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Although manifestations of pain and loss phenomena are treated in various parts of the discipline, the focus is seldom on pain and loss as a distinctive form of political experience or as one that offers a broad canvas on which the workings of the political process can be depicted. By contrast, this article makes four arguments: (1) pain and loss experiences cut to the core of everyday lives and frequently infuse them with politics; (2) responses to pain and loss events occupy a prominent place in the domains of public opinion and issue activism; (3) these events and responses have some unique properties; and (4) major research questions can be organized around the study of pain and loss phenomena.

As a discipline we often ask ourselves if what we study is relevant to the lives of the people we study, an especially compelling question for those who study mass publics and public policy. In this article I argue that pain and loss experiences constitute one such critical set of personally relevant and politically significant phenomena. The genesis of this proposition resides in an empirical investigation originally designed for other purposes. To set the stage for what follows, I first briefly describe a study of AIDS activists and some provocative results from that project.

Easily one of the most dramatic public events in the campaign against the AIDS epidemic has been the NAMES Project Quilt Display, which consists of individual patches sewn in honor of partners, relatives, and friends who have died of AIDS. Washington, D.C., hosted a huge display of the quilt in fall 1992. With the cooperation of the NAMES Project, a survey was conducted of preregistrants, people who would be performing official tasks at the display.¹

One analytic objective was to distinguish levels of activism within this group of putative activists. A simple index based on the number of specific political activities they had performed in the AIDS issue domain constituted the dependent variable in a subsequent analysis. Among the predictor variables were four indicators of potentially relevant life experiences and situations, including the number of close contacts who had died of AIDS or who were HIV positive. This last measure, representing direct contact with the devastation of AIDS, was labeled the "pain and loss" index. It presumably reflects the intensity of the emotional and cognitive elements attending the pain and loss experienced through the AIDS epidemic.

As expected, the multivariate analysis revealed that several standard social and political traits were strong

predictors of activism, even within this group of activists. More surprising was the degree to which relevant life experiences affected activity levels—surprising in that the articulation between life situations and political orientations is frequently weaker than intuition would suggest (e.g., Sears and Funk 1990). Indeed, the pain and loss index was the single largest contributor to variations in activism, neutralizing in fact the expected power of sexual orientation.

I originally viewed this project as a vehicle for studying issue-specific activists. These results and the project in general, however, prompted me to start thinking more broadly about the intersection of pain and loss phenomena and the world of politics, about the political implications of the pains and losses in everyday, mostly "private" life. More particularly, I have come to focus on the salience of pain and loss features in public opinion and on pain and loss as a significant and understudied source of political activism. In doing so, I hope to encourage a more systematic approach to the topic.

Although manifestations of pain and loss phenomena are treated in various parts of the discipline, the focus is seldom on pain and loss as a distinctive form of political experience or as one that offers a broad canvas on which the workings of the political process can be depicted. By contrast, four contentions drive the present discussion: (1) Pain and loss experiences cut to the core of everyday lives and frequently infuse them with politics; (2) responses to pain and loss events occupy a prominent place in the domains of public opinion and issue activism; (3) these events and responses have some unique properties; and (4) major research questions can be organized around the study of pain and loss phenomena.

By pain and loss I mean the exposure to events involving bodily harm, injury, illness, or death, whether personally and directly experienced or more remotely and vicariously experienced.² In an effort to delimit my inquiry, I exclude property losses and emotional pain, devastating and politically consequential though they may be. For the most part I also exclude pain and loss

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¹ A mail survey of these preregistrants achieved a remarkable response rate of 63%, for a total sample size of 2,525. A fuller account of methods is found in Jennings and Andersen 1996.

² Determination of bodily harm is not always straightforward, the fierce controversies over the recovered memory syndrome and the consequences of silicone-gel breast implants being two striking examples during the 1990s.

associated with international conflicts and civil wars, although much of what I have to say could presumably be applied to them also. By responses I mean opinions and activities emanating from mass publics rather than political elites, even though the latter are obviously key players in the overall politics of pain and loss. For the sake of variety I will use the terms bodily harm and physical harm as synonyms for pain and loss, with the understanding that harm includes illness and afflictions as well.

THE SALIENCE OF PAIN AND LOSS IN PUBLIC OPINION

Although we are all familiar with pain and loss events, we may not always recognize their political content. Ongoing public policy issues involving incurred or prospective physical harm include such diverse topics as abortion rights, traffic safety, smoking, substance abuse, domestic abuse, capital punishment, doctor-assisted suicide, homicides, victims' rights, police brutality, domestic terrorism, urban riots, toxic wastes, product liability, AIDS, cancer, and physical disabilities—to say nothing of the physical harm wrought by the natural disasters of earthquakes, floods, hurricanes, and tornados that visit the country with episodic regularity. And this listing leaves aside the pain and loss resulting from civil and international wars.

Note that virtually all these issues and events involve political institutions and processes in one way or another. True, the public often exhibits a morbid, essentially apolitical and voyeuristic fascination with pain and loss stories. Yet, it would be extraordinarily shortsighted to deny the political content of these stories in light of the government's ongoing or potential role as legislator, administrator, provider, enforcer, and adjudicator in the issue arenas represented by such stories.

I turn now to a more systematic examination of the place of physical harm in public opinion. More specifically, I look, first, at the salience of such phenomena in the attention frames of the American public and, second, at how mass public preferences respond to external events permeated with harm characteristics. In pursuing these two topics it is necessary to include the role of the mass media. Although personal experience plays an important role in affecting salience and opinions, many pain and loss events are indeed experienced vicariously via the media, and the lessons drawn from personal experience are influenced by the media.

The prevalence of bodily harm topics in the attention frames of the mass public is striking. Illustratively, seven of the top ten stories to which national survey respondents in 1997 paid very close attention entailed pain and loss, the death of Princess Diana being the front runner (Pew Research Center n.d.). That was not an atypical year, for the lineup differs very little when taking the longer view. Between 1986 and 1996 eleven of the top twenty-one stories followed most closely involved loss of life and limb, the *Challenger* disaster of 1986 emerging as the leader. If U.S. military actions are included, and it seems remiss not to do so, the number climbs to seventeen, or four-fifths of the total (Parker

and Deane 1997). Similarly, another survey of newspaper readers indicated that natural disasters and tragedies ranked highest in what they paid attention to when reading common newspaper topics (Burgoon, Burgoon, and Wilkinson 1983). Thus, natural and human-inspired sources of pain and loss occupy a central position in the public's attention frames. To put it another way, one overwhelming response of the mass public to pain and loss events is, quite simply, rapt attention.

