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HEALTH DISPARITIES: THEORY AND CAUSATION THROUGH MULTIPLE LENSES
by

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Abstract

Researchers have known for more than five decades that the health status of minorities, such as African Americans, Native Americans, Latinos, and Pacific Islanders, is substantially worse than that of white Americans. Despite genuine efforts to address them, these differences persist. Ironically, most people see their worldly lives as multidimensional, consisting of many elements that exert influence on their behavior, social life, and physical conditions. Seldom do we realize that what we call our "health status" is also a composite of many complex factors, including political, structural, economic, social, and cultural influences that impact our health care status. A holistic perspective of a health program's diverse constituency can reveal different needs, wants, and cultural diversities, which play key roles in fashioning the delivery of public services. This article examines health disparities from this multidimensional perspective and offers insights for changes in public policy.

Key words: *Health policy, disparities, culture, economic, politic, sociology*

Introduction and Methodology

A common assumption in the United States is that everyone recognizes and desires the benefits of good health. Yet studies have consistently demonstrated that there are significant disparities in health care status among population groups. These differences persist despite extensive efforts to provide greater access to health care. The answer to the basic questions of "What are health care

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disparities?" and "Why do they exist?" have varied over the past six decades, as increasing knowledge has resulted in paradigm shifts.

The first step to understanding the causes and extent of health disparities requires that we look at our individual and community's concept of "health." Our definition for, and determinants of 'health' itself are explicitly linked to how we perceive disparities. Under the medical model, health is straight-forwardly defined as the absence of illness or disease. (Shi 2004 39) It emphasizes clinical diagnoses and medical intervention to treat the disease or medical condition. The implication is that optimum health exists when a person is free of symptoms and does not require medical treatment (Wolinsky 1988). The World Health Organization, however, defines health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."

The first attempt at an official definition for "health disparities" was developed in 1999 by Dr. Harold Varmus in response to a White House initiative to reduce the incidence of cancer. Health disparities were defined as differences in the prevalence, mortality, and burden of disease and other adverse health conditions that exist among specific population groups. If a health outcome is seen in a greater or lesser extent between populations, there is a disparity. Although the term is often interpreted to mean racial or ethnic disparities, many other dimensions of health disparities exist. Regardless of the definition, the underlying conclusion is that systematic differences in population health status are inherently unfair. Moreover, health inequalities do not occur naturally, but are attributed to some social or economic conditions (Unnatural Causes 2008).

This article analyzes representative samples of the literature over the past six decades to identify prevailing explanations for health disparities. Books, professional journals, and government reports were the primary information resources for the study. Each document was assessed based on its relevance to health disparities, credibility, significance of the research or report, and the authority of the author or information source. The literature was then placed in natural taxonomies according to its underlying theoretical assumptions. These taxonomies permitted the explanation for

health disparities according to the underlying assumptions in the literature.

Three paradigmatic taxonomies were formed for the literature about the nature of health care and behavior resulting in disparities. Each makes explicit or implicit assumptions about why people behave as they do in seeking health care. However, no single definitive answer exists that entirely explains health behavior or disparities.

- First, political explanations for health disparities maintain that public policies resulting from the political process influence health care utilization patterns.
- Second, the economic model holds that market factors are the primary explanation for health disparities. Free enterprise in the health care system allows health care providers to have profit as their basic motive and supply what consumers need, want and can afford, resulting in differences in health care utilization.
- Finally, social and cultural explanations focus on major societal impediments to equal use of medical care, resulting in disparities.

Health Disparities Persist Despite the Nation's Good Efforts

Since the early 1960s, our nation has conducted major efforts to identify and address health care disparities. This arose out of social justice concerns and reflects genuine efforts by both the public and private sectors to reduce health disparities. The field is replete with scholarship documenting the extent of health disparities in the U. S. and the factors contributing to these disparities. Differences are well documented in income and education, environmental and economic conditions, health behaviors and life style patterns, and access to care, as well as differences in the levels of quality care received. Health disparities have also been observed by geographic location, age, gender, disability status, and sexual orientation (Atrash 3).

A key report, prepared by the Agency for Healthcare Research and Quality (AHRQ), on health disparities is one of the nation's broadest annual measures of disparities and tracks the nation's progress in reducing the differences. Though varying in magnitude by condition and population, continual reports highlight

disparities in almost all aspects of health care. The most recent report shows that access to health care was not improving for most racial and ethnic groups in the years 2002 through 2008, leading up to the enactment of President Obama's Affordable Care Act. The report indicates that 50 percent of the approximately 250 measures that track disparities in health care access showed no improvement, while 40 percent of the measures were getting worse. Specifically, Latinos, American Indians, and Alaska Natives experienced worse access to care than whites on more than 60 percent of the access measures, while African Americans experienced worst access in slightly more than 30 percent of the access measures. Asian Americans experienced worse access to care than non-Latino whites on 17 percent of the access measures.

An accompanying document, the National Healthcare Quality Report, indicates that some disparities in the quality of the care received are improving and some are worsening. The measures used in this report are based on four dimensions of quality to gage the services received–effectiveness, patient safety, timeliness, and patient centeredness. For example:

- Adults age 65 and over received worse care than adults ages 18 to 44 for 39 percent of quality measures.
- Blacks received worse care than whites for 41 percent of quality measures.
- Asians and American Indians and Alaska Natives (AI/AN) received worse care than whites for about 30 percent of quality measures.
- Hispanics received worse care than non-Hispanic whites for 39 percent of measures.
- Poor people received worse care than high-income people for 47 percent of measures.

A similar report, issued by the Centers for Disease Control and Prevention (CDC) and entitled the Health Disparities and Inequalities Report, supports these findings. This report uses broad public health measures to assess the level of disparities.

- Health Insurance Coverage–From 2004 to 2008, the uninsured rate for young adults aged 18 to 34 years was approximately double the uninsured rate for adults aged 45 to 64 years. Hispanics and non-Hispanic blacks had substantial uninsured rates, compared with non-Hispanic whites.

- Infant Death--From 2000 to 2007 the overall U. S. infant mortality rate was approximately 6.68 infant deaths per 1,000 live births. The highest infant mortality rate was for non-Hispanic black women with a rate 2.4 times that for non-Hispanic white women.

- Coronary Health Disease (CHD) and Stroke–In the 45 to 74 age group for 2006, a higher percentage of black women (37.9 %) than white women (19.4 %) died before age 75 as a result of CHD, as did black men (61.5%) compared with white men (41.5%). The same black-white difference was seen among women and men who died of stroke.

- Preterm Births–In 2007, approximately one of every five infants born to non-Hispanic black mothers was born preterm, compared with one of every eight to nine infants born to non-Hispanic white and Hispanic women.

- Life Expectancy–In 2008, life expectancy for the black population was 74.0 years, compared to 78.5 years for the white population. The Hispanic population had a life expectancy advantage at birth of 2.6 years over the non-Hispanic white population and 7.3 years over the non-Hispanic black population. (Arias 2008)[2] U. S. adult men and women with fewer than twelve years of education had life expectancy not much better than those of all adults in the 1950s and 1960s (Patrick, 1803).

Do Political and Structural Interest Groups Cause Health Disparities?

The most common explanations for health disparities in this taxonomy evoke broad intellectual traditions that employ political or structural interests shaping the evolution of U. S. health policy. These are contextual explanations focusing on our core historical values related to state-centered rather than market-centered government, as well as our notions of democracy, capitalism, and industrialism (Gordon 2003, 1).[3] As in other areas, the U. S. health

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[2] Also see R. Sharma and H. Lius (2004) *Health and Health Care of the Medicare Population: Data from the 2000 Medicare Current Beneficiary Survey.* Rockville, MD: Westat. 51.

[3] Also see Ira Katzenlson, 1986, "Rethinking the Silences of Social and Economic Policy," *Political Science Quarterly 101*(2): 307-25.

care system incorporates our concept of the broader "American welfare state" as well as the distinct trajectory of health politics within it. This literature is frequently relied upon to answer the fundamental question which has spurred and continued frequently intense debate, which is, *"Why is the U. S. the lone democratic capitalist country that has not adopted a universal health care system?"*

This literature taxonomy can roughly be divided into two paradigmatic camps--(1) those who believe that the primary reason for differences in health care utilization is interest group politics and (2) those who believe that the structural interest groups that shape the health care system are the primary determinants of these differences. While the taxonomy incorporates health care into the nation's then-political system, the two camps employ different assumptions about the underlying forces that eventually result in health disparities.

Interest Group Politics and Health

The hallmark of this paradigm is that government and the political process do attempt to satisfy the preferences of key constituents and interests. The typical scenario is that powerful and strategically located political interest groups exert influences over the nation's health policy and, therefore, who receives what health services and in what amounts. Political parties are essentially viewed as coalitions of groups. As groups gain and lose power and influence, public policy will be altered in favor of the interests of those gaining influence. Consequently, determinants of which segments of the population receive what amounts of medical care involve the priorities of particular interests groups. The enactment of the Medicare program in 1965, for example, can be attributed to the work of interest groups that advocated programs to meet the health care needs of the politically influential elderly population.

Equally illustrative was President George W. Bush's decision to push through a costly new prescription drug benefit under the Medicare program for older Americans despite stout opposition in his party to "government-run" health care. This Medicare benefit was pursued in the face of widespread criticism of the Bush administration's weak performance on many important health care matters. For example, its failure to address the problem

of millions of uninsured Americans or stem the rising costs of health care, its refusal to expand eligibility for the State Children's Health Insurance Program, its maneuvers to cut Medicaid spending, and its support of generous subsidies for private health plans under Medicare Part C, to name a few (*The New York Times* 2009). According to their critics, in designing the new Medicare drug benefit, Bush Administration officials and their allies in Congress had both political and personal incentives not to do anything that might reduce the profits of insurance and drug companies. Both the insurance industry and especially the pharmaceutical industry were major campaign contributors. Some observers contend that the result was a drug program set up to serve the administration's friends in the pharmaceutical industry and its political agenda, and only secondarily to benefit Medicare beneficiaries. (Krugman 2006).

In more recent times, these theorists maintain that health matters have received a high priority in President Barack Obama's administration partly because of the rapidly rising cost of medical care and partly because pressure groups have coalesced around the political and economic potentialities of expanding health services in the broader U. S. population. Even a casual observer of the daily evening news broadcast would note that many political interest groups heavily participated in shaping President Obama's health care reform legislation. Some of these groups also spent months staging noisy protests and letter writing campaigns on health care reform. The biggest spenders include constituencies such as the Chamber of Commerce representing corporate interests opposed to the legislation, as well as labor organizations pushing for the legislation.

Similar interest group scenarios can occur in less noticeable forms of public policy, including regulations, program instructions, administrative guidance, and procedures, to name a few. Some of these are highly visible, others hidden; some seem momentous in character, as others appear commonplace; some appear to be policy with a capital *P*, others little more than administrative minutiae (Mechanic 281). Overall, interest groups in specific political settings determine much of the content of health care programs and consequently their impact on various segments of the population. The essential take-away message is that the ability to influence

policy takes place in diverse ways at all levels of government of policy development and implementation.

Structural Interest Groups

This paradigmatic camp believes that the principal tenets of our health care system, and subsequently the determinants of who receives what services, lie in the powers of structural interest groups (Alford 1975, xiv). That is, the health care system can be best understood in terms of a struggle between major interests, including professional monopolists, such as doctors and hospital administrators, who view medical care as a professional service that provides positive societal benefits. Corporate interests, such as business firms, favor the use of market forces to influence health care utilization. Government views health care as a public responsibility to reduce suffering in the population and to improve public health. The insurance industry favors the use of actuarial risk principles to determine individual and group coverage.

Structural interest groups in the medical arena derive their status from the doctrines of their professional training, professional organization, and command of political resources. Because of their structural clout in shaping our concept of medicine and health care delivery, their mere presence discourages any reform that is inconsistent with their professional traditions. For example, the individualistic practice of medicine and the economic free enterprise system are highly cherished concepts by physicians in the U. S. Therefore, a system similar to that of the United Kingdom, heavily dominated by National Health Service system authorities would not be acceptable. Any health policy alternative seriously considered in the U. S. would, therefore, reflect and reinforce these long-standing patterns. It would also reflect any racial, sexual, or social class discrimination imbedded in these concepts in such a way that over time, even reformers would rarely challenge the established order (Gordon, 2). As a consequence, disparities in health care are a result of influences, direct and indirect, intentional and unintentional, of large structural interests.

The assumption here is that the incentives which motivate people in various organizational and professional roles stem from the cultural milieu of values in which they find themselves. The structuralist literature does not focus on key actors who play pivotal

roles in the health policy decision making process, but on how a complex system of structural organization handles a problem from what its ideological tenets lead them to believe is its legitimate role (Alford, 18-21). The practical effect is that some populations benefit disproportionately from the health care system because their economic, social, and educational characteristics are more compatible with the tenets of the major structural interests. The result is that the health care system impacts differently on various segments of the population, causing variations in the utilization of medical services. For example, an employer-based health insurance system linked to large companies would disadvantage small business, the self-employed, and the unemployed.

