happening all across the globe. And what we need now more than ever is a human rights movement that challenges systemic racism in every single context. (Applause) We need this because the global reality is that black people are subject to all sorts of disparities in most of our most challenging issues of our day. I think about issues like climate change, and how six of the 10 worst impacted nations by climate change are actually on the continent of Africa. People are reeling from all sorts of unnatural disasters, displacing them from their ancestral homes and leaving them without a chance at making a decent living. We also see disasters like Hurricane Matthew, which recently wreaked havoc in many different nations but caused the most damage to Haiti. Haiti is the poorest country in this hemisphere, and its inhabitants are black people. And what we're seeing in Haiti is that they were actually facing a number of challenges that even preceded this hurricane. They were reeling from the earthquake; they were reeling from cholera that was brought in by UN peacekeepers and still hasn't been eradicated. This is unconscionable. And this would not happen if this nation didn't have a population that was black, and we have to be real about that. But what's most heartening right now is that despite these challenges, what we're seeing is that there's a network of Africans all across the continent who are rising up and fighting back and demanding climate justice. (Applause)

[Birdsong]: So Alicia, you've said that when black people are free, everyone is free. Can you talk about what that means?

[Alicia Garza]: Sure. So I think race and racism is probably the most studied social, economic, and political phenomenon in this country, but it's also the least understood. The reality is that race in the United States operates on a spectrum from black to white. Doesn't mean that people who are in between don't experience racism, but it means that the closer you are to white on that spectrum, the better off you are. And the closer to black that you are on that spectrum, the worse off you are. When we think about how we address problems in this country, we often start from a place of trickle-down justice. So using white folks as the control we say, well, if we make things better for white folks then everybody else is going to get free. But actually, it doesn't work that way. We have to address problems at the root, and when you deal with what's happening in black communities, it creates an effervescence, right? So a bubble up rather than a trickle down. Let me give an example. When we talk about the wage gap, we often say women make 78 cents to every dollar that a man makes. You all have heard that before. But those are the statistics for white women and white men. The reality is that black women make something like 64 cents to every 78 cents that white women make. When we talk about Latinas, it goes down to about 58 cents. If we were to talk about indigenous women, if we were to talk about trans women, it would even go further down. So again, if you deal with those who are the most impacted, everybody has an opportunity to benefit from that, rather than dealing with the folks who are not as impacted and expecting it to trickle down.

[Birdsong]: I love the effervescence, bubbling up.

[Garza]: Effervescence — like champagne. (Laughter)

[Birdsong]: Who doesn't love a glass of champagne, right? Champagne and freedom, right? (Laughter) What more could we want, y'all? So you all have been doing this for a minute, and the last few years have been — well, I can't even imagine, but I'm sure very transformative. And I know that you all have learned a lot about leadership. What do you want to share with these people about what you've learned about leadership? Patrisse, let's start with you.

[Cullors]: Yeah, we have to invest in black leadership. That's what I've learned the most in the last few years. (Applause) What we've seen is thousands of black people showing up for our lives with very little infrastructure and very little support. I think our work as movement leaders isn't just about our own visibility but rather how do we make the whole visible. How do we not just fight for our individual selves but fight for everybody? And I also think leadership looks like everybody in this audience showing up for black lives. It's not just about coming and watching people on a stage, right? It's about how do you become that leader — whether it's in your workplace, whether it's in your home — and believe that the movement for black lives isn't just for us, but it's for everybody. (Applause)

[Birdsong]: What about you, Opal?

[Tometi]: So I've been learning a great deal about interdependence. I've been learning about how to trust your team. I've come up with this new mantra after coming back from a three-month sabbatical, which is rare for black women to take who are in leadership, but I felt it was really important for my leadership and for my team to also practice stepping back as well as also sometimes stepping in. And what I learned in this process was that we need to acknowledge that different people contribute different strengths, and that in order for our entire team to flourish, we have to allow them to share and allow them to shine. And so during my sabbatical with the organization that I also work with, I saw our team rise up in my absence. They were able to launch new programs, fundraise. And when I came back, I had to give them a lot of gratitude and praise because they showed me that they truly had my back and that they truly had their own backs. You know, in this process of my sabbatical, I was really reminded of this Southern African philosophy of Ubuntu. I am because you are; you are because I am. And I realized that my own leadership and the contributions that I'm able to make is in large part due to the contributions that they make, right? And I have to acknowledge that, and I have to see that, and so my new mantra is, "Keep calm and trust the team." And also, "Keep calm and thank the team."

[Birdsong]: You know, one of the things I feel like I've heard in the context of the Black Lives Matter movement more than anywhere else is about being a leaderful movement, and that's such a beautiful concept, and I think that something that women often bring to the conversation about leadership is really the collective piece. What about you, Alicia?

[Garza]: Yeah ... How many of you heard that saying that leadership is lonely? I think that there is an element where leadership is lonely, but I also believe that it doesn't have to be like that. And in order for us to get to that point, I think there's a few things that we need to be doing. So one is we have to stop treating leaders like superheroes. We are ordinary people attempting to do extraordinary things, and so we need to be supported in that way. The other thing that I've learned about leadership is that there's a difference between leadership and celebrities, right? And there's a way in which we've been kind of transformed into celebrities rather than people who are trying to solve a problem. And the way that we treat celebrities is very fickle, right? We like them one day, we don't like what they're wearing the next day, and all of a sudden we have issues, right? So we need to stop deifying leaders so that more people will step into leadership. Lots of people are terrified to step into leadership because of how much scrutiny they receive and how brutal we are with leaders. And then the last thing that I've learned about leadership is that it's really easy to be a leader when everybody likes you. But it's hard to be a leader when you have to make hard choices and when you have to do what's right, even though people are not going to like you for it. And so in that way, I think another way that we can support leaders is to struggle with us, but struggle with us politically, not personally. We can have disagreements without being disagreeable, but it's important for us to sharpen each other, so that we all can rise.

[Birdsong]: That's beautiful, thank you. (Applause) So you all are doing work that forces you to face some brutal, painful realities on a daily basis. What gives you hope and inspires you in that context?

[Cullors]: I am hopeful for black futures. And I say that because we live in a society that's so obsessed with black death. We have images of our death on the TV screen, on our Twitter timelines, on our Facebook timelines, but what if instead we imagine black life? We imagine black people living and thriving. And that — that inspires me.

[Tometi]: What inspires me these days are immigrants. Immigrants all over the world who are doing the best that they can to make a living, to survive and also to thrive. Right now there are over 244 million people who aren't living in their country of origin. This is a 40 percent increase since the year 2000. So what this tells me is that the disparities across the globe are only getting worse. Yet there are people who are finding the strength and wherewithal to travel, to move, to eke out a better living for themselves and to provide for their families and their loved ones. And some of these people who are immigrants are also undocumented. They're unauthorized. And they inspire me even more because although our society is telling them, you're not wanted, you're not needed here, and they're highly vulnerable and subject to abuse, to wage theft, to exploitation and xenophobic attacks, many of them are also beginning to organize in their communities. And what I'm seeing is that there's also an emerging network of black, undocumented people who are resisting the framework, and resisting the criminalization of their existence. And that to me is incredibly powerful and inspires me every single day.

[Birdsong]: Thank you. Alicia?

[Garza]: So we know that young people are the present and the future, but what inspires me are older people who are becoming transformed in the service of this movement. We all know that as you get older, you get a little more entrenched in your ways. It's happening to me, I know that's right. But I'm so inspired when I see people who have a way that they do things, have a way that they think about the world, and they're courageous enough to be open to listening to what the experiences are of so many of us who want to live in a world that's just and want to live in a world that's equitable. And I'm also inspired by the actions that I'm seeing older people taking in service of this movement. I'm inspired by seeing older people step into their own power and leadership and say, "I'm not passing a torch, I'm helping you light the fire." (Applause)

[Birdsong]: I love that — yes. So, in terms of action, I think it's awesome to sit here and be able to listen to you all, and to have our minds open and shift, but that's not going to get black people free. If you had one thing you would like this audience and the folks who are watching around the world to actually do, what would that be?

Garza]: OK, two quick ones. One, call the White House. The water protectors are being forcibly removed from the camp that they have set up to defend what keeps us alive. And that is intricately related to black lives. So definitely call the White House and demand that they stop doing that. There are tanks and police officers arresting every single person there as we speak. (Applause)

The second thing that you can do is to join something. Be a part of something. There are groups, collectives—doesn't have to be a non-profit, you know what I mean? But there are groups that are doing work in our communities right now to make sure that black lives matter so all lives matter. Get involved; don't sit on your couch and tell people what you think they should be doing. Go do it with us.

