

“Reflections on Alfred Adler: A Social Exclusion Perspective”
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Alfred Adler’s *Health Manual for the Tailoring Trade* (1898) reminds us of the towering accomplishments of the pioneers of social welfare. Three decades before the New Deal, European and American social reformers, housing advocates, and labor organizers campaigned to improve the dangerous working conditions and hazardous urban environment taking a toll on public health. Frederick Engels, Henry Mayhew, Charles Booth, Seebohm Rowntree, Sidney and Beatrice Webb, and in the U.S., Jane Addams, Jacob Riis, and Upton Sinclair contributed, like Adler, to awareness of industrial abuses and to the development of modern social, environmental, housing, and health policies. Today we forget that the origin of the “union label” was a turn-of-the-century public health campaign to formalize home-based piece work in clothing, cigar, and other American industries (Boris and Daniels 1989).

Garment workers in particular, Adler observed, were “excluded from the cultural advantages and untouched by regulations governing hygiene” (p.3). Although in 1889, Germany became the first country in the world to offer health insurance, the tailors Adler studied, especially home-workers and those employed in sweatshops and small businesses, were “excluded from accident insurance.” Adler also called for state inspections, unemployment insurance, old age pensions, and new workers’ housing to address additional forms of exclusion.

Adler’s approach to disadvantage resembles what we now call the “social exclusion” perspective. Social exclusion is a *multidimensional* process of progressive rupture in social relationships. Social exclusion may be both cause and consequence of poor health. Although different countries may exclude people on the basis of different criteria, the European Union has developed a set of official indicators to allow the member states to benchmark, compare, and track the course of social exclusion in their societies. Among these indicators are poverty, housing, and health, the very dimensions that Adler identified as interrelated in the tailoring trade. Life expectancy at birth and health inequality (the ratio of the poorest to the richest fifth who self-report bad health) are among the measures that the EU uses to track national health trends. Similarly, the 2005 Report on Social Inclusion in the ten new Member States of Eastern Europe found that infant mortality rates, while dropping, remain high, except in the Czech Republic and Slovenia, and that bad housing and health care conditions lead to lower life expectancy. Infections, illness, and depression are more likely among the socially excluded than the general public. “Socially excluded people have a complex range of health risks often exacerbated by lack of, or inadequate accommodation and employment” (Bonner, 2006: 64). The death rates of homeless and socially excluded people are significantly higher than average.

Adler noted how “irregular workers” in the tailoring trade suffered from numerous problems. They had “a low standard of living, are undernourished, and abide in crowded, small and dirty quarters that lack ventilation.” As in the multi-dimensional process of social exclusion, “it is the confluence of all these factors that has this devastating effect,”

(p.7) raising mortality from lung diseases, skin infections, accidents, rheumatism and related physical ailments. Thus, Adler called attention to the multiple agents of exclusion, not only the victims of the process. Like other social welfare groundbreakers, he believed that public policies can alter the market forces leading to social exclusion, poverty, and poor health. Since the turn of the last century, hours and minimum wage regulations, tenement laws, building and fire codes, parks and landscape development, zoning provisions, and public works protect the public health.

Contemporary workers may enjoy occupational health and safety protections once denied their earlier counterparts, but they continue to have poorer health and well-being than the professional and upper classes. The socioeconomic gradient in health holds across a wide range of illnesses, diseases, and chronic conditions (Phelan and Link 2000). Different effects may be found, depending upon the measure of socioeconomic status (education, parental background, occupation, income, wealth, neighborhood poverty, etc.), reflecting different pathways (Braveman et al. 2007), but the overall relationship between poverty and sickness is robust. As individuals age over the life course, socioeconomic advantages give rise to a cumulative advantage in health as well, although at the extreme, the social gradient in health may dissipate, due to the earlier mortality of those with low SES (Wilson, Shuey, and Elder 2007).

Social cohesion, integration, and support all contribute to health. Social capital, resources, and relationships appear to offer resistance to disease, partly by reducing stress, partly through influence on health behaviors, and help explain why some groups suffer poorer health than others. Over and above the effect of poverty or socioeconomic status (Singh and Siahpush 2002), economic inequalities between blacks and whites (but not immigrants and Hispanics) may have an independent effect on health. In general, people who participate in social networks have lower mortality and susceptibility to illness (Berkman and Glass 2000).

