Sociology Between the Gaps: Forgotten and Neglected Topics

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“Eugenically Yours”: A History of the American Eugenics Society

By

Emme Magliato

Abstract

In 1926, the American Eugenics Society (AES) was founded in New Haven, Connecticut just two blocks from Yale University, the home institution of the AES’ first president, Economics Professor Irving Fisher. The term eugenics refers to the science of better breeding that could improve the human race by eliminating “undesirable” traits from the gene pool. Inherently, the work of eugenicists was enabled by pre-existing hierarchies based on race, class, gender, ability, and citizenship status and the simultaneous social construction of new categories of desirability and defectiveness. The American Eugenics Society emerged from the 1921 Second International Congress of Eugenics after leading eugenicists felt there was a lack of eugenic organization, advocacy, and education in the United States. From its founding, the AES has sought to conduct research, educate the public, and advocate for conservative eugenic legislation on immigration and sterilization. The goal of this article is to underscore the central role played by Yale University, an institution that propelled the American eugenics movement to the forefront of research and legislation. By exploring the archives of crucial AES members, this work uncovers the not-so-hidden history of Yale’s centrality to the movement. The activism and advocacy of the New Haven-based and Yale professor-led American Eugenics Society reflect the creative ways that university professors and powerful institutions were able to leverage their credibility to mobilize a popular movement for eugenic research, education, and legislation.

Keywords: Eugenics, Yale University, Social Movement, American Eugenics Society

Introduction

In 2014, activists and organizers in New Haven began to unearth and call out the buried history of eugenics at the highest levels of government in the state of Connecticut. In the 1930s, Governor Wilbur Cross commissioned a statewide survey to determine the number of “defectives” and decide how to decrease the economic and social burden of such “socially inadequate” people (Boyle 2015). Despite his participation in the eugenics movement in New Haven, throughout the city one can find a high school, highway, and awards given in Cross’s name (Bass 2014). As a graduate from the College and later as a professor, Cross had deep ties to Yale University. However, he was not the sole Yale-affiliated eugenicist. During the eugenics movement, Yale University was home to some of the world’s most prominent eugenicists, including Irving Fisher and Ellsworth Huntington, two Yale professors who would go on to serve as Presidents of the American Eugenics Society (Osborn 1974). This story of reckoning with the legacies of the eugenics movement is not unique. Rather, this is emblematic of the ways that eugenic principles pervaded academic, government, medical, and social spaces during the 20th century. By relying on the prestige of a powerful institution like Yale, the American Eugenics Society created a national movement for the violent oppression and segregation of entire classes of marginalized and ostracized people. The activism and advocacy of the New Haven-based American Eugenics Society reflects the creative ways that university professors and elite
institutions were able to leverage their credibility to mobilize a movement for eugenic research, education, and legislation.

**Origins of the Term Eugenics**

The term eugenics was first coined in 1883 by Francis Galton, an English statistician and scientist. Galton derived the term from the Greek word *eugenes*, meaning “in good stock, hereditarily endowed with noble qualities” and thought eugenics could serve as “a brief word to express the science of improving stock” (Galton 1883:24-25). In his seminal work, Galton sought to establish a credible, reasoned, and scientific argument for eugenics. His goal was to study the variability across classes, families, and races to show the “practicability of supplanting inefficient human stock by better strains” (Galton 1883:1). The ultimate eugenic goal, Galton believed, was to “further the ends of evolution more rapidly and with less distress than if events were left to their own course” (Galton 1883:2). Early eugenicists utilized emerging knowledge about Mendelian genetics, claiming that by preventing “defective” people from breeding, they could reduce and eventually eliminate these deleterious traits that pose moral, economic, and social burdens on humanity (Paul & Spencer 1995). Advocates were largely successful in making eugenics widely taught and accepted in science and in bolstering the case for forced sterilizations, segregation, selective breeding, and restricted immigration (Farber 2008).

Inherently, Galton’s definition of eugenics delineated certain traits as more valuable, while pointing to others that posed a threat to the future of humanity. He believed that “criminal classes” and others deemed “the saddest disfigurements of modern civilization” ought to be eliminated from society (Galton 1883:3,15). The work of eugenicists was enabled by pre-existing hierarchies on the basis of race, class, gender, ability, and citizenship status as they simultaneously produced new social categories on the basis of desirability and defectiveness. By asserting a belief in innate biological difference, eugenicists instilled a sense of fear over “race suicide” if these “less civilized” groups continued to reproduce at rates higher than people seen as “desirable.” (Kline 2005:15). In doing this, the science of heritability was weaponized as a source of validity, objectivity, credibility, and power for the eugenics movement (Bashford and Levine 2010:5). By encouraging wealthy, white, Anglo-American people to reproduce, eugenicists invented “positive eugenics” in hopes of improving the gene pool (Huntington 1935:35). Simultaneously, they constructed “negative eugenics” to prevent those deemed unworthy -- people of color, poor people, people with disabilities, people with mental illness, people who have committed crimes -- from reproducing at all (Kline 2005:13). Importantly, no genetic basis could be demonstrated for crime, intelligence, poverty, musical talent, or other traits seen as valuable or deleterious to a capitalist society. Yet, many eugenicists, as scientists and scholars, brought legitimacy to their unproven claims by asserting the validity and scientific soundness of their work.

The eugenics movement spread to an international stage by the early 20th century. By 1912, the First International Congress of Eugenics was held in London to discuss the aims of eugenics and bring the field to the forefront of various disciplines. Consultative Committees from the United States, Belgium, France, Germany, and Italy allowed elite members, mainly doctors, researchers, and professors, to aid in the planning of the Congress. The American Consultative Committee consisted of professors at universities like Harvard, University of Chicago, and Johns Hopkins. Importantly, the secretary and treasurer of the Committee was Dr. Charles B. Davenport, who served as the founder of the Eugenics Record Office in Cold Spring, New York, and would later be a founding member of the American Eugenics Society (*Problems in Eugenics* 1912: xii). The more than 100 delegates in attendance listened to speakers who discussed topics ranging from biology, sociology, practical eugenics, education, and medicine. One delegate represented the State of Connecticut, Ernest W. Brown, a mathematics professor at Yale (*Problems in Eugenics* 1912: xv-xvii). These delegates and speakers at the First Congress highlight the central role of institutions, especially elite universities, in shaping and executing eugenics in the United States.

The Beginnings of an Organized American Eugenics Movement

In 1921, the Second International Congress of Eugenics began a conversation around the lack of a formidable, unified American eugenics movement. Yale economics professor Irving Fisher noted the importance of creating some kind of “continuous popular eugenic education program” in the United States (*American Eugenics Society* 1927:2). To form the foundation for a national eugenic society, the Eugenics Committee of the United States of America was formed. In 1922, the Committee began to organize its membership under the
new name of the Eugenics Society of the United States of America. On January 30, 1926, the organization incorporated as the American Eugenics Society, an official, tax-exempt organization headquartered on 185 Church Street in New Haven, Connecticut, until moving to New York City in 1936 (Report of Activities of the American Eugenics Society, published in 1937). New Haven was a prime location for these New England eugenicists: centrally located between major universities, near to the Eugenics Record Office in Cold Spring Harbor, and in the backyard of Yale University, the home university to many of the Society’s founders.

The Society’s original Board of Directors consisted of eight members: Dr. Harry H. Laughlin, Prof. Henry Fairchild Osborne, Prof. Henry E. Crampton, Prof. Irving Fisher, Mr. Madison Grant, Prof. Henry P. Fairchild, Dr. Charles B. Davenport, and Dr. C.C. Little (American Eugenics Society 1927:8). These founding members -- with affiliations at Yale University, New York University, and other elite institutions -- helped to craft the goals of the Society, which they described as promoting “the study and discovery of sound eugenic principles of all matters in any way related thereto and to make practical application of such principles to the improvement of the human race” (American Eugenics Society 1927:8; Huntington 1935: i). In the founding constitution, the members outlined their goals of promoting eugenic research, eugenic education, conservative eugenic legislation, and eugenic administration. They proposed fifteen standing committees focused on research, education, publications, and advocacy around birth regulation, immigration, and crime prevention. Several committees also sought to collaborate with powerful figures such as physicians and clergymen whom they identified as critical allies in disseminating and practicing eugenic ideals (American Eugenics Society 1927:8). They stated that the goal of these committees was to increase the longevity of the organization, as a contrast to the “short campaigns like many political or social movements.” Instead, their aspiration was for the eugenics movement to be “handed on from age to age,” which they likened to the “founding and development of Christianity” (American Eugenics Society 1927:7).

Under the Society’s first president, Irving Fisher, the AES gained a critical foundation for its success. Fisher, an active member of the international eugenics movement and a professor of Political Economy at Yale University, believed that eugenics functioned as a simple “application of modern science to improve the human race” (Fisher 1913:2). He wrote in 1913 that the eugenics movement was “sweeping over the world with wonderful rapidity and taking hold of the emotions of mankind in a way that no other movement has ever done or has deserved to do” (Fisher 1913:1). He envisioned the AES as having a crucial role in strengthening that movement. As the Society’s first President, he created the foundations for an organized national movement with the “utmost care” to ensure that it would be “strong and enduring” (Fisher 1926:3). To do this, he established what he deemed to be the most important groundwork for any movement: prestige, programming, personnel, and adequate financial support. In its first few months, his main priorities were to establish a network of 100 scientific experts to build their Advisory Council. This Council served two main purposes: to guide the direction of the movement through their research, and to provide credibility to the cause using their names, degrees, and institutional affiliations. In terms of personnel, the New Haven Office employed four people as secretaries and recordkeepers, but their main workforce was composed of volunteers and committee members (Fisher 1926:4). In 1925, the organization had enlisted 125 committee members. Their goal with an ambitious membership was to “harness up every eugenic influence available in this wide country” (Fisher 1926:4-5).

From 1934 to 1938, Ellsworth Huntington, a professor of Social Sciences and Geography at Yale University, served as the American Eugenics Society’s President (Osborn 1974). His vision for the organization was to bring eugenics to a new level of mainstream popularity through widespread educational campaigns. In 1937, he hosted a conference on the role of eugenics in education (Preliminary Suggestions for Topics of Discussion at the Conference on Eugenics and Education 1937). He invited university professors, superintendents and principals of schools, and others engaged in education to answer critical questions including where eugenics should be taught and whether the emphasis of eugenical education should be placed on the social aspects of eugenics or the biological ones (List of Invitations to the Eugenics and Education Conference 1937; Preliminary Suggestions for Topics of Discussion at the Conference on Eugenics and Education 1937). He hoped that through these efforts he could appeal to college students, who had been known to the Society as being “very cold and even very critical” of eugenics (Wiggam 1935). To better understand students’ attitudes towards eugenics, he crafted a six-question survey that he sent to university newspapers across the country. The survey asked students to share how many siblings they have, their preferred age at marriage, their desired number of children, if they believed in sterilization of “hereditary
defectives,” and if they considered eugenics when choosing a partner (Huntington 1935a). In his letters to university newspapers, he would try to appeal to the younger generation by stating that the differential birth rates would be one of the most challenging aspects of their future (Huntington 1935b).

The *Yale Daily News* refused to publish the survey, stating that it would be a “distinct mistake.” The editor believed that the information obtained from the survey would not be “valuable” and that the questions would not be answered “seriously” (Bingham 1935). Huntington aspired for university students to buy into the eugenics movement and wanted to make it accessible to them. To do so, Huntington (1935c) wrote a book entitled *Tomorrow’s Children: The Goal of Eugenics*. There, he outlined the principles underlying eugenics through a question-and-answer format to make the subject more approachable by breaking down its logic, scientific background, and real-world applications. In publishing this book, he, along with the rest of the Directors of the American Eugenics Society, sought to highlight a “new approach to eugenics” with its emphasis on social sciences and economics rather than a strictly biological approach that more “orthodox eugenicists” preferred (Notestein 1935; Wiggam 1935.)

Beyond the leadership of the Society, the organization’s committees drove their goals of research, education, and administration. Since many of its members were professors, researchers, and physicians, the Society was able to emphasize the importance of eugenics research. They sought to determine the “modes in which physical, mental, and temperamental traits are inherited” (American Eugenics Society 1927:2). This research was often led by those directly involved in the Society. For example, the Society’s President, Ellsworth Huntington, studied five family names of Puritan origin, including his own, to provide evidence for his claim that people of Puritan descent were more fit, adequate members of society (Eugenics in a Planned Society 1934:3). He found that these five family names were more likely to be authors, lawyers, scientists, physicians, and claimed that this “excellence” could be traced to natural selection. He hypothesized that because men outnumbered women in the Puritan colonies, women could choose a mate more carefully and therefore they selected for more desirable traits in men (Eugenics in a Planned Society 1934:4). He presented these findings in a talk at the 1934 Annual Meeting and Dinner of the American Eugenics Society in New York. At this same event, he was elected President of the Society.

### Eugenics Education

The AES’s goal of education took two main approaches: formal education and popular education. The Society sought to popularize eugenics at every academic level from the university to the elementary school. They strived for every university to offer a course on eugenics and to integrate the subject across disciplines like sociology, biology, zoology, and ethics. They wanted every student at every age to be fluent in the language of eugenics, and for eugenic principles to be “as familiar as the multiplication table” (American Eugenics Society 1927:4). To do this, they circulated hundreds of copies of eugenics literature to universities across the country (Letters Received from January 1, 1933, to April 1, 1933).

Outside of academic institutions, the Society sought to mobilize other organizations to rapidly spread the movement to every community possible. The Society recognized that not every person would be interested in becoming a member of their organization; nonetheless, they aspired for every person to at least be familiar with and in support of the general purpose of using biological means to solve social problems. The Society relied on public visibility and awareness raising for the eugenic cause. They imagined the press, military, churches, and libraries as arms of the movement to appeal to different populations. They even co-hosted events with organizations like the Y. M. C. A in New Haven to encourage people to learn about eugenics and act together (April Calendar, Women Voters Bulletin 1931). They wanted eugenics to be featured everywhere— from art galleries to Sunday newspapers, and they hoped that these partnerships could be a vehicle for mass mobilization (American Eugenics Society 1927:4). To promote their vision, their Committee on Popular Education compiled a series of programs that organizations could request for free to aid in teaching about eugenics (“Suggested Programs for Clubs and Other Organized Groups Interested in the Betterment of the Human Race” 1926).

The Society creatively introduced eugenic ideals into leisurely activities to attract more families to the cause. For example, the Society helped to organize “Fitter Family” contests at state fairs across the country (American Eugenics Society 1927:11). At these contests, families and individuals were judged to determine which were most “fit” by eugenic standards. Participants’ personal information was recorded including medical records, occupation, educational level, marital status, religion, and political affiliation. They then took an IQ test as
a measure of their intelligence and finally underwent physical examinations and disease testing. Then, each individual would receive a score and a family level score. Those who scored highly would receive a medal that read “Yea, I have a goodly heritage” (Boudreau 2005). Not only did these contests bring more visibility to the eugenics movement, but they also allowed for the collection of data and photographs on families’ traits that could be compiled for research use. However, not all people were able or encouraged to participate in these competitions. The desirable competitors were largely white, non-immigrant, married, educated, wealthy families to promote the image of the ideal, desirable traits for positive eugenics.

The church provided another venue for generating public eugenic knowledge. The Committee for Cooperation with Clergymen organized national sermon competitions. The first contest in 1926 received 60 sermon submissions, each judged by three Society members for its scientific, literary, and “convincing” quality (American Eugenics Society 1927:11; Conditions of the Awards for the Best Sermons on Eugenics 1926). Each of these sermons given in churches across the country highlighted the central role of eugenics and heredity as a means of bettering the future of humanity (Bozeman 2004). The American Eugenics Society strategically relied on the collaboration and support of institutions like state fairs and churches to give themselves a larger platform and audience to popularize eugenics.

The Society engaged and educated its membership through continuous mailings, publications, and conferences. It sent letters to excite, unify, and organize their membership. In these letters, it might publicize events like their annual meeting or inform its members of an exclusive discount for a newly published book on eugenics (Whitney 1927). It sought to create a sense of collectivity and develop personal relationships that would sustain their organization. Often, the society would launch campaigns where each member would nominate friends, neighbors, and colleagues to join the AES. Once nominated, one would receive a card inviting them to join and instructing them how to pay dues (Membership Dues and Invitation to New Members n.d.). As the AES’ Executive Secretary, Leon F. Whitney, later a professor at the Yale School of Medicine, played a crucial role in growing the society’s membership. In his letters, he would state his sincerest trust in the members and ask for their input on important matters with the hope that they would take a vested interest in eugenics. In one of his letters, Whitney signed off with the phrase “Eugenically yours” (Whitney 1928). Here, the term “eugenic” is made interchangeable with well wishes and kindness, intentionally obscuring the violence perpetuated by the movement and instead replacing it with seemingly altruistic compassion for the members of the AES who believe in a “common good.”

Major Campaigns: Restrictive Immigration and Eugenic Sterilization

The American Eugenics Society mobilized its members to advocate for conservative eugenic legislation. The Committee on Selective Immigration released several Immigration Programs. The goal of these reports was to determine the “most practicable means by which immigration may be made to maintain the essential racial character of the American people and to advance their inborn hereditary capacities” (Fourth Report of the Committee on Selective Immigration 1928:2). In Society’s eyes, immigration was a threat to the sanctity of the human race. To prevent immigration from tarnishing the gene pool, the Society recommended three main eugenic measures: national origins quotas, deportation, and overseas examinations of immigrants prior to their departure (Fourth Report of the Committee on Selective Immigration 1928:1). These practices are deeply entrenched in the white supremacist project of constructing race and otherness, arguing that “without a certain degree of basic racial homogeneity no nation or civilization reaches a very great height” (Fourth Report of the Committee on Selective Immigration 1928:6). In the Committee’s report, they go as far as to state that the “need for labor,” whether that be enslaved Africans, or “low-grade Mexicans” does not compare to the need to preserve the “white race” (Fourth Report of the Committee on Selective Immigration 1928:9). They advocated for tightened restrictions on immigration eligibility by only allowing those who could “become an asset to American citizenry” (Fourth Report of the Committee on Selective Immigration 1928:16). The Society sent its members repeated letters with the rationale for why they should oppose increased immigration to the United States and a step-by-step guide for how they could make their voices heard in Congress on behalf of the Society (Whitney 1930a). They encouraged their membership to sign and send a copy of the Society’s program on immigration to President Hoover and/or their representatives in Congress to ensure that any immigration reforms that took place were in accordance with eugenic principles (Whitney 1930b).
Eugenic Sterilizations

In the case of sterilization, the Society believed that “those who are evidently inferior biologically” would be least likely to use birth control and, thus, sterilization was required to prevent those deemed to be inadequate from “transmitting serious defects to their children.” They viewed this as a “strictly protective” measure, rather than a punitive one (Huntington 1935:51). They promoted both voluntary and involuntary sterilizations so long as they were eugenic in character, meaning that they prevented the inheritance of “defective” traits (Practical Eugenics 1938). Harry H. Laughlin, one of the Society’s founding members, advocated firmly for the expansion of sterilization laws across the country.

Prior to the AES’ existence, Laughlin (1922:446) outlined a “model eugenical sterilization law” that detailed the selection, regulation, and sterilization of “socially inadequate” people. He described the successes, failures, and legal challenges that state sterilization laws faced up until that point, in hopes of drafting an air-tight law that would “prevent certain degenerate human stock from reproducing its kind” (Laughlin 1922:446). In 1926, the Society published and promoted the model law, encouraging states to adopt or enforce the template Laughlin drafted (Laughlin 1926). Through their legislative advocacy, the Society successfully pushed for eugenic sterilization laws that would result in the forced sterilization of 60,000 people marginalized by the state in the U.S. (Ladd-Taylor 2017:1).

The AES and its associated members also sought to expand eugenic measures in Connecticut. In 1935, a state-wide survey was commissioned by the Governor of Connecticut, Wilbur L. Cross, to investigate the “prevention, treatment and care of mental disease and defects, and allied problems.” Led by former American Eugenics Society President Harry H. Laughlin, the survey sought to catalog every “human inadequate” that detailed the selection, regulation, and sterilization of “socially inadequate” people. He described the successes, failures, and legal challenges that state sterilization laws faced up until that point, in hopes of drafting an air-tight law that would “prevent certain degenerate human stock from reproducing its kind” (Laughlin 1922:446). In 1926, the Society published and promoted the model law, encouraging states to adopt or enforce the template Laughlin drafted (Laughlin 1926). Through their legislative advocacy, the Society successfully pushed for eugenic sterilization laws that would result in the forced sterilization of 60,000 people marginalized by the state in the U.S. (Ladd-Taylor 2017:1).

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Laughlin was most alarmed by the fact that the state’s expenditures were increasing tremendously for “inadequate” classes of people. From the years 1935-1936, he found a 663% increase in these expenditures (Laughlin 1938:39). Using these data, Laughlin advocated for a more effective administration of eugenic sterilizations by bringing this action under the purview of the Department of Welfare. Here, he argued, the state could “comb the whole population of the state for hereditary degenerates” to ensure that the “most degenerative and defective human family stocks” can be rid from the gene pool (Laughlin 1926:2; Laughlin 1938:51).

Essentially, Laughlin drafted a plan for a massive ethnic cleansing project in Connecticut, the first of its kind in the United States. In his plan, he determined that roughly 10 percent of the entire state’s population could be selected for sterilization, deportation, or segregation due to their inadequacy. However, the plan was not implemented, in part because Governor Cross lost re-election in 1938. The state of Connecticut attempted to hide the proposed plan, and did so rather successfully, as there are very few copies of Laughlin’s report existent today (Black 2012).

The Roles Played by Women in the Eugenics Movement

Women played important, behind-the-scenes, less visible roles than their male counterparts in the eugenics movement. While men comprised the majority of the Society’s members, women often held positions as assistants or secretaries, playing an important role in keeping the Society running. In the New Haven office, the Society employed Lillian Armstrong as a Corresponding Secretary and several stenographers who reminded members about their dues, sent letters and publications, and other tasks that aided the Society’s growth (Fisher 1926:4).

As members, most of the work that the Society permitted women to do was related to education. In 1926, Margaret Andrus served as the Executive Secretary of the Committee on Formal Education which promoted school and college courses on eugenics. Mary T. Watts, the founder of the “Better Babies” movement, led the Society’s work on the “Fitter Family Contests” which she organized across the country as the chairwoman of
the Committee on Popular Education (Fisher 1926:5). She held the first Fitter Family Contest in 1921 at the Kansas Free Fair and would go on to supervise over 20 such fairs from 1924 to 1926 (Fisher 1926:6). Through these contests, the AES successfully brought people into the movement and enabled them to collect family histories for the Eugenics Record Office (Fisher 1926:6).

Outside of the AES, women played a major role within the Eugenics Record Office (ERO) where they conducted research as eugenic field workers. At the time, eugenic field work was one of the only opportunities for women to participate in scientific research positions and they dominated the field with 85% of all ERO-trained field workers being women (Bix 1997:634). Hospitals, asylums, and other institutions interested in contributing to eugenic research contracted these women to create pedigrees and determine the number of “defectives” that they housed (Bix 1997:629). Often, they would go directly to the homes of their subjects to observe them in their “natural environment” and collected data on their behavior and heredity to produce “pedigrees.” (Bix 1997:632). This research would be used to create a sense of legitimacy and objectivity for the eugenics movement, as the ERO positioned itself as an unbiased scientific institution (Bix 1997:627). In these roles, women were positioned as the mothers of the movement and contributed “emotional” work that produced eugenic knowledge.

The Demise of the American Eugenics Society

These successes of the American Eugenics Society were ultimately limited by four main factors: funding, member engagement, internal tensions, and public disinterest in eugenics. First, the Society struggled to collect sufficient membership fees to sustain its work. Even with a growing number of members (up to 415 by August of 1937), membership payments were often delinquent, and it greatly cost the Society to continue sending reminders to every member who had not yet paid their dues (Report of Activities of the American Eugenics Society Presented at the Twelfth Annual Meeting of the Society 1937). Additionally, when they moved their New Haven Office to New York, they incurred some additional moving expenses. It presented logistical difficulties and increased travel expenses, as many of its most prominent members were still associated with Yale University (Financial Statement from July 4, 1936, to August 21, 1936). This lack of funding (and organizational skills) became apparent when the Society was informed in 1938 that it failed to pay $1,000 to the winners of a Sermon Contest that occurred in 1930 (MacArthur 1938). Additionally, there were internal tensions between members of the Board of Directors. One tension arose between President Ellsworth Huntington and his Executive Secretary, George R. Andrews, that resulted in Andrews being terminated by a vote of the Board (Minutes from the Board of Directors Meeting of the American Eugenics Society May 28, 1936).