[Birdsong]: Do you guys want to add anything? That's good? All right. So, and I think that joining something, like if you feel like there's not something where you are, start it.

[Garza]: Start it.

[Birdsong]: These conversations that we're having, have those conversations with somebody else. And then instead of just letting it be a talk that you had, actually decide to start something.

[Tometi]: That's right.

[Birdsong]: I mean, that's what you all did. You started something, and look what's happened. Thank you all so much for being here with us today.

[Tometi]: Thank you.

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Transcript for Figure 10.1a, Isaiah – Voices of Long COVID

I got COVID in October 2020, and three weeks later, I started having long-term problems. Before I got sick, I would dance a lot. I used to be able to dance all day, but now just getting up gives me chest pain. The best way I can describe it is pretty much having an elephant on your chest, and you have no way to move it, no way to relieve the pressure. It's just there constantly.

I used to be a healthy and strong member of the Air Force, but now I struggle lifting anything over five pounds. I have a lot of nausea, dizziness, and a racing heart. And I can't comprehend words at times. This has honestly been a very scary journey. How do I adjust my life for this?

I'm sharing my long COVID story because I wouldn't wish this on anyone. Getting vaccinated against COVID-19 is the best way to prevent long COVID.

[Music.]

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Transcript for Figure 10.1b, Inside a Long COVID Clinic: "I look normal, but my body is breaking down"

I've got loads of pain down here, but at the same time, I'm sort of like, I'm alive, you know?

Long COVID is a difficult post-viral syndrome that seems to have a number of underlying mechanisms and causes a really wide range of symptoms.

I can't hold things, I can't open things. Yeah, like, I look normal, but I feel like my body is totally breaking down inside.

Smell is more prominent now than it was four, five, six months ago. Just held her hand, tell how much I loved her.

How fatigued would you say your legs are? They are exhausted; it's actually really upsetting.

You're worried about if you'll be able to go back to work, if I'll be able to pick up my kids again and play with them normally.

Hello, thank you very much for coming, it's lovely to see you. I'm Dr. Melissa Heightman, and I'm a consultant respiratory physician at UCLH. We're in our post-COVID clinic where we see patients referred either by their GP with post-COVID complications or patients who've been discharged from our hospital after severe illness with COVID.

So I remember you had COVID back in October. In the beginning, I think I mentioned to you, I thought it was muscular because I'm normally quite active, and I'd been lying in bed for so long. Maybe about a fortnight or three weeks later, it was so bad I thought I was having a heart attack.

I can't write, like, I tried to write a wedding anniversary card to my husband. It took me about 40 minutes, and I can't hold things, I can't open things. My parents are in Canada, I can't hold my phone to FaceTime with them. – OK. I can't rub my son's back when I'm putting him to sleep.

And in your questionnaire, you also talked about fatigue, palpitations, muscle aches, joint aches, tummy pain, diarrhea. I think I ticked everything, sorry. Things have not been good, and that's really familiar for us as post-COVID doctors that people have a large number of symptoms.

Hi Larry, do you want to come on in? Grab a seat. Thank you. Larry, I'm Charlotte, I'm one of the physiotherapists. We actually met a long time ago, didn't we? When you were on the intensive care unit. It was indeed. It's very nice to see you today. – Thank you. Now, how have you been since you went home? I've made reasonably steady progress since then, the only real issue I've got is the mobility one.

But even that considering when I was first transferred from Queen Square to St Pancras for the rehabilitation, I was having to be hoisted from bed to wheelchair, and I couldn't even, I couldn't stand up, and I couldn't certainly move at all, you know, I couldn't walk at all. I mean, when I'm walking, you know, sort of walk as if I've had a few, you know... So your balance is still a bit ...? – Oh, yeah, yeah, yeah. Which isn't a great look at half past eight in the morning. I'm sure.

So probably one of the most surprising things to us was that we thought that the only patients who'd run into problems would be those who'd been admitted to the hospital. But that's actually turned out to not be the case, and we've been learning, you know, as we go along about what are the right tests to do, what's the right approach with therapists, with medicines.

You might want to take your coat off. OK, ready, steady, go. 20... 21 and stop. ... and then they've all been quite different, one of them smelled like glue.

Hiya, yeah, come through. After you. First left. What's amazing is, nearly a year since this all started, isn't it? Yeah, absolutely. April last year, I just developed a cough, and bizarrely enough, I was just doing some gardening and I was planting some mint, and I couldn't smell them. So I said to my wife, probably the shop sent me dodgy ones because I can't smell them at all. It was very, very bizarre, it gradually got worse, got more tired, fatigued, lethargic; the cough got worse. Eventually ended up in casualty, recovered after about two weeks, maybe three weeks. Gradually started realizing that my smell is not back at all; what I've noticed recently is the sulfur burp taste, sort of burnt toast smell is more prominent now than it was four, five, six months ago.

I mean, I work in the medical profession, and I often, if I'm getting me in my clients I could smell body odor or their feet. I can't smell it at all, which is advantageous in a way, sorry patients.

Good, so close your eyes. Can you smell it? – No. Can you smell this? No. – OK. A couple of them just remind me what the horrible smells like when I eat cucumber.

So we're going to start at one end and then you're going to walk all the way down the corridor, turn around, come back... The aim of the test is to walk as far as you can, so there's many laps in six minutes so, therefore, go quite fast but I don't want you running. Three, two, one, go. And stop where you are.

Right now, right at the very end when you stop, how would you rate your breathing, your breathlessness on that scale? Eight or nine. And what about your legs? How fatigued would you say your legs are? They are exhausted; it's actually really upsetting. On that scale of zero to ten, so zero nothing, ten is the worst... Ten.

Like, I look normal, but I feel like my body is like totally breaking down inside and I know like, people would see other people walking this and think like, oh you know she can walk like she's, you know, but for me, it's not the same thing.

My wife was diagnosed with cancer on the January last year and then in around about the middle of March, I began to feel really unwell. All this happened in early April, and I knew nothing until the beginning of June when I regained consciousness. But then once I started to recover, I recovered very quickly speaking to my wife three or four times a day, I've made arrangements through and the consultancy was saying we can try and get you back to see her and then before that happened, she took a sudden turn for the worse, I spoke to the consultant at the National Hospital, he said leave it with me, they came back within half an hour, 'we're taking you back in the morning.' Took me back to see her and I mean, they had to send a nurse as well to look after me because technically I was still very seriously ill. But I spent about two hours with her. The ambulance people just went all through and said take as long as you want and I just held her hand, spoke for about two hours, just talking nonsense, telling how much I loved her. It was a very best ethos in the national health service, it was almost almost like the reason why it was founded it was a demonstration of that and I'll always be so grateful to everyone at Queen's Square for what they've done, for the kindness and the compassion that they showed, it was incredible, it was incredible. And I'll never forget that and my wife, she died the following morning, she died the next morning.

If I reflect back what we thought we would find at the beginning compared to what we've actually found now sort of we're nearly a year down the line, it's a real surprise. Typically the patients going home from the hospital if they get the right rehabilitation support are getting better and better as time goes on, whereas a patient with that long COVID pattern who may never have been into the hospital can actually have a much more difficult journey.

Thanks, guys, thank you. What I hope is going to get better going forward is that we'll recognize it more quickly, get the right tests done earlier on and get the treatment strategies right earlier on because I think it really does make a difference to the longer-term outcome.

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Transcript for Figure 11.1, Coronavirus and addiction recovery

"I teach for a theatre, I also bartend, and I do stand-up comedy. All three of those are casualties of this pandemic, so I am now unemployed, and filling my time is necessary."

In this isolation of the Coronavirus pandemic, all challenges are unique.

"I'm over 18 years clean and sober, so recovery for me isn't just not using. It's trying to get to meetings where you can get that support, and a lot of that support has been cut off because a lot of those meetings are not available anymore."

For many struggling with addiction, in-person group meetings have long been a lifeline. Now as CDC warnings against large gatherings have forced many meetings to shut down, those in recovery are worried.

The isolation, the unemployment, all these things, it's just more logs on that fire. It's just one more reason to be like, "Eh, I guess it wasn't meant to be."

"I work in a couple of fields where I'm around vice a lot, and that is not a dicey situation for me. You know, idle time where your mind can run away with you and start excusing things, that's a little bit more dicey."

"Yo!" – "What's up?" – "How are you?" – "We are doing well."

Peter Bergen is keeping in close touch with his cousin Jack Sandhaas. He's also a recovering addict.