Mountains of research findings demonstrate that media coverage conditions the mass public's attention to and concern about various issues (e.g., Erbring, Goldenberg, and Miller 1980; MacKuen 1981; Neuman 1990). As for pain and loss issues, nowhere is this linkage more evident than in the case of local TV news coverage. Violent crime, fires, natural disasters, and other manifestations of bodily harm receive enormous attention in these programs, especially during the lead-off segments. As one observer noted: "If it bleeds, it leads" (quoted in Sprungen 1998, 218). A survey of 100 stations revealed that 72 led off with a crime story in the evening news, and approximately one-third of all stories involved crime.³ Another study reported that twice as much crime news as ostensible political news appeared in the local news telecasts in eight major media markets.⁴ Moreover, the availability of video feeds from the networks and network affiliates now makes it possible and economical for local stations to portray mayhem and mishaps from all corners of the globe, which they do with great alacrity. Tabloid journalism in both the print and electronic media only accentuates the trend.

Many critics and citizens alike condemn the media's preoccupation with pain and loss stories. Such zealous coverage, however, follows well-established principles of audience appeal: strong impact, timeliness, familiarity, human drama, and so forth. Surveys of the public demonstrate why physical harm stories carry so much weight. When asked why they pay attention to particular news stories, respondents list personal relevance and emotional appeal as the two top reasons (Graber 1997, 198–200). Along with economic well-being, pain and loss events are likely to have the most personal relevance; and pain and loss stories arguably stand alone as those having the most emotional appeal.

While such stories are perennial favorites of the public, the amount of attention paid to particular events by the media, and hence the likely attention paid by the public, often follows the classic issue attention cycle of discovery, rapid escalation, and then gradual decline with occasional blips, until finally the event vanishes from public view (Downs 1972). This pattern, especially common for spectacular happenings, occurs even when the origins of the events or the events themselves may still be present. The Ethiopian famine crisis as reported on in 1984 provides a textbook

³ This and the immediately following reports are taken from Winerip 1998.

⁴ As indicated above, I consider crime reports to be political news as well.

example. Even though the ongoing crisis had been noted before, even though some surrounding countries were also beset with famine, and even though the crisis continued after the reporting died down, the media coverage followed a classic surge and decline curve (Bosso 1987; Singer and Endreny 1993, chap. 2).⁵ Much the same could be said about the sundry health scares that crop up, only to disappear after brief, intense exposure.

Some pain and loss stories have a much longer shelf life and even second and third lives. Unlike discrete, one-time events, chronic phenomena with widespread effects may have a prolonged life history, with ebbs and flows. Coverage of child abuse provides an apt example. Quantitatively, media coverage has waxed and waned over the course of this century. Qualitatively, there have been consequential changes in tone (Baumgartner and Jones 1993, chap. 8; Nelson 1984, chap. 4). Whereas abandonment was stressed in earlier periods, physical abuse became the theme in the 1970s and crested in the 1980s. Treated as private misfortune in earlier periods, child abuse became a target of possible governmental regulation and court action in the later period.⁶

Similar fluctuations in volume, foci, and political tone characterize media coverage of tobacco use, nuclear energy, and pesticides in the post-World War II period (Baumgartner and Jones 1993, chaps. 4–6). AIDS coverage provides a striking recent example. Stories about AIDS first appeared in the early 1980s, hit an all-time high in 1987, had a sizable rebound in 1992, and then tapered off over the next few years to a plateau that still represents quite substantial coverage.⁷ The tone of the coverage also changed over time.

Some pain and loss events are so epochal that they become entrenched in the nation's collective memories, exerting their influence long after the events themselves have transpired (Halbwachs 1950; Schuman and Scott 1989). These events become part of the cultural stock that conditions the public's response to political issues and provide activists with a repertory of images and symbols that can be invoked on behalf of a cause. Herewith are a few examples.

Dramatic, death-dealing accidents such as the explosion of the Hindenberg and the sinking of the Titanic have entered our collective memories, and the *Challenger* disaster stands poised to join that circle. The rash of assassinations that included John F. Kennedy and Martin Luther King have already secured a place in national memories, along with the earlier assassination of Abraham Lincoln. Epochal events such as the great Chicago fire of 1871, the destructive San Francisco earthquake of 1906, and the devastating flu epidemic after World War I are of enduring significance. While the Lindberg baby kidnapping and trial may be fading as the "trial of the century," the O.J. Simpson trial

stands ready to replace it. Cumulative historical events such as the widespread physical harm meted out to Native Americans and African Americans also occupy vivid places in the collective memories. A final and very prominent example consists of the nation's major wars and the numerous icons associated with them.

None of this is to argue that pain and loss events dominate our collective memories or that it is only the pain and loss aspects that maintain their presence. It is, rather, to underline their prominence and to suggest that the presence of pain and loss imbues the events with special affective qualities not found in other categories of collective memories. Such qualities, in turn, facilitate reference to these events in subsequent policy debates and in national discourse about political values and goals.

SHIFTING OPINIONS IN RESPONSE TO EXTERNAL EVENTS

The second aspect of public opinion to be examined is the impact of external events on the direction of public opinion regarding harm-related issues. External occurrences provide new information that may have the capacity for altering issue stands and behaviors. New information can come from direct experience, including those associated with intimates, or from the media, whether mediated or unmediated. The media can influence opinions by providing new, relatively straightforward information about external events and/or by packaging the information in particular ways (Mayer 1992, chap. 10).

Showing the impact of new information on the mass public's issue preferences is never straightforward, but several plausible illustrations can be drawn from events involving pain and loss. These examples range from issues of a patently physical harm variety to those whose central focus is different but whose new information of a pain and loss nature altered the opinion distribution.

Two examples fall into the relatively pure physical harm category of crime and punishment. A wealth of evidence shows that crime rates began a sharp ascent in the mid-1960s, with a continued rise well into the early 1980s (cited in Mayer 1992, 263–70). Although direct and second-hand experience with crime contributed to the public's growing awareness of and concern about the increase, the mass media and elite initiatives undoubtedly played a decisive role in that growing perception (e.g., Beckett 1997, chap. 2).

