



Keynote article

The Uneven Distribution of Social Suffering: Documenting the Social Health Consequences of Neo-liberal Social Policy on Marginalized Youth

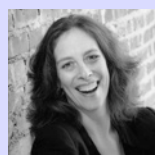
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In 2009, British epidemiologists Richard Wilkinson and Kate Pickett published *"The Spirit Level: Why Greater Equality Makes Societies Strong"*, in which they argue that severely unequal societies produce high rates of 'social pain': adverse outcomes including school drop out, teen pregnancy, mental health problems, lack of social trust, high mortality rates, violence and crime, low social participation. Their volume challenges the belief that the extent of poverty in a community predicts negative outcomes. They assert instead that the size of the *inequality gap* defines the material and psychological contours of the chasm between the wealthiest and the most impoverished, enabling various forms of social suffering to saturate a community, appearing natural. In societies with large gaps, one finds rampant State and socially reproduced disregard, dehumanization, policy neglect and abuse. As you might guess, the income inequality gap of the US ranks the highest in their international comparisons. Furthermore, New York State ranks the highest among other states and a recent report published by the United Nations (UN-HABITAT, 2008) has found New York City to rank as one of the highest among other major cities in the country. Moving these notions into social psychology, we have been studying what we call *circuits of dispossession and privilege* (Fine & Ruglis, 2009) as they affect the uneven distribution of social health among privileged and marginalized youth in New York City.

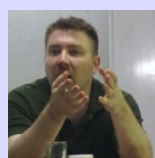
Theorizing Dispossession: The redistribution of resources, opportunities, dignity and suffering

Drawing from political theory, neuro-biology and critical justice studies, we are studying the distributive patterns, social psychological mechanisms and policy mediators by which neo-liberal social policies affect the psychological, social and physical health of youth. Political theorist David Harvey writes on neo-liberalism and dispossession: "Accumulation by dispossession is about dispossessing somebody of their assets or their rights...we're talking about the taking away of universal rights and the privatization of them so it (becomes) your particular responsibility rather than the responsibility of the State (Harvey, 2004, p. 2). In the US, public



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resources, opportunities, dignity and therefore aspirations are being re-distributed by public policy. Youth of color, those living in poverty, and youth who are immigrants are increasingly denied access to or detached from public access to high quality education and health care as their families and housing are destabilized. (Fine and Ruglis, 2007)

While few psychologists have studied how social policies move under the skin of youth and what kinds of "resilience generating institutions" might mediate this relationship, epidemiologists and sociologists have forged the path. A special volume on *The Biology of Disadvantage*, published in the *Annals of the New York Academy of Sciences*, articulates a series of pathways by which social stressors, national policies and neighborhood effects move through the body to affect physical and mental health (e.g. see Roux & Mair, 2010, p. 125). While much is relevant to the work of the European Health Psychology Society, one article is particularly useful for this discussion.

In "Socioeconomic Gradients in Health in International and Historical Context" Dow and Rehkopf (2010) map international comparisons of health outcomes and an analysis designed to invite hypotheses ►

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about why the US is such an outlier with respect to over-spending on public health, despite continued health disparities and lower life expectancy than neighboring and “equivalent” democracies. The U.S. over-spends and under-achieves in terms of life expectancy compared to our geographic neighbors (Canada and Mexico) and peer liberal democracies, including Australia, the United Kingdom and Japan. The US life expectancy is equivalent to that of Denmark, Portugal and South Korea which spend half the per capita GDP of the U.S., systematically challenging explanations that rest on genetics, climate, consumption patterns or even per capita spending. Dow and Rehkopf entertain, and then investigate, the extent to which national policy or investment predicts overall social health. Using both Costa Rica and the U.S. as case examples, they offer evidence on the rapid health gains of Costa Rica during the 60s and 70, a time of dramatic government investment in social programs. In comparing US and Canadian life expectancies, they demonstrate in parallel that state investment in individual and collective well being, a national priority in Canada, diminishes the discrepancies in national health. If, as Dow and Rehkopf suggest, national policies and structural conditions can *narrow* the social health gap and attenuate the impact of environmental stressors, it may be important to study how state investment and policies can support and sustain youth through *resilience generating public institutions*.