Huntington wrote in a statement that Andrews was “lacking” necessary experience to fulfill the role and that “well-informed people raised their eyebrows and wondered why the Eugenics Society had an executive secretary with so little scientific knowledge” (Huntington 1936a). This reveals the Society’s value of optics and the desire to be perceived as undeniable experts. However, Andrews subsequently submitted a letter of resignation, stating that he was stepping down due to a “fundamental difference of opinion” (Minutes of Meeting of Board of Directors of the American Eugenics Society October 1936). These examples indicate the presence of both internal tensions regarding the movement’s future, and concern for the Society’s perception.

Beyond these internal disputes within the organization, eugenics became increasingly unpopular in the wake of World War II with the stark connection between eugenics in the United States and Nazism in Germany. While serving as President of the Society, Ellsworth Huntington stated that Germany was “doing some good work for eugenics even though she is also making, as I see it, a very grave mistake in her attitude toward the Jews and toward race in general” (Huntington 1936b). However, during the same year, the American Eugenics Society considered renaming itself and all the name suggestions replaced the word eugenics with phrases like “human betterment” or “tomorrow’s children” to usher in a changing image of eugenics (Minutes of Meeting of Board of Directors of the American Eugenics Society June 1936). After several decades, the Society began the process of rebranding. It changed the name of its publication from Eugenics Quarterly to Social Biology in 1968 and fully changed the name of the organization from the American Eugenics Society to Society for the Study of Social Biology in 1973 (Messall 2004). However, the eugenics movement lived on well beyond the war, with Society-sponsored marriage restrictions, and immigration and sterilization legislation remaining on the books until the 1960s and 70s. Even today, some sentiments around advancements in genetics and genetic modifications mirror the language of biological solutions to social
issues that were similarly used to promote eugenics (Lombardo 2018). Lastly, these eugenic sentiments live on in the conservative policies that disproportionately and systematically harm marginalized communities, in turn perpetuating similar effects as negative and positive eugenics of the 20th century.

CONCLUSIONS

The American Eugenics Society successfully advocated for the eugenics movement, positioning their work as a solution to the issue of race suicide. The Society was able to make broad appeals that could garner the support of reformists, college students, professors, conservative legislators, and the public alike. Through its engagement with its membership, collaboration with other organization, and reliance on credibility, the American Eugenics Society could build a sustainable, successful movement. Eugenics was not a pseudoscience, as it commanded the attention and respect of highly respected individuals and institutions alike with the leadership of the Society. In uncovering these histories and the involvement of prominent academics, we can better hold institutions like Yale accountable for its role in leading the eugenics movement.

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Why Have Americans Lost Faith in The Executive and Legislative Branches of Government Over the Last Half Century?

By

Jessica Ahlquist and Roger Clark

Abstract

We examine the question of why Americans have lost trust in the executive and legislative branches of government over the past half century. We challenge the notion that this loss has been due simply to the decreased efficiency of both branches by showing that declines in trust in both branches of government have been greater for Republicans than for Democrats, much greater in the case of the executive branch. We argue that the political lens worn by citizens has at least as much to do with their trust in political institutions as does the work of insiders within those institutions. We provide evidence that the party in power and people's trust in the media are significantly related to people's trust in the executive and the legislative branches.

Keywords: Americans’ loss of trust in government, political lenses, party identification

Introduction

The question of why there has been declining trust in many major social institutions has been one that has fascinated scholars for at least forty years (e.g., Lipset & Schneider 1983; LaFree 1997; Paxton 2005). In an article in volume seven of Sociology Between the Gaps, we (Ahlquist et al. 2022) addressed one promising theory of why people lose trust in institutions and what members of such institutions might do to regain that trust: a theory proposed by Yuval Levin in his (2020) book A Time to Build: From Family and Community to Congress and the Campus, How Recommitting to Our Institutions Can Revive the American Dream.

Levin’s Approach and Our Critique

Levin argues that the loss in Americans’ trust in institutions is primarily due to the decline in the capacity of such institutions to meet social expectations and to their participants’ declining commitment to their roles within the institutions. Political institutions exist because people want desirable laws created, executed and adjudicated, and political actors are expected to pursue these ends assiduously. When such actors (“insiders”) deviate from their socially expected roles by, say, mainly using their positions to call attention to themselves—as, for instance, “when the presidency and Congress are just stages for political performance art” (2020:34), people lose confidence in the institutions they represent.

Our previous article (Ahlquist et al. 2022), while showing that trust in several institutions, including the federal executive and congress, has declined over the past 50 years, critiqued Levin’s theory by showing that, at least in the period from 2018 to 2021, Americans’ faith in five institutions was affected by their political affiliation and not necessarily by how those institutions performed or how their “insiders” behaved. The five institutions were the U.S. military, education, medicine, science and the press. What we found, using General Social Survey (GSS) data, is that there was a substantial partisan divide in what happened to people’s trust in these five institutions during this period. If then-President Trump expressed disapproval for an institution (as he did for the institutions of education, medicine, science and the press), Republicans trust in these institutions plummeted and Democrats trust rose. If he expressed
approval for an institution (as he did for the military), Republicans trust rose, and Democrats trust fell during the 2018 to 2021 period. These data suggested that it wasn’t just the performance of institutions and their “insiders” that affected peoples’ trust. Trust seemed to be a function of people’s own frames of reference—in this case, their political party affiliation—as well as what the institutions and their insiders were doing.

However, our previous article really only cast doubt on Levin’s general proposition for one short period in history (2018 to 2021), a period in which one man (President Trump) held an unusual grip on the national spotlight. In the present article we take a longer view, over a period when no one political figure held such sway. In it, we examine two institutions: the executive and legislative branches of the federal government. We are again particularly interested in the degree to which being a part of a major political party—Democrat or Republican—has affected people’s confidence in the institutions. Our initial question is simply whether there is a difference in the degree to which Democrats or Republicans have experienced a decline in confidence in these two political institutions. If adherents of both parties have experienced similar declines in trust, then Levin’s proposition that it is merely how productive these institutions have been and how conscientious their insiders have performed that accounts for declines in confidence in the executive and legislative branches (that we showed in the former paper) over the last 50 years remains plausible. But if one party has experienced greater declines than the other, this would suggest that something about the political lens worn by adherents of the parties is also important.

And we have reasons for hypothesizing that Republicans’ trust in both the executive and the legislative branches will have fallen more than Democrats’ trust in the past half century. First, while Republican presidents have been in office throughout the period, they were four of the first five (Nixon, Ford, Reagan, Bush Sr.) and only two of the last five (Bush Jr. and Trump). We assume partisans will be more partial to the executive branch when one of their own occupies the office. Figure 1 shows that although Republicans have held office slightly more often in the last half century, Democrats have had greater success in the last 30 years. (See Figure 1 in the Appendix).

A similar logic, however, would lead to the conclusion that Republicans might have retained more trust in congress than Democrats. Figure 2 shows that Republicans controlled one or both branches of the congress in only 5 of the first 14 congressional elections in the period, while they controlled one or both branches in 10 of the most recent 12 congressional elections. But it’s our contention that there is something more important when it comes to trust in congress (though it would be important for attitudes towards the executive too), and that is trust in the media. (See Figure 2 in the Appendix.)

Republicans’ trust in the media has dropped much more precipitously in the last 50 years than Democrats trust has. Figure 3 (based on GSS data) shows that both Democrats and Republicans experienced a drop in confidence in the press over the period covered here, but that the drop was far more substantial (slope of line of best fit = -1.69) for Republicans than for Democrats (slope = -0.84). There are likely a couple of reasons for this. Beginning in the late 1980s, conservative talk radio shows began to attract Republican listeners and advocated doubt about news from mainstream media—the traditional source for both Republicans and Democrats (Rosenwald 2019). Fox TV News, founded in 1996, did much the same thing (Ray 2023). With such alternative sources of perspective, Republicans were likely to feel less confident in news sources either because they accepted the view that mainstream media had an irredeemable liberal bias or because their two sources of news (conservative media, on the one hand, and mainstream media, on the other, presented differing views and therefore threw all news sources in doubt.

But why should having less confidence in the media have led Republicans to have less confidence in other institutions like the executive and legislative branches of government? Levin (2020) himself provides the answer. For, while he basically argues that its is what the “insiders” within each institution do that can enhance or degrade public perception of the institution, he does suggest that the public’s trust in the media can independently enhance or degrade that perception. Thus, as we pointed out in our previous article, he observes that “journalists should recognize that their profession may have a particularly important role to play in any recovery of confidence in [other] American institutions” (2000: 86). If we had more trust in the press, it could keep us from imagining the worst about major institutions even while it uncovered abuses in them. We speculate, then, that Republicans will have experienced a greater loss in trust of congress than Democrats, though perhaps the difference in that loss will not be as great as the difference in the loss in the executive.

It should be recalled, however, that both Democrats and Republicans lost trust in the press over the 1973-2021 period. We have speculated that this loss should
have been a drag on trust in government for both sets of partisans. We therefore hypothesize that confidence in the press will be positively associated with confidence in both the executive and legislative branches of government over time for both Democrats and Republicans when the party in control of the branch is controlled. Moreover, we hypothesize that, for both Democrats and Republicans, trust in each branch of government will be higher when their party is in control of that branch over time, when confidence in the press is controlled. (See Figure 3 in the Appendix.)

Methods

Using the General Social Survey (GSS) data, we looked at Americans’ confidence in three institutions: the executive, the legislative, and the press. In measuring Americans’ confidence in institutions, the GSS asks: “I am going to name some institutions in this country. As far as the people running these institutions are concerned, would you say you have a great deal of confidence, only some confidence, or hardly any confidence at all in them?” Then, the interviewer names an institution and records one of three responses: “a great deal of confidence,” “only some confidence,” or “hardly any confidence.”

We considered several ways of displaying Americans’ confidence in each institution. We determined that the clearest way of showing overall confidence in an institution over time was to combine the categories of “only some confidence” and “a great deal of confidence” into a single category known simply as “confidence.”

We are primarily interested in the differences between Democrats’ and Republicans’ confidence in the political institutions and the press over time. For this research, we recoded a “party identification” variable with eight categories (“strong Democrat,” “not very strong Democrat,” “Independent (close to Democrat),” “Independent,” “Independent (close to Republican),” “not very strong Republican,” “Republican,” “other party”) by combining the first three categories into a “Democrats” category and the fifth through seventh categories into a “Republican” category.

Results

The falloff in Republican confidence in the executive branch was much greater than that of Democrats in the period between 1973 and 2021. Figure 4 shows that the almost 90 percent of Republicans had either some or a great deal of confidence in 1973, but that less than 40 percent of them had that level of confidence in 2021. The slope of the line of best fit for Republicans’ confidence is -1.11, about 5 times greater than its counterpart for Democrats (-0.23). In fact, Democrats’ level of confidence in 2021 (72.2 percent) was only about 4 percent lower than it was in 1973 (76.3 percent), though it did drop dramatically (to 34.8 percent) during the Trump administration (in 2018). (See Figure 4 in the Appendix.)

Republicans also underwent a greater drop in their confidence in Congress between 1973 and 2021 than Democrats, but the difference in this drop was nowhere near as great as it was for confidence in the executive. Figure 5, for instance, shows that the slope of the line of best fit for Republicans’ confidence (-1.04) is just a little bit greater than that for Democrats (-0.95).

Clearly, there has been a difference in the changing feelings of Republicans and Democrats about both the executive and legislative branches of government over time. This difference itself suggests that it is not just what the branches have done and how their insiders have behaved that informs confidence in the two institutions. Something about the different political lenses worn by Republicans and Democrats is at play here. But what kinds of changes have been filtered through these lenses in order to create the much greater decline in Republican confidence in the executive and the slightly greater decline in Republican confidence in congress? We have hypothesized that there are two such kinds of changes: changes in the political party that dominates the branch and changes in confidence in the press (or media). (See Figure 5 in the Appendix.)

Now we’ll see how much these two kinds of changes have been associated with changes in partisans’ confidence in the two branches of government. In Table 1 we regress change in each of four dependent variables—Democrats’ confidence in the executive and in the congress, on the one hand, and Republican’s confidence in the executive and the congress—on changes in the party of president in power and changes in confidence in the press. From the table’s first column, for instance, we discover that, the association between Democrats’ changing confidence in the executive is strongly, negatively associated (beta = -.67) with Republican presidencies, when changing level of Democrats’ confidence in the press are controlled. But that the two independent variables (party of the President and Democrat’s confidence in the press) only explain about 30% of the variance in Democrat’s confidence in the executive (adjusted R-square = .30). (See Table 1 in the Appendix.)
Each of the other models shown in Table 1 explain at least twice as much variance in their respective dependent variables as the one involving Democrats’ confidence in the executive branch. The second model, for instance, explains about 60% of the variance in Democrat’s changing confidence in Congress over the period, though, the variable with the strongest controlled association is Democrats’ confidence in the press (beta = .70), suggesting that as Democrats lost faith in the press, they also lost faith in Congress. Pretty strong affirmation of Levin’s own hunch that faith in this other institution—the media—can affect faith in the Congress.

Diminishing confidence in the press also has a substantial controlled association with Republicans’ diminishing faith in the executive (beta = .46) and in the Congress (beta = .96).

But so do Republicans’ access to power in each of those branches (the beta for occupying the presidency is .67 and the beta for having control of Congress is .50). And the amount of variance explained by the “control of the branch” variable and the “confidence in the press” variable is extraordinary for Republicans: 72% for their confidence in the executive and .67 percent for their confidence in the Congress.

CONCLUSION and Limitations of This Study

Our analysis, like that of Ahlquist et al. (2022), offers reason to doubt Yuval Levin’s (2020) contention that the public’s trust in institutions is mostly a function of how well actors in those institutions perform their roles. We find that, in the cases of the U.S. executive and legislative branches of government, one’s party affiliation and trust in the media have been highly correlated with trust over time. As just one example, Republicans’ trust in the executive branch has dropped enormously over the last half century and this drop has been strongly and positively associated with the declining likelihood that the presidency has been held by a Republican and the declining likelihood that Republicans’ trust the media.

It is obviously true that other things besides the party affiliation of, say, the President and one’s confidence in the press are going to affect a person’s trust in, say, the executive branch of government. But, when, as in the case of Republicans’ declining trust in the executive, 72 percent of the variance is explained by these two variables, there’s not much room for other things—such as Presidents’ performances—to explain variation.

But as soon as we write this, we are a reminded of the limitations of our study. And one is that the perception of a Presidents’ performance is very likely to be affected by the political lens—in this case, the party affiliation—of a person. Part of Republican’s greater trust in the executive during times when Republicans are Presidents may well be because such Presidents advocate policies that they approve of. In other words, Republican Presidents may well be doing things that Republicans find admirable. But even this concession to Levin’s theory implies a qualification to the theory: that while doing their work assiduously may enhance the trust of some part of the larger population, doing so may also offend other parts of the population. In other words, it’s not just what occupants of various roles in institutions do that is important for trust in those institutions, but it’s also the various lenses that outsiders wear that will affect that trust. And these lenses are not apt to be uniform.

Another limitation of our study is that we cannot prove that it’s the loss of people’s confidence in the media that generates a loss of faith in the executive and legislative branches of government, even though the correlation between faith in the press and these branches is high. Levin himself suggested that a major reason that the public has lost faith in the press is that it (the public) sees most members of the press taking sides in culture wars and therefore being less likely to investigate, and certainly agree about, abuses by political actors on their side. He posits that this, in turn, may lead to a loss of faith in political institutions partly because the public cannot be sure that bad behavior by political actors will be uncovered. But we know from our previous study (Ahlquist et al., 2022) that the public has lost faith in many other institutions in the last half century, and we cannot be sure that its loss of faith in the press is what really accounts for its loss of faith in political institutions.

Finally, our study shows a number of new things about Americans’ loss of confidence in political institutions over the past half century. In general, Republicans have lost much more confidence in the executive branch than Democrats have and lost a little more confidence in the legislative branch than their Democrat counterparts have. We think the difference between Republicans’ greater loss in these two branches has to do with the fact that Republicans have generally been less likely to win the presidency as the half century has gone on and more likely to win control of the congress. We believe, however, that the fact that they have experienced greater losses in both branches is because of their much greater loss of faith in the media than Democrats have experienced.
Why Have Americans Lost Faith in The Executive and Legislative Branches of Government Over the Last Half Century?

References


About the Authors: Jessica Ahlquist studied political science and sociology at Rhode Island College and plans to pursue a graduate degree. Roger Clark is Professor Emeritus at Rhode Island College where he continues to teach a research methods class.
Appendix. Figures 1 through 5 and Table 1.

Figure 1. Party Controlling Executive

Note: Red arrow indicates term of a Republican President; Blue, a Democratic President

Figure 2. Party Controlling Congress
Figure 3. Democrats’ and Republicans’ Confidence in the Press

Democrats' Confidence in The Press

\[ y = -0.8367x + 87.197 \]

Republicans' Confidence in The Press

\[ y = -1.6858x + 86.834 \]
Figure 4. Democrats’ and Republicans’ Confidence in the Executive Branch

Democrats' Confidence in Executive Branch of Fed Govt

y = -0.2255x + 72.421


Republicans' Confidence in Executive Branch of Fed Govt

y = -1.1106x + 89.921

Figure 5. Democrats’ and Republicans’ Confidence in Congress

Democrats' Confidence in Congress

\[ y = -0.9473x + 87.401 \]

Republicans' Confidence in Congress

\[ y = -1.0429x + 84.871 \]
Table 1. Regression of Democrats’ and Republican’s Confidence in the Executive Branch and Congress on Relevant Variables

<table>
<thead>
<tr>
<th>Independent Variables</th>
<th>Democrats’ Confidence in Executive Branch</th>
<th>Democrats’ Confidence in Congress</th>
<th>Republicans’ Confidence in Executive Branch</th>
<th>Republicans’ Confidence in Congress</th>
</tr>
</thead>
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<tr>
<td>President’s Party (1)</td>
<td>-.67***</td>
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<td>Democrats’ Confidence in Press</td>
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<tr>
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<tr>
<td>Party Dominant in Congress (2)</td>
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<td>Democrats’ Confidence in Press</td>
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<td>Adjusted R-square</td>
<td>.60</td>
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<td>Presidents’ Party (1)</td>
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<td>Party Dominant in Congress (2)</td>
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<td>Republicans’ Confidence in Press</td>
<td>.96***</td>
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**Notes:** N for all regressions = 31 years; *** indicates statistical significance at .001 level; (1) 1 = Democratic President; 2=Republican President; (2) 1= Democrats the majority in both houses; 2 = Control of houses split; 3 = Republicans the majority in both houses
Reducing Cost-of-Care in Next-Generation Genetic Sequencing

By

Sarah Auletta

Abstract

The cost of care in healthcare settings is rapidly rising, and it is increasingly difficult to decrease these costs without compromising quality and accessibility. This article investigates methods and potential opportunities for innovation of next-generation genetic sequencing in healthcare decisions and trajectories of care. Using various sources including medical encyclopedias and peer-reviewed journal articles, the author explores the ways in which genetic testing became popular in medicine and how genetic testing is currently being used. She uses relevant research to discuss the most likely trajectory of genetics within the field of medicine and its most cost-effective interventions. By streamlining the process of analyzing the samples and the journey of samples from a patient to specialty lab to provider, the author concludes that it is possible to reduce administrative, travel, and labor costs while expediting the process of receiving results-- all of which increase quality and accessibility. Going this route also increases access by making the process more efficient. In sum, looking at the three factors of quality, cost, and access, the author analyzes this healthcare topic and offers potential innovations that satisfy a three-fold aim.

Keywords: quality, cost, price, access, genetics, triple aim

Background Research on Cost-of-Care for Genetic Testing

Oftentimes, there are costs to care well before disease treatment even begins. These costs are associated with the testing and initial appointments to determine the cause of the disease so that an appropriate treatment plan can be established and started. One of these types of costs is genetic testing, which is done for various reasons in the preliminary stages of diagnosis. Genetic tests are costly and can be the source of severe financial burdens both to insurance companies and to the patient responsible for co-payments, deductibles, and out-of-pocket costs. While next-generation genetic sequencing is a major technological advancement in medicine, there still exist hurdles in its practical implementation. To show how one might propose and implement innovations in the field of next-generation genetic sequencing, this article covers the history of genetics in medicine, outlines the costs associated with genetic testing, and delves into possible innovations to make genetic testing more affordable.

Literature Review

Providers and researchers have used genetic testing as a tool for decades. However, such testing has seen a dramatic increase in prevalence in the past ten years due to advances and the completion of the human genome project. Generally, physicians order genetic testing for two reasons: 1) to identify the genetic change associated with an existing disease; or 2) to identify a genetic change that suggests a risk for developing a disease in the future. For diagnosis, genetic testing is used to “diagnose a genetic condition if you or your child has symptoms.” For prevention, genetic testing can be used to determine if a genetic condition runs in a patient’s family before they have symptoms. Examples of how genetic tests are used are 1) to learn about the chance a current or future fetus will have a genetic condition, [or] 2) to understand and guide cancer prevention or a treatment plan (Genetic Testing 2022).

The three types of genetic tests performed increase in cost as the number of genes tested increases. The first type is a single gene test that, as the name suggests,
selects one gene and sequences it. This test provides the physician, or another provider, with information on a single gene. The second type of test is a panel test, which selects for and sequences an array of genes that fit into the same category or cluster. This type of test is used in screening for cancer risks and for other traits such as “low muscle tone, short stature, or epilepsy” (Genetic Testing 2022). The third type is a large-scale test. This test can either be in the form of exon sequencing— the sequencing of all genetic material that is expressed in DNA– or genome sequencing, which looks at the entire genome of a person. The important financial takeaway from these three levels of genetic tests is that as more genes are sequenced, the cost of sequencing increases. However, testing costs can vary greatly. A study by Lynce & Isaacs (2016) estimates that the cost of sequencing a panel, the second level of sequencing, can “range from $249 to $6,040, with most costing $1,500 to $6,040.” Clearly, the cost of genetic testing may pose a great financial burden and it is only the first step in finding the cause of the disease.

Who is Affected by Cost?

Because of its potential for widespread use, everyone is potentially affected by the high cost of genetic testing. As previously stated, genetic testing is used primarily in the diagnosis of disease as well as for research that may affect the future of human health. Researchers use next-generation sequencing to find drugs that can target specific genetic mutations in hopes of curing genetic conditions like cystic fibrosis and various forms of breast cancer. However, focusing more on the medical diagnosis use of genetic testing, 62% of providers in one survey said that their main barrier to genetic testing was its cost (Rahma et al. 2020). Cost impacts both the patient and the provider because, while the patient cannot receive the recommended testing for their condition, the provider also cannot diagnose the issue in the way they think is best. A conversation around cost involving more stakeholders and who is most impacted by the high cost is needed.

Insurance companies are the gatekeepers to patients’ having access to genetic testing because they decide which medical tests they will cover, and the prices patients will be charged. By following the chain, we can see that the decision-making level continues to trace back to the source. A doctor orders a specific test, patients are made aware of the portion of the cost for which they are responsible, or the insurer denies the test based on cost. In a survey of physicians, Rahma et al. (2020) found that “91.9% showed a positive attitude regarding availability of genetic testing” but identified the barriers as “the cost of testing (62%), followed by lack of training or education and insurance coverage (57.8% and 57.2%, respectively)” All of these factors increase the administrative burden, which, in turn, increases the cost of a test that a gatekeeper decides may not be approved. Overall, the issue of the cost of genetic testing is a major issue for multiple stakeholders.

Future Unintended Consequences of the Cost Barrier

Next-generation sequencing is a tool that has taken decades to develop. If we do not properly utilize it, then we as a society will suffer from preventable deaths and curable diseases. We need to take a long-term approach to the barrier of cost in next-generation sequencing.

Regarding shorter-term consequences, there are people today who are not receiving the proper medical care because of their inability to afford the expensive genetic test that would drive the proper route of care. Pinzón-Espinosa et al. (2022) discuss this issue in the field of mental health and found that “genetic testing may provide information to identify, classify, and discriminate between different stages of the disease or patient subtypes, thereby contributing to the objective of personalized patient care”. Sadly, if the cost of next-generation sequencing continues to be a barrier to its use, an unknown number (but likely a high percentage) of patients will go either undiagnosed, misdiagnosed, untreated, or mistreated.