Public attitudes about punishment for violent crimes had actually moved in a less punitive direction in the years immediately preceding the upsurge, at least as indexed by opinions about capital punishment. In the wake of increasing violence, and—crucially—the media's coverage of it, opinions underwent a dramatic shift (Funkhouser 1973; Mayer 1992, chap. 9; Page and Shapiro 1992, chap. 3, 338). Support for capital punishment rose, as did beliefs that the courts were too lenient in their treatment of criminals. A view of imprisonment as a rehabilitation effort gave way to a view of imprisonment as punishment for wrongdoing.

⁵ For descriptions and evaluations of how the media covered several catastrophic stories, see Walters, Wilkins, and Walters 1989.

⁶ Long-term trends such as these are typically based on media indexes. For a cautionary tale about the reliability and validity of these indexes, see Woolley 1998.

⁷ Personal communication from Ellen Andersen.

Here, then, is a reasonably clean demonstration of a change in opinion as a response to a changing scenario of physical harm. Indeed, the shift has been cited as one of the very few sustained conservative movements that transpired between 1960 and 1990 (Mayer 1992, 263–70).

A quite different illustration of response effects in the area of crime and punishment with a much more limited time frame includes behavioral reactions as well. Although battered women and rape crisis centers have served as visible evidence of the problem since the 1970s, violence toward spouses and partners has seldom been high on either the policy or attention agendas of the nation. That situation changed abruptly in summer 1994 with the trial of O.J. Simpson and the disclosure that he had physically abused his wife, Nicole (Klein et al. 1997, chap. 6). Both print and TV references to battered women, spousal abuse, and domestic violence increased several fold from the months immediately preceding the disclosures to the next several months afterward, thereby raising the salience of domestic violence as a national problem.⁸ More intriguingly, the publicity appears to have elevated the proportion of abused women seeking help and the proportion professing that they had been victims of physical abuse (Klein et al. 1997, chap. 6).

The next two cases illustrate how issues with strong latent pain and loss features became transformed into issues in which bodily harm stood front and center. Whether smoking or not smoking constitutes a political act is problematic, but the contentiousness and policy-making surrounding the tobacco industry clearly “reeks” of politics. After reaching all-time highs in the 1940s and 1950s, the per-capita consumption of tobacco dropped in the following decades. Widespread publicity about the health hazards of smoking almost certainly propelled this decline. Attesting to the publicity was the dramatic climb in media attention that began in the early 1950s and peaked with the issuance of the Surgeon General’s report in 1964. More significantly, governmental actions became a more central focus of the coverage, and the tone of the coverage became increasingly negative toward the tobacco industry (Baumgartner and Jones 1993, chaps. 5–6). A strong presumptive case can be made, then, for the connection between the explosive negative coverage and the drop in consumption. It is important to note that both this case and the child abuse case noted earlier demonstrate the place of elite discourse and expert opinions—as purveyed through the mass media—in affecting the directionality of public opinion (Zaller 1992, esp. chap. 12).

Controversy over the peaceful use of nuclear energy provides a second illustration of how an issue was transformed into one dominated by bodily harm considerations. Research into public perceptions of hazard and risk estimation provides the background for interpreting the dramatic widespread opinion change on this issue. Substantial evidence demonstrates that peo-

ple tend to overestimate the hazards of less frequently occurring harmful events and to underestimate the risks of more frequently occurring events, mirroring in good part the quantitative and qualitative emphasis in media accounts (e.g., Greenberg et al. 1989; Slovic, Fischhoff, and Lichtenstein 1980; Walters, Wilkins, and Walters 1989). Events that are unfamiliar, involuntary, uncontrollable, personally threatening, and potentially catastrophic tend to be perceived as high risk and “dreaded.”

Technical experts in the field view a nuclear explosion as a low-probability though high-consequence hazard, one which poses fewer risks than other hazards long tolerated by the public (Fischhoff, Slovic, and Lichtenstein 1982; Rothman and Lichter 1987). By contrast, a growing fear of the potential for catastrophic consequences coupled with low perceived benefits appears to lie at the root of the American public’s long-term shift against nuclear power. Limited evidence from the early post-World War II years indicates a positive, almost benign public attitude toward peaceful use of nuclear energy. During the early 1970s, when the systematic survey time series begin, a majority favored building more nuclear plants (although the early soundings suggested that a downward trend might have already begun). The Three-Mile Island crisis in March 1979 produced a sharp spike in opposition to nuclear energy. It also generated a demonstration in Washington, D.C., two months later attended by an estimated 200,000 people. Despite a very mild resurgence, majority opposition to any further expansion of nuclear plants had solidified by the early 1980s. If anything, opposition continued to increase, due in part to the impact of the Chernobyl accident in 1986 (Mayer 1992, 106–8; Page and Shapiro 1992, 153–5).

Three Mile Island and especially Chernobyl constituted “high signal accidents” (Slovic 1987) or focal events (Birkland 1997, chap. 5; Kingdon 1995, 94–100) that conveyed new and decisive information to the public about the probability of a disaster. Overall, the public changed its appraisal of the risk-benefit ratio. In contrast to the smoking example, expert opinion on the risks of nuclear energy did not sway the public. The experts would argue that the media gave them short shrift, especially in comparison with the handling of expert opinion in the case of smoking.

A final example of how new information involving pain and loss can move public opinion comes from the domain of racial equality, an issue not inherently about physical harm as such. Broad social and political trends as well as several specific events are reflected in the growth of the American public’s professed favorable attitudes toward racial equality. By all accounts, a critical component of this growth during the civil rights movement consisted of the public’s reaction to police violence against activists in the early to mid-1960s. The Birmingham and Selma confrontations in 1963 and 1965, respectively, marked the high points of the public’s identification of civil rights as the country’s most important problem (McAdam 1996). Although controversy exists as to whether movement leaders had

⁸ These statements are based on a study by PR Solutions (1995), as reported in Klein et al. 1997, 95.

a conscious strategy of provoking police violence (e.g., compare McAdam 1983 with Morris 1993), there can be little doubt that the graphic depictions of such violence served to elevate the public's identification with and support of the movement.⁹ There also can be little doubt that, more than thirty years later, the relentlessly repeated visual of the Rodney King beating in Los Angeles exerted a powerful short-term effect on evaluations of police behavior (Sigelman et al. 1997; Tuch and Weitzer 1997).¹⁰

CAUSAL THEORIES AND ACTIVIST RESPONSES

Having examined political responses to pain and loss events in terms of some features of public opinion, I now turn to responses in terms of political activism. My interest lies primarily in activism that originates at the grass-roots level, even if elaborate national organizations develop subsequently.¹¹ Topics to be covered include attributions of blame and responsibility, the sources of pain and loss, the composition of affected populations, the importance of issue framing, and the unique aspects of pain and loss activism. Due to the lack of plentiful scholarly inquiries into grass-roots activism as a response to pain and loss experiences,¹² the discussion will contain much by way of speculation, inferences, and questions.