Furthermore, there is evidence that income inequality, not only income level, affects health (Wilkinson 1996; Kawachi and Kennedy 2002; WHO 2008). Not the richest developed countries, but rather the ones with less *relative* poverty are healthier.¹ Social status itself, one's position relative to others, rather than its effect on risky behavior, appears responsible for poorer health (Marmot 2004). This may be because more equal societies (many with universal health care) are more socially cohesive and have less social exclusion. For example, divergence from cultural consumption standards and thwarted aspirations can raise blood pressure, hypertension, and perceived stress (Kawachi and Kennedy 2002, 132). As Adler proposed, inequality may give rise to hostility and aggression that can even produce higher crime, homicide, and violence.

Conversely, Alfred Adler believed that social equality promotes mental health. Not only interior life but also social context -- the fact that individuals are members of communities -- shapes individual psychology and well-being. Multiple "life tasks" -- occupation/work, society/friendship, and love/sexuality -- are interrelated, all contributing

¹ This finding remains methodologically controversial (Lynch et al. 2004; Wagstaff and van Doorslaer 2000; Islam et al. 2006).

to individual self-esteem or feelings of inferiority or compensatory superiority-striving. Feeling that one is an equal member of a community and accepting social and moral constraints on the ideal self prevent what Adler identified as an “inferiority complex” that can foster egocentric, power-hungry and aggressive behavior.

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Domination by others in unequal relationships can also give rise to shame. Social exclusion may take the form of shaming, publicly declaring that someone is not who they claim to be. While individuals might feel guilt over something they do, they feel ashamed of who they are, that is, for being less than who they aspire to be. As Helen Lynd (1958) put it, shame arises from inability, from doing poorly, not from doing wrong, and thus, is harder to get rid of than is guilt. Once revealed, the gap between one’s real and ideal self can drive ashamed people to hide, isolate themselves, cut social bonds, and become fatalistic. Retreating into private life, they conceal the sources of their shame, but take the pain out on themselves.

In the heyday of industrialism, manufacturing workers could collectively experience pride in their work. Unions provided a sense of belonging and solidarity among equals. Today, work in the service sector is more individualized and entails face-to-face hierarchical social relations. The potential for wounded self-esteem is higher. Many organized occupations seek to professionalize, to distinguish their skill, talent, or certification in an effort to elevate status. Yet, without the support of equals in the workplace, low-wage workers can suffer shame from supervisors or customers, which in turn may produce mental illness. Although the physical dangers of long hours at low-wage work have received attention, the stress and mental health consequences should also be underlined.

Social legitimacy in capitalist society “comes primarily from what a person produces, and it is from this that inferences are drawn about who he essentially *is*” (Sennett and Cobb 1972, p. 268). American middle-class culture rests upon formal education and other certifications and “badges” of ability that bestow power and control at work and that mark the self as worthy or unworthy. In contrast, taking orders implies a lack of inner resources or competence to maintain one’s independence and responsibility for oneself. Thus, manual workers feel judged, put down, inadequate, and disrespected. Even if they sometimes enjoy greater material freedom than white-collar workers, the class structure deprives blue-collar workers of courtesy, respect, and dignity. There is no ritual or context in which they feel the shaming is expunged and the need for sacrifice and self-denial ended (Sennett and Cobb 1972, p. 127). One reaction to these *Hidden Injuries of Class* is to belittle oneself and internalize negative external judgments. One’s family might offer compensatory respect unavailable from the outside world, in return for such “sacrifice,” but only if one’s children become unlike them, which causes shame and feelings of inadequacy to persist. Adler’s inferiority complex is set in motion.

Recent data suggests that job insecurity – working on a temporary or no contract – leads to stress that reduces mental health (WHO 2008). To add insult to injury, the working

poor often lack or lose access to medical insurance but, given the dangers of their work, need it the most. In the UK, low control in the workplace increases the risk of heart disease and depression, suggesting that all jobs must be secure and offer some control and reward for effort (Marmot 2004, 152).

Another reaction to denigration or inferiority is to develop justifications for the respect one feels one's position deserves while "denouncing the people who attempt to put him to shame" (Sennett and Cobb, 1972, p. 69). The emphasis on moral standards allows a worker to define self-worth in different terms than the middle classes who enjoy greater autonomy. There can also be some positive aspects to adopting an occupational rhetoric of manual labor: limiting personal responsibility, valuing traditional skills, the power of the body, and the necessity of dirty work, dissociating one's self from one's job, and feeling camaraderie (Fine 1996). Workers' resistance entails "defending their dignity and attempting to gain respect" (Lamont 2000, p. 245). As noted, this is often easier when there are collective sub-cultural definitions of worker pride. Available cultural repertoires of race and class structure the terms through which workers save face and develop alternative identities and status systems (Lamont 2000). For example, French workers guard their self-worth and dignity from those above them who, they say, engage in exploitation and dehumanization. White working class men in the US use moral standards of the "disciplined self" to elevate their own status and to distinguish themselves from people below them who are lazy and hold inferior values. African-American workers, in contrast, use the moral standards of the "caring self" in contrast to their uncaring superiors. Moral, rather than material standards provide workers with self-validating measuring sticks that bestow a sense of personal dignity and even pride.

