

# pauperdom

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### Etymology

*pauper* + *-dom*

### Noun

**pauperdom** (*uncountable*)

1. The state of being a pauper.

### Synonyms

- pauperhood

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# pauper

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### Middle English

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## English

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### Etymology

Borrowed from [Latin](#) *pauper* (“poor”)<sup>[1]</sup> (whence also *poor*), ultimately from [Proto-Indo-European](#) *\*peh₂w-* (“few, small”).

### Pronunciation

- (Received Pronunciation) IPA<sup>(key)</sup>: /'pɔːpə/
- (US) IPA<sup>(key)</sup>: /'pɔpə/
- (US, cot–caught merger, Canada) IPA<sup>(key)</sup>: /'pɑpə/
  - Homophone: popper
- Rhymes: -ɔːpə(ɹ)

## Noun

**pauper** (*plural paupers*)

1. One who is extremely poor.
2. One living on or eligible for public charity.

## Synonyms

- (*one who is poor*): see Thesaurus:pauper

## Related terms

- pauperism

## Related terms

English terms derived from the Proto-Indo-European root \*peh₂w- (0 c, 48 e)

English words prefixed with pauci-

## Translations

### one who is extremely poor

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>▪ Arabic: <u>فَقِير</u> <sup>(ar)</sup> <i>m.</i> (faqīr)</li> <li>▪ Belarusian: <u>жабра́к</u> <i>m.</i> (žabrák), <u>галя́к</u> <i>m.</i> (halják), <u>бядáк</u> <i>m.</i> (bjadák), <u>бэ́дны</u> <i>m.</i> (bjédny)</li> <li>▪ Bulgarian: <u>бедня́к</u> <sup>(bg)</sup> <i>m.</i> (bednják), <u>сиромáх</u> <sup>(bg)</sup> <i>m.</i> (siromáh)</li> <li>▪ Cherokee: <u>ᎠᎵᎠ ᎠᎵᎠᎵᎠᎵᎠ</u> (uyó iyudvhnadegi)</li> <li>▪ Chinese:           <p>Mandarin: <u>窮光蛋</u> <sup>(zh)</sup>, <u>穷光蛋</u> <sup>(zh)</sup> (qióngguāngdàn), <u>窮鬼</u> <sup>(zh)</sup>, <u>穷鬼</u> <sup>(zh)</sup> (qióngguǐ)</p> </li> <li>▪ Czech: <u>chud'as</u> <sup>(cs)</sup> <i>m.</i>, <u>chudák</u> <sup>(cs)</sup> <i>m.</i></li> <li>▪ Danish: <u>fattiglem</u> <i>n</i>, <u>fattiglus</u> <i>ç</i></li> <li>▪ Estonian: <u>kerjus</u></li> <li>▪ Finnish: <u>tyhjätasku</u>, <u>keppikerjäläinen</u> <sup>(fi)</sup>; <u>rutiköyhä</u> <sup>(fi)</sup> (<i>adj.</i>)</li> </ul> | <ul style="list-style-type: none"> <li>▪ Latin: <u>pauper</u> <sup>(la)</sup> <i>m. or f</i></li> <li>▪ Maori: <u>pō(w)hara</u></li> <li>▪ Norwegian:           <p>Bokmål: <u>fattiglem</u> <i>n</i></p> </li> <li>▪ Persian: <u>بدبخت</u> <sup>(fa)</sup> (badbaxt), <u>بی‌نوا</u> (bi-navâ)</li> <li>▪ Polish: <u>biedak</u> <sup>(pl)</sup> <i>m.</i>, <u>nędzarz</u> <sup>(pl)</sup> <i>m.</i>, <u>ubogi</u> <sup>(pl)</sup> <i>m.</i>, <u>żebrak</u> <sup>(pl)</sup> <i>m.</i></li> <li>▪ Portuguese: <u>indigente</u> <sup>(pt)</sup> <i>m. or f</i></li> <li>▪ Russian: <u>ни́щий</u> <sup>(ru)</sup> (níščij), <u>бедня́к</u> <sup>(ru)</sup> <i>m.</i> (bednják), <u>бэ́дный</u> <sup>(ru)</sup> <i>m.</i> (bédnyj), <u>неи́мущий</u> <sup>(ru)</sup> (neimúščij), <u>нужда́ющийся</u> <sup>(ru)</sup> (nuždájuščijsja)</li> </ul> |
|---|---|

- French: *pauvre* <sup>(fr)</sup> *m. or f.*, *indigent* <sup>(fr)</sup> *m.*
- German: *Bettelknabe* <sup>(de)</sup> *m.*, *Armer* <sup>(de)</sup> *m.*
- Greek: *πέννης* <sup>(el)</sup> *m.* (pénis)

Ancient: *πέννης* *m.* (pénēs)

- Italian: *indigente* <sup>(it)</sup> *m. or f.*, *poveraccio* <sup>(it)</sup> *m.*, *povero* <sup>(it)</sup> *m.*, *nullatenente* <sup>(it)</sup> *m.*, *bisognoso* <sup>(it)</sup> *m.*
- Japanese: *貧民* <sup>(ja)</sup> (*ひんみん*, hinmin), *貧困者* (*ひんこんしゃ*, hinkonsha), *貧者* <sup>(ja)</sup> (*ひんじゃ*, hinja)
- Korean: *빈자* <sup>(ko)</sup> (binja), *빈민* <sup>(ko)</sup> (binmin), *극빈자* <sup>(ko)</sup> (geukbinja)

- Serbo-Croatian:

Cyrillic: *сиромаш* *m.*  
Roman: *siromah* <sup>(sh)</sup> *m.*

- Slovak: *chudák* *m.*
- Slovene: *revež* *m.*, *berač* <sup>(sl)</sup> *m.*
- Spanish: *indigente* <sup>(es)</sup> *m. or f.*
- Swahili: *fukara* <sup>(sw)</sup>
- Swedish: *fattiglapp* <sup>(sv)</sup> *ç*, *fattighjon* <sup>(sv)</sup>
- Turkish: *düşkün* <sup>(tr)</sup>, *fukara* <sup>(tr)</sup>
- Ukrainian: *бідняк* <sup>(uk)</sup> *m.* (bidnják), *бідний* <sup>(uk)</sup> *m.* (bídnyj)
- Westrobothnian: *almasjöun* *n.*, *almęsjugn* *n.*
- Yiddish: *אַרעמאַן* *m.* (oreman)

#### one living on or eligible for public charity

- Finnish: *sosiaaliturvan varassa elävä* (*living on charity*); *sosiaaliturvaan oikeutettu* (*eligible*)
- German: *Unterstützungsempfänger* *m.*
- Greek: *άπορος* <sup>(el)</sup> *m.* (áporos), *ζητιάνος* <sup>(el)</sup> *m.* (zitiános)
- Italian: *indigente* <sup>(it)</sup> *m. or f.*
- Persian: *مستحق* <sup>(fa)</sup> (mostahaq), *نیازمند* <sup>(fa)</sup> (niyâzmand)

*The translations below need to be checked and inserted above into the appropriate translation tables, removing any numbers. Numbers do not necessarily match those in definitions. See instructions at [Wiktionary:Entry layout § Translations](#).*




#### Translations to be checked

- Dutch: (please [verify](#)) *pauper* <sup>(nl)</sup>

## References

- <sup>^</sup> “pauper (<https://www.etymonline.com/word/pauper>)” in Douglas Harper, *Online Etymology Dictionary*, 2001–2021.

## Further reading

-  **Pauperism** on Wikipedia.
-  **Poverty threshold** on Wikipedia.
-  **Measuring poverty** on Wikipedia.

## Dalmatian

### Alternative forms

- poper*

## Etymology

From Latin *pauper*.

## Adjective

**pauper**

1. poor
- 

## Latin

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### Etymology

From Proto-Italic *\*pawoparos*, from Proto-Indo-European *\*peh₂w-* (“few, small”) (English *few*).

### Pronunciation

- (*Classical*) IPA<sup>(key)</sup>: /'paʊ.per/, ['paʊ.pɛr]
- (*Ecclesiastical*) IPA<sup>(key)</sup>: /'paʊ.per/, ['paʊ.pɛr]

### Adjective

**pauper** (*genitive* **pauperis**, *comparative* **pauperior**, *superlative* **pauperrimus**); *third-declension one-termination adjective (non-i-stem)*

1. poor

### Declension

Third-declension one-termination adjective (non-i-stem).

Number	Singular		Plural	
	Masc./Fem.	Neuter	Masc./Fem.	Neuter
Nominative	pauper		pauperēs	paupera
Genitive	pauperis		pauperum	
Dative	pauperī		pauperibus	
Accusative	pauperem	pauper	pauperēs	paupera
Ablative	paupere		pauperibus	
Vocative	pauper		pauperēs	paupera

- In Late or Vulgar Latin, this third declension adjective seems to have been regularized to first/second declension, like in the attested forms *pauperus* and *paupera*

## Derived terms

- pauperculus
- pauperiēs
- paupertās

## Related terms

- paucus

## Descendants

- Asturian: probe
- Catalan: pobre
- Franco-Provençal: pouvro
- Friulian: puar, pùar
- Istriot: puovari
- Italian: povero
- Lombard: pòor, pòr, pòver, , pòvar, poret, , poaret
- Occitan: paure
- Old French: povre
  - → Middle English: povre
    - English: poor
    - Scots: puir
  - French: pauvre
  - Norman: pouôrre, pauvre
  - Walloon: pôve
- Old Portuguese: pobre
  - Fala: pobri
  - Galician: pobre
  - Portuguese: pobre
- Piedmontese: pòver, pòr, povr
- Romansch: pover
- Sardinian: poaru, pobaru, poberu
- Sicilian: pòviru, pòvuru, povru
- Spanish: pobre
- Venetian: pore, poro, poaro, povaro
  - → Dalmatian: pauper
  - → English: pauper
  - → Romanian: pauper
  - → Romansch: pauper

## References

- pauper (<http://www.perseus.tufts.edu/hopper/text?doc=Perseus:text:1999.04.0059:entry=pauper>) in Charlton T. Lewis and Charles Short (1879) *A Latin Dictionary*, Oxford: Clarendon Press
- pauper (<http://www.perseus.tufts.edu/hopper/text?doc=Perseus:text:1999.04.0060:entry=pauper>) in Charlton T. Lewis (1891) *An Elementary Latin Dictionary*, New York: Harper & Brothers
- pauper (<http://micmap.org/dicfro/search/gaffiot/pauper>) in Gaffiot, Félix (1934) *Dictionnaire illustré Latin-Français*, Hachette
- Carl Meissner; Henry William Auden (1894) *Latin Phrase-Book*<sup>[1]</sup> (<https://www.gutenberg.org/files/50280/50280-h/50280-h.htm>), London: Macmillan and Co.
  - to raise a man from poverty to wealth: *aliquem ex paupere divitem facere*

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## Middle English

## Noun

### pauper

1. *Alternative form of paper*
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**... this book contains only Upanishadic thoughts, sharply focussed. This is a spirituality acceptable to the sharpest of intellects, also. Here it is not a matter of faith. This is tangible ... can be touched, felt, experienced most directly. This is a way out from the spiritual pauperity with which the world is flooded.**

**~ P. Devesan. *The Eye of the Universe: Brahmagydia Meditation & its Upanishadic base.* Trivandrum/Thiruvananthapuram, India: St. Joseph's Press. 2013. Smashwords ebook edition.**



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Tipo do documento:	Dissertação
Título:	O abandono do tratamento nos Centros de Atenção Psicossocial Álcool e Outras Drogas - CAPS AD: o que buscam os(as) usuários(as), o que fazem as(os) psicólogas(os)?
Autor:	Pessoa, Paulo José Barroso de Aguiar
Primeiro orientador:	Passos, Maria Consuelo
Primeiro membro da banca:	Queiroz, Edilene Freire de
Segundo membro da banca:	Cartaxo, Charménia Maria Braga
Resumo:	O uso/abuso de drogas no Brasil revela-se um grande problema de saúde pública e os locais que acolhem e tratam a dependência química são os Centros de Atenção Psicossocial Álcool e outras Drogas-CAPS AD. Um fenômeno constante nestes espaços de cuidado é o abandono do tratamento por parte dos(as) usuários(as) que buscam atendimento. O objetivo deste trabalho foi compreender a relação entre o abandono do tratamento por parte dos(as) usuários(as) e o cuidado ofertado pelas(os) psicólogas(os) no CAPS AD. Para tanto, buscamos de forma específica visualizar o lugar do CAPS AD no sistema público de saúde a partir da reforma psiquiátrica brasileira e da lógica da redução de danos; entender o fazer das(os) psicólogas(os) nos serviços e também entender o que se denomina por abandono do tratamento. Foram realizadas entrevistas com 08 (oito) profissionais psicólogas(os) que atuam nos CAPS AD do município do Recife-PE que atendem a população adulta. A partir das entrevistas semiestruturadas realizadas e analisadas a partir do referencial da psicanálise, foi percebido, de acordo com a visão das(os) entrevistadas(os), que o abandono do tratamento é fruto da dinâmica de vida dos(as) usuários(as) e do sucateamento dos serviços que impedem a permanência dos mesmos nos CAPS AD.
Abstract:	The use/abuse of drugs is a great public health problem in Brazil, and the treatment sites for drug addiction are the Centros de Atenção Psicossocial Álcool e outras Drogas – CAPS AD. A constant phenomenon in these spaces is treatment abandonment by those that seek assistance. The objective of this work was to comprehend the relation between treatment abandonment and the care offered by the psychologists on the CAPS – AD. The methodological path included understanding the specific locus of CAPS – AD in Brazilian public health system considering the psychiatric reform movement and harm reduction strategy, the work of the psychologists within the centers and the shared understanding of what is considered treatment abandonment. Semistructured interviews were conducted with eight psychologist that work in the community centers in Recife-PE, serving the adult population. The analysis, under psychoanalytic framework, concluded that, from the perspective of the psychologists interviewed, treatment abandonment is due to drug users life style and the pauperity of the community centers.
Palavras-chave:	Dissertações Psicologia clínica Psicanálise social Drogas - Abuso - Aspectos sociais Dissertations Clinical psychology Social psychoanalysis Drugs - Abuse - Social aspects
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Programa:	Mestrado em Psicologia Clínica
Citação:	PESSOA, Paulo José Barroso de Aguiar. O abandono do tratamento nos Centros de Atenção Psicossocial Álcool e Outras Drogas - CAPS AD : o que buscam os(as) usuários(as), o que fazem as(os) psicólogas(os)? 2019. 87 f. Dissertação (Mestrado) - Universidade Católica de Pernambuco. Programa de Pós-graduação em Direito. Mestrado em Direito, 2019.
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## ‘A Considerable Degree Removed from Pauperism’?: The Social Profile of Fee-Paying Patients

During the 1857–1858 commission, Nugent emphasised the permeability of class boundaries among asylum patients. When asked if he considered paying patients in district asylums to be ‘generally of a class little above paupers’, Nugent replied:

Very little above paupers. A man has sixty or eighty acres of ground; his beneficial interest in that will probably be £120 or £130 a-year, out of which he has to maintain himself, his wife and probably four or five children. That man cannot swear that he is a pauper and if he has a lunatic child, he offers at an asylum as much as he would expend on that child in his own house.

The commissioners pressed this point, querying whether this man would not be ‘a considerable degree removed from pauperism’ but Nugent clarified his statement, stressing that ‘if he is obliged to pay £40 or £50 a-year for one lunatic child, he will be doing a gross injustice to his wife and other children and he will be pauperising himself and family’.<sup>1</sup> Nugent was suggesting that patients’ financial circumstances should not be measured in isolation, but rather in terms of their family unit and the number of dependents outside, as well as inside, the asylum.<sup>2</sup>

Social categories such as ‘higher orders’, ‘lunatic poor’ and ‘the great class which lies between’ are often misleading and should not be misread as signposts of social class.<sup>3</sup> As Melling and Forsythe have found in their analysis of four Devon asylums, asylum populations should also be understood in relation to their occupational status, economic resources,

the social and collective resources available, their market power and employment status.<sup>4</sup> While examination of patients' former occupations therefore offers some indication of their socio-economic background, these data must be interpreted sensitively. This chapter's primary concern is to identify the various social groups committed to district, voluntary and private asylums. For these purposes, analysis of the socio-economic profile of paying patients, their land and business interests and their maintenance fees serves to highlight, rather than define, social diversity within asylum populations.

Based on her survey of the lunacy inspectors' reports, Walsh has argued that private asylum patients in Ireland were predominantly male and single.<sup>5</sup> Malcolm has found that patients admitted to St Patrick's (voluntary asylum) during the 1870s and 1880s were typically members of the Church of Ireland, female and single.<sup>6</sup> Building on these analyses, this chapter provides the first comparative study of paying patients admitted to nine Irish asylums: Belfast, Ennis, Enniscorthy and Richmond district asylums, Stewarts and Bloomfield voluntary asylums and St John of God's, Hampstead and Highfield private asylums. Drawing heavily on statistics gleaned from asylum records (for methodology, see Appendix A), it charts admissions in two phases: the first to Bloomfield and Hampstead between 1826 and 1867, and the second to the nine asylums studied between 1868 and 1900. In doing so, it explores patients' gender, marital status, religious denomination and former occupation.

