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Mackenzie Boughner

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Understanding Appalachian Deaths of Despair Through a Perspective of Marxism and Intersectionality

By Mackenzie Boughner

Part I

Introduction

Uneducated working-class individuals in the United States are dying from suicide, drug overdose, and alcoholic-related liver disease at unprecedented rates; In 2017 alone, 158,000 Americans suffered deaths from these causes (Case & Deaton, 2020). Economists Anne Case and Angus Deaton coined the term "deaths of despair" in their examination of the dramatic rise in these kinds of deaths and determined that economic factors are the cause. In this paper, I will focus on deaths of despair in the Appalachian region, where mortality rates from these types of deaths are disproportionately higher than the rest of the country. In 2017, the mortality rate for overdose was 65% higher in Appalachia, the suicide mortality rate was 30% higher, and the alcoholic liver disease mortality rate was 10% higher, as compared to similar mortality rates in the non-Appalachian United States (Meit, 2019). I am going to explore two different theoretical framings for deaths of despair: Marxism, which reduces to economic factors to explain phenomena, and

Intersectionality, which explains phenomena by examining social identities such as race and gender. In particular, I'm interested in whether the causes of health issues (like deaths of despair) are diagnosable in an economically reductive way and can therefore be best understood through a Marxist framework – which views economics or class to be primary to any number of other factors such as race, gender, or sexuality – or if a perspective focused on intersecting social factors allows for a better, more nuanced understanding of this issue.

In this paper, I hope to answer the question: of all the factors influencing the rates of deaths of despair in Appalachia, is it appropriate to say that all social factors impacting these rates are just the result of economic forces? An intersectionalist would hold that all factors affecting deaths of despair (such as race, gender, socioeconomic position, social context, and access to healthcare) are mutually constitutive and all hold equal weight in determining health outcomes. Conversely, a Marxist would argue that all social factors are merely the result of an economic base presumed on exploitative conditions. My goal is to analyze this key difference with regard to Appalachian deaths of despair.

In the first section, I will explain what deaths of despair are in terms of health inequality and show why the Appalachian region is of interest, where the rates of these deaths are significantly higher. Then I will list the social determinants of health that influence health outcomes among groups and the

inequalities that follow as a result. I will describe some important concepts from the intersectional framework and from Marxism in order to ground a general understanding of both, so that I can accurately explain their relation to health. By placing the data surrounding deaths of despair in the context of Marxism and intersectionality, I hope to test their capability to accurately diagnose and understand health issues such as deaths of despair, and I hope the discussion provides us with enough reason to believe that these issues are either the result of many social factors, or if this is all a result of exploitation under capitalism. Finally, I will present my own analysis as to which theory provides a more plausible explanation of the rise of deaths of despair in the Appalachian region.

Deaths of Despair

Throughout the 20th century, life expectancy increased significantly due to progress in health outcomes supported by better living standards, advancements in medicine, and the eradication/reduction of certain diseases. It became expected that children live longer than their parents, whose children would in turn live longer lives than them. Starting in 1933, the upward trend in life expectancy had been almost completely continuous. In 1900, the mortality rate for middle-aged white people in the US was 1,500 per 100,000, and by 2000 this rate had fallen to 400 per 100,000. At the turn of the 21st century, mortality rates for individuals within

this group stopped declining completely and even began to rise (Case & Deaton, 2020).

"Three immediate culprits" are identified: drug overdoses, suicides, and alcoholic liver diseases - three causes of death from despair. They also explain that in 2017 alone, 158,000 Americans suffered these deaths of despair – "That is the equivalent of three full 737 MAXs falling out of the sky *every day*, with no survivors" (Case & Deaton, 2020).

With regard to this topic, Appalachia is an area of interest because this region is one most significantly affected by deaths of despair. The Appalachian region encompasses 204,452 square miles around the Appalachian Mountains, ranging from Mississippi all the way up to New York, and includes parts of 12 different states, in addition to including the entirety of West Virginia (Pollard, 2012). Over the past two decades, the mortality rate due to deaths of despair has been increasing all over the United States, but there is a disparity between the Appalachian region and the rest of the country. In 2017, the mortality rate from deaths of despair combined was 45% higher in Appalachia, compared to the non-Appalachian United States (Meit, 2019). The mortality rate for drug overdose specifically was 65% higher, the rate of deaths from alcoholic related liver disease was 10% higher, and the rate at which people committed suicide was 30% higher. So why are people dying from despair at such a higher rate in Appalachia? In the

previous section I explained that Case & Deaton found socioeconomic factors including unemployment, education level, and income to be potential factors that influence the rates of mortality from deaths of despair.