Yet, performing routine dirty work casts workers in the role of pariahs. After trying out a succession of minimum-wage, menial service jobs, Barbara Ehrenreich echoed Sennett and Cobb, opining that

the indignities imposed on so many low-wage workers – the drug tests, the constant surveillance, being 'reamed out' by managers – are part of what keeps wages low. If you're made to feel unworthy enough, you may come to think that what you're paid is what you are actually worth (2001, p. 211).

Such feelings of inferiority are reinforced when society devalues an honest day's work:

Work is supposed to save you from being an 'outcast,'...but what we do is an outcast's work, invisible and even disgusting. Janitors, cleaning ladies, ditchdiggers, changers of adult diapers – these are the untouchables of a supposedly caste-free and democratic society (2001, p. 117).

At the bottom of the labor market are those with multiple disadvantages, for whom employment has become an exercise in humiliation, rejection, and shame. The new service economy demands humility, obedience, and subservience. Formal education aside, the norm of civility in service jobs "is in direct contradiction to street culture's definitions of personal dignity" (Bourgois 1995, p. 115). Moreover, "the machismo of street culture exacerbates the sense of insult" because in unskilled men working in offices are often subordinate to women. When the minority working poor repeatedly encounter disrespect in mainstream work settings, they may resist this assault on dignity with angry opposition and group resentment, causing them to get fired. Repeated failure creates

insecurity and self-doubt in one's competence. Subsequently, these discouraged workers, rarely hired and frequently fired, "don't wanna be part of society" (p. 131). If they join the underground economy, they may justify it as an act of free will and a refusal to be exploited, subordinated, and humiliated. As one Puerto Rican drug dealer put it, "I got my respect back."

Many black male jobseekers do not turn to their social relations to help them find employment because, in light of their intermittent work histories, they fear disappointing the people they love and need. Insecure about their own competence and trustworthiness, they anticipate that asking for assistance will be met with rejection. While jobless black women are more likely to depersonalize the condescension, disapproval, or rejection they face from relations who assist them, black men fear "losing face" before friends and relatives. As Bourgois too discovered, asking for help challenges one's sense of masculinity and self-esteem. Anticipating rebuff of one's request for help, they retreat into a "defensive individualism," declaring that they like to do things on their own (Smith 2007, pp. 100, 128).

Unemployment leads to feelings of failure, dependence, lack of control, and uncertainty as well as skill deterioration, loss of social roles, and diminished goals. The loss of a job is a loss of social status, giving rise to feelings of worthlessness, helplessness, and "falling from grace". A worker may retreat into social isolation to "keep his fate a secret" ((Newman 1988, p. 51). Even for white-collar workers, unemployment is experienced as a betrayal of the American Dream. They enter into a world of pain. Their income collapses to the size of an unemployment insurance check; their self-confidence plummets. Much has been written about the psychological damage incurred by the unemployed – their sudden susceptibility to depression, divorce, substance abuse, and even suicide (Ehrenreich 2005, p. 13).

Given the poor coverage of American unemployment insurance, and given the fact that it lasts only 26 weeks at a 60% of earnings replacement rate anyway, prolonged joblessness sets off a process of downward mobility. Trying to keep up one's standard of living requires the shame of dependence on relatives or sinking further into debt, perhaps even defaulting on one's mortgage. The longer one is out of the labor force, the more inevitable the exclusion from one's old status becomes. "In a society where worth is measured entirely by income and position," Ehrenreich concludes (2005, p. 210), "downward mobility carries a sense of failure, rejection, and shame."

To be sure, individual reactions to unemployment, like reactions to poor treatment on the job, are highly variable (Jahoda et al. 1971; Engbersen et al. 1995), ranging from apathy and despair, to resignation, to active resistance ("unbrokenness") and rationalizing behavior to save face. However, when joblessness is experienced as shameful, it often causes the unemployed to sever social relationships. Where the welfare state or the family does not adequately alleviate the material deprivation that makes it difficult to participate in non-work activities, the unemployed may isolate themselves or socialize only with others who are jobless. While the unemployed may have more free time than

workers do to increase social contacts, “there is a greater risk of self-isolation due to financial restrictions or to a sense of shame” (Kieselbach 2004, p. 56).