## GENDER AND FAMILY TIES

Historians of psychiatry have long placed value on surveys of asylum patients' gender. In her study of residence rates, medical texts and literature, Elaine Showalter has suggested that doctors in Victorian England considered women to be particularly prone to insanity, giving rise to its depiction as a 'female malady'.<sup>7</sup> Busfield has disputed this finding, attributing women's numerical predominance in English asylums to mounting numbers of female patients who tended to stay longer.<sup>8</sup> These findings also apply to private asylums.<sup>9</sup> Commenting on Ticehurst patients, MacKenzie has suggested that 'families who were dependent on a male breadwinner for a high income may have felt it worth staking a considerable proportion of their financial resources on the chance of a cure'.<sup>10</sup> Similarly, Walsh has posited that the higher proportion of men in Irish private asylums might reflect families' greater willingness to pay for male relatives' treatment due to their 'greater economic importance'.<sup>11</sup>

From 1826 to 1867, the Hampstead private asylum admitted more men (65%) than women, while the Bloomfield voluntary asylum received more women (61.1%) than men. These trends changed little over the century, despite the continued expansion of asylum care and sanctioning of paying patients in district asylums. Between 1868 and 1900, approximately 60% of paying patients admitted to the district asylums studied were male (see Table 4.1) with little regional variation. This is especially striking given that there were more women in Ireland in this period.<sup>12</sup> It conforms broadly to surveys of total district asylum populations (pauper and paying patients), which have identified a predominance of male admissions.<sup>13</sup> St John of God's asylum limited admissions to men only and, taken together, sister asylums Highfield, which admitted women only, and Hampstead, which admitted men only after Highfield was established, had a wide disparity between the sexes: 66.8% of first admissions were men. These findings support those of MacKenzie and Walsh in suggesting that families were more willing to procure expensive private asylum care for their male relatives.<sup>14</sup>

Although Walsh has suggested that there were fewer women in private asylums because they were easier to care for at home,<sup>15</sup> there is scant evidence to support this contention. The two voluntary asylums, Stewarts and Bloomfield, admitted more women than men. Moreover, the very existence of St Vincent's voluntary asylum, which catered exclusively for women, signifies the willingness of families to purchase asylum care for women. In her study of the York Retreat, Anne Digby contends that while families considered expensive medical treatment as a 'form of investment particularly suited for the male bread-winner, the subsidised treatment available at the Retreat was an inducement for women to be

**Table 4.1** Gender of first admissions to the case studies, 1868–1900

<i>Asylum</i>	<i>Male</i>	<i>(%)</i>	<i>Female</i>	<i>(%)</i>
Paying patients in district asylums	418	60.1	278	39.9
Stewarts	177	40.1	264	59.9
Bloomfield	90	35.6	163	64.4
St John of God's <sup>a</sup>	405	100.0	0	0.0
Hampstead and Highfield	219	66.8	109	33.2
Total	1309	100.0	814	100.0

Compiled from Belfast, Ennis, Enniscorthy, Richmond, Stewarts, Bloomfield, St John of God's and Hampstead admissions registers, 1868–1900

<sup>a</sup> The first admission to St John of God's was in 1885

sent there'.<sup>16</sup> Digby's argument goes some way towards accounting for the larger number of women admitted to Bloomfield and Stewarts.

Yet it would be mistaken to argue that families were simply unwilling to invest larger amounts in the care of their female relatives. As Table 4.2 indicates, male district asylum patients were only marginally more likely to be maintained at high rates (over £20). Stewarts and Bloomfield tended to charge comparable rates for women and men, while women were among those maintained at the highest fees in both asylums (see Table 4.3). Women and men at Highfield and Hampstead, meanwhile, had almost equal chances of being maintained at over £100 per annum

**Table 4.2** Known maintenance fees by gender of paying patients admitted to Belfast, Ennis, Enniscorthy and Richmond district asylums, 1868–1900<sup>a</sup>

<i>Fees per annum</i>	<i>Male</i>	<i>(%)</i>	<i>Female</i>	<i>(%)</i>	<i>Total</i>	<i>(%)</i>
£12 or less	93	36.8	70	35.0	163	36.0
£12–£20	68	26.9	77	38.5	145	32.0
Over £20	92	36.4	53	26.5	145	32.0
Total	253	100.0	200	100.0	453	100.0

Compiled from Belfast, Enniscorthy and Richmond Minute Books, Enniscorthy and Richmond superintendent's notices and Belfast, Ennis, Enniscorthy and Richmond admissions registers

<sup>a</sup>Maintenance fees are recorded for 65.1% of the sample

**Table 4.3** Known maintenance fees by gender of first admissions to Bloomfield and Stewart's, 1868–1900<sup>a</sup>

<i>Fees per annum</i>	<i>Bloomfield</i>				<i>Stewarts</i>			
	<i>Male</i>	<i>(%)</i>	<i>Female</i>	<i>(%)</i>	<i>Male</i>	<i>(%)</i>	<i>Female</i>	<i>(%)</i>
Free	4	4.9	2	1.4	0	0.0	0	0.0
Under 20	0	0.0	0	0.0	0	0.0	2	1.0
20–25	1	1.2	0	0.0	0	0.0	6	2.9
26–40	5	6.2	6	4.1	8	6.4	17	8.1
41–60	8	9.9	8	5.4	98	78.4	168	80.0
61–100	9	11.1	28	18.9	17	13.6	16	7.6
101–150	19	23.5	52	35.1	2	1.6	0	0.0
151–200	35	43.2	51	34.5	0	0.0	1	0.5
201–240	0	0.0	1	0.7	0	0.0	0	0.0
Total	81	100.0	148	100.0	125	100.0	210	100.0

Compiled from Bloomfield and Stewarts admissions registers and financial accounts

<sup>a</sup>Maintenance fees are recorded for 89.4% of first admissions to Bloomfield and 74.2% of first admissions to Stewarts

in these asylums (see Table 4.4). Maintenance fees for those admitted to St John of God's are not recorded, though as seen in Chap. 3, this asylum reportedly charged its all-male patient population between approximately £50 and £150 per annum, underscoring a market for less expensive asylum care for men. These findings highlight wealthier Irish families' readiness to pay significant sums towards the care of their female—as well as male—relatives.

**Table 4.4** Known maintenance fees by gender of first admissions to Hampstead and Highfield, 1868–1900<sup>a</sup>

<i>Fees per annum</i>	<i>Male</i>	<i>(%)</i>	<i>Female</i>	<i>(%)</i>	<i>Total</i>	<i>(%)</i>
£26–£50	0	0.0	1	4.8	1	2.6
£50–£100	2	11.1	2	9.5	4	10.3
£100–£200	9	50.0	7	33.3	16	41.0
£200–£300	4	22.2	8	38.1	12	30.8
Over £300	3	16.7	3	14.3	6	15.4
Total	18	100.0	21	100.0	39	100.0

Compiled from Hampstead and Highfield admissions registers and financial accounts

<sup>a</sup>Maintenance fees are recorded for 11.9% of first admissions to Hampstead and Highfield

**Table 4.5** Known marital status by gender of first admissions to the case studies, 1868–1900 and in the Irish census, 1871–1901

<i>Asylum</i>	<i>Married (%)</i>			<i>Single (%)</i>			<i>Widowed (%)</i>		
	<i>Male</i>	<i>Female</i>	<i>Total</i>	<i>Male</i>	<i>Female</i>	<i>Total</i>	<i>Male</i>	<i>Female</i>	<i>Total</i>
Paying patients in district asylums	26.0	30.9	28.0	70.0	55.6	64.2	4.0	13.5	7.8
Stewarts	22.4	25.8	24.5	73.3	57.8	63.9	4.2	16.4	11.6
Bloomfield	28.9	36.3	33.6	62.2	52.8	56.1	8.9	11.0	10.3
St John of God's <sup>a</sup>	27.1	0.0	27.1	67.6	0.0	67.6	5.3	0.0	5.3
Hampstead and Highfield	42.1	42.6	42.3	52.8	49.1	51.5	5.1	8.3	6.2
Irish census	27.4	27.0	27.2	68.8	63.5	66.1	3.9	9.5	6.7

Compiled from Belfast, Ennis, Enniscorthy, Richmond, Stewarts, Bloomfield, St John of God's and Hampstead admissions registers 1868–1900; *Irish Historical Statistics: Population, 1821–1971*, W.E. Vaughan and A.J. Fitzpatrick (eds.) (Dublin, 1978), pp. 88–89

<sup>a</sup>The first admission to St John of God's was in 1885

**Table 4.6** Maintenance fees by gender by marital status of first admissions to the case studies, 1868–1900

<i>Fees</i>	<i>Female (%)</i>				<i>Male (%)</i>			
	<i>Married</i>	<i>Single</i>	<i>Widowed</i>	<i>Total</i>	<i>Married</i>	<i>Single</i>	<i>Widowed</i>	<i>Total</i>
Less than £50	64.0	71.1	66.2	68.3	72.4	77.4	63.6	75.5
£51–£100	9.3	10.1	14.3	10.4	11.2	7.8	9.1	8.8
£100–£200	23.8	17.6	18.2	19.6	14.7	13.2	27.3	14.2
More than £200	2.9	1.3	1.3	1.8	1.7	1.6	0.0	1.5
Grand total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Compiled from Belfast, Ennis, Enniscorthy and Richmond admissions registers, minute books and superintendent's notices

Being married or single had further implications for the amounts contributed towards maintenance. While Malcolm has found that district asylum patients of both sexes were more likely to be single, reflecting 'the trend towards celibacy strongly evident in the general Irish population after the Famine', Cox has shown that single men during this period were 'particularly vulnerable to institutionalisation' in district asylums, a trend which she identifies as pre-dating declining marriage rates in Irish society and being linked to the use of dangerous lunatic certification.<sup>17</sup> Between 1826 and 1867, patients committed to Bloomfield (62%) and Hampstead (62.2%) were more often single. Single men were more likely to be committed to Hampstead and single women to Bloomfield. The marital status of first admissions changed little in the second period. Table 4.5 indicates that from 1868 to 1900 there was a predominance of single first admissions to all the asylums studied. However, except for Hampstead House, these figures were close to average for the population of Ireland. In fact, bachelors were underrepresented among first admissions to Bloomfield, Hampstead and St John of God's, deviating from the profile of district asylum populations in Ireland.

The story is similar for women admitted to the asylums. Apart from Stewarts, married women were over-represented, implying wives were more vulnerable to committal, especially to expensive asylums. This predominance of husbands and wives deviates from English contexts, where there was a preponderance of single women admitted to Ticehurst and over two-thirds of woman admitted to Wonford House private asylum near Exeter were single.<sup>18</sup> Digby has found that wives were also less

**Table 4.7** Known religious persuasion of first admissions to the case studies, 1868–1900

<i>Asylum</i>	<i>Catholic (%)</i>	<i>Church of Ireland (%)</i>	<i>Presbyterian (%)</i>	<i>Methodist (%)</i>	<i>Quaker (%)</i>	<i>Other<sup>b</sup> (%)</i>
Belfast Antrim (1901 census)	8 20.59	24 20.90	42 28.2	6 49.4	1 7.1	4 1.2
Ennis	130 92.2	11 7.8	0 0	0 0	0 0.0	0 0.0
Clare (1901 census)	97.98	1.81	0.14	0.04	0.03	0.03
Enniscorthy Wexford (1901 census)	81 91.67	29 7.55	0 0.26	0 0.33	0 0.0	0 0.19
Richmond Dublin (1901 census)	193 70.37	121 23.91	7 2.27	4 2.27	1 1.47	6 1.98
Ireland (1901 census)	74.21	13.03	9.94	1.39	1.43	1.43
Stewarts	30 17.5	126 73.7	8 4.7	3 1.8	1 0.6	3 1.8
Bloomfield	1 3.6	8 28.6	2 7.1	1 3.6	15 53.6	1 3.6
St John of God's <sup>a</sup>	65 97.0	2 3.0	0 0.0	0 0.0	0 0.0	0 0.0
Hampstead/Highfield	81 20.5	63 71.6	1 1.1	0 0.0	2 0.0	4 2.3

Compiled from Belfast, Ennis, Enniscorthy, Richmond, Stewarts, Bloomfield, St John of God's, Hampstead and Highfield admissions registers

<sup>a</sup> The first admission to St John of God's was in 1885

<sup>b</sup> Includes Baptist, Dissenter, Jesuit, Jewish, Unitarian, Exclusive Brethren, Episcopalian



**Table 4.8** Former occupation of male first admissions to the case studies, 1868–1900

<i>Occupation</i>	<i>District Asylums</i>	<i>Stewarts (%)</i>	<i>Bloomfield (%)</i>	<i>St John of God's (%)</i>	<i>Hampstead (%)</i>	<i>Total (%)</i>						
Army	64	15.3	3	1.7	5	5.6	1	0.2	17	7.8	90	6.9
Church	4	1.0	1	0.6	3	3.3	63	15.6	12	5.5	83	6.3
Class specified	2	0.5	46	26.0	3	3.3	20	4.9	21	9.6	92	7.0
Clerk	20	4.8	20	11.3	8	8.9	33	8.1	14	6.4	95	7.3
Farmer	77	18.4	28	15.8	2	2.2	51	12.6	14	6.4	172	13.1
In trade	55	13.2	28	15.8	28	31.1	112	27.7	30	13.7	253	19.3
Labourer	12	2.9	1	0.6	0	0.0	0	0.0	0	0.0	13	1.0
Law	3	0.7	3	1.7	8	8.9	6	1.5	18	8.2	38	2.9
Medicine	1	0.2	7	4.0	4	4.4	14	3.5	12	5.5	38	2.9
Navy	3	0.7	2	1.1	0	0.0	0	0.0	3	1.4	8	0.6
No occupation	46	11.0	4	2.3	15	16.7	26	6.4	27	12.3	118	9.0
Not recorded	11	2.6	0	0.0	1	1.1	6	1.5	0	0.0	18	1.4
Other occupation	20	4.8	23	13.0	12	13.3	49	12.0	38	17.4	142	10.8
Penisoner	30	7.2	0	0.0	0	0.0	3	0.7	0	0.0	33	2.5
Police	31	7.4	1	0.6	0	0.0	3	0.7	1	0.5	36	2.8
Son of	26	6.2	5	2.8	0	0.0	0	0.0	1	0.5	32	2.4
Student	13	3.1	5	2.8	1	1.1	15	3.7	9	4.1	43	3.3
Unclear	0	0.0	0	0.0	0	0.0	3	0.7	2	0.9	5	0.4
Total	418	100.0	177	100.0	90	100.0	405	100.0	219	100.0	1309	100.0

Compiled from Belfast, Ennis, Enniscorthy, Richmond, Stewarts, Bloomfield, St John of God's and Hampstead admissions registers

**Table 4.9** Known maintenance fees for male farmer first admissions to Belfast, Ennis, Enniscorthy and Richmond district asylums, 1868–1900

<i>Fees per annum</i>	<i>Belfast</i>	<i>(%)</i>	<i>Ennis</i>	<i>(%)</i>	<i>Enniscorthy</i>	<i>(%)</i>	<i>Richmond</i>	<i>(%)</i>	<i>All</i>	<i>(%)</i>
Less than £12	1	50.0	19	76.0	3	17.6	3	37.5	26	50.0
£12 – £20	1	50.0	4	16.0	7	41.2	0	0.0	12	23.1
Over £20	0	0.0	2	8.0	4	41.2	5	62.5	14	26.9

Compiled from Belfast, Ennis, Enniscorthy and Richmond admissions registers, minute books and superintendent's notices

prone to committal to the York Retreat, possibly reflecting their responsibility for children and the household. Interestingly, Digby characterises this finding as 'a thought-provoking corrective to contemporary alarmist literature on asylums, which often emphasised the abuses of vengeful husbands wrongfully confining sane wives'.<sup>19</sup> By extension, it could be held that the over-representation of married women in some of Ireland's more expensive asylums reveals a tendency towards the 'wrongful confinement' of wealthy Irishmen's wives. Certainly, husbands paid the fees for 67.9% of wives committed to Stewarts.<sup>20</sup> However, there is no qualitative evidence to support this. Moreover, as Chap. 5 contends, spouses and other family members often demonstrated affection and care for their mentally ill relatives, casting some doubt on the extent to which wrongful confinement occurred.<sup>21</sup>

Male heads of families and adult relatives tended to be maintained at lower fees than female ones, reflecting men's greater economic significance in their households. With the loss of their incomes, it is plausible that remaining members of the family struggled to pay high fees. This contrasts with the arguments put forward by Walsh and MacKenzie that families were more willing to invest in the care of male breadwinners<sup>22</sup> and suggests that the relatives of married male patients had less disposable income to contribute towards asylum care (Table 4.6).