Appalachian Deaths of Despair as a Health Inequality

It is clear that the rate at which people are dying from despair is on the rise and is especially higher for Appalachians. But is this phenomenon affecting all Appalachians equally? If not, which kinds of people are being most affected by this? Case and Deaton were able to conclude from their observations that not all Americans were at an equal risk. They explain that individuals with less education are the most prominent victims of deaths of despair. More specifically, "The risk of dying a death of despair had risen markedly, but only for those who did not hold a four-year college degree" (Case & Deaton, 2020). Appalachia has historically been an area with low educational attainment. A report by the Appalachian Regional Commission from 2012 found that overall, only 23% of the population had a bachelor's degree or higher – this is lower than the national average of 30% (Pollard, 2012). Because a high number of individuals in Appalachia have less than a bachelor's degree, and the majority of people who die from despair have a bachelor's degree or less, it makes sense to conclude that this is one reason the rates of mortality from these deaths is so high in Appalachia.

Two other potential factors influencing rates at which people suffer deaths of despair identified by Case and Deaton are employment and income level. These factors seem to go hand in hand with education level; "The most obvious advantage of having gone to college is that you earn more, and with more money, you can live a better life" (Case & Deaton, 2020). In the United States, money buys access to better quality healthcare, and life is easier when you don't have to worry about how you will afford basic things like childcare or utilities, for example. "Financial worry can suck the joy out of life and bring on stress, often a trigger for pain and ill health" (Case & Deaton, 2020). Between 2006 and 2010, about one in every six Appalachians lived below the poverty level, which in the United States is defined as income below $22,113 for a family consisting of two adults and two children (Scommenga, 2012). Before discussing the social factors influencing rates at which people suffer deaths of despair in terms of Intersectionality or Marxism, I will explain what is meant by 'health', I will list several social determinants of health to show what determines our health outcomes, and I will explain how these factors lead to health inequalities between populations.

Health: Definitions, Determinants, and Inequality

The World Health Organization defines health as a "state of complete physical, mental and social well-being and not merely the absence of disease or infirmity". This conception of health can be described as 'positive', meaning that it considers health to be something beyond just the absence of disease and instead promotes the ideas that the state of being healthy is something that requires many dimensions of wellness and well-being. Conversely, a negative conception of health considers anyone free from disease, illness, or pain to be in a healthy state. A third definition of health, known as the 'holistic' definition of health, analyzes the lifestyle of an individual and considers four factors to be determinant of whether or not someone is healthy. These are physical health (good functioning of the body), intellectual health (the ability to think clearly), emotional health (expressing emotions appropriately), and social health (the ability to communicate with others and form relationships). This conception of health considers an individual to be healthy when they are in a state of balance between all four types (Sartorius, 2006).

So, what makes some people healthy and other people unhealthy? Health determinants are a large range of factors, including things like genetics, behavior, environment, medical care, and social factors. Social determinants of health are non-medical factors that influence health outcomes and are defined by the World

Health Organization as “the conditions in which people are born, grow, live, work, and age. These circumstances are shaped by the distribution of money, power, and resources at global, national, and local levels” (WHO, 2012). They include income, education, unemployment, working conditions, food insecurity, housing, and access to quality and affordable health care services. Research shows that the social determinants of health are more influential than biological factors or lifestyle choices that influence health – the social determinants of health account for between 30-55% of health outcomes (WHO, 2012).

The term ‘health inequality’ generally refers to the differences in health that exist between groups of individuals. An important part of measuring health inequalities “…is defining the relevant social groups themselves” (Arcaya, 2015). The World Health Organization lists race, ethnicity, place of residence, gender, religion, occupation, and education all as relevant categories that can be used to define different social groups (WHO, 2013). One significant example of a health inequality that I want to examine is ‘deaths of despair’: a term coined by economists Anne Case and Angus Deaton to describe deaths resulting from suicide, drug overdose, and alcohol related illnesses. Despair-related health outcomes are an example of a health inequality that disproportionately affects people of a certain age group with a certain level of education, which I will explain in more detail in the following sections.