Economic Determinants of Health Inequality

Economists assume that medical care is just another service market, abiding by the same economic laws as other commodities and services. The health care consumer (i.e., patients) and providers (i.e., doctors, hospitals) are driven by similar self-serving market motives. That is, supply and demand operate nearly in textbook fashion, and prices measure value, just as they do in other markets (Relman, 1073-74). Because health care providers have profit as their basic motive, this encourages them to supply what consumers need, want, and can afford. According to classical economic principles, variations in health care utilization reflect individual and group preferences in health care products and services.

This *laissez-faire* economic view of the health world is rooted in the belief that people have different wants, and that there is significant variation in the relative importance attached to them. In the world of economics, the oft-heard statement, "health is our most important goal," is not accurately descriptive of human behavior. This is demonstrated every day in manifold ways (such as over-eating or smoking) when we make choices that affect our health, making it clear that we frequently place a higher value on satisfying other wants. More directly, economists point to health care utilization studies that demonstrate, even among households with equal incomes, both the quality and quantity of medical care provided differ significantly (Fuch, 3-4).

In recent years, evidence has also evolved to support the fact that in many instances, consumers are inadequately prepared to exercise their freedom to choose. As early as 1963, Stanford University economist Kenneth Arrow (1-9), who later shared the Nobel Prize in Economics with John Hicks, wrote a seminal piece in the American Economic Review stating that classic market theory could not be applied to medical services. He maintains that the consumer is not well informed about health and medical care, certainly much less informed than are physicians. A decade later, Victor Fuchs strengthens this argument in his book *Who Shall Live?* describing the many ways in which the health care industry does not fit a market economy where consumers are free to buy or not to buy.

According to both Arrow and Fuchs, many, if not most, medical encounters are initiated by consumers for the explicit purpose of obtaining health information. While the consumer makes the initial visit with the physician to "find out what is wrong," it is the physician that prescribes which medical services will be accessed by the patient. Utilization in health care is usually measured by the number of services provided to the patient, but are prescribed by the physician. For example, it is the physician who admits the patient to the hospital, discharges him home, recommends surgery, orders lab tests, prescribes drugs, and authorizes the services of other health care professionals (home health, physical therapy). While a population's propensity to initiate and use health resources are qualifying conditions, the more important indications of health utilization depend on the physician. This is because of the physician's presumed superior knowledge. Physicians are empowered by law and custom with the authority to make decisions concerning medical care utilization. The picture that emerges is that both the physician and the patient assume it is proper for the provider of services, and not the consumer, to decide which product to buy, how much, at what cost and when the product is needed.

The availability of health insurance coverage is an additional economic factor affecting the utilization of health care services. Because health care has become heavily commercialized and represents a growing share of the country's economic output, attention is being redirected to third party insurers, both public and

private, in the health care market. In the 1920s only about 10 percent of the U. S. population had any health insurance. Gradually, under the impact of collective bargaining, social legislation, and the growth of the private insurance industry, insurance became widely available and insulated individuals against the cost of health care. Today's relationship between the availability of health insurance and health care utilization is well illustrated. On average, uninsured families can afford to pay in full for only about 12 percent of the admissions to hospitalizations they might experience. Even uninsured families with incomes above 400 percent of the Federal Poverty Level can afford to pay in full for only 37 percent of their hospitalizations. (Chappel, 2) Because of affordability factors, racial and other groups that are disproportionately represented in the low-income population are not likely to have equal access to needed health care services. Similar findings have also been noted in the availability of prescription medicine.

Figure 1: Percentage of Adults Aged 18-64 Years Who Needed Prescription Medicine But Did Not Get It Because of Cost During the Preceding 12 months, by Ethnic/Racial Group
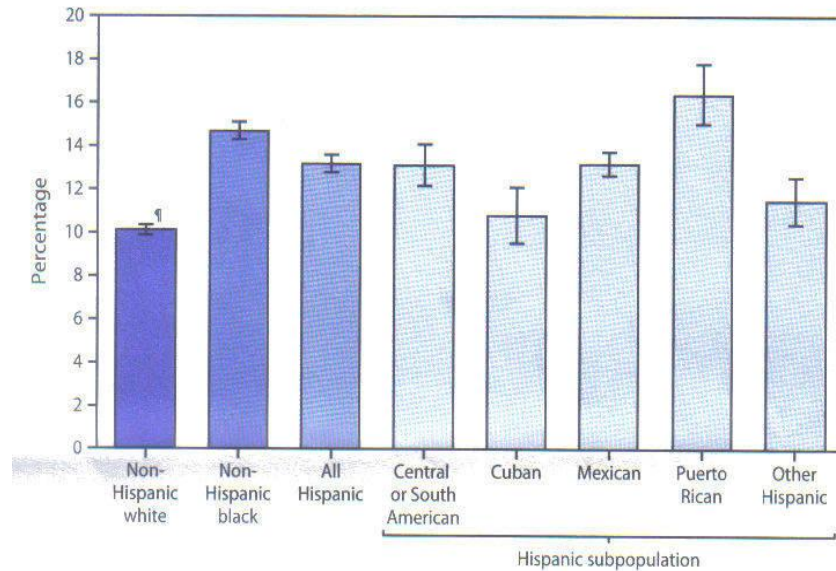
Source: National Health Interview Survey, United States. 2009-2011. *Morbidity and Mortality Weekly Report* 61.38 (September 28, 2012):773. Centers for Disease Control and Prevention, Department of Health and Human Services.

The market shift to third party insurers has presented them with opportunities to influence the volume, type, and modality of

health care used. Consequently, the demand for medical services is ostensibly determined by the reimbursement policies of insurance companies. (Institute for Research on Poverty, 7). The availability of insurance coverage produces financial incentives for both providers and patients to not only get needed health care on a timely basis, but also more extensive and expensive treatments and procedures. (Orszag, 1885-87) For doctors and hospitals, these incentives stem from favorable reimbursement schemes. Fee-for-service reimbursement, for example, the most prominent form of payment, encourages providers to deliver each service efficiently. However, it also creates an incentive for providers to supply additional or more expensive services, as long as the payments exceed the costs. Insured patients, who do not experience the full impact of the cost of medical treatment, have few incentives to forgo services or to seek lower cost treatments. The ultimate affect is that disparities occur because individuals with favorable health insurance receive more services than those with no or less favorable insurance.

Social-Cultural Theories of Health Care Utilization

Theories in this final taxonomy integrate social and cultural factors into the mix to explain health disparities. Particularly significant is the view that various forms of suffering and disease may depend on, or be made worse by, cultural factors, the presence of social inequities, or social class. For these theorists, it is equally important to determine whether disparities are associated with cultural and social policy differences that impact the broader community and population groups. These researchers look beyond our individual personal choices and health conditions to the influences of broader factors such as ethnicity, religion, community, and patterns of disease. These studies start from the assumption that people interact with each other in the context of accepted social norms and expectations. Social structures organize peoples' environment and the individual's environment is the ultimate determinant of health behavior (Smith, 66). In the social-cultural view, the medical system serves as a form of "social control" because it defines and regulates entry into the sick role. In order to have a full picture of an individual's health status, it is necessary to understand the broader context he or she is a part of, given

that the influence of culture is evident in what people eat, how they work, conduct their sex lives, interact with contagious persons, or react to messages about healthy habits (Masse, 97-98). These factors have a profound effect not only on defining who we are, but consequently, how we perceive and respond to our health status.

Classical Explanations for Disparities

Two founding contributions providing insights into social-cultural factors impacting health status come from sociologist, Talcott Parsons, author of *The Sociological System* (1951) and Eliot Freldson, author of *The Profession of Medicine* (1970). Parsons developed the concept of the "sick role" in the medical system by examining the nature of mutually held expectations that reduce the likelihood of deviant behavior. According to Parsons and his followers, there are certain behavioral expectations ascribed to the sick person who must view his or her condition as an undesirable state. In the U. S. this implies an obligation to seek competent medical help (Ehrenreich, 44).

Where Parsons is concerned with a culturally diffused sickness system, Freldson describes the medical system as an agent of social control on par with the legal system or organized religion. Each of these societal institutions is concerned with the prevention, detection, and management of social deviance—criminality in the case of the law, sin in the case of the church, sickness in the case of the medical system. Once a person has been labeled as "sick," "criminal," or "sinner," the person is expected to enter the social role appropriate to the label and to undergo certain types of treatment.

Despite their distinctions, both Parsons and Freldson are similar in that both rely on social structures or customs to determine whether a person is "legitimately" sick or injured. Variations in health care utilization among populations are explained in terms of the individual's social context. That is, whether or not particular symptoms are defined as illness depends on competing definitions of the symptom. For example, blacks and Puerto Ricans, who are over-represented as laborers, are more likely to accept certain aches and pains as normal than are persons in less active occupations. In these groups, fatigue and other diffuse symptoms may be attributed more to general conditions in life than to an illness (Kosa, 209. Thus, the social control literature provides considerable evidence indicating that the manner in which people perceive, evaluate, and respond

differently to symptoms are major influences on the utilization of medical care. An example illustrated in the classic study by Sigmund Freud and Joseph Brener, *Studies on Hysteria* (1936), it was observed that Jewish and Italian patients respond to pain in an emotional fashion—tending to exaggerate pain experience. "Old Americans" tend to be more stoical and objective, while the Irish more frequently denied pain. While Freud's case studies on pain do not provide a statistical basis for his findings, for purposes of this discussion, his studies are regarded as the starting point of psycho-analysis and the extent to which social-psychological factors can affect our perception of health.

The classical literature suggests that useful culturally based health patterns may exist among groups that are of low socio-economic status and undesirable patterns may exist among some subgroups with higher status:

- A 1930s study of infant mortality and prenatal health care in the United States found that Jewish immigrant groups, although having as many children as the native-born whites and an income which was much lower, had the lowest rate of infant mortality of all the groups studied.

- A pioneer of psychosomatic medicine, Stewart Wolf, conducted a study in the 1950s and early 1960s of Roseto, Pennsylvania, a unique community of Italian immigrants. This study was to determine how the effects of family bonds and strong social values contributed to the low incident of coronary heart disease and sudden death that had been observed. In spite of the fact that risk factors such as smoking, lack of exercise, and high fat diet were found as frequently as in other nearby communities, virtually no one under the age of 55 had died of a heart attack or showed any signs of heart disease. For men over sixty-five, the death rate from heart disease in Roseto was roughly half that of the United States as a whole. The death rate from all causes in Roseto was 30 to 35 percent lower than expected (Gladwell, 3-11; Wolf; Oransky).[4]

- Recent studies have shown that Mexican American rates of infant mortality and low birth weight are equivalent to those for non-Hispanic whites and half those of African Americans (Atrash, 19). In a 1989 study of low birth weight among Mexican

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[4] Also see John G. Bruhn and Stewart Wolf who have published two books on their work in *Roséto: The Roséto Story*, Norman: U of Oklahoma P, 1979 and *The Power of Clan: The Influence of Human Relationships on Heart Disease*, New Brunswick, N. J.: Transaction Publishers, 1993.

Americans, Scribner and Dwyer proposed that factors associated with Mexican cultural orientations may be protective against the risk of low birth weight (Dwyer, 1263-67).

- In a study of Native Americans, Casey Cavanaugh et al. found a strong sense of inevitably about developing diabetes and its accompanying complications. These ideas pervade their receptivity to information on prevention and treatment of disease, many believing that diabetes is unavoidable and eventually leads to death (Cavanaugh, 1029-43).

The accumulated evidence gathered from this literature suggests that poverty and a harmful health culture need not necessarily go together. Conversely, it suggests that dysfunctional health attitudes and health care utilization patterns are more likely to occur among ethnic groups with low receptivity to preventive health care practices (Ehrenreich, 210-13).

Does Equal Insurance Coverage Solve the Disparity Problem?

Social-cultural theories are at the core of explaining circumstances where racial and ethnic minorities have lower utilization than whites, even when insurance status, income, age, and severity of medical conditions are comparable (Smedley, 138-79).[5] Among Medicare beneficiaries, for example, significant disparities persist in health care despite the clear intent of the law to provide equal access to medical care, regardless of race, income, or location of residence. Upon reaching age 65, virtually all Americans are eligible for Medicare, making it uniquely a universal medical insurance program. Medicare also provides the same benefit package to all beneficiaries. Further, the vast majority of health care providers and institutions participate in the program, which, in theory, should help ensure that minority beneficiaries have equal access to services (Eicher, 365-75).

Indeed, the Medicare program has significantly improved access to needed health care services for all segments of the elderly population. For example, in its 2010 report to Congress, the Medicare Payment Advisory Commission indicated that 99.5 percent of allowed charges for physician services were "assigned" in 2008. That is, for almost all

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[5] Also see Martin Ruther and Allen Dobson, 1981, "Equal Treatment and Unequal Benefits: A Re-examination of the Use of Medicare Services by Race, 1967-1976," *Health Care Financing Review* Winter 1981, pp. 55-83.

allowed services that year, physicians agreed to accept the Medicare fee schedule amount as payment in full for the service. The assignment rate has held steady at more than 99 percent since 2000. The report also examines rates of patients reporting that they did not see a physician when they thought they should have. The commission found that among Medicare beneficiaries, minorities (9%) were significantly more likely than whites (6%) to report not getting physician care when they thought they should have. Considering the recent downturn in the U. S. economy, concerns about out-of-pocket spending for health care are likely to impact these differences. The other reasons beneficiaries gave included cost, perceived low seriousness of the problem at the time of the illness, and procrastination (MedPAC; GAO).