As we have seen, the relatives of district asylum patients sometimes went to great lengths to contribute maintenance fees, even borrowing money and falling into debt. The wealthier families of voluntary and private asylum patients also paid directly for relatives' care.<sup>23</sup> The financial accounts for Stewarts indicate the relationship between patients and those who paid their fees. Relatives were by far the most common

creditors: a single relative contributed fees for 68.7% of first admissions, two relatives for a further 6.8%, a relative and friend for 3.7% and a relative in conjunction with a Chancery fund for 0.9%. 'Friends' accounted for another 6.8%, although this figure may be higher as a handful of the names recorded in the financial accounts did not include their relation to the patient (4.3%). In contrast, very few Stewarts patients paid their own fees out of an income. A Chancery fund alone accounted for 6.8%, one patient paid her fees from the Dublin Widow's Fund, one from the War Office and two from dividends on stock they possessed.

The predominance of relatives covering fees at Stewarts (80.2%) and the large number paying for patients at Bloomfield, Hampstead and Highfield who shared their surname, demonstrates that families in Ireland were willing to pay for their relatives' care.<sup>24</sup> Whether this was simply to get rid of a difficult household member or a genuine attempt to seek treatment in the hope of a cure is unclear. What can be inferred is that a large proportion of paying patients—even those who were unmarried—were part of an often large, family network. Cox has highlighted the presence of mentally ill adult offspring in family households, which, she suggests indicates that 'relatives with some legal obligation undertook a caring role'.<sup>25</sup> In this study, the very fact that families paid for the care of their relatives corroborates these findings.

Record linkage with the census records casts further light on the familial contexts of paying patients. Out of twenty-nine patients discharged from the asylums studied between 1898 and 1900 who could be identified in the 1901 census, none returned to an empty home.<sup>26</sup> Johanna R., previously a paying patient at Enniscorthy, lived with her widowed sister-in-law and this woman's eight children. More typically, when Hannah B., an unemployed schoolteacher, was discharged from Highfield, she returned to live with her father (a railway clerk), her mother, two brothers (a railway clerk and hardware merchant's clerk) and one sister. However, a minority had apparently broken ties with their previous households. Six discharged patients were no longer at their previous address in 1901 and one was in a boarding house. Margaret D., a fifty-nine-year-old retired schoolteacher, was admitted to and discharged from Richmond in 1898 from an address in Dublin. By 1901, Margaret no longer lived at the address, which housed a married couple in their fifties (sharing Margaret's surname) and their teenage niece. This implies that prior to committal, Margaret had been living with her younger brother (who is mentioned in the case notes) and his wife, who had or

soon would take custody of the niece. It is plausible that this household unit found itself incapable of caring for more than one dependent, which would account for Margaret's move following discharge. A property Margaret owned had become a source of tension between herself and her brother and sister-in-law, suggesting that this may also have played a role in her change of address following discharge.<sup>27</sup>

This section has demonstrated that where gender and marital status were concerned, fee-paying patients were similar to total district asylum populations. There is danger, however, in discussing such diverse patient populations simply in terms of demographic trends. Rather than forming a single cohesive group, each patient emerged from a distinctive family unit—some were breadwinners, some adult dependents. That many of these families struggled to cope without their breadwinner's income or to drum up enough financial support to provide 'class-appropriate' care for a dependent is probable. In fact, evidence of the financial sacrifices families made to pay for asylum care casts doubt on the extent to which relatives tended to 'dump' their female, their single or their 'unwanted'.<sup>28</sup>

### RELIGION, OCCUPATION AND WEALTH

Lorraine Walsh has cautioned against directly associating patients' former occupation with social status, arguing that on admission, patients were labelled and classified based purely on their own or their relatives' and friends' spending power, while their class or social status meant little.<sup>29</sup> In her analysis of private patients at the Dundee Royal Asylum in Scotland, Walsh highlights the difficulties in accurately constructing 'a system of commensurability' between occupation and status.<sup>30</sup> Analysis of patients' occupations alongside maintenance fees, however, facilitates direct correlation between particular professional groups and their families' spending power. In the Irish context, patients' religious affiliation is also of interest as it formed an integral part of social identity in this era. Patients' religious denomination therefore reveals much about the sectors of society admitted to the asylums studied. It is useful, too, to consider what parts of Ireland (or abroad) patients in the study were drawn from.

District asylums were intended to provide care for people of the same district. Paying patients were therefore usually committed to the asylum in the county in which they had lived. Thus, Belfast patients came from

Antrim, Ennis patients from Clare or less often neighbouring Limerick (9.4%) and Enniscorthy patients from Wexford. The Richmond district was larger and admitted paying patients from Dublin (85.3%) and neighbouring counties Louth (7.6%) and Wicklow (6.7%). Roughly, half of those admitted to the voluntary and private asylums studied had a previous residence in Dublin, while the other half were from various other Irish counties.<sup>31</sup> This indicates that these Dublin-based voluntary and private asylums served the whole of Ireland and many patients would have travelled large distances to receive care. In her study of Ticehurst, MacKenzie attributes families' willingness to send patients long distances for care to a 'desire for confidentiality'.<sup>32</sup> While this might be the case for Ireland, it is important to remember that there were few private asylums outside Dublin, meaning that wealthier families had little option but to send their relatives to the capital.

The religious profile of paying patients speaks volumes about the impact the religious character of institutions had on committal patterns. Apart from Belfast, paying patients committed to the district asylums studied were far more likely to be Catholic than those sent to the voluntary or private asylums (see Table 4.7).<sup>33</sup> This excludes St John of God's which, as we have seen, was managed by a Catholic order of brothers and therefore admitted mainly Catholics (97%). Compared with the general population of Ireland, patients in this study, except for those at St John of God's, were disproportionately members of the Church of Ireland, while Catholics were underrepresented. The reasons for this could vary. The over-representation of Church of Ireland patients admitted to most asylums in this study suggests that Protestant communities in nineteenth-century Ireland could better afford to purchase asylum care. Predictably, there was a preponderance of Quakers admitted to Bloomfield (53.6%), at odds with the number outside. Catholic admissions were in a minority at Bloomfield, equalling Methodists and Brethren and outstripped by Presbyterians. In keeping with its Protestant ethos, almost three-quarters of the patients admitted to Stewarts were members of the Church of Ireland, compared with less than one-quarter being Catholic.

As Chap. 3 outlined, varying rates of maintenance signified social diversity within and between asylum populations. Examining patients' former occupations alongside their maintenance fees further supports this position. Beginning with male first admissions to the asylums studied, Table 4.8 provides a crude breakdown of their former occupations.<sup>34</sup>

The most prominent category was 'in trade', which is unsurprising, given that many industries and crafts were on the rise in late nineteenth-century Ireland.<sup>35</sup> Among paying patients admitted to the district asylums, the highest proportion of trades-craftsmen was in Belfast (24.4%), which included dealers in unspecified goods, printers, drapers, boot and shoemakers, businessmen, merchant tailors and linen merchants. This sits well with industrial Belfast's expanding linen and shirt-making industries in the later nineteenth century.<sup>36</sup> In contrast, the proportion of tradesmen in Ennis was far lower (3.4%) and comprised only one car man, three shopkeeper's sons and two of the 'trading class'. With the exception of one man whose maintenance was £20 per annum, the remainder of this cohort were charged modest sums (£6–£12).

In keeping with Wexford's stronger trade element, trade was the second most common occupation (21.3%) after farming for male paying patients in Enniscorthy. This group comprises an equally wide range of occupations including bakers, builders, carpenters, coopers, drapers, painters, printers, saddlers, shoemakers, shopkeepers and tailors. The Enniscorthy case notes often indicated that these patients were business owners. For example, one patient owned a draper's shop on Wexford town's Main Street. On other occasions, patients simply worked in a shop, as was the case with Thomas G., a baker.

For the period 1868–1900, Richmond admitted a relatively small proportion of trades-craftsmen as paying patients (12.6%). These patients represented a disparate range of trades and crafts including bakers, carpenters, cashiers, chefs, draper's assistants, grocers or shopkeepers, linen coopers, merchants and victuallers. Shopkeepers and grocers were the most prominent in this category, although even they comprised only about 2%. Similarly, only about 5% of those admitted to the private and voluntary asylums fell into this category. The absence of patients from Dublin's brewing and distilling industries is particularly noteworthy, given the rising importance of the Guinness Brewery and Powers Distillery during the period.<sup>37</sup> Despite the prominence of baking, textiles and, to a lesser extent, dressmaking in late nineteenth-century Dublin,<sup>38</sup> very few of Richmond's paying patients, or those sent to the voluntary or private asylums, had engaged with these industries, implying that the relatives of a number of Dublin's most common tradesmen could not afford asylum care.

Patients described as travellers, merchants or dealers were charged between £24 and £27 per annum at Richmond and were most

commonly found in voluntary or private asylums. Out of male admissions to Bloomfield and Hampstead, 7.9% and 6.4% respectively were merchants. That a large proportion of Bloomfield's admissions were in trade may be attributable to traditional links between Quakerism and the merchant trade, although the religion of merchants in Bloomfield was not recorded in most cases. Shopkeepers and grocers also featured more prominently among patients in voluntary and private asylums, suggesting that the families of these men, together with merchants, had greater disposable income to spend on asylum care.

Farmers in this study are relatively well represented across the board. The predominance of farmers (13.1%) in the asylums studied is unsurprising, given their growing importance during the second half of the nineteenth century. After the Famine (c. 1845–1850), many Irish farmers prospered and on the whole rural incomes increased.<sup>39</sup> In the later nineteenth century, the number of landless labourers declined and larger farms became more common.<sup>40</sup> Above the grade of small farmers, who can be broadly characterised as those holding at least five acres of land, David Seth Jones has identified another group, which he terms graziers: those who occupied at least one holding of 150–200 acres.<sup>41</sup> Between small farmers and graziers, the smaller tenants and cottiers who decreased in number during the Famine (c. 1850) were replaced by the more successful, middle-class farmer.<sup>42</sup>

While the asylum records do not facilitate a full statistical breakdown of the varying grades of farmers catered for, they do allow some glimpses. Of the 172 farmers sent to the nine selected asylums, 155 were recorded simply as 'farmer'. Others under this heading included a farmer and miller, a farmer who owned a shop, seven 'gentlemen' farmers, three graziers and one small farmer. The small number of graziers probably stems from inconsistencies in the asylums' recording processes, though it is significant that they appear only in the private asylums, St John of God's and Hampstead, signalling the higher spending power of this group and their families. The only 'small farmer' in this study was admitted to Richmond, while all but one of the gentlemen farmers were admitted to private asylums, with the other admitted to Enniscorthy.

An analysis of farmers' maintenance fees further underscores the wide socio-economic variation within this group. The majority of known fees for farmers are for those admitted to the district asylums. Table 4.9 reveals that there were significant differences between each district. County Wexford was traditionally one of the wealthier farming areas in

Ireland and boasted many large estates as well as smaller holdings.<sup>43</sup> This is reflected in the fees paid for farmers at Enniscorthy, which are distributed quite evenly between the three categories. Enniscorthy also had the smallest proportion of farmers paying less than £12. At Ennis, more than three-quarters of farmers were maintained at less than £12, reflecting the difficult economic circumstances experienced by many in the west of Ireland.<sup>44</sup> While in earlier periods the landlord class was the smallest, but economically most significant, group in rural Irish society, the Land Wars of the 1880s diminished the significance of this social group, resulting in the rising importance of Catholic landowners.<sup>45</sup> Farmers maintained at over £20 per annum in Ennis were exclusively Catholic, suggesting that this group preferred to commit relatives to the local district asylum rather than sending them to private or voluntary institutions in distant Dublin. In contrast, at Enniscorthy, more than half the farmers accommodated at over £20 were Protestant. Richmond also tended to cater for more successful farmers although a smaller, but significant, proportion (37.5%) was maintained at £12 or less.

Farmers' acreage is another useful indicator of their socio-economic status. At Enniscorthy, Drapes sometimes recorded patients' farm acreage in his case notes on patients admitted in the 1890s. For example, Drapes noted that Patrick D.—a single fifty-eight-year-old Catholic—lived alone on his farm of seventeen acres. At the other end of the scale, Drapes wrote that Francis R., a single fifty-three-year-old Catholic farmer, had told him he had a farm of 110 acres.<sup>46</sup> Drapes usually recorded land acreage for female paying patients, suggesting that this was an important factor in determining their social status and financial circumstances. In some cases, Drapes detailed the land of the spouse or sibling responsible for the woman's maintenance. For example, when Hannah N. was sent to Enniscorthy aged forty and single, Drapes noted that her two living brothers, Thomas and James, 'each has over 90 acres (pt. sup) and James a mill as well'.<sup>47</sup> He also recorded the acreage of patients who were farmers' wives. Among these, he wrote that Catherine S. had twenty-eight acres, Anne J. had forty-eight acres, reputedly worth £46 and Margaret Sara K. had 100 acres.<sup>48</sup> Marcella J.'s son had a farm of thirty acres and Marcella also sold her chickens on market day.<sup>49</sup> Of these examples, only Margaret Sara K. was a Protestant, mirroring the fact that Protestant landowners tended to retain the larger estates. However, Johanna F., a Catholic, was reportedly the niece of a man from New Ross who owned a farm of 200 or 300 acres.<sup>50</sup> Likewise, the



**Table 4.10** Relationship between land acreage and maintenance fees charged for paying patients admitted to Enniscorthy district asylum, 1868–1900

<i>Fee per annum</i>	<i> Holding size</i>
£8	20 acres of a farm
£12 (later reduced to £8)	28 acres
£13	30 acres free
£15	48 acres valued at £46

Compiled from Clinical Record Volumes No. 3, 4 & 6 (WCC, St Senan's Hospital, Enniscorthy); Enniscorthy minute books and admissions registers

examples of the male patients above demonstrate that Catholic farmers in Wexford could occupy both ends of the social scale.

Finally, in four cases, both the amount of land owned and the maintenance fees for Enniscorthy paying patients were recorded. As Table 4.10 demonstrates, acreage was roughly proportionate to the fees charged, indicating landholding size was a determining factor for maintenance fees. As this table reveals, even the lowest grade of paying patient at Enniscorthy (£8) could possess twenty acres, placing them well above the defining lower limit of small farmer (five acres). If these values are taken as representative, several paying patients from the farming classes could be termed part of the rising Catholic middle classes.

Those under the heading 'other occupation' comprise a medley of professions that defy any systematic classification. Predictably, several of the 'other occupations' pursued by men admitted to voluntary and private asylum tended to be professionals rather than tradesmen. Among them were white-collar workers like engineers, stockbrokers, bank managers, architects, bookkeepers and accountants. Together with clerks, members of these professions made up a large proportion of admissions to voluntary and private asylums and were usually members of the Church of Ireland.<sup>51</sup> This conforms to Daly's assertion that Protestants numbered disproportionately among the 'middle-class occupations' of professional and public service and the white-collar clerical and banking jobs in this era.<sup>52</sup> However, it is important to bear in mind that, with the exception of St John of God's, the voluntary and private asylums in this study were primarily populated by Protestants.

The proportion of men recorded as having 'no occupation' varied widely from one asylum to the next, reflecting discrepancies in record

keeping. The highest numbers of male first admissions in this category were in district asylums (11%) and at Hampstead (12.3%), while 'unemployment' was lowest among men sent to Stewarts (2.3%) and St John of God's (6.4%). For Stewarts' patients, explanation for the low proportion described as having 'no occupation' might lie in the tendency to enumerate patients' social class rather than occupation; almost one-quarter of male first admissions were described as 'gentlemen'. However, 9.6% of men admitted to Hampstead were also described in terms of their social class (mostly gentlemen), suggesting that an even larger proportion of admissions to that asylum were without a particular occupation. The category of 'no occupation' therefore encompassed a wide range of social groups from the unemployed to those with independent means and maintenance fees for this group ranged from £6 to £213 per annum. Those kept at the highest rates were probably wealthy gentlemen. Certainly, in 1857, the lunacy inspectors surmised that the large proportion of private asylum patients recorded as having no occupation were mainly comprised of 'persons of independent fortune'.<sup>53</sup> In addition, it is plausible that at least some of this cohort would have been landlords.<sup>54</sup>

A final group worthy of mention is those in the army. Although not well represented in the voluntary and private asylums, soldiers were the second largest category committed to the district asylums as paying patients. This is mostly due to Richmond, where 28.3% of male paying patients admitted were soldiers. A small but notable proportion of soldiers were sent to Bloomfield (5.6%) and Hampstead (7.8%). Unsurprisingly, soldiers sent to Bloomfield and particularly Hampstead were from the higher ranks of the army, such as captains or lieutenants, while those committed to Richmond were more often described as privates or simply soldiers, in addition to a handful of army pensioners. The high proportion of soldiers admitted to Belfast (10.6%) and Richmond stems from these asylums' proximity to prominent army barracks.