The high cost of genetic testing will be a barrier to conducting trials that have the potential to cure disease and improve patient outcomes. Rine & Fagen (2015) discuss the lack of increased funding for scientific-medical research in the United States alongside the increased cost of this research. They examine the cost of genetic research in depth and how the high cost discourages organizations interested in conducting this research from applying for grants. In such cases, the cost of conducting the research will likely be estimated at more than a single grant would cover. Rine & Fagen (2015) state that “it takes a million dollars or more to set up a new junior faculty member at many research institutions” and proposes that cost be weighed against the ‘cost’ of not sustaining existing junior, mid-career, and senior faculty who suffer a funding gap.”
Reducing the Cost of Genetic Testing Will Serve the Greater Good

Based on the research discussed in this article, it follows that decreasing the cost of care for next-generation sequencing and, therefore, increasing its use would serve the greater good. Academic medical centers are beginning to increase the use of genetic testing by working with the government to cover these tests. Many hospitals accept Medicaid/Medicare to cover the cost of care for those who meet the federal requirements for each program's enrollment. There are specific rules and coverage benefits from Medicare aimed at the target population of older people. Expanding Medicare benefits to include genetic testing would greatly improve health outcomes for these already at-risk patients.

The issue now lies within the purview of physicians, medical centers, and the government (acting as the insurer) to expand the benefits of Medicare. Lin et al. (2021) looked at academic medical centers and safety net clinics to determine the current methods for paying for genetic tests when ordered by a physician and found that most of the cost negotiation was actually happening between the medical facility and the laboratory performing the test. This phenomenon presents a flip side of the story to the proposed solution of involving policymakers to have the government cover more of the cost of testing. Lin et al. (2021) state that these medical sites “largely worked with laboratories that offer testing for little to no OOP [Out of Pocket] cost to patients, resulting in relatively few economic barriers to testing” and how they innovated on their own to deliver the best care to patients.

The inability of key stakeholders, including private insurance companies and policymakers acting as insurers for Medicaid, to resolve the issue of cost has forced innovation on the part of providers to deliver access to genetic testing for their patients. However, this innovation created by providers offers only a temporary solution because of the inability of private laboratories to provide “no or low OOP costs if panel testing is not covered (which is the case for most insurers), no-cost cascade testing for family members, and financial assistance programs for low-income patients” (Lin et al. 2021).

Therefore, the solution that the author of the current article proposes is that providers--i.e., physicians, administrative hospital staff, and organizations that provide care, implement their own genetic testing, collect the genetic samples, sequence them, and deliver the results all within the walls of the organization such as an academic medical center.

Society at large would also benefit from decreased cost and increased use of genetic testing because genetic testing would enrich the educational experience of students both in high school and in higher education. Obviously, not only would the increased delivery of genetic information enhance the learning opportunities of medical students and those in biology-focused higher education programs, but it would also open the minds of high school students by exposing them to diverse options in the science, technology, engineering, and math fields. These educational opportunities could mold today’s learners into tomorrow’s leaders in a meaningful way. Additionally, access to genetic databases can enhance the education of medical students and those in professional clinical studies enabling them to be better equipped to face genetic diagnoses in their patients (Kopel 2019).

An Innovation Plan to Address the Cost-of-Care Issue Based on Relevant Research

This section delves deeper into proposed solutions to the cost barrier of genetic sequencing, including expanding Medicare coverage of next-generation sequencing, making the technology cost less, and installing the technology in the healthcare facility instead of an off-site laboratory.

Previous and Current Innovations

The field of genetic sequencing has undergone a rapid expansion in the past two decades, with a significant increase in the last five years alone with the introduction of CRISPR technology being used in research and medicine. The demand for the use of this technology has forced industry leaders to consider methods of cost reduction to use CRISPR more broadly. The use of genetic testing and CRISPR has become a full industry that functions alongside the healthcare industry in a nuanced space, and the business world is taking notice. Vassey (2021) discusses the increase in funding for genetic testing in recent years, saying that “It is estimated that the global genetic testing market value accounted for nearly $13 billion in 2019 and is forecasted to nearly triple by 2026.” Vassey (2021) also considers the innovation of direct-to-consumer genetic tests such as 23andMe. This test offers 55+ health results using an at-home test that the consumer mails back to the company which sequences the sample in their laboratory. 23andMe “has raised nearly $800 million
in funding and was last valued at $2.5 billion” (Vassev 2021). The innovation of direct-to-consumer tests has greatly increased the access to genetic testing by more people for a lower cost but is not a complete solution, as these companies do not offer extensive testing of entire genomes.

Vassey (2021) explains that companies like Genesight and BiogeniQ have developed whole genome sequencing to fill the need for more complete genetic sequencing for doctors to accurately diagnose and treat genetic diseases. These companies and others are trying to not only offer whole genome sequencing but also create databases that are continuously updated so that the financial investment spent on this testing can stretch as much as possible by being useful in the future.

**The Proposed Solution in Detail**

The proposed solution to properly address the issue of the high cost of testing is three-fold. First, expand coverage for genetic testing so it can serve as a preventative tool for disease and decrease the cost of disease and illness down the line. Second, install genetic sequencing technology such as Ultima, a startup that has created technology to sequence genes for as little as $100, right in the healthcare facilities so that these organizations may process the genetic samples in the same administrative system in which they are collected. The third solution involves creating a results-sharing database. This action would stretch the dollars that are being spent on expensive genetic sequencing, ensure that no results are wasted, and that the data would be available for future research of treatments and cures.

A committee formed by the US Institute of Medicine said, “the insurance concept of what is reimbursable (so-called medically necessary) should be defined to include appropriate genetic testing and related education and counseling, and these genetics services be reimbursed under health insurance plans” (Andrews et al. 1994). This quotation articulates the first step in the solution of covering testing through Medicaid to expand the use of testing to more of the low-income population.

Adding in the second and third parts of the solution will put the technology, information, and, therefore, power in the hands of providers and patients. “Ultima is the first company to deliver a $100 sequence” (Furchgott 2022) and with this technology installed in hospitals where the doctors are ordering the tests, faster results will be delivered to providers and patients, thus improving health outcomes. As Furchgott (2022) puts it, “what can be applied at the bedside” is what matters. The final piece of the solution is using all this new information to compile a database of genetic information that can be used by providers and researchers alike to better treat patients and to also develop treatments and cures.

**How This Solution Addresses the Issue of Cost**

The solution described here addresses the issue from multiple angles and would not only fix current problems, but also ideally prevent future problems. Involving policymakers to address Medicaid’s lack of coverage for many genetic tests would allow for wider access. In this case, policymakers are acting as insurers to help other stakeholders such as providers and patients, to improve access to technology that leads to improved patient outcomes.

To incentivize the expanded coverage, healthcare organizations could install the next-generation sequencing equipment on-site and minimize outsourcing costs that come with administrative and logistical costs. An example of this would be the installation of the G4 system, which sequences genetic samples and automatically uploads the results to the Terra platform. Terra was “developed by the Broad Institute of MIT and Harvard, Microsoft, and Verily—for secondary and tertiary data analysis, storage, and sharing of G4-generated data” *(G4 workflow 2022)*. These steps address the issue of funding these tests by reducing as well as creating a database to stretch the dollars spent, making the cost even more justified (increasing value).

**Implementing This Plan**

This plan can be implemented by lobbying Congress to introduce a bill that will expand Medicaid coverage for genetic testing. Simultaneously, there can be increased funding to private companies, crowdfunding, or grants to produce and install the technology in healthcare settings. This money would be funneled to Ultima, G4, and other companies that specialize in equipment to sequence genes for a lower cost. Singular Genomics, the parent company of G4, uses private investors for the development and manufacturing of its technology *(Investors 2022)*. Ultima Genomics draws funding through companies acting as investors *(About Ultima Genomics)* while Element Biosciences has received funding from only a handful of venture capitalist firms *(Element secures $15 million Series a financing 2022)*. Once these technologies are installed in hospitals, and policymakers and insurers have provided the coverage, providers can start ordering tests and contributing to the database of genetic information.
Long-Term Effects of the Proposed Plan

The long-term benefits of genetic testing have been clearly demonstrated by a wealth of research done in various clinical disciplines including mental health and psychiatric care, early detection of and treatment of cancer, screening and diagnosis of chronic hereditary conditions. The Pinzón-Espinosa et al. (2022) article about the use of genetic testing in psychiatric care puts it best: “New technologies in genetic testing provide important new information about the diagnosis, treatment, and prevention of diseases and are of great value for precision medicine” A goal of genetic testing is to eventually make precision medicine not only widely available, but also the norm. Furchgott’s (2022) article on genetic testing technology states that “much more research is needed to reach the point where genome sequencing becomes a ubiquitous part of a checkup. But cheaper sequencing is a critical first step” This solution will, in the long term, have a positive impact on each aspect of the triple aim, starting with cost. By decreasing the cost of genetic testing, access as well as the quality of care will also increase, especially for lower-income patients on Medicaid. By improving the care of the most at-risk groups in society, we are improving public health overall and lifting collective health in the long run.

CONCLUSION

Next-generation genetic sequencing represents an exciting chiasm of science and business as the prospect of personalized medicine becomes more possible. This intersection of all stakeholders in healthcare demonstrates the need for collaboration to realize the potential of advancements in care. Policymakers must expand coverage of genetic testing for Medicaid (and Medicare) patients, and insurers at large can increase their coverage of testing. Providers need to be thoughtful in which tests they are ordering, and patients need to work with their providers to make sure the care they receive is appropriate. Payers--the insurer, the patient, or another source, need to understand the benefits of genetic testing and work with the technologies offered to increase the number of tests being performed. Technology will continue to improve so long as long as stakeholders believe in its potential.

This article demonstrates the immense potential for improved quality of care that genetic testing offers and how that can become a reality in the US healthcare system through increased coverage of testing, new technologies that offer sequencing for a reduced cost, and the creation and maintenance of genetic information databases. Through this multi-faceted approach, genetic information can be in the hands of providers and patients and will improve health outcomes.

References


Reducing Cost-of-Care in Next-Generation Genetic Sequencing


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The Social Determinants of Health: How Systemic Racism Facilitates Community Violence in Washington, DC

By

Nadia Altaher

Abstract

Racism deeply affects the social determinants of health, resulting in racial health inequities in populations of color. Recently, measures have been taken to address this issue in Washington, DC. These measures include the 2020 Racial Equity Achieves Results (REACH) Amendment Act, which focuses on racial equity, social justice, and economic inclusion (The DC Line, 2020). To further these efforts, there is a need to understand the relationship between structural racism, unemployment, poverty, and violence. The research reported here explores the correlation between historic racism, social determinants of health, housing policies, and community violence in Washington, DC. The methods used include mapping racial covenants from 1940 to 2010, neighborhood displacement, and social determinants of health. Current mortgage lending in the neighborhoods across the city was used to measure the housing market and lending discrimination. The author also used demographic data from various sources to measure the social determinants of health across statistical neighborhoods. Findings indicate that Wards 5, 7 and 8, in Southern and Eastern parts of DC, have the highest rates of crime, unemployment and concentrated poverty and the lowest house lending rates. Between 1940-2010, these wards also experienced the most housing displacement. The district’s racial dissimilarity index of 70.9 indicates that Washington, DC is still highly segregated and that individual health and exposure to violence varies significantly by zip code. To achieve health equity, appropriate measures to dismantle structural racism must be taken. The needed measures must be linked to community-based participatory research and policies that incorporate the historical context of the problem along with the voices of community members.

Keywords: Washington, DC, structural racism, social determinants of health, housing policies, violence

INTRODUCTION

The social determinants of health include the circumstances and environments in which people live, work, and play. These social determinants affect 80% of a population’s health outcomes (Healthy People 2030 n.d.). The five key social determinants of social health are 1) Access to Quality Education, 2) Access to Quality Health Services, 3) Neighborhood and Built Environment, 4) Social and Cultural Contexts, and 5) Economic Stability (Healthy People 2030, n.d.). Examples of these domains include access to safe and stable housing, income and employment opportunities as well as experiences of racism/discrimination, exposure to polluted environments, and level of language/literacy skills.

Systemic racism is a product of history and adapts its contexts over time to create conditions that result in worse health outcomes for racially-marginalized populations (Lynch et al. 2021). Systemic racism causes disproportionate burdens of environmental hazards and diminished access to quality education, housing, and health care to people of color. Structural determinants are the driving force for many health disparities including lower life expectancy, higher maternal mortality, and more severe mental health issues among disadvantaged populations (Alegria et al. 2018). It is important to note that not all racial and ethnic groups experience the social determinants of health in the same way. For example, Alegria et al. (2018) found that mental health problems are more prominent in populations experiencing racism or discrimination.
and community violence during childhood. Such experiences have been correlated with elevated levels of depression, anxiety, and PTSD symptoms, especially among Black and African American communities (APA 2009). The development of adverse experiences at a young age can negatively impact future social determinants including homelessness, low educational attainment, and economic insecurity (Hjorth, et.al 2016). According to the Center for Disease Control and Prevention (2021) young adulthood is a critical period where many social determinants of health intersect and influence future health. Thus, the onset of mental health symptoms at an early age can negatively influence how youth establish future relationships with others, and our undertaking of youth who undertake future risky behaviors (CDC, 2021).

Violence is the leading cause of death and morbidity among adolescents and young adults in the United States. In 2020, over half of national homicides occurred among people aged 15 to 34 (CDC 2021). While urban youth are disproportionately impacted by violence, certain populations are more at risk than others – specifically, those experiencing systemic racism, bias, discrimination, economic instability, concentrated poverty, and limited housing/educational opportunities (CDC 2021). Drivers for violence impact communities of color and place residents at greater risk for poor mental health outcomes (APA, 2009). Addressing these underlying factors is important to creating health equity and reducing the exposure of young people to adverse childhood experiences.

**RESEARCH QUESTION**

What is the correlation between policies that support systemic racism in Washington, DC (hereafter referred to DC) and current neighborhood demographics and health outcomes?

**METHODOLOGY**

Methods used include mapping racial covenants from 1940 to 2010, through the Mapping Segregation in DC Project developed from data collected by the U.S. Census Bureau and the National Historic Geographic Information System. Previous research studies (King et al. 2022; Lynch et al. 2021; and Blank et al. 2005) were used to measure the associations among historic redlining, a practice that lending services used to discriminate against communities of color based on race or national origin (DOJ 2021), current mortgage lending, and health behaviors to measure neighborhood displacement, housing stability, and lending discrimination. Demographic census block group data from DC Department of Health, US Census Bureau, and DC research-based studies (King et al. 2022; and Blank et al, 2005) were also used to collect health outcomes and demographics. Publicly accessible demographic data drawn from the DC Department of Health *Health Equity Report* (2018) were used to measure social determinants of health, life expectancy, and rates of violence across DC’s 51 statistical neighborhoods and eight Wards.

**DC HISTORY OF RACIAL COVENANTS: 1940-2010**

DC’s legacy of racial housing covenants illustrates the persistently segregated, racial landscape of residential communities across the city. Discriminatory policies defined where Black Washingtonians could live and frequently forced individuals of color to move due to privatization of public housing (Solberg et al. 2022). Racial covenants are clauses that were developed in property deeds to prevent people of color from buying or occupying land, restricting them to smaller sections in city borders (University of Minnesota, n.d.). Since 1940, racial covenants confined most of DC’s expanding Black population to older housing near the city center, waterfront areas along the Potomac and Anacostia rivers, and along remote borders of East DC (Solberg et al. 2022). After 1948, the enforcement of racial covenants was ruled unlawful under the constitution by the Supreme Court and allowed Blacks/African Americans the right to move into formerly restricted blocks north of Park Road NW, a former racial dividing line (Solberg et al. 2022).

By 1960, Blacks/African Americans began to move into various sections of the city that were previously inaccessible to them. As a result of urban renewal projects and increasing gentrification in the Southwest, many Blacks relocated east of the Anacostia River. During the time period that they existed, racial covenants assigned values to neighborhoods based on the race of residents--leading white families to relocate from areas perceived to be declining in value. Gentrification was linked to worse perceived health for Black residents and low-income families located in Southeast, DC, preventing minority residents from accumulating wealth or assets (King et al. 2022).

Although DC’s Black population peaked in the 1970’s, it shrunk by 15% in the 1980’s as Black homeowners
moved out of the city due to disinvestments from the “White Flight” into suburban affordable housing East of DC near Prince George’s County (King et al. 2022).

The exodus of Whites decreased municipal revenue and led to a decline in social services and the quality of life in the city (Solberg et al. 2022). Further lack of maintenance of public housing occurred as the number of habitable units plummeted. Renters were displaced by the high rate of gentrification as new investors bought up older housing in neighborhoods such as Capitol Hill, Logan Circle, and Mount Pleasant (Solberg et al. 2022).

According to Solberg et al. (2022), by 1995 public housing units were presumed “nearly uninhabitable” due to dangerous and unsanitary conditions. Those units that remained in the city were lost because of incarceration or public health epidemics that disproportionately impacted the Black community. By 2010, a plan to attract new and affluent members to the DC was carried out by investing in community developments in historically Black and White neighborhoods. Between 2000 and 2010, investment in community development projects resulted in certain zip codes—Columbia Heights, Shaw, and Logan Circle, becoming the most “Whitened” in the nation causing the Black population in DC to decline by almost 40,000 whereas the White population increased by 55,000. Currently, 40% of DC’s population is white and 39% is of Black descent. However, the proportion of neighborhood demographics and distribution of individuals based on race are far from equal.

**DC DEMOGRAPHICS**

The demographic composition of Wards 5, 7, and 8 is predominantly non-Hispanic Black, comprising between 93.7% to 98% of Southeast and Northeast DC. In contrast, the non-Hispanic White population comprises between 61.1%-72.8% of Northwest and Southwest DC (DC Health Equity Report 2018). This demographic change resulted from revising the earlier racial dividing that prevented Blacks from moving west of Rock Creek. Ward 3, which contains the highest percentage of White Americans, has a higher life expectancy by sixteen-years compared to Ward 8, the neighborhood containing the highest percentage of the Blacks (King et al. 2022). The infant mortality rate (IMR)--a measure of structural racism, is six times higher in Ward 8 than Ward 3 (King et al. 2022). There were also significant differences in access to food, income, and educational attainment between residents of the “affluent” wards (2 & 3) and the “impoverished” wards (7 & 8).

The Racial Dissimilarity Index (RDI) is a tool that measures racial and ethnic segregation by using the distribution of populations across a geographic area. A score of zero indicates complete integration whereas a score of 100 indicates complete segregation. Using a US Census five-year average from 2011 to 2015, DC has a “White/Black” RDI Score of 70.9, meaning that 70.9% of White residents would have to move to achieve complete White/Black integration, concluding that the city continues to be highly segregated (DC Health Equity Report 2018). The RDI score for “White/Non-White” in DC is 59.9 indicating that 59% of residents would have to move to obtain integration by race and ethnicity. Poverty by neighborhood level is another important indicator of structural racism. The DC Health Equity Report (2018) found that 19 of the 51 statistical neighborhoods are living in concentrated poverty, all of which fall under the Southeast geographic location of DC (DC Health Equity Report 2018).

Historically Black neighborhoods are located in Wards 5, 7, and 8, along South and East DC (DC Health Equity Report 2018). These Wards reflect the highest poverty rates, gross rent rates, pediatric asthma emergency visits, and violent death rates. They also contain residents who have the lowest life expectancy, educational attainment, employment, and income levels compared to other wards (DC Health Equity Report 2018).

DC mortality data has shown improvements in injuries over time--57.7 per 100,000 which is considered lower than the national average (DC Health Equity Report 2018). However, between 2011 and 2015, King et al (2022) report that the 16.0 per 100,000 deaths due to homicides is three times higher than the national rate of 5.2. About three quarters (74%) of these violent deaths were due to homicide from firearms. The remaining 26% were due to suicides. Seven out of 10 (70%) of these victims were between 16 to 39 years. Young Black males were much more likely to be victims of violence if they lived in Wards 5, 7, and 8 (DC Health Equity Report 2018). Understanding the variables that influence the racial dissimilarity index has been proven useful when researching historic policies of segregation and redlining from the Federal Housing Administration’s 1933 “New Deal” Project (Gross 2017).

**DC HOUSING AND REDLINING**

Redlining by the “New Deal” Project furthered segregation efforts by refusing to lend mortgages in neighborhoods of color while insuring mortgages and
reinvestments in White neighborhoods (Gross 2017). In a study done of Milwaukee, Wisconsin, a hyper-segregated metropolis, metropolitan Lynch et al. (2021) report that areas in the country were color-coded by the Homeowners’ Loan Corporation (HOLC) -- a federal agency in the 1930s to grade mortgage investment risk of neighborhoods. This discriminatory practice led to lasting impacts of generational wealth and property ownership as Black individuals were less likely to own a property of value and more likely to live in disinvested communities that were deliberately maintained by racial segregation (Lynch et al. 2021).

Demographics in current DC neighborhoods are a manifestation of these racist housing policies that shaped the built environment and created adverse health outcomes including higher infant mortality rates and diminished rates of self-reported mental health and physical health issues (Blank et al. 2005). HOLC’s ‘redlining’ has also been associated with pre-term births, late-stage cancer diagnoses, higher rates of emergency visits for asthma, higher alcohol outlet clusters, and increased urban violence (Blank et al. 2005).

The lack of both generational wealth and property ownership that many Black DC residents faced was manifested from the “White Flight” of the 60’s – a time where many White residents fled to newly renovated suburbs (Zickuhr 2018). As they were prohibited from living in these suburbs, Black residents were limited to housing options that became increasingly overcrowded and deteriorated in quality (Zickuhr 2018). Today, middle- and higher-income Black families have a higher chance of living in low-income neighborhoods than White families with similar income levels, and Black Americans continue to experience lower rates of upward economic mobility compared to White Americans (Zickuhr 2018). According to a study from Olsen (2018), between the early 1900s and 2014, the Black and White homeownership gap increased from 27.6% to 30.3%.

Blank et al. (2005) created a three-way cross tabulations approach to assess the interconnectedness of race/ethnicity and income of DC residents and their respective mortgage application approvals. Using data from 1996 and controlling income, they found that race had an impact on loan approvals for applicants with incomes greater than or equal to $40,000. In contrast, for all income brackets lower than $40,000, they found no statistically significant evidence of disparate treatment by race. For higher income brackets, based on a Chi-Square test, which measures whether the relationship between race and loan approval/denial, they found that White residents received more favorable treatment than Blacks. Blank et al. (2005) found that, if all other variables are equal, Black and Hispanic residents have a significantly lower probability of getting their loan applications approved than Whites residents at the 1% level. Furthermore, they reported that the higher the number of vacancies in a tract, the lower the probability that the loan application will be approved since houses in high vacancy neighborhoods are considered to be of lower value compared to houses in low vacancy neighborhoods. Blank et al. (2005) discovered that unconscious biases resulting from the racialized perception of value in 1996 contributed to the devaluation of property and housing stock in neighborhoods of color in DC.

In sum, based on historically racist policies, redlining impacted neighborhood housing quality and lending practices which contributed to the makeup of a community’s demographics, built environment, and mental health outcomes.

**DISCUSSION**

The research reported here shows that structural drivers of the social determinants of health have a long-term impact on community violence in DC. Traumas from adverse childhood experiences of concentrated poverty, low-quality housing, and community segregation continue to play a significant role in perpetuating community violence today. Gilman (2019) found that the availability of affordable housing shapes families’ choices of where they live and has the potential to relocate low-income families to substandard housing in neighborhoods with higher rates of poverty and crime, and fewer health care services. The high cost of housing has displaced longtime residents from neighborhoods because they cannot afford to spend more than 35% of their annual income on rental costs (DC Health Equity Report). The focus on the housing burden in DC needs to be addressed through preserving and increasing the availability of affordable housing, strengthening existing neighborhoods, and engaging community members/partners in decision-making. Such actions will increase housing stability and prevent homelessness and individual displacement (Gillman 2019).

**Table 1** compares the population of White and Black residents, violence mortality rates, life expectancy, housing stability, poverty rate, and % of gross rent exceeding 35% of income between wards. The biggest differences are found in life expectancy, % of monthly
household income on gross rent, and mortality due to assaults/homicides. Households that spend more than 30% of their monthly income on housing are considered cost burdened, and those that spend more than 50% are considered severely cost-burdened (DC Health Equity Report 2018). Households that spend 50% or more percent of their monthly income on housing costs are at high risk of homelessness, job loss, or the possibility of eviction (DC Health Equity Report 2018). Table 1 also shows disparities across the eight Wards in DC. The data were inputted into a table format from the DC Health Equity Report (2018). They show the significant gaps in health outcomes and demographics, highlighting the city’s Racial Dissimilatory Index of 70.9. Wards 1, 2, and 3 are data suppressed for violence mortality rate.

In sum, Table 1 provides a theoretical framework depicting the influence of structural policies on the social determinants of health related to community violence. This web of causation illustrates the influence that Racial Covenants had on community gentrification for the 80-year timeframe between 1940-2010 and how this Covenant racially profiled DC neighborhoods, undermining communities’ efforts for better housing and health care opportunities.

