

The background is a solid blue color with a faint grid of white dots. A white horizontal line runs across the top, and a white vertical line runs down the left side. A white circle is positioned at the intersection of these lines in the upper left. Another white circle is positioned at the intersection of a horizontal line and a vertical line in the lower right.

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



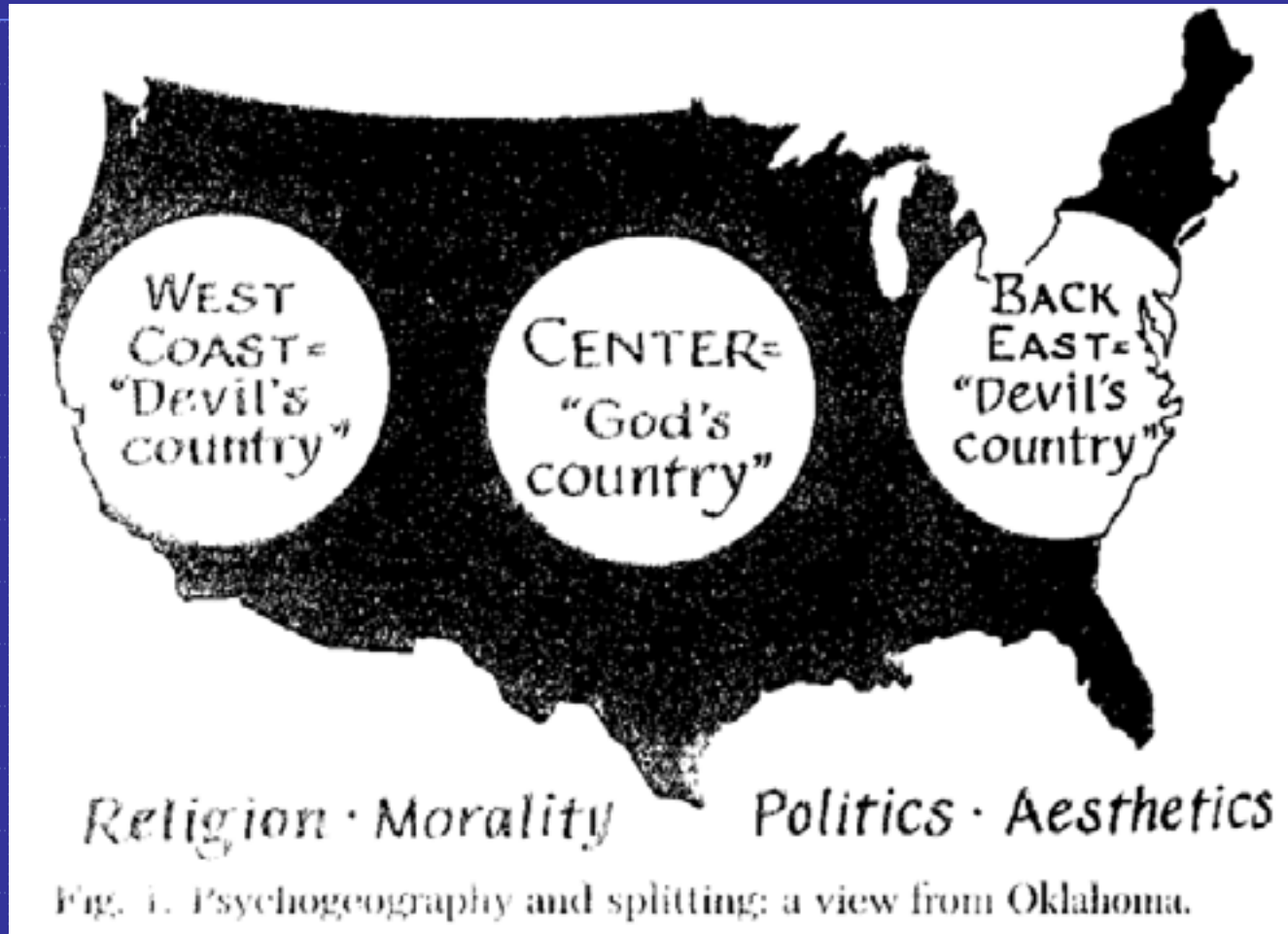
Risk- competing definitions

- ◆ 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 (Luker, 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...



Fig. 7. © 1986, Paul Conrad for the Los Angeles Times. Distributed by the Los Angeles Times Syndicate. Reprinted with permission.

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 → personal risk exposures (e.g. toxic spills) → 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



EXTREME IRONING, CEDAR MOUNTAINS, SOUTH AFRICA

Outside magazine, Sept. 2003

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.