The Richmond case notes provide insight into the committal and discharge of soldiers at that asylum. The military authorities took responsibility for the committal, maintenance charges and discharge of these soldiers. Accordingly, the authority of the asylum medical officer or superintendent was lessened, even in cases where they suspected a patient was not mentally ill. In several cases, the reporting physician noted his suspicion that a soldier patient was malingering in the hope of being discharged from service. By 1901, suspicions of malingering at Richmond had even spread to the patient population and a female paying patient

remarked that ‘Dr. Rambant [Richmond medical officer] has a lot of military fellows on getting what the patients should get. Talks of someone (the military fellows I suppose) humbugging the doctors behind their backs.’<sup>55</sup> In earlier case notes, the medical officers were conscious that at least some of the soldiers admitted were apparently in good mental health, although they did not state this explicitly. The first instance occurred in 1890, when Robert B. was admitted. Dr. M.J. Nolan, the Senior Assistant Medical Officer to the Richmond Asylum, reported:

He seems anxious to attract attention of the medical officers by his conduct – when they are not present he is reported to be quiet and orderly ... Is anxious to know whether he has altogether severed his connection with the army ... Says he is very anxious to know what is to become of him – whether he is to be sent home to England or left here. He says he cannot endure the conduct of the patients.<sup>56</sup>

The following year, another soldier, Charles H.R., was ‘closely watched ... day and night for malingering’. Although Nolan was ‘satisfied that he is not insane’, he noted:

He is determined to secure his discharge from the service and is capable of enduring much discomfort in his effort to appear insane. He has today been handed over to the military authorities. Discharged 12 March 1891.<sup>57</sup>

When Francis B. was asked ‘if he is tired of being a soldier he smiles and says he is’. Although the Army Medical Board examined him on 25 June 1891 and discharged him from service, it was not until 31 August that he was handed over to the military authorities and discharged from the asylum relieved. In the interim, Francis reportedly became ‘depressed and seems disappointed that no notice has come from the military authorities concerning his removal’. When Nolan attempted to cheer him up, informing him that ‘he may now be sent to England any day he only sighs, says all is over with him, that he is dead and that we mean to cut him up’.<sup>58</sup> It is conceivable that the military authorities were eager to make an example of malingering comrades by forcing Francis to remain wrongfully confined in the asylum.

In the case of Thomas H., a different medical officer was vigilant in his attempt to ascertain if the patient was insane.<sup>59</sup> Although they were

unable to detect malingering, the medical officer ordered the attendants to 'take special note of his behaviour but according to them he has not at any time altered in his manner'. The medical officer then decided to launch an investigation of his own:

Last night I awoke him and asked him how long he had been asleep. His manner of speaking and acting was brighter and more intelligent for the first few moments, though when he realised where he was he seemed to relapse into his usual dull stupid state.<sup>60</sup>

When the Army Medical Board examined Thomas a week later, they decided he should remain in Richmond for another month. Nolan reported that the board could not 'satisfy themselves as to his mental state'. He also noted that 'during examination he affected a dull dogged manner quite unlike his usual state'.<sup>61</sup> In this instance, while Nolan and his fellow medical officer were clearly certain of their patient's sanity, the Army Medical Board had the final say, thus diminishing the authority of the asylum medical officers. According to Nolan, some soldier patients went to great lengths to attempt to convince asylum staff and the Army Medical Board they were unfit for duty. Nolan claimed that Thomas H. became so 'dirty' and 'untidy in his habits' that the attendants became 'satisfied he is insane'.<sup>62</sup>

While the precise reasons for these soldiers' attempts to be discharged from service remain largely obscure, asylum life was clearly a preferred alternative to the army in these cases. For example, when Leo S., a Russian Jewish soldier, was admitted in 1893 and noted as being epileptic, he quickly 'admitted that he was malingering' to escape his comrades' racial insults. He explained to Nolan that he had bought '4*d.* worth of salts of sorrel' to bring on the symptoms of epilepsy and that he:

shammed epilepsy because he was so miserable in the army; his comrades used to insult and bully him; chiefly on the sub [sic] of his nationality ... he had been much annoyed by the manner his comrades looked on him that he felt he 'was not wanted' ... In consequence of this he became depressed and gave way to drink and at the time he took the sorrel he was under sentence to the cells for absence from duty and it was partly to avoid this punishment he sought to make himself ill.<sup>63</sup>

Leo's frank confession to Nolan suggests his awareness that asylum staff had little say over his discharge from either the army or the asylum. By this point, Nolan seemed resigned to his diminished authority over soldier patients and following this he often simply noted 'insanity very doubtful. A soldier anxious to leave the army'.<sup>64</sup>

The outcome for most of these soldiers following discharge is unknown. In the case of an Irish soldier named Edward D., it is possible to conjecture. Edward informed the medical officer that 'he enlisted when drunk – that he has got a good job waiting for him if he could get out of the army but that he has no special wish to leave the service'. A month later, however, Edward changed his mind, 'says he would like to get home to his father where a good job awaits him. He has no wish to return to the Army.' Less than a month later, the patient was discharged from both the asylum and the army. He returned home where he presumably began working at the 'good job' he had mentioned to his doctor.<sup>65</sup>

Compared with male patients, the former occupations of female paying patients provide less clear-cut indications of their socio-economic background. In this regard, the recording process varied widely in the selected asylums, reflecting the difficulties inherent in attempting to reconstruct the occupational profile of women in the nineteenth century. Women's occupations have also tended to be under-recorded in Irish censuses because work in farming and industry was often combined with family duties. The 1871 census is a notable exception; it identified farmers' wives as part of the agricultural force and wives who contributed to family businesses as being employed in them.<sup>66</sup> As Daly has argued, census enumerators tended 'to assign women to the domestic or unoccupied class', reflecting 'society's belief that this was their appropriate place'.<sup>67</sup> In a similar vein, Melling has shown that Victorian women were often deprived of an occupational status in the English census because their labour was not recognised as valuable in its own right.<sup>68</sup> However, as discussed above, those filling in admissions registers for female paying patients were more concerned with ascertaining their spending power.<sup>69</sup>

Table 4.11 provides a crude breakdown of the principal occupational categories for female paying patients admitted to the selected asylums. Overall, more than three-quarters had no recorded occupation, though this varied significantly between regions and institutions. A disproportionately high percentage of 'unemployed' women were sent to Richmond and to a lesser extent, Belfast. In contrast, almost two-thirds

of female paying patients committed to Ennis and a third of those to Enniscorthy were listed under a relatives' occupation: 'wife of', 'daughter of', and so on. The appellation 'wife of' was not peculiar to paying patients. Pamela Michael has found that female asylum patients in nineteenth-century Wales were often listed under their husband's occupation, although after marriage many may have continued to engage in paid employment that was important to family survival.<sup>70</sup>

The large proportion of 'unemployed' women committed to Bloomfield and Highfield is expected, given that Irish middle-class women and even some in skilled working-class families tended not to work outside the home.<sup>71</sup> Stewarts' female patients were far less often described as having 'no occupation' but, instead, just over half were labelled in terms of their social status. Of these, most (47% of total female admissions) were termed a 'lady', compared with only 9.8% of the women committed to the more expensive Bloomfield. At Bloomfield, 'ladies' were maintained at between £100 and £180 per annum, while at Stewarts more than three-fifths were maintained at less than £50 and some as low as £20. Those described as 'lower order', 'mid class' or 'middle' were also maintained at less than £50. These discrepancies highlight the fluidity of labels like 'lady' and 'middle class' and demonstrate the pitfalls of blindly interpreting them as representative of social class or spending power.

Women committed to Belfast, Richmond and Stewarts asylums were most often assigned designated occupations in the admissions registers. This reflects urban trends. Despite a national decline in female employment in the Irish labour force from 1861, particularly in Connaught and parts of Leinster, the highest proportions of working women were in Counties Antrim, Armagh and Down and urban areas such as Dublin City and its suburbs.<sup>72</sup> During the nineteenth century, the north-east rivalled areas such as Lancashire in terms of the high proportion of women working in factories.<sup>73</sup> Nonetheless, with the exception of two dressmakers, one upholsterer and one weaver, there is little evidence of Belfast paying patients' participation in Ulster's strong textile and clothing sectors.<sup>74</sup> Likewise, although dressmaking was the most popular occupation among female industrial workers in Dublin,<sup>75</sup> Richmond admitted only one court dressmaker, draper, dressmaker and embroiderer as paying patients. While it is possible that some of these women were engaged in factory work, it is equally, if not more, likely that they carried out these occupations in the home.

**Table 4.11** Former occupations of female first admissions to the case studies, 1868–1900

Former occupation	Belfast (%)	Ennis (%)	Enniscorthy (%)	Richmond (%)	Stewarts (%)	Bloomfield (%)	Highfield (%)	All (%)								
No occupation	12	31.6	5	7.2	5	14.3	95	69.9	12	4.5	131	80.4	83	76.9	343	42.2
Class specified	0	0.0	3	4.3	0	0.0	1	0.7	133	50.4	16	9.8	0	0.0	153	18.8
Designated occupation	9	23.7	5	7.2	4	11.4	17	12.5	62	23.5	13	8.0	5	4.6	115	14.1
Farming	2	5.3	12	17.4	13	37.1	3	2.2	16	6.1	0	0.0	0	0.0	46	5.7
Domestic	10	26.3	1	1.4	1	2.9	4	2.9	5	1.9	3	1.8	0	0.0	24	3.0
Wife/Widow Of <sup>a</sup>	0	0.0	21	30.4	10	28.6	5	3.7	27	10.2	0	0.0	0	0.0	63	7.7
Daughter/Sister of <sup>b</sup>	1	2.6	22	31.9	1	2.9	0	0.0	7	2.7	0	0.0	0	0.0	31	3.8
Mother of <sup>c</sup>	0	0.0	0	0.0	1	2.9	0	0.0	0	0.0	0	0.0	0	0.0	1	0.1
Not recorded	4	10.5	0	0.0	0	0.0	11	8.1	2	0.8	0	0.0	19	17.6	36	4.4
Student	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	1	0.9	1	0.1
Total	38	100.0	69	100.0	35	100.0	136	100.0	264	100.0	163	100.0	108	100.0	813	100.0

Compiled from Belfast, Ennis, Enniscorthy, Richmond, Stewarts, Bloomfield and Highfield admissions registers

<sup>a</sup>Includes wife/widow of farmer

<sup>b</sup>Includes daughter/sister of farmer

<sup>c</sup>Includes mother of farmer

Table 4.12 Female first admissions to the case studies associated with farming, 1868–1900

<i>Occupation</i>	<i>Belfast</i> (%)	<i>Ennis</i> (%)	<i>Enniscorthy</i> (%)	<i>Richmond</i> (%)	<i>Stewarts</i> (%)	<i>All</i> (%)
Agriculture	0	0.0	0	0	0.0	0.1
Farmer	2	5.3	2	2	1.5	13
Farmer & Hotel keeper	0	0.0	0	1	0.7	0
Farming	0	0.0	1	0	0.0	1
Farming class	0	0.0	9	1	2.9	0
Farmer's widow	0	0.0	2	0	2.9	0
Farmer's wife	0	0.0	10	7	14.5	0
Wife of gent farmer	0	0.0	0	0	0.0	0
Farmer's daughter	1	2.6	16	1	23.2	1
Grazier's daughter	0	0.0	0	0	0.0	0
Farmer's mother	0	0.0	0	1	2.9	0
Total	3	7.9	40	57.9	22	63.0
				6	4.4	22
				6	8.4	11.9

Compiled from Belfast, Ennis, Enniscorthy, Richmond and Stewarts admissions registers



As Daly has argued, aside from a small number of female professionals and commercial clerks, women with recorded occupations in the census were poor.<sup>76</sup> Yet, in this study, women assigned occupations in the admissions registers were not necessarily maintained at low rates, suggesting that their relatives had at least a degree of spending power. Some were accommodated at as much as £160 per annum. Designated occupations included nuns, teachers, governesses, shopkeepers, shop assistants and shop girls, servants, grocers, nurses and those who worked with textiles. This list is indicative of women's rising opportunities in the workplace towards the end of the nineteenth century. Shop assistants, in particular, were perceived by contemporaries as representative of 'women's altered role in the public sphere' and this group was by no means among the poor. From the mid-nineteenth century, shop assistants had been 'manoeuvring towards membership of the Irish petit bourgeoisie' and, by the twentieth century, female shop assistants, drapers and draper's assistants clearly enjoyed a new brand of economic independence.<sup>77</sup> The recording of occupations for female paying patients in this study therefore does not necessarily indicate poverty.

For several women in lower paid professions, poverty, particularly following the onset of mental illness, was more likely. As Melling has found in his study of governesses and female schoolteachers admitted to three Devon asylums, while their domestic means could be modest, it was vital for this social cohort to avoid the publicity of their committal. Melling demonstrates that 'many private teachers relied on connections with the "best circles"' and 'were understandably anxious to maintain some proximity to the privileged world of their employers'.<sup>78</sup> Melling also argues that relatives and friends often strove to avoid committing governesses to pauper institutions and struggled to finance their accommodation at private asylums such as Wonford House.<sup>79</sup> These findings might account for the presence of governesses, schoolteachers and even domestic servants in the voluntary asylums in this study. However, this study suggests that employers, rather than relatives, paid for their maintenance, a privilege they also extended to domestic servants. In Bloomfield, an unidentified source contributed £150 per annum for a 'housekeeper and ladies' maid'. Several other unnamed individuals paid between £50 and £150 per annum to accommodate governesses there. Non-relatives paid for the maintenance of several women committed to Stewarts. These included three servants, a governess, a laundress, a stitcher and a teacher, though these were at lower rates (approx. £50 per annum). For example, a Mrs.

Jameson, Mrs. Moore and Dr. Leet paid £50, £40 and £30 respectively for the maintenance of a laundress, a servant and a governess. These individuals are among the few in the financial accounts whose relationship to the patient was not specified, implying these individuals were, in fact, employers, rather than relatives or friends. This highlights the high value placed on servants and employees in Irish households and suggests that even outside traditional family settings, friends or employers were willing to invest in voluntary asylum care for women.

While designated occupations were relatively less common amongst female paying patients from rural areas, farming was more common. The percentage connected to farming either directly, through marriage or by birth is shown in Table 4.12. Notably, none of the women admitted to Bloomfield or Highfield was in this category, while more than half of female admissions to Ennis (57.9%) and Enniscorthy (63%) were linked to farming. One major difference arises between the two rural samples. At Ennis, a large proportion of farming women were listed as relatives of farmers but at Enniscorthy over one-third were identified simply as 'farmer'. This mirrors national trends. In Leinster, middle-aged or elderly widows were often reluctant to pass their family farm to a son. In the West of Ireland, 'the transmission of farms between the generations appears to have been accomplished more smoothly' and women farmers were less common.<sup>80</sup> Despite their engagement in most kinds of agricultural work, women were not described as farmers either in the census or by themselves unless they were the heads of households.<sup>81</sup> This would appear to hold true for paying patients admitted to Enniscorthy. For example, Ellen McC, who was admitted in 1898, aged fifty-three and single, lived with her 'married nephew, but house and place are hers. Has a big farm, over 100 acres.'<sup>82</sup> Maria C., a forty-year-old widow admitted in 1897, had overseen her twenty acres and her brother described her as a 'good business woman on farm'.

## CONCLUSIONS

Elizabeth Malcolm has provided what she terms a 'superficial' profile of patients in Armagh, Belfast, Omagh and Sligo district asylums at the turn of the twentieth century. Her findings suggest that the typical Irish asylum patient was a male labourer, from a labouring or small farming family, Catholic and single.<sup>83</sup> Adopting this methodology, between 1868 and 1900, the 'typical' paying patient committed to the district asylums

was also a male farmer. He too was Catholic, unless he was committed to Belfast, and single. This remarkably similar profile reveals that paying patients admitted to district asylums differed little from the total populations of these asylums. In contrast, the 'typical' voluntary asylum patient was a Church of Ireland (or Quaker in Bloomfield) single woman with no former occupation. Given wide variations between the types of patient committed to the private asylums, it is necessary to provide separate 'superficial profiles' for each. The 'typical' admission to St John of God's was a single Catholic man in trade, that to Hampstead was a single Church of Ireland man with an 'other occupation', usually a white-collar profession, and that to Highfield a married Church of Ireland woman with no occupation.

These profiles reveal a great deal about the socio-economic background of the individuals and families who used these asylums. Unlike district asylums, Bloomfield and Stewarts admitted more women than men. Other asylums such as St Vincent's voluntary asylum (see Chap. 2) and Highfield private asylum had a policy of admitting only women. This complicates Oonagh Walsh's assumption that non-pauper women in Ireland were more often accommodated in the home.<sup>84</sup> Although both MacKenzie and Walsh have argued that families were more willing to pay for male patients' asylum care because of their 'greater economic importance',<sup>85</sup> this study has revealed that in the Irish context, relatives and friends were willing to invest large sums of money in women's care and treatment. While this might suggest a greater determination to 'dump' unwanted female relatives, there is no concrete evidence to support this.