"There is a tremendous amount of uncertainty, and with that comes tremendous anxiety. And so when people are anxious, they're looking to quell and calm that. People don't like feeling uncomfortable in their skin. They look a relief, a release, a way to escape. "No one's looking. No one's looking for me. I don't have to show up at work. I have way too much idle time. I can't go to meetings."

But Sandhaas says there are other ways to stay connected and find strength.

"If you're an alcoholic who's isolating, you need to pick up the phone. You need to become proactive. We got to be creative. Thank God we still have Internet access. Thank God we still have cellphones, you know? We're not out of power. We're not out of hope." – "All right, man."

"Yeah, just thinking of, like, who would I want to spend the end of the world with, like, you know?"

Rebecca Rush, Dustin David, and Mary Tobon have decided to self-quarantine together so they can keep meeting and help each other stay sober.

"It's almost impossible to get sober by yourself. You need other people that have been through what you've been through, or else you're just screwed."

They've also been reaching out to others in recovering online and through social media.

"Being able to connect via Zoom, where they usually have, like, online conferences, and to shift that into, like, a recovery format has helped a lot, you know, to be able to see people in different places and feel, you know, more connected. If you want to be sober bad enough and you seek that connection, like, you'll find it. Like, it's there. And to be able to have the immediacy of social media and fortunate to live in a time where we can do that—There are a lot more resources now than there were 5 years ago, 10 years ago, you know, 50 years ago. So it's actually the best time to be doing it, even if you can't get out there and meet up with other people in person."

"We're in a season of Lent, which is a time to be reflective, a time to kind of pare things down, to make things simple as we anticipate and as we wait, but rarely do we have an opportunity to do it quite like this."

At the Lutheran Church of the Reformation in Washington, D.C., worship services, choir practice, and preschool have all been canceled, but the church has decided to keep its door open to the recovery groups downstairs.

"We offer them cleaning supplies, hand sanitizer. We also encourage them to take their own precautions and procedures to stop the spread. If that meant not holding hands during Serenity Prayer, that meant sitting 6 feet apart or 10 feet apart, but we wanted to be able to offer the space to them. It is very heartbreaking that we aren't able to meet physically as a community, but it would be, I feel, hope-breaking to mandate that a recovery group couldn't meet as a group together, should they choose that for them-

selves. It does mean something to gather and to have hope and to have this devotion of loving neighbor and being a part of something bigger than yourself.”

“It’s hard. It’s not the same. There is something nice about sitting in a room and looking around and seeing all those people, you know? It’s kind of like a family, you know? We — We’ve all been there on some level or another, and we can just look around the room and, you know, we’re here. We’re getting better.”

It’s a process that has always been hard, Bergen says. The isolation of this new pandemic is another challenge.

“One day at a time. Especially now, like — It’s changing every day. Long-term, that’s harder to conceive. Let’s get through the day, and then, you know, tomorrow, we’ll try again.”

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Transcript for Figure 11.4, What Is the Drug War?

In 1986 when I was coming of age, Ronald Reagan doubled down on the War on Drugs that had been started by Richard Nixon in 1971. Drugs were bad, fried your brain. And drug dealers were monsters, the sole reason neighborhoods and major cities were failing. No one wanted to talk about Reaganomics and the ending of social safety nets, the defunding of schools, and the loss of jobs in cities across America. Young men like me who hustled became the sole villain and drug addicts lacked moral fortitude.

In the 1990s, incarceration rates in the U.S. blew up. Today we imprison more people than any other country in the world. China, Russia, Iran, Cuba—all countries we consider autocratic and repressive. Yeah, more than them. Judges’ hands were tied by “tough on crime” laws and they were forced to hand out mandatory life sentences for simple possession and low-level drug sales. My home state of New York started this with Rockefeller Laws. Then the Feds made distinctions between people who sold powder cocaine and crack cocaine, even though they were the same drug. Only difference is how you take it. And even though White people used and sold crack more than Black people, somehow it was Black people who went to prison. The media ignored actual data. To this day, crack is still talked about as a Black problem.

The NYPD raided our Brooklyn neighborhoods while Manhattan bankers openly used coke with impunity. The War on Drugs exploded the U.S. prison population disproportionately locking away Black and Latinos. Our prison population grew more than 900%. When the War on Drugs began in 1971, our prison population was 200,000. Today it is over 2 million.

Long after the crack era ended, we continued our war on drugs. There were more than 1.5 million drug arrests in 2014. More than 80% were for possession only. Almost half were for marijuana. People are finally talking about treating an addiction to harder drugs as a health crisis, but there’s no compassionate language about drug dealers. Unless, of course, we’re talking about places like Colorado, whose state economy got a huge boost by the above-ground marijuana industry. A few states south in Louisiana, they’re still handing out mandatory sentences to people who sell weed.

Despite a booming and celebrated \$50 billion legal marijuana industry, most states still disproportionately hand out mandatory sentences to Black and Latinos with drug cases. If you're entrepreneurial and live in one of the many states that are passing legalized laws, you may still face barriers to participating in the above ground economy. Venture capitalists migrate to these states to open multi-billion dollar operations, but former felons can't open a dispensary. Lots of times those felonies were drug charges, caught by poor people who sold drugs for a living, but are now prohibited from participating in one of the fastest growing economies. Got it?

In states like New York, where holding marijuana is no longer grounds for arrest, police issue possession citations in Black and Latino neighborhoods at a far higher rate than other neighborhoods. Kids in Crown Heights are constantly stopped and ticketed for trees. Kids at dorms in Columbia, where rates of marijuana use are equal to or worse than those in the hood, are never targeted or ticketed. Rates of drug use are as high as they were when Nixon declared this so-called war in 1971. Forty-five years later, it's time to rethink our policies and laws. The War on Drugs is an epic fail.

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Transcript for Figure 11.15, "Deaths of despair" are surging in White America

Our paper that came out in 2015 looked at the fact that, after a century of progress on mortality, toward the end of the 20th century mortality rates for white, non-Hispanics in the U.S. started to move in the wrong direction. And this put us at odds with other rich countries, it put us at odds with other English-speaking countries, where in middle age, mortality continues to fall at about two percent a year, and in America, that stopped happening.

We tried to dig deeper to find out what the heck is going on here, and what we're finding is that for every successive birth cohort, so people born say in 1960, relative to the 1950, or 1980 relative to 1970, what we call "deaths of despair"- deaths from suicide, from drug overdose, from alcohol-related liver diseases, are on the upswing, and each successive birth cohort looks like they're at higher risk.

There really is a decline of the American working class, which reached its hay day with the blue-collar aristocrats of the early 1970, with good union jobs, a job you could get where you got on the promotion line and you got a promotion every year and you, you know, you built a middle class life for yourself and your family and that gave a whole mode of existence, which was very important to people, and achieving that mode of existence has become harder and harder.

The popular press has been saying that this is a rural problem, or this is a problem in Appalachia, and indeed that is true, but by geography this is happening throughout the U.S. Mortality rates, overall, are rising in almost every state, New Jersey, New York, California being the only exceptions. So this is a problem in cities, it's a problem in suburbs, it's a problem in rural areas and the people who are really getting hammered are people with less education.

It's almost as if now there are two Americas: one for people who went to college and one for people who didn't, and it's the people who didn't go to college who are actually facing these larger mortality rates.

The opioid crisis in America, it certainly is an accelerant to what's been going on. There are enough prescriptions written for heavy-duty painkillers now in America to feed every adult in America around the clock for a month.

This paper for Brookings has already filled my email box this morning with letters from people who wanted to tell us their stories about people they've lost to suicide, people they've lost to drugs, or their own fears about growing old and not having enough resources.

We've got a very vulnerable group here that's been very badly hurt in lots of ways. These people in middle age, say from 50-54, 45-54, and when we're talking about health and health insurance it's very important to make sure these people are protected, and I think when people are thinking about health reform, which there's a lot of discussion about health reform these days, they should certainly look at our paper and realize what is happening to these people already, and take that into account when they design new systems, so I think that's very important.

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Transcript for Figure 11.17, Transformation: The Alchemy of Harm Reduction

[Music.]

Um, harm-reduction just on, on a fundamental level is just common sense. It's about keeping people safe and you know if one that one accepts it, to some extent the preservation of life is perhaps the greatest value we live by and that the preservation of health is closely related to that harm reduction means it's about keeping people safe and it especially applies to keeping people safe when they are drawn to, for one reason or another, engaging in risky behaviors. So harm reduction is bicycle helmets and motorcycle helmets, harm reduction is seatbelts, harm reduction is safer roads, harm reduction has clean needles rather than sharing, you know, needles that are no longer sterile. Harm reduction is naloxone for people who may overdose, harm reduction is really anything that helps to reduce the risk of activity that human beings engage in.