The focus on redlining from the 1933 “New Deal” project influenced many social determinants of health such as access to quality education, income security, housing opportunities, neighborhood demographics, and exposure to environmental pollution; most of which establish adverse childhood experiences according to the CDC (2021), leading to increased community violence. (See Table 1 in the Appendix.)

Figure 1 shows structural determinants in boxes connected by dotted lines and social determinants in circles connected by solid lines. These multiple interconnected pathways between social and structural determinants shape the inequities in outcomes related to community safety and violence. (See Figure 1 in the Appendix.)

Structural racism needs to be addressed by focusing on preventative, equity-based programs that assess risk factors using the social ecological model (WHO n.d.). The social ecological model takes into account risk and protective factors at individual, relationship, community, and societal levels, each of which is interconnected and influences each other (WHO n.d.). Effective community safety and crime prevention strategies must focus on changing community infrastructure, include diverse approaches involving youth, and be multi-sectoral with private-public partnerships including multiple stakeholders in the community (CDC 2022). Developing positive community attributes such as quality schools, stable housing, employment opportunities, and clean environments are necessary to develop better health outcomes for disadvantaged populations (DC Health Equity Report 2018).

LIMITATIONS of the EXISTING RESEARCH

Unfortunately, the research used in the analysis described here lacks census block group data allowing one to conduct real time demographic analyses. It is also limited to publicly available reports and research studies. Therefore, the results reported here need to be supported with more granular data to allow the possibility of investigating causal connections. Information on mortgage lending in DC is limited to one research study using data from 1996 that was unable to provide statistical evidence of racial discrimination for applicants with incomes below $40,000; however, the study did find statistical significance at higher income brackets. There may be bias within the study due to omitted variables which reduced the definitiveness of these findings. While public policies and laws have been developed to combat discriminatory lending practices, there was still a statistically significant difference in population groups’ approval rate at the one percent level. Furthermore, finding tools for measuring structural racism was challenging--although such measures are currently being developed and evaluated for future use. Current approaches to measure systemic racism use the Infant Mortality Rate (IMR) and Racial Dissimilarity Index (RDI).

CONCLUSION

Like many municipalities in America, DC’s history of structural racism has exacerbated health disparities across races and ethnicities. As reported throughout this article, historic policies that support systemic racism in Washington, DC have impacted current neighborhood demographics and health outcomes. Health inequities such as community violence is one of many symptoms that resulted from discriminatory practices in housing, lending, and community displacement. This research has shed light on how current health disparities are a product of time and are a manifestation of a prolonged racial gap in the foundation of U.S. policy, preventing greater achievements in health equity. Suggestions for future paths forward include the possibility of statehood for the District of Columbia as statehood could lead to
increased health benefits for its residents (King et al. 2022). Previous research suggests a strong relationship between political representation and Black-White inequities in infant mortality at the city level (King et al. 2022).

The Covid-19 pandemic further perpetuated health inequities, showing the association between community deprivation and access to quality health care (Walls et al. 2023). Key areas that have been used to advance antiracist policies include researching the historical context, geographical context, and theory-based qualitative and quantitative methods that capture systemic racism (Hardman et al. 2022). Future research needs to examine specific policies and practices that create and exacerbate structural racism across a variety of domains, and an analysis of policies that maintain current neighborhood health outcomes. Additionally, further research on community displacement from racial covenants is needed to assess ties to zip code demographics and their contribution to community violence.

Multi-disciplinary research aimed at testing interventions to establish affordable housing for all communities is needed. Such research could focus on more than just individual health behaviors. It could also influence the creation of preventative-based programs that include community voices, input from public-private partnerships, and needs assessments research oriented toward preventing longtime families from neighborhood displacement in DC (CDC 2021). If addressed appropriately, multi-disciplinary research could contribute to the Health in All Policies approach by using effective social policies to foster equitable health outcomes across communities and reduce health disparities by 2030 (Healthy People 2030, n.d.).

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Author’s Note: Nadia Altaher is a recent graduate from George Mason University in Fairfax, Virginia with a major in Community Health and a minor in Data Analysis. She has experience interning at various health departments, including at the Office of Health Equity in DC Department of Health and with a maternal public health nurse at Fairfax County Health Department. Nadia won an award within the College of Public Health at George Mason University for Interdisciplinary research and graduated with honors. She is excited to continue her education by obtaining a master’s in public health at George Washington University. Nadia hopes that her research on the Structural Determinants of Health can provide more discourse across various academic communities on the legacy of structural racism and how it resulted in the neighborhood demographics and inequitable health outcomes seen today.
## Appendix: Table 1 and Figure 1

Table 1. Comparison of Wards 1-8 on Race/Ethnicity of Residents, Violence Mortality Rates, Life Expectancy, Median Income, Unemployment Rate, and Percentage of Household Income Relative to Rent

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<tr>
<td>% nonHispanic Black Population</td>
<td>29%</td>
<td>9%</td>
<td>7%</td>
<td>54%</td>
<td>69%</td>
<td>35%</td>
<td>94%</td>
<td>92%</td>
</tr>
<tr>
<td>% nonHispanic White Population</td>
<td>44%</td>
<td>67%</td>
<td>74%</td>
<td>21%</td>
<td>18%</td>
<td>51%</td>
<td>2%</td>
<td>4%</td>
</tr>
<tr>
<td>% Hispanic/Latino Population</td>
<td>21%</td>
<td>10%</td>
<td>10%</td>
<td>20%</td>
<td>9%</td>
<td>6%</td>
<td>3%</td>
<td>2%</td>
</tr>
<tr>
<td>Violence Mortality Rate (per 100,000)</td>
<td>------</td>
<td>------</td>
<td>------</td>
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</tr>
<tr>
<td>Life Expectancy</td>
<td>80.7 years</td>
<td>85.2 years</td>
<td>86.1 years</td>
<td>79.1 years</td>
<td>75.8 years</td>
<td>78.4 years</td>
<td>71.7 years</td>
<td>69 years</td>
</tr>
<tr>
<td>Median Income</td>
<td>$82,159</td>
<td>$100,388</td>
<td>$112,873</td>
<td>$74,600</td>
<td>$57,544</td>
<td>$94,343</td>
<td>$39,165</td>
<td>$30,910</td>
</tr>
<tr>
<td>Unemployment rate</td>
<td>3.6%</td>
<td>3.4%</td>
<td>3.5%</td>
<td>4.5%</td>
<td>6.0%</td>
<td>4.4%</td>
<td>8.4%</td>
<td>11.0%</td>
</tr>
<tr>
<td>% of household income on gross rent</td>
<td>32.7%</td>
<td>34.4%</td>
<td>37.7%</td>
<td>43.6%</td>
<td>42.8%</td>
<td>31.0%</td>
<td>49.0%</td>
<td>52.8%</td>
</tr>
</tbody>
</table>

Source: Data drawn from the DC Health Equity Report (2018) and DC Department of Employee Services (2020) to compare health outcomes across wards in the city.
Figure 2. Web of Causation

Structural and Social Determinants: Impact on Community Violence

Source: Inspired by the ROOTT (Restoring Our Own Through Transformation) and Eco-social Theory Framework, this figure identifies structural and social determinants that influence community violence in DC.
Inter-Generational Transmission of Violence in Latino Families: The Role of Mothers in Navigating the Cycle of Abuse

By

Zarah Zurita Quiroga

Abstract

Latino children and youth are the fastest-growing ethnic minority in the United States. They are also unique in the sense that they experience mixed-status families in which one, or more, of their family members lack the proper authorization to live and work in the United States. Because of this mixed status, they face a distinctive form of family violence in which fear of deportation silences victims. This article explores the roles of mothers in experiencing and interrupting the inter-generational transmission of violence in Latino families in the United States. Based on interviews with eleven Latina women, the author discusses cases in which the roles of mothers either interrupt or contribute to the continuation of the inter-generational transmission of the cycle of violence. This piece explores the tensions between personal experiences with witnessing violence and the actions Latina mothers took in order to stop cycles of abuse and its outcomes for their own children. The author concludes with suggestions for future research that centers on the experiences of Latinos in order to reduce inter-generational trauma and transmission of violence in Latino communities.

Keywords: Intimate Partner Violence (IPV) in Latino families; inter-generational transmission of violence; breaking the cycle of abuse

Introduction

Family violence is extremely common in Latino families living in the United States and yet little research focuses on this specific group. About one in three Latina women (34.4 %) will experience intimate partner violence (IPV) during her lifetime, and one in 12 Latinas (8.6%) has experienced IPV in the previous 12 months (Smith et al. 2017). Of deep concern is the inter-generational transmission of violence that perpetuates harm in Latino families. Though research on Latino families is methodologically challenging because of the diversity of the community, the various citizenship and immigration statuses of members, and the requirements for Spanish fluency on research teams, greater efforts must be made to understand the inter-generational transmission of violence in Latino families so that they can be safe and thrive. The author analyzes the experiences of 11 Latina women who had experienced intimate partner violence in their families of origin as well as in their adult relationships. The analysis explores the flow of violence from one generation to the next as well as the agency that many mothers engaged in to interrupt this inter-generational transmission. The article concludes with suggestions for future research that centers on the experiences of Latinos in order to reduce inter-generational trauma and transmission of violence in Latino communities.

Important Definitions, Statistics, and Literature

Who are Latinos? The U. S. Census uses the term “Hispanic,” however, “Latino/a” is considered by many as a self-identifying term for being from a Latin American country, meaning Mexico, as well as countries in Central and South America, and the Caribbean. For this reason, the term “Latina women” was used to identify the study participants and population. Nearly
one in four of the children and youth under the age of 18 in the U.S. are Latino. By 2050, this demographic is expected to increase to one in three youth (Esperanza United 2022b). Although 90% of Latino children and youth are United States-born citizens, about half have a parent who immigrated to the United States and one in four has a parent who is not in the U.S. legally (Esperanza United 2022b). Latina families are also disproportionately impacted by larger institutional structures and their inequities. Because of this reality, they are likely to experience the most common form of family abuse: intimate partner violence (IPV). Estimates are that at least one in four women living in the United States will be in an abusive relationship in her lifetime. According to Hattery & Smith (2020), as many as 50 percent of all women in the U.S.—including many who will never live in an abusive relationship—will experience at least one abusive incident in their lifetimes.

**Abuse in Latino Families:** Latina women—particularly, those who are immigrants—have specific vulnerabilities to IPV that relate to intersections of gender, place, and socioeconomic status (Alvarez & Fedock 2016). A study of 2,000 Latinas found that 63.1% of women who identified as being victimized in their lifetimes (i.e., interpersonal victimization such as stalking, physical assault, weapon assault, physical assaults in childhood, threats, sexual assault, attempted sexual assault, etc.) reported having experienced more than one victimization, with an average of 2.56 victimizations (Cuevas et al 2012). Among 362 Latinas seeking family planning services about half (51%) had experienced IPV and 34% reported reproductive coercion (Holliday 2017). In comparison to women of other racial or ethnic identities, Latina women have also been shown to have the greatest likelihood of being victims of intimate partner homicide (Alvarez & Fedock 2016).

**Barriers to Detection and Reporting:** Latina women face discrimination not only in terms of their gender and race but also their ability to be parents or mothers. Their identities are invisibilized and deemed unimportant in matters of fertility and maternal health care. In an attempt to escape oppression, this assumption could result in Latina women's rejection of pregnancy and motherhood entirely. For example, “Some women use sterilization as an ‘element of resistance’ against the constraints of patriarchy/female subordination which subjects them to double standards and makes them primarily responsible for their fertility, child-rearing, and domestic work” (Lopez 1993). While avoiding motherhood can be an escape, failure to become a parent, to reproduce “properly,” or losing a pregnancy are disproportionately policed and punished in these communities. Additionally, Latina women experience high rates of maternal mortality and negative maternal and child outcomes from physical violence during pregnancy (Hoyart 2023).

Barriers to reporting may include fear and lack of confidence in the police, shame, guilt, loyalty and/or fear of partners, fear of deportation, and previous experience with childhood victimization (Esperanza United 2022a). A survey conducted among nurses in the United States found that a majority of nurses acknowledge the growing epidemic of IPV. However, only 56% agreed that they were “adequately trained to recognize signs and symptoms of IPV,” and 44% disagreed (DeBoer et al. 2013). This statistic demonstrates that prospectively about half of the nurses do not feel confident in their assessing a victim of IPV. Furthermore, nurses were asked to rank major risk factors regarding IPV. Nurses in the study correctly ranked poverty and addiction as major risk factors but they incorrectly ranked pregnancy above adolescence as a risk factor (DeBoer et al. 2013). In fact, adolescents are the group at highest risk for IPV. Some nurses relied on the demeanor of their patients to suggest the possibility of intimate partner violence (Robinson 2010). Others focus on their own feelings of frustration based on previous experiences working with a patient who returns to an abusive relationship and decide not to screen for IPV. However, these relationships are not always easy to leave as coercive tendencies and manipulation play a major role in why a woman stays in a relationship. Another major issue among nurse practitioners is a lack of training and education to ask proper questions about IPV. Although RNs in this study report that screening for IPV is an important part of their practice, the nurses may be screening on the basis of their index of suspicion, which is likely to be shaped by subjectivity as well as “personal knowledge base” (DeBoer et al. 2013). Due to the lack of education, awareness, and forms of burnout, victims of IPV do not have the support of medical professionals beyond fertility and maternal care.

Likewise, immigrant women face another barrier to reporting: their immigration status. Immigrant Latina survivors reported a decrease in the likelihood of calling the police due to heightened immigration enforcement policies and increased fear of deportation (Rodriguez et al. 2018). Latina survivors report that their immigration status is often used as a control mechanism to ensure they
do not leave their abusive partners (Reina et al. 2014). It is important to note that help-seeking behaviors are closely tied to the women’s level of cultural competence and knowledge. Undocumented Latinas are often less aware of their legal options compared to documented Latinas. Latina survivors who have resided in the United States longer have more opportunities to learn about their rights to legal representation and services. Finally, Latina survivors are more likely to depend on family members and friends for help, rather than healthcare workers, clergy, and police (Alvarez & Fedock 2018).

**Barriers to Leaving Abusive Partners:** Interpersonal and socio-cultural influences such as gender, class, and cultural factors play a powerful role in abused women’s decisions about whether or not to seek help from friends, family, or outside agencies (Liang et al. 2005). Kelly’s (2009) research demonstrated the “mothering” side of being an abused woman. For example, a decision to leave the abuser, intended to ensure physical safety, may result in more danger to themselves (Fleury et al. 2000) and their children (Hardesty 2002) because violence often increases after separation from an abuser. Mothering was the most important aspect of these women’s lives, a responsibility against which all of women’s decisions and actions were weighed (Kelly 2009). Mothers and their children love and fear their abusers simultaneously, therefore, leaving can be lengthy and painful. Children become a predominant source of resilience for mothers to heal from intimate partner violence and strive to create a future without violence. Some women revealed an endless series of strategic decisions made as they lived in abusive situations, left abusers, and began the process of moving forward in life with their children. Several women were threatened with death or deportation and others realized remaining with their abuser caused their children more harm than good (Kelly 2009). The socioeconomic status of the victims/survivors is also an important consideration. A woman with more resources has more options but, if the violence is perceived to be intolerable, a woman with no means to escape the violent situation may find herself in an untenable psychological situation that requires creative solutions (Liang et al. 2005).

**Silent Witnesses to Violence:** Children who witness intimate partner violence may be particularly vulnerable to emotional and developmental issues. Because of an inability to understand the language of young children, adults may tend to deny the serious impact that witnessing violence will have on development, assuming—or wishing—that young children will not understand and will forget what they have seen (Groves et al. 1993).

**Effects of Witnessing Parental Violence:** Parental violence here refers to violence perpetrated between intimate partners who are raising children (Gomez 2023:231). Children who witness intimate partner violence can experience trauma response symptoms. Forty-six percent (46%) of Latino preschool-aged children who were exposed to IPV also experienced PTSD symptoms such as re-experiencing the event – e.g., being upset at reminders of the event, repeating statements from the event, reenacting parts of the event – and heightened arousal – increased irritability, startling easily, and having trouble sleeping (Esperanza United 2022b).

School-aged children who witness IPV, are at an increased likelihood of developing maladaptive peer relations and experience greater difficulties in developing and maintaining friendships. They also have trouble concentrating in school and experience greater internalizing and externalizing symptoms than youth not exposed to IPV (Esperanza United 2022b). Adolescents who witness abuse may act out in negative ways, boys may become more aggressive in fighting with peers and parents, while girls are more likely to withdraw and experience depression. Furthermore, adolescents may engage in delinquent and risky behaviors, such as skipping school and using alcohol or drugs (Esperanza United 2022b).

The research in this article is situated in the theoretical frameworks of inter-generational trauma and inter-generational transmission of violence theory. Previous research has reported that children who grow up on abusive households are more likely to experience abuse in their adult relationships. Hattery & Smith (2020) document that women who grow up as silent witnesses to abuse are 50% more likely to experience partner violence than women who grow up in non-abusive households. Hattery (2008) and Hattery & Smith (2020) argue that girls who grow up as silent witnesses often seek adult partners who can “save” them from their abusive households, leaving them vulnerable to abuse in their adult, intimate relationships.

Stunningly, boys who are silent witnesses to abuse in their families of origin are three times more likely to grow up to perpetrate it (Ehrensaft et al. 2003). The inter-generational transmission of violence theory offers one explanation for this process. This theory hypothesizes that a propensity toward violence is transmitted from
parent to child (Hattery & Smith 2020). That is, the predisposition to be violent and abusive, especially the likelihood of perpetrating IPV, is passed on from one generation to another. These authors argue that inter-generational transmission of family violence is learned not genetic. The cumulative emotional and psychological wounding that is transmitted from one generation to the next occurs through socialization (Dass-Brailsford 2007; Rakoff et al. 1966). Socialization and modeling are mechanisms by which men teach their sons about women and the expected male-female roles/behavior. Rather than explicitly telling their sons to be physically aggressive and abusive, fathers and male role models reinforce misogynistic ideologies that women try to manipulate and control their partners and therefore, they need to be put in their place. And sometimes this requires violence. Men teach their sons how to be the “man of the house,” and the head of the household, and how to demand certain behaviors from their partners (Hattery & Smith 2020).

Some parents may use violence as a way to “correct” deviant behavior and resolve conflict. There is immense pressure for young men, both Black and Latino, to conform to certain standards of toughness and financial prowess – often by any means necessary (Smith 2008). By attempting to meet these standards, poor minority men often get themselves in trouble that ultimately leads to a run-in with the law. The machismo ethic becomes perpetuated by both men and women. Mattson & Ruiz (2005) argue that individuals in a relationship fail to develop conjointly as a couple because of differences in education, socioeconomic status, mutual friendships, and manner of thinking from the other person. Machismo was described by both men and women as influencing the occurrence and perpetuation of violence when seen by the man as a way of maintaining control over the woman (Mattson & Ruiz 2005). Latino men are expected to be strong, dominant, in control, and breadwinners of the family (Hattery & Smith 2020).

In families where there is violence, children with violent parents may not have the opportunity to learn healthy strategies such as negotiation, verbal reasoning, self-calming tactics, and active listening (Foshee et al.1999) which are conducive to effective communication and conflict resolution. These types of behaviors are reinforced through direct and vicarious systems of rewards and punishments. According to Kalmuss (1984), family violence involves two models – generalized modeling and specific modeling. Generalized modeling occurs when aggression in the childhood family is communicated through the acceptability between family members and, therefore, increases the likelihood of any form of family aggression in the next generation. This type of modeling does not necessarily involve a direct relationship between the types of aggression in first- and second-generation families (Kalmuss 1984). Specific modeling occurs when an individual reproduces the familial aggression they witnessed or experienced. An example of this includes machismo in Latino cultures and communities where young boys are taught toxic ideas of what it is to be a man and the activities, behaviors, and actions that reinforce violence as a solution. Children observe not only violent behavior but also emotional triggers for violence, circumstances of violence, and consequences of violence (Foshee et al. 1999). Social learning theory also considers how environmental and cognitive factors interact to influence how children learn and behave in a household where abuse is active. In other words, social learning theory posits that aggression is learned by observing the behavior of others (Foshee et al. 1999).

Family violence theories focus on the family as a unit composed of a set of complex relationships (Gomez et al. 2023). Because the risk for experiencing violence is not evenly spread across all families, those families in which both members of the couple grew up witnessing violence will have a significantly higher probability of repeating violence in the next generation than families in which only one member or neither member witnessed violence growing up (Hattery and Smith 2020). Finally, because women will likely experience multiple partners/romantic relationships during their lives whereas their children will most likely experience only one set of parents/guardians, children’s risk for violence is highly predictable—their parents are either abusive or they are not-- whereas women's risk for violence varies across the various partners they have in their lifetime (Hattery and Smith 2020).

Finally, IPV is viewed as acceptable (normalized) when tolerance of gender-based violence combines with cultural, and religious variables to increase risk factors, one of those being parental violence (Gomez et al. 2023).

Research Question: How do Latina mothers who survive intimate partner violence navigate breaking inter-generational cycles of abuse and the inter-generational transmission of violence?
Methods and Sample

The data analyzed in this paper are a subset from a larger study (N = 33) that included Black, Latina, and white women who were partnered with Black men, and a small sub-sample of Black and white men. The sub-sample analyzed here comes from in-depth, face-to-face interviews with 11 Latina women impacted by intimate partner violence. These interviews were conducted between April and August of 2021 by the research team at a large, public university in the mid-Atlantic.

The sample for this study was a convenience sample. Latina women were recruited into the study through a local community agency that serves the wider Latina community. Specifically, fliers were hung in the community agency and posted on the organization's social media channels. All women who volunteered and met the study criteria were included. Participants were interviewed using a semi-structured interview format that allowed flexibility in responding to interviewees' stories and experiences.

Each interview lasted between one and two hours. Audio was recorded and instantly transcribed using the Spanish language transcription software Sonix. Transcripts were further refined and corrected after each interview. Each interviewer also took notes and recorded impressions during and after each interview. Each participant was assigned a pseudonym and any details that could be used to identify a specific participant were either removed or changed in order to mask the participants' identity. All interviews were conducted, transcribed and coded in Spanish. Relevant passages were then translated into English for the benefit of the non-Spanish speaking members of the team.

Coding was influenced by grounded theory blending the strengths of both inductive and deductive reasoning by moving between each (Corbin & Strauss 2015). Coding was divided among two teams, one for the Spanish interviews and one for the English interviews; team members then compared codes across the two languages to ensure data integrity. Coders looked for trends in the interviews. Each coder was responsible for coding designated groups of codes for every interview to ensure inter-coder reliability. Interpretive coding of the data was utilized to “learn about how the subjects… view their social world and how these views fit into the larger frame of…these issues and interpretations” (Berg 2009).

Findings

Analysis of the interviews revealed three prominent themes: (1) children as silent witnesses to violence, (2) cycling in and out of abusive relationships, and (3) “I can do things better and differently.” Though these themes were present in all 11 interviews with Spanish speaking participants, the specific cases and quotes selected to illustrate each theme were chosen because they were the most concise and best articulated the concept represented in the theme.

Children as Silent Witnesses to Violence: There is a misconception that only witnessing physical violence can be traumatic. However, exposure to emotional and verbal abuse can have the same or more damaging outcomes. Because of this misconception, many mothers believed that as long as they were preventing their children from witnessing the physical abuse—hits, slaps, punches, and use of weapons that they themselves were experiencing, they were preventing the child from experiencing trauma and limiting the inter-generational transmission of the violence.

Interviewee #1: Chanel

Chanel emigrated to the United States because there was no work and she wanted to be financially stable. She mentions the difference between the United States and Mexico in terms of family and affection. It is very common in the United States to find parents who love and show affection but according to Chanel, it’s not like that in Mexico. She does not remember her father ever demonstrating love or emotional support. When her father did show up he was often intoxicated and became physically abusive towards her mom. She was eight years old when she first witnessed abuse, though she believes that because she went to sleep early, her parents didn’t think she was aware of the situation happening.

Chanel met her abuser 18 years ago and he was a very good person, and he would even dedicate his weekend to spend time with her. This is in part what attracted her to him; he was so different from other men in her life, especially her father. After he began drinking, he started to engage in abusive behaviors, including insulting her and threatening her and also physically abusing her. Her partner even denied his youngest child because he said that Chanel was pregnant by someone else. She finally separated from her abuser when she caught him cheating through a text message that came in early in the morning. Despite attempting to shield her daughters
from her partner's abuse, she can see the impact of the silent witnessing on them, just as she experienced as a child.