Even with Medicare's historic achievements over the past 47 years in extending greater access to health consumers, marked disparities persist in treatment and health status. For example, the 2002 Institute of Medicine report, *Unequal Treatment*, found that minority beneficiaries fall short of whites on many measures of health status. Blacks have shorter life expectancy at age 65 than whites (by 1.8 years), and black and Latino beneficiaries are more likely than whites to have chronic conditions, such as hypertension and diabetes (Arias). Similarly, a major study at Brown University found that racial disparities are universal in Medicare managed care health plans. This study found significant racial disparities within Medicare plans, even high-performing ones, based on outcomes related to control of diabetes, cholesterol, and blood pressure (Brown University). These lingering differences are pointed to by social-cultural theorists as indications of wide diversity in cultural, environment, community, and other factors that are not readily apparent in aggregate Medicare program data.

Does Class Status Lead to Health Disparities?

There is mounting global evidence that the social class structure in society, as well as within the health care system, is associated with lower utilization of health care (Burgess, 904). The persistent differences in health status are attributed to the byproduct of economic, social, and racial inequities in society. Illustrative of this point is the fact that the U. S. has a remarkably good health care system. It has eliminated widespread diseases, such as malaria, smallpox, and yellow fever. It is also the creative center

for the advancement of new medical technologies and treatments. However, the problem is that the benefits of this remarkable health care system are better for some than others.

Obstacles to reaching all population groups equally are documented even at rudimentary levels of communications between patients and health professionals. There is considerable anecdotal evidence supporting the conclusion that working-class people feel more uncomfortable and less prepared in dealing with middle- and upper-status professionals than do persons who have higher status. Moreover, poor people, as a class, frequently mistrust traditional bureaucratic institutions that have "mistreated" them, or lack confidence in their ability to communicate their problems as medical symptoms which upper-middle class doctors can comprehend (Smith, 82). C. P. Jones has proposed a framework for understanding how social class and social conflict influence health outcome on three levels: (1) perceptions of adhering to institutional processes in the face of need, (2) different assumptions about the abilities, motives, and intentions of others based on race or status, and (3) the internalization by the under-privileged of concepts of "whiteness," self-devaluation, resignation, helplessness, and hopelessness (Jones, 1212-15).

Social differences in health, however, are not just a matter of the rich versus the poor. The very wealthy are healthier and live longer than the moderately wealthy, who do better than the upper middle-class, and so on down the line. An extensive body of literature documents large health disparities among adults with different levels of education. Adults without a high school diploma or equivalent are three times as likely as those with a college education to die before are sixty-five. The average twenty-five-year-old with fewer than twelve years education lives almost seven fewer years than someone with at least sixteen years of education. Children's health is also strongly linked to their parents' education. According to Irma Elo and Samuel Preston, every additional year in educational attainment reduces the odds of dying by 1.3 percent (Woolf, 1853; Braveman, 186-96; Preston, 47-57).

Michael Marmot, in his book the *Status Syndrome*, has made the remarkable finding that health care disparities associated with social status exist across most industrialized countries. The higher

the status in the society's pecking order, the healthier they are likely to be. In other words, health follows a social gradient, in what Marmot refers to as the "status syndrome" (Marmot, 1-37). The World Health Organization has also found comparable health differences in countries all over the world. Here in the U. S., the Robert Wood Johnson Foundation's Commission to Build a Healthier America has essentially described the same findings (see Figure 2).

Figure 2: Adjusted Odds Ratio for Death from All Causes According to Annual Household Income, 1972-1989
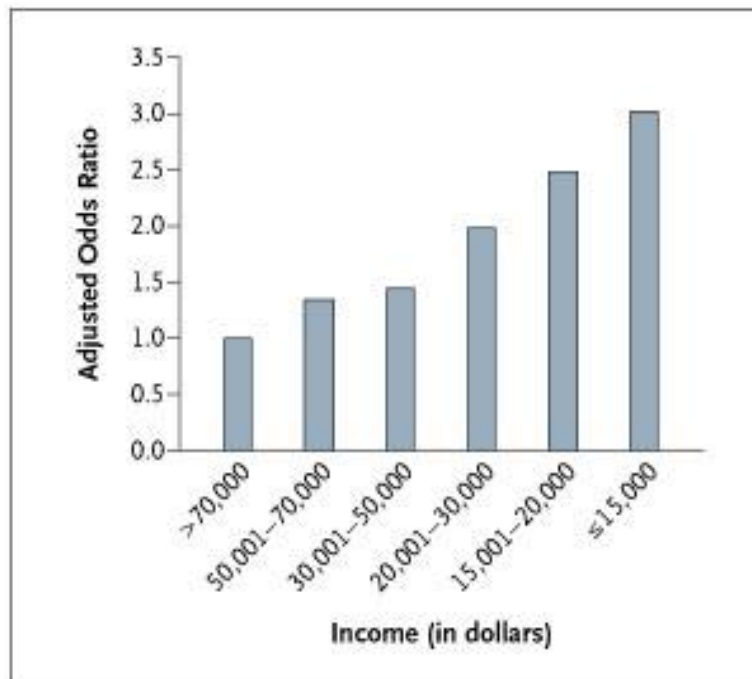
Source: S. Isaacs and S. Schroeder. *New England Journal of Medicine* 351 (2004): 1137-42.

The concept of class is difficult to define. There are many ways of measuring it, the most widely accepted being in terms of income, wealth, education, and employment. On the whole, people in lower classes die earlier than do people at higher socioeconomic levels, a pattern that holds true in a progressive fashion from the

poorest to the richest. The figure above shows that, at the extremes, people who were earning $15,000 or less per year from 1972 to 1989 (in 1993 dollars) were three times as likely to die prematurely (i.e., the years of potential life lost) as were people earning more than $70,000 per year. The same pattern exists whether one looks at education or occupation. With few exceptions, health status is also associated with class.

The essential answer Marmot and others lay out is that for people above a threshold of material well-being, another kind of well-being is central. Autonomy, how much control you have over your life and the opportunities you have for full social engagement and participation are crucial for health, well-being, and longevity. It is inequality in this aspect of life that plays a big part in producing the social gradient in health. Social forces that affect the health of adults also impact the next generation. The seeds of the status syndrome may, to some extent, be sown in early childhood, and the "rewards" reaped in adult life. From the social-cultural perspective, we've learned that there is much more to good health than health care. Every aspect of life, including our level of income, education, housing, and general well-being, has the potential to affect our health status. Disparities in health care and utilization are a reflection of where and how people live, learn, work, and play.

Conclusions

Is it a utopian dream to believe that, at some point, health disparities will be fully understood and addressed? Perhaps not! Certainly, we have learned that many of these problems reflect core political, economic, and social-cultural factors, some of which our society and leaders are not eager to take on. This does not mean, however, that there is little or nothing that can be done.

This paradigmatic synthesis of the literature suggests that health is multidimensional and any attempt to explain variations in medical utilization and health disparities must approach the situation from multiple perspectives. This necessarily requires having access to reliable population demographics by public administrators and researchers. By combining demographic information with medical care quality measures and practices, we can better assemble the mosaic picture of the population being served. This is a "picture" where the population's needs, wants, deficiencies, and cultural

diversities are pieced together in an interlocking way in developing more effective programs.

The essential steps in making this a productive process first requires that researchers continue to enlighten our sometimes recalcitrant political leaders and general public that racial and societal class inequities in health need to matter on grounds that go beyond appeals to humanity and social justice. There is clear evidence to suggest that these inequalities are harmful not only to the victims of inequality but to all of us. The U. S. spends more than any other nation in the world on health care--in 2010 we spent $2.59 trillion (Centers for Medicare and Medicaid Services). Still, the U. S. ranks at the bottom of all industrialized countries in overall mortality, life expectancy, and infant mortality. This situation is ironic, given that the medical care costs of high-ranking countries are a fraction of those in the United States (Schroeder, 1221-28).[6] Is it possible for the majority of Americans to see that inequity is a corrosive issue that is damaging us through a less able bodied workforce and less "bang" for our health care "buck"?

Second, as we become an increasingly diverse society, we need to bolster current educational efforts to improve cultural competence among health care providers. Overcoming the health disparity gap will require better patient education, better tools for patient engagement, and increased provider awareness of population-specific barriers to care. Providers will need to improve the skills required to care for patients from dissimilar backgrounds and languages. Admittedly, the effectiveness of cultural-competence training remains to be fully tested but its potential benefits should not remain unexplored (Peterson, 1172-73). Ann C. Klassen[7] and her colleagues captured it well when they concluded that "Caregivers cannot undo a patient's past experiences, but they can be aware of the influence of those experiences on current decisions and well-being."

Third, many health administrators frequently focus on persuading people to change their unhealthy behaviors or make

[6] Also see Leonard Syme, 2008, "Reducing Racial and Social-Class Inequities in Health: The Need for a New Approach," *Health Affairs 27*(2): 456.

[7] Also see Diana J. Burgess. 2008. "The Association Between Perceived Discrimination and Underutilization of Needed Medical and Mental Health Care in a Multi-Ethnic Community Sample." *Journal of Health Care for the Poor and Underserved 19* (August 2008): 894-911.

healthier lifestyle decisions. This approach fails to challenge the social structures that shape many of our choices and decisions and places primary responsibility on individual choices. Given the powerful influence of our environment, people cannot improve their health through individual behavior change alone. Rather, any solution that public policy officials test must also consider changing community environmental situations (Lavery, 611-16).

Fourth, we need to develop more sensitive criteria for defining disparities. Definitions of racial and ethnic disparities fall along a continuum from differences with connotations of simply being different to those that result from overt discrimination. Where along this continuum does one subjectively decide that a racial difference becomes a disparity? The most recent evidence suggests that the magnitude of the injustice is generally proportional to how much control a person is perceived to have over the root cause of the difference in health. The degree to which one sees environmental factors and the social context as shaping choices has important implications for the measurement of disparities and ultimately for directing efforts to eliminate them (Hebert, 374-82).

Finally, we must be willing to face the ultimate question that will certainly be posed by policymakers: Will documenting disparities and explaining health care services actually lead to a difference in the health status of the groups concerned? From a public policy perspective, this question is significant because before scarce public resources are directed at health disparities, we ought to know whether that care will make a difference, and how much. More and more, our concern with shrinking national resources requires that we ask such questions.

The response to this question is particularly important for administrators who increasingly are confronted with scarce resources, and must do more with less. In the words of Luther Gluck, "The 'good life' for government as well as for individuals, consists of balance and proportions…. A city cannot spend all its energies and resources for highways, for bridges or for schools, or for sewer or for police. It must have those things in proportion" (Gluck, 55-66). As fiduciaries for our democratic polity, the ultimate implication for public administrators is to further define what constitutes the "good life" in the context of their programs

(Waldo 2007, 65-76). Certainly having a holistic framework for interpreting health disparities enables us to identify disparities, to measure the level of inequity, and to assess our progress toward elimination them.

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ARE MINORITY PARTIES MORE LIKELY TO CAMPAIGN ONLINE?
EVIDENCE FROM THE AMERICAN STATES

by
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Abstract

State parties' websites are becoming increasingly sophisticated. From links to YouTube channels, personalized log-ins, and interactive calendars, state parties are testing the waters of new digital technologies, including social media. Specifically, this paper explores the use of social media by the fifty state parties. Following V.O. Key's thesis that minority parties must work harder to get the attention of voters, we determine if minority parties in state legislatures offer more ways to connect via social networking on their party websites when compared to their majority party counterparts. Specifically, we ask if minority parties will also have a stronger social networking presence in order to gain voters' attention. Content analysis of the fifty states' Democratic and Republican Party websites reveal that state parties in power have a stronger online presence compared to their minority party counterparts. Additionally, counter to early Internet research, Republicans outpace Democrats in use of social media.

Introduction

Like the political institutions that surround them, state parties are increasingly turning to the Internet for campaigning and networking purposes. From the creation of YouTube channels, to personalized log-in features, to interactive calendars, state parties have been testing the waters of new digital technology. This paper investigates the conditions under which a state party is most likely

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to embrace social networking technology. Applying the outparty thesis Karpf 2009; Key 1949) to digital politics, this paper asks a key question: do minority parties in state legislatures try to connect with constituents and potential voters on their party's website more often as compared to their majority party counterparts? Previous scholarship contends that the outparty, or minority party in the state legislature, must work harder to gain voters' attention (Karpf 2009; Key 1949). We apply this question to an Internet politics context, seeking to understand if this fact manifests itself in outparties increasing their digital presence and sophistication as a means of getting back into power. Further, this paper offers the first analysis of partisan trends in social networking on the state level. Examining Facebook, YouTube, Twitter, Flickr, and Delicious, we offer a new way for measuring online presence which can be extended beyond analysis of state parties.[3]

This research is based on content analysis of the Democratic and Republican Party websites for all fifty states during the 2010 election cycle. We examine trends on the most popular social media websites and introduce an original and comprehensive measurement of online social networking presence. This measure is unique because it allows scholars to combine candidate and party use of multiple websites to reach voters into one determinant of online presence. This is an evolution from prior scholarship in that it moves away from examining each social networking site separately. By creating a collective measure of social networking presence we get a better sense of how technologies come together to shape party networking and outreach efforts. In addition, the collective online presence measure is easily modified to account for changes in Internet politics over time.