The occupational profile of patients in this study provides some clues as to the sort of people confined in different kinds of institutions. The underrepresentation of those in the most prominent trades of the period suggests that their families could not afford to pay for their care. White-collar professionals such as lawyers, doctors and accountants were most often found in voluntary and particularly private asylums. Men and women described as farmers were from a variety of social backgrounds, with significant inter- and intra-regional variation and could be anything from a smallholder to a relatively wealthy landowner. The religious profile of their cohort also points towards the Catholic middle classes emerging steadily in rural Ireland. However, members of the Church of Ireland were over-represented in voluntary asylums and in Hampstead and Highfield, demonstrating that the Catholic middle classes were seeking accommodation elsewhere. Voluntary and private patients'

occupational profile corroborates this statement; the occupations listed tended to be dominated by Protestants in this era. While a large proportion of women in this study were described as having had no previous occupation, admissions register entries were concerned with demarcating the economic profile of these individuals and thus demonstrate a wide range of female occupations. A relatively small proportion of women in this study were assigned designated occupations. While work outside the home for women has tended to be aligned with financial necessity or even desperation, those engaged in non-domestic work in this study were usually connected to more 'respectable' forms of employment: shop girls, drapers, nurses and nuns. Sources such as these may thus add to our understanding of women and work in nineteenth-century Ireland.

## NOTES

1. Report into the State of Lunatic Asylums, Part II, p. 36.
2. As has been shown, the 1875 Act attempted to address this concern in guiding boards of governors in their negotiation of appropriate maintenance fees.
3. First Report of the Inspectors General on the General State of Prisons of Ireland (342), H.C. 1823, x, 291, p. 9; 57 Geo. III, c. 106; 'Editorial Article 2,' *Irish Times*, 12 June 1860.
4. Melling and Forsythe (2006, p. 163).
5. O. Walsh (2004, pp. 73–74).
6. Malcolm (1989, p. 205).
7. Showalter (1986).
8. Busfield (1994, p. 268).
9. Showalter (1981, p. 164).
10. MacKenzie (1992, pp. 129, 135–136).
11. O. Walsh (2004, pp. 73–74).
12. Vaughan and Fitzpatrick (1978, p. 3).
13. Finnane (1981, p. 130), Cox (2012, p. 135), O. Walsh (2004, p. 73).
14. MacKenzie (1992, pp. 129, 135–136), O. Walsh (2004, pp. 73–74).
15. O. Walsh (2004, pp. 73–74).
16. Digby (1985, p. 175).
17. Cox (2012, p. 140), Malcolm (1999, p. 180). For more on marriage patterns in nineteenth-century Ireland, see Guinnane (1997, pp. 193–240), Connell (1962).
18. MacKenzie (1992, p. 169), Melling and Forsythe (2006, p. 116).
19. Digby (1985, p. 176); see Showalter (1981, p. 325).
20. Patient Accounts, 1858–1900 (Stewarts, Patient Records).

21. Cox has also found the existence of 'affective' familial bonds in her study of district asylum patients. See Cox (2012, pp. 108–109).
22. O. Walsh (2004, pp. 73–74), MacKenzie (1992, pp. 135–136).
23. Patient Accounts, 1858–1900 (Stewarts, Patient Records); Patient Accounts, 1896–1900 (Highfield Hospital Group, Hampstead and Highfield Records); Patient Accounts, 1812–1900 (FHL, Bloomfield Records).
24. *Ibid.*
25. Cox (2012, p. 150).
26. 'Census of Ireland 1901,' accessed 6 January 2012, <http://www.census.nationalarchives.ie>. Twenty-nine out of the 166 patients discharged from Ennis, Enniscorthy, Richmond, Stewarts, Bloomfield, Hampstead and Highfield between 1898 and 1900 were identified in the 1901 Census. This identification was not possible for St John of God's because restricted access to the records dictated that patients' surnames could not be included on the database. Belfast was also omitted because patients' addresses were too vague to allow for definitive linkage between asylum and census records.
27. Female Case Book, 1898–1899 (GM, Richmond District Lunatic Asylum, pp. 469–471).
28. This is contrary to the arguments put forward in Scull (1982).
29. L. Walsh (2004, p. 265).
30. *Ibid.*
31. Admissions and Receptions Registers, 1841–1900 (PRONI, Purdysburn Hospital, HOS/28/1/3); Admissions-Refusals, 1868–1900 (CCA, Our Lady's Hospital, OL3/1.3); Admissions Registers, 1868–1900 (WCC, St Senan's Hospital, Enniscorthy); Admissions Registers, 1870–1900 (GM, Richmond District Lunatic Asylum); Admissions Registers, 1858–1900 (Stewarts, Patient Records); Admissions Registers, 1812–1900 (FHL, Bloomfield Records); Admissions Registers, 1885–1900 (SJOGH, Patient Records); Admissions Registers, 1826–1900 (Highfield Hospital Group, Hampstead and Highfield Records).
32. MacKenzie (1992, p. 130).
33. Religious affiliation was recorded systematically in the admissions registers for the four district asylums studied. It was recorded for 100% of first admissions to Belfast and Enniscorthy, 88.1% for Ennis and 97.4% for Richmond. Religious persuasion was not recorded in the admissions registers for Bloomfield, Stewarts, St John of God's, Hampstead or Highfield. However, through nominal linkage with surviving case notes, religious persuasion has been identified for 38.8% of Stewarts', 11.1% of Bloomfield's, 16.5% of St John of God's' and 26.9% of Hampstead and Highfield's first admissions.

34. The headings used are taken from the lunacy inspectors' annual reports in their categorisation of private asylum patients' former occupations. Preference was given to this classification system over contemporary census headings because, like this study, the lunacy inspectors were dealing exclusively with asylum populations and working with data drawn from admissions registers. The additional headings of 'clerk', 'labourer' and 'police' have been added to the lunacy inspector's model to highlight the prominence or otherwise of these occupations within certain asylum populations. 'Son of', 'pensioner' and 'social class specified' were also added to circumvent the difficulties in accurately classifying these groups.
35. This umbrella term includes merchants, grocers, shopkeepers, drapers, bakers, carpenters, butchers and commercial travellers. For more on nineteenth-century Irish industry, see Bielenberg (2009).
36. For more on industry in the North of Ireland and particularly Belfast, see Gribbon (1989, pp. 298–309).
37. Daly (1984, pp. 23–30).
38. *Ibid.*, pp. 32, 40–41.
39. Guinnane (1997, p. 39).
40. *Ibid.*, pp. 41–43.
41. Jones (1995, p. ix, 1).
42. Guinnane (1997, p. 41).
43. Cited in Bell and Watson (2009, p. 18).
44. See Guinnane (1997, pp. 44–47).
45. See MacDonagh (1977), Ó Gráda (1989, 1994), Comerford (1989); W.E. Vaughan (1994), Hoppen (1998). For an overview of the Irish Land Wars, see Clark (1979).
46. Clinical Record Volume No. 4 (WCC, St Senan's Hospital, Enniscorthy, pp. 373–374; 317–378, 118).
47. Clinical Record Volume No. 5 (WCC, St Senan's Hospital, Enniscorthy, p. 197).
48. Clinical Record Volume No. 4 (WCC, St Senan's Hospital, Enniscorthy, p. 239; 359); Clinical Record Volume No. 6 (WCC, St Senan's Hospital, Enniscorthy, p. 215).
49. Clinical Record Volume No. 4 (WCC, St Senan's Hospital, Enniscorthy, pp. 231, 14).
50. Clinical Record Volume No. 3 (WCC, St Senan's Hospital, Enniscorthy, p. 211).
51. Admissions Registers, 1858–1900 (Stewarts, Patient Records); Admissions Registers, 1812–1900 (FHL, Bloomfield Records); Admissions Registers, 1885–1900 (SJOGH, Patient Records); Admissions Registers, 1826–1900 (Highfield Hospital Group, Hampstead and Highfield Records).

52. Daly (1984, pp. 124–126).
53. Seventh Report on the District, Criminal, and Private Lunatic Asylums in Ireland [1981], H.C. 1854–1855, xvi, 137, p. 22.
54. Landlords usually let their land to ‘intermediate landlords, commonly called middlemen, who sublet their holdings to smaller tenants and cottiers’, meaning that they were not technically ‘occupied’ by their livelihood. See Donnelly (1989, p. 332).
55. Female Case Book, 1857–1887 (GM, Richmond District Lunatic Asylum, pp. 453, 108, 12).
56. Male Case Book, 1890–1891 (GM, Richmond District Lunatic Asylum, pp. 1–2).
57. *Ibid.*, pp. 754–756.
58. Male Case Book, 1891–1892 (GM, Richmond District Lunatic Asylum, p. 58).
59. This medical officer’s identity is unknown because he did not sign his case notes.
60. Male Case Book, 1891–1892 (GM, Richmond District Lunatic Asylum, pp. 146–147).
61. *Ibid.*, pp. 146–147.
62. *Ibid.*, p. 147.
63. Male Case Book, 1893–1894 (G.M, Richmond District Lunatic Asylum, pp. 433–435).
64. For example, Male Case Book, 1894–1895 (G.M, Richmond District Lunatic Asylum, pp. 53–54); Male Case Book, 1894–1895 (G.M, Richmond District Lunatic Asylum, pp. 49–50).
65. Male Case Book, 1892–1893 (G.M, Richmond District Lunatic Asylum, pp. 737–739).
66. Daly (1997, pp. 2–3).
67. *Ibid.*, p. 3.
68. Melling (2004, p. 192).
69. L. Walsh (2004, p. 265).
70. Michael (2004, p. 103).
71. Daly (1997, p. 32).
72. *Ibid.*, p. 19. This has been attributed alternately to the economic boom experienced in rural Ireland which enabled women to ‘opt out of paid employment in favour of unpaid domestic work within the family’ and the collapse of domestic spinning during the post-Famine period. See Bourke (1993).
73. Daly (1997, p. 7).
74. *Ibid.*, p. 8.
75. Daly (1984, p. 41).
76. Daly (1997, p. 32).

77. Rains (2010, pp. 152, 199–200).
78. Melling (2004, p. 192).
79. *Ibid.*, p. 199.
80. Daly (1997, pp. 19–22). For more on farming families in the West of Ireland, see Fitzpatrick (1980).
81. *Census of Ireland*, 1861–1911, Occupational Tables.
82. Clinical Record Volume No. 6 (WCC, St Senan's Hospital, Enniscorthy, pp. 175–176).
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Article

# Household Living Arrangements and Old Age Pauperism in Late-Victorian England

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**Abstract:** The fortunes of older people in late nineteenth-century England varied considerably. At the two extremes were a comfortable retirement and complete reliance on the New Poor Law, but most older people got by on some combination of part-time work, familial support, and transfer payments from the New Poor Law. This paper considers the extent to which access to resources during working age affected the risk of becoming pauperised (that is, dependent on transfer payments from the New Poor Law) in old age. We hypothesised that access to resources was an important determinant of old age pauperisation and that such access was associated with household living arrangements in earlier life. The analysis was conducted at both aggregate and individual levels and was based on a sample of small areas in England. We linked census data to New Poor Law records to assess the extent to which individuals relied on payments from the New Poor Law in their old age. We distinguished between those who, in their old age, received transfer payments while living in their own homes and those who were institutionalised through admission to the workhouse. The main finding is that people who, in earlier adult life, lived in households containing extended family members were less likely to have recourse to the New Poor Law in their old age than those who, in earlier adult life, lived with only their spouse and offspring. The results also support previous work that has found that females were more likely than males to be supported by the New Poor Law, but that males were more likely than females to enter workhouses.

**Keywords:** poverty; old age; household structure; welfare payments; living arrangements

## 1. Introduction

The study of older people in late-Victorian England has long been documented through their relationship with the welfare system of the New Poor Law. Contemporaries in the Victorian period who surveyed the aged poor found that older people were more likely than the adult working-age population to be admitted to workhouses or to receive transfer payments (known as *outdoor relief*) in their own homes. This was partly because older people were less able to earn a living for themselves, being subject to a range of infirmities associated with being old. For this reason, though, older people, or the “aged and infirm” as they were called, were deemed “deserving” of poor relief, in contrast to the adult working-age population, which was required to search for work rather than rely on welfare. Thus, older people placed greater demands on the welfare system than their younger counterparts, and the system was more willing to meet those demands.

Not all old people, however, were dependent on the New Poor Law. Some were financially independent through investments or a retirement pension. Others were supported by their families or worked part time. Many relied on a combination of transfer payments from the welfare system and familial support.

This paper is about those who were compelled to seek support from the New Poor Law. Who were they, and how did their characteristics differ from those who did not seek such support? We take a longitudinal perspective, asking whether events in people's earlier lives made it more or less likely that they would rely on the New Poor Law in old age. Such a perspective is lacking in the historiography of older people reliant on poor relief. We have little understanding of who the older people at the extremes of poverty actually were, their background, or their stories of how they came to be reliant on outdoor relief or institutionalised in workhouses. To put it simply, in order to understand the history of old age, we have to look into the histories of older people through their life course (Chudacoff and Hareven 1979).

We addressed this through a study of the association between the household living arrangements of adults of working age and the extent of their reliance on the New Poor Law in old age (which we define as being 60 years and over). We were interested in the extent to which access to resources, both material and family support, during the working-age period of an individual's life affected the risk of dependency on the New Poor Law in his or her old age.

Our analysis was conducted at both aggregate and individual levels and was based on a sample of small areas in England and Wales. It used individual-level census data recently made available through the Integrated Census Microdata (I-CeM) project to trace the histories of individuals across censuses from 1851 through to 1891. We linked the census data to New Poor Law records including workhouse admission and discharge registers to assess the extent to which individuals relied on payments from the New Poor Law in their old age. We also distinguished between those who, in their old age, received transfer payments while living in their own homes and those who were institutionalised through admission to the workhouse.

## 2. The Economic Position of Older People in Late-Victorian England and Wales

Older people in England and Wales in the late nineteenth century made a living using various means (Thomson 1991). At one end of the economic spectrum were those who had an independent income from a pension (such as retired military personnel) or deriving from the ownership of lands and houses. Then came a great number of older people who relied to some extent on support from members of their immediate or extended families. Finally, recourse could be had to the welfare system then extant in England and Wales, the New Poor Law. This involved transfer payments to older people made in one of two ways. First, payments in cash or in kind could be made to older people living in the community, either in their own houses or in the houses of their relatives: these payments were termed *outdoor relief*. Second, older people could be admitted to the workhouse, an institution catering to the unemployed and otherwise destitute, where they would be fed and clothed in return for performing some more or less menial work. Support provided in the workhouse was known as *indoor relief*. The New Poor Law was administered locally, the unit of administration being the Poor Law Union. The typical Poor Law Union outside urban areas consisted of around 25 parishes and was often centred on a market town. Its population was typically 30,000–50,000 people by the last decades of the nineteenth century. Many older people made use of combinations of these three sources of income, for example, being looked after by their offspring while at the same time receiving a cash payment from the Poor Law Union. For the purposes of this paper, *pauperism* means a state of relying on transfer payments through the New Poor Law for at least part of one's living. We are interested in the factors that affected the chance that a person would become so reliant after the age of 60 years.

The Poor Law in England and Wales has a long history, going back at least to the sixteenth century. Until 1834, and arguably until 1865, it was administered on a parish basis: the poor of each parish were supported by a rate raised on the better-off inhabitants of the same parish. This collective care of the poor, and specifically the older age poor, went along with a rather pure version of the nuclear family system. This system involved neolocal marriage and entailed the risk that offspring would not be available to care for their parents during the latter's old age, leading to the economic situation of older people being precarious: the "nuclear hardship" hypothesis (Laslett 1988). It contrasts with systems

elsewhere in Europe where extended or joint families were more common and close connections were more often maintained with kin, who were more likely to be available to provide economic and social support to their relations in the latter's old age. It has been found that, in parts of southern England in the nineteenth century, only 40% of old people co-resided with their offspring (Thomson 1986) and that "families were not positioning themselves so as to support the elderly" (Thomson 1991, p. 210). In England and Wales, then, a major role of the Poor Law was to enable collective provision for older people to fill the gap left by the absence of, or the limited nature of, family provision (a notable exception to the individualistic culture often supposed to characterise England in the past) (Macfarlane 1978; Thomson 1986; Thane 2000). The way the Poor Law was operated in practice in nineteenth-century England and Wales varied regionally. Several commentators have pointed out that in the north of England, provision was less generous than it was in the south of the country; and the system also operated differently in Wales (King 2000; Boyer 2016; Jones 2017). Variations could occur within these broad regions, however, and there were regional variations in the closeness of the ties between older people and their families or the extent to which other family members were able to support their older relatives. In parts of the Midlands and the north of England, well over half of older people were co-residents with offspring (for examples, see Anderson 1971; Dupree 1995). In general, the proportion of older people receiving poor relief was greatest in those areas where the aged poor were, relatively speaking, most numerous (Thomson 1991).