My daughter is a very skinny girl she suffers a lot of bullying and she never wants to leave. She always wants to be in her room she doesn't even want to go to school. If I try waking her up she'll go back to sleep. and tell her that she needs to go to school to please go to school cuz she needs to leave the house. She says no Mom they're always bullying me...she suffers from anxiety...

As a result of witnessing the violence, Chanel's daughter attempted to commit suicide but was unsuccessful. She had to go through several rounds of therapy and still is.

One time my daughter tried to commit suicide because she had seen violence since she was little. Thank God we took her to a rehabilitation center but she always saw and even said that she saw how her father would hit me.

Chanel's biggest obstacle right now is helping heal her daughter and one of the approaches she's using is sending her daughter to summer camps and activities where she can at least socialize with people her own age and stay away from the house.

**Interviewee #2: Jaime**

Jaime's interview illustrates the long-lasting impact of witnessing non-physical abuse as a child. Witnessing abuse when she was young affected her later in life and even influenced the kind of adult relationships she entered which turned violent.

Jaime immigrated to the United States in hopes of a better life for herself, her parents, and her siblings. She experienced severe poverty but her mother always made sure to fight and work hard for her kids. Her dad suffered from severe alcoholism and cared more about his friends than his family. Similar to Chanel's observations, Jaime says that there was a cultural misconception that dads should not show emotion or care for their kids' emotional health. At around 8 years old she recognized that she had to start working for herself, and by age 10, she was. Jaime says that she never witnessed physical violence between her parents, only verbal abuse.

Jaime says she never thought about the abuse her mother endured until she experienced it for herself. She knew of her abuser since they were young because they would play “together,” and they also crossed the border together. He had three kids from his previous marriage and the first incident of violence was when he slapped her in the car and then demanded that she cover up the bruise. During her pregnancy, he cheated on her and also abused her physically. She lived with his family and, as a result, she had to do a lot of the housework and she barely ate throughout her pregnancy since she was the last one to be taken care of and as a result, she weighed only 100 pounds during her pregnancy. Her sister-in-law would take her money as well as lie about everything that she was doing to get her in trouble with her brother, Jaime's husband. Jaime's mother ended up helping her move to New Jersey.

Jaime's ex-husband stalked her to New Jersey. He brought his daughters from his previous marriage with him to live with Jaime because he was moving in with another woman who did not want his kids around. This started the back-and-forth relationships between her, her ex-husband, and her ex-partner's girlfriend. He would come home and physically abuse her without any reason to do so. As a survival strategy she tried to "hide behind" her kids, but her abuser was not deterred and, as a result, her kids witnessed the abuse.

Eventually, she was unable to hide the abuse at work, either, and her supervisor wanted to call the police but Jamie begged her not to. Jaime was finally able to escape because her ex-partner was arrested for drug dealing and ended up being deported back to Mexico. She initiated another relationship where she endured neglect as well. Her “new” partner also had a history of domestic violence in his previous relationship and began abusing Jamie. She experienced mistreatment at the hospital and her son ended up having a severe disease and she experienced severe postpartum depression. She admitted to hating her baby and not wanting anything to do with her baby. Jaime's partner would leave her alone and he would not want anything to do with her. They are still together but their relationship is very one-sided and she feels like they’re just together for the kids.

Look, I had never thought about and reflected on all of the incidents in my childhood. But, my mom did suffer domestic abuse. She never thought of it as violence because it just wasn't physical. It was all verbal and subconsciously it did affect me but at the moment I hadn't noticed. How could I? How could it have affected me? I think I realized this when I started suffering from domestic violence. I ended up living with him and at this stage of my life I wouldn't do it again but at that moment I couldn't control myself. You're so scared that you don't want to be in the relationship but you don't know how to leave and I don't know if I would say I'm happy, but subconsciously everything that I witnessed with my parents has affected me. I had always thought it was just another moment in my childhood.
Jaime's experience is also illustrative of the second theme that emerged from the data: Women who witnessed domestic violence in their families of origin saw these patterns repeated as they cycled in and out of abusive intimate relationships as adults.

**Cycling In and Out of Abusive Relationships**

As other scholars have noted, women who experience or witness abuse in their families of origin often initially escape their abusive childhoods with partners who seem, on the surface to be saviors, but who end up abusing them (Hattery 2008, 2009; Hattery & Smith 2020).

**Interviewee #3: Carolina**

Carolina experienced abuse when she was young. Her parents were both physically and emotionally abusive and, when they ended up separating, she was sent to live with other family members while her mother took her brothers to live with her. Carolina's mother experienced abuse and normalized it. She believed her way out was to get married and, eventually, she met the man who fathered her kids. He began mistreating her emotionally and also hit her while she was pregnant. He would not allow her to leave the house without his mother, even though he was routinely cheating on Carolina. His mother would always stay quiet and not interfere because she was also a victim of abuse. In fact, abuse was common on his side of the family. The men would abuse their wives, especially during pregnancy.

After Carolina gave birth to her youngest son, she decided she had had enough. When he was away on a work trip for three days, she took the opportunity to leave him. She eventually immigrated to the United States but had to leave her kids in Mexico to give them a better life. After she first arrived in the United States, she lived with her brother. Ultimately, he kicked her out because he believed that she was sleeping around with some co-workers. Carolina then moved to Pennsylvania. She lived in a communal home where she experienced sexual assault. After this happened, her brother reached out once again and told her that she could come to live with him in Maryland. There she had issues with her sister-in-law who would lie and make up false stories about Carolina. These stories resulted in her brother kicking her out and then bringing her back. She ended up telling her brother about all the infidelities that her sister-in-law was engaged in and, in retaliation, her sister-in-law attacked her with the machete.

After this incident took place, her brother kicked her out for the last time. Carolina then went to live with another man. She emphasized that this decision was *not* out of love but out of survival because she had nowhere else to go. This man forced her to engage in sexual relationships and verbally harassed her. Eventually, she met an American who wanted to be in a relationship with her. By that time, Carolina was very traumatized and wanted to take things as slow as possible.

*I remember that he would abuse me in front of his mother; but his mother would not say anything. She would not defend us because my mother-in-law also went through the same thing. Her husband hit her and would often come home drunk. It was a very hard situation. One time on one of my brothers-in-law physically beat his pregnant wife on the train. She was bleeding and ended up losing her baby.*

**Interviewee #4: Miriam**

Initially, Miriam experienced abuse at the hands of her mother who was an alcoholic and refused to take care of her children. Miriam began working at six years old in order to both stay away from her house and to start having some financial independence. She did have a good relationship with her father because he was very caring and believed she was his princess. She had to get in the middle of a lot of physical arguments between her parents because the only way her father would stop was because Miriam was caught in the middle.

After this incident took place, her brother kicked her out for the last time. Carolina then went to live with another man. She emphasized that this decision was *not* out of love but out of survival because she had nowhere else to go. This man forced her to engage in sexual relationships and verbally harassed her. Eventually, she met an American who wanted to be in a relationship with her. By that time, Carolina was very traumatized and wanted to take things as slow as possible.

My parents would throw punches at each other and I had to be their mediator and intervene. Sometimes I would even get hit because I would get in the middle *cuz* I didn't want them to get hurt or hurt each other. My dad said I was his princess and that's the only reason he would stop, he would stop because of me. So, I always had to get in the middle so he wouldn't hit my mom.

Miriam met her abusive partner when she was 18 years old. He helped her get a job. She says that she was very blinded by money and he would regularly buy her clothes and other material things. They ended up going out. Life was great for the first four years after her son was born. Their arguments and problems started because her abuser was always talking to his ex-girlfriends and would constantly cheat on Miriam. She only endured his abuse because she had nowhere else to go. Her family asked her what was the point of leaving and told her that she needed to endure his abuse and cheating. She mentioned an incident where she was experiencing postpartum depression and did not want to go to an event but her abuser forced her to go. She
said that she tried to ignore him and his taunts until his mother got involved and told him to just let it go. In response, he kicked Miriam and physically abused her. She ended up calling her family who called the police. However, [the police] said that they couldn't do anything. Her postpartum depression was so bad that she did not even want to look at her child. She called the police on her partner because she went to a party where he found her, hit her, and told her that she was supposed to be at home. She did not know English so she trusted her son to translate. However, her son did not translate what she was actually saying. He protected his father. Miriam had a hard time adjusting to being a single mom and dealing with her ex-partner who is trying to turn their kids against her. She says that she plans to go to court to have him pay child support for their children.

After all of the abuse these women experienced, it is difficult to imagine that any of them could see another path forward, a way to end the cycle. But some did, including Fernanda.

**Interviewee #5: Fernanda** says “I can do things better and differently.”

Although Fernanda experienced physical abuse at the hands of her mother, she still believes her childhood was beautiful. She began working at age 15 as a way of getting away from the abusive household in which she was raised. Fernanda is still trying to become financially independent. She met her abuser at a young age and ultimately left her little town because of her pregnancy. Her abuser was very possessive, very violent, and jealous. When she was five months pregnant, she threatened to abort her child because she could not take his physical abuse anymore. She immigrated to the United States in the hope of finding more stability.

Fernanda emphasized that she always experienced domestic violence but at the hands of her mother and as well as her partners. Unfortunately, her abuser immigrated with her, and she got pregnant a second time. Although he was supportive, she lost the baby. Fernanda said that her partner would go to canteens and bars. He was deported after neighbors called the police. He was “postpartum.” This time, instead of taking the abuse, she ran and called the police. As a result, her partner was deported. He re-entered the country thinking that they were going to get back together but she refused. So, they became co-parents.

The turning point in this relationship was when he refused to feed their daughter because he was too tired and he believed that that feeding the child was her job. Fernanda experienced severe abuse even after they were separated. On many occasions, her abuser would show up unexpectedly at the house and demand to be let inside. On one occasion, he forced his way inside and began choking her. Fernanda believes he was trying to kill her once and for all. Her children tried to separate the two of them, but her abuser was too strong. She told the children to run and lock themselves in the car. When she was able to escape his grasp, she also ran to the car where she called 911. While the police were investigating, her abuser hid in the closet. The police called his number, and his phone began ringing in the closet! They arrested him but did not deport him because it was during COVID-19 when they had just released a lot of inmates. She does not know where he is now; but she says that she gets a lot of random calls and assumes they are from him. She says that she would rather live very secluded from the world.

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**Discussion**

For a variety of reasons, including their immigration status, the diversity of the Latino community, and the necessity of having Spanish speakers on research teams, the literature on family violence and inter-generational trauma, in particular in Latino families is understudied.
Based on interviews with 11 Latina women who experienced intimate partner violence, three themes of inter-generational transmission of trauma emerged: (1) the impact of non-physical violence on child witnesses of abuse, (2) cycling in and out of abusive relationships in adulthood, and (3) mothers’ commitments to stopping the inter-generational transmission of the trauma.

Both Chanel and Jaime witnessed non-physical violence in their families of origin and both were able to articulate the impacts of that violence on their own adult relationships. Chanel is struggling to interrupt the transmission of that trauma into her own daughter’s generation. Jaime notes that part of the difficulty of interrupting the cycle of trauma is the fact that the non-physical abuse her mother endured was never acknowledged and, thus, it was never addressed. She admitted that she never considered what her mother endured until she began to endure it in her own life. Jaime, like Carolina, seeks to escape the violence by leaving with a man who she views as her “savior.” This experience is well-documented among white and Black women (Hattery 2008, 2009; Hattery & Smith 2020).

This finding extends our understanding of the cycling in and out of abusive relationships in adulthood in the Latino community. One important difference that this research reveals is the additional challenges to escaping abuse when doing so requires immigrating to another country. In Jaime’s case, she had to immigrate from Mexico to the United States. Like so many people making this journey, immigrating with an abuser significantly exacerbates the vulnerability of women like Jaime and Carolina. In the midst of the extreme violence that these women reported, there is a glimmer of hope. First, despite the fact that it is well documented that immigrant women, especially those in the Latino community, often report that they fear seeking help from the police because they worry that their partners will be deported, in Jaime’s case, her partner was deported. In Carolina’s case, he would have been had it not been for COVID protocols. Thus, there is some evidence that deportation of an abusive partner can create the safer environment that some women need to escape violence. And, finally, some women, including Fernanda and Carolina, strive to interrupt the inter-generational transmission of violence by taking actions specifically to support their children, including obtaining therapy, as Carolina did for her daughter.

CONCLUSION

The women interviewed in this small sub-sample had experienced the extremes of violence both in their families of origin and in their adult intimate relationships. Often, it was the normalizing of violence and the failure or reluctance to name it, especially non-physical violence, that impeded the women from seeking help and attempting to disrupt its inter-generational transmission.

Latina women and their partners who were silent witnesses to abuse in their families growing up, often found these patterns repeated in their adult relationships. Many factors contributed to this inter-generational transmission of violence, including failing to “name” the violence, seeking partners to escape who end up abusing them, as well as the challenges associated with immigrating and managing complex citizenship status in the United States context.

Suggestions for Future Research

Journals that publish research on intimate partner violence include studies that span the globe. Yet, as this article shows, relatively little is known about the experiences of Latina women who seek safety from domestic violence inside the United States. As stated in The Harvard Encyclopedia of American Ethnic Groups (Thernstrom et al. 1994), there are over 100 race/ethnic groups in America. Yet, to date, we know almost nothing about the experiences of 95% of those 100 groups as it pertains to their living with violence in intimate relationships, including the myriad sub-ethnic groups that exist in the highly diverse categories of both “Hispanic” and “Asian.” It is clear from the results of this small study that much more research is needed in order to better understand the distinct processes of family violence, specifically the inter-generational transmission of violence in Latino communities.

The findings of this research make the case for expanding research on intimate partner violence and the inter-generational transmission of violence to a wider section of the Latino community, including people with varying immigrant statuses as well as those from different countries of origin.
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References


Inter-Generational Transmission of Violence in Latino Families: The Role of Mothers in Navigating the Cycle of Abuse


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Everyone has secrets. Michael Slepian, author of *The Secret Life of Secrets: How Our Inner Worlds Shape Well-Being, Relationships, and Who We Are* (New York: Crown, 2022) opens this book with his family's weighty secret -- that both he and his brother were conceived with donor sperm. When his father revealed this secret, Slepian was already an adult with a Ph.D. in psychology. That revelation led him to investigate secrets or “why we hold back from others, and the consequences of not letting other people into our inner worlds (p. XII).”

A secret is a part of your inner world that you keep from others. Slepian points out that not all secrets are harmful. For example, Tony Soprano, lead character in *The Sopranos* tv series, kept his regular visits to his therapist a secret, because he did not want to appear weak. He feared that revealing these visits would undermine his power as mob boss. Keeping his therapy secret harmed no one, but it weighed heavily on Tony because revealing it would put him at risk.

Think of your own secrets. Some are embarrassing things you did long ago. Likely, they do not press on you. Such secrets can easily stay in the past. Some secrets are active lies that shame you and would hurt someone(s) you care about if revealed. Likely, they do press on you and may need attention. Depending upon the secret, it may be harmless or harmful and it may or may not be preoccupying. Secrets that require regular evasion are hardest to keep private. Slepian's research studies found that not all secrets are bad; not all secrets are painful; and not all secrets need to be kept secret.

He analyzed responses to questions about their secrets from 50,000 research participants and found they fell into 38 categories. The most frequent secrets fell into the following categories: a lie told (60%), a romantic desire (61%), sex (58%), and finances (58%). Slepian found that, on average, people have thirteen secrets: eight that they have shared with someone and five they have shared with no one (pp. 18-19).

As I read his list, I found myself thinking of my own secrets. I have at least one in each of the most common categories, but most are insignificant. Only one makes me feel awkward. It is not something that would hurt anyone; it is something I prefer to keep private because it is embarrassing. Slepian makes a distinction between secrecy and privacy “by considering secrecy as an intention to hold specific information back, and privacy as a reflection of how much you broadcast personal information” (p. 21). In my case, I choose privacy.

Another way in which Slepian analyzed secrets is along three dimensions: 1. how morally wrong we believe our behavior to be; 2. whether the secret involves our relationships; and 3. whether our secret relates to our personal or professional goals (Chapter 4). We are more likely to share our actions that are morally good than those that are morally questionable or bad. When they are morally bad and we do not share them, we feel shame because most people believe...
immoral behavior should be punished and private immorality is left unpunished. “Shame is a particularly painful punishment that people inflict on themselves, prompting feelings of inadequacy, inferiority, and low self-worth” (p. 91). Secrets of this type may need to be resolved. A common highly relational secret is about infidelity, because this type of secret involves sex and betrayal. Infidelity differs from different things to different people, because personal and cultural views of sex vary a great deal, but it is a frequent cause of marital/relation discord and dissolution. Professional/goal-orientation secrets often relate to work, school, and money. A common example is keeping financial secrets from family members, for example hiding money or spending secretly.

Although a secret may involve evading questions or biting our tongues, it may not. Slepian’s parents had a hard time keeping artificial insemination secret when their babies were young and friends and family were assessing who they looked like. But most of the time, their secret was easy to keep. A secret is an intention, “I intend for people not to learn this thing” (p. 8). Although you may share the information with someone(s), if you intend to keep it from someone else, it remains a secret.

In *The Secret Life of Secrets*, Slepian presents some of his research designed to understand secrets. In doing so, readers get insight into how research psychologists learn about human experience. From Slepian’s research, readers learn about the development of cognitive ability required to keep secrets, types of secrets, the impact of secrets, and ways to reveal and relieve distress caused by secrets.

Chapter 2 focuses on the development of children’s ability to keep secrets. “To intend to keep a secret, you must be able to understand that something in your head is not necessarily in others’ heads.” (p. 27). This ability is what psychologists refer to as Theory of Mind (ToM), the ability to attribute mental states to ourselves and others. Typically, ToM takes about 18 months to develop in human babies. In both humans and animals. For example, chimps can understand what another chimp can see or not see, but they cannot understand what knowledge they hold that another chimp does not. This ability is measured by the false belief test.

The false belief test is useful for studying babies who cannot yet talk. In a typical experiment, the children witness a toy being put in a green box, which is next to a yellow box. In half the cases, the child and the assistant watch as the toy is moved to the yellow box. In the other half of the cases, the assistant is out of the room when the toy is switched to the yellow box. When the assistant comes back in the room and goes to the green box to get the toy, children 18 months and older understand that she has been tricked and point to the yellow box. Younger children do not understand that the assistant has the false belief that the toy is still in the green box.

False belief tests enable researchers to see the development of the ToM, that one person can hold a perspective that is different than another’s (Astington & Dack 2020; Premack & Woodruff 1978). With this development comes their ability to keep secrets, although often imperfectly because of incriminating evidence. For example, I remember a grandson asserting that he had not been in the cookie jar, when he had crumbs on his face and a piece of cookie in his hand.

Though this book is research based, the content is easily accessible to lay readers because Slepian wrote in an engaging style, including lots of personal stories about a topic that involves us all. For example, Revelations about paternity have become more common since the readily available access to DNA testing through Ancestry and similar services. What seemed like an interesting opportunity to know more about your family history has caused many individuals to discover that they were adopted or had a biological father other than the father they knew. I have not yet heard or read stories of finding out that one was conceived with a donor egg, but that is also a possibility. Keeping such a secret from one’s children is often difficult and deprives them of vital health information, which is why adoptive parents and those using reproductive technologies are encouraged to be open about the circumstances. Nonetheless, many birth secrets remain because they are the result of transgressions that are embarrassing and or painful to reveal, or because parents are embarrassed by their inability to reproduce without infertility treatment – in these cases the secret involves relationships.

In one study, Slepian surveyed 7,000 participants from 26 different countries to find out if these individuals had secrets (they did) and whether they felt badly about keeping the secret from someone (only 20% did). He found large cultural differences. In countries with relational mobility, which allow for easily forming new relationships, people self-disclose more and keep fewer secrets. When you can choose friends who share your worldview, you can reveal more and be more trusting than you could in a closed social environment. Likewise, in collectivist cultures, one may be called upon to keep a secret because the group requires it, although singly you would prefer openness.

The subtitle, "How Our Inner Worlds Shape Well-
“Being, Relationships, and Who We Are,” indicates why secrets are so important. If you have a dark secret that causes distress, Slepian has some suggestions for easing the impact. Find someone who is not involved, with whom you can share your secret. “It often takes a conversation with another person for you to feel less alone with your secret.” Another person can offer new perspective, which may be helpful. Also, consider the value your secret has in protecting someone(s) from distress. That may make it worth keeping, in spite of your discomfort.

Or trust those with whom you are close. “When the road is rocky, we may feel hesitant to open up to a romantic partner, fearing a negative response, or that the admission would only make matters worse. But there is one lever we can use to break these harmful cycles of concealment: trust. Trust your partner and yourself. It may take some courage and vulnerability to initiate a conversation, but don’t let your fear close the door on the conversation before it begins. If you think the other person might be unprepared to discuss the issue, avoid blindsiding them. For especially difficult conversations, give some kind of preview or heads-up. And remember, these things take time. You may not resolve everything in a single sitting, but simply starting the conversation is real progress (p. 111).”

This book contains a lot of very interesting and useful information, mostly about negative secrets. Readers will be up to date on the research that has been done in this area and find ideas about how best to handle their own secrets. What has not yet been studied is the impact of positive secrets. Although Chapter 7 focuses on them, it does not answer the questions than came to my mind: Why do people keep positive secrets? What is their impact on well-being?

References


About the Reviewer: Michele Hoffnung, who trained as an experimental psychologist, earned her PhD from University of Michigan. She is Professor Emerita of Psychology at Quinnipiac University in Hamden, CT where she taught scientific research methods and the psychology of women for more than 40 years. Hoffnung has authored many articles, books, and book reviews about lifespan development, women’s roles, women’s choices, and motherhood. Her most recent book is Being Grandma and Grandpa with sociologist Emily Stier Adler.
Many readers are familiar with Rosie the Riveter and her symbolic importance during World War II. Rosie represented the women who entered the American workforce as replacements for the men who joined the armed services and whose absence created high demand for new sources of labor. Fewer may be familiar with the All-American Girls Professional Baseball League (the AAGPBL), an organization originally assembled to serve Americans’ desire to attend professional baseball games when so many male professional baseball players were drawn into military service during the war. The league was founded in 1943 by chewing-gum magnate, Philip Wrigley, and hung on until 1954, after it had become unprofitable. The league changed in organizational structure (from a centralized to a decentralized entity), its number of teams, and even its name over the years of its existence.

The AAGPBL, however, was the forerunner for all women’s professional sports leagues in America (Fidler 2011).

If you do know about the AAGPBL, chances are that it is thanks to a 1992 film, “A League of Their Own,” starring Geena Davis and Tom Hanks. The film’s director, Penny Marshall was inspired by a AAGPBL documentary created by Kelly Candaele, whose mother and aunt played in the league, and his co-producer Kim Wilson (de Nicola, 2022). The documentary included archival footage of games, historical documents and interviews with surviving players.

Marshall’s film tells the story of two sisters, “Dottie” Hinson (played by Davis) and Kit Keller (played by Lori Petty), as they enact a sibling rivalry while they also deal with issues of getting into and succeeding in the League. It also highlights (or lowlights) their struggle against the widespread prejudice that existed in the 1940s against women in professional sports—perhaps best personified by the reluctance of team manager, Jimmy Dugan (played by Tom Hanks) to take them seriously. By the end of the film, the women’s skill, love of the game and crowd appeal, win over Dugan and the reluctant league founder, Walter Harvey. In this respect, the film version of “A League of Their Own” is a liberal feminist comedy, amusingly demonstrating that women, while perhaps biologically different from men in certain ways, can do men's work (or play) and do it well. This is a view popularized as early as 1963 by Betty Friedan’s The Feminine Mystique.

Thirty years later, in the summer of 2022, Amazon Prime introduced the series, also entitled “A League of Their Own.” The co-creators, Abbi Jacobson (who is also an actor in the series) and Will Graham, played team sports when younger and were lifelong fans of the Penny Marshall movie. With Marshall’s blessing, they turned the narrative into an eight-part series using extensive research and interviews with surviving players to tell new, more in-depth stories about the league and its times (Cogan 2022). Graham described how they used a big “research bible” that co-executive producer Liz Koe had put together which covered the history of Rockford Peaches and the AAGPBL (White 2022).

Among the differences between the film and series is that the series seems to be guided by a different kind of feminist view, one that takes seriously a perspective that was only just emerging in academic circles at the time the film was made. It is a view that while women generally experience unusual discrimination and even oppression, one needs to understand different women’s oppression differently, depending on their desires, racial and ethnic and class backgrounds. This is a view espoused by bell hooks in her (1984) Feminist Theory: From Margin to Center Deborah King’s (1988) article, “Multiple Jeopardy, Multiple Consciousness.”
In this essay we compare the presentation of the AAGPBL in the film and series versions of “A League of Their Own,” with special attention to women’s “multiple jeopardies.”