Conceptual frameworks can be influential tools for understanding complex issues (like health inequality) that cannot be adequately addressed or understood within the context of one single perspective. Because of the focused nature of Marxist and Intersectional frameworks on structural injustice, I believe that they can provide a conceptual framework for understanding health inequalities in a way that better guides critical analysis needed to address structural and systemic issues that perpetuate and maintain those health inequalities. Intersectionality holds that the multiple social determinants of Appalachian health are equiprimordial. Marxism explains how all of these, while equally important, exist as a result of the exploitative base of capitalist society.

Intersectionality

The term intersectionality was termed in 1989 by professor Kimberlé Crenshaw to describe the way in which mainstream feminism had historically neglected to recognize the overlap between race and gender that uniquely shaped the experience of oppression for black women (Crenshaw, 1989). Crenshaw argues that black women experience discrimination in a way that does not conform to either a race or sex issue alone, but rather as a combination of both race and sex. A specific example of this she highlights is the experience of black female auto workers throughout discrimination-based employment lawsuits, whose complaints

were not appropriately addressed because they were discriminated against as both women and as black people. The court refused to allow these women to combine sexist and racial discrimination into one category and rejected the notion that a new classification could be created for black women on the basis that, as a result of this, they would have better standing than others.

Today, intersectionality is a term that encapsulates a variety of different theoretical positions about the relationship between group identities (such as race, gender, or sexuality) and modes of oppression. As a framework, it takes into account the many ways peoples' identities and experiences overlap in order to better understand the complexity of the oppression they may endure; it is intended to provide a means of analysis for the way identities are located within structures of power. In general, the intersectional framework rejects the notion that social relations are experienced as separate from one another and discounts the idea that any one oppression can be understood as prior to another. Rather, it is a way of understanding social location with regard to the way categories such as race and gender overlap creating unique experiences of oppression, with no one single social category taking primacy to others. There is a focus within intersectionality on the aspect of group identity, meaning that these social categories listed above are understood as unequal relationships between groups, rather than merely biological or genetic differences between individuals.

An important aspect of intersectionality is how it identifies differences in power between social categories. Some groups are subordinate while others are dominant, and the difference between levels of power among these groups are how structures of oppression are maintained within society. The ability for these unequal levels of power to persist is maintained by a dominating group's access to better resources, and as they persist, the dominant groups become a standard "from which all comparisons are made," and subordinate groups "are subsequently marginalized" (Caiola, 2014). For example, these differences in power manifest into societal structures as laws and policies that benefit dominating groups, while furthering the oppression of others.

Crenshaw emphasizes that intersectionality is not intended to understanding differences in social groups to simply intersect in a way that is multiplicative, but rather in a way that is "mutually constituted" and vary as a function of one another, creating a unique and specific social location for individuals who belong to several groups. Caiola uses health as an example that serves to illustrate this point well; she says intersecting social determinants of health for a black (race) mother (gender) who lives in poverty (class) suffering from a health issue such as HIV may function within society in a very different way than a black (race) father (gender) living in poverty (class) with HIV (Caiola, 2014). This is just one example, however, and a large number of combinations could be imagined

depending on which social determinants are concerned with producing certain outcomes. Both the mother and father in this example are from the same racial category and class, so it may seem as though gender could be the primary force creating the inequality here. An intersectional framework challenges the idea that gender is the primary source of inequality and identifies gender to be merely one of many dimensions that function together to shape social inequality.

Intersectionality applied to health recognizes that health is shaped by many different overlapping factors, such as race, gender, class, and education; an intersectional interpretation of health inequalities examines the relationship that exists between health and other important factors relating to social location, which are determinant of health outcomes. “To elaborate the relevance of an intersectional perspective in health inequalities, we explore the importance of other social locations affecting health, but importantly insisting that these social locations need to be understood as more than the sum of their parts” (Kapilashrami, 2015). In this excerpt, Kapilashrami introduces the idea of an inter-categorical account of health that differentiates social groups without neglecting to see how they influence one another.