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[3] Facebook, YouTube, and Twitter are widely recognized as important social networking sites that are often used by candidates and national parties for reaching out to voters. Flickr is best recognized as a photo sharing website, but it is quickly becoming a standard tool in campaigning because campaigns can quickly upload pictures and video and share them on multiple websites at once, including Facebook, YouTube, Twitter, and more. Delicious is the first and arguably the web's most popular Social Bookmarking service which allows users to save, share, and organize their bookmarks. Delicious also allows subscribers to see what is currently popular on the web including news or information about candidates and campaigns. More importantly for this study, these websites are recognized by the state parties as being a potentially useful tool because they have links to them on the homepage of their websites.

This study presents the most current and comprehensive analysis of Democratic and Republican state parties' online behavior and deepens our understanding of how the Internet is used to further the reach of state parties. Examining variables such as the balance of power in the state legislature, we explore the conditions under which state parties are most likely to turn to the Internet for political campaigning purposes. We also expand the notion of online presence to include Flickr and Delicious, powerful social media sites that scholars have yet to explore. The data reveal that the majority party, not the outparty, has greater online presence. We also find that state party organizational strength and expenditures are significant predictors of higher online presence. Finally, contrary to literature examining national party trends, state Republican parties outpace their Democratic counterparts. These results suggest that the Internet is a permanent instrument in the campaigning and networking toolbox of state parties. We expect to see the most sophisticated party organizations and candidates use Web-based tools to their full potential in future studies.

This paper proceeds as follows. First we review the literature on political parties' campaigning function and situate the state parties in the context of current Internet research. Next, we explain why we use Facebook, YouTube, Twitter, Flickr and Delicious as determinants of online presence and how we conceptualize that idea. The third section reveals our independent variables and hypotheses which are positioned within the existing Internet politics and political parties' literature. The fourth section presents the analysis and results. We conclude that state parties, entities that have often been criticized for their lack of political engagement, are making strides in outreach efforts in the realm of online politics.

Parties, Campaigning, and the Internet

Political parties are multi-faceted entities that perform a number of important political functions. To help us better understand what these functions are, V. O. Key (1958) suggested a tripartite model of party: party in the electorate, party in office, and party organization. Under the umbrella of party organization, numerous scholars argue that political parties primarily perform

service functions (Aldrich 1995; Bibby 1998; Frantzich 1989; Hernson 1998; Kayden & Mahe 1985). In furthering our understanding of this service function, scholars have examined the relationship between parties, candidates, and political action committees. A resounding conclusion in this literature is that one of the most important services that parties provide is to mobilize voters Wielhouwer 2000).

With the integration of the Internet into American politics, voter mobilization has spread into the virtual world. State parties have followed their national party counterparts in gravitating to the Internet as a means of voter outreach. One question that looms is the degree to which integration and utilization of digital technology actually matters. To answer this, we can look at the impact of the Web in a broader political context.

The Internet began to take its place in candidates' repertoires during the 1996 election cycle (Casey 1996; Rash 1997). A presidential election year, Bill Clinton and Bob Dole both utilized the Web in creative new ways that set a standard for online politics (Margolis, Resnick, & Tu 1997). Other down-ballot races showed signs of Web-based campaigning, but this was far from commonplace. Campaign Web pages were typically very bare, offering no interactivity, limited information, and very few media images (Farmer & Fender 2005; Stone 1996). Often all one would find is a single photograph, contact and biographical information, and brief policy positions Gibson & McAllister 2005). Scholars argued campaigns were still stuck in the broadcast media model, neglecting to consider the great potential benefits of the Internet as a new communications medium (Selnow 1998).

The coming of the 1998 election cycle saw more than two-thirds of open-seat House and Senate candidates using the Internet as a medium for campaign communication (Dulio, Goff, & Thurber 1999). As opposed to 1996, where campaign Web pages provided little more than very basic information, great advancements in contribution solicitations, interactivity, and communication forums became a hallmark of online campaigning during the 1998 election.

With the coming of the new century, Web pages became increasingly complex, using HTML language and multimedia flash to create impressive graphics and aid in the construction of

interactive features. One of the biggest developments in the 2000 election cycle was Republican presidential candidate John McCain and his utilization of the Internet for fundraising purposes (Fritz 2000). His online fundraising success was critical during the primary season, with estimates indicating he raised an unparalleled $500,000 after the New Hampshire primary. He also raised multiple millions of dollars from that point through the conclusion of the campaign (Birnbaum 2000).

In the 2008 election cycle, Barack Obama brought Web-based voter outreach to unprecedented levels. Through the usage of online features such as MyBarack.com, a personalized log-in directly on the campaign homepage, Obama was able to connect with potential voters (Cohen 2009). The success of Obama and others in the online world likely triggered state parties to place more emphasis on their online presence. Due to the lack of literature on state political parties, how much emphasis is a question left unanswered (Farmer & Fender 2005).[4]

Measuring Online Presence

With rapid changes in the media landscape, measuring the concept of online presence, our dependent variable, is not an easy task. Simply "being online" is no longer a sufficient measurement. Democrats and Republicans in all 50 states have already adopted their own websites. This does not mean, however, that all state parties embrace social media to the same extent. This fact challenges us to recognize that online presence is a "multifaceted concept" that is difficult to measure (Gainous & Wagner, 2011, 35). We present a new approach for measuring the online presence of state parties which introduces new social networking sites to previous models and combines the popularity of these sites into one dependent variable.

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[4] Scholars have primarily focused on candidates' use of the Web. Some studies have examined the national parties, but few have examined American state parties exclusively or as comprehensively as here. For example, Foot and Schneider examine "online action" during the 2000 campaign which includes some data from state party websites, but those sites are not the emphasis of their study (Foot & Schneider 2002). Farmer and Fender's (2005) study broadly examines all 50 American state party organizations' websites, but their study of the 2000 election cycle is now dated. Political parties' role via the Internet appears to be more developed outside the U. S. (Gibson & Ward 2009).

Three social networking tools examined in this paper—Facebook, Twitter, and YouTube—have been the focus of several recent studies; therefore, it seems obvious to include them in our examination of parties use of social networks (Gulati & Williams, 2010; Hanna, Sayre, Bode, Yang, & Shah, 2011; Rogers, 2003). But why examine Flickr and Delicious, too? We did not randomly choose these sites. Our analysis includes each of these five social networking sites—Facebook, Twitter, YouTube, Flickr, and Delicious—because they were the ones that the *state parties included links or icons to on their website's homepage*. We infer the parties deemed these social networking sites important enough to subscribe to them and include a way for voters to connect with them through the homepage on their website. Parties linking to multiple social networking sites not only consider it an important way to keep in touch with voters, but they are trying to keep ahead of, or at least keep up with, changes on the Web which may lead to votes or contributions. Although the Internet is no longer a new technology, the use of social media sites for keeping in touch with voters is still in its infancy.

While most Internet users, including candidates and parties, are familiar with Facebook, Twitter, and YouTube even if they are not subscribers, Flickr and Delicious are less familiar. Flickr is best recognized as a photo-sharing website, but it is quickly becoming a standard tool in campaigning because candidates and their campaigns can quickly upload pictures and video and share them on multiple websites at once, including Facebook, YouTube, Twitter, and more. Delicious is the first and arguably the Web's most popular Social Bookmarking service which allows users to save, share, and organize their bookmarks. Delicious also allows subscribers to see what is currently popular on the web including news or information about candidates and campaigns. More importantly for this study, these five social networking sites are recognized *by* the state parties as being a potentially useful tool because they have links to them on the homepage of their websites.

Parties do not purport to know which sites are best at making a connection to voters or if that link can be made effectively by winning elections. Scholars have not even made that determination. Nobody can predict what future Websites will take off and gain popularity on the Web. One day MySpace was the

most popular site because users could personalize their pages, but that quickly lost popularity and Facebook took its spot at the top (Anderson, 2011). Parties that try multiple sites, less popular sites, or new sites for reaching out will be the most successful. Moreover, Flickr and Delicious may not be the most popular social networking sites, but they may serve different purposes or reach different types of voters. After all, it does not cost parties much to set up these sites, and our findings suggest that it may be a successful endeavor.

The social media sites analyzed here are not created equal, and some are invariably more popular with potential voters than others. We used content analysis to determine which networking sites were most popular. After accessing the official website of all 100 state parties, we tallied the number of times a link to any social networking site appeared. Facebook, Twitter, YouTube, Flickr, and Delicious were the *only* sites that the parties displayed links to during the data collection period. Since each of these sites vary in overall popularity, we weighted each of those links using cues from Google PageRank to approximate online presence (Gainous & Wagner, 2011). PageRank assigns each webpage a ranking of its relative importance within the web community (wikipedia.org, "PageRank"). Based on these rankings, Facebook ranked the highest, followed by a tie among Twitter, Flickr, and YouTube for second. Delicious received the lowest ranking according to PageRank. Therefore, we expect a party that is linking only to Facebook to be more successful in the online campaign than one only linking to Delicious. Likewise a party connecting to all five social networking sites should be the most successful.

Since there are three different rankings for these social networking sites, we gave each party a weighted social networking score depending on whether their homepage displayed a link to each social networking site. Parties with a Facebook page received a 3. Parties with a Twitter, YouTube, or Flickr page received a 2, and parties with a link to Delicious received a 1. We combine the state parties' weighted networking score into an indicator of *online presence* as our dependent variable. States with a weighted score of 0-5 were coded as having low online presence, and parties with a score of 6 to 10 were coded as having high online presence.

Therefore our dependent variable is coded 0 = low online presence, 1 = high online presence.

There are some limitations to our measure of online presence. We do not claim to examine every possible way that a state party may attempt to connect themselves with potential voters on the Web. Nor does our measure identify every possible social networking site that a party may be linked to, with well over 100 of them in existence ("List of social networking websites," wikipedia.org). *We consider only the social networking sites that the parties deem important enough to link voters to on their homepage*. In addition, existing studies measure online presence by analyzing one website at a time; however, we do not disregard these studies altogether (Gulati & Williams, 2010; Hanna et al., 2011). Our measure draws from previous studies that use social networking sites independently and allows scholars to examine the use of these sites under the roof of one predictive model. This allows us to test the overarching reach of parties' online presence, not just whether they have an account on one or two sites where voters can be reached.

Determining Online Presence: Testing the Outparty Thesis

Testing the outparty thesis is a primary goal of this paper, but we also examine other variables that consider power dynamics within a state and other key components of state politics research. This includes factors such as who holds the majority, as well as the strength of that majority, in the state legislature. Power dynamics in the state matters for the concept of outparty incentive. As V.O. Key illuminates, the battle of American political parties can be described as one pitting the "ins" versus the "outs" (1949, 302). The "outs" have an incentive to put greater efforts into campaigning. By contrast, the party "in" power spends more time legislating. Karpf (2009) applies this concept to the Internet in what he calls the "Outparty Innovation Incentives thesis." Karpf notes that there are "a host of incentives that lead the opposition party to more actively embrace strategic and technological innovations of all sorts" (2009, 3). Technology is a cost-effective mechanism for outparties to connect with people. If the Outparty Innovation Incentives thesis holds true, minority parties that are

out of power in both the state House and Senate should be the more likely to utilize technology. Additionally, we have good reason to believe that legislative professionalization (Squire, 2007) may be a factor in explaining web presence. States with greater legislative capabilities embraced e-government sooner than others and continued to make strides in providing and improving these innovative technologies to the state's citizenry (Mossberger, Tolbert, & McNeal, 2008).

Beyond looking at state party dynamics, this study considers other possible determinants of *online presence* and are grounded by current Internet and politics literature. In an attempt to measure the likelihood that a national party or candidate will use social networking tools, scholars have gravitated towards examining two sets of variables. One set of typical predictors tests attributes of a candidate's constituency such as education, income, ethnicity, age, and urbanization (Chadwick, 2006; Herrnson, Stokes-Brown, & Hindman, 2007; Klotz, 2004; Mossberger, Tolbert, & Stansbury, 2003). The argument is that, collectively, these variables serve as indicators for Internet usage in any given constituency. It is notable, however, that these constituency demographics are shown to have "limited impact" in predicting an individual candidate's web presence (Gulati & Williams, 2010, 96). In addition, these variables are unlikely to provide any explanatory value here because each state party's membership is too diverse.