There's something very powerful about saying, "I want to save your life. I don't want to fix you." Like, um, and just giving somebody a clean needle or something else that will just help them in what they want to do often opens the door for larger transformation because people start to feel more valued and feel more worthwhile and feel like, "Well, somebody thinks I deserve to live. Maybe I should investigate this more." And you also see a lot of times people who do needle exchange or work in needle exchange programs are in recovery themselves. So the people who show up for service, if they're like, "Well, how did you quit?" and that opens the door. So there's many different ways that it can be a very, very powerful way to help people and even if they never get into recovery, a lot of times people who become engaged in needle exchange will dramatically reduce the harm around their addictions because they feel more valued and because they have the tools that they need to protect themselves.

Well, this is our syringe exchange. This is kind of how it starts. So people will come in here, they'll grab a bag and they'll take whatever they need from here. Up here, safer sex supplies and down here, safer injection plugs. You have the gauze, the cotton, two different types

of cookers, lots of different types of condoms, also flavored lube. And regularly out here, we have a lot of just kind of information, some of it that we make, like mainly our safer injection guide, but also other resources that other people can access from other places, other community partners, stuff about the actual drugs that people are using. So it's kind of like a catch-all for a lot of stuff in here. Most people will come right through our doors and come straight in here to access orange exchange services, and they'll show us their syringe exchange card with their code on it. This is a blank one, and if they have dirty syringes, though, and end up in here and if they're used syringes, they have lots of them in a box or in a safe sharps container, they'll end up right in here in this basket. So mostly people will come in and ask for whatever type of syringes they need, and the person who's working in here, either a volunteer or intern, sometimes I'm in here, and they will get these. These are the most common syringes we have, CCS, so we usually give these out two at a time. Some other syringes that people enjoy the blue tips and here the tips used to be blue, now they're orange, but people like to pop the cap off of them and so they can fill it with other stuff and then some of the other syringes we have are the three CCS and these are mostly for people who are utilizing intramuscular shots. So if you're shooting steroids or you're shooting methadone or any corner, sort of like hormones, a little easier for our transplant so these are big amongst our population.

All the services are free of charge and anonymous. Some of the other things that we give out are hygiene supplies and so it makes a difference to tell someone, "Hey, it's a good idea to safe-safely inject, clean the wound, pretty clearly swipe alcohol in the right way, do all of that stuff that we teach people," but not have a place to shower or brush your teeth or things like that, so they give out basic necessities: soaps, combs, tampons, active antibacterial wipes, things like that, other stuff that we give out outside of just safer injection.

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Transcript for Figure 11.19, A Small-Town Plague: A New Approach to Opioid Addiction

"When I first realized that I needed help, I had no one to turn to. Being in a small town, once you're known for being an addict, it's always going to be a label for you."

The opioid crisis is killing tens of thousands every single year. This is not an Appalachian problem, this is a contagion. It is spreading. It's like a plague.

CADS Program

"I'm Nikki King. I'm from the CADS program in Ripley County, Indiana.

We're located in the Ripley County Courthouse, which is in Versailles.

We are an eight-month program. So it's pretty intense. It includes an intensive outpatient program. So that is nine hours of therapy a week. We also do individual therapy. We do family therapy. We do dietetic consults. We do peer recovery coaching.

We don't really believe in substance use as a disease in and of itself.

It's usually the symptom of a lot of different things that are happening with that person.

Be it trauma or mental illness or systemic failures of the safety net in rural communities.

So we look at, how do you address all of that at once?"

"Thank you, thank you."

"Yeah, okay."

I go all over the country helping people do this.

So I would love to help you guys if you need me.

Ripley County

Ripley County is very close-knit.

Everybody knows each other.

It's a slower pace.

When I first moved here five years ago, there was so much of, "Well, we had that one overdose, but that doesn't happen here."

And then it happened more and it happened more and it happened more, and now people are just starting to get to the panic.

It's one of the first times that you have a rural community hospital pairing up with a criminal justice organization and saying, "How do we actually work together on even footing?"

And I think that makes CADS really special. You don't see that anywhere else.

We have our strong suits. We have our quirks. And when you put us together, we amplify each other's quirks and amplify each other's strong suits. Which is why it's successful.

But at the same time, that's why it's always a challenge.

All right, our treatment updates.

Let's talk about our most recent client who just got released from D.O.C. We pulled together all the people who represent different resources in our community, and we point them at the patients and say, "Here's what they need, how are we going to make it happen?" And we don't leave the room until it does.

All right, let's look at our phase three.

I know that we're pretty backed up right now on new appointments with Dr. Dull, so it might be an extended wait before we can get a new patient in with him. We are looking at extending his time.

Before we had CADS, people would just get arrested and they'd be sent to probation and probation would try to find some kind of treatment, but it wasn't there. And so they'd end up right back where they started. Then, the cycle repeats itself over and over and over until they die.

Peer to Recovery

Now that we do have treatment, it's created a new way.

Kenny was one of the first people who came out of the program. Believe it or not, he was kind of quiet.

"The first time I used, it was the most euphoric, like, rush I had ever felt in my life, and I knew then that I was not gonna stop. There was a lot of stuff that probably played into it. Like, family problems, anxiety, depression. Well, like, 'cause after I quit doing drugs and stuff, I got on this big nutritious kick and we make hella smoothies and shit now. A lot of smoothies. I didn't have friends or family to fall back on.

Everyone was just fed up with me, and then I got arrested on top of that. My probation officer said that I needed to be into this program regardless of whether I wanted to or not.”

“In Ripley County, there is still a real stigma around drug abuse. I feel like so many of these problems are super fixable and I get really frustrated that nobody else sees that. I get really frustrated that nobody else is willing to try. I get away with some of my feistiness for being Appalachian. If you’ve been around Appalachians a lot, it’s just expected. We get fired up easy.

“I think people know that Eastern Kentucky was pretty much ground zero for the opioid epidemic. It was hard to grow up and watch Disney Channel shows where you have these suburban kids who live these fantastic lives and you feel like it’s a fantasy. By the time that I was 12, at one of my friend’s birthday parties, I found her mom passed out. I don’t think there’s anybody in any rural community in the country that hasn’t lost someone.”

“Alright, so this is just peers in recovery helping peers in recovery, man. We get together, we help each other. And it’s just how we get better.”

“There’s actually four people with us tonight in phase three of CADS and they graduate March 11th. So, pretty awesome.”

“I guess one of my biggest regrets through my addiction would be not being a parent. Putting dope, men, money, careless, reckless actions before my kids. I have to live with that. So I was one of them functioning addicts that never thought it was a problem, right? The people that disconnect themselves or stop reaching out, they relapse, they go to institutions, or they die. Seeing those successes, seeing people who come in at the end of the program and they’re alive, they’re healthy, they’re having dreams.”

“We are Versailles, Indiana. We are living proof.”

“Those moments are super cool. You kind of start to see these glimpses of a future. So, for the CADS participants so far, we have achieved one year and six months where nobody has died. Now, I just need it to be the whole county, and then I need it to be the state, and then I need it to be the country.”

“I am a manager at McDonald’s. I get there at, like, 2:40 a.m.”

“Gosh, it snowed a lot.”

“After, like, a lot of therapy and a lot of ups and a lot of downs, I’ve been sober for about a year and a half.”

“It’s like fuckin’ Alaska out here. It’s gonna be a good day.”

“I never really thought that I would be in a situation like this. I thought I was just gonna be like my dad and just bum out for the rest of my life. But I didn’t. I’m back.”

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Transcript for Figure 12.1, Rosalind’s Story: Living with Serious Mental Illness and Alcoholism

[Music.]

My name is Rosalind Evans. I was born in 1959, and I was born in Los Angeles, California. My mom married my stepdad, and it was a lot of turmoil because it was such an abusive home living with my step-

father. I would go to school, and I would think, dang, what if I call and my mom's dead? You know, in my mind, I'm always thinking he's going to kill her one day. He's going to hit her. He's going to kill her, and I wasn't able to really concentrate in school or anything. I was told I was a problem child.

When I was 12, my mom had me admitted into mental health inpatient because I tried to slash my wrists in a restroom because the fighting was going on in the house. I was told I was bipolar. I really didn't understand what was meant. My mom didn't really follow up on it. My people didn't believe in that. They didn't believe in this mental illness stuff. I'd get the medicine, throw it away, go back with my normal life. And then I found alcohol. That became my medicine. It started off as fun because I could get up and dance and I could fit in a crowd, and you know, but it slowly turned into nightmares.

[Music.]