In order to illustrate Kapilashrami’s unique perspective on health generated by a framework of intersectionality, I will use race as an example. The Marxist approach considers economic position to be the primary explanation for

inequalities in health that are experienced by people of a racial minority group, whereas race and income may seem to be similarly influencing their health outcomes. However, this kind of framing can't explain race-based disparities that persist among individuals who have a similar income or education level, and it does not answer the question of why racial minority groups are more likely to be disadvantaged with regard to income level in the first place (Kapilashrami, 2015). An intersectional examination of health inequalities moves beyond this unidimensional understanding of health and allows for the consideration of other social factors that greatly influence the way people experience inequality. Based on this example, we can see how intersectionality offers scope for inquiry into health inequality in ways that "…highlight both the complexity of social location and its influence on health, and the shared mechanisms of causality comprising the unequal power relations that underpin different axes of health inequity" (Case & Deaton, 2020).

Intersectional analysis shows how some identities result in oppression and barriers, but it also shows how other identities result in opportunity and privilege. One example of this is white privilege, which refers to an absence of barriers and also opportunities that are extended to white people based on their race, exempting them from certain kinds of discrimination. How could individuals who have such privileges become the victims of the rise in these types of deaths? An intersectional

analysis of deaths of despair focusing on 'white privilege' may serve beneficial for this discussion.

Now that I have explained some concepts of intersectionality and shown how these concepts have been applied within the context of health inequalities, it is clear that the main claim of intersectionality is that all social categories are equally constitutive on impacting the lives of people within those categories. Next, I will turn this discussion towards Marxist thought, which will challenge the intersectional claim I have presented. This challenge is based on the idea that all of these seemingly equal social categories have the same effect on one another, when the true dominating influence is the economic base of society. After I explain some key concepts critical to a discussion concerning Marxism, I will look more into how this perspective can explain health inequalities such as deaths of despair.

Marxism

Marxism is also a framework for thinking about oppression but is based on the analysis of the conflicts between the working and capitalist classes. It asserts that the mode of production under capitalism allows for the exploitation of the working class by the dominating capitalist class (who are the owners of capital), due to the fact that there is a surplus value that results from the worker's labor, which is much greater than the wages they are paid in return. Marx believed labor

to be the sole source of exchange value and the value of a commodity is dependent upon the quality and amount of labor that is necessary to produce it. When a worker is provided with the means of production from the capitalist and performs labor for a wage, the process ends with them having produced a commodity that has more value than the combined value of the wages they are paid and the means of production that had to be used in order to create it – this is what Marx refers to as ‘surplus value’ (Wood, 2013). Marxism views society to be a system of economic exploitation that reduces individuals to class categories of the exploiters or the exploited; these categories are defined by the economic system, rather than race, gender, or other social categories used to define groups within intersectionality.

The continuing exploitation experienced by the worker leads to feelings of alienation, causing them to experience their life as meaningless or themselves as worthless. This sense of lost meaning causes them to feel only capable of sustaining a sense of meaning and self-worth with the help of illusions about their condition that are perpetuated by capitalism (Wood, 2013). These exploitative conditions of life aren’t unavoidable but are rather the product of a social system that isn’t recognized as such only because it serves the interests of the privileged minority (Wood, 2013).

Economic relations form the ‘true’ basis of society; it plays a primary role in determining society’s legal, political, and ideological superstructure and therefore uphold and reinforce oppression (Wood, 2013). Society’s superstructure includes culture, ideology, norms, social institutions, and political structures. These all grow from the base of economic relations, and justifies how the base operates, defending the power of the capitalist class to exploit.

The two frameworks I have been discussing so far have a key difference, which leads them down different paths to developing their own respective methods for understanding issues of health. As explained above, intersectionality is critical of theories that consider forms of oppression separately. Intersectional theorists allege that Marxists reduce all oppressions to class; this ‘erasure’ of race, gender, and sexuality from the discussion of oppression is one tendency that intersectional theorists have identified as a serious limitation of the Marxist framework (Bohrer, 2018). Conversely, Marxism understands class to be fundamentally organized in a different way than other forms of oppression like race or gender, and therefore views class oppression as prior, necessitating a different kind of treatment. The fact that Marxism reduces to economics as prior to any number of other factors such as race, gender, or sexuality (whereas intersectionality does not, and holds all oppressions to be equal) is the key difference between these two theoretical frameworks that will serve as a central point for the purposes of this paper.