An additional set of predictors for online presence relate to individual candidates, such as incumbency status, party affiliation, campaign expenditures, and various factors relating to the individual race (Gulati & Williams, 2010). We take cues from these studies that use candidates as the unit of analysis by examining factors that relate specifically to party organizations. These variables are shown to be important factors in explaining a candidate's advanced use of the web for campaigning. Therefore, we expect similar variables to explain state parties' online presence. Specifically, this study examines state party organization strength and party expenditures. With previous literature focusing exclusively on candidates and national parties, state parties have gone largely ignored.

Beyond considering the concept of outparty incentives and existing Internet research, this paper revisits some previous findings about partisan trends in the adoption of social networking tools. A number of scholars argue that the Internet is better suited for progressives more than conservatives. Amongst other things, these scholars point to a lack of user interaction on the right, stating that it reflects a top-down philosophy (Benkler & Shaw, 2010; Kerbel, 2009). They cite the Democrats' "open source" philosophy as showing why progressives have been better at adapting to the Internet. In other words, Democratic-leaning websites tend to allow more user registrations and comments. Our analysis reveals that Republican Party websites are increasingly welcoming, even surpassing Democrats on a number of measures. The independent variables in the model which test Key's (1949) and Karpf's (2009) theses are detailed in the following.

Outparty

The primary variable of interest is *outparty* which tests Key and Karpf's theses that the party in power in the state legislature will spend their time legislating, while the party out-of-power will have more incentive to use technology to gain majority status. The objective is to determine if the state party organization (Democrats or Republicans) is also the party that is "in power" in the state government. For this analysis, a party is "in power" if they control both houses of the state legislative branch and the executive branch, and is coded 1. The "out party" is conceptualized by all other arrangements including divided branch and divided legislature and is coded 0. One limitation is that we are unable to explain the dynamics of divided government. However, we are not seeking to capture the various permutations of divided government. We are focused solely on whether the party is completely in power or out of power, which is determined most directly by our dichotomous variable.

Party

The model includes a dummy variable for party (1 = Republican, 0 = Democrats). This variable indicates the classification for the state party organization that is the sponsor of the Facebook, Twitter, YouTube, Flickr, and Delicious accounts.

Earlier Internet studies (Kerbel, 2009) indicated that the Democrats were better at using technology, but more recent studies suggest that Republicans have been catching up, even if that is by greater experience and spending (Gainous & Wagner, 2011).

Party Expenditures

Party expenditure data are collected from the Federal Election Commission and include expenditures from 2010. We expect well funded party organizations to have a higher online presence.

Party Strength

The strength of the state party organizations is borrowed from LaRaja (2008). His indicator of party strength is based on a survey sent to 50 state Republican and Democratic party organizations. Unfortunately, nine state parties did not return his survey, which is why our logistic analysis includes only 89 observations. *Party strength* is operationalized as follows: 4 = strong, 3 = moderately strong, 2 = moderately weak, 1 = weak. Although a previous study did not reveal a significant relationship between party organizational strength and state party website form and content (Farmer & Fender, 2005), we believe that finding may have been a result of various early concerns and apprehensions by candidates and parties related to the new technology. While Internet technology may still be the newest campaigning tool, there is little doubt it is an effective tool and one which parties and candidates must utilize in order to win elections. Although it is "free" to become a member on the social networking sites that we examine, the time and labor that it takes to maintain the sites are not free. Therefore, we expect state party organizations with larger sophisticated staffs and stronger organizational features to have higher online presence.

Professional Legislature

Professional legislatures are associated with career politicians who are more likely to spend time and money campaigning for their next election. Typically, these states have more competitive elections. Therefore, we expect parties in states with a greater degree of professionalism in the legislature to be

keenly aware of current campaigning trends and have a greater online presence. We use Squire's (2007) indicator of legislative professionalism that is based on combined measures of legislators' salary, their number of staff, and days in session as compared to the U. S. Congress. The score ranges from 0 to 1 with 1 being the most professional legislature as indicated by the Congress.

Majority size. Not only does the party in control matter, but so too does the size of that party's majority. Therefore, we argue that the size of the majority in the legislature may matter for online presence. If Key (1949) is correct and the in party does most of the legislating, then we expect as their majority increases the minority will have (or perceive to have) less influence in the legislative process. As the minority party perceives their influence to be less in the legislature, they will do more outside of the legislature to gain back control of the government. Majority size is calculated "by taking the absolute value (ABS) of the number of Democrats in each chamber minus the number of Republicans in each chamber and dividing the total by the number of legislators in the chamber. We then averaged the figures from the House and Senate for each state to reflect the total size of the majority in the full legislature" (Hicks & Smith, 2009). The variable ranges from 0 to 1, with higher values indicating a larger majority.

Analysis of State Parties' Social Networking Use

Our data show that state parties on both sides of the aisle have taken to the Internet for campaigning purposes, but our key finding runs contrary to Key's and Karpf's outparty theses. Our data support the supposition that parties in power in the state legislature will have a greater online presence, not less of an online presence, as Karpf might conclude. However, these findings support our other hypotheses that state party expenditures and state party strength will increase the likelihood of party online presence. Our results also demonstrate that Republicans have a greater online presence, a finding which goes against campaigning and the Internet studies purporting an advantage for Democrats (Benkler & Shaw, 2010; Kerbel, 2009). These data provide evidence that Republicans have caught up and even outpaced Democrats in the Internet campaign race. Whether it be party expenditures,

organizational factors, or a specific party, these findings provide additional evidence for the extant literature indicating that party matters, especially organizationally sound parties.

Table 1 takes a closer look at these data and illustrates subscriptions to social networking websites as of August 2010. The most popular social networking site among state parties is Facebook, with an incidence of 98 percent for Republicans and 94 percent for Democrats. This is followed by Twitter (92% for Republicans, 82% for Democrats), YouTube (84% for Republicans, 62% for Democrats), Flickr (44% for both Republicans and Democrats), and Delicious (5% for Republicans and 3% for Democrats).

Table 1. Adoption of Social Networking Sites by 50 State Parties

	Democrats	Republicans
Facebook	94% (47)	98% (49)
Twitter	82% (41)	92% (46)
YouTube	62% (31)	84% (42)
Flickr	44% (22)	44% (22)
Delicious	3% (6)	5% (10)

While these trends clearly show that state parties have created accounts on these various social networking sites, they do not tell us the degree to which potential voters are following this presence. Simply having an account does not equate to reaching current or potential voters; how well the account is utilized may also matter. To get a sense of how many people state parties are reaching through these sites, we can look at measurements such as Facebook fans, Twitter followers, and YouTube channel subscribers as shown in Table 2. These subscribers are an additional indicator of state parties' online presence and provide

some initial evidence that Republican parties may have caught up with the Democrats. These "fans" and "followers" illustrate the potential reach of state parties on these respective Websites. Collectively, Republican state parties averaged 1615.44 more Facebook fans, 478.11 more Twitter followers, and 1594.27 more YouTube channel subscribers as of August 2010.

Table 2: Average Number of Social Networking Account Followers for the 50 State Parties

	Democrats	Republicans
Facebook fans	1637.84	3253.28
Twitter followers	649.39	1127.5
YouTube channel subscribers	3743.72	5338

Beyond these important descriptive statistics, the logistic model in Table 3 reveals some interesting results. The primary independent variable of interest in our model *outparty* tests Key's and Karpf's outparty theses. The results demonstrate that the party in power in the legislature is more likely to have a higher online presence ($p=.02$). This finding is not consistent with Key or Karpf's theses in which we would expect the party out of power to have higher online presence. Notably, this effect is the second largest in our model. The odds of being in the highest category of online presence increases 4.35 times for each one unit increase in unified government. Not only does being in the majority matter for online presence, but these findings demonstrate that the party matters in myriad other ways. In fact, the *party* variable had the largest effect in our model with the odds of having high online presence increasing 4.59 times for Republicans. This is consistent with the data shown in Table 1 and Table 2.

Table 3: Logistic Regression Analysis of State Parties Online Presence

Independent variables	Coef.	S.E.	P	Odds ratio
Unified gov't (1=unified)	1.472	.651	.024	4.357
Party (1=Republican)	1.526	.713	.032	4.599
Party expenditures	.000	.000	.065	1.000
Party strength	.646	.333	.052	1.908
Professional legislature	-6.660	3.378	.049	.001
Majority size	-1.474	1.538	.338	.229
Intercept	-.753	.952	.429	.471

$n = 89$
percent correctly predicted = 80.9
pseudo R^2 = .372

Party strength and *party expenditures*, too, had a positive and significant effect on our combined measure of online presence (p = .05 and .07, respectively). It is not surprising that state parties with solid organizations and bank accounts have a higher online presence. Despite the fact that social media websites do not cost anything to join, party staffers must sign up, maintain and update the sites, and have the wherewithal to acknowledge its usefulness in the first place. Some have argued that the Web would level the playing field for candidates and might even assist minor or third party growth (Bimber & Davis, 2003; Corrado & Firestone, 1996; Friedenberg, 1997). However, these results suggest that the Web has allowed financially and organizationally strong party organizations to maintain and possibly even extend their leverage over voters.[5] Finally, our results demonstrate that there is some evidence that the professionalization of the legislature matters, but

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[5] We cannot say for sure whether state party organizations have increased control over voters compared to minor parties because we do not have previous studies with which to compare. Nevertheless, that our independent variables *party organization* and *party expenditures* are significant implies that the Web has become a tool not necessarily for the rich, but for organizations that have the knowledgeable staff to use it most effectively.

it is not in the expected direction. As professionalization of the state's legislature increases, online presence decreases (p = .04).

Although the estimates from our model are valuable for pinpointing variables that are significant in predicting online presence, we are cautious in our final assessment. The percentage of cases correctly predicted by the model (78.7%) is not much different than the model without any of the independent variables included (80.9%). As with much of the current scholarship relating to social networking and Internet technology and their intersection with politics, there is still a great deal unknown. While this study is another step toward understanding that relationship, there is still little agreement among scholars about the most important indicators of Web presence. What is more, there are multiple studies examining candidates' use of the Internet to reach voters, but to date, it appears that no other study has considered adoption of these strategies among state parties. Our findings suggest that state parties are using social networking and the Internet to build their organizations and garner support.

Conclusion

Our analysis reveals that there is a relatively high baseline standard for online presence when measuring the digital activities of state parties. All 50 parties on both sides of the aisle have a website. Facebook, YouTube, and Twitter adoption rates are high, indicating that parties may no longer be in the "infancy" stage of digital politics. Parties are clearly engaging online communities. Of particular note is the fact that Republican parties are engaging online communities. While previous scholarship has indicated an edge for Democrats on measures such as blogosphere activity and candidate activity, state parties do not follow this trend. Instead, these data reveal that Republican state parties have an edge in social media site adoption. This is evident in both our online presence logistic regression model and the descriptive statistics.

Our findings indicate that state parties are reaching out to constituents online. To help explain the power of this relationship, one must place certain online presence measurements in a larger political context. The larger context helps to frame interest in the party, as well as interest in politics in general. At the time these

data were collected, we would want to consider the impact of the struggling economy, healthcare reform, and the Tea Party movement. These factors all played a role in the 2010 election, helping lead the Republican Party to historic gains at all levels of government (Busch, 2010). The economy, and especially unemployment, had improved very little since 2008. Perhaps more damaging was that voters saw the 2009 stimulus bill, that only one House Republican supported, as helping Wall Street more than Main Street (Stonecash, 2010). Moreover, despite the historic nature of and long battle over healthcare reform, many voters perceived the Patient Protection and Affordable Care Act unfavorably, and its passage contributed to the sweeping Republican gains in every conceivable level of government including 690-700 state legislative seats and a win of 22 state chambers and 6 governorships (Saldin, 2010; Stonecash, 2010). Collectively, these factors may have led to greater interest in the Republican Party, thus inflating measurements such as Twitter followers and Facebook fans.

In this technological age, measuring online presence is a difficult task. We have contributed to prior studies by adding Flickr and Delicious, two sites that are being used by state parties. We have also provided a new measure of online presence that is not restricted to state parties, nor the social networking sites examined here. This measure may be used to study the campaigning techniques of candidates and can be modified to include new social networks that launch every day. It also performs well in supporting what we already know about party organizational strength and expenditures. The challenge for future scholars is to keep up with new social media website development. With new websites and digital communities continually coming on the scene, scholars are challenged with the difficult task of revisiting the online presence measurement. Future sites may usurp today's big players. We already see evidence of this with rumblings about Diaspora* and Google+ as sites that are trying to challenge Facebook (Dwyer, 2010). Given that the investment to "go digital" has already been made, there is no reason to suspect that parties will suspend their online campaigning activities.

If scholars are to continue gaining knowledge about the use of the Internet for campaigning, reaching potential voters, and

connecting with citizens then we must advance beyond simple determinations of whether parties are using the web to examining how they are using the web. We believe our measure of online presence can be extrapolated to contexts beyond the state party. Future scholars can apply this measurement to candidates, national parties, and third parties. Further, future scholars can expand this model of online presence to include connections to other websites, not just the five social networking sites examined here. We believe this study and our preliminary measure of online presence begins the conversation about discovering different ways of examining this new campaign tool.