It's a bad combination, bipolar alcoholism. I am a miracle. I am lucky to be alive because when I don't take my meds and when I drink, I can wind up anywhere. I can wind up in anybody's house, you know? I have put myself in very dangerous situations. When you're homeless and you don't have anywhere to live and you're mentally ill, and it's hard to find proper treatment, I felt like a person's just a piece of trash, just being thrown away and kicked out of hospitals. They give you some medication, and you're sent on your way with nowhere to go, nobody to turn to that understands you. The breakthrough for me was when I got housing.

[Music.]

I work for Riverside University Health System Behavioral Health, and the program I work for is called Hope. And Hope's goal and mission and vision are to support those who are living on the streets and help them get from the street into housing, connect them with services, and to help them get self-sufficient.

So they're going to give you a prescription, and we're going to take it to the farm Friday. Yeah, I was assigned a case manager, a therapist, a psychiatrist, a substance abuse counselor, a team that came together to give me support, and I didn't have that for years. There's a whole continuum of care that's happening. I've known Rosalind about a year now. I'm her peer support specialist. I'm also her case manager. On-site at her apartment complex, there is transparency between myself and the rest of the treatment team. And if I recognize that there's an issue or a concern about what Rosalind is going through one day, I will immediately reach out and let them know that she needs some further support.

And there are people that stomp on you and they want, you've been busted in the head, you've been raped, you, these are the kind of things that could put you down to make you say, what am I trying to do? Nothing, you know, what am I trying to prove? I've been this way all these years. I might as well stay this way. When I relapse emotionally, I would stop taking my medicine. And once I stopped taking my medicine, then comes the drink, forget the medicine, it's all alcohol. My mom is dead. I don't have any brothers and sisters. I'm an only child. My children are all in another state. I did not raise them. So my caregiver steps in and encouraged me, "Rosalind, did you take your medicine today?"

When I get on those lows, "Rosalind, you know you have a doctor's appointment. It's important that you see the doctor." That's played an important role in my life. Relapse is part of recovery sometimes, but it has to be looked at as more of a bump in the road. It's very important to have continuity. There needs to be a confidence on her side that there will still be that support that she needs. And I think that that's vital, that there's a safety net for her and she doesn't have to go back to the streets, no matter what.

When I see Rosalind, she's like the picture of the recovery model because she just picks up and keeps going. And that gives me hope. I have made a lot of mistakes, but thank God I'm not a mistake. I want my children to know that I love them very, very dearly and I believe that they're at an age now that they

understand that their mom is diagnosed with a mental illness as well as an addiction of alcohol. My diagnosis is bipolar disorder. It's a chemical imbalance in the brain. I'm not in denial anymore, and it's led me to where I'm at now. It's a lifelong thing. It's not something you get your medicine and, okay, I don't need to see you no more for my life. I will stay in treatment.

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Transcript for Figure 12.10, #TerpsTalk: Intersection of Race and Mental Health

Hi, I'm Dr. Michelle Garvin, Director of Clinical and Sports Psychology at the University of Maryland. Maryland Athletics is excited to host the Terps Talk series to provide education, increase conversation, and reduce stigma related to mental health.

Today we're here with Dr. Carlton Green to discuss the intersection of race and mental health. Dr. Green, could you please take a minute to introduce yourself?

Sure, thank you for having me, Michelle. I'm Dr. Carlton Green. I am a licensed psychologist here in the state of Maryland, and at the University of Maryland, I serve as the Director of Diversity Training in Education in the Office of Diversity and Inclusion. Prior to being in this role, I was a staff psychologist in the counseling center for about five years.

Wonderful, we're so excited to have you here with us this morning. We'll just jump right into it. The first question we have for you is, thinking about the so many different identities that we have that intersect and influence our mental health and well-being, one of the things we're wondering about today is the intersection between race and mental health. Could you talk for a little bit about how these two interact with one another and particularly how mental health outcomes may differ for minority populations?

Sure. It becomes really important for us to think about race as a social construct. Here in the United States, we often think about it as being really biologically based, but what we know from research is that there is nothing actually biological about race. We have created these racial groupings, and there are ways across history that some people have been moved into one racial group to make that racial group more powerful or to make it larger, but what I guess the emphasis here is that we are talking about really socially constructed groups, right?

When we think about race here in America, especially when it comes to mental health, what we know is that people of color are disproportionately affected by mental health in ways that result in negative outcomes, and there's a lot of research about health disparities or mental health disparities that really get us to this. And some of those pieces could really look like when you think about the rates of depression, rates of depression for black folks and for Hispanic folks are much lower than they are for white people, but yet what we know is that depression is more persistent in black and Latino populations.

We also really think about people who identify as being more than one race, so multiracial or biracial people, they have a tendency to also report higher levels of mental health illness. We also know that American or Native Americans, indigenous people, have higher rates of alcohol and substance abuse as it applies to them. And then one of the other pieces that when we throw race into this conversation, we also know that white people generally die by suicide at higher rates than other populations, right? So there's

a way that race really affects all of us in this conversation, and the health disparities literature helps us to really understand how it is that we are being disproportionately affected according to the racial categories that we've been assigned or we assigned ourselves to.

So it sounds like it really is a pretty complex interaction; it's not something that we can just look at and say this one population is impacted in this way. There's a lot of different things to consider as we're talking about this.

Yeah, I think that, you know, another way to think about what it is that you're describing when it comes to the disparities is that one in five Americans will end up being diagnosed with the mental health illness according to the American Psychiatric Association, right? We know that white people constitute the largest group of Americans here in the United States, but we also know according to some statistics that came out from the American Psychiatric Association a few years ago is that only about 19% of white people might actually be diagnosed with a mental illness whereas about 20% of the Native American population might be diagnosed with a mental illness, and we think of Native Americans certainly as not being as large society-wise as white folks are, right? So you see there are even disparities in mental health diagnoses, and then what we also know is that it's much more likely that people of color – black, indigenous, Latino folks, Asian folks – are less likely to actually get treatment than white folks are, right? So that's another way that the disparities play out, right?

And I wonder if you could speak a little bit more toward that... thinking about how people of color are less likely to seek treatment or get treatment. Can you tell us a little bit about what you think might underlie that?

Yeah, I mean there are so many pieces here, right, that factor into this. One of the things that I think is a little bit controversial to talk about sometimes is that we like to talk about race being one of the barriers when in fact what it is that racism is one of the barriers, right? It's about the disproportionate treatment that people receive and when I'm talking about racism, especially on our campus, I use Dr. Camara Jones's definition where she says that racism is a system that structures opportunity often in favor of white people and it also places more value on the bodies and the beliefs and the values of white people, right? And so there are ways that we think about racism being baked into the mental health system.

If you think about who are mental health providers disproportionately, they are going to be white folks, right? If you think about the training that we receive as mental health professionals, most of what we talk about really applies to white, middle-class, heterosexual, cisgender populations. When we're getting trained we don't often have real substantive conversations about treating people of color in mental health training right and then you have things like that that are really systemic in nature... well let me back up and say this, right: What I really want to emphasize there is that whiteness is so predominant in our mental health training that we don't actually make room for talking about people of color or we don't make room for talking about how whiteness and racism is actually impacting the mental health of people of color, right?

And I imagine one of the things that might lead to is even if people of color are able to access the resources it leads to maybe an inappropriate, an incorrect fit, or treatment that might not benefit them as much as it could.

Exactly which is where I was going to go to the next part right, so the data really bears out that more often than not people of color leave therapy earlier than white people do and a lot of the thinking around that is because of how racism might show up, and unintentionally for a lot of white therapists, but it

shows up nonetheless, right? What we also know is that there's a lot of systemic issues around this, right, the lack of insurance or even either people being under-insured.

We know that also a few years ago with probably even some people on our own campus in the psychology department or in the psychology program have produced some research that says that white clinicians or clinicians when they receive a call from potential clients they are less likely to call the client back to connect with them if they perceive that the client might be might be black, right? Based upon sort of like the tone of their voice or their name that they leave on the answering service for the clinician versus they're much more likely to call back a client if they perceive that that person could be white right? So like there's insurance or even either people being under-insured.

We know that also a few years ago with probably even some people on our own campus in the psychology department or in the psychology program have produced some research that says that white clinicians or clinicians when they receive a call from potential clients they are less likely to call the client back to connect with them if they perceive that the client might be might be black, right? Based upon sort of like the tone of their voice or their name that they leave on the answering service for the clinician versus they're much more likely to call back a client if they perceive that that person could be white right? So like there's insurance issues but they're also just access issues that have a lot to do with the, with the clinicians, with clinicians ourselves, right?