A Marxist approach to understanding health inequalities would need to focus on the economic structure of society and the way it affects health outcomes. A framework for conceptualizing health inequalities in this way would identify exploitation of the working class under capitalism as the reason for the existence of inequalities in health. The stratification of classes can be used to explain how inequality is created and reinforced. Although an intersectional account of health may point towards *social* type determinants to be the cause, Marxism employs an appeal to class as a way to highlight the more *structural* determinants of health. Marxists define class as a social relation to production, in which inequalities in health can be closely connected to structural inequalities that are rooted in capitalism. An explanation of health inequalities that focuses on structural factors allows for a critical analysis of the root cause of income inequality and provides us with the tools to understand that it unjust. Instead of focusing on existing inequality alone, Marxist analysis identifies the very structures that give rise to these inequalities in the first place.

Health inequality has been traditionally interpreted with reference to populations that occupy different economic positions, and economic factors are mentioned by Case and Deaton throughout their study. Examining deaths of despair in Appalachia through a Marxist framework would also diagnose economic issues to be the general cause. Earlier, I discussed the idea that exploitation

experienced by workers leads to feelings of alienation. Alienation causes workers to feel hopeless and understand their lives as meaningless. I think that a Marxist framework would necessarily appeal to capitalism as the root cause for these negative feelings. Case and Deaton mention a slow degradation of ways of life to be connected to feelings of despair, so what exactly is Marxism offering that hasn't already been discussed? By placing deaths of despair into a Marxist context, we can then identify that a social system that serves only the interests of the wealthy class would maintain exploitation (and feelings of alienation) leading to a continuation of despair. Basic economic explanations ignore the exploitation of the working class by the bourgeoisie and fail to address the structural mechanisms that perpetuate inequality. By identifying the underlying structural cause of despair, the Marxist framework for thinking about health provides a new perspective on the common economic diagnosis. This framework is able to outline some sort of solution to inequalities in health; eradicating health injustices (including deaths of despair in Appalachia) requires class relations and exploitation to be exposed, and Marxism gives us the tools to identify these concepts so that they may be exposed.

Conclusion

To summarize the central claim of these two frameworks: Intersectionality assesses the many social determinants of health and views all of the factors as

equiprimordially, equal to one another, and mutually constitutive. Conversely, Marxism sees all social factors impacting health such as socioeconomic position, education level, location, race, among others, to be all the result of an economic issue. I will argue for the idea that Marxism provides the most accurate description of Appalachian despair and provides us with the tools for addressing the economic factors that are influencing the outcomes for other factors. In the following section, I will explore the adequacy of explanation for deaths of despair from both frameworks I have previously discussed. By showing which social determinants of health are producing these outcomes, I will also be able to show that some categories (specifically race) don't seem to be relevant in understanding deaths of despair. The central thesis of intersectionality, that social relations are equal and co-constitutive, is threatened if race (or any social factor) is not equally relevant to other social factors in this discussion. By showing that Intersectionality is less adequate in its explanation within this case, I can then make the claim that an explanation of Appalachian deaths of despair is best explained reductively and in terms of economics, which a Marxist framework provides the best explanatory power to do so.

Part II

‘Strong Argument’ Against Intersectionality

“Race, gender, and class represent the three most powerful organizing principles in the development of cultural ideology worldwide” (Belkhir, 2001). The strongest version of Intersectionality holds that these three factors are completely equiprimordial, which means that they are not hierarchized whatsoever. In other words, they are equally fundamental. If this strong version is right and therefore adequate in its analysis of Appalachian despair, then all three factors should have an obvious, relevant, and direct link to this phenomenon. And if so, it should be apparent that race, gender, and class all have an equal effect in creating it (equally fundamental). So, the question I hope to answer throughout this section can be framed as: Is it accurate to say that race and gender affect deaths of despair equally, compared to class/economic factors? If I can show that any of these factors fall short of this standard, the central thesis of the ‘strong version’ of intersectionality has been seriously undermined.