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EXPLORING THE MYSTICAL SIDE OF RUNNING

by

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Abstract

Several anecdotal accounts of the occurrence of mystical experience during running can be found in various publications. However, empirical examinations of this phenomenon have not yet found their way into the scientific literature. Hence, this research sought to examine the occurrence and type of mystical experiences among runners. Online networking sites were used to identify runners and to solicit their participation in an online survey study. Seventy-four runners completed an author-derived running survey and the Hood's Mysticism Scale. Results indicate that when runners compete in marathon or greater distances they are more likely to report mystical experiences than shorter distance runners. Aspects of mysticism and the concept of "flow" are explored. Implications for future research are discussed.

Introduction

When Émile Durkheim (see Westley 1978) wrote about the coming age of the "Cult of Man," he predicted that religions would focus greater attention on fostering self-improvement—hence the title. Turning Durkheim's argument on its head, one of the major questions this paper explores is how individual striving for achievement, such as running, lends itself to greater mysticism. To study how running and mysticism are associated, various online networking sites were used to identify runners and to solicit their

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participation in an online survey. It is that mystical or spiritual aspect of running that is the focus of this paper.

Past accounts of running reflect mystical phenomena. For example, the "Golden Mile" of 1979 produced a winning time of 3:49:0. The "Golden Mile" is so named because it produced some of the fastest recorded racing times among many of the front runners. One of the runners commented on his running in the straight-away towards the end: "I was floating, detached…" (Moore 1982, 223). The example of the Golden Mile shows a "cultivation of mystical consciousness" through vigorous activity that William James (1902/1985, 315) mentioned in *The Varieties of Religious Experience*. James wrote that exercise allowed for the "cultivation" of mysticism. Indeed, the famous runner and medical doctor George Sheehan (1978) urged marathoners to study James's work. However it is important to note that Sheehan also relied on insights from Erving Goffman and other more sociologically oriented thinkers about running and runners. This study will combine the insights of both social psychology and sociology in understanding running and spirituality.

The topic of sports is a minor area of focus for sociologists (Ennis 1992), and the sociological study of running is even rarer. An article search of *Sociology of Sport Journal* and other journals did yield some articles about body image or identity and other social aspects of running.[4] It is likely that more researchers will study and write about running since running activities over the last three decades have grown enormously across the United States. For instance, there were 25,000 marathon finishers in 1976, 293,000 in 1995, and 518,000 in 2011 (Running USA 2012). Part of this trend is the increasing participation of women, who made up 10 percent of all runners in 1980 compared to 41 percent in 2011 (Running USA 2012; see also Pate & O'Neill 2007). Adding to the social aspects of running (e.g. running with a group), today's runner can link up with other runners in real time or virtually through Facebook, Twitter, and other social media. Running is so widespread that it is reasonable to assume that it intersects with other aspects of social life such as social media and religion thus making it worthy of sociological investigation.

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[4] In this paper, a runner signifies anyone who self identifies as a runner. Refer to Smith (1998) for a comparison among athletes, runners, and joggers.

Research on the spirituality/mysticism of running is virtually without precedent in the social sciences. The lack of scholarly interest is remarkable because running has become a very important activity for many people. Some researchers have found that running and especially long distance running is part the evolutionary history of humans (Liebenberg 2006; Lieberman & Bramble 2007; Sands & Sands 2010). Running allowed people to hunt and gather over greater areas and to connect with the landscape in spiritual and mystical ways (Sands & Sands, 2010). Running is also a significant activity within many cultures—often involving a spiritual element. Examples of cultures that blended running with spirituality are the marathon monks of Mount Hiei, the Tarahumara of Copper Canyon, and the Tibetan runners known as the Lung-gom-pa (See David-Neel 2000; Govinda 2005; McDougall 2009; Steven 1989).

Competitive running entails a shared quest or, as Schutz (1964) called it, "tuning-in" to one's fellow runners while running. The act of running itself might "trigger" a spiritual experience (Hardy 1979). Of course running requires intense physicality and willpower—components important for getting in the "zone" or "flow" (Cskiszentimihaly 1990). Each of these topics will be discussed in depth below.

Spirituality of Running

A number of researchers have looked at the types of personality traits that are associated with mysticism and paranormal beliefs (Clarke 1993; McGarry & Newberry 1981; Thalbourne & Delin 1999). For instance, people who are self-directed (intrinsically motivated) are more likely paranormally predisposed (Clarke 1993; McGarry & Newberry 1981). Furthermore, internally-oriented individuals are more likely to accept superstition, whereas respondents who accept that external forces influence them show stronger support for precognition (e.g. ESP and clairvoyance) and spirituality (Groth-Marnat & Pegden 1998). Transliminality, that is the predisposition to transcend the line between the external world and forces and move toward inward and intuitive phenomena, leads to stronger mystical experiences (Thalbourne & Delin 1999). Some findings support the idea that the experiential self (e.g. intuition) and a positive

disposition lead people to be more disposed to paranormal beliefs (King, Burton, Hicks, & Drigotas 2007). Others, like Auton, Pope, and Seeger (2003), reported no difference between high and low paranormal believers and suggested focusing more on social context. In contrast to researchers focusing on personality types and mysticism, Jones (2004) argued that, when people engage in ultra-running, neuro-physiological systems are "overloaded," leading them to mystical experiences such as being awestruck and accessing a deity or something sacred. Jones, however, did not offer any data to test his assertion.

The focus of this study is on mysticism and running. A historical example of this linkage is the case of Henry Rono, a Kenyan, who in the late 1970s shattered a number of track records and even bested Steve Prefontaine's 5,000 meter record with a time of 13:21:79 (Moore 1982). A witness to that event said this about the detached, mystical state he saw Rono in: "I wonder where he is right now?" Rono contended that sense of detachment or "disembodiedness" was a sign of one achieving "his ultimate" (Moore 1982, 184). Therefore, looking at the work of William James is insightful.

James (1902/1985) contended that mysticism possessed four qualities: ineffability, noetic quality, transiency, and passivity. Ineffability refers to the inability of persons to put into words what they are experiencing—in essence they are awestruck. Apprehending non-rational realities (e.g. cosmic, religious) is noetic quality. The fleeting nature of the experience is transiency. Lastly, passivity deals with the perception persons have where they feel that they are becoming a part of something greater than themselves.

More recent work by Ralph Hood (1975, 2002) allows researchers to appreciate other facets of spirituality/mysticism beyond what James provided. Related to James's concept of transiency, Hood added time and space qualities to mystical experiences. Both James and Hood examined noetic quality. James' passivity construct is divided into two Hood concepts of unity and ego. Likewise, both authors described ineffable mystical experiences. Hood expanded the suite of mystical/spiritual concepts to include religious/sacredness and inner subjectivity.

Unity is the sense of being part of something bigger than one's self. Ego, on the other hand, implies loss of self to something

larger. The former is active, the latter, is passive. Both are also facets of flow which will be discussed below. The idea here is that action and awareness merge (Jackson & Csikszentimihalyi 2011).

Mystically oriented individuals are often "sensation seekers" and tend to be inwardly oriented (Hood 1975; Hutson 2012). This is called inner subjectivity by Hood. According to Sheehan (1978), inner subjectivity is "What the runner [is] running for--the inner race. Perfect runner" (217-18). For Roger Joslin (2004), running allowed him to reduce life's complexities into simply "moving and breathing" (145), which he thought expanded his consciousness. The transcendental nature of inner subjectivity allows runners to be "liminars"—transitioning from mundane to sacred beings through the act of running (Turner 1969, 143).

The effect running has on how one perceives time and space is a common theme in endurance sports. George Sheehan (1978) noted the lack of temporality and space when he ran. According to his accounts, all his activities were in the present—no past or future. He wrote, "On my afternoon run I had suddenly over reached the confines of time and space. I had become the perfect runner moving easily and surely and effortlessly toward infinity" (230).

The feeling that there is a greater truth or something more to reality is what gives mystical experiences a noetic quality. The noetic facet of mysticism, often referred to as a feeling of the sublime, has been problematic for many thinkers because of its seeming inaccessibility to rationality (Forsey 2007). Consider this quote by Sheehan (1978) "There in a lightning flash, I can see truth apprehended whole without thought or reason. There I experience the sudden understanding that comes unmasked, unbidden. I simply rest, rest within myself, rest within the pure rhythm of my running, rest like a hunter in a blind. And wait" (14). Related to the sublime nature of mysticism is its religious quality. Sheehan (1978, 230) wrote "Running that day became for me, as I'm sure it has for others a mystical experience. A proof of the existence of God." Later he had this to offer: "The runner knows God is a runner" (244).

One common theme among those who have mystical experiences is being awestruck. For example, at the peak of such an experience, a person has no words to describe what is

happening to him or her. Reflecting on this notion, Gates (2012) wrote that running in its essence is as intense as death. And often words elude for both death and running.

The last quality of mysticism is positive effect. For Hood (1975), positive effect was manifested in terms such as "profound joy," "wonder," and "perfect peaceful state" (31-32). As mentioned above inner oriented actors are more spiritually minded. An intrinsically leaning person derives joy when fully engaged in an activity (Seifert & Hedderson 2009). Thus, "being in the zone" or "flow" is associated with feelings of happiness and of being at the top of one's game.

Mihaly Cskiszentimihaly's (1975) work about "flow" adds to James and Hood's social-psychological set of spiritual markers. Sheehan (1978) called flow his "in Zen" time (227). These experiences are not acquired in solitude, according to Kelly (2010). Past accounts of runners "in the flow" are particularly illuminating. It was August 23, 1886 when renowned British runner Walter George competed against the Scotsman William Cummings in what would come to be known as the "Mile of the Century." George would establish a new world record time of 4 minutes 12 ¾ seconds. Of that event, Peter Lovesey (1968), author of *Kings of Distance*, wrote, "After winning the toss he [George] had the inside position and sped into the lead, with Cummings, knowing exactly the routine of his inflexible pacemaker, gliding lightly, almost boneless, a yard behind. George's concentration was trance-like" (64). Towards the end of the race, the commentary gets more mystical: "But they glided through the twilight in their strange province of unreality, intellectually preoccupied, inscrutable" (64).

Focusing on more sociological explanations of mystical/paranormal beliefs, MacDonald (1994) reported an increasing tendency of U. S. respondents to believe in paranormal phenomena due to increased social uncertainty. Like studies on personality traits such as MacDonald (1994) mentioned above, research using socio-demographic variables provided mixed results except for gender where women are more likely to believe in paranormal phenomena (MacDonald 1994; Rice 2003). In explaining the likelihood of reporting paranormal experiences, Rice (2003) found no association between religious variables and paranormal beliefs. Answering the question about whether that

paranormal phenomena functioned as an alternative to religion, Emmons and Sobal (1981) found that the nonreligious tend toward nonreligious paranormal beliefs (e.g. ESP and UFOs), whereas the religious are more likely to believe in religious paranormal phenomena (e.g. angels, devils).

Methods

Participants

An online survey was provided to individuals who identified themselves as runners. Participants were recruited via online social networking sites such as Facebook, LinkedIn, and Twitter. A total of 74 runners chose to answer the online survey. Of the 74 respondents, most were male (56%).[5] Concerning ethnicity, most were white (86%), with African American (6%) and Asian (3%) also included. Most runners in this sample were married (71%) but single (17%), divorced (7%), and cohabitating (4%) were also represented. Runners reported having on average one child. Most runners were nearly 40 years in age on average but took up running around the age of 27.

Eighty percent of the runners made $50,000 annually or higher. Although nearly all the 23 U. S. Bureau of Labor occupations listed were represented, the most represented included management (15%), education (11%), and both healthcare support occupations and arts, design, entertainment, sports, and media occupations (8%). Seventy-six percent of all the runners had a four-year college degree or higher.

For the religion variables, respondents were primarily Christian (76%), either agnostic or atheist (17%), or some other religious category (7%). Of the Christians, most were either Protestant (67%) or Catholic (17%). On average both Christian groups reported that they spend about the same amount of time reading religious material and praying—approximately two hours. Concerning attendance at religious services, the three highest categories included attendance at least once a week (33%), a few times or once a month (28%), and never go to church (32%).

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[5] Results from this sample are similar to the descriptive results from Running USA's 2010 State of the Sport survey on a number of key variables such as sex, age, college education, and average miles per week.

Instruments

Mysticism Scale. The M scale (Hood 1975), also known as the Mysticism Scale, is made up of 32 items with a 5-point Likert scale with anchors. The response categories for each question in the M scale ranged from definitely true = 2, probably true = 1, cannot decide = 0, probably not true = -1, and definitely not true = -2. Half of the questions were reverse coded to ensure validity. Besides the overall scale, the following subscales were computed: time/space, ineffability, ego, positive effect, inner subjectivity, unity, noetic and religious quality. Each of these scales was composed of four questions of which two were worded positively and the other two were worded in the negative. Concerning validity, convergent validity has been established with the scales relationships to broad religious experience, openness to experience, religious motivation, and hypnotizability (Hood 1975; Spanos & Moretti 1988). Discriminative validity studies have found no relationship between the M scale and indicators of psychopathology such as neuroticism or psychoticism (Caird 1987). Furthermore, the scale has been related to positive personality characteristics such as creativity and tolerance (Hood, Hall, Watson, & Biderman 1979).