Beyond the usual individual-level prerequisites to political participation of adequate resources, psychological engagement, and recruitment, one other condition is especially pertinent with respect to activism and bodily harm issues, namely, the assignment of blame and responsibility. Some pain and loss experiences are coded as unpreventable or as stemming purely from elective, voluntary actions on the part of those harmed. Most of the pain and loss that we personally experience falls into this classification: Parents die of natural causes; a hurricane injures the neighbors; a child drowns in a no-fault swimming accident. Nonpolitical responses to such pain and loss include the grieving and recovery processes. There is a rich scholarly and popular literature associated with such responses.

Other harm-related experiences, however, are often coded as preventable, directly attributable to the actions of others, or susceptible to relief and redress. A friend suffers a concussion in an accident caused by a drunken driver; a coworker is beaten by her partner; a

cousin dies in an industrial explosion. Under such circumstances people often develop politically relevant "causal stories" about what happened. Such stories or theories include the location and assignment of blame and the selection of fixers among the various agents in the causal chain (Stone 1997, chap. 8).

After identifying the culprits, one popular remedy for litigious Americans is to seek individual redress through the courts, as in civil suits charging malpractice, negligence, or wrongful death.¹³ Many issues cannot be resolved in that fashion, and some offended parties seek more than individual relief and redress. Causal theories serve the additional purpose of facilitating the formation of alliances with others who have the same relationship with the various agents in the causal chain. Thus, people who share a common risk or harm factor, but little else, can join together in collective action. This can happen rather quickly, as when it was revealed that women who had taken the DES drug to prevent miscarriages had daughters who were at greater risk for developing certain cancers; when the Agent Orange pattern of illness was discovered (Stone 1997, 204–8); and when, thanks in part to enterprising lawyers filing class action suits, defective breast implants appeared to cause illness.

Suggestive evidence as to how the public is likely to apportion blame and responsibility on harm issues emerges from a systematic content analysis of news stories dealing with hazards that appeared on television and in magazines and newspapers in the mid-1980s (Singer and Endreny 1993, chap. 6). Attributions of blame for the occurrence of the event and attributions of responsibility for the prevention and minimization of an event's consequences are not necessarily assigned to the same parties. Thus, acts of nature, fate, or God are blamed for the occurrence of natural hazards, whereas governments bear the responsibility for the prevention of associated harm. Industry is most frequently blamed for what are called "material" hazards and energy hazards, but again government is deemed most responsible for prevention and amelioration. By implication, citizens are more likely to become activated when governments appear in the causal chain either as actors or as very visible missing links.

Changes in the assignments of responsibility can generate and reflect important policy changes. A case in point is that of tobacco use. At the time of the content analysis reported on above (1984), government was held to be most responsible for hazards associated with the use of alcohol, whereas individuals were held to be most responsible for risks associated with the use of tobacco. That distinction apparently no longer obtains. Antismoking ordinances, absolutely massive class action suits against tobacco companies, and severe legislation proposed in Congress all strongly indicate that the public now attributes to government and

⁹ Only a few years later, however, urban riots and disorder would introduce a new, more negative tone to the issue of racial equality (e.g., Kinder and Sanders 1996, chap. 5).

¹⁰ Electoral politics, a topic not treated here, is frequently marked by law-and-order rhetoric.

¹¹ After national organization is achieved, the grass roots remain potentially mobilizable for lobbying purposes. Examples of the tension and interplay between grass-roots activism and organizational professionalism can be found in the areas of environmentalism (Dowie 1995, chap. 6), breast cancer (Altman 1996, chap. 30), and pro-choice advocacy (Staggenborg 1991).

¹² For example, most national political surveys do not contain enough issue-specific activists to warrant separate analysis. An important exception involving abortion appears in Verba, Scholzman, and Brady 1995, chap. 14.

¹³ These suits often involve product liability charges. Scarry (1985, 303–5) argues that such trials, in addition to being legal actions and a form of economic redistribution, reflect a society's expectations about how objects should behave and thus exhibit a form of "cultural self-dramatization."

tobacco companies a large share of the responsibility for preventing harm from tobacco use as well.

In addition to the labeling process entailed in spinning out causal stories, people experiencing pain and loss also engage in self-labeling. Controversy surrounds the terminology employed in this domain, thereby providing a potent manifestation of the political slogan "words have meaning." Some individuals and groups prefer victim terminology, while others prefer survivor terminology. In part the distinction derives from the source of the pain and loss, whether it was directly inflicted by others (as in the case of child abuse or a terrorist attack) or was a more "natural" occurrence, with multiple or impersonal origins (as in the case of breast cancer or a devastating tornado). The distinction also marks, for some individuals, groups, or movements, the difference between a weak, passive, self-image versus one that is empowered and assertive.

At the same time, some activists deliberately use victim terminology in order to drive home the point of having been wronged, abused, or misused, as in injury or death through chemical disasters, assault with a deadly weapon, or medical malpractice. Exemplifying the emphasis on violation, one large group calls itself the National Organization for Victim Assistance (NOVA).¹⁴ Activists employing victim terminology often refer to victims and covictims. The latter refers to family members, close friends, and occasionally larger sets associated with the victim per se. Covictim terminology serves to widen the net of those affected and the set of potential activists.

SOURCES OF PAIN AND LOSS AND ACTIVIST RESPONSES

Activism regarding pain and loss events embraces a number of different origins, shows different patterns of development, and takes place within a wide range of venues. One major way in which pain and loss events can be classified is according to their sources. Scholars who study risks, hazards, traumas, and disasters have developed a number of relevant classifications systems. For present purposes, four broad types of sources can be specified. Ideally, these four sources would form part of a matrix devoted to accounting for such features as the composition, motivations, actions, and rewards of activists in pain and loss causes. In order to give some flavor of the variety of grass-roots enterprises present in the bodily harm domain, I will present capsule descriptions of some citizen-initiated advocacy efforts under each of the four sources.