If you think about just the lack of diversity among mental health providers I've already kind of touched on that you are getting into this issue of sort of like competent providers whether or not people actually have the confidence to address race or racial issues in treatment and what we know at least this is a part of what my research was on from my dissertation what we know is that for a lot of people of color, race is a really significant issue in our lives right? It is something that is personally meaningful to us. It provides us with a lot of pride when we experience difficulties in the world. There are ways that we rely on our racial backgrounds, our racial heritage, as a source of being able to get through different struggles right?

And so when you show up to therapy as your whole self you may want to talk about race or you may want to talk about racism...what we know is that a lot of therapists, especially white therapists, don't receive the training to be able to learn how to talk about racism without sort of, like, shutting down or getting really personal or getting defensive. In the context of therapy what that has led to is probably a real mistrust in health service provisions, whether that is in medical settings or in mental health settings, people of color know that there's a possibility that they could show up somewhere and a person won't be able to talk about race well, right, and so it leads to mistrust.

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Transcript for Figure 12.12, Teen Intersectionality Series: Mental Health & Gender

Hi, my name is Dylan Reed, and I'm from Vancouver, Canada. The term I identify most with right now is gender fluid non-binary, and what this means is I know I don't identify as either a boy or a girl, but my gender identity and expression often shifts without hitting either binary.

****Who am I****

My pronouns are they, them, theirs, and I'm a first-year art student at Emily Carr. I'm studying at Emily Carr to refine my art skills to become a tattoo artist. I've been out as non-binary for about a year and a half now, and I'm here today to talk about intersectionality.

For those of us who have never heard the word before, intersectionality is the interconnected nature of social categorizations like race, class, and gender overlapping in an individual group and creating an imbalance in the systems of power and oppression.

Intersectionality occurs in my life when talking about my gender and how it related to my mental illness. About a year ago, I was hospitalized for hearing voices, hallucinating, and experiencing delusions. When I was in the hospital, I was assigned a psychiatrist who attempted to and successfully convinced my parents that my gender identity was a side effect of my mental illness.

In today's society, many people still believe that there are only two genders, that you can only be a boy or a girl. So having my gender questioned and dismissed was something I was used to at that point. When my psychiatrist challenged my gender, it was the first time I thought of my being trans as something that could be cured or something that was wrong with me, and it created a lot of self-doubt in myself and a lot of isolation and loneliness.

After I left the hospital, my care was transferred, and I was diagnosed with anxiety, depression, bipolar disorder, and other specified dissociative disorder dash one.

****Mental Health****

A lot of those diagnoses sound really scary, and they were at first, but they were also weirdly validating because, for the first time in my life, I could explain why I felt so displaced, why all of my emotions didn't make sense to me, and why I was always experiencing things that other people weren't.

For me, my mental illness isn't something that is a handicap to me; it's not something that needs to be cured in my mind. It's what makes me, me. It's how my brain works, and just because it's different from somebody else's doesn't necessarily mean it's wrong.

It took me a while to get to the place that I'm at right now, and honestly, the biggest thing that helped me was a sense of community. I never would have been able to come out, and I never would have been able to have discovered anything about my gender identity if I hadn't met my best friend. He took me to groups, he introduced me to people, and I was able to comfortably explore what it meant to be transgender and what it meant to be non-binary.

When people are questioning or figuring out parts of their identity, a sense of community is huge; it was huge for me, and it is huge for many people I know because nothing can be more crushing and damaging than that sense of isolation.

While I was lucky enough to easily find a community where I could explore my gender and my gender expression, I wasn't so fortunate to find that community that I could relate to about my mental diagnosis. It wasn't until I was on Facebook and I heard this spoken word poem that I really felt a connection to someone else in that aspect of my life. It was the first time that someone has adequately explained what it's sort of like to be in my brain, and to me, it was incredible, and that had never happened to me before in my entire life.

****Outro****

So the reason I made this video is that when Gender Spectrum told me about their project, I couldn't wait for the opportunity to do for others what others had done for me. No one should feel alone when it comes to stuff like gender and mental illness because both are equally hard and both, I think, rely on

a strong sense of community. Because there are 7 billion people on this earth, and we are all unique but we're all interconnected.

So wherever you are in your life right now, you are not alone. I hope you check out the rest of the website because there are amazing resources on here. Gender Spectrum is run by a bunch of amazing people, and I hope you enjoyed this video, and I'll see you next time.

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Transcript for "[Teen Intersectionality Series: Mental Health & Gender](#)" by [Gender Spectrum](#) is included under fair use.

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Transcript for Figure 13.2, Dying of Coronavirus: A Family's Painful Goodbye

It's Thursday morning, and we're at the North Shore University Hospital, just across the border from Queens on Long Island. I'm Sheri Fink. I'm a correspondent at The New York Times, and I've been reporting on the coronavirus pandemic.

"Hello."

"Hello."

This is a tiny little office in the intensive care unit.

"I just want you to tell us a little bit about her."

And what's happening in this office right now is that a doctor and a social worker, Dr. Eric Gottesman and social worker Elisa Vicari, they're connecting on a conference call with the family of a patient. Her name is Carmen Evelia Toro. She is the beloved matriarch of a family that stretches across South America and North America. They don't have a lot of hope for her to recover from this very severe lung damage that she suffered from the coronavirus. And they want to talk with the family about what to do next.

"And it's not like her lungs have collapsed. They're just very stiff, kind of like an old sponge that won't work anymore. We are trying right now a last-ditch effort to give her some high-dose steroids to see if we can get her lungs any less stiff. If they don't work, there's nothing else really that we can do to help her."

Because of the coronavirus and the risk of contagion, family members aren't being allowed in the intensive care unit. And so Elisa Vicari is going into Ms. Toro's room and then she's connecting with Ms. Toro's family so that they can actually see their loved one. And they're wondering if maybe this is goodbye because they don't know how long she'll live.

Ms. Toro's family is scattered across the U.S. and in Colombia. With the pandemic, there's no way that they can fly to come together and they want to be there for her. The only local family member of Ms. Toro is her granddaughter, Marcela Rendón.

It's Friday evening and she and her husband are at the kitchen table, and they have Ms. Toro's well-worn Bible next to them. The whole family is connected on the Zoom app. They're reading Scripture. They're singing. They're praying. Ms. Toro is still receiving the steroids, and the family doesn't know yet whether or not they have worked.

It's Sunday morning, and Marcela and her husband are in the parking lot of the North Shore University Hospital. Unfortunately, news came in that the steroids had not had an effect. The doctors, the medical team are going to remove the ventilator that has been supporting Ms. Toro's life.

“She doesn’t want her to suffer. That’s her concern.”

“No, no, she’s not going to — so she’s not going to suffer, and we already gave her some medications already before we take the tube out to make her comfortable.”

“Is everybody on Zoom already?”

“Yes.”

It is the first time that she’s going to get to see her grandma. She dropped her off four weeks ago, and that was the last that she got to see her. She’s there to be with her grandmother. She’s the one who has to take on this responsibility to be the person at the bedside. And as she’s walking into the room, there’s a part of her that knows the likely outcome, and there’s a part of her that has a deep faith that somehow it won’t happen.

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Transcript for Figure 13.4, Right-to-die movement finds new life beyond Oregon

Like millions of Americans, Oregonian Pam Wald was riveted by the video of Britney Maynard, a 29-year-old woman suffering from brain cancer who moved here last year to end her own life.

“I looked at that video. I studied—especially the last time I saw that video, I don’t think I left her eyes.”

Maynard lived in California, but relocated to take advantage of Oregon’s “Death with Dignity” law that permits what advocates call “physician-assisted dying,” but is more commonly known as “physician-assisted suicide.”

“I will die upstairs, in the bedroom that I share with my husband, um, with my mother and husband by my side...”

Maynard, who ended her own life in November, was featured in a media campaign by a group called Compassion & Choices. Twenty years earlier, its predecessor group played a key role in advocating for Oregon’s first-in-the-nation right-to-die bill. In 1994, Pam Wald considered herself of Oregon’s Death with Dignity Act.

“You voted for it, but you never thought, ‘This has to do with me.’”

“No, no. It-it-it was kind of like, out of compassion, the idea that, someone gets in this situation, they deserve a right, you know, to choose. You know, it’s important for us to choose the way we live our lives, and how we die.”

“But then you found yourself in this situation.”

“Yes.”

“Where now the story’s about you.”

“Yeah.”

“This is my husband.”

In 2011, Pam’s husband of 43 years, Ben Wald, discovered an earlier bout of cancer had returned. Soon after, the disease began taking a lethal toll. Pam and daughter Bonnie watched as the once-robust Ben rapidly lost weight. As the cancer spread to his bones, the pain became intolerable.