Race

In the film, racial diversity is noted in only one scene. A foul ball is hit while some Black observers watch the Peaches practice. DeLisa Chinn-Tyler, a Black competitive softball player who auditioned for the film was told she could not be part of the League cast but was hired to play one of the observers (McFarland 2022). After a foul ball is hit near the observers, Chinn-Tyler throws it back with such force that when Dottie, the team’s catcher, catches it, she acknowledges the thrower’s force and skill by shaking out her wrist. After the two women nod to each other, the film returns to its White focus. This scene indicates that while there were talented Black players, the League did not allow them to try out.

In contrast, there is much more diversity in the series. Abbi Jacobson, one of the show’s creators wanted the series “to tell a lot more of the stories that were overlooked in the movie... [and to open] up the lens a little bit to the full generation of women who wanted to play baseball” (Trainor 2022). The result is a series portraying a more inclusive world than the movie made room for with multiple Black characters.

With a focus on her life in sports and the wider world, Maxine Chapman (Chanté Adams) is the most significant Black character. She is an ambitious young pitcher determined to play professional baseball rather than working in her mother’s hair salon. Maxine is based on three real women: Toni Stone, Mamie Johnson, and Connie Morgan, a trio who played in the Negro Leagues in the 1950s after being turned away from the AAGPBL (Davis 2016). In the series, when Max shows up to try out, she is told “It’s an All-American League” and that “colored girls [won’t be] playing with our girls.” Other episodes show a range of Black characters, including her family, her friends, the men in their lives and all male baseball factory team. Max’s best friend Clance, her would-be suitor Gary, Esther, one of her lovers who is also a pitcher (and the only woman) on Red Wright’s team in the All-Stars Negro League, and members of her family including her mother, father and uncle among others represent a diverse community that both supports and critiques Max.

In addition, The Defender, the nation’s most influential black weekly at the time (Defender 2023) plays a role in the narrative. In one episode, there is a story in the paper about Max making it in baseball which acknowledges the importance of The Defender to the Black community.

Ethnicity

While the film does not identify the ethnicity of any of the players, the series does. One of the show’s major characters is Lupe Garcia, a Mexican American pitcher. She allows the press to call her the “Spanish striker” despite wanting to be seen as a good ball player not just a good Latin ball player. The character Esti Gonzalez is Cuban and the youngest player on the team. Taken under their wings, other players teach her English. Garcia and Gonzales are nods to the considerable number of Latinas (particularly Cuban) who were attracted to (and participated in) the AAGPBL as a result of post season exhibition tours taken by the women’s teams from 1947 on (Fidler 2011: 111 ff.). Lastly, there is Jewish Shirley Cohen, whose ethnicity is presented in a stereotypical way and whose story line is played mostly for laughs.

Sexuality and Gender

One culture writer (Gates 2022) asserts that the film version of “A League” had a “queer subtext,” but it is a text so “sub” that one really has to dig to find it. Almost all the visible sexual tension is between women and men. There’s the clear attraction between Dottie Hinson and her husband, Bob, with whom she is reunited after he has been wounded and discharged from the Army. There’s the sexual tension that eventually emerges between Dottie and Jimmy Dugan, the alcoholic team manager whom she helps sober up by initially offering him a Coco Cola instead of letting him drink from his flask on a team bus ride.

There’s the attraction between second baseperson Marla Hooch and the guy she meets at a roadhouse outing, leading her to leave the team for marriage. There’s the scene in the locker room in which all the women wait anxiously as Jimmy opens a telegram that will inform one of them that her husband has been killed in the war. And then there’s the promiscuous “All the Way” May (played by Madonna) who doesn’t plan to keep her dress on long when she goes out to meet anonymous men. Yes, we occasionally see women sharing locker rooms and rooms in boarding houses in partial dress. But, if that counts as a subtext of, say, same-sex attraction, then any image of any team locker room anytime, anywhere does that as well.
But, if we grant that the wish of the women ballplayers to play ball is somewhat “queer,” or subversive of heterosexual norms, then both the film and the series share that much of a queer subtext. But many of the characters in the series version challenge heterosexual norms in more profound ways. A large percentage of the show’s main characters are lesbian, bi-sexual or bi-curious. From Greta and Carson’s composition of a clarifying dear-Charlie letter to Carson’s husband, whose announced return from the war has been Carson’s main motivation for going to league tryouts, to the stunning scene in which Carson and Greta kiss for the first time, to a scene in which Maxine and Mrs. Turner, the minister’s wife, get it on, to the scene in which Max is surprised by variations of sexuality and dress being explored by teammates and to others at a gay bar and the scene in which Max is similarly surprised at a party at her (transgender) uncle’s house, we are constantly reminded of the sexual tensions that exist between women on the team and off. The ongoing lesbian relationships between Carson and Greta, on the one hand, and the complicated relationships of Maxine with Mrs. Turner and pitcher Esther, on the other, are both instances of relatively long-term partnerships and completely central to the series’ story. This, even while both Carson and Maxine have or entertain sexual relationships with men (Carson with her husband, Charlie; Maxine with Gary, with whom she has disappointing sex one evening).

There was probably not a credible role for a transgender character on the Rockford Peaches team, but the writers of the TV series find a way to introduce one anyway. Max is surprised in the 5th episode to discover that her aunt Bertie is living as a man and is married to her new coworker Gracie. Maxine experiences shame at Bertie’s identity and isn’t comfortable in the man’s suit that Bertie makes for her. Still, despite Maxine’s hesitancy about Bertie’s gender identity, Bertie is able to maintain enough sympathy for Maxine to urge Maxine’s mother to let Max live her own life. Later in the series, Maxine calls Bertie her uncle.

A Concluding Comment

A central tenet of liberal feminism is its belief that women should have access to a satisfying working life outside the home, just as men (presumably) have had (e.g., Friedan1963). In this respect, both the film and the Amazon Prime series versions of “A League of Their Own” can be viewed as liberal feminist texts, emphasizing the rewards that accrue to women in playing a sport for pay. In one way, in fact, the series version might even be a clearer model: only in it does a woman (Carson) take over the team’s managerial role and retain it through the World Series, when the male manager deserts them.

The series version also focuses on other barriers to women’s fulfillment as one of its main characters, Max, is barred from playing in the AAGLBL explicitly because “colored girls” aren’t “our girls.” Race is just one of the “jeopardies” explored in the series. Prejudices against gay and lesbian sexual preferences are highlighted by the raid of the gay bar in episode six, but the prejudices are constantly in the air as women, white and black, struggle in various ways with their attraction to other women. Social biases against women who identify as men also play a role in the series as well. The series, then, more than the film, seems to recognize that women do not all share a common experience: that race, ethnicity, sexual preference, gender identity, and any combination of these, can create special hardships for particular individuals.

One of the great achievements of both the film and the series is that both also highlight the satisfactions that can be had by figuring out how to deal with problems created by hardships. In this way they both provide role models for girls who want to be athletes. The series also provides girls with ways of thinking about personal identity. As an example, we’ll give the final words of journalist Katie Heaney.

The queer and Black stories here aren’t supplemental to the story; they are the story... This isn’t a show with one queer character, or even one queer couple, standing in for a fuller community: The gang is truly all here. And because there are so many distinct embodiments of queerness represented, it feels thrillingly probable that young queer people will watch A League of Their Own and see someone who looks like them, or someone they want to be more like, or just someone they’re drawn to for reasons they don’t yet understand. Had this version of the story been around when I was a little gay kid who loved baseball, I think I would have figured myself out sooner; Jacobson, despite growing up in a Philadelphia suburb in what she describes as a “liberal, Jewish, Democratic family,” feels similarly (Heaney 2022).
References


About the Reviewers: Emily Stier Adler is Professor Emerita of Sociology at Rhode Island College. She is the author of *Being Grandma and Grandpa: Grandparents Share Advice, Insights and Experiences* (with Michele Hoffnung). Since retirement, Dr. Adler devotes her spare time to family and friends and social justice activism with her faith community.

Roger Clark is Professor Emeritus at Rhode Island College where he continues to teach a research methods class. Drs. Adler and Clark are the authors of five editions of *An Invitation to Social Research*. 
Women: The Hidden Victims of the HIV/AIDS Epidemic in the US

By

Theresa M. Staab

This essay examines women's marginalized status in the HIV/AIDS epidemic through their erasure over time and investigates the hyper-invisibility of women of color because of their intersectional experiences. Furthermore, this essay discusses how gendered social norms and systemic oppression has disadvantaged women in their fight for equal treatment. From both a historical and a contemporary perspective, the author undertook a literary analysis of scholarly articles and books to examine the HIV/AIDS epidemic, treatment availability, and the events that fueled the movement for the inclusion of women as one of the disease's at-risk groups. This essay also discusses society's contradictory assertions about women's vulnerability to HIV exposure as either “deviant” or “victim,” the formation of ACT-UP and major participants of this movement, and the critical importance to women of the re-classification of HIV/AIDS definition in 1993.

The discriminatory nature of the HIV/AIDS epidemic has affected many populations, stigmatizing those living with the disease as unworthy and deviant. In the 1980s, headlines referred to HIV as a “gay-related immunodeficiency disease” and “gay cancer” with images of emaciated bodies of gay white men that cast shadows of shame and promiscuity over their lifestyles. Women were rarely mentioned in these initial conversations about HIV/AIDS and, when they were, they were typically portrayed as prostitutes or IV drug users (Stuntzner-Gibson 1991). Similar to the association of gay men's lifestyles with sexual deviancy in the 1980s, women living with HIV/AIDS were also assumed to be participants in immoral behavior. Subsequently, the culture of silence and shame that circled people living with HIV/AIDS echoed loudly among women who were thought to be safe from this disease IF they lived virtuous, or moral, lives. This line of thought was evidenced in January 1988, when Dr. Robert Gould incorrectly suggested that women were not at risk for contracting HIV in a cover issue of Cosmopolitan magazine and Laura Randolph blamed bi-sexual Black men for increasing heterosexual transmission among Black women in Ebony magazine. This narrative of inherent heterosexual safety from HIV was perpetuated throughout the early years of the HIV/AIDS epidemic.

Although women were not silent in the HIV/AIDS epidemic, their efforts to raise awareness and be visible often were silenced. In 1982, the Centers for Disease Control and Prevention (CDC) issued their first version of the definition of AIDS, which excluded any mention of gynecological symptoms despite women accounting for 12% of AIDS cases (Corea 1992). In 1983, over two years into the epidemic, “Female partners of men with AIDS” was added as a risk group (Fisher et al. 2009). It would take more than a decade (1993) for the definition of AIDS to be expanded by adding symptoms that present in women. As society worked to silence women as potential victims, it made vociferous statements to control the autonomy of these women deemed ineligible for contraction of the disease. Additionally, significantly omitted from the discussion was how women got HIV. It was as though this disease had magically infected these women. According to the Office on Women's Health “Women were implored to use condoms, only have one partner, and refrain from promiscuous behavior” as if these behaviors alone would shield them from HIV/AIDS. Several assumptions were made in offering this advice, which misrepresented women's experiences. First, by assuming that women are always in a position to negotiate condom use, second, their fidelity to one sexual partner was reciprocated by their partner, and
In 1988 and they engaged in traditional sexual activities, women were marginalized and ostracized from treatment. Haslip was a leading voice in ACT-UP and achieved success for re-classification after a four-year campaign. However, by then she was too ill to attend the conference, so another woman spoke on her behalf, saying “I’m going to smile. This is only happening because of us, and you let us die” (Adler 2022). These remarks minimized women’s vulnerability to HIV and blamed those women living with HIV for engaging in illicit behavior. Gould’s words negligently discredited women’s vulnerability. As a widely read woman’s magazine, Cosmopolitan was a source women trusted, and the distribution of incorrect information by a medical doctor gave women a false sense of safety. This article was so inflammatory that it triggered the mobilization of the women’s contingent of ACT UP.

ACT-UP-- the AIDS Coalition to Unleash Power, was founded in 1987 by queer activists and their allies (some of whom suffered losses to the disease) to combat stigma and raise awareness. ACT-UP advocated against oppressive policies and practices that discriminated against diverse communities. The early attribution of a specific gender and race to the HIV/AIDS epidemic resulted in women being left ignorant of their vulnerability to transmission until people around them began to get sick with the disease. To counter misinformation, the women’s delegation boycotted Cosmopolitan magazine in 1988 and disrupted Dr. Gould’s appearances. ACT-UP ridiculed the classification of AIDS as a gay male disease. Their stance resulted in numerous protests to push the CDC to broaden its definition of AIDS to include recurrent AIDS-defining opportunistic infections in women. In this campaign for re-classification, Katrina Haslip, a formerly imprisoned black woman living with AIDS, failed to be noted by the media for her revolutionary efforts. Haslip was a leading voice in ACT-UP and achieved success for re-classification after a four-year campaign. However, by then she was too ill to attend the conference, so another woman spoke on her behalf saying “I’m going to smile. This is only happening because of us, and you let us die” (Adler 2022).

In the same month that Dr. Gould’s Cosmopolitan magazine article appeared, incorrectly stating that women were not at risk for HIV infection as long as they engaged in traditional sexual activities, Ebony magazine ran a cover story entitled “The Hidden Fear: Black Women, Bisexuals, and the AIDS Risk” about the alarming rates of Black women contracting HIV through heterosexual contact. Gould excluded Black women from his target population, as shown by his stereotyping of Black hypersexuality through the discussion of African women who contracted HIV through heterosexual contact where he stated that African men “take their women in a brutal way” tantamount to rape (Gould 1988:147). Gould’s views insinuated a probable explanation for HIV transmission among heterosexual Black women in the United States (Scott 2022).

The HIV/AIDS epidemic disproportionately affected the Black community, and hence Black women. Instead of addressing the economic and healthcare inequities that exacerbated the AIDS epidemic in Black communities, media outlets usually emphasized how men placed black women at risk, frequently scapegoating bi-sexual black men (Newman et al. 2008). A lack of resources and acknowledgment were main factors influencing higher infection rates. Statistics showed that many women who contracted HIV through heterosexual sex, more often than not, had partners who were former or current intravenous drug users. Despite the fact that AIDS had been around for 10 years by that time, women still knew very little about their vulnerability. The intersectional experience of black women created further impediments. In order to alleviate their marginalization, black women advocated for equal treatment with white women. If all women were already ostracized, they wanted to be a part of it, not omitted from it.

After 12 years of uncountable fatalities, the CDC included bacterial pneumonia, tuberculosis, and stage III cervical carcinoma as symptoms in the AIDS criteria. The tripling increase in AIDS diagnoses in women from 1986 to 1999, from 7% to 23%, reflects the epidemic’s delay in comprehensive surveillance (Ruiz et al. 2001). While some continue to stigmatize HIV/AIDS as a gay man’s disease, tremendous progress has been made over the course of this 40-year epidemic. The 1993 re-classification of AIDS diagnosis opened the floodgates for better surveillance of the disease among women. In 2006, the CDC recommended opt-out HIV testing as part of routine physicals. NY and Nebraska were the final states to abandon written consent testing in 2014 (Bayer et al., 2017).

Women have come a long way in their fight for recognition within the HIV/AIDS epidemic. Between 2010 to 2018, there was a 24% decline in female HIV/
AIDS diagnoses among women (KFF 2020). This decline in women's diagnoses is evidence of the success of women like Katrina Haslip's efforts. As rates continue to decline, however, it is imperative that we not forget about the power differences between men and women in society. Examples of these power differences may include women's inability to negotiate condom use, domestic abuse resulting from a woman's questioning their male partner's sexual health, and public blame for seeking medical advice on HIV testing. While women work towards equality across many fronts, their efforts throughout the HIV/AIDS epidemic should not go unrecognized. They fought the odds when the FDA authorized the use of Truvada for PrEP in 2012, and the CDC promoted the use of PrEP in a clinical environment in 2014 (Auerbach 2015). From the reclassification of AIDS in 1993 to the most recent win of women's inclusion in the clinical trials of Apretude, a drug approved by the FDA I December 2021, women have not stopped fighting for equality in treatment for HIV/AIDS (ViiV Healthcare 2022).

References


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About the Author: Theresa Staab is a 2023 graduate of Providence College where she earned a BS in Health Policy and Management and minored in Business Innovation. She presented her work about spaces and places and public health challenges at the 13th and 14th annual Undergraduate Research Conferences on Health and Society at Providence College. As an undergraduate, Theresa took several research courses which furthered her desire to research and write about public health topics. Her passion for research began with an earlier presentation entitled “A Review of Challenges of Utilizing Formal Long-Term Care for People with Dementia.” Theresa conducted research on this topic to honor her grandfather who suffers from dementia and because she wanted to be a voice for others marginalized by society.
A diverse, representative health care workforce is crucial to advancing health care access, patient satisfaction, and health outcomes, particularly for patients of color (Taylor et al. 2022). However, nursing education programs too often create obstacles to diversifying the nursing workforce. Studies have shown that healthcare students are exposed to racial bias and discriminatory standards of care within their medical education and placement sites (Joseph et al. 2021). Bias can also take place among current students and faculty and causes some students to feel unsupported in their educational experience. Best practices for nursing education programs that center on health equity include an anti-racist curriculum, bias awareness training, pathway programs to diversify the healthcare workforce, financial support, and effective mentorship (Taylor et al. 2022).

It is imperative that nursing programs are built on the foundation of health equity. In this Point of View essay, we argue that anti-racist DEI education should be incorporated throughout nursing program curricula instead of having only one or two courses that focus on equity. Our research consisted of reviewing and analyzing the scholarly literature in the area of DEI/equity training effectiveness, conducting interviews among a sample of undergraduate nursing students and examining nursing programs’ DEI websites to identify 1) challenges to providing culturally competent and inclusive education and 2) characteristics and practices employed by nursing programs that successfully prepare students to deliver equitable care. Our vision and goal in working on this essay were guided by Hassmiller & Wakefield’s (2022) manuscript on the future of equitable nursing from 2020-2030.

Existing Research

Dobbin and Kalev (2018) identified barriers that negatively affect the impact of diversity interventions within both academia and the workplace. They found that, in general, short-term educational interventions do not change people. Completing a class to fulfill a diversity requirement for a nursing program may not have the long-term effects originally hoped. In addition, having an entire course on diversity and equity can lead to a lot of information being packed into too short a time frame (in comparison to a lifetime of future nursing practice). The short time frame can cause disdain for the intervention in the following ways: 1) a negative reaction by college students regarding being told what to do. An adverse reaction to diversity training is common due to an individuals’ lack of personal autonomy; 2) the perception by white students of being ‘left out’ when learning about DEI programs, diversity interventions, and the treatment of patients of other races and ethnicities.

According to Rosseter (2023), a report by the American Association of Colleges of Nursing, found that students of minority backgrounds make up 40.8% of the student population in entry level baccalaureate programs and students who identify as White comprise about 59% of the U. S. student population. Some White students may be negatively disposed to diversity programs because of perceived entitlements related to race.

As the two issues identified above show, nursing program curricula must adapt by offering more

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1According to the Office of Research at the University of Washington, "Diversity is the presence of difference that enrich the workplace… Equity is ensuring that access, resources, and opportunities are provided for all to succeed and grow, especially for those who are underrepresented and have been historically disadvantaged… Inclusion is a workplace culture that is welcoming to all people regardless of race, ethnicity, sex, gender identity, age, abilities, and religion and everyone is valued, respected, and able to reach their full potential."
comprehensive curricula incorporating material that would typically be taught in a diversity and equity course but do so throughout the entirety of the nursing program. That is, each course should have a component on diversity and equity integrated to seamlessly fit the style and themes of each specific course. Doing this is important because “the key to improving the effects of training is to make it part of a wider program of change” (Dobbin & Kalev 2018:52). A diversity-inclusive curriculum will provide undergraduate nursing students with a multi-year experience in diversity and equity training and intervention prior to the start of their clinical experiences during which they can put much of what they learned into practice.

Sample Selection for the Interview Phase

After doing research on selected Northeast institution’s nursing programs, we wanted to collect interview data to help ensure that nursing students are well qualified to provide culturally competent and inclusive care of patients of different races, genders, ethnicities, and sexual orientations. We wanted to increase the likelihood that nursing students attend educational institutions that address the harms of implicit bias and discriminatory standards of care and provide them with anti-racist and culturally inclusive learning experiences.

We chose four institutions that had reputable nursing programs within the Northeast and interviewed students from each program based on the following criteria: similarity in the number of undergraduate students, location within the New England region, and at least one of the authors having a personal connection to a nursing student at each college. We used convenience and snowball sampling to recruit nursing students for interviews. We reached out to our contact person at each institution and asked if they could recommend other nursing students that would be interested in participating in our research. We also searched for students from each of these institutions through LinkedIn and attempted to recruit them in this way.

Our sample consisted of eight nursing students, all of whom identified as white females. Their ages ranged from 22-24 years old. This response pool consisted of four interviewees from Northeastern, three from Sacred Heart, and one from Boston College. The demographics are not diverse as stated which is important to note when observing the data given.

We asked each respondent a series of open-ended, qualitative interview questions about their experiences in their nursing program. We also asked about the demographics of fellow students and faculty in their program, their goal in choosing nursing as a career path, the curriculum of their nursing program in terms of diversity and inclusivity, and their perceived preparation by their nursing program to treat patients from diverse backgrounds in a respectful way. Respondents’ answers to the interview questions helped us understand better the challenges to providing inclusive education and the effectiveness of nursing school curricula in preparing students to deliver equitable care to diverse patients.

The demographic characteristics of the interviewees provided a context for their responses to the open-ended interview questions asked. As the interview questions went into more detail regarding whether students felt their programs did an adequate job at discussing bias, implicit bias and cultural sensitivity, the responses began to vary by institution. The general consensus from Sacred Heart and Boston College students (N = 4) was that these topics were touched upon in class, but more in-depth discussions were needed. One Northeastern student felt differently, as she explained that her classes did talk about situational scenarios and her clinicals provided a strong foundation for better understanding bias and cultural sensitivity. This pattern of Northeastern providing a more detailed education surrounding diversity and equity continued as the question, “Do you feel your program has allowed you to treat patients from diverse backgrounds?” was asked to each student.

One interviewee from Sacred Heart answered, “there’s certain interactions that are customary to certain things but it’s not something that I feel comfortable addressing in a patient care setting yet. The diversity and inclusion factors are lacking.” Similarly, a Boston College student responded, “BC Nursing does not do a good job of what to do in certain situations they just give you definitions and that is that.” An interviewee from Northeastern had

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1. Interview Questions: Do you encounter professors or faculty that look like you in your department? Are there any courses that stand out to you in terms of diversity and inclusivity? How is race, ethnicity, bias, implicit bias, and cultural sensitivity being defined in all your courses? Do you feel like your race and ethnicity are honored in your curriculum or on campus? Are you aware of the nursing school DEI department? Do you feel adequately prepared to deliver care in a culturally competent and respectful way?
a very different answer to the question as said, “Yes, my classes have talked about specific instances, but I like that my clinical reinforces it more and you learn by doing it in the clinical setting. They have done a good job at cultural competency.” Based on these responses, it is evident that the education nursing students are receiving at Northeastern prepares them well and teaches health equity. The responses shed light on how to improve nursing programs regarding their DEI education and how to educate future nurses about the different biases that exist.

Through our exploratory research interviewing a non-random sample of eight current nursing students in programs in the Northeast of the US, we found that all of our targeted institutions require their students to complete a course on health equity/diversity. While this is a step in the right direction, having students complete just one or two courses that ‘check the box’ for a diversity requirement may not be enough to teach them effectively what it takes to treat patients in an unbiased and anti-racist way. Although the completion of one or two diversity courses is more intensive than the traditional diversity training, it is interesting to look at research that has shown the negative effects of diversity training and why traditional training does not work.

Program Website Research

Based on interviewees’ responses, we concluded that some of the targeted institutions were using a more in-depth approach to preparing their nursing students to treat patients with diverse backgrounds. The questions: “Does your program have a DEI department? Do you feel it is an accessible resource?” were answered with Sacred Heart, Boston College and Northeastern students admitting they are unsure whether their specific nursing school has a DEI department at all. This response indicates that advertisements, online presence, and awareness surrounding the nursing specific DEI programs need to be improved at some institutions. However, an online presence cannot be the only solution because research conducted on the institutions’ websites sheds a different light than what students are saying in the interviews. For example, the Boston College nursing school DEI web page is the easiest to navigate as it contains quick-links and an accessible home page, but the Boston College nursing students are unaware this exists. The Northeastern specific nursing DEI webpage was simpler to navigate but the students were also unaware this page exists. Therefore, having a website about DEI information and resources cannot be the only solution. There needs to be a more hands-on approach to educating current nursing students about the resources available to them.