Accidents

Accidents comprise a major source of pain and loss. Accidents can either be self-imposed or occasioned by the negligence, misbehavior, or inadvertence of others or their instruments, such as machines, medicines, or

constructions. The terrifying 1986 nuclear accident in Chernobyl and the devastating 1984 gas leak from a chemical plant in Bhopal, India, are chilling, discrete examples. Traffic and workplace accidents are routine examples of events that actually take more lives than do the spectacular events. Rules, regulations, and ordinances are direct outgrowths, and sometime causes, of pain and loss resulting from accidents.

One of the best-known and most researched instances of grass-roots mobilization in response to bodily harm caused by accidents is that of Mothers Against Drunk Driving, better recognized by its double entendre acronym, MADD. It was initiated by a California mother, Candy Lightner, and a few friends in 1980 after Lightner's 13-year-old daughter was killed by an intoxicated hit-and-run driver. Chapters sprang up across the nation in short order, pushed primarily by victims and covictims and augmented by sympathetic others, many of whom had a background in community organizations (McCarthy and Wolfson 1996; Weed 1990). By the mid-1980s MADD was a flourishing organization with extraordinarily high name recognition. It is generally credited with helping to secure a number of laws and educational efforts designed to curb and to punish drunk drivers (Reinarman 1988).¹⁵

The toxic waste contamination of New York state's Love Canal in the late 1970s stands as one of the most infamous instances of pollution in modern times, a veritable poster child for the environmentalism movement. A housewife, Lois Gibbs, formed a homeowners' association representing 900 families who claimed to be at risk and who pressed for relocation benefits by employing both conventional and unconventional means. An ultimate outgrowth of this action was passage of the Superfund legislation in 1980, the erstwhile housewife now being dubbed the "mother of the Superfund." She went on to help organize the Citizen's Clearinghouse for Hazardous Wastes, which helps coordinate an expansive network of local grass-roots groups (Walls 1993). A large number of citizen-based environmental organizations have now come into being.

Disease

Disease and illness make up a second source of pain and loss. Most everyone has either suffered physical pain and loss through disease, expects to do so at some point, or is close to those who have. The medical, drug, and insurance professions and industries are maintained by our desire to eliminate or to minimize the consequences of disease. Breast cancer and AIDS activism exemplify strong mobilization in this area.

Although not the first example of concerted, active response to pain and loss experiences, the AIDS movement is certainly the first in the health area to have such a broad, deep, and militant profile. It also is the first to become heavily involved as an active participant

¹⁴ NOVA's homepage on the Web pinpoints the goals of the victims' rights movement and also directs the user to a large number of related organizations.

¹⁵ An organization called Remove Intoxicated Drivers (RID) had formed earlier but never achieved the size, renown, and clout associated with MADD (McCarthy and Wolfson 1996).

in the medical research and treatment regimes associated with a disease. Again, activism began at the grass-roots level as local groups emerged in urban areas across the country and as communication networks developed among them. In contrast to the antidrunk-driving mobilizers, the AIDS activists could tap into existing formal and informal organizational bases in the gay community. They could also draw on the experience of the gay rights movement, thereby providing an example of social movement spillover (Epstein 1996, 1–41).

Due to the urgency at hand, those with AIDS and those at risk entered the advocacy mode with dispatch. Occasionally this took the form of unconventional participation, primarily through the AIDS Coalition to Unleash Power (ACTUP). Perhaps more consequentially in terms of dealing with the disease itself, local and national activists succeeded in their determined quest to be active participants in setting the standards and practices of the biomedical research program and treatment trial phases—an opening wedge in what has come to be known as the democratization of biomedicine (Epstein 1996, esp. chaps. 5–9).

If AIDS activists had to overcome a degree of denial and stigmatization, breast cancer activists had to cope with a public more accustomed to whispering than to talking openly about a disease. And in contrast to the campaign against drunk driving, breast cancer groups appeared almost simultaneously in a number of places throughout the country and ultimately involved hundreds of thousands of women. These grass-roots organizations were often offshoots or subdivisions of support groups that had begun to form as talk of breast cancer finally went public. By the late 1980s advocacy was clearly on the ascendancy, inspired in part by the model of the AIDS movement and by advocacy efforts drawn from the women's movement. The momentum developed by the state and local organizations eventually led to the establishment of the National Breast Cancer Coalition in 1991, which became the leading advocacy organization. Major achievements of the breast cancer movement included extraordinary increases in federal funding and, at the grass-roots level, the delivery to the White House of 600,000 letters in 1991 and then 2.6 million in 1993 (Altman 1996, 4–11, 292–361; Belkin 1996; Stabiner 1997, 3–19, 54–67, 140–9).

Human Action

A third source of pain and loss consists of willful human action resulting in the intentional harming of others or, occasionally, oneself. Included here are such personal injury crimes as assaults, beatings, rapes, homicides, riots, wars, terrorism, and suicides. This source is the most difficult for us to understand from a humanistic point of view. The two examples of activism offered here involve homicide and terrorism and are somewhat unusual in that they did not evolve into widespread grass-roots organization, although they did take advantage of other local efforts. Grass-roots advocacy need not include widespread organization if it

capitalizes on public anxieties and captures the attention of elites.

For some time people across the country, especially parents of small children, have expressed unease and anger about the release from jail and subsequent residential settlement of known sex offenders. These sentiments erupted in a wildfire of legislative action after the 1994 rape and killing of a New Jersey girl, Megan Kanka, by a convicted sex offender living across the street. Her parents, backed by a supportive public mood and prior stirrings at the grass roots, helped lead the fight in New Jersey and then elsewhere for laws requiring notification of convicted sex offenders living in the community. Known as Megan's Law, basically similar pieces of legislation were passed with startling rapidity by a majority of states; by mid-1996 there was a federal version. The implementation of these laws has aroused its own set of controversies involving the civil liberties of the offenders.

A second example involving relatively few people in the immediate case but with potentially far-reaching consequences stems from the 1997 bombing of the Federal Building in Oklahoma City.¹⁶ The backdrop here is the growing movement over the past two decades for victims' (and covictims') rights in the justice system, rights which proponents say are necessary and just balances to the rights of accused perpetrators. When the Oklahoma City bombing trial was moved to a federal court in Denver, Colorado, hundreds of relatives of the victims demanded that they be permitted to watch from Oklahoma on closed circuit television. When the judge refused, the group, guided by a lawyer whose secretary's sister was killed in the blast, successfully lobbied Congress to enact legislation of that very sort. At a later stage the survivors and relatives were told that they could not watch the proceedings and then be allowed to testify during the sentencing phase of the trial. Once more the group went back to Congress and again secured enabling legislation. These stunning successes were marked achievements in a process under way for some time, namely, establishing victims' rights in legal proceedings (e.g., Sprungen 1998).