“Ben woke me up in the middle of the night, and he said, ‘Pam, we’ve gotta talk. Um, I don’t wanna keep—I’m dying, Pam. Um, I’ve had a good life with you and Bonnie, and I really don’t wanna keep living like this. I wanna explore Oregon’s death with dignity law.’”

Under Oregon’s law, a doctor must determine that a patient has six months or fewer to live. The physician can write a life-ending prescription only if a second doctor signs on, and both agree the patient is of sound mind. The patient must request the drugs again 15 days after the initial request, but once the patient has it, the doctor’s role is over. Since the law went into effect in 1997, over 1300 people have received life-ending prescriptions, but just 859 have actually taken them and died. Others died sooner, and some changed their minds.

As Ben’s health deteriorated, he and Pam sought help from Compassion & Choices, the group that supported Brittany Maynard. In 2012, the group connected them with two doctors, who signed off on Ben’s wishes.

“Monday Ben got the order for the prescription, so it meant we could go pick it up on Wednesday, and I thought, then we would have it, and then we would just kinda see—I thought I would have more time with him. But he said to me, ‘Pam, I want to take it on Friday that week.’”

Portland physician Bill Toffler also followed the case of Brittany Maynard. Brittany’s story struck a chord with him, too. Toffler’s wife of 40 years was diagnosed with cancer in 2009.

“We were blessed with five years after the diagnosis was made, and she died just four and a half months ago.”

For Dr. Toffler and his wife, assisted suicide was never an option. He leads a group, Physicians for Compassionate Care Education Foundation, that opposes prescribing lethal drugs to terminal patients.

“Every day we lived with an awareness that we had a limited amount of time, in a way that I never perceived before I had a wife with that clear diagnosis. And I hope that my patients realize that I value them as a doctor, no matter how disabled they are, no matter how sick they are, that their life still has meaning and value, and I wanna reflect that, even when they don’t see it themselves.”

But what about the fear and the pain that can surround dying? Why not help, I asked Dr. Toffler, if a patient asks?

“It is a very scary time, and at that time I want to come around that person, I wanna walk alongside them, I wanna be the best doctor I can be, I’m called to be more of a doctor than ever. I’m not supposed to be the person who helps her to kill herself. That’s all too easy.”

In a policy opinion, the American Medical Association says, “Physician-assisted suicide is fundamentally incompatible with the physician’s role as healer,” and some religious groups, most notably the U.S. Conference of Catholic Bishops, have strongly opposed the practice.

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Transcript for Figure 13.23, A New Vision for Death and Dying

The paradox of 21st-century dying:

What happens after you die is changing. You could become a firework, or even have your ashes scattered in space. You could choose to come back to nature with a woodland burial. Maybe you know what

you want after you die, but how about before then? Death and dying are much more complicated. These are issues that are going to affect all of us, and at the moment, the way we're dealing with them is leading to increased suffering. People are having treatments they don't wish to have, families are not involved, conversations are had too late, people are not getting pain relief, people are dying alone. These are real urgent issues that are happening now.

When we talk about caring for people who are dying, this is more about life rather than about that one moment of actual death. We'll say wise things, like 'we'll cross the bridge when we come to it,' but this is not an easy bridge to cross.

Dying in the 21st century is a story of paradox. Some of us are over-treated in hospitals as family and community are pushed to the margins; others are left to face death all alone. Most discussions are centered around high-income countries. The suffering in low- and low-middle-income countries is simply invisible.

"It's tough even for me. Her whole body is in pain."

We now can do better.

In Kerala, India, state reforms alongside a compassionate communities model in Kerala, engagement with families, and thousands of volunteers are pioneering a model of compassionate communities, changing how people live and die.

"She's saying she's much better."

This is whom we saw last evening look so amazingly and so happily different. It was kind of everything I hoped I would find somewhere, and it was amazing actually finding it because they really were creating this whole new model of care, changing the way people cared, the way people died, the way people thought about death and dying.

Across the world, groups are challenging norms and rules about caring for people at the end of life, and bold new models of compassionate community action are emerging. What inspires me is knowing it can go right. It doesn't happen by accident, but when I see it happening in living rooms, in bedrooms, in care homes, in hospitals all around the world, it's really inspiring because although it doesn't take away the sadness and the loss that is so significant, it does take away the stress, the anxiety, the fear that so often just compounds these times. Allowing the community to come in, explaining to them, answering all their questions and sometimes being questioned, it means giving up some of my power as a doctor. Engage them as partners.

The Lancet Commission on the Value of Death convened experts in health and social care, philosophy, economics, and theology, working with community activists to set out the principles of a realistic utopia: a new vision of how death and dying should be. What we're talking about in the commission is whole systems change. It interfaces with healthcare systems, with the law, with policy, with education, all of those. Death and dying are social issues, and at the moment, we're trying to solve them with a medical lens, and that's what needs to change. We need to talk about what we want for ourselves when we die and what choices we want for society. If we want vaccination done across the country, we have a vaccination drive. Maybe we need to have conversation drives in every country. If we talk about this openly, confront the issue, we will be able to avoid a lot of needless suffering. Needless treatment.

I have prepared my advance directive. I've indicated that in the context of an incurable illness, I should not be subjected to inappropriate life-prolonging treatment, partly because that will only be suffering for me, partly because I will be isolated and separate from my family, but also because out of loyalty to me,

my family may destroy themselves with that needless treatment. That's a precious time when I should have been receiving a kiss on my cheek from my grandchild. It can be a time of healing also.

We can learn lessons about death from many different cultures—

“What does it mean for you?”

—and from the innovators who are showing us new possibilities for the future of death and dying. You only get one chance to do this. I heard a lot of people say I wish I knew what they would have wanted. The conversation ahead of time is actually something you can give to those around you and the gift that they can give back to you. Death is not just a physiological event, an endpoint; it's so much more than that. The realistic utopia starts with each of us facing this. Bringing life back to death. It's about leaving a legacy, talking about those we miss and finding a way through all the sadness to show up for those whose time is short.

Let me clarify that we were not really talking only about death; we were talking about life.

“What holds meaning in your life for you?”

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Transcript for Figure 14.1, Surviving Disaster

“You know, kind of walk me through you guys's story.”

“Okay.”

“You know, a little bit.”

“Um, so, Guy and I, Guy saw some flames, and so we called—um, yeah, actually, it was 911, to report this. We called a couple of times because it really seemed like it might be a problem. Then we got a phone call, and luckily it came into my work phone. It did not come in on my personal phone. And so I had my work phone next to me, and if I would not have woken up and heard that, then it would have been a problem. And so we had to get out right away, and I think that happened to other people.”

“My name is Bethany Grace Howe, and I am the executive director of Echo Mountain Fire Relief. Echo Mountain Fire Relief was actually started by a volunteer fireman who was working the fire, also a resident of the Otis area. And, knowing how these things unfolded, he, literally within days of the fire starting, under a week, started a nonprofit. Just sent out the paperwork and got it up and going.”

“We decided to just get a travel trailer. And I got the last spot at KOA. That was—there was nowhere else. Everybody, you know, who even had a travel trailer, maybe somewhere else, but there were no places left.”

Many had lived in manufactured houses and had little or no insurance.

“We're not getting any insurance money for this. Even those of us who were insured are only getting 5,000 bucks, and that's, that basically covers your ash and your asbestos. That's it, nothing else.”

“They made changes to their home and their insurance wasn't updated, or, other people, were, ‘yeah, I'm fully insured, I have replacement cost insurance, I got it all covered.’ What people don't realize is, that's replacement cost on the day of the fire. As everybody knows, everything's gotten more expensive. So there are people that thought they were fully insured, and they are still coming out with 20 to 30 percent, 40 percent losses, because the cost of everything went through the ceiling.”

“So we had a budget, which means we had to use all of our insurance money to replace our home, and that’s it. So all of the other, my gardening, outbuildings, you know, just everything that we built—my greenhouse, the outdoor kitchen. So these things we can rebuild at some point, but the home is what was most important to us. Getting to spend time in a disaster, not just thinking about ourselves, but looking at what’s happening in our neighborhood, and having more resources coming in, that’s part of our decision. The people who are gonna need it the most will be in that open space with beds and things. We were able to be somewhere more comfortable and not take up space for someone who doesn’t have any other choices.”

“If you were sitting across the table from a survivor, and a lot of our team does that, you know, we’re in Kentucky with tornado survivors and stuff, what would you tell them—let’s say we’re a week past it?”