Challenges and Successes to Nursing Equity

The interviews we conducted and our research into website data both helped us to identify the challenges of preparing nursing students to provide culturally competent and inclusive patient care through their classes. Specifically, DEI awareness, preparation to treat patients from diverse backgrounds, education about inclusive care, and DEI missions have been lacking at the institutions our interviewees attend. As for DEI awareness, interviewees from all three institutions said that they were unaware of specific nursing DEI Department. In addition, not all students interviewed utilized their DEI Department.

Regarding their preparation for treating diverse patients, interviewees from all three institutions felt their classroom education alone did not prepare them to care for patients of all races, ethnicities, sexual orientations, etc. The student from Northeastern noted that exposure to these populations during their clinical work did prepare them and their classmates. However, the onus of exposure to these populations should not be on the student. Institutions have a responsibility to have a nursing program with faculty and students from diverse backgrounds to model and reinforce an intersectional approach to patient care. As for DEI missions, two of the institutions had DEI resources specific to the nursing school. According to each institution’s DEI resource page, which was identified through their websites, none of the missions or visions of the institutions’ DEI initiatives discussed preparing students for providing comprehensive care specific to those in marginalized communities.

Through our interviews and analysis of website data, we also found evidence of successes. The three Northeastern students we interviewed all agreed that their clinical experience immersed them into a space where they were exposed to a diverse community. They stated that their clinical coordinators gave them the proper tools to provide comprehensive care to each patient they are likely to encounter. Clinical experience with actual patients is valuable because almost all interviewees felt their education alone did not give them

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4Institutions with DEI resources specific to the nursing school include the Connell School of Nursing at Boston College and the Bouvé College of Health Sciences at Northeastern University.
enough preparation and just ‘checked off a box’ regarding teaching about diversity and inclusivity. Another success we identified was respondents’ willingness to receive a health equity centered education -- even those that felt that they did not receive this education in their current nursing curriculum. All interviewees emphasized that they knew the importance of treating patients from diverse backgrounds in an equitable way. This awareness of wanting an equity-based education provides a positive outlook for the future of nursing. In the future, we hope nursing programs build upon this passion as they work to improve their own programs and curricula.

CONCLUSIONS

Through researching what makes an inclusive, equitable nursing program, conducting interviews with nursing students, and locating DEI resources on each institution’s website, we identified three important findings. First, the importance of avoiding just ‘checking off a box.’ A nursing program built on the foundation of health equity should provide their students with an immersive, comprehensive education about treating patients of diverse backgrounds, and students should not have to depend on their clinical experience alone for preparation. Second, the awareness of the Nursing school’s specific DEI program should be increased. Although our interviewees did not utilize the DEI department, they should be aware that this could be used as a significant resource for their peers or classmates. Third, the DEI resources from each institution’s website did not highlight an important aspect of nursing school education-- providing comprehensive and inclusive care to each patient they encounter through nursing school and beyond.

Overall, we found that nursing schools should be implementing and emphasizing diversity and inclusivity into its required curriculum with the objective of training accomplished nursing students who will feel adequately prepared to deliver equitable care to patients of all races, ethnicities, sexual orientations, and any other underrepresented intersectional combination.

The Limitations of Our Study Relative to Designing Future Research on this Topic

More research on this topic is needed. The design of future studies should contain

1. random samples of respondents/subjects:

As more research is designed surrounding the equity of nursing programs, it is imperative to include diverse voices. An important limitation of our exploratory study is the lack of diversity in our sample of interviewees. Therefore, the lack of diversity in this study is a limitation and an area to improve upon in future research.

2. much larger random samples of respondents/subjects so that statistical analysis and hypothesis testing can be conducted:

We used convenience and snowball sampling that resulted in a very small sample of only eight female students. However, the selection of larger random samples would increase the likelihood of obtaining more diverse responses from those studied.

3. larger and more diverse samples of academic institutions with nursing programs:

We researched only a few institutions that were similar in size and location to Providence College. However, future research might reveal different responses based on specific institutions’ required courses. Therefore, it would be beneficial to interview nursing students from larger institutions with more popular and well-established nursing programs to see if their programs are actually delivering quality, inclusive education.
Analyzing DEI Efforts and Curricula in Collegiate Nursing Programs

References


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In February 2019, the Boy Scouts of America invited girls to join their flagship program: Boy Scouts, an internationally recognized program for youth leadership, skills, and character development. In the process, the Boy Scouts of America changed the name of the program to Scouts BSA to be more inclusive. This decision was met with controversy from those who were accustomed to the organization’s gender-exclusive atmosphere of the prior 109 years. However, as demonstrated by her own writings, Violet Markham (1872 –1959), an acclaimed British feminist, although she was a social reformer opposed to women’s suffrage, may have led the movement to shun girls from the flagship Boy Scout program in Great Britain. This gender split persisted in the organization’s descendant programs, including the Boy Scouts of America, for the next one-hundred-ten years. I use original historical writings to support my point of view that the Scouts BSA’s 2019 decision to induct girls into their flagship program reflects scouter Baden-Powell’s intention and vision that the scouting movement include both boys and girls.

In February 2019, the Boy Scouts of America invited girls to join their flagship program: Boy Scouts, an internationally recognized program for youth leadership, skills, and character development. In the process, the Boy Scouts of America changed the name of the program to Scouts BSA to be more inclusive. This decision was met with controversy from those who were accustomed to the organization’s gender-exclusive atmosphere of the prior 109 years. While critics admonished the BSA for stealing a space of identity for boys, proponents argued for the benefits that girls would receive through admission into this well-recognized and prestigious program. However, the point that neither side of the debate considers is how gender exclusivity came to be introduced into the scouting movement in the first place.

It might surprise readers of this essay to know that at its birth in England, the Boy Scouts had several thousand female members. Shockingly, it was Violet Markham, an acclaimed feminist, who ultimately forced them out of the program. Social customs in the time of post-Victorian England drastically changed founder Baden-Powell’s mission to produce a non-exclusive scouting movement in ways that the current scouting movement is only just starting to overcome. Ultimately, the Boy Scouts of America’s invitation for girls to join the organization welcomes them back to their rightful place as equally respected citizens of a transnational scouting movement in accordance with Baden-Powell’s expansive vision.

I begin my argument in support of my thesis by providing background to contextualize Baden-Powell’s and Markham’s viewpoints within the post-Victorian era. Second, I analyze the writings of Baden-Powell, Markham and others in reference to the emerging scouting movement in Britain. Third, I review the history of the movement’s crossover into the United States. Fourth, I point out the discrepancy between American values and actions related to Boy Scouts. Last, I use Troop 6 of Amherst, New Hampshire to demonstrate the success of girls in the Scouts BSA flagship program. In sum, I think that my analysis not only demonstrates the precedent that should have been set for girls in the Boy Scout movement but also
Background on Baden-Powell and Markham

Robert Stephenson Smyth Baden-Powell was the seventh son born to Henrietta Grace Powell and Baden Powell, who passed away soon after. After her husband's passing, Henrietta became the head of the household and resolved to give her sons a life as rich as the one they had when her husband was still alive, despite the family's new financial limitations. She wanted her children to go to the right schools and meet the right people so that her family remained well-respected. In fact, her husband's name was so well respected that Henrietta had the family surname legally changed from Powell to Baden-Powell to immortalize her husband (Hillcourt).

Known today typically by his hyphenated last name, Baden-Powell excelled artistically and athletically but struggled with schoolwork, despite his great intelligence. As a result, he joined a regiment of Her Majesty's Army in India where he gained much respect and approval for his alternative approach to discipline. For example, rather than flogging soldiers who did not wear their cholera belt, he made them wear two belts as punishment.

Many of his fellow officers played polo in their free time, and Baden-Powell needed a polo pony to play. To this end, he spoke with his older brother, George, who recommended writing a book to earn additional money for such a pony. Baden-Powell wrote Reconnaissance and Scouting, a manual of military scouting tactics which became quite popular in the British Army. Later in his military career, Baden-Powell then revised Reconnaissance and Scouting into a new publication, Aids to Scouting for NCOs and Men, shortly before coming under siege in the South African city of Mafeking during the Boer War. This new publication included new material since the publication of his original book, including his lectures and scouting techniques he learned from an American scout, Frederick Burnham.

During the siege in Mafeking, Baden-Powell used ruse and deception to fool the Boers into thinking that the city was surrounded by land mines and barbed wire, effectively defending the city from attack by the Boers despite having very few military resources at his disposal. Although many men and supplies were lost during the siege in Mafeking, the news in England described Baden-Powell as a courageous hero. His new text, Aids to Scouting, sold like wildfire. When Baden-Powell returned home from the Boer War, he discovered that young boys wanted to play soldier in accordance with his writings. Thus, he wrote Scouting for Boys, and with it came one of the most prominent youth movements in history (Hillcourt 1981).

In this same time period, first-wave feminists addressed the controversy surrounding women's suffrage and British imperialism. However, one acclaimed British feminist, Violet Rosa Markham, a self-described Radical Liberal, spoke passionately in favor of both liberal social reform and conservative imperial politics while simultaneously speaking against women's suffrage, an unusual set of positions to be held by a single person. Violet Markham was the youngest daughter of Rosa and Charles Markham, a successful industrialist from whom she took her Liberal political leaning. Despite receiving little formal education, she found herself surrounded by intellectual and political discourse (Reidi 2000).

Following her father's death when she was fifteen years old, Violet Markham grew closer to her mother and started to gain interest in natural law as applied to different genders and the anti-suffragist cause. She then spent her mid-twenties traveling to key areas of the Victorian Empire. In Egypt, she marveled at “the world of British administration shepherding a backward oriental land into paths of righteousness for which many of its people had little taste” (quoted in Reidi). She cites this experience as well as Alfred Milner's book, England in Egypt, as the deciding factor that shifted her thinking from Liberalism to Imperialism (Reidi 2000).

Violet Markham later visited South Africa where she suffered a nervous breakdown, likely due to the social expectations of living as a wealthy unmarried daughter, as implied in her diary. Violet Markham stayed in South Africa from June through October 1899 which both reinforced her beliefs about imperialism and gave her a foundation of authority to speak on her views. She wrote and spoke on many occasions through the mouthpiece of British propaganda. Although only a few hundred copies of her books on this experience were sold, she came to be well-respected by newspapers, such as The Spectator, as well as other media for her literary prowess in politics. Violet Markham went on to make many friends in the circle of imperialist thinkers, and upon receiving her inheritance, provided funds to them to further their imperialist causes (Reidi 2000).

The Advancement of Scouting in the British Empire

Keeping the momentum of the scouting movement had both challenges and moments for celebration. An
early challenge to the implied gender inclusivity in Boy Scouts came from an anonymous young girl writing, “Dear Sir, If a girl is not allowed to run, or even to hurry, to swim, ride a bike, or raise her arms above her head, can she become a Scout? Hoping that you will reply. Yours sincerely, A Would-Be Scout” (quoted in Hillcourt 1981). In this letter to Baden-Powell, this “Would-Be Scout” summarizes the central dilemma in producing a scouting organization that was accessible and inclusive to her and her gender group in the context of the post-Victorian era. Baden-Powell ([1908] 2011) initially answered this dilemma in his book, Scouting for Boys, when he wrote

“And there have been women scouts of the nation, too: such as Grace Darling, who risked her life to save a shipwrecked crew; Florence Nightingale, who nursed sick soldiers in the Crimean War; Miss Kingsley, the African explorer; Lady Lugard, in Africa and Alaska; and many devoted lady missionaries and nurses in all parts of our Empire. These have shown that girls as well as boys may well learn scouting while they are young, and so be able to do useful work in the world as they grow older.”

Baden-Powell’s answer clearly demonstrates that British imperialism could coexist with egalitarian gender roles. In performing their duties with the skill and patriotism expected of any good scout, these women actively strengthened the British empire. And so, even in the post-Victorian era, Baden-Powell asserts that girls and women advanced both the scouting movement and British society, and that they should continue to do so.

In July of 1908, sectors of the media began to endorse girls in scouting. In a piece titled “Is Scouting Good for Girls?” published in The Scout magazine (1908), the Boy Scouts organization answered the title question by asserting

“Certainly it can [be]. There are plenty of reasons why a healthy-minded girl should become a Scout, and I do not know of one sound reason against it. If any proof were needed of the way Scouting has caught on with girls it is furnished by the large number who have already become Scouts and are enthusiastic supporters of the movement.”

This assertion lends the most compelling proof that the scouting movement both welcomed and held great promise for youth of all genders. Not only does this piece demonstrate that there was a good amount of public support for girls in scouting, but it also further indicates institutional support as well. Given the prominence of British imperialism, it would have been all too easy for Baden-Powell to voice his dissent to female involvement in any or all scouting activities. Instead, he remained silent.

In 1909, several months after the above article, the first Boy Scout rally occurred in the Crystal Palace in London. The media initially spoke of girls in scouting positively. On September 11, 1909, The Spectator, a London newspaper, wrote,

At the Crystal Palace “rally” there were no fewer than eleven thousand Scouts, and among them was a troop of Girl Scouts. […] General Baden-Powell, addressing them before the march past, told them that all men are either workers or shirkers; Scouts had real work to do, because all their services were intended for others; they must carry out the special Scout duty of doing a good turn every day to someone.”

Baden-Powell made no negative comments about the girls, and even declined to send them home. Doing a good turn has no gender, and Baden-Powell realized this when he saw the girls rallying under their own names instead of masquerading as boys.

However, the heavily ingrained social norms of the post-Victorian era soon began to overtake the momentum of the scouting movement. Powerful social influencers caused the media to subsequently rescind that opinion and thus affect change in the structure of the organization, forcing it away from the cohesive co-ed program that Baden-Powell envisioned. Violet Markham, an independently wealthy woman and acclaimed feminist of high social influence, initiated a series of letters to the editor in The Spectator that resulted in scoutmasters substantially altering the scouting program to conform to Victorian social norms.

In December of 1909, Violet Markham wrote

“SIR,

Some weeks since you allowed me to advocate the cause of Boy Scouts in your columns. May I draw your attention to an offshoot of this movement which seems to me thoroughly mischievous, namely, Girl Scouts. Again I can speak from personal experience. A corps of Girl Scouts has sprung up in a town with which I am acquainted; twenty girls or more, varying in age from twelve to sixteen, under the direction of a young Scoutmaster who has had considerable success with Boy Scouts. The Girl Scouts and Boy Scouts roam the countryside together on what I can only describe as glorified larking expeditions, expeditions from which they have been known to return home as late as ten p.m. The girls wear a red cross upon their arms, a symbol one is sorry to see in
I have described a local manifestation, but the wider issue remains to be considered. It may be argued that with proper control the evils I have sketched could be avoided. For the mixed scouting described above not one word of defense is possible; but, speaking as the head of a Settlement with some experience of girls' clubs, may I still urge the undesirability of any general development of this Girl Scouts scheme even on reorganised lines? In the first place, scouting for girls leads nowhere from the national point of view. It is not suggested that we should recruit our Army from women, and Morse signalling as a feminine accomplishment strikes me as singularly superfluous at a time when the decay of household arts is a word of reproach to women in every walk of life. The whole spirit of excitement and self-advertisement bred by the movement is highly objectionable, and from what I have seen myself I cannot too strongly deprecate the tone and temper it creates among children at a difficult and impressionable age. Girls are not boys, and the training which develops manly qualities in the one may lead to the negation of womanliness in the other. To provide healthy and happy recreation for young people, to give them as much fresh air as possible, is an aim always before the head of a girls' club. But such recreation surely should be directed so as to encourage and not to destroy self-respect, dignity, and gentleness, qualities which are essential to the nation if the wives and mothers of to-morrow [sic] are to play their parts worthily. Ambulance work and Red Cross classes are most desirable for girls, but it is not necessary to associate these things with night attacks or ranging the country with a long pole.

I hear from the Boy Scouts' headquarters that six thousand girls have already enrolled themselves as Scouts, and that a scheme for Girl Scouts is being formulated. I trust that public opinion will assert itself strongly as regards this proposal. The friends of Boy Scouts can only feel that an admirable movement will be jeopardised seriously by the objections which must follow the spread of Girl Scouts, and this consideration alone, apart from any others, might well give the promoters pause."

I am, Sir, &c., VIOLET R. MARKHAM.
Topton House, Chesterfield (Markham).

Despite her public reputation as a well-respected feminist in the post-Victorian era, Violet Markham argues for a notable anti-feminist change to the Boy Scouts, specifically the exclusion of girls. This stance is particularly striking when one considers the arguably more feminist mindset held by Baden-Powell and the media immediately prior to her letter to the editor. Violet Markham used her social influence to enforce the already-established gender roles of the Victorian era, and thus failed to stand in solidarity with female scouts wishing to further their own capabilities and leadership.

The series of letters from Markham and others concludes with the following letter from J. Archibald Lyle, Managing Secretary of the Boy Scouts, on December 25, 1909.

"SIR,

From recent correspondence in the Press on this subject there appears to be an impression that Girl Scouts form part of the organisation of Boy Scouts. I am directed to state that this is not so. Mixed troops of boys and girls are not countenanced in our organisation. There are some small irresponsible imitations of the Boy Scouts movement about the country, and it is known that in certain of these mixed troops have been started. We are much indebted to Miss Violet Markham for drawing attention to this, since unless it is under very good supervision the system is open to grave objections. Of course it is impossible for the public to discriminate between the different bodies alike in dress, and the blame has naturally fallen on the Boy Scouts. All we have done has been to register and take note of the large number of girls who have applied to us as anxious to take up scouting; and in view of their keenness and of the good that some such movement might obviously do, especially among a certain class of girls, a suggestion for Girl Nurses (called "Guides") as an entirely separate organisation has been made by Sir Robert Baden-Powell to the Red Cross Society, which it is hoped may be taken up by ladies' Committees of that organisation where considered desirable. The aim of
the scheme is to teach the girls hospital and home nursing, cooking, housekeeping, &c., by practical means, appealing to the girls' own imagination and keenness.”

I am, Sir, &c., J. ARCHIBALD LYLE, Boy Scouts, Managing Secretary (Lyle)

In only a matter of months after males and females rallied in a unified Boy Scouts movement, one woman's influence proved powerful enough to bend the will of the entire organization and the nation itself. This resulted in a gender-divided youth movement that has de facto encouraged gender roles internationally up until very recently.

**Returning to Solidarity in the United States**

In 1910, barely a year after the rally at Crystal Palace, the Boy Scout organization made its way into the United States. William D. Boyce, the original owner of the name “Boy Scouts of America”, initially struggled to get the organization off the ground until Edgar M. Robinson, a delegate of the YMCA, offered his funding and guidance to the BSA during its first year. The YMCA's prior experience with running camps for boys led to recruitment of several thousand boys and many monetary donations to the Boy Scouts of America. By this time, numerous other organizations for youth and social work banded together to create a permanent sense of structure for the Boy Scouts (Peterson 1985).

While this progress continued to solidify the transnational legacy of the Boy Scouts, it had the consequence of defining the ideal scout in terms of their adherence to the white, male, heterosexual model. Although the Boy Scouts of America had since been proactive about welcoming boys of different races and religions into the Boy Scouts, it is only recently that the organization broke the gender barrier to allow girls into their flagship Boy Scouts program. This change has put girls on a track which allows them to earn the award of Eagle Scout, the most renowned youth character and leadership recognition award in the country.

**CONCLUSION**

Scouting has no gender. Camping has no gender. Helping others has no gender. Citizenship has no gender. The scouting movement should never have been an organization exclusive to the male gender. Although several alternative programs were developed for girls, including the Girl Scouts and the Campfire Girls, Americans believe that separate but equal is inherently unequal. Thus, it is completely antithetical to our most basic values that the Boy Scout organization in Great Britain allowed Violet Markham, a “well respected feminist”, to impact the gender composition of the Boy Scouts of America for over 100 years. Despite granting women the right to vote in 1920, we did not give girls equal access to programming and ranks, such as Eagle Scout, that would prepare them to be equally skilled and respected leaders in society. The Scouts BSA's 2019 decision to induct girls into their flagship program represents a long overdue resolution of this gender injustice.

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About the Author and New Hampshire Troop 6: Kaileigh Row is a 2023 graduate of Keene State College where she earned a B.A. in Psychology and minored in Women's and Gender Studies. As an adult leader in one of the new Scouts BSA girl troops, she observed the girls of Troop 6 in New Hampshire demonstrate that they are equally capable in camping, first aid, and leadership roles as their male counterparts. Troop 6 has produced five Eagle Scouts in four years, each of whom presented a deeply impactful Eagle Scout project. In the words of Baden-Powell, they “have shown that girls as well as boys may well learn scouting while they are young, and so be able to do useful work in the world as they grow older” (Baden-Powell [1908] 2011). The author may be reached at kaileigh.row@me.com.

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Using a Novel to Help Sociology Students Feel Less “at Sea” in Their Sociology of Aging Course

By

Roger Clark and Emily Stier Adler

Numerous authors (e.g., Castellano et al., 2008; Hartman, 2005; Roberts & Roberts, 2008; Wyant & Bowen, 2018) have argued for the value of using novels as teaching tools in college sociology courses. Some of the benefits attributed to using novels along with other course materials include increased student engagement, enhanced conceptual understanding, improved analytic ability, longer-term retention, and perspective-transformation.

We are not aware of anyone, however, who has advocated a specific novel for a course in the Sociology of Aging. Here we argue that one such book is Elizabeth Strout’s most recent novel, *Lucy by the Sea*. This ninth novel by Strout and her fourth about her character, Lucy Barton, is set in the early days of the Covid-19 pandemic. This timeframe might be enough to draw in students who have their own vivid (or repressed) memories of those scary early days.

Lucy and William, the book’s main characters, fall into the category of what the *Economist* dubs the “yold,” or “young old”-- people whose ages fall somewhere between 65 and 75. (William is 71 just before the start of the book and Lucy is just a few, unspecified number of, years younger.)

This is an age group that, in the U. S., is increasingly staying in the workforce (rather than retiring), and Lucy, at the beginning of the novel, is a successful novelist, in the midst of a book tour. William, while retired at the start of the novel, is inspired, towards the end, to work again in his specialty, parasitology-- a branch of biology that studies parasites, their hosts, and the relationship between the two. He was looking into ways to protect potatoes from the ravages of global warming. Here we examine their stories for the insights they might provide students regarding four topics relevant to courses on aging, other than aging and work. The four topics are marriage and divorce, health and illness, loneliness and friendship, and loss and grief.

**Marriage, Divorce and Remarriage**

With the world confronting Covid and lockdown in March 2020, Lucy is reluctantly convinced by her ex-husband, William, to leave her Manhattan apartment. He has found an old beach house on a cliff above the ocean in Crosby, Maine, a small town where they can hunker down.

By 2010, 50 percent of people 65 or older had been divorced (Quadagno, 2013:184). This novel provides opportunity for student discussion of this phenomenon. When the novel begins, Lucy and William, parents of two adult daughters, have been divorced for almost twenty years after being married for about the same amount of time. Their divorce was due to William’s multiple infidelities. Like Lucy, most Americans expect sexual exclusivity in marriage. Both men and women view sexual infidelity as the most upsetting and least forgivable imagined infidelity act (Pettijohn & Arisida, 2013).

However, despite the usual expectation for monogamy, infidelity frequently occurs in marriage. In a national survey, Whisman & Snyder (2007) found significant rates of infidelity, with an estimated 20–40% of married men and 20–25% of married women reporting sexual
infidelity.

After infidelity, both partners typically report lower relationship satisfaction; marriages characterized by infidelity are nearly twice as likely as others to end in divorce (Previti & Amato 2004). Like the one quarter of men and women who have married two or more times (US Census 2012), Lucy and William found other partners. While William was divorced again, remarried again and then separated from his third wife; Lucy became a widow nine months before the story began.

As the months go on, the feelings between Lucy and William rekindle. She feels he is kind – taking over the cooking, buying her warm clothes for the winter, comforting her when she has panic attacks. At one point, in discussing why he wanted her to come to Maine, he says, “Lucy, yours is the life I wanted to save” (p. 56).

However, many of the issues that were part of their marriage continue all these years later. Lucy notes that William is often distracted, not a great listener and keeps secrets. This fits with research suggesting the most frequently reported conflict topic in romantic relationships is communication (Meyer & Sledge 2022).

Like Lucy and William, a significant number of divorced couples (10-15%) reconcile after they separate with 6% actually remarrying each other (Busco 2022). Lucy’s willingness to give their relationship a second chance is summed up by her comment about his affairs during their marriage that “You can become bigger or bitter, that is what I think.”