Documenting the impact of Resilience-Promoting Environments

In a classic chapter on resilience, health psychologists Stephen Lepore and Tracey Revenson explicate the conditions of resilience-promoting environments (2006), that is, environments that bolster the human capacity to respond effectively to cumulative environmental stressors. Reviewing the available evidence, Lepore and Revenson conclude that while early social environments affect basic functioning in the face of stressors, proximal social environments can affect young people’s capacity to “bounce back” or recover from stressful events. Lepore has demonstrated that trust is a foundational predictor of people’s ability to deal effectively with stress, enabling them to disclose problems, seek help, mobilize social support and access relevant resources – even in risky situations. Reviewing the neurological consequences of stress and the mechanisms that can facilitate resilience, McEwen (1998) offers a similar empirically-driven argument. He has demonstrated that allostatic load – the cumulative effect of multiple stressors on youth and adults – is highly correlated with predisposition for coronary heart disease, high blood pressure, diabetes, obesity and a set of re-

lated health conditions. Work in this area also suggests that social stressors do not necessarily move directly into biology *if* youth are supported within highly responsive contexts. (McEwen, 1998)

In a related argument, Robert Sapolsky (2005) shows that it is not solely the conditions of low SES that lead to negative health conditions, but that the subjective psychosocial experience of living in poverty increases risk for diseases such as depression, cardiovascular disease and diabetes. In other words, the chronic stress and psychological suffering that comes with feeling poor leads to poor health. This is particularly acute in societies where income inequality is most disparate, where those in poverty live in close proximity to the wealthy, and thus the poor are made to feel poorer. Sapolsky’s work further suggests that social capital, in terms of high levels of trust and efficacy in communities, contributes to better health. Masten and Reed (2002) catalog resilience-promoting environments such as effective schools, cohesive neighborhoods, religious institutions and health care/social service organizations, which can nurture resilience in youth, adults and communities who have endured substantial stress and trauma and buffer the adverse consequences of these stressors. This evidence suggests that in environments of support, stability and trust, social stressors do not necessarily penetrate the body, and do not automatically yield adverse physiological outcomes.

It is interesting to consider these dynamics in New York City, an urban microcosm of these global dynamics of dispossession and privilege. In our research, Polling for Justice, we are interested in theorizing and documenting how the retreat of the State from social welfare, mobilized since the Reagan years, has swollen the allostatic load on poor and working class youth while disabling the very relationships and institutions that might provide support for youth in crisis. The combination, we believe, heightens the load, diminishes young people’s self-protective behaviors and encourages, instead, engagement in what public health psychologists might call *risk behaviors*. Our large scale survey allows us to probe the conditions under which dispossession affects social health, for whom and to identify the possible moderators that buffer youth from the policy onslaught.

Polling for Justice: Participatory Action Research for Studying Dispossession, Risk and Resilience

In the remainder of this essay we sketch a research project undertaken by urban youth and adults to test theoretical notions about dispossession, risk, and resilience-generating institutions and to generate data for youth justice social movements. In the tradition ►



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of Kurt Lewin's (1946) action research and drawing on Mort Deutsch's (1975) justice studies, we seek to document a history of the present; the ways in which shifting policies get "under the skin" of youth, particularly low income youth/living in poverty/youth of color/immigrant youth, and the ways in which public policy can be drafted so that it might be otherwise.

Polling for Justice is a large scale, participatory action research project designed by a research collective of youth and adults, focused on youth experiences of (in)justice in education, criminal justice, and health. An interdisciplinary collaboration among faculty and students at the City University of New York, a committed group of youth co-researchers, Brown University's Annenberg Institute for School Reform, and the Urban Youth Collaborative, our primary methodological instrument has been a survey co-constructed by youth and adults. This paper presents an outline of preliminary findings drawn from a large scale qualitative and quantitative survey of the human insecurity gap among a sample of 1,100 NYC youth, documenting the social health consequences of dispossession and privilege.

Polling for Justice began with an intensive research camp for a "contact zone" (Torre, 2010) of young people, university faculty, graduate students, community organizers and public health professionals. At our first gathering, more than 40 youth arrived, recruited from activist organizations, public schools, detention centers, lesbian/gay/bisexual/queer youth groups, foster care, undocumented youth seeking college and elite students from private schools, joined by educators, representatives of the NYC department of adolescent health, immigrant family organizers, lawyers, youth workers, psychologists, Planned Parenthood researchers, geographers, psychology and education doctoral students, in the basement at the Graduate Center of the City University of New York. From this expansive group, a participatory research team of youth, adult researchers and public health professionals collectively designed a large scale, citywide survey of standardized and home grown items to document youth experiences across various public sectors of the city. Fol-

lowing their first days of intensive work, the survey went through countless revisions, with input from the broad group of youth researchers, graduate students, faculty and also from youth organizers, community members, public health professionals, and city officials. A year later we had gathered more than 1,100 surveys, completed on the streets, in youth organizations and on the internet.