Natural Disasters

A final major source of bodily harm consists of natural disasters, often referred to as acts of God. In actuality, human conduct often has a direct effect on the amount of harm associated with these natural events. Poor construction, ill-advised siting, and inadequate precautions frequently can and do multiply the loss of life and limb from earthquakes, hurricanes, floods, tornados, and lightning-caused forest fires. Nonetheless, we tend to think of these events as beyond human control.

This type of pain and loss appears to be the least likely to promote sustained grass-roots activism beyond ad hoc local community responses. Important as these responses are for the affected communities, they typically deal with healing the spirit and rebuilding the

¹⁶ This account is drawn mainly from Toobin 1997.

physical plant and fail to generate collective action beyond the immediate locale. We do not, for example, hear about Mothers Against Lightning Bolts, the National Coalition to Improve Hurricane Warnings, Ban the Flood, or Take Back the Earthquake. We do hear complaints about the Federal Emergency Management Agency (FEMA), actions by local zoning boards, and gouging by suppliers and construction firms. But these complaints rarely become articulated and aggregated into wide-scale grass-roots action. Acts of God and Mother Nature, given their episodic occurrence and uncontrollable character, are often seen as untouchable causal agents.¹⁷

THE SIGNIFICANCE OF POPULATION COMPOSITION

An important property of pain and loss events consists of the kinds of people most directly affected. The likelihood of activism and the strategies and tactics to be employed can be seriously influenced by compositional factors. Some of these are common to many issue domains, while others are more peculiar to pain and loss. I will look at one in detail and pose questions about three others.

One telling aspect of population composition concerns the labeling or social construction of the affected groups. A well-known typology of population groupings can be adapted for present purposes (Schneider and Ingram 1993). Four categories are produced by combining the power and social approval dimensions of those affected by pain and loss experiences. The four categories are the advantaged (high on both dimensions), contenders (high on power, low on approval), dependents (low on power, high on approval), and deviants (low on both).¹⁸

Mobilization responses to the AIDS epidemic demonstrate the utility of such a typology. Imagine for the moment that AIDS had initially swept over the users of contaminated intravenous needles instead of members of the gay community. The latter are stigmatized to some extent (rate moderately low on the social approval dimension) but are reasonably well endowed with social capital and political resources (rate moderately high on the power dimension). For this reason I would locate gays in the contender quadrant (Schneider and Ingram 1993, 336). By contrast, users of dirty needles rate very low on social approval and on power. Consequently, the dynamics of the fight against AIDS would have been far different and progress probably much slower under this imagined scenario. Alternatively, a scenario in which AIDS had first hit a socially approved and powerful population segment, say, physicians, would have produced yet a different set of dynamics.

¹⁷ This does not mean that all natural disasters possess the same amount of dread, evoke the same citizen response, or have the same kinds of (primarily technical) advocacy groups associated with them (Birkland 1997, chap. 3).

¹⁸ Truman ([1951] 1971, 247–53) anticipates this typology in his discussion of group prestige and status with respect to propagandizing.

A second aspect of population composition is the magnitude of the affected parties. Although we might expect activism to be positively related to the size of the population being harmed, other factors can and do intervene. For example, why does grass-roots mobilization differ drastically across two different diseases affecting large and approximately equal proportions of two populations, as demonstrated by a comparison of activism regarding breast cancer and prostate cancer? Similarly, why does the aggregation of physical harm in a single event, such as an airplane crash, appear to prompt more alarm, outrage, and calls for action than the same or higher harm totals spread out over a large number of discrete events (Kingdon 1995, 98–100)?

Another composition element is the concentration of the pain and loss distribution. Does it assume a more or less random pattern across a population, as in arthritis and household accidents, or does it have clusters, as in sickle cell anemia and homicides? Does randomness lessen the likelihood of activism because of its lack of exceptionalism, as the results of hazard and risk research would suggest, or does diffuseness lead to more widespread mobilization efforts?

A final composition factor is that of the target population of the activism, which may or may not be the same as the affected population. Does the activism emphasize the population of victims, covictims, and those at risk, as in the case of most diseases, or does it target the population of causal and facilitating agents, as in the case of violent crimes and drunk driving accidents? Or are multiple targets involved?

ACTIVISM AND FRAMING EFFECTS

How issues are framed has become a prime focus in the study of political movements and public opinion (McAdam, McCarthy, and Zald 1996). Framing in this context refers to “the specific metaphors, symbolic representations, and cognitive cues used to render or cast behavior in an evaluative mode and to suggest alternative modes of action” (Zald 1996, 262). Contending frames can be found both across and within opposing camps. When it comes to pain and loss issues, individual rights and freedoms are commonly invoked frames in the United States, as in claims made about the woman’s right to have an abortion, the motorcyclist’s right not to wear a helmet, the citizen’s right to own guns, the terminal patient’s right to die at will, the property owner’s right to build on a flood plain. Other universal frames—some complementary, some competing—also make frequent appearances in the pain and loss domain, including those of health, public order, morality, justice, and mercy.

Choosing and employing the correct frame is a key to a winning position on issues of bodily harm. Abortion is a case in point. Pro-choice forces established and relied on a winning frame based on a woman’s right to choose what to do with her own body. In time the pro-life forces also adopted the rights frame, cast now in favor of the fetus. As several analysts have suggested, this strategy undermined the rights claims of the pro-choice side, for ultimately the fetus’s right to

life is likely to triumph over the mother's right not to bear the child (e.g., Schepple 1996; Stetson 1996). As the rights frame came under attack, the pro-choice forces began to advance other frames, including those of personal (versus governmental) choice and reproductive freedom defined more generally. Thus, in addition to the battle of the marches and demonstrations (Craig and O'Brien 1993, chap. 2), the two sides battle for winning frames.

Rights arguments also figure heavily in the changing frame applied to Americans with disabilities. Historically, the disabled have been treated with rehabilitation, institutionalization, or welfare (Berkowitz 1987; Burke 1997; Walls 1993). Frames of mercy and compassion dominated public sector efforts. Income maintenance and vocational rehabilitation programs were governmental responses. Those perspectives have changed radically, as bracketed by the passage of amendments to the Vocational Rehabilitation Act in 1973 and the passage of the Americans with Disabilities Act in 1990.