“I would probably tell them that this is an unimaginable situation, and it is a situation. And wondering about, what do you have within yourself that tells you that you can get through this, or, you know, with lots of support?”

“The vast majority of other people: insured, uninsured, wealthy, not wealthy, renters, homeowners—they all eventually reached a point where it was, ‘for me to get back to my life, I need help.’”

“Toasters, tents, and therapy resources are all things that survivors of the Echo Mountain Complex Fire can find at Salmon River Grange in Otis. While following up on the community’s response after the fire, KOIN6 News found out about the Grange and the support it’s giving. People who lost their homes in the fire can visit the Grange and take whatever they need.”

“—Team helping properties that look like this, look a little more like this.”

“That cleanup put on by the Cascade Relief Team.”

“When leaders of Reach Out Worldwide in Cascade Relief Team learned of the damage, they knew they needed to step in.”

“People don’t wanna wait on, you know, the government to come in and help them out, or the county or city to help them out. That could be a 12-18 month process with FEMA.”

“But what’s happening with this response to the fire is the most important part of looking at preparedness. What went well and what didn’t? And, in my opinion as an employee of the county public health, and someone who survived this, the county was very lacking in response.”

“Where would you say the number one place you felt the lacking was?”

“Um, knowing what to do.”

“I think when the fires hit, Oregon didn’t really have policies, and I don’t think they’d thought about this much. And, you know, I have more insider information on the government than I should, and what I would say is, is that there is a feeling that this state got caught with its pants down, and that we were not ready. And we weren’t, but at the same time, how could we have been?”

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Acknowledgments

This project is a transformational experience in teaching and learning, relying on the wisdom and care of a vibrant community. So many people who contributed their time, ideas, resources, patience, and authentic writing, stories, and art that I will inevitably forget someone. Without our collective creativity, this book and course would have never happened. I appreciate you!

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Students

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<No Picture Upon Request>

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[smallimage]

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Publisher's Message to Instructors

This book is published by Open Oregon Educational Resources. It is part of our Targeted Pathways project, which used statewide data to target disciplines and courses in which to develop high-quality, openly licensed materials with an equity lens.

Targeted Pathways textbooks were developed in partnership with [Chemeketa Press](#), which offers training in textbook development best practices and coaching to faculty authors. Chemeketa Press is the academic publishing arm of Chemeketa Community College in Salem, Oregon.

The contents of this book were partially developed under a grant from the Governor's Emergency Education Relief fund and a grant from the Fund for the Improvement of Postsecondary Education, (FIPSE), U.S. Department of Education. However, those contents do not necessarily represent the policy of the Department of Education, and you should not assume endorsement by the Federal Government. It is also supported by funding from Oregon's Higher Education Coordinating Commission.

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Instructor Resources

Author Message to Future Instructors

Inequality and Interdependence: Social Problems and Social Justice explores how people experience social problems and challenges us to imagine a more equitable world. In addition to the common topics of homelessness, harmful drug use, and inequality in education among others, we add unique chapters on environmental injustice, mental health, and death and dying. Finally, we offer an extended case study of weaving community recovery after a wildfire, exploring how communities experience simultaneous social problems and resilience in resolving them. These new topics are particularly relevant to students in this time of pandemic, climate crisis, and racial injustice.

Chapter Structure

Each chapter follows a similar narrative arc. We begin with a story or video about the social problem in question. With these stories, we engage our students with curiosity and empathy. Then we discuss what makes this problem a social problem, using the social problems process or characteristics of a social problem. We provide evidence of inequality and injustice based on various social locations for each social problem. Then, we explore powerful sociological theories and models that assist the students in making sense of racism, heteropatriarchy, ableism, and other intersectional structures of oppression. However, describing and explaining the problem is not enough. We consider what is to be done, evaluating interdependent solutions to social problems that demonstrate individual agency and collective action. We encourage students to unpack oppression and take action for social justice by including one or two activity boxes per chapter, so students apply crucial concepts of power and justice. Finally, we summarize our learnings for our students, with essential ideas, an interactive review of key terms, and discussion questions and class activities.

Three Themes

You might also ask why we chose inequality, interdependence, and social justice as our themes. Many of you would choose equity rather than inequality, for example. Although we agree that equity is essential, understanding inequality is essential in making sense of social problems. People die earlier than normal, or live longer than average, partially based on their unequal access to food, water, health care, and housing. People die sooner when they are exposed to more police violence, war, intimate partner violence, environmental harm, and other immediate and slow violence. A core issue in a social problem is inequality itself.

Our response to inequality connects interdependence and justice. We depend on each other to survive and thrive. This interdependence is a source of our ability to act collectively. When we imagine a world in which all people get what they need and take action to co-create that world, oppressed people get social justice.

Three Commitments

Power, Privilege, and Positionality: As you read, you may notice that the authors refer to their own experiences. You will see pictures of other sociologists, with as much description of their positionality as we could find. This is a deliberate attempt to be explicit about our power, privilege, and positionality. Like

Patricia Hill Collins, we see our lived experience as valid evidence in our sociological inquiry. Furthermore, like Julian Go, we see that our positionality influences what we present as important in our work. By making positionality explicit, we engage our students in considering both how they might engage in sociological thinking, and how the social construction of the world is steeped in relationships of power and privilege.

Oppression, Resilience, and Resistance: In this book, you will see d/Deaf people, neurodiverse people, queer people, People of color, Latinx people, poor people, immigrants, people who are chronically ill or dis/abled, people who have lost everything in natural disasters, and others. We purposely looked for the students, scholars, activists, and ordinary people who are making sense of the inequality of today's world, imagining a more just future, and taking action. We are unflinching in naming the harm caused by oppressive systems and unflagging in our commitment to hope, resilience, and resistance.

Collaborating to Dismantle Oppression: We deliberately provide an alternative to the lone writer or lone scholar creating knowledge in an isolated, ivory tower. Instead, our work is embodied and collaborative. As a writer returning to the field after years of absence, I relied on my co-writers to bring the most transformative sociology the field has to offer and share innovative practices in teaching and learning. The book includes curated resources so that you can join us in this collaboration. More than that, our students are co-creators of this material. They bring their questions, their experiences, and their authentic selves into the classroom. Their scholarship, their art, and their stories enrich this work.

Empowering Students

Finally, our project equity statement says that we share "...course materials that directly address and interrogate systems of oppression, equipping students and educators with the knowledge to do the same." In this work, we created graphs, charts, and models that describe social inequality and intersectionality. We curated the work of others who make sense of interlocking systems of power, and who model interdependent, intersectional solutions. We deliberately call our students to be anti-racist, and to combat heteropatriarchy, ableism, xenophobia, and other oppression when they see it in themselves and others. Love and empathy are essential in doing the work of social justice but insufficient. We must also see the systems of oppression that we inherited, notice when our laws and our behaviors sustain them, and take action to dismantle them. Only then do we create a more just world, a world in which each person is whole and free.

Integrated Openly Licensed Course Materials

This book includes openly licensed course materials that fully integrate with the open textbook. Anyone can retain, revise, remix, reuse, and redistribute them. Best of all, future instructors can build on existing learning pathways that are aligned with textbook and chapter learning outcomes.

You can access openly licensed course materials in two ways:

- **Inequality and Interdependence: Social Problems and Social Justice Instructor Course Packs:** A collection of aligned and accessible course materials shared by pilot instructors teaching at multiple Oregon institutions. Instructors designed each course pack with an equity lens in consultation with an instructional designer. In most cases, each course pack was revised with feedback from Oregon students and an advisory board of workforce members. Each course pack includes a complete

course map, an instructor guide, and ancillary materials including weekly assignment prompts, rubrics, and suggested activities.

- **Inequality and Interdependence: Social Problems and Social Justice OER Commons Group**: An ongoing repository of instructor-created course materials that integrate with the open textbook. Materials may include syllabi, assessments and assignments, lesson plans, activities, and entire course shells. Please note: not all OERC resources are reviewed for digital accessibility.

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Manuscript Development Process

This book went through an extensive pre-production process before it was launched in order to be accountable to the project's equity lens; revise drafts for quality; and incorporate feedback from scholars, practitioners, and students in the discipline.

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Additional Resources

Google Doc Version of This Book

[Link to view-only Google Doc version of this book – make a copy to start editing!](#)

Detailed Outline

The following detailed outline lists the sequence of topics and sub-topics covered in each chapter. We hope that reviewing this sequence will help future educators who may wish to adapt parts of the textbook for a specific course or project. Please note that the Pressbooks Table of Contents offers a high-level outline of this sequence, whereas this detailed outline shows each subtopic. Content can also be located by keyword by searching this book (upper right).

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