Starting with race, Case and Deaton’s work explains that deaths of despair have a disproportionate effect on white people. Although minority populations may produce negative health outcomes in other areas of concern, Case and Deaton show through their research how “Over the past quarter century, at least up to 2013,

African Americans did not suffer the relentless increase in deaths of despair that we have documented among whites" (Case & Deaton, 2020). Appalachia is significantly whiter than the rest of the country; 81% of the population here is white (ARC Report, 2018). Because the white population in Appalachia has such a high majority, I assume Case & Deaton's claim can only be made stronger when focusing on deaths of despair in Appalachia alone. Whites do not face the same structural oppression as people of color, yet they are dying deaths of despair at the highest rates. In comparison to people of color, whites have had an advantage historically in receiving higher wages, having better access to health services, and having the freedom to live without the obstacles faced daily by people of color, on the basis of race. Based on this, one might assume that a link between race and Appalachian despair doesn't exist, or at least doesn't have a direct link. Immediately, the strong version of intersectionality has been undermined. Perhaps an indirect link between the two can be established, but this attempt to save intersectionality seems to weaken it further.

Establishing an indirect link between race and despair in Appalachia could be done by making an appeal to 'white privilege' – which refers to certain advantages a white person has (on the basis of race) in a society that has historically promoted racial injustice. Some social identities can produce beneficial outcomes like more opportunity or privilege, whereas other identities can cause

worse outcomes and additional hardships in life. People of color have faced more oppression historically, and the absence of these hardships for white people has resulted in certain advantages in society. People of color face structural oppressions that have resulted in poorer health outcomes compared to whites. These disadvantages could be racism, lower socioeconomic status, less access to resources, or poorer work conditions. Intersectionality holds that these factors are a result of systemic oppression minority groups have faced over time, and affect individuals differently depending which groups they belong to. White privilege doesn't have to look like an advantage, however – it also refers to the mere *absence* of hardships or barriers faced by white people on the basis of race. Nevertheless, mere absence of hardships remains a significant factor.

How can white privilege be indirectly linked to Appalachian Despair? An explanation for despair could be destroyed expectations for Appalachians. Because they have always been in a position of privilege (as absence of hardship relative to other demographics), perhaps they believe that they should be benefitting from this privilege when in reality they are not. It would be wrong to say that inequality or injustice faced by a white person is caused by being white, because a white person cannot experience racial oppression. In other words, being white isn't a sufficient answer to explain why this, or any, inequality is happening to them. They experience massive hardships on the basis of class (*not* race), and the absence of

any kind of benefit to them creates a sense of betrayal, driving individuals to despair. The destroyed expectations of white people in Appalachia seems like it could be part of the explanation for feelings of despair. Even if this is true, however, it's not logical to think that the indirect link white privilege has to this case makes it equiprimordial with economic factors. Another way white privilege could be used to explain this phenomenon is through healthcare. Doctors are more likely to give white people access to opiates and other drugs that develop into addictions, leading to death. The reluctance of doctors to give people of color this same access is rooted in systemic racism along with harmful stereotypes.

I have shown two ways in which white privilege can explain Appalachian despair. First, white Appalachians could have destroyed expectations of how their life 'should' be, based on the idea that they have white privilege and shouldn't be suffering worse outcomes compared to people of color. This betrayal leads to feelings of despair and drives these individuals to use drugs or commit suicide. Second, white people are more likely to receive prescription drugs from doctors, meaning their privilege gives them more access to the things that are killing them. This is a function of their privilege as well, in the sense that they have more access to health care relative to other populations. It is important to note that this outcome in turn creates more vulnerabilities within this group to be exploited by pharmaceutical companies. This vulnerability does not come from the fact that

they are white, but rather their class status. I hope it is becoming clear that my desperate attempts to save intersectionality by appealing to notions of white privilege circle back to economics overall. Both of these explanations are real, and likely experienced by Appalachians, but it would be unreasonable to think that this is creating an equal effect on health outcomes as economic factors.

If race is making an impact at all through white privilege, it's definitely not equiprimordial with other factors, such as economics. By showing that this factor doesn't really fit (at least directly), I have weakened Intersectionality & its central idea that all social factors are equiprimordial. I want to emphasize that I'm not claiming that race and gender have no effect on Appalachian despair. Rather, I am arguing that these factors are simply not equiprimordial with economic factors. This is in opposition with the strong claim of intersectionality: race, gender, and class are completely equiprimordial and not hierarchized whatsoever. In the case of Appalachian deaths of despair, this claim does not hold true. The connection between race and Appalachian despair is secondary, and establishing this indirect link requires an unreasonable appeal to white privilege. Thus, the 'strong version' of intersectionality has been defeated.