Beginning first with centers for independent living, a number of groups emerged in such places as Berkeley, New York, and Boston and subsequently diffused throughout the country. They viewed existing programs as paternalistic and demanded civil rights and control over their own lives. Both conventional and unconventional modes of participation were employed, including an eye-catching protest demonstration in San Francisco. In contrast to the past, it was the disabled themselves, rather than the service providers, who were making claims. And these claims were basically rights claims, patterned in substantial part after the claims of the civil rights movement and other rights movements of the times. A frame that was not readily available in an earlier era was employed to change in a quite fundamental way the treatment of the disabled.

A dramatic instance of how one frame replaced a competing frame occurred in the arena of traffic fatalities and injuries. Despite the fact that auto accidents claimed the lives of 40–50 thousand people annually over the past several decades, they occupied a relatively small place on the political agenda until the 1970s. By that time two prominent frames had emerged in terms of preventing accidents or minimizing their consequences. One was automobile safety; the other was drunk driving. In terms of media attention and policymaking, the former peaked earlier, in the mid-1960s, and had little or no citizen involvement. The latter peaked in the mid-1980s and largely displaced the auto safety frame, not least in terms of media coverage, and included citizen involvement (McCarthy 1994).

What seems to have triggered the explosion of interest and the shifting of the frame was the emergence of grass-roots organizations, the most influential being MADD. It is not as though these groups "invented" this frame, which pitted the irresponsible drunk driver against the innocent victim. Significantly, national and local officials had long emphasized the contribution of alcohol to traffic accidents, to little avail. But these groups appropriated the frame and

provided a catalytic function that helped enable official efforts to curb drunk driving. As with the disabilities rights movement, the citizens' movement against drunk driving occurred as other pain and loss advocacy movements were also getting under way.

Another example of the potential consequences of changed frames comes from the arena of environmental politics. Working class and minority groups have traditionally been scarce in the environmentalist camp because the costs, especially in terms of employment, appeared to fall disproportionately on them and because other problems of the poor and minorities seemed to be more pressing. More recently, environmentalism has been infused with appeals to morality and justice. In particular, it is charged that minority and poor neighborhoods have a disproportionate share of toxic wastes in their midst (Dowie 1995, chap. 6). Charges of environmental racism and calls for environmental justice have emanated from a new wing of the movement. Consequently, a new or modified frame has emerged in the arena of environmental politics.

A final illustration of an important framing change occurred over tobacco use. As implied in the earlier discussion, the traditional frame of individual choice and responsibility has been challenged by frames based on the harm done to innocent third parties as well as the delayed and huge medical costs incurred by tobacco use.

UNIQUE ASPECTS OF HARM-RELATED POLITICAL ACTIVISM

Can an argument be made that pain and loss activism differs in any fundamental ways from activism in other issue areas? Students of public policy differ among themselves as to whether and how issue substance affects the politics of issue resolution (e.g., Lowi 1964; Stone 1997, chap. 9; Wilson 1974, chap. 16). Although I would argue that political studies of pain and loss are justified by the ubiquity of the subject matter alone, I will propose some ways in which harm-related activism does differ from activism motivated by other stimuli.

One unique feature consists of the *stakes* involved. For those whose own bodies have been damaged or who are at great risk, the stakes are all too apparent. Their well-being and survival prospects may depend on the development of prevention, diagnoses, and remedies. It is true that, as in the case of the freedom riders and civil rights protestors, activists in any area may feel so passionately about the cause that they are willing to sacrifice themselves. More commonly, however, one's physical well-being and survival is of prime importance. Similarly, being close to someone who has been wounded, is afflicted, is at serious risk, or has died also increases the stakes. Stakes are often prospective in nature as well. Activists may realize, for example, that the cure will not be found for them or that nothing will replace a loved one lost through manslaughter. Yet, the prospect of future solutions, or lowering a risk, forms part of the stakes equation as well.

Personal states of being constitute a second source of uniqueness. Undergoing pain and loss may engender

reactions that discourage active responses (e.g., Holloway and Fullerton 1994; Janoff-Bulman and Frieze 1983; and Malt 1994). Depending upon the particular type of event, those experiencing pain and loss may feel helpless, shocked, anxious, depressed, and exhausted. Their belief in an orderly, predictable, and just world may be threatened. These are hardly states of being conducive to political activism. In some instances (e.g., rape) those affected are also held responsible or even stigmatized by outside parties, leading in turn to guilt, self-blame, shame, and humiliation. Again, these are conditions scarcely favorable to political action. Similar states of being may occur in other issue arenas, but their frequency and intensity appear to be substantially less than in the domain of bodily harm.

Yet, experiencing pain and loss can trigger emotional and cognitive responses that provide incentives and motivations for mobilization. Scattered throughout many of the activist efforts described above are references to such action-inducing states of mind. Here I will draw on the study of AIDS activists described at the beginning of the article and a reading of the relevant AIDS literature to suggest some personal reactions that may be unique to pain and loss activism more generally.

One reaction was the fear and anxiety experienced as a result of the direct threat of the AIDS virus to those who have it and to those close to them. People at risk were frightened and apprehensive. They wanted cures, prevention, and treatment. Becoming active confronted the fear. A second personal response took the form of wanting to honor and memorialize those who have died. Contributing a patch to the quilt was one deeply personal way to accomplish this. Becoming more active politically was another, more continuous way of doing something in the name of and as a tribute to others. A final personal reaction consisted of the anger and frustration arising from the toll being taken by AIDS, what seemed like excruciatingly slow progress in finding cures and treatment, and the initial, frequently encountered unsympathetic reaction of the general public to the plight of AIDS victims.

A third distinctive feature of pain and loss activism is that individuals who join with others to become active overcome the collective action problem in some part because of the *solidary rewards* involved. These rewards exist in other issue domains, of course, but they appear to be especially prominent in the case of bodily harm. Victims and survivors often seek solace and support from those who have shared their experiences; they grieve together and seek adjustment and coming to terms with what has happened. They join with others in what are essentially support groups.

Becoming part of a support group is frequently the first step on the road to advocacy. Support groups often develop into local and then national networks of advocacy as they reach beyond coping to political action (Couto 1992). Advocacy organizations in the areas of breast cancer, domestic abuse, homicide, and airplane crashes, among others, have their roots in support groups. Even when advocacy emerges, working with others who have experienced a common misfor-

tune continues to offer substantial solidary rewards. Over one-fourth of the AIDS activists referred to earlier saw bonding, community identification, and mutual support as the main goals of the Quilt Display. None of this is to discount the importance of instrumental reasons for becoming active, but it does help explain why victims and survivors come together and stay together.