Preliminary Results: Testing Theory/Generating Research for Human Rights Campaigns

Polling for justice (PFJ) was designed by a collaborative of university and community researchers toward three ends: (1) to test theoretical relationships between state-sponsored dispossession and youth health, (2) to explore how youth organizing/social programs/schools/relationships can moderate the impact on dispossession on youth health, and (3) to generate research that can be mobilized for varied human rights campaigns. We present below some preliminary findings related to our key research questions.

1. Documenting the Landscape of Dispossession and Privilege on Youth Bodies:

We first wanted to document how circuits of dispossession and privilege heighten what neuro-psychologists call the allostatic load embodied by marginalized youth. To evaluate the accumulating circuits of dispossession, we developed an index ranging from 0 to 4 measuring levels of cross-sector dispossession from varied policy sectors, including low access to quality education, low access to health care, family/housing (in)stability and negative contact with police¹. Figure 1 provides the descriptive statistics for the Dispossession Index. While the most dispossessed youth (Groups 3 & 4) represented less than a third of the total sample (31%) they account for nearly two thirds (64%) of all the dispossessing incidents we measured.

¹ The Dispossession Index was derived by identifying four sectors heavily influenced by neo-liberal policy (education, police & prison, parents & home life, healthcare) and a series of questions representing potential consequences that youth may experience within these policy sectors. There were five survey questions addressing "education" (e.g. "Have you ever dropped out or been pushed out of school?"), five addressing "police & prison" (e.g. Have you ever been to jail or prison?), four addressing "parents & home life" (e.g. Have you ever been homeless?), and three addressing healthcare (e.g. "Do you pay for healthcare with methods other than family health insurance?"). Within each sector, youth were given a "1" if they experienced one or more of the potential consequences while youth who experienced none received a "0". The policy sectors were summed giving each youth who took the survey a dispossession score ranging from 0 to 4. A score of zero means that they experienced no negative consequences throughout the policy sectors. A score of four means they experienced at least one negative consequence in each of the four policy sectors. Therefore, increasing scores from 0 to 4 represents accumulating dispossession.

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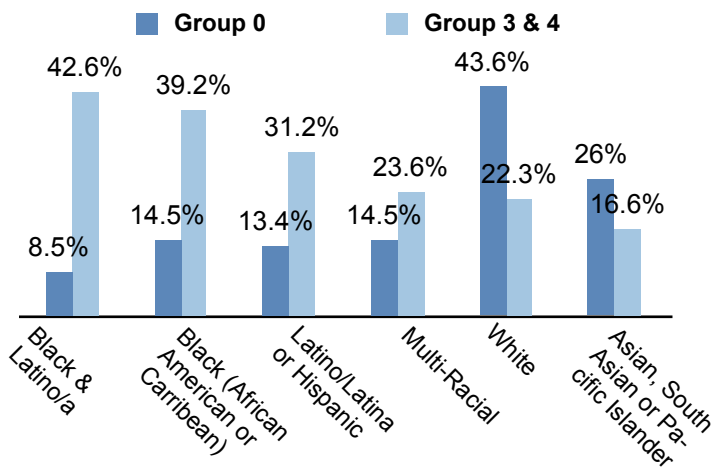
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Figure 1: Dispossession Index Descriptive Statistics

Dispossession Index	N	M	SD	Min	Max	Sum	% Total N	% Total Sum
Group 0	200	0.0	0.0	0	0	0	18.2%	0.0%
Group 1	286	1.2	0.5	1	4	341	26.0%	11.2%
Group 2	275	2.7	1.0	2	7	751	25.0%	24.7%
Group 3	233	4.8	1.6	3	10	1108	21.2%	36.5%
Group 4	107	7.8	2.7	4	15	838	9.7%	27.6%
Total	1101	2.8	2.6	0	15	3038	100.0%	100.0%

The landscape of dispossession stretches out unevenly across neighborhood and demographic groups. Highly dispossessed youth (Groups 3 & 4) are more likely to live in high poverty NYC community districts. A greater proportion of Youth of Color were highly dispossessed as compared to White and Asian youth. A similar disproportionate relationship was found for sexual identity. Youth who identified as Lesbian, Gay, Bisexual or Questioning (LGBQ) were more likely to experience greater dispossession than youth who identified as straight. Boys were also more likely to experience greater accumulation of dispossession than girls.