Appalachian Culture and the 'Weak' Defense of Intersectionality

If intersectionality is to be saved from being rejected altogether, its central claim has to be weakened. This would require saying that with regard to deaths of despair in Appalachia, many factors could be at play, but some are excluded (race), and they don't all seem to be equal to one another. Now, this 'weak version' of intersectionality is a shortened list of equiprimordial intersecting factors, excluding the equiprimordiality of race and class. To be clear, this version doesn't get rid of equiprimordiality altogether. Instead, it simply narrows its scope if application in order to get a more restrictively intersectional explanation that fits and is relevant to the case at hand, which is Appalachian deaths of despair.

Consequently, I ask what are some other determinates of health outcomes, or social categories, the people of Appalachia belong to? More specifically, are there any factors besides race that could serve as equiprimordial with economic factors?

Appalachia is defined by its culture, not just economic position. Perhaps despair, and the deaths that result from it, are a function of Appalachian culture. Culture can stand as another factor, separate from race, gender, and class. In order to 'save' intersectionality, I must establish that cultural factors are equiprimordial to economic factors with regard to Appalachian despair. Appalachian culture has always included notions of independence, self-sufficiency, and reluctance to accept help. The culture in Appalachia can also be defined as having a 'preferred' way of

life that perpetuates deaths of despair. Another part of Appalachian culture that could be relevant to deaths of despair is the fact that so many Appalachians are uneducated, viewed as ignorant, and therefore unable to act in their own self-interest. It may seem obvious that the low education level in Appalachia should be attributed to economic status, not culture. However, in this sense I am referring to the idea that Appalachians don't have strong values attached to education. Even so, class and culture seem to intersect.

Another large aspect of Appalachian culture is religion. A study on cultural factors influencing health outcomes in southwest Virginia found "Both men and women in the focus groups have a sense of place, strong family ties, and a strong spiritual belief or faith in God" (Coyne, 2006). Because the area is highly religious, many cultural values will have a reflection of religious values from Christianity. Drinking alcohol, taking drugs, and even suicide is not something advocated within this religion, so I believe it adds an element of fear that could be contributing to outcomes of despair. Perhaps not in creating the problem itself, but these feelings of fear could make someone ashamed to seek help. If anything, it seems that a region being highly religious would support outcomes opposite to what is being observed in Appalachia. It is also understandable to think that these strong religious values within the community causes addicts and suicidal people to feel

isolated, ashamed, and afraid to ask for help. Reluctance to seek help combined with suicidal thoughts, or addiction to drugs/alcohol can be deadly.

In order to establish that economics and culture are equiprimordial, I will argue that they are mutually constitutive. In other words, cultural factors can drive economic outcomes in the same way that economic factors can drive cultural outcomes. One theory of how culture influences economic outcomes is the 'culture of poverty' explanation (Lewis, 1966). This is the idea that cultural factors within an impoverished society reinforce and maintain poverty. This could also be understood as the idea that poverty results from individual choices based on cultural values within that society (This is consistent with the account of the weak version of intersectionality, which says intersectionality is a shortened list of equiprimordial intersecting factors, excluding race. This version meets the requirement for equiprimordiality because there isn't a hierarchy of culture and economics. This is illustrated by their mutually constitutive relationship, explained by the 'culture of poverty' account. The factors on the shortened list remain equiprimordial, so this remains a weak (but still viable) version of Intersectionality rather than a complete rejection of it all together.

Exhausting several ways in which intersectionality might be able to explain Appalachian deaths of despair has allowed me to show that all versions of this framework provide weak explanations. Attempting to save intersectionality by

limiting it to a few factors without hierarchy is only convincing when you accept the idea that cultural and economic factors are truly equiprimordial. Accepting the 'culture of poverty' argument feels a lot like blaming the victims of poverty for their condition. Even if I concede that some aspects Appalachian culture/values promote ideas of continued poverty, it does not give me enough reason to think that culture has an *equiprimordial* influence on economic factors. In the next section, I will discuss examples to support the idea that Appalachian culture has been shaped by economic exploitation.

Marxist Rejection of the 'Weak' Intersectionality Thesis

Having rejected the appeal to the equiprimordiality of culture and economics in the 'weak' defense of intersectionality, I now return to Marxism and the primacy of economics. Returning to Marxism, I won't say that everything reduces completely to economic terms because the implication of this is that other factors can be excluded tout court. Instead of making the 'bold' claim that everything is reducible in every respect, I dismiss the weak intersectional explanation by using an 'economic deterministic' interpretation of base and superstructure in Marx to show how economics and culture are inherently hierarchized. This will allow me to reveal the success of Marxist explanation in this case.