Survey of Running. These author-derived questions included five questions concerning basic demographics and two questions regarding running behavior. These questions were arrived at through multiple sources. One of the authors of this study is a long-distance runner and devised these questions from personal knowledge, consultation with other runners, and information gleaned from running magazines. See Survey Items in Appendix A.

Procedures

Participants were first directed to an online Qualtrics survey that had an informed consent form. Afterwards they completed the running survey and then the M scale. At the end, participants were thanked for their participation and were provided with a contact email address if they had questions. The data were downloaded from Qualtrics and processed in PASW Statistics 18 (formerly known as SPSS). The M scale was scored following Hood (1975).

Running Statistics

       Most runners considered themselves between an absolute beginner and an elite runner and rated themselves above a six on a graded scale from one to ten about their commitment to running. They logged an average of more than 21 miles each week, and 34 percent participated in half marathons and 32 percent in marathons. Nineteen percent tended to do 5Ks or less. Over the course of the year, respondents spent on average $517 for their running and nearly nine hours a week reading, talking, and blogging about running.

       Sixty-five percent of runners either always or frequently ran by themselves on training days. Each is usually a member of one running group but nearly four online (e. g. Facebook) groups. Their level of commitment to the running group is relatively low—less than four on a scale from one to ten. Most have very or somewhat supportive family members and work colleagues. The runners reported that usually one other member of the family and two of their work colleagues also run.

Scale Descriptive Statistics

       The overall running M scale average was 115.7 (SD = 27.3). The average score for male runners was 114.4 (SD = 24.8) which was slightly higher than for males in Hood's (1975) sample (M = 109.3, SD = 22.6). The average for female runners was 117.4 (SD = 30.6), quite similar to that of female respondents in Hood's sample (M = 119.4; SD = 18.8). The internal consistency reliability for the M scale was high (Cronbach's α = .97), and that of all subscales exceeded .75. Table 1 has the reported reliabilities on the diagonal of the correlation matrix.

Bivariate Results & Correlations

       There were a number of M scale items that differed significantly by gender or distances the respondent tended to run in competitive races. Women runners had significantly higher levels of spirituality along dimensions of unity (one question: χ^2 = -9.31, d.f. = 2, p<.01), inner subjectivity (one question: χ^2 = -7.67, d.f. = 2, p<.05), noetic (one question: χ^2 = -6.28, d.f. = 2, p<.05) and religious quality (one question: χ^2 = -9.07, d.f. = 2, p<.01) than

their male counterparts. Distance runners (e.g. marathoners and ultra-marathoners) scored significantly higher on the M scale questions than shorter distance runners. Questions with the greatest difference between the two groups were unity (three questions: $\chi^2 = -7.71$, d.f. = 2, p<.01; $\chi^2 = -8.21$, d.f. = 2, p<.05; $\chi^2 = -6.05$, d.f. = 2, p<.05), temporal/spatial quality (three questions: $\chi^2 = -7.13$, d.f. = 2, p<.05; $\chi^2 = -5.81$, d.f. = 2, p<.05; $\chi^2 = -10.05$, d.f. = 2, p<.01) , positive effect (one question: $\chi^2 = -6.15$, d.f. = 2, p<.05), and ineffability (one question: $\chi^2 = -7.89$, d.f. = 2, p<.05).

Bivariate Pearson correlations were computed between the various M scale subscales and all the running variables. As was expected, all the subscales were highly correlated with each other. Of particular interest was where noetic quality and ego were highly associated with inner subjectivity (all above .8). The association between positive effect and ineffability was r = .80 and the association between unity and inner subjectivity was r = .78. See Table 1 below. Only one running variable was significantly associated with the M scale. That variable was what is the greatest distance the respondent ran in a competitive race (r =.26, p < .05).

Table 1: Mysticism Subscale Correlations (internal consistency reliabilities on the diagonal)

	Time/ Space	Ineffability	Ego	Positive Effect	Inner Subjectivity	Unity	Noetic	Religious
Time/Space	.800							
Ineffability	**.646**[**]	**.765**						
Ego	.758[**]	.681[**]	.780					
Positive Effect	.722[**]	.789[**]	.712[**]	.737				
Inner Subject.	.734[**]	.589[**]	.800[**]	.607[**]	.783			
Unity	.664[**]	.555[**]	.718[**]	.671[**]	.777[**]	.883		
Noetic	.744[**]	.533[**]	.733[**]	.668[**]	.805[**]	.713[**]	.799	
Religious	.743[**]	.613[**]	.758[**]	.740[**]	.749[**]	.643[**]	.740[**]	.809

Note: All correlations significant to p<.01.

Multiple Regression Results

Regular multiple regression analyses were performed, where running and demographic variables were the independent variables and the M scale and its subscales were the dependent variables. A number of variables dealing with running, running social capital, and religiosity available in the survey did *not* significantly contribute to the prediction of the M scale or any of its subscales. The only running variable that significantly predicted M scale and the various subscales involved the question, "In terms of competitive running, what is the greatest distance you completed?" Specifically respondents who reported increased competitive distances were more likely to have higher scores on the M scale and on all the subscales except for ego and religious quality. See Table 2.

Sex was *not* a significant predictor for any of the subscales or the M scale itself. The same was true for yearly household income. Runners who reported higher levels of education tended to have lower scores on the temporal/spatial and religious qualities. Marital status was a significant predictor for the M-scale, ego, unity, and religious quality. In other words, when runners were something other than married, they were less likely to report mystical experiences, and especially mystical qualities such as ego, unity, and religious quality. Finally the scores for the M scale and time/space, ego, positive effect, and religious scores were lower for older runners than younger runners. See Table 2.

Table 2: M-Scale and Subscales Ordinary Least Squares Estimates

	M-Scale	Time/Space	Ineffability	Ego	Positive Effect	Inner Subjectivity	Unity	Noetic	Religion
Constant	80.58***	10.54***	10.60***	12.69***	13.06***	8.00***	6.00*	8.72**	10.97***
Greatest Competitive Race Distance Completed	5.40**	.81**	.74*	.41	.54*	.66*	1.00**	.73*	.50
Sex	6.49	.37	.98	.27	.87	.93	1.15	.13	1.80
Education	-3.02	-.52*	-.24	-.45	-.38	-.18	-.37	-.33	-.55*
Marital Status highest married	6.81*	.65	.49	1.00*	-.68	.64	1.01*	.88	1.45**
Yearly Household Income	4.91	.78	.660	.67	.62	.69	.61	.53	.41
Age	-.53*	-.07*	-.06	-.09*	-.06*	-.06	-.05	-.07	-.07*
R^2	.32	.27	.20	.27	.29	.20	.27	.20	.34
F	4.97***	3.97**	2.66*	3.91**	4.22**	2.56*	3.84**	2.62*	5.32***

Note: R^2=Multiple Regression Coefficient of Determination; *p,.05; **p<.01; ***p<.001. Standard errors for regression coefficients available upon request.

Discussion

In this exploratory study a number of interesting findings emerged. First, running social capital, religiosity, and most running behaviors do *not* significantly contribute to whether people have mystical experiences when they run. The one area of promise for future research is the relationship of distance running in competitive races to mysticism. This study found that it is not just logging many miles on a training day or competing in short-distance races that was related to mysticism. Marathoners and ultra-marathoners, in a sense, engage in quest-like activities that foster mystical experiences.

The competitive element involved in mysticism and running requires the researcher to follow the logical implications of flow. It is important to understand that it is more than a psychological state. Cskiszentmihalyi (1990) and Jackson and Cskiszentmihalyhi (1999) considered the relationship between skills and the challenge a crucial part of flow (something covered in detail by Durkheim in his predictions about the rise of the "Cult

of Man" (Westley 1978). Durkheim noted that religion would move towards perfecting the potentialities of individuals (Maslow's peak experiences). But flow requires more than an inner striving towards perfection—it is a finely woven interplay of competitors and others (Neitz & Spickard 1990). It is, to borrow Alfred Schutz's (1964) term, a tuning-in of each of the participants with each other in the activity. Furthermore, the ritualized aspects of running provided a rich contextual layer to the experience of running generally, and the spiritual side of the activity, specifically (Goodger 1985). Altogether, even though the trite phrase of "run your own race" has some merit, it is important to note that the social nature of racing means that you may be in your own stream, but each stream feeds into a river of other runners.

The multiple regression results showed that sex did *not* significantly influence the M scale or any of its subscales except for religious quality. This seems to contradict previous studies. It may be that male and female runners, especially long distance runners, share similar spiritual/mystical orientations. It may also be the case that the M scale was not able to tap into more complex and deeper feelings about mysticism that may differ by sex. However, one of the main findings of this study was how more likely women runners were to report higher religious-like mystical experiences than their male counterparts. They also are more likely to label those experiences with sacred or divine aspects associated with running. They seem to have a sense, while running these long distance races, that some type of God or force is present. In one online discussion that the author had, a female runner wrote "I remember having an epiphany while running on a trail, a feeling that I had the answer to something big and everything was ok, but then the feeling vanished. I'm waiting for it to happen again."

The major elements of mysticism that resonate more with runners include all the elements of mysticism except for ego and religion. Another online discussant mentioned time/space and sacredness. She wrote "The entire effort literally seemed to fast forward, and I think guardian angels carried me through quickly." Another had this to say, "[The closest] I've come to mystical was at the end of a nationals cross country competition, when a really heightened state of awareness took over, and time seemed malleable." Being awestruck and gaining a sense of euphoria are

common things people report after running long races. Rather than losing a sense of self, runners feel like they are becoming part of something bigger. Moreover, they often report tapping into a greater awareness or understanding of a greater reality.

Although this research has offered insights into the nature of mystical experiences and running, the authors suggest that future research on runners should rely less on quantitative methods to predict mystical experience. It is likely that more insights can be gained in in-depth interviews. Furthermore, although the work of James, Hood, Cskiszentmihalyhi and others offer a wealth of insights, a grounded-theory approach in studying runners and spirituality will led to better conceptual frameworks.

Acknowledgements

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APPENDIX : Survey of Running Items

Running and Spirituality: A Pilot Study

4 In terms of competitive running, what races do you tend to participate in?
- Less than 5K (1)
- 5K (2)
- Greater than 5K but less than 1/2 marathon (3)
- 1/2 Marathon (4)
- Greater than 1/2 marathon but less than marathon (5)
- Marathon (6)
- Ultra-marathon (50k, 50m, etc.) (7)

8 In terms of training, do you run...
- Always run by myself (1)
- Frequently run by myself (2)
- Run by myself and with others equally (3)
- Frequently run with others (4)
- Always run with others (5)
- Other: (9)

1-3 Sex
- Male (0)
- Female (1)

3-2 Marital Status
- Cohabitating (1)
- Divorced (2)
- Married (3)
- Separated (4)
- Single (5)
- Widowed (6)
- Other: (7)

5-2 Age

6-2 Level of Education

     Less than High School (1)
     High School/GED (2)
     Some college (3)
     Associate degree (4)
     Bachelor degree (5)
     Master degree (6)
     Specialist degree (7)
     JD/MD (8)
     PhD (9)
     other (99)

9-2 Yearly Household Income

     Less than 25K (1)
     25K to 50K (2)
     50K to 75K (3)
     75K to 100K (4)
     100K+ (5)
     Other: (9)

1-2 I have had an experience while running which was both timeless and spaceless.

2-1 I have never had an experience while running which was incapable of being expressed in words.

3-1 I have had an experience while running in which something greater than myself seemed to absorb me.

4-1 I have had an experience while running in which everything seemed to disappear from my mind until I was conscious only of a void.

5-1 I have experienced profound joy while running.

6-1 I have never had a running experience in which I felt myself to be absorbed as one with all things.

7-1 I have never experienced a perfectly peaceful state while running.

8-1 I have never had an experience while running in which I felt as if all things were alive.

9-1 I have never had an experience while running which seemed holy to me.

10-1 I have never had an experience while running in which all things seemed to be aware.

11-1 I have had an experience while running in which I had no sense of time or space.

12-1 I have had an experience while running in which I realized the oneness of myself with all things.

13-1 I have had an experience while running in which a new view of reality was revealed to me.

14-1 I have never experienced anything to be divine while running.

15-1 I have never had an experience while running in which time and space were non-existent.

16-1 I have never experienced anything while running that I could call ultimate reality.

17-1 I have had an experience while running in which ultimate reality was revealed to me.

18-1 I have had an experience while running in which I felt that all was perfection at that time.

19-1 I have had an experience while running in which I felt everything in the world to be part of the same whole.

20-1 I have had an experience while running which I knew to be sacred.

