Response to Holley Avey, "How U.S. Laws and Social Policies Influence Chronic Stress and Health Disparities."

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Holly Avey offers a valuable conceptual entre into thinking about the relationship between the structural features of American life and inequalities of health. She starts with findings of the U.S. Department of Health and Human Services, Healthy People 2010,[1] turning its survey of disparities of health and health treatments into a trenchant critique of the American political and cultural economy. She does this by focusing on "stress" as an underlying cause of various chronic and acute conditions, including high blood pressure, heart disease, diabetes, and cancer. According to Avey, the stresses imposed by unemployment, poor housing, lack of educational opportunities, and racism are implicated in the poor health suffered large percentages of disenfranchised Americans.

I find this thesis to by highly interesting and quite provocative. For one thing, its validity would be difficult to question as a matter of sheer fact. For the various reasons outlined in the paper, the lived experiences of America's dispossessed classes can be highly stressful. Anyone encountering Avey's paper, no matter what their race or class position, may know the stresses associated with not being able to pay one's monthly bills, with "maxing out" a credit card, or perhaps even not knowing where the next rent check is coming from. For those of us who have not experienced poverty as a significant condition of our lives, these occasional setbacks can give us only a superficial sense of the persistent and debilitating stresses that mark the life of the disenfranchised in a society such as ours, where the poor are given little public support, financial or emotional. Earl Shorris, in New American Blues, states that, "What the poor suffer comes much closer to fear [than simple anxiety], for they cannot ever be certain that there will be food on the table or heat in the radiators or that their children will come home safely from school." This haunting gnawing anxiety "devours days and nights, leaving little time for any other activity. In some places it is called 'stress,' in others 'nerves.' Some poor people are completely paralyzed by it, but every poor person suffers from it."[2]

Recognizing the role that stress plays in the lives of the least advantaged members of our society might, at first, be conceived as a kind of truism. After all, what else might one think? Yet although the thesis that stress pervades the lives of the poor, once revealed, might seem obvious, in fact, it turns out to be anything but that. The frequent characterizations of poor people in American popular politics as "irresponsible," "lazy," "unambitious" is evidence of a deep cultural prejudice, an underlying meaning of which is that the impoverished are not stressed enough. This prejudice partly rests in the assumption that it is the affluent who experience the greatest stresses and strains of life in our hyper-kinetic society. The affluent, after all, spend hours in commuter traffic jams, on their way to work for employers who under-appreciate them, only to return home to sweat their children's SAT outcomes, not to mention the high costs of a college education.

Cartoons, such as Dilbert, brilliantly play off of this theme. Dilbert himself is so harried and distressed that even his tie is incapable of relaxing. A recent advertisement for Merrill Lynch features a tightly-strung middle aged executive sitting in a lovely sunlit suburban home. He tells the unseen investment advisor/guru/psychoanalyst with his back to us that he appreciates

all of the investment advantages of Merrill Lynch, because it allows him to "relax," which, he notes dryly, "isn't easy for me." As observers, we recognize that, no matter what kinds of investment success he achieves, this man will never relax, and neither, probably will the rest of us who may identity with him. Everything, as the saying goes, has its price. The subtextual theme of such narratives is that the poor are to be envied. With few responsibilities in the workplace, little likelihood of investment capital losses, few of the weighty concerns that plague those that run the economy and polity, the poor may have few possessions, but few fears of losing them either.

Part of the importance of Avey's work is the clarity with which it joins political economy with physiology and psychology. The poor in American society are neither happy nor free. In fact, the diseases that they encounter as a routine aspect of their lived experiences are precisely those conditions that are mostly closely associated with stress. Avey correctly sees a lack of control as the central feature of poverty that causes this stress to manifest itself. In other words, it is the *disempowerments* of poverty and racism that help to spawn the disease conditions that she so carefully documents. The disenfranchised of our society have few escapes from this condition. Seventy-five dollars for a massage is out of the question. Membership in a fancy health club is clearly out of reach. As a result, the poor find ways to relieve their stresses through self-medications. They reach for alcohol or drugs, substances that do little more than exacerbate underlying problems, increase stress, and cause a slew of other health problems.

There is a danger in misinterpreting the emphasis that Avey places upon stress. One does not want to turn poverty into a mere psychological condition. Stress, as noted, crosses class, race, and gender boundaries. There are those with few material means that do not experience this condition as "poverty" and may not associate it with stress. There are also some for whom stress can be differentiated from the material conditions of their lives. If stress is characterized merely as a matter of individual psychology, then it becomes possible to detach it from a critique of its larger social and economic contexts. "Stress management" is a therapeutic tool for individuals in need. But Avey correctly concludes that structural causes also require structural solutions. That is, "stress relief" can be useful and important kind of therapy, but it does not address the inequalities that are implicated in Healthy People 2010. One needs an entire infrastructure of supports to address underlying structural causes. The public institutions that historically have done this have been under continuous siege at least since the presidency of Ronald Reagan: schools, parks, transportation systems, Medicare, and Medicaid. We need an adequate public infrastructure to address the public problems of stress discussed by Avey. A crucial part of it is played by the health care system itself. One of the greatest stresses in our society is not to have access to health insurance, so that providing some kinds of systematic guarantee to it has the twin advantages of being both a reliever of stress as well as system of actual care.

Earl Shorris distinguishes those most debilitated by poverty by their tendency to see their lives as defined by "force" rather than defined by "politics." The difference is between those that feel simply victimized and those that sense that they have some capacity to act in the world to start to change the conditions within which they live. Poverty, in other words, must be addressed within the context of political action (and not simply "self-help.") Frustrating as active political engagement may be, even unsuccessful attempts to challenge the forces that control one's life, the mere fact of doing so can be an empowering activity. Political engagement provides one path to challenge (but not deny) the stresses that afflict the disenfranchised.

Understanding power and facing it does not "relieve" stress in the classical medical way, but it can turn the frustrations that one faces from something that reflects ones disempowerment to something that is potentially empowering. Political organizing to challenge institutional authorities as well as to increase institutional supports are valuable tools for relieving the stresses of poverty. Civil rights, peace, and anti-poverty movements can all be very important in this regard.

Such movements can and often do work to support the kinds of policy proposals put forward by Avey. Her proposals speak directly to the structural disparities that she reveals. Indeed, Avey is on target that existing health care bureaucracies should take stress into account "as a contributing factor to disease and health disparities," and that, more particularly, it ought to be addressed in the next version of Healthy People."[3] I also agree with her that "the structure of federal public health research funding must be changed to more easily and accurately address psychosocial causes of disease which do not fit neatly into a single disease category." Public health research needs to look at the connections between being unhealthy and all of the stresses that are associated with being impoverished in American society. Social policy, as Avey suggests, *is* health policy. The public health movement has traditionally recognized it as such. In fact, public health could be said to have originated with the idea that the medical community needed to see health disparities as markers of social and economic inequalities. Developing the connections between these larger contexts and stress is a potentially important advance.

Notes

1.U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion, Healthy People 2010, 2000, http://www.health.gov/healthypeople/Document/tableofcontents.htm.

2.Earl Shorris, New American Blues: A Journey Through Poverty to Democracy (New York: WW. Norton and Company, 1997). 166-67.

3. Holly Avey, "How U.S. Law and Social Policies Influence Chronic Stress and Health Disparities," Politics of Race, Culture, and Health Symposium, Ithaca College, Nov. 14 2002.