Economic determinism is the idea that factors outside of one's control (specifically, economic factors) causally determine their thoughts, actions, and ideas. "On this interpretation, Marx's thesis is that people's thoughts and actions, their political behavior as well as their moral, religious and philosophical convictions, are all causally determined by economic facts, while these actions and convictions themselves exercise no influence whatever on the economic situation" (Wood, 2013). Thoughts, actions, and ideology are all part of society's superstructure, which Marx distinguishes from the economic base of society. This understanding of society considers economic forces to be the foundation on which the superstructure grows. So, what is the distinction between the economic base and superstructure of society? The superstructure consists of a society's culture, laws, morals, religions, ideologies, etc. Conversely, the economic base consists of the 'relations of production' (Wood, 2013). Relations of production refers to the relationships between people to reproduce their means of life, and Marx describes the way in which these relations form the basis of society:

> The totality of these relations of production constitutes the economic structure of society, the real foundation, on which arises a legal and political superstructure, and to which correspond definite *forms of social consciousness*. The mode of production of material life conditions the general process of social, political, and intellectual life. It is not the consciousness of

men that determines their existence, but their social existence that determines their consciousness” (Marx, 1970).

Nevertheless, Marx also allows that base and superstructure may subsequently enter a reciprocal relationship. According to Marx, base determines superstructure, but superstructure may then exert some lesser, non-determinative influence over the base. This means Marxism doesn't need to deny the importance of culture as a superstructural factor, but rather sees an interaction between it and the economic base. Culture and economics interact, but the economic base remains the primary historical driver. If this is right, then Appalachian culture and economics are not equiprimordial after all. The economic exploitation of the region has fostered a particular culture that is now an epiphenomenal explainer of despair. So, economic factors have contributed to a unique Appalachian culture, which promotes certain kinds of values that perhaps rebound on the economic base. In sum, Marxism allows there is a reciprocal interaction between base and superstructure, but economics remains the predominant explanatory factor.

Indeed, despite such reciprocity, Marx’s conception of society necessarily remains hierarchized by base and superstructure, which is in opposition with the central idea of intersectionality. To be sure, he doesn’t explicitly talk about a hierarchy of base and superstructure, but the way in which their relationship is described suggests a hierarchy of explanation. The superstructure is more like the

epiphenomenon, or the biproduct of the economic base notwithstanding its subsequent influence over the base. This essentially means that one is more fundamental than the other. Marx is talking about a hierarchal relationship, but by using somewhat indirect language. The attempt from the previous section to save intersectionality was to weaken it by limiting it to a few relevant factors, but this does not work if the remaining factors are disqualified as equiprimordial – that is, without any trace of hierarchy. However, the Marxist explanation shows us that there is a hierarchy, to the extent culture is the epiphenomenon of economics. By making this claim, I have rejected the weakened version of intersectionality.

My personal rejection of the intersectional explanation lies within the idea that Appalachian people have cultural characteristics that lead them to a fate of poverty. Accepting even the weakest version of Intersectionality indirectly points blame at Appalachians for this poverty and relies on the idea that Appalachian culture is ingrained with laziness, stubbornness, and other values that keep the cycle of despair going. In other words, accepting the weak version of intersectionality requires us to accept two premises: That Appalachia has cultural values that reinforce poverty, and these cultural values are of enough significance to be equiprimordial to economic factors when determining health outcomes. Although I have made my personal conviction clear, the question of whether Appalachia actually possesses cultural values that reinforce poverty is a conceptual

debate that I would rather not focus on for the purposes of this project. Instead, I have provided reasons to reject intersectional explanation by showing that culture and economic forces are not equiprimordial. I am concerned with the adequacy of explanation, and Marxism is clearly better in its explanatory power with regard to the subject of deaths of despair in Appalachia. At least within this case study, the underlying causes of Appalachian deaths of despair seems to be reducible to economic explanations. Forcing a weak and disjointed account that supports equiprimordiality takes away from the true issue in a Marxist explanation: the economic conditions that give rise to the social relations as they exist.

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