Figure 2: Circuits of Dispossession by Race/Ethnicity



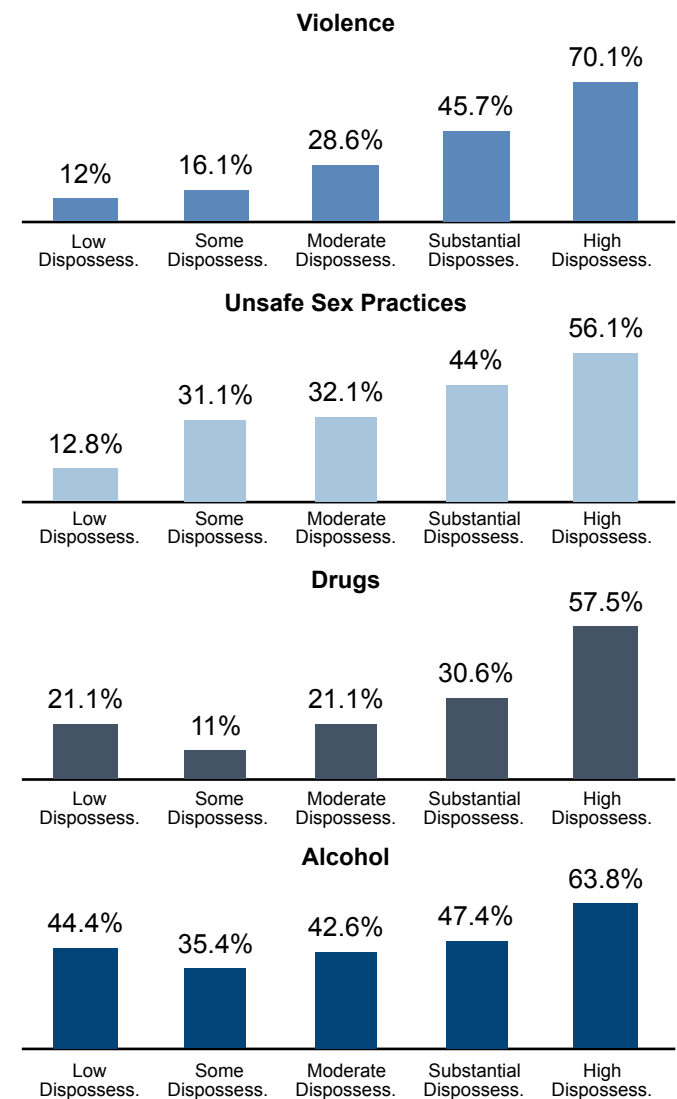
2. Theorizing the Social Psychological Impact of Dispossession for Health Risks:

Our next line of analysis was to document the extent to which cumulative cross-sector dispossession places youth in social psychological fields of vulnerability by which they seem, in the aggregate, to engage in fewer self-protective behaviors, or put differently, place themselves in harm's way/at risk. Operationally, we were interested in measuring the extent to which cumulative, cross sector dispossession is associated with youth in-

volvement with violence (e.g. carried a weapon in the last 30 days; injured someone in a fight in the last 30 days), unsafe sex practices (e.g. had intercourse without a condom; had an abortion), and use of drugs/alcohol (e.g. used illegal drugs in the last 30 days; had a drink of beer, wine or other alcohol in the last 30 days).

Figure 3 displays the linear relationships between circuits of dispossession and risk taking behaviors. Increasing levels of cumulative dispossession are associated with a greater probability of partaking in violence, unsafe sex practices, and using drugs/alcohol. In fact, youth in Group 4 were nearly six times more likely to engage with violence, more than four times more likely to engage in unsafe sex practices, and almost three times more likely to use illegal drugs than youth in Group 0.

Figure 3: Circuits of Dispossession by Risk Taking Behaviors





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The accumulation of dispossession is associated with a set of cumulative consequences for the NYC youth in our sample. However, it is also clear that this relationship is not perfectly predictive. While 70% of the youth with the most cumulative dispossession (Group 4) report engaging in violence, 30% did not; 44% did not engage in unsafe sex practices, 43% did not use drugs, and 36% did not drink alcohol. It is important to identify the conditions under which dispossession does not simply flow into risk behaviors.