The risk that an older person would become reliant on the New Poor Law therefore depended on three elements: the opportunities the person had had to accumulate wealth in earlier adulthood; the chance that he or she had maintained contact with both immediate kin (specifically offspring) and his or her wider family; and the region where he or she lived. This paper focuses on the first two of these elements (for a discussion of the third, see Heritage 2019a).

The opportunity to accumulate wealth during adult life and the extent to which people maintained contact with family members are associated with the position they occupied in their households of residence in earlier adulthood. For example, an adult who, at the age of 40 years, found himself or herself unmarried and living with and caring for an aged parent was in a much worse position from a wealth accumulation point of view than his or her sibling who was married and living as head (or spouse of head) of a separate household. Position within the household in earlier adulthood is also associated with the extent to which contact was being maintained with other family members. People living in "extended" households alongside members of their wider kin group might be expected to have a larger pool of family members from which to draw support in old age than people living in simple households with just their spouse and offspring.

In this paper, we examined the association between living arrangements in earlier adulthood and the risk of becoming pauperised in old age. We did this by comparing people who were aged 60 years and over in the 1880s and 1890s with the same people (or the same cohort) in 1851 and 1861, when they were aged approximately 20–49 years and 30–59 years, respectively. The analysis was carried out at both aggregate and individual levels. In the aggregate analysis, we compared average pauperism rates with measures of the structure of the household at the level of the registration district. There were roughly 600 registration districts in England and Wales in the nineteenth century; and an attractive feature of public administration in the country was that the registration districts were, in many instances, almost coterminous with Poor Law Unions. The individual-level analysis took cohorts of individual people and used record linkage to trace them back from their old age in the 1880s to the censuses of 1851 and 1861, when they were younger adults. It thus compared the household living arrangements in earlier adulthood with the economic position in old age of a specific cohort of individuals.

Our two hypotheses may be stated as follows. First, individuals who, in their working ages, maintained contact with their families, both immediate and extended, were less likely to have to rely on the New Poor Law to support them in their old age than were individuals who did not maintain such contact. The deeper the familial contact, and the wider the kin group it involved, the lower the chance

of pauperisation. Second, those who were isolated from their families when they were of working age, or whose familial position meant that they were unable to accumulate wealth, were especially likely to need assistance from the community when they were older.

### 3. Materials and Methods

#### 3.1. Data

The data used in this paper came from five counties of England and Wales. These were chosen to be representative of different regimes for implementing the New Poor Law. Two of the counties (Hertfordshire and Hampshire) are in southern England; two (Cheshire and the West Riding of Yorkshire) are in the north, and one (Glamorgan) lies in Wales. Within each of these counties, a sample of registration districts was chosen, forming a total of 63 registration districts in the five counties taken together. These registration districts are not a random sample of all the registration districts in the country; however, they are broadly representative of the different economic regions and of different New Poor Law regimes. Because these registration districts are almost coterminous with Poor Law Unions, data drawn from New Poor Law records generally cover the same geographical areas as those drawn from census data.

Our data came from several sources. Data on household structure and living arrangements in 1851 and 1861 come from the Integrated Census Microdata project (Schürer and Higgs 2020). This provides complete listings of the inhabitants of England and Wales in the censuses of 1851, 1861, 1881, 1891, 1901, and 1911, including names, ages, and answers to all the questions asked in those censuses. Data on old age pauperism at the aggregate level came from six-monthly lists of the numbers being given transfer payments. Officials within each Poor Law Union were asked to provide the central authorities in London with a summary of the numbers of males and females being supported in whole or in part on 1 January and 1 July each year. These summary numbers were published in the British Parliamentary Papers, distinguishing males from females and paupers who were “able bodied” from those who were not “able bodied”. We used the numbers of people being assisted on 1 January 1891 (Great Britain Parliamentary Papers 1892). At the individual level, we used lists of the names of individuals being supported in the early 1880s by three Poor Law Unions, Alton and Winchester in Hampshire and Ripon in the West Riding of Yorkshire (see Appendix A). Nominal lists of paupers of this kind are very hard to find in England and Wales for any Poor Law Union. Those for Alton, Winchester, and Ripon were discovered in local archives, and data collection involved days of work transcribing manuscript documents. The lists include weekly returns of those given payments, either in cash or in kind, and also the admission and discharge records of the workhouses. We can therefore identify who received outdoor relief and who was admitted to the workhouse.

#### 3.2. Pauperism

Our individual-level data include details of people who were given support under the New Poor Law during a period in the first half of the 1880s, stretching from 1880 to 1885 (the exact duration varies among the three Poor Law Unions for which we have data). In the individual-level analysis, a person is defined as a pauper if, at any time during that period, he or she received such a payment. As mentioned earlier, persons receiving assistance from the New Poor Law could either receive this in the community or by being admitted to the workhouse. We therefore identify a subset of paupers who were, at some point during the period for which we have data, admitted to the workhouse.

Our aggregate-level measure of the extent of pauperisation is an estimate of the proportions of those aged over 60 years who were in receipt of payments under the New Poor Law in 1891. We estimated this by dividing the average number receiving relief on 1 January 1891 and described as “non-able bodied” by the population in the corresponding Poor Law Union recorded in the census of 1891 (which took place in early April). This measure is subject to error. The main error is that a proportion of those defined as “non-able bodied” in the returns of those receiving relief were aged

under 60 years. This proportion was, however, quite small. In general, local and national poor law administrators assumed that those aged under 60 years were “able bodied” unless it were proved otherwise, whereas those aged 60 years and over were assumed to be “aged and infirm” and hence “non-able bodied”.

### 3.3. Household Living Arrangements

The analysis in this paper is based on a comparison of the household living arrangements of people aged approximately 30–59 years and the extent of pauperisation among people aged 60 years and over. Our measure of household living arrangements makes use of a coding scheme of household types used by the I-CeM project and based on a classification system created by Eugene Hammel and Peter Laslett (Higgs et al. 2013; Laslett 1972). The I-CeM data include a derived variable that denotes the arrangement under which each person was living at the time of the relevant census. The type of household is categorised using a version of the Laslett–Hammel system of household classification; in this paper, we used a simplified version of that system (Table 1). Our classification divided households into four broad types:

1. Simple-family households, with or without children;
2. Extended households, which contained kin beyond the offspring of the head and spouse;
3. Multiple-family households, with more than one family unit;
4. Other households, including solitaries and households without a core family unit.

We also distinguished people described as “servants” and “lodgers”.

Table 1 also gives the approximate percentage of persons aged 30–59 years in mid-Victorian England and Wales (1851 and 1861) living under each arrangement. It is clear that the largest single group (almost a majority) was living either as head or spouse in a simple family with their offspring only. If we add those living as head or spouse without children and without other related people, then we account for more than 60% of the population in this age range. Very few people lived in multiple-family households, but extended households were not rare: 15%–20% of the population lived in such households.

**Table 1.** Categorisation of the household living arrangements used in this paper.

Designation	Description	Approximate Percentage of Those Aged 30–59 Years Living under Such Arrangements in Mid-Nineteenth-Century England and Wales
Unrelated	Listed as “servant”, “lodger”, etc.	10
Solitary	Living alone	5
No core family unit	Living with siblings	4
Simple family no offspring	Living with spouse only	15
Simple family with offspring	Living with spouse and offspring only	46
Household extended upwards from head	Head, spouse, offspring, and members of generation of head’s parents	3
Household extended downwards from head	Head, spouse, offspring, and members of generation of head’s grandchildren	9
Other extended household	Head, spouse, offspring, and other members of head’s or head’s offspring’s generation	5
Multiple-family household	Two or more related married couples	3

Approximate percentages were derived from Integrated Census Microdata (I-CeM) census data for 1851 and 1861. They vary slightly from place to place and should be interpreted as an indication of the relative weight of each living arrangement in the population and not as exact figures.

### 3.4. The Life Course Perspective

With both the aggregate and individual-level data, we took a life course perspective. We compared the situation of those aged 60 years and over in the early 1880s (for the individual-level analysis) and 1891 (for the aggregate analysis) with the situation of the same cohort in 1851 and 1861. In the aggregate analysis, we compared the situations of the entire populations of the 63 registration districts. In the individual-level analysis, we identified two groups of people: those who received payments under the New Poor Law in the early 1880s when they were aged 60 years and over and the subset of those who received payments in the early 1880s who were admitted to the workhouse. We examined the living arrangements in 1851 and 1861 of these two groups and compared them with the living arrangements of all those living in the same registration district in 1851 and 1861 who were in the same age range as the two groups would have been in those census years. For example, in 1861, those in the groups were aged 37–73 years in the Ripon registration district, 36–71 years in the Alton registration district, and 36–67 years in the Winchester registration district.

## 4. Results

### 4.1. Aggregate Analysis

Table 2 presents the results of binary regressions of the percentages of those aged 60 years and over receiving poor relief in 1891 in the 63 registration districts/Poor Law Unions in our five study counties on the percentages of those aged 30–59 years living in various types of household in 1861 in the same registration districts.

**Table 2.** Results of binary regression of percentages of those aged 60 years and over receiving payments under the New Poor Law in 1891 on the percentages of those aged 30–59 years in 1861 living under various arrangements: 63 registration districts/Poor Law Unions of England and Wales.

Living Arrangements	Females	Males
Unrelated to head	−0.53	0.05
Solitary	−1.20	0.27
No core family unit	−3.41 *	−3.27 *
All simple households	0.62 *	0.41 *
Simple household with offspring	0.49 *	0.30
Extended household (all types)	−1.72 *	−1.35 *
Multiple-family household	−1.01	−1.60 *

\*: Asterisks denote effects statistically significant at the 95% level. Two registration districts were subdivided in the 1870s: we combined their data for 1891 to preserve the 1861 geography.

It is clear that registration districts where extended households were more common in 1861 (or, at least, where a large proportion of adults aged 30–59 years lived in extended households) had lower levels of pauperisation in 1891. For each percentage point increase in the proportion of adults living in extended households in 1861, the proportion of those aged 60 years and over who were pauperised in 1891 was reduced by 1.72 percentage points (for females) and 1.35 percentage points (for males). Even larger effects were seen for the percentages living in households with no core family unit, though here we are dealing with a small proportion of households. Conversely, a higher proportion of working-age adults living in simple households in 1861 was associated with a higher proportion of older people claiming support from the New Poor Law in 1891.

These results hold up to a considerable extent when controlling for regional effects and for the urban–rural nature of the registration districts. We performed a multiple regression analysis in which the independent variables were the percentages of adults aged 30–59 years in 1861 living in simple and extended or multiple households and the dependent variable was the same as in Table 2. We controlled for the county in which the registration district is situated and whether the registration district/Poor Law Union was classified by Charles Booth as “rural”, “half rural”, or “urban” in 1892 (Booth 1894).



The results (Table 3) confirm that the aggregate association between living arrangements in 1861 and pauperism in 1891 holds up after including the controls. For females, a one-point increase in the percentage of adults aged 30–59 years living in simple households in 1861 is associated with a 0.66-point increase in the percentage of old women claiming assistance from the New Poor Law in 1891; for males, the corresponding effect is a 0.30-point increase in pauperism in 1891. For males only, a greater prevalence of residence in an extended or multiple household in 1861 is associated with a reduced reliance on the New Poor Law in 1891. The results in Table 3 also confirm that older people relied less on the New Poor Law in the north of England (Cheshire and Yorkshire) than in the south of England (Hampshire being the reference region), the difference being especially marked for females.

**Table 3.** Results of multiple regression analysis of percentages of those aged 60 years and over receiving payments under the New Poor Law in 1891 on the percentages of those aged 30–59 years in 1861 living in simple and extended/multiple households and control variables: 63 registration districts of England and Wales.

Covariate	Females	Males
Constant	−15.87	13.60
Living in simple households in 1861	0.66 *	0.30 *
Living in extended and multiple households in 1861	−0.01	−0.78 *
Yorkshire	−10.04 *	−5.21 *
Cheshire	−7.27 *	−4.61 *
Glamorgan	−2.13	−3.80 *
Hertfordshire	3.29	1.92
Half rural	2.99	1.01
Urban	−0.55	−1.79
R <sup>2</sup>	0.53	0.63

\*: Asterisks denote effects statistically significant at the 95% level. “Hampshire” and “Rural” are reference categories.

The highest negative coefficient by county is found for both men and women in Yorkshire. This may be associated with the smallholding economy in the sample registration districts, where farm work was mainly run by the extended family. The two Yorkshire registration districts of Settle and Skipton, in particular, contained substantial numbers of male farmers and a low proportion of male agricultural labourers according to 1891 census data (Heritage 2019a). These districts, out of the 63 analysed, exhibited some of the highest proportions of people aged 30–59 years recorded in extended and multiple households in 1861, as well as the lowest proportions of those aged 60 years and over receiving payments under the New Poor Law in 1891. Smallholdings were conducive to household structures that safeguarded people from old age pauperism. By contrast, the labour-intensive nature of arable farming in the south and east of England, comprising low-wage agricultural labourers, may account for the positive relationship between household residence and pauperism in Hertfordshire.

#### 4.2. Individual-Level Analysis

We now turn to the individual-level analysis. We started with the tracing back in time of those who were recorded in the early 1880s as having received assistance from the New Poor Law and those who were recorded as having been admitted to the workhouse.

In the three Poor Law Unions for which we have data, a total of 177 men and 289 women appear either in the records of payments of outdoor relief or in the workhouse admissions books. Of these, 46 men and 18 women were recorded as being admitted to the workhouse, with 131 men and 271 women receiving only payments in the community. The detailed numbers were as follows: for payments in the community in Alton Union, 82 men and 153 women, and in Ripon Union, 49 men and 118 women; for admission to the workhouse in Ripon Union, 22 men and 10 women, and in Winchester Union, 24 men and 8 women. We do not have data for Alton Union on workhouse admissions or for Winchester Union on payments in the community. These numbers do not include all those who were

receiving support from the New Poor Law in the 1880s. We used census records for the 1881 census to add those who were living in the workhouse in 1881 and certain other individuals. This brought the total of those who received support from the New Poor Law in the early 1880s in the three unions to 318 men and 408 women, of whom 154 men and 70 women spent at least some time in the workhouse. These raw numbers already confirm what has been suggested by previous researchers: that men were less likely than women to be dependent on the New Poor Law but that, if they became dependent, they were more likely to be admitted to the workhouse (Goose 2005).

We successfully traced 106 men and 219 women who received payments in the community in the early 1880s back to the 1861 census. The vast majority of these were living in the same Poor Law Union in 1861 as they were in the 1880s. We could have, in principle, traced people across space to take account of those who migrated in the interim period. This would have been achievable using the searchable database constructed from the individual-level data from the 1851 and 1861 censuses by genealogical organisations, such as ancestry.co.uk. However, we were concerned with people aged (typically) over 40 years, and this age group was not very migratory, so, for this initial analysis, we did not feel that the tracing of migrants was worth the substantial additional effort involved.

Of those who were admitted to workhouses, we successfully traced 56 men and 24 women back to 1861. This gives a total percentage successfully traced back to 1861 of 51% of men and 60% of women. These percentages might appear somewhat low, but it should be borne in mind that for many of these people, we have very limited information on which to base the linkage. Of those who appeared in the records of payments in the community or in the workhouse admissions books in the early 1880s for which we have more information, we successfully traced 92% (162/177) of men and 84% (219/271) of women back to 1861 and 85% of men and 78% of women back to 1851. The most difficult group to trace were males in the workhouses who did not appear in the admissions books. For many of these, we have only the sketchiest of information from the 1880s. In addition, some of them may have been itinerant workers hailing from distant places.

We shall eventually focus on the living arrangements of those who could be traced in 1861 and 1851 for two groups of paupers in the 1880s: those receiving payments in the community and those admitted to the workhouse (Tables 4 and 5). However, let us first look at the living arrangements of all those in the relevant age range in 1861 and 1851 (roughly 36–70 years of age in 1861 and 26–60 years of age in 1851). The distribution of these adults among the household types in the three Poor Law Unions broadly reflects that of Table 1. About 60% were living in simple households, 17%–20% in extended or multiple households (rather more in 1861 than in 1851, when the relevant cohort was older). Only small percentages were living alone (especially in 1851) or in households with no core family unit. If we now look at those who would go on to receive payments in the community from the New Poor Law in the early 1880s, we find that a higher proportion was living in simple households with offspring: 60.2% compared with 45.3% for females in 1861 and 62.2% compared with 48.5% for males in 1861, with the differences being even starker in 1851. Conversely, relatively fewer were living in extended or multiple households, living alone, or living as a servant or a lodger in the household of an unrelated head. Finally, though numbers are small, we examined the living arrangements of those who would go on to be admitted to the workhouse in their old age. Summarising the experience of males and females, we can say that people in this group were more likely to be living in a simple household without offspring or unrelated to the household head and less likely to be living with offspring than those who would eventually receive outdoor relief.