Eventually, Lucy and William feel confident enough in their revitalized relationship to tackle the difficult task of telling their daughters that they are together again. By the end of the novel, they seek permanence by buying the house they rented in Maine.

Interestingly, both of their adult daughters, Chrissy and Becka, throughout the novel, are more likely to be in touch with William than they are with Lucy. Lucy notices this particularly when the daughters come down with Covid, and she asks William, “Why did they call you but not me?” He responds, “Oh Lucy, they just worry about how much you worry” (p. 145).

This is not the usual pattern of adult children of divorce, who tend to have much less contact with their fathers than their mothers (Quadagno 2013:186). The anomaly is partly explained by all the practical care William gives to his daughters—including helping one escape the unhealthy confines of New York City at the start of the pandemic and the other, when she learns about the infidelity of her own husband. This is not to say that Lucy does not play a meaningful role in her daughters’ lives. She does. And it is she, for instance, who helps Chrissy decide that being unfaithful to her husband would not be a good idea. It’s just that she (Lucy) isn’t always the first one either daughter turns to when they want to talk.

Health and Illness

Aging is generally associated with a gradual decline in physical and mental capacity (WHO 2022). Lucy, in her late sixties, seems to have remained in generally good health. She does suffer from insomnia, something that becomes more common as people age (WebMD 2022), and occasional panic attacks that are more likely to occur in older people who have recently lost a spouse (Stone 2020), as Lucy did.

William’s health issues have been serious. He had prostate cancer, and a botched surgery has left him impotent. About 1 in 8 men are diagnosed with prostate cancer during their lives. It is the second leading cause of cancer deaths among men and many men find it difficult to talk about it (Sreenivas 2023). William’s hesitancy to talk about his cancer has left Lucy, and their whole family, in the dark, even though the two of them have been in reasonably close contact ever since Lucy’s second husband, David, died. When William’s cancer does come out, Lucy finds it hard to sleep:

“I could not sleep that night. I kept thinking of William and how he had had cancer and had his prostate out and how he had never told anyone... Oh William, I thought—Oh my God. William... No wonder he could not listen to me often. What a thing he had been through! Swiping his hand down toward the lower middle of himself, “I’m through,” he had said (p. 91).

Nonetheless, despite William’s bout with cancer, both Lucy and William are physically fit and mentally sharp. One reason is probably their regular exercise routine. “[O]lder people who exercise regularly,” Jill Quadagno (2013:254) reminds us, “show improved cardiovascular function, better long-term and short-term memory, and less disability than sedentary people.” William is religious about getting his 10,000 steps a day and Lucy walks a lot everyday too.

The early days of the pandemic led Lucy and William, as it did many of us, to watch TV reports of the carnage Covid was wreaking. Such news reports, one might think, would have made everyone, everywhere, aware of how important social distancing, mask-wearing and handwashing were, but Tiwari et al. (2021) found that local, word-of-mouth communication and modeling was vital for driving the message home. William’s
precautions, and those of neighbors, make Lucy aware of the importance of masking, hand washing, social distancing and preventive isolation as ways of protecting herself and others.

Strout reminds the reader that not everyone agreed about how to respond to the pandemic. William needs to persuade Melvin, the father of one of William’s and Lucy’s children’s spouses, to social distance from the children for a couple of weeks just after Melvin (and his wife, Barbara) had driven up from Florida where few people were masking. As it turns out, four days after they had begun their quarantine Melvin is hospitalized with a serious case of Covid-19—so William’s efforts were clearly justified.

Since the start of the pandemic, older people have been much more likely to die of Covid-19 than younger ones (Rossen et al, 2020). Melvin’s near-death experience reminds us of this statistic, and as do the deaths of other of their acquaintances, including one of Williams’ oldest friends, Jerry (p. 7). However, certain risk factors made even younger people more susceptible to the worst effects of Covid. One of these risks is asthma, a condition that plays a substantial role in William’s (and Lucy’s) concern about the possible exposure of their son-in-law, Michael, an asthma sufferer, to Covid. Their concern about Michael’s exposure becomes a driving element of the book’s plot, as they seek living quarters for Michael, and their daughter Chrissy, outside of New York City and protection from exposure by Michael’s father and mother.

The many health-related themes related to Covid will give many students an opening to share the experiences of their own families and friends, many of which will connect them more closely to considerations of aging and (ill-) health.

**Loneliness and Friendship**

Recent research suggests that, in general, younger adults are more likely to experience loneliness than older ones (Winch 2016). But, under certain circumstances, especially after the loss of a long-time loved one, older people to can also be expected to experience loneliness (Winch 2016).

Many people experienced unusual levels of loneliness early in the pandemic and this was certainly true of Lucy. At first, Lucy and William do not allow themselves to be with anyone else in their new home in Maine. As we have noted, they take walks alone or together. Although William seems content to be with Lucy and his walking, isolation is very hard on Lucy. Lucy seems to have been socially engaged in New York. While she was grieving the death of David, her beloved second husband, she frequently saw friends and her daughters. Her work as a novelist kept her busy with writing and book tours. With the pandemic and re-location to Maine, Lucy is unhappy about not seeing anyone else and is not sure how she feels about William (p. 21). She experiences daily ups and downs, both physically and emotionally, commenting that she feels “all over the map.” She takes long walks and interacts with William but the normal give and take of her social world is gone.

The isolation created by Covid was a serious handicap for Lucy and most of us. Reporting on the longest scientific study of happiness ever conducted, Waldinger & Schulz (2023), argue that good relationships and social connections are the most important predictors of health and happiness. In their study, broad social networks and significant social activities are more important than any other variable in forestalling disease, infirmity, and cognitive decline. They argue that it is our friendships that buffer us during the most difficult events of our lives (Waldinger & Schulz 2023:257).

Until Lucy begins to make new friends, she is adrift. After a time, she develops both strong and casual ties with others. Strong ties are the ones we have with our most important friends. These are the people who will support us and help us when we most need it (p. 262). Weak ties or casual friendships, while not the ones we turn to in times of distress, do provide us with “jolts of good feeling or energy during our days, as well as a sense of connection to larger communities” (263).

As the months go by, Lucy finds comfort in her friendship with Bob Burgess and his wife, the town minister. Bob and Lucy take walks and have talks (while masked) that become very important to both of them. This friendship helps her feel better as she has the opportunity to sort out her feelings about many issues, including her traumatic and impoverished childhood, the current political climate, her marriage, her grief over her beloved husband David’s death, and her experience as a mother. Lucy says that Bob “made me feel that I mattered.” Towards the end of the book, Bob’s comment that he would like her to stay in Maine is one of the reasons she ends up remaining in Crosby.

Lucy also develops casual friendships across political divides. She develops a quiet friendship with Charlene, a fellow volunteer at the local food pantry despite the fact that Charlene is a supporter of “the current President” (p. 163). Early in her time in Maine she waves to an old man who sits on the front steps of a small house that she passes on her walks (p.44). She soon asks him how he is
and learns his name. After that whenever she sees him on his steps she says, “Hello Tom” and he answers “Hello, de-ah”. When Bob tells her that Tom was probably the person who put the sign on her car that said “Go Home New Yorkers,” Lucy replies, “Well, who cares... Tom and I are friends now” (p. 86).

Loss and Grief

In many ways Lucy by the Sea is a story about loss and grief, but, given the overarching context of the pandemic, it feels odd to say that the most heartfelt losses reported are not deaths caused by Covid-19. But they are related to the aging of the main characters. Women have a greater chance of being widowed than men, not only because they live longer, but also because they tend to be the younger member of most married couples (Quadagno 2013:309). As we have already mentioned, Lucy had lost her beloved second husband, David, and by the midpoint of the story, was one and a half years into her widowhood. She longs for him desperately:

> It has been said that the second year of widowhood is worse than the first—the idea being, I think, that the shock has worn off and now one has to simply live with the loss, and I had been finding that to be true, even before I came to Maine with William (46).

But she felt that she could not share this with William, because “Grief is a private thing.” Research has shown that shock is frequently an early reaction to the loss of a loved one (e.g., Kubler-Ross 1969) and that the second year is frequently more emotionally challenging than the first partly because of that early shock and sometimes because of the “legal, financial, and end-of-life formalities” that must be tended to (e.g., Vasquez 2021). So, Lucy’s explanation for her grief-related pain at the beginning of the book makes sense in relation to this literature.

What makes less sense is Lucy’s feeling that she should not be sharing her grief with others. It is true that there are many ways of dealing with grief, but Lucy’s choice not to share hers finds little support in the grief-therapy literature (Prend 1997; Rando 1991; Wolfelt 2021). However, it does raise potential issues for students to ponder.

The tendency not to share is one she does have in common with William, who, only when she asks why he washes his jeans so frequently, lets-slip that he’s had the “botched” prostate surgery that’s left him impotent and without full control of his bladder. He admits he’s never told anyone in the family about this.

Their inability to share feelings about their major losses is an early theme, but eventually, there are breakthroughs. After a while, Lucy does share with William that, while she loved David, the place she lived with him “was never home.” “The only real home I ever had in my whole life, I had with you. And the girls.” And she cries and cries, eventually being comforted by William in a way that leads to their having sex (there are ways to achieve intimacy even when the man is impotent (Starkman 2023) and reestablish their ancient habit of sleeping together every night. Thus do the two of them move towards the establishment of a meaningful life, one that can occur when grieving people “develop… a new relationship or strengthen… an attachment with someone [they] already know” (O’Connor 2022:201).

CONCLUSION

The novel Lucy by the Sea contains themes that could make it a useful companion for sociology courses, especially the Sociology of Aging. (It could doubtless be helpful in Marriage and the Family and Introduction to Sociology courses, too). Marriage, divorce and remarriage are all topics that could be made more vivid to college-aged students by this novel. As we have suggested, health and illness are almost constant concerns for Lucy and William, as they are for many older adults. The same can be said for the loneliness and the need for friendship. Loss and grief are also themes that most courses on aging address, and the grief experiences of both Lucy and William, one associated with the loss of a spouse, the other with losses associated with disease, would enable students to think about such experiences with concrete examples in mind.

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We find:
I never imagined my life to be where it was between the ages of 29 and 30, just under three years ago. I was finishing up a 28-week fire academy, and about to hit my 30th birthday. I was ecstatic, a ball of nerves, and curious about what was to come. I had naively believed that nothing could get in my way, and life was as good as it could ever be. I had been introduced to the unknown world of grief in my past, but nothing like the grief I was about to meet on Thursday, March 18th, 2021. I got off my last night shift from the fire department. I went by my parents’ home, knowing my mom had been two days out from getting her second shot of the Pfizer COVID vaccine. I started talking about my night and how I had to perform CPR on someone, and then I noticed my mom was no longer in the room. She was in the kitchen, vomiting in the sink. The way she presented and her symptoms at the time told me that she was experiencing common side effects from the vaccination. I started talking about my night and how I had to perform CPR on someone, and then I noticed my mom was no longer in the room. She was in the kitchen, vomiting in the sink. The way she presented and her symptoms at the time told me that she was experiencing common side effects from the vaccination. I made sure she was comfortable on the couch as I offered to stay by her side. She and my father insisted that I go home to my place to nap. Reluctantly, I agreed and turned to my mom to say, “I love you, and I’ll see you later,” not knowing that those would be the last words I spoke to her.

About five hours passed when I awoke from my nap, realizing my father had called me twice, which was slightly unusual. I called him back and he advised me that, “mom is very sick. I have EMS here; they’re pumping her chest.” That’s the first time I’ve ever felt time stand still. I knew what was taking place, but I couldn’t get any words out. My mom ended up going into cardiac arrest (when one’s heart suddenly stops beating) early on that afternoon.

I hung up the phone and calmly drove to my parent’s home, where I witnessed EMS performing life-saving measures on my mom. I left the room and went outside. I wanted the EMS crew to do be able to do their job and allow my dad to see that everything they could do was being done. But, due to the nature of my profession, I already knew the outcome. I suddenly lost control of my body and collapsed on the sidewalk. I had this nauseating feeling in my stomach, as I pictured my insides presenting like a tangle of wires. At the same time, I felt as if a miracle was still in the cards, and maybe, just maybe, my mom would be okay.

I watched the ambulance pull off, knowing the hospital would soon call to deliver the worst news our family has ever endured. I went inside my parent’s home. The family room was covered in used up medical supplies. One of my mom’s shoes lay on the carpet and all I could think was, “How could she go to the hospital with only one shoe?!”. I begged the rescue officer to tell me what he thought the outcome was going to be, even though deep down, I knew the answer. He was brutally honest as he looked at me and said, “She was still warm when we got here. We did everything we could, hon, I’m sorry.”

The next few months were a blur. Looking back now, two years later, I realize I was functioning on autopilot. But in the moment, I felt as if I were unstoppable. Sure,
I had just lost my mom, but I kept thinking how she would be so proud of how I was handling myself. I kept busy, focused on my performance as a probationary firefighter, and tried to be there as much as I could for my family. I remember at the end of May I caught my first fire. It was in a commercial building, and everything I had spent the last six months training for came into play at that fire. Our Engine Co. spent six hours on scene and then left to respond to a male party having a nosebleed.

I left work that night on cloud nine. I couldn’t wait to call my mom and tell her about my first fire. And that inclination right there hit me like a ton of bricks. Was I crazy? Why did I think I was going to be able to call my mom? I felt this sudden wave of pain and sadness as I began to uncontrollably sob in my car. I then called my dad. I told him about my fire, but I wasn’t excited anymore.

I continued to have multiple instances similar to that one for months coming. I would go by my parents’ house to see my dad and expect him to be on the couch watching the nightly news with my mom. I would wait for her to text me, for her cooking, for her long emails outlining the family’s summer plans. I knew my mom was dead. I knew she wasn’t coming back; but for some odd reason I kept feeling as though maybe I would soon wake up from this nightmare. I felt insane.

I mustered through the next few months up until the beginning of winter. I started to notice my body responding abnormally to noises and visuals at work. I thought, I deal with this every day, why am I suddenly tensing up? Any cardiac related medical call we would respond to, I would freeze, and I wasn’t following through with my normal duties. I was going back and forth with the Chief of the Department on whether or not I was going to stay in the fire service. He was very supportive and didn’t want me to leave, but eventually, I decided walking away was the safest choice to make for myself, and for those I worked beside.

After my resignation, I started pushing away those closest to me, including my dad. I was in a dark hole and couldn’t believe my life was the way it was. I was upset with how he and other family members were grieving. I was comparing my life to other’s who had lost a parent but seemed “ok.” If it’s one thing I know now, it’s that each person’s grief looks different and never tell anyone how they should grieve.

My therapy sessions became bland, and I wasn’t feeling “heard” anymore. I decided to search for a new therapist, and for me that was daunting. I had been seeing the same therapist for the last ten years. How was I supposed to start all over? I eventually parted ways with my old therapist and gained a strong, healthy relationship with a new one.

I tried a few different jobs, not related to the fire or medical field, and was very unhappy. I had no idea how I was going to get back into the fire service, but the more clarity I gained, the more I knew that the fire service was my calling. One thing I carry with me every day is my mom’s voice cheering me on. She was my biggest supporter in life and during my fire academy experience-- even when I wanted to quit. There was a saying that was drilled into our heads during the academy and that is, “No one is coming to save you.”

I had the answers all along, but it was time to do the work. It had been a year of misery. I was done feeling sorry for myself and blaming those I loved for my pain. I wanted so badly to find my “norm” again, but I knew it would take baby steps, and this sense of acceptance through loss. My mom always reminded me to take things one day at a time, and even one hour at a time. So, I relied on the life tools I had and the resilience my mom instilled in me.

I gradually started getting the energy back again to do the things I loved. I looked to starting healthy habits that I knew would help my re-building phase. I found that journaling, being kind to myself, and listing daily goals were all helpful in getting me to view things from a wider perspective. I also listed things or people for whom I am grateful.

I immersed myself back into the medical field and started re-applying to fire departments. I knew that if I could come out strong on the other side after losing my mom, I could do anything. There were multiple goals I had to achieve but having those in place allowed me to re-gain some purpose.

I eventually landed a spot on a fire department at a town in the state where I lived. It was a bittersweet process, but what allowed me to get through it again was looking inwards, and knowing I was making my mom proud.

It sounds cliché, but our mindset is what makes us or breaks us. No one but myself was coming to save me. I had to re-learn to be comfortable with being uncomfortable. I’m not saying what worked for me will work for someone else, because we are all different.

Unfortunately, some of us are going to experience tragic events throughout life. It’s going to become a part of you, but it doesn’t define you, unless you allow it to. Nothing in life can break you, unless you allow it to.

I still have my days filled with intense sadness, regret, anger, and some denial. I will never get over losing my
mom, but I've been able to accept that what happened, happened. I cannot change the past, nor can I control something out of my control. I think of my mom every single day, and she's left an everlasting mark on my daily life. I am constantly reminding myself of how grateful I am to have had such a role model throughout the years. I would do anything to be able to have her here physically, to give her one last hug, but that's life. I am weirdly at peace knowing what it’s like to have a sustainable life again, to genuinely smile and laugh again, all while carrying around an underlying sadness that can no longer break me, but will forever live within me.

Roger: Bev and I had been married 52 years, been together for 55, when she died suddenly and unexpectedly of a heart attack on March 18, 2021. Wendy's captured well the horrors of that day for her. Let me just add that the world, as I had known it, was shattered. Bev and I had taken Elizabeth Kubler-Ross's course at the University of Chicago in 1971. Kubler-Ross had published her famous book, On Death and Dying, two year earlier, a book that famously suggested that dying persons, and persons experiencing grief in the wake of bereavement, go through five, well-known, stages: denial, anger, bargaining, depression, and acceptance.

As a sociology professor, who occasionally taught our department's course on aging, I had dutifully asked students to learn these stages when we dealt with death and dying. But nothing in Kubler-Ross model had prepared me for the trauma I would personally experience after Bev's death, the panic attacks I would experience when doing the grocery shopping, something Bev had mainly done before, or the uncontrollable weeping after visiting with couple friends whose company we’d always enjoyed together before. Wendy’s grief for her mom was different from mine, but there were similarities.

There were moments when I, too, thought I was going insane. Trauma, panic, overwhelming sadness (not really “depression”), and a sense of insanity were among the clues that Kubler-Ross's scheme did not completely describe my experience of bereavement. Friends and family were great: supportive and loving. But only Wendy seemed quite as crazy as I felt—and even that craziness, after the first day, and as she suggests, took a while to manifest itself in her and was different from mine.

Because of Covid, we couldn't have a memorial service for Bev until five months after her death but, in a way, that was a blessing. It gave me something, other than putting my financial house in order for my children in case I died (something the death of Bev somehow made much more credible than it had been before), to focus on. (And directed my attention to something other than the new, huge hole, in my life.) I had to spend some time on practical questions—like where the service would be and how to reserve that venue, who would preside, who might speak, what I myself might say, if I said anything.

I couldn't bring myself to dispose of any of Bev's things—her books and papers (she too was a college professor), her clothing, her toothbrush. I began reading all kinds of books about grief, including Joan Didion's (2005) The Year of Magical Thinking, in which she claims she couldn’t give away her deceased husband’s shoes for fear he might need them. I suppose that might have been part of my reasoning for not discarding Bev’s stuff. (I still, 30 months later, haven’t disposed of much of her stuff.) Wendy seems to have experienced lots of that “magical thinking” too, as her inclination to call Bev after she’d dealt with that big fire and many other things she reports imply.

Mary-Frances O'Connor, a neurobiologist, explains in her (2022) The Grieving Brain that even while our conscious brain can recognize the loss of a loved one, there is brain circuitry, below our consciousness, that still expects to encounter that person in certain places, at certain times, and with a certain emotional intensity. This subconscious circuitry, O'Connor observes, is educable, but often needs several unexpected disappointments to take in the fact that the loved one will not be there when expected. And when we feel those disappointments, whatever our conscious brain tells, we are torn apart.

After (and even before) the memorial service I became more and more anxious. I tried to stick to a rigorous routine of exercise, meal preparation, sleep and completely absorbing activities like doing Sudoku and crossword puzzles and trying to learn languages via an online app—Duolingo. I'd started working with Duolingo before Bev died, thinking we'd do foreign travel after our retirement. Then Bev died two months before she was to retire. I knew I wouldn't be doing much foreign travel without Bev, but my “magical thinking” involved a notion that I shouldn't give up on the language learning that might have facilitated that travel.

In general, I expected routine to protect me to some extent from the sadness and anxiety that living a life without Bev brought me. But even that didn't work as expected. For instance, since part of my routine meal preparation (often for one of my children who lived close enough to visit many nights) frequently involved doing
another routine thing—listening to the music I used to listen to as I prepared meals for Bev—I'd end up crying as I did the work. The music and the work were just too evocative. And some of these routines, like walking the dog Bev and I shared with our daughter, Wendy, engendered heart-wrenching recollections of walking the same places with the same (and other) dog(s) with Bev. Visiting with couple friends we'd enjoyed together always led to bawling, usually, but not always, on the way home. Again, I often thought I might be going insane.

One friend, a psychiatrist, recommended and referred me to a therapist, a man who has been an enormous boon over the past 30 months. I have many friends who listen to my expressions of grief even while we're doing something else (playing tennis, going for walks, watching dogs play at the dog park). But having someone whose primary job is to listen to me talk about the sorrows of my new life has been very helpful, especially as he's also permitted me to talk about activities that might help create a meaningful new life. After a while, these new activities included seeing another woman, something that was much more fraught that I might have expected it to be. O'Connor (2022:201) puts my difficulties with this new relationship into perspective:

The restoration of a meaningful life . . . often means developing a new relationship or strengthening an attachment with someone we already know. Bringing someone new into your life can lead to an eruption of grief, even after a period of relative calm. In the enjoyment of a new relationship, the mere presence of the new person can be a reminder of the absence of your deceased loved one. This requires time and gentleness with yourself, and remembering that the new person . . . and the person you loved . . . are not the same. Gaining a new loving, supportive relationship does not mean forgetting or rejecting the one that came before.

I'm very fond of my “new person,” but I'm not yet sure I will find a loving relationship in my “after (Bev) life.” I do, however, believe that such a thing is possible and desirable.

Another friend recommended a grief support group. I joined one five months after Bev died and have been in it ever since, recently having become its coordinator. It's hard to overstate how useful this group has been to me. Almost immediately, and ever since, talking with other partners and spouses who have lost a loved one has given me the sense that, no matter how crazy I sometimes feel, the craziness is normal. And this is comforting.

I've also observed that, for most members, the second year was almost as bad as, sometimes worse than, the first. And, since this was true for me, this too was comforting. Finally, though, the group has shown me that while there are amazing similarities among those who have lost a beloved life partner (and, after all, who else would sign up for a grief support group?), there are inevitable differences. As just one example, those who lost a loved one to a long and agonizing death seem much more likely to experience a sense of relief when the person dies than those who's loved one dies suddenly and unexpectedly—a group for which trauma is often an element of bereavement. (And where were “relief” and “trauma” in Kubler-Ross's model?)

I agree with Wendy that it's our own frame of mind, and no one else's, that allows us to define ourselves as doing ok, even as we continue to miss our loved one, sometimes painfully. I can now look at my life and see that I'm doing things that I define as productive and satisfying. Even at 75, I am able to exercise vigorously every day. I can still teach a college class each semester, something that I view as helping others. I can facilitate a grief support group. I can read and write with pleasure. Much of my reading and writing and facilitating are done to honor Bev's memory, just as Wendy's work as a firefighter is done, at least in part, to honor her memory as well. I can walk dogs, our (Wendy's and my) shared one and others when friends need me too. I can meet with friends regularly and enjoy their company. (I can even now define get together with “couple” friends as, in part, honoring Bev's memory, and so largely enjoyable.) I can care for others when they're sick and need me for other things. I might even figure out how to have a loving relationship with another woman (though this still remains to be seen). These are things I might not have defined as “enough” two and a half years ago. Now they are beginning to feel as if they are, even as I continue to experience moments of intense sadness.

But maybe Wendy and I are giving our conscious selves a little too much credit when we suggest changes in our frames of mind have helped us to see ourselves as being more functional than we were immediately after Bev's death. Maybe O'Connor is right that gradual changes in our subconscious inner circuitry have permitted those frames to change. That it's simply taken this much time for our inner circuitry to figure out that Bev won't be where we think she should be, when we think she should be there and with the same closeness she showed us before she died. And this circuitry is finally learning to deal with it. If that means that our advice to those who are recently bereaved boils down to,
“Things get softer with time,” so be it. Perhaps that’s all that people in such circumstances need to hear anyway.

References


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