Across a wide range of countries, youth, especially those with low qualifications, have a higher risk of social exclusion and longer unemployment spells if they experience labor market exclusion, economic deprivation, and social isolation all at the same time. Participation in irregular work can offer opportunities to stay active, but can also trap youth in the underground economy. Strong social connections and support are protective against social exclusion, but dependence on the family, as is common among unemployed youth in southern Europe, can also produce “shame, irritability, and boredom” (Kieselbach 2004, p. 69). While psycho-social stress varies across countries, unemployed youth in general, compared to employed peers, have a higher risk of health-related problems, especially mental health issues, depression, and poorer quality of life. With low self-esteem, poor mental health, and little social or public support, they may become passive or even retreat into drug or alcohol abuse.

Since Marie Jahoda’s (1933) classic study of the social-psychological consequences of unemployment in the early 1930’s, analysts have emphasized the social significance of work. Employment imposes a time structure, provides regular shared experience, goals, and relations beyond the family. In addition to activating individuals, providing identity and status, and a link with the collective purpose, work offers opportunities for autonomy, control, and use of skills and introduces variety in daily activities, and of course, provides material benefits (Warr 1987).

In contrast, unemployment impairs health. The consequent material deprivation may negatively impact nutrition, exercise, and physical security. In many but not all countries (Gallie 1999), there is also a correlation between unemployment and psychological distress which is even greater among those living alone and the long-term jobless. In the UK, Germany, and Northern Europe, unemployment is associated with minor psychological disorders; it is a risk factor for increasing alcohol, tobacco, and drug consumption. Unemployed men and especially unemployed women are much more likely to commit suicide than their employed counterparts. Among men, moreover, the lower the socioeconomic status, the higher the suicide risk (Kposowa 2001). The deteriorating health of young unemployed men and women raises their mortality rates, especially from suicides and accidents. Unemployment, poor health, separation, and lack of social contact are all negatively associated with social well-being (Dolan, Peasgood and White 2008).

Conversely, social support and high employment rates improve health (Kieselbach 2004, pp. 59-9). While some of the unemployed continue the job search, others occupy themselves with other socially meaningful pursuits. Research shows that unemployed men who do get out the house to spend time in social activities with others have better mental health than those who are resigned, passive, and homebound. However, “constructive adaptation” to unemployment, including active leisure and work-related activities, produces the best mental health of all (Warr 1987; Kieselbach 2004).

There are myriad positive benefits associated with a resumption of paid employment. Workers healing from serious mental illness feel that returning to work fostered pride and self-esteem, offered financial benefits, allowed them to help others, provided coping strategies for psychiatric symptoms, and ultimately facilitated the process of recovery (Dunn, Wewiorski, and Rogers 2008). While it is well established that individuals with psychiatric disabilities have high rates of unemployment and underemployment, more research is needed into the role of work in helping people recover from serious mental illness.

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The findings discussed in this paper, so reminiscent of Adler's inferiority complex, show that work subordination, stress, insecurity, and shame all detract from well-being, while equal and respectful treatment, social support, and meaningful social activity contribute to physical and mental health. Dignity may be inherent in being human, but people also earn dignity through their actions. Dignity requires autonomy to define one's identity and protect oneself from abuse. Work is not only a way to earn a living. It is also a way of being useful to others. Workers struggle for dignity and respect through the exercise of agency: equal citizenship, creation of independent meaning systems, good social relations at work, and at times, resistance to poor treatment (Hodson 2001). In turn, dignity bestows well-being: job satisfaction, a livable pace of work, creativity, meaning, and fulfillment. Indeed, the middle class might feel "shame at our *own* dependency, in this case, on the underpaid labor of others. When someone works for less pay than she can live on, . . . then she has made a great sacrifice for you, she has made you a gift of some part of her abilities, her health, and her life" (Ehrenreich 2001, p. 221).

Politicians can argue over whether the welfare state should pursue full employment and provide all with a right to work, rather than simply redistribute income to redundant people who sit passively on the sidelines of society (cf. Arneson 1990). But should we have to choose between poverty and meaningful social participation? Does welfare not consist of self-respect as well as the respect of our fellow citizens? As Alfred Adler argued, safety, security, and cultural advantages are all part of social belonging.

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