A fourth distinguishing feature of pain and loss activism consists of the kinds of *appeals and symbols* that can be invoked. Pain and loss events are, almost by definition, highly charged with emotion and affect. Besieged as we are with repetitious displays of death, injury, and illness in the media, it is nevertheless difficult to remain dispassionate about such images as bodies in a bombed building or one hit by an earthquake; the photos of aborted fetuses on placards; the pleas of terminally ill patients; reports of children shooting children; or descriptions of scarred bodies and diseased lungs. Images such as these trigger responses completely different from, say, a national debate over the federal debt, campaign financing, NAFTA, NATO, or even the IRS. They provide activists with an accessible stock of vivid representations well suited to such frames as compassion, justice, safety, and health.¹⁹

A final distinctive feature of activism in this domain consists of the vigorous *mixing of public and private spheres*. One example has just been offered, the mingling of psychological support and political advocacy within the same groups. Fund raising is another instance, especially with respect to disease treatment and prevention. Although group leaders in particular fight for public funds, private fund raising is also widely practiced, all the way from spectacular, celebrity-filled affairs down to local walkathons, marathons, bikeathons, and the like.²⁰ Relief efforts connected with natural or man-made disasters are also frequently combinations of private and public contributions of time, money, and personal labor. Other issue domains undoubtedly blend public and private grass-roots activism, but this seems to be much more prevalent in the domain of physical harm and impairment.

CONCLUSION

I have attempted in this article to move pain and loss phenomena to a more prominent place in our treatment of public opinion and political activism. Assuming that there is at least some merit to this argument, what kind of further research is appropriate? As for public opinion, two topics come to mind. First, even though I claimed at the outset that pain and loss events, especially as portrayed through the media, are shot through with political content, I was speaking as a political scientist—ever on the lookout for political currency—and not as an everyday citizen. Perhaps, for

¹⁹ Vivid depictions of *blameless* victims are more likely to be effective, at least with respect to agenda setting (Iyengar and Kinder 1987, 113).

²⁰ For accounts of mixed strategies in raising money for breast cancer research, see Altman 1996 and Stabiner 1997.

the most part, the human drama and voyeuristic portion simply swamps most of the other elements in these depictions. More probably, the emergence of the political content varies with the presence of dimensions such as the ones outlined earlier, namely, the development of causal "theories" about why the pain and loss occurred, the sources of the pain and loss, the composition of the involved parties, and the kinds of frames being employed. An examination of these possibilities is amenable both to survey and experimental research.

A second topic with respect to public opinion concerns the impact of new information. I suggested that expert opinion and elite discourse are especially influential in shaping public opinion on bodily harm issues. I also suggested that the injection of pain and loss considerations into peripheral issues has great capacity for changing the salience and distribution of opinions on those issues. These proposals were based on a limited number of cases. In addition to analysis based on a much more complete cross-hatching of survey data and content analysis, these propositions could also be tested by experimental manipulations in the field and in the laboratory, as well as by creative use of focus groups.

As for studying pain and loss activists, we need to follow the advice offered by hunters: If you want to hunt ducks, you go where the ducks are. If we want to study activists, we should go where the activists are. Much can be learned about *top level* activists and organizational dynamics through intensive case studies.²¹ Studying *rank and file* activists, especially through survey designs, poses unique problems. Defining the relevant universes, establishing proper sampling frames, and gaining the cooperation of activists—many of whom distrust political research—are challenging but not insurmountable tasks. The study of AIDS activists, and similar small-scale projects, represent steps in that direction.²²

Although I have focused on public opinion and grass-roots activity, policy entrepreneurs, experts, and other elites usually help generate attention to and mobilization around pain and loss issues. Class action suits organized by liability lawyers represent an extreme example of entrepreneurship. At the other extreme, however, are endogenous grass-roots movements born out of local experiences. Such contrasts suggest a line of research seeking to establish how and why different pain and loss issues inspire varied mixes of grass-roots and elite involvement.

As noted above, variation exists among those who have experienced pain and loss; some prefer victim terminology, while others opt for survivor wording. Important research topics include determining the circumstances and personal characteristics associated

with self-image variations and, more consequentially, whether differential self-labeling generates different qualitative and quantitative expressions of activism. In addition, important issues of labeling also occur with respect to the qualities attributed to the causal agents of harm. Viewing a group in general as the culprit—as might be the case in ethnic, racial, regional, and international conflicts—carries a different set of long-term implications than identifying a particular agent—as would be more likely in the case of, say, specific instances of domestic abuse, medical malpractice, or industrial negligence.

Most of the materials on which I have drawn are time and place bound. How Americans have coped with pain and loss experiences over time represents an intriguing question, the answers to which must inevitably resort to evolving conceptions about the self, the collectivity, and the state. It may be that the politics of victimhood has been especially pronounced in the last third of this century; if so, what lies behind the surge? In addition to cross-time comparisons of the American experience, other variations in responses can be observed through cross-national comparisons. Beyond introducing variations in systemic characteristics, such comparisons offer especially rich potential for showing the impact of diverse religious and philosophical orientations toward pain and loss and the extent to which they have political consequences. Surely another important comparison is that between the pain and loss occasioned by civil and international conflicts versus the purely domestic occurrences.

Finally, pain and loss phenomena provide grist for the mill of democratic theory. For example, are democratic systems inherently more sensitive to and responsive to pain and loss? If so, what elements of democratic systems contribute to this tendency? And does responsiveness depend vitally upon the type of pain and loss at hand? More generally, pain and loss phenomena offer a rich and neglected opportunity to assess the workings of such democratic virtues as representation and accountability, justice and fairness, individualism and egalitarianism, and caring and compassion.

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²¹ Illustrative studies include those on abortion (Luker 1984; Teske 1997), toxic poisons (Almeida and Stearns 1998; Reich 1991), violent crime (Wolliver 1993), AIDS (Cohen 1993; Gamson 1989), drunk driving (McCarthy and Wolfson 1996; Weed 1989), and nuclear power (Walsh 1988).

²² Examples include such issues as the peace movement (Marullo 1990), nuclear power (Walsh and Warland 1983), and abortion (Gross 1995).

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