**Table 4.** Percentages with various living arrangements in 1861.

Living Arrangement in 1861	Females			Males		
	Admitted to Workhouse in 1880–1885	Received Outdoor Relief in 1880–1885	Whole Population in 1861	Admitted to Workhouse in 1880–1885	Received Outdoor Relief in 1880–1885	Whole Population in 1861
Unrelated to head	12.5	1.4	11.0	12.5	4.7	9.3
Solitary	4.2	2.3	4.6	5.4	1.9	4.5
No core family unit	4.2	7.3	4.6	1.8	6.6	2.4
Simple no offspring	20.8	12.3	11.2	19.6	13.2	11.9
Simple with offspring	41.7	60.2	45.3	48.2	62.2	48.5
Extended or multiple	16.7	16.3	21.3	12.5	11.3	19.0
N	24	219	7852	56	106	7533

The sources for this table are New Poor Law records and workhouse admission and discharge books, Alton, Ripon, and Winchester Poor Law Unions, 1880–1885 (see Appendix A) and 1861 census data from the Integrated Census Microdata project. The figures for the “whole population” refer only to those in the age groups represented by those “admitted to the workhouse” and receiving “payments in the community”, roughly 36–70 years. The percentages exclude a small proportion of institutional residents in 1861 (2.0% of the female population and 4.3% of the male population).

**Table 5.** Percentages with various living arrangements in 1851.

Living Arrangement in 1851	Females			Males		
	Admitted to Workhouse in 1880–1885	Received Outdoor Relief in 1880–1885	Whole Population in 1851	Admitted to Workhouse in 1880–1885	Received Outdoor Relief in 1880–1885	Whole Population in 1851
Unrelated to head	8.0	0.9	11.9	12.5	1.8	12.3
Solitary	0.0	0.5	1.2	0.0	0.9	1.2
No core family unit	4.0	1.4	5.6	6.3	1.8	2.6
Simple no offspring	16.0	5.2	8.1	4.2	6.3	8.1
Simple with offspring	60.0	77.3	52.8	56.3	79.3	52.2
Extended or multiple	12.0	14.2	17.9	20.9	9.9	16.7
N	25	211	8756	48	111	8664

The sources for this table are New Poor Law records and workhouse admission and discharge books, Alton, Ripon, and Winchester Poor Law Unions, 1880–1885 (see Appendix A) and 1851 census data from the Integrated Census Microdata project. The figures for the “whole population” refer only to those in the age groups represented by those “admitted to the workhouse” and receiving “payments in the community”, roughly 26–60 years. The percentages exclude a small proportion of institutional residents in 1851 (2.3% of the female population and 7.0% of the male population).

Finally, it is possible to use the data to start with the 1861 populations of the three Poor Law Unions and to estimate the probability of being a pauper in the early 1880s and of entering the workhouse in the 1880s for persons with different living arrangements in 1861. This analysis involved estimating the proportions of those alive in 1861 who would survive to the early 1880s. This we did using life tables for the second half of the nineteenth century (Woods and Andrew Hinde 1987). We made the assumption that mortality was not correlated with living arrangement in 1861. We then calculated the proportion of the survivors who were pauperised in the 1880s or who entered the workhouse. We assumed no migration (or, at least, that migration was not correlated with the risk of pauperisation), which is a non-trivial assumption, although this age group (people all aged over 35 years) was not especially migratory. We also noted that the data for the 1880s did not capture all those who were in receipt of support from the New Poor Law. The results, therefore, should not be interpreted as indicating the level of pauperisation among older people at that time.

This exercise made use of several assumptions that require further assessment and so the results should be viewed with caution. We believe, though, that despite the assumptions we made, they tell us something about the differentials in the risk of old age pauperisation among persons with different household living arrangements when they were younger adults. This belief is buttressed by the fact that the results (Table 6) largely confirm the story revealed by the aggregate analysis and the individual-level analysis “looking back” from the 1880s and, where they can be compared with previous

work, are generally consistent with what we know from that work. Overall, females were more likely to be pauperised in old age than were males, but males who did rely on the New Poor Law were more likely than females to enter the workhouse. There is a suggestion that the greater female pauperisation was a feature of those who were married; it was less true of the unmarried (compare the figures for males and females who were living alone or in households with no core family unit).

**Table 6.** Proportion of survivors of those alive in 1861 ending up pauperised or admitted to the workhouse when aged over 60 years in the early 1880s.

Living Arrangement in 1861	Females		Males	
	Pauperised (Receiving Support from the New Poor Law)	Admitted to the Workhouse	Pauperised (Receiving Support from the New Poor Law)	Admitted to the Workhouse
Unrelated to head	0.031	0.015	0.066	0.038
Solitary	0.073	0.012	0.057	0.034
No core family unit	0.205	0.012	0.170	0.021
Simple no offspring	0.158	0.025	0.107	0.047
Simple with offspring	0.173	0.012	0.098	0.028
Extended and multiple	0.095	0.015	0.042	0.009
Overall	0.135	0.013	0.083	0.029

The sources for this table are New Poor Law records and workhouse admission and discharge books, Alton, Ripon, and Winchester Poor Law Unions, 1880–1885 (see Appendix A) and 1861 census data from the Integrated Census Microdata project.

The probability of pauperisation among persons living in simple households was close to double that among persons living in extended or multiple households. Only a small minority of people would enter the workhouse, but the risk of entering the workhouse was higher among those living without offspring in 1861, suggesting that the presence of offspring was associated with the receipt of payments in the community (Dupree 1995). The proportion of persons in earlier adulthood living in households with no core family unit was small, but these people were especially likely to be reliant on the New Poor Law in their old age (though rather unlikely to enter the workhouse). Finally, those who as mature adults were living as servants or lodgers (who comprised most of those described in Table 6 as “unrelated to head”) were no more likely to have to rely on poor relief in their old age than others, but, if they did, they had around a 50% chance of having to enter the workhouse. It might be observed that this group was especially likely to have migrated between 1861 and the early 1880s. Nevertheless, it makes intuitive sense in that those living as servants or lodgers were less likely to have maintained connections with family members than the rest of the population.

A discussion of some of the case histories of the individuals recorded in Tables 4–6 offers more context to our findings. In 1851, John Brown, the oldest of 10 siblings, from Markington parish, Ripon, was aged 32 years, living with his father, a farmer owning 164 acres and employing 5 men and 2 boys. In the 1871 census, he was enumerated as an unmarried farm servant in an unrelated household. Ten years later, shortly before his admission to Ripon workhouse, he was described as a boarder and farm labourer to Hannah King, who owned 5 acres. George Lee, living in Owslebury, Winchester, in 1861, was aged 45 years and lived with his 80-year-old father. In 1871, he migrated to nearby Upham, Winchester, where he was a 56-year-old lodger of the Cooper family. George Lee, similar to John Brown, was also admitted to the workhouse in old age (Heritage 2019b). What their stories show is the contrast between the Victorian ideals of “the family” and the reality of their actual living arrangements, where they remained unmarried without starting a family (Ittmann 1995). Evidence elsewhere points to how the involvement of adult offspring outside the household reduced the likelihood of elderly couples facing the workhouse (Snell 2006). The prospective workhouse admissions of John Brown and George Lee followed the curtailment of the normal transition from the parental household through subsequent marriage to living in independently run households. When people conformed to Victorian

conventions of marriage and family, this increased the likelihood of receiving transfer payments in their homes over institutional accommodation in the workhouse.

## 5. Conclusions

This paper represents an initial attempt to analyse old age pauperisation using a life course perspective. This attempt was made possible by the availability of machine-readable and searchable census data through the I-CeM project. We set out to test two hypotheses: that individuals who, in their working ages, maintained contact with their families, both immediate and extended, were less likely to have to rely on the New Poor Law to support them in their old age than individuals who did not maintain such contact and that those who were isolated from their families when they were of working age, or whose familial position meant that they were unable to accumulate wealth, were especially likely to be pauperised in old age. We find substantial support for the first of these hypotheses in our data and some support for the second.

In general, in late-Victorian England, females were more likely than males to have recourse to the New Poor Law in their old age—at least among those who married. Those who lived in simple households in their earlier adult lives were more likely to require support from the New Poor Law than were those living in extended or multiple households. Thus, our data provide support for the “nuclear hardship” hypothesis. Those who lived alone, or who were living in mid-adulthood as servants or lodgers in someone else’s household, were especially likely to have to enter the workhouse if they became poor in their old age, most likely because they lacked familial support. Those who were living as servants or lodgers were also mainly in occupations that did not facilitate the accumulation of wealth. Finally, living alone in mid-adulthood does not appear to have been associated with an increased risk of pauperisation in old age.

There was, therefore, a clear association between household living arrangements in earlier adulthood and the risk of pauperisation in old age. However, identifying the impact of more detailed characteristics of living arrangements in earlier adulthood is complicated. For example, we might ask whether being a household head, or the wife of a household head, when aged around 40 years was associated with the risk of becoming a pauper in old age. Trying to answer this question, we quickly run into difficulties. Persons living in simple households were certain to be household heads or their spouses and were more likely to have recourse to the New Poor Law. Those living in extended and multiple households may or may not have been heads of these households. Those described as living as “servants” or “lodgers” were, by definition, not heads of their households; those living alone were, by definition, all heads of their households.

Despite this, our paper has provided evidence that, just as multigenerational families in the United States have been shown to have provided clear benefits for the welfare of both the older and younger generations (Ruggles 2003), extended family households, though relatively rare in England and Wales, were protective in terms of reducing the risk of pauperism and of workhouse admission at older ages. This not only implicitly points to the willingness of family members in these households to provide economic and social support for their older kin, but also highlights the efficacy of this support in reducing reliance on the New Poor Law system. Although it may be true that English families in the Victorian period were not deliberately arranged with support for the elderly in mind (Thomson 1991), in practice, many families did provide such support, and those individuals who maintained a greater range and intensity of connections with their families across the life course had a reduced chance of being reliant on community welfare payments from the New Poor Law in their old age.

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## Appendix A

This Appendix lists the sources of nominal data on paupers being relieved in the 1880s. These data were obtained from local archives as follows: for Ripon Poor Law Union: North Yorkshire Record Office, Outdoor Relief Application and Report Books, 7 October 1880 to 22 September 1881, BG/RI 4/1/4 and Workhouse Admissions and Discharge Registers, April 1880–December 1884, BG/RI 5/3/1. For Alton Poor Law Union: Hampshire Archives and Local Studies, Outdoor Relief Application and Report Books, Alton No1 District, June–September 1881, PL3/2/89 and December 1881–March 1882, PL3/2/90, Binsted No2 District, June–September 1880, PL3/2/128 and December 1880–March 1881, PL3/2/129. For Winchester Poor Law Union: Hampshire Archives and Local Studies, Workhouse Admissions and Discharge Registers of New Winchester Union, April 1879–September 1881, PL5/11/32, October 1881–September 1882, PL5/11/33 and September 1882–March 1885, PL5/11/34.

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# Pauperism

**Pauperism** (Lat. *pauper*, poor) is a term meaning poverty or generally the state of being poor, but in English usage particularly the condition of being a "pauper", i.e. in receipt of relief administered under the English Poor Laws.<sup>[1]</sup> From this springs a more general sense, referring to all those who are supported at public expense, whether within or outside of almshouses, and still more generally, to all whose existence is dependent for any considerable period upon charitable assistance, whether this assistance be public or private.<sup>[2]</sup> In this sense the word is to be distinguished from "poverty".<sup>[1]</sup>

Under the English Poor Laws, a person to be relieved must be a destitute person, and the moment he had been relieved he became a pauper, and as such incurred certain civil disabilities.<sup>[1]</sup> Statistics dealing with the state of pauperism in this sense convey not the amount of destitution actually prevalent, but the particulars of people in receipt of poor law relief.<sup>[1]</sup>

The 1830s brought to Europe great economic hardships. The late 19th century saw a tremendous rise in the populations of all the European countries. This resulted in more job seekers than emplacement. Populations from rural areas migrated to bigger towns to live in overcrowded slums. Small producers in town faced tough competition from cheap imported goods in England. The rise of food prices led to widespread pauperism.

Poverty in the interwar years (1918–1939) was responsible for several measures which largely killed off the Poor Law system. Workhouses were officially abolished by the Local Government Act 1929,<sup>[3]</sup> and between 1929–1930 the Poor Law Guardians, the "workhouse test," and the term "pauper" disappeared.

## See also

- Debtors Anonymous
- Pauper's funeral
- Reserve army of labour
- Social exclusion
- Social stigma
- *The Prince and the Pauper*
- Working poor

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Homeless people sleep near the "LUKOIL" in Moscow



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# Poverty



Clockwise from top-left: a homeless man in [Toronto](#), [Canada](#); a disabled man begging in the streets of [Beijing](#), [China](#); a mother with her [malnourished child](#) in a clinic near [Dadaab](#), [Kenya](#); [waste pickers](#) in [Lucknow](#), [India](#)

**Poverty** is the state of not having enough material possessions or income for a person's basic needs.<sup>[1]</sup> Poverty may include social, economic, and political elements.<sup>[2]</sup> *Absolute poverty* is the complete lack of the means necessary to meet basic personal needs, such as food, clothing, and shelter.<sup>[3]</sup> The floor at which *absolute poverty* is defined is always about the same, independent of the person's permanent location or era. On the other hand, *relative poverty* occurs when a person cannot meet a minimum level of living standards, compared to others in the same time and place. Therefore, the floor at which *relative poverty* is defined varies from one country to another, or from one society to another.<sup>[4]</sup>

Many governments and non-governmental organizations try to reduce poverty by providing basic needs to people who are unable to earn a sufficient income. These efforts can be hampered by constraints on government's ability to deliver services, such as corruption, tax avoidance, debt and loan conditionalities and by the brain drain of health care and educational professionals. Strategies of increasing income to make basic needs more affordable typically include welfare, economic freedoms and providing financial services.<sup>[5]</sup> Meanwhile, the poorest citizens of middle-income countries have largely failed to receive an adequate share of their countries' increased wealth.<sup>[6]</sup>

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The word *poverty* comes from the old (Norman) French word *poverté* (Modern French: *pauvreté*), from Latin *paupertās* from *pauper* (poor).<sup>[7]</sup>

There are several definitions of poverty depending on the context of the situation it is placed in, and usually references a state or condition in which a person or community lacks the financial resources and essentials for a certain standard of living.