21 I have never had an experience while running which I was unable to express adequately through language.

22 I have had an experience while running which left me with a feeling of awe.

23 I have had an experience while running that is impossible to communicate.

24 I have never had an experience while running in which my own self seemed to merge into something greater.

25 I have never had an experience while running which left me with a feeling of wonder.

26 I have never had an experience while running in which deeper aspects of reality were revealed to me.

27 I have never had an experience while running in which time, place, and distance were meaningless.

28 I have never had an experience while running in which I became aware of a unity of all things.

29 I have had an experience while running in which all things seemed to be conscious.

30 I have never had an experience while running in which all things seemed to be unified into a single whole.

31 I have had an experience while running in which I felt nothing is ever really dead.

32 I have had an experience while running that cannot be expressed in words.

TAKE THE KEY AND LOCK HER UP: SYMBOLS OF CONTROL IN
GABRIEL GARCÍA MÁRQUEZ'S "BIG MAMA'S FUNERAL"

by
Pamela Shearer, M. A.[*]

Gabriel García Márquez's use of symbols and hyberbole provides a tool with which to interpret and criticize the quasi-feudal system in small town Colombia. The symbols used in "Big Mama's Funeral" represent the matriarch's complete control over her family and her extended community, reaching even the President of the Republic and the Vatican. García Márquez uses a rocking chair, clenched fists, a fence, a padlock cattle brand, and a lock and key to depict Big Mama's absolute control and to foretell the end of an era.

The author points to Big Mama and her line as a dying breed. In order to understand the references to the end of an era and the class conflicts in "Big Mama's Funeral," the reader must examine the social and historical context of Colombia. Diana Pérez García posits that many critics err by ignoring the "social and historical realities shrouded in the excesses of [García Márquez's] baroque and otherworldly narratives" (69).

García Márquez punctuates "Big Mama's Funeral" with historic and social allusions. Historically, two political parties have dominated the country. Williams and Guerrieri explain that the landowners, represented by the Conservative Party, have struggled with the Liberal Party in Colombia (10). While the Liberal Party pushed for separation of church and state, free enterprise and press, political liberty, and universal suffrage, the Conservative Party favored strong connections between Church and government and, according to Hanratty and Meditz, "preferred authority, hierarchy, and order and was contemptuous of universal suffrage and majority rule" (n. p.). García Márquez places Big Mama in line with the Conservative Party. Frank Dauster adds that the visits by the Pope and the President of the Republic hint at an unethical

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relationship between the Church and the government (469). The author shows that Big Mama aligns herself with the Conservative Party by having these two dignitaries attend her funeral. The references to Big Mama's death bringing an end to the era may refer to Colombia's troubled history of agrarian reform.

Colombia has struggled with the issue of agrarian reform, as have most countries in Latin America. Historically, land distribution has worked in favor of the landed gentry rather than the peasant farmers. Albert Berry points out that the attempts at redistribution have failed to get "the right land in the right hands." In 1926, Colombia passed an important law making it more difficult for the estate owners to get legal deeds to large tracts of arable land; however, with the Great Depression pushing the economy down, the hacienda owners tried to go back to low pay for grueling work. The 1926 reforms had little effect on land distribution. In a complicated series of events in the 1930s, Colombia made several attempts at agrarian reform. Rather than helping the lower class, though, the new laws actually had the opposite effect. The laws made it more difficult for peasants to obtain legal deeds to the land they farmed (Berry).

The mechanizing of agriculture lends insight to a puzzling comment about the stables of Big Mama's hacienda. The author, through the voice of the narrator, says, "For reasons which no one had bothered to explain, the extensive stables of the house had progressively emptied since the last civil war, and lately sugar-cane presses, milking parlors, and a rice mill had been installed in them" ("Big Mama" 191). The stables of Big Mama's hacienda had gradually emptied because farm machinery for processing sugar, rice, and dairy products took the place of the animals occupying the stables. Berry explains that raising cattle began to decline after World War II because farm machinery made raising crops more profitable. However, expensive machines, such as sugar-cane presses, milking equipment, and rice mills facilitated farming only for those, like Big Mama, who could afford to purchase the equipment.

Due to continued social and political inequality and unrest, Colombia again addressed the issue of agrarian reform in 1961. These reforms satisfied neither the landowners associated with the Conservative Party nor the Liberals pushing for reform (Berry).

García Márquez, writing this story on the heels of the 1961 reforms, may have felt optimistic regarding the effects of the recently enacted land reform laws.

The author sets the story in a small town in Colombia without giving the reader a specific time frame. Because García Márquez wrote the story in the early 1960s, examining the social context of Colombia during the first half of the twentieth century will give the reader a better understanding of the symbols used in the story of Big Mama. Colombia, and most South American countries, has a stratified society. This stratification began with two major classes: the landed aristocracy and the non-landed lower class. The elite ruled over the tenant farmers as in a feudal society (Hanratty and Meditz). The agricultural system tied the two classes together in patron-client relationships. The *hacendados* (hacienda owners) taxed the farmers a percentage of their produce. Big Mama received payment from her tenants in exchange for "the right to live on her lands, as for more than a century her ancestors had received it from the ancestors of the tenants" ("Big Mama" 191). Frank Dauster notes that "Big Mama represents the establishment, the complex of wealthy, powerful landholders who control major portions of the national economy and who were a specific cause of the terrible *violencia,* an 'undeclared civil war'" which "claimed over 200,000 lives" (469). Lasting 18 years, *la violencia* surged from 1948 to 1958. The political environment lacked stability during these years.

Big Mama, a powerful landowner, presides over her domain from her rocking chair throne, much as a feudal lord did in medieval times. She squeezes "all the weight of her belly and authority . . . into her old rattan rocker" seeming "infinitely rich and powerful, the richest and most powerful matron in the world." García Márquez uses the imagery of the rocker throne to emphasize Big Mama's possession of everything: water, roads, "leap years, and heat waves." She exercises a "hereditary right over life and property" ("Big Mama" 186). The author effectively uses exaggeration to help the reader see Big Mama as the community sees her. Big Mama orders her family to "seat her in her old rattan rocker so she could express her last wishes" and dictate a list of her assets to the notary (185). Listing her visible assets takes three hours. In true monarchical fashion, Big Mama

"raise[s] herself up on her monumental buttocks" and dictates a list of her intangible assets (192). The list reads:

> The wealth of the subsoil, the territorial waters, the colors of the flag, national sovereignty, the traditional parties, the rights of man, civil rights, the nation's leadership, the right of appeal, Congressional hearings, letters of recommendation, historical records, free elections, beauty queens, transcendental speeches, huge demonstrations, distinguished young ladies, proper gentlemen, punctilious military men, His Illustrious Eminence, the Supreme Court, goods whose importation was forbidden, liberal ladies, the meat problem, the purity of the language, setting a good example, the free but responsible press, the Athens of South America, public opinion, the lessons of democracy, Christian morality, the shortage of foreign exchange, the right of asylum, the Communist menace, the ship of state, the high cost of living, republican traditions, the underprivileged classes, statements of political support. (192)

This list, along with several others in the text, demonstrates García Márquez's effective use of exaggeration. As seen in the list above, the narrator places the responsibility for the corrupt political and societal systems, of which Big Mama forms an integral part, squarely on the shoulders of the landowners. The matriarch, still seated in her rocker throne, fails to finish this hyperbolically ridiculous list before she belches loudly and dies, implying that her invisible assets have no limits. Big Mama inherits her kingdom when her father dies.

Big Mama rules her kingdom with jeweled, clenched fists, which symbolize her unwillingness to let her material possessions fall into another's hands. With this hand, she regally gives orders to her family and servants, directing her own birthday celebrations and arranging marriages for the coming year. Even though the rest of her body weakens in her struggle with death, she manages to clench her fists tightly. This symbol of control does more than hinder the priest's ability to administer Extreme Unction. Her closed hands show that she wants to hold on to her physical possessions. The nieces attempt to help the priest open her hands, but Big Mama accuses them of trying to steal the rings off her

fingers. As they try to pry her hands open, she wakes up and speaks "for the first time in a week," ("Big Mama" 189) calling them "*salteadoras*" [bandits] ("Los Funerales" 558). Upon seeing the priest at her bedside, Big Mama realizes that her death draws near. She then removes the "ring with the great diamond" and gives it to Magdalena, the youngest niece and rightful heir to the ring since Big Mama has neither husband nor children ("Big Mama" 190).

The reign of Big Mama and her family effectively ends here because the youngest niece, now a nun, renounces her inheritance to join the church, thereby becoming the only family member to escape the cycle of incestuous marriages arranged by Big Mama. García Márquez uses the symbol of "*la alambrada sacramental*" [the sacramental fence] to represent Big Mama's control over the family bloodline ("Los Funerales" 556 and "Big Mama" 186). The colonial society in Colombia and other South American countries depended on pure blood lines to keep the power concentrated in the hands of the landowners (Hanratty and Meditz). The narrator describes the horrendous practice in which "uncles married the daughters of their nieces, and the cousins married their aunts, and brothers their sisters-in-law" ("Big Mama" 186). The fence prevents the women of the family from bearing impure children, but it fails to prevent the male members of the clan from exercising *el derecho de pernada* (the right of a feudal lord to have sex with a new bride before the groom does) and engendering bastard children among the outside community ("Los Funerales" 556). Traditionally, on the haciendas, the landowner, the administrator, the priest, a politician, or some other employer slept with the bride before her husband did. Many believe that this sexual control never existed, but Ramy Wurgaft reports that men in power continue to practice *el derecho de pernada*. In *La Casa de los Espíritus*, Isabel Allende tells the story of Clara and her husband, Esteban Trueba. Esteban behaves in much the same manner as the men in Big Mama's family behave. He rapes nearly every teenaged girl on his hacienda as soon as she reaches puberty. The women in Trueba's world have no power to stop him. The women in Big Mama's kingdom likewise have no power against the men, who "in exercise of *the jus primae noctis* . . . had fertilized ranches, byways, and settlements with an entire bastard

line, which circulated among the servants without surnames, as godchildren, employees, favorites, and protégés of Big Mama" ("Big Mama" 186).

Big Mama owns not only the jewelry and other household possessions, but she also owns all the surrounding land, the crops grown on the land, and the animals roaming the land. The cattle brand shaped like a padlock symbolizes Big Mama's complete ownership not merely of land, buildings, and animals, but also of people. The padlock-branded animals roaming the land may symbolize the illegitimate children spawned by the men of Big Mama's family. The wandering animals, "never counted and even less looked after," evoke the image of the bastard children fathered by the roaming men of Big Mama's family, children who are "never counted and even less looked after." The narrator describes the brand as a "hereditary brand" implying that these animals belong to the family ("Big Mama" 191). The illegitimate children belong to the family, but the family does not acknowledge them as heirs. The children, branded with illegitimacy, wander outside the fence, uncounted and uncared for.

Big Mama's unwavering determination to protect the family bloodline provides a reason to believe that her deathbed instructions to Nicanor refer to more than mere physical possessions. She cautions her eldest nephew to "keep everything of value under lock and key, because many people come to wakes only to steal" ("Big Mama" 190). The lock and key function literally as robbery prevention for the jewels, gold, and other visible assets. Big Mama's concern for the family's tangible property seems legitimate. According to Ernest Duff, *La Violencia* degenerated "into lawless banditry" (184). Bandits had attacked haciendas and their owners, negatively affecting agricultural production (Duff 185). Robbery was and still is common in Colombia and other Latin cultures, especially the cultures with a small ruling class, almost no middle class, and a large lower class living in poverty. In *Libros Recientes*, Alex Andrade posits that "*El crimen y la pobreza no son hermanos por coincidencia, están paridos por la misma madre*" (Crime and poverty are not brothers by coincidence; they are birthed by the same mother). However, Big Mama's warning may also support a metaphorical interpretation of the lock and key. According to Hanratty and

Meditz, "Colonial society relied on 'purity of blood' as a basis for stratification." With this purity in mind, Big Mama needs to warn Nicanor to lock up the women in the family to protect them from men outside the family. If outsiders "steal" any of the women of the family, the resulting offspring would contaminate the bloodline. Big Mama wants not only the tangible possessions locked up and protected; she also wants Nicanor to "lock up" the women and keep them away from men in the community, thereby protecting the purity of the family bloodline.

The author implies that Big Mama and her kind will not reign forever. The narrator assures the reader that street sweepers will come and sweep away the garbage left behind by the funeral ("Big Mama" 200). The President of the Republic emphasizes the gravity of Big Mama's death by declaring "nine days of national mourning, and posthumous honors for Big Mama at the rank befitting a heroine who had died for the fatherland on the field of battle" (194). Big Mama's power, exercised from her rocking chair throne, extends over her family and her community. The fence, the clenched fists, and the locks keep the power concentrated and the valuables, including the women, protected. The narrator concludes the story of Big Mama's funeral by expressing the relief the community experiences after the funeral ends. They can marry whomever they wish because "the only one who could oppose them and had sufficient power to do so had begun to rot beneath a lead plinth" (200). Prior to her death, the community could not imagine Big Mama without her rocker throne. After her death, "the people spoke of her and conceived of her without her rattan rocker" (195). Even though her coffin has a purple lining, signifying royalty, without the chair, she no longer has power to rule.

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