3. Demonstrating the Policy and Institutional Moderators of Dispossession and Health Risk:

Interested in the conditions that moderate the effect of dispossession on youth health, we are beginning to explore the extent to which “resilience generating” environments can moderate the impact of dispossession on risk-taking behaviors and levels of depression.

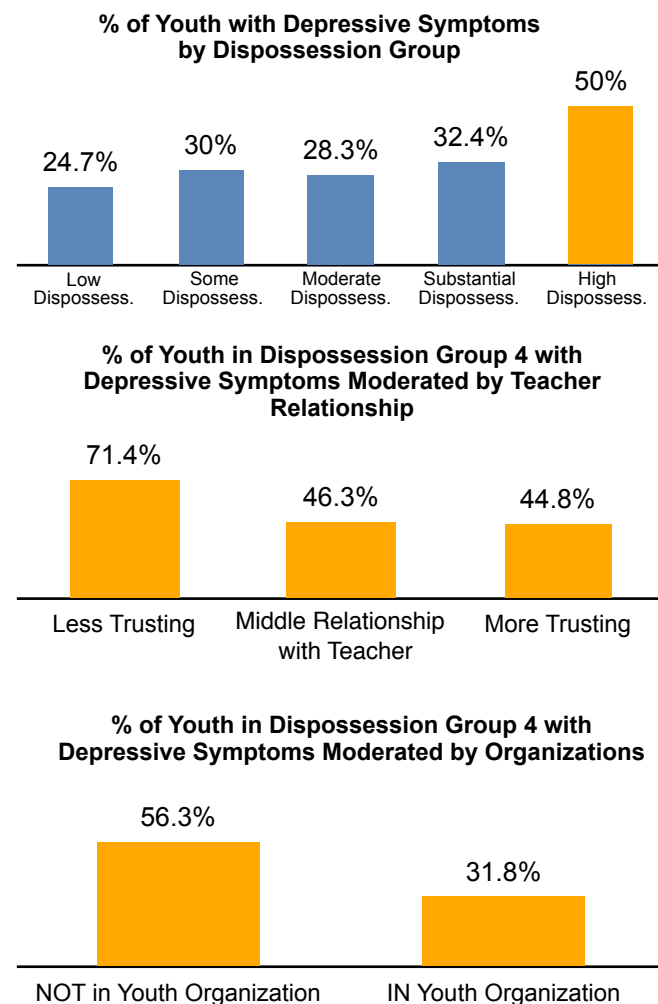
We used a modified version of the Center for Epidemiologic Studies Short Depression Scale (CES-D) where a score of 11 or greater indicates clinically meaningful depression (Radloff, 1977). Figure 4 displays the linear relationship between accumulating dispossession and severe depressive symptoms (e.g. score 11 or greater). Youth in the most dispossessed group (Group 4) were twice as likely to report clinical depression as compared to youth in the least dispossessed group (Group 0). However, 50% of the youth in Group 4 reported scores that suggested they were not clinically depressed. We wondered what conditions might buffer these youth from the adverse, emotional effects of structural dispossession.

To date, we have tested two moderators: involvement in youth organizing/organizations and high trust in educators. As we see in Figure 4, 71% of the most dispossessed youth who report low trust in teachers report clinically meaningful depressive symptoms; in contrast, 45% of the most dispossessed youth who report strong trust in teachers report clinical levels of depressive symptom.

Similarly, 56% of these youth who do not participate in youth organizations reported severe depressive symptoms compared to 32% of those youth in Group 4 who do participate in youth organizations.

While all of these data are gathered at a single point in time, it appears to be the case that engagement with youth organizing/organizations or trusting relations with educators can moderate the effects of serious dispossession on youth depressive symptoms. Put differently, the absence of these engaging relationships may exacerbate depressive symptoms.

Figure 4: Circuits of Dispossession by Depressive Symptoms and Moderators



Conclusion

In this short essay, we have tried to situate adolescent health in an interdisciplinary theoretical frame of circuits of dispossession and privilege, incorporating a dual recognition of the stressful impact of neo-liberal global and national policies on youth health and the potential buffering impact of deeply relational and respectful youth organizing and public institutions for youth.

Our story is both distressing and hopeful. Youth are indeed on the front lines of a globally shrinking public sphere, increasingly vulnerable to neo-liberal policy changes, denied opportunities for development and subject to varied technologies of criminalization and surveillance. And yet just as powerfully, our moderation analyses suggest that young people, despite the weight of political stress, carry both the desire and the capacity for resilience given sweet moments of social and institutional support. ■



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