Locating Risk

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Aims of this meeting

- Bring together people from different disciplines and approaches
- Explore new area of research
- Establish an interdisciplinary network of interested researchers
Possible outcomes

- Network and linkages for continued communication
- Establish basis for future possible collaborative research and methods work
- Plan larger international conference
- Generate a report to circulate to interested agencies (e.g., NSF, NIH, NRC)
- Other? (participant-generated)
Domains of interest

- Risk perception
  - Cultural and social construction of health risk
  - Psychometric analysis of risk perception

- Spatial analysis
  - Health risk
  - Spatial pattern analysis methods
Interdisciplinary turf

Social/cultural construction of risk

Psychometric perception of risk

GIS of disease and risk
Risk- competing definitions

- population-based (epidemiological) probability (‘science’)
  - Imperfect science—many proxies, surrogates, unknowns
  - Standardized to preferred populations (adult Anglo males)
  - Subject to changing practices and definitions
  - Subject to distortion, e.g. corporate food safety science (Bray 2003)
Individual risk judgment

- **Likelihood** assessment—the culturally shaped cognitive and emotional project of making sense of (perceiving) risk

- Risk factors poor at predicting disease at this level

- Individual risk judgments based on uncertainty, danger, fear, and vulnerability (Luver, Douglas, Nelkin)

- Lay persons’ judgments differ in features from experts--more complex, have deeper knowledge, involve many more factors (Slovic et al.; Freudenburg)
Risk as socially constructed: historical, cultural and spatial specificity/contingency

From Howard Stein, 1987, *Developmental Time, Cultural Space: Studies in Psychogeography*
Politics of risk

- Risk judgments always involve power (Slovic)

- “Forensic uses” of risk (Douglas and Nelkin)
  - “Acceptable risk” — expendable people (Sobo, Satterfield)
  - Assessing responsibility and blame (individual as locus—shifts threat from the state)

- Encode moral judgments
  - Who is worthy, who not
  - Enacted through discrimination based on social location (race, class, gender, sexuality, etc.)
Mapping the moral judgment...

From Stein, Howard. 1987. *Developmental Time and Cultural Space*
Links between pop.-based risk factors and behavior

- Full compliance/concordance between risk warnings and behavior—NOT

- Health education model -- behavior not well informed
  - provide information (science data) → altered behavior
    - Failure rate v. high, e.g., weight control, sexual practices, tobacco use, pesticide use, etc., etc.
    - Top-down solutions fail to take into account multiple factors of lived experience (Sobo, Singer)
Links between risk factors and perception of health risks

- Social amplification of risk (Pidgeon, Kasperson, and Slovic 2003; Freudenburg)

- Optimistic bias (Sobo 1995)

- Both responses -- effects of complex array of culturally shaped mediating variables—race, class, gender, power, affect/emotion
Social amplification of risk and behavior

- Distrust rampant—Giddens, Beck
  - Many faulty decisions $\rightarrow$ personal risk exposures (e.g. toxic spills) $\rightarrow$ increased sense of danger
  - Lack of process equity increases distrust and perception of risk (e.g., Gowda 2003 re: location of sex offenders)
  - Ex. cancer cluster—gender diffs in accepting randomness assessment (females had lower trust in authorities) (Siegrist et al. 2001)
Optimistic bias, risk misperception, and denial

- Lack of concern about health risks, ex: AIDS risk denial (Sobo 1995)
  - Cultural conditioning of social and emotional factors (cultural ‘narratives’ as meaning structures; race, gender, class)
  - Failed solutions: Rational-action models and top-down solutions
Risk seeking behavior

While fear and lack of trust amplify globally in the ‘risk society’, extreme risk seeking has also reached absurd levels
Locating risk—does space matter?

- Social locations (high risk folks and behaviors)
- Spatial locations
  - toxic spaces;
  - distance as a disadvantage;
  - neighborhood (small areas)—social trauma/social support/social capital;
  - Targeting (ads, harmful products; etc.)
  - Sport, thrill-seeking, outdoor adventuring
- Convergence/syndemics
  - Racialization/ethnicity
Ethnicity/race

- Geographic stigma (toxic, stigmatized places) and racism (Satterfield)
- Spatial array of selective occupational exposures – ex. Mexican-born farmworkers in California and exposures to agricultural chemicals
- Ethnic differences in perception of risk location/control
Does space matter in health risk perception?

- yes--
  - Neighborhood poverty/social trauma
  - Rural locations
  - Locations of targeting (ads, harmful products)
  - Proximity to perceived toxicities
  - Perceived disease clusters
  - Work locations and exposures
  - Portable infections (SARS)
  - etc.