United Nations: Fundamentally, poverty is the inability of having choices and opportunities, a violation of human dignity. It means lack of basic capacity to participate effectively in society. It means not having enough to feed and clothe a family, not having a school or clinic to go to, not having the land on which to grow one's food or a job to earn one's living, not having access to credit. It means insecurity, powerlessness and exclusion of individuals, households and communities. It means susceptibility to violence, and it often implies living in marginal or fragile environments, without access to clean water or sanitation.<sup>[8]</sup>

World Bank: Poverty is pronounced deprivation in well-being, and comprises many dimensions. It includes low incomes and the inability to acquire the basic goods and services necessary for survival with dignity. Poverty also encompasses low levels of health and education, poor access to clean water and sanitation, inadequate physical security, lack of voice, and insufficient capacity and opportunity to better one's life.<sup>[9]</sup>

## Measuring poverty

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### Absolute poverty

Absolute poverty, often synonymous with 'extreme poverty' or 'abject poverty', refers to a set standard which is consistent over time and between countries. This set standard usually refers to "a condition characterized by severe deprivation of basic human needs, including food, safe drinking water, sanitation facilities, health, shelter, education and information. It depends not only on income but also on access to services."<sup>[10][11][12]</sup>

The "dollar a day" poverty line was first introduced in 1990 as a measure to meet such standards of living. For nations that do not use the U.S. dollar as currency, 'dollar a day' does not translate to living a day on the equivalent amount of local currency as determined by the exchange rate.<sup>[13]</sup> Rather, it is determined by the purchasing power parity rate, which would look at how much local currency is needed to buy the same things that a dollar could buy in the United States.<sup>[13]</sup> Usually, this would translate to having less local currency than if the exchange rate was used as the United States is a relatively more expensive country.<sup>[13]</sup> From 1993 through 2005, the World Bank defined absolute poverty as \$1.08 a day on such a purchasing power parity basis, after adjusting for inflation to the 1993 U.S. dollar<sup>[14]</sup> and in 2008, it was updated as \$1.25 a day (equivalent to \$1.00 a day in 1996 US prices)<sup>[15][16]</sup> and in 2015, it was updated as living on less than US\$1.90 per day,<sup>[17]</sup> and *moderate poverty* as less than \$2 or \$5 a day.<sup>[18]</sup> Similarly, 'ultra-poverty' is defined by a 2007 report issued by International Food Policy Research Institute as living on less than 54 cents per day.<sup>[19]</sup> The poverty line threshold of \$1.90 per day, as set by the World Bank, is controversial. Each nation has its own threshold for absolute poverty line; in the United States, for example, the absolute poverty line was US\$15.15 per day in 2010 (US\$22,000 per year for a family of four),<sup>[20]</sup> while in India it was US\$1.0 per day<sup>[21]</sup> and in China the absolute poverty line was US\$0.55 per day, each on PPP basis in 2010.<sup>[22]</sup> These different poverty lines make data comparison between each nation's official reports qualitatively difficult. Some scholars argue that the World Bank method sets the bar too high, others argue it is too low. There is disagreement among experts as to what would be considered a realistic poverty rate with one considering it "an inaccurately measured and arbitrary cut off".<sup>[23]</sup> Some contend that a higher poverty line is needed, such as a minimum of \$7.40 or even \$10 to \$15 a day. They argue that these levels would better reflect the cost of basic needs and normal life expectancy.<sup>[24]</sup> One estimate places the true scale of poverty much higher than the World Bank, with an estimated 4.3 billion people (59% of the world's population) living with less than \$5 a day and unable to meet basic needs adequately.<sup>[25]</sup> Philip Alston, a UN special rapporteur on extreme poverty and human rights, stated the World Bank's international poverty line of \$1.90 a day is fundamentally flawed, and has allowed for "self congratulatory" triumphalism in the fight against extreme global poverty, which he asserts is "completely off track" and that nearly half of the global population, or 3.4 billion, lives on less than \$5.50 a day, and this number has barely moved since 1990.<sup>[26]</sup> Still others suggest that poverty line misleads as it measures everyone below the poverty line the same, when in reality someone living on \$1.20 per day is in a different state of poverty than someone living on \$0.20 per day.<sup>[21][27][28]</sup>



Children of the Depression-era migrant workers, Arizona, United States, 1937

Asset poverty is a measure of absolute poverty that considers assets beyond income. Conventionally, asset poverty is defined as having insufficient net worth – this includes savings and durable assets, such as a home or business – to cover three months of living expenses without an income.<sup>[29]</sup> Looking beyond more than just income is argued to be useful because without assets such as savings an economic emergency such as a hospital bill is likely to cause serious hardship even if income can usually cover basic needs. Additionally, asset poor families are less likely to have a 'springboard into the middle class' because they have less assets to improve their lot even if their income helps them survive.<sup>[30]</sup> Other measures of absolute poverty without using a certain dollar amount include the standard defined as receiving less than 80 percent of minimum caloric intake whilst spending more than 80% of income on food, sometimes called ultra-poverty.<sup>[31]</sup>

## Relative poverty

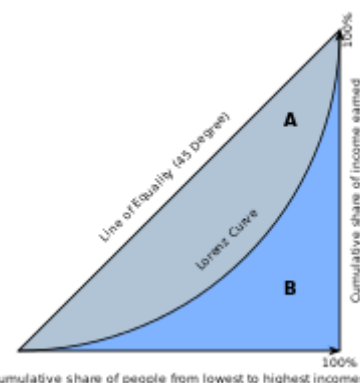
Relative poverty views poverty as socially defined and dependent on social context. It is argued that the needs considered fundamental is not an objective measure<sup>[32][33]</sup> and could change with the custom of society.<sup>[34][32]</sup> For example, a person who cannot afford housing better than a small tent in an open field would be said to live in relative poverty if almost everyone else in that area lives in modern brick homes, but not if everyone else also lives in small tents in open fields (for example, in a nomadic tribe). Since richer nations would have lower levels of absolute poverty,<sup>[35][36]</sup> relative poverty is considered the "most useful measure for ascertaining poverty rates in wealthy developed nations"<sup>[37][38][39][40][41]</sup> and is the "most prominent and most-quoted of the EU social inclusion indicators".<sup>[42]</sup>

Usually, relative poverty is measured as the percentage of the population with income less than some fixed proportion of median income. This is a calculation of the percentage of people whose family household income falls below the Poverty Line. The main poverty line used in the OECD and the European Union is based on "economic distance", a level of income set at 60% of the median household income.<sup>[43]</sup> The United States federal government typically regulates this line to three times the cost an adequate meal.<sup>[44]</sup>

There are several other different income inequality metrics, for example, the Gini coefficient or the Theil Index.

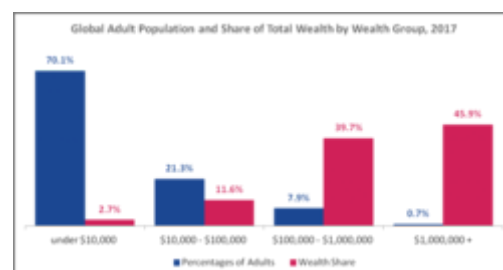
## Other aspects

Rather than income, poverty is also measured through individual basic needs at a time. Life expectancy has greatly increased in the developing world since World War II and is starting to close the gap to the developed world.<sup>[45]</sup> Child mortality has decreased in every developing region of the world.<sup>[46]</sup> The proportion of the world's population living in countries where per-capita food supplies are less than 2,200 calories (9,200 kilojoules) per day decreased from 56% in the mid-1960s to below 10% by the 1990s. Similar trends can be observed for literacy, access to clean water and electricity and basic consumer items.<sup>[47]</sup>



Graphical representation of the Gini coefficient

The Gini coefficient, a common measure of inequality, is equal to the area marked A divided by the sum of the areas marked A and B, that is,  $Gini = A/(A + B)$ .



Global share of wealth by wealth group, Credit Suisse, 2017

Poverty may also be understood as an aspect of unequal social status and inequitable social relationships, experienced as social exclusion, dependency, and diminished capacity to participate, or to develop meaningful connections with other people in society.<sup>[48][49][50]</sup> Such social exclusion can be minimized through strengthened connections with the mainstream, such as through the provision of relational care to those who are experiencing poverty. The World Bank's "Voices of the Poor", based on research with over 20,000 poor people in 23 countries, identifies a range of factors which poor people identify as part of poverty. These include abuse by those in power, disempowering institutions, excluded locations, gender relationships, lack of security, limited capabilities, physical limitations, precarious livelihoods, problems in social relationships, weak community organizations and discrimination. Analysis of social aspects of poverty links conditions of scarcity to aspects of the distribution of resources and power in a society and recognizes that poverty may be a function of the diminished "capability" of people to live the kinds of lives they value. The social aspects of poverty may include lack of access to information, education, health care, social capital or political power.<sup>[51][52]</sup>



An early morning outside the Opera Tavern in Stockholm, with a gang of beggars waiting for delivery of the scraps from the previous day. Sweden, 1868.

In the United Kingdom, the second Cameron ministry came under attack for their redefinition of poverty; poverty is no longer classified by a family's income, but as to whether a family is in work or not.<sup>[53]</sup> Considering that two-thirds of people who found work were accepting wages that are below the living wage (according to the Joseph Rowntree Foundation<sup>[54]</sup>) this has been criticised by anti-poverty campaigners as an unrealistic view of poverty in the United Kingdom.<sup>[53]</sup>

## Secondary poverty

Secondary poverty refers to those that earn enough income to not be impoverished, but who spend their income on unnecessary pleasures, such as alcoholic beverages, thus placing them below it in practice.<sup>[55]</sup> In 18th- and 19th-century Great Britain, the practice of temperance among Methodists, as well as their rejection of gambling, allowed them to eliminate secondary poverty and accumulate capital.<sup>[56]</sup>

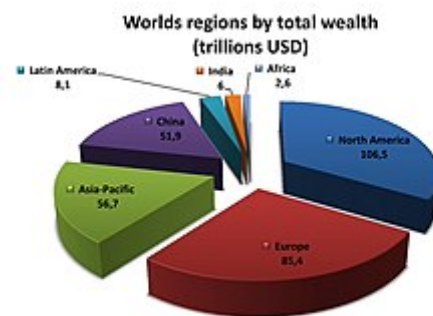
## Variability

Poverty levels are snapshot pictures in time that omits the transitional dynamics between levels. Mobility statistics supply additional information about the fraction who leave the poverty level. For example, one study finds that in a sixteen-year period (1975 to 1991 in the U.S.) only 5% of those in the lower fifth of the income level were still at that level, while 95% transitioned to a higher income category.<sup>[57]</sup> Poverty levels can remain the same while those who rise out of poverty are replaced by others. The transient poor and chronic poor differ in each society. In a nine-year period ending in 2005 for the U.S., 50% of the poorest quintile transitioned to a higher quintile.<sup>[58]</sup>

## Global prevalence

According to Chen and Ravallion, about 1.76 billion people in developing world lived *above* \$1.25 per day and 1.9 billion people lived *below* \$1.25 per day in 1981. In 2005, about 4.09 billion people in developing world lived above \$1.25 per day and 1.4 billion people lived below \$1.25 per day (both 1981 and 2005 data are on inflation adjusted basis).<sup>[59][60]</sup> The share of the world's population living in absolute poverty fell from 43% in 1981 to 14% in 2011.<sup>[61]</sup> The absolute number of people in poverty fell from 1.95 billion in 1981 to 1.01 billion in 2011.<sup>[62]</sup> The economist Max Roser estimates that the number of people in poverty is therefore

roughly the same as 200 years ago.<sup>[62]</sup> This is the case since the world population was just little more than 1 billion in 1820 and the majority (84% to 94%<sup>[63]</sup>) of the world population was living poverty. The proportion of the developing world's population living in extreme economic poverty fell from 28 percent in 1990 to 21 percent in 2001.<sup>[61]</sup> Most of this improvement has occurred in East and South Asia.<sup>[64]</sup> In 2012 it was estimated that, using a poverty line of \$1.25 a day, 1.2 billion people lived in poverty.<sup>[65]</sup> Given the current economic model, built on GDP, it would take 100 years to bring the world's poorest up to the poverty line of \$1.25 a day.<sup>[66]</sup> UNICEF estimates half the world's children (or 1.1 billion) live in poverty.<sup>[67]</sup> The World Bank forecasted in 2015 that 702.1 million people were living in extreme poverty, down from 1.75 billion in 1990.<sup>[68]</sup> Extreme poverty is observed in all parts of the world, including developed economies.<sup>[69][70]</sup> Of the 2015 population, about 347.1 million people (35.2%) lived in Sub-Saharan Africa and 231.3 million (13.5%) lived in South Asia. According to the World Bank, between 1990 and 2015, the percentage of the world's population living in extreme poverty fell from 37.1% to 9.6%, falling below 10% for the first time.<sup>[71]</sup> During the 2013 to 2015 period, the World Bank reported that extreme poverty fell from 11% to 10%, however they also noted that the rate of decline had slowed by nearly half from the 25 year average with parts of sub-saharan Africa returning to early 2000 levels.<sup>[72][73]</sup> The World Bank attributed this to increasing violence following the Arab Spring, population increases in Sub-Saharan Africa, and general African inflationary pressures and economic malaise were the primary drivers for this slow down.<sup>[74][75]</sup> Many wealthy nations have seen an increase in relative poverty rates ever since the Great Recession, in particular among children from impoverished families who often reside in substandard housing and find educational opportunities out of reach.<sup>[76]</sup> It has been argued by some academics that the neoliberal policies promoted by global financial institutions such as the IMF and the World Bank are actually exacerbating both inequality and poverty.<sup>[77][78]</sup>



Worlds regions by total wealth (in trillions USD), 2018

In East Asia the World Bank reported that "The poverty headcount rate at the \$2-a-day level is estimated to have fallen to about 27 percent [in 2007], down from 29.5 percent in 2006 and 69 percent in 1990."<sup>[79]</sup> The People's Republic of China accounts for over three quarters of global poverty reduction from 1990 to 2005. Though, as noted, China accounted for nearly half of all extreme poverty in 1990.<sup>[80]</sup>

In Sub-Saharan Africa extreme poverty went up from 41 percent in 1981 to 46 percent in 2001,<sup>[81]</sup> which combined with growing population increased the number of people living in extreme poverty from 231 million to 318 million.<sup>[82]</sup> Statistics of 2018 shows population living in extreme conditions has declined by more than 1 billion in the last 25 years. As per the report published by the world bank on 19 September 2018 world poverty falls below 750 million.<sup>[83]</sup>

In the early 1990s some of the transition economies of Central and Eastern Europe and Central Asia experienced a sharp drop in income.<sup>[84]</sup> The collapse of the Soviet Union resulted in large declines in GDP per capita, of about 30 to 35% between 1990 and the through year of 1998 (when it was at its minimum). As a result, poverty rates tripled,<sup>[85]</sup> excess mortality increased,<sup>[86]</sup> and life expectancy declined.<sup>[87]</sup> In subsequent years as per capita incomes recovered the poverty rate dropped from 31.4% of the population to 19.6%.<sup>[88][89]</sup> The average post-communist country had returned to 1989 levels of per-capita GDP by 2005,<sup>[90]</sup> although as of 2015 some are still far behind that.<sup>[91]</sup>

World Bank data shows that the percentage of the population living in households with consumption or income per person below the poverty line has decreased in each region of the world except Middle East and North Africa since 1990:<sup>[92][93]</sup>

Region	\$1 per day			\$1.25 per day <sup>[94]</sup>		\$1.90 per day <sup>[95]</sup>					
	1990	2002	2004	1981	2008	1981	1990	1999	2010	2015	2018
East Asia and Pacific	15.4%	12.3%	9.1%	77.2%	14.3%	80.5%	61.3%	38.5%	11.2%	2.3%	1.3%
Europe and Central Asia	3.6%	1.3%	1.0%	1.9%	0.5%	—	—	7.8%	2.5%	1.6%	1.2%
Latin America and the Caribbean	9.6%	9.1%	8.6%	11.9%	6.5%	13.8%	15.2%	13.7%	6.2%	4.1%	4.4%
Middle East and North Africa	2.1%	1.7%	1.5%	9.6%	2.7%	—	6.1%	3.8%	2%	3.8%	7.2%
South Asia	35.0%	33.4%	30.8%	61.1%	36%	55.9%	47.4%	—	24.6%	—	—
Sub-Saharan Africa	46.1%	42.6%	41.1%	51.5%	47.5%	—	54.9%	58.4%	46.6%	42.3%	—
<b>World</b>	—	—	—	<b>52.2%</b>	<b>22.4%</b>	<b>42.3%</b>	<b>36%</b>	<b>28.6%</b>	<b>15.7%</b>	<b>10%</b>	—

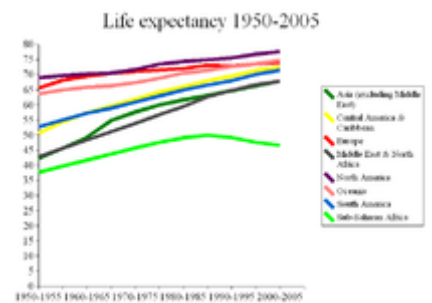
## Characteristics

The effects of poverty may also be causes as listed above, thus creating a "poverty cycle" operating across multiple levels, individual, local, national and global.

## Health

One third of deaths around the world – some 18 million people a year or 50,000 per day – are due to poverty-related causes. People living in developing nations, among them women and children, are over represented among the global poor and these effects of severe poverty.<sup>[96][97][98]</sup> Those living in poverty suffer disproportionately from hunger or even starvation and disease, as well as lower life expectancy.<sup>[99][100]</sup> According to the World Health Organization, hunger and malnutrition are the single gravest threats to the world's public health and malnutrition is by far the biggest contributor to child mortality, present in half of all cases.<sup>[101]</sup>

Almost 90% of maternal deaths during childbirth occur in Asia and sub-Saharan Africa, compared to less than 1% in the developed world.<sup>[102]</sup> Those who live in poverty have also been shown to have a far greater likelihood of having or incurring a disability within their lifetime.<sup>[103]</sup> Infectious diseases such as malaria and tuberculosis can perpetuate poverty by diverting health and economic resources from investment and productivity; malaria decreases GDP growth by up to 1.3% in some developing nations and AIDS decreases African growth by 0.3–1.5% annually.<sup>[104][105][106]</sup>



Life expectancy has been increasing and converging for most of the world. Sub-Saharan Africa has recently seen a decline, partly related to the AIDS epidemic. Graph shows the years 1950–2005.



A Somali boy receiving treatment for malnourishment at a health facility



Poverty has been shown to impede cognitive function. One way in which this may happen is that financial worries put a severe burden on one's mental resources so that they are no longer fully available for solving complicated problems. The reduced capability for problem solving can lead to suboptimal decisions and further perpetuate poverty.<sup>[107]</sup> Many other pathways from poverty to compromised cognitive capacities have been noted, from poor nutrition and environmental toxins to the effects of stress on parenting behavior, all of which lead to suboptimal psychological development.<sup>[108][109]</sup> Neuroscientists have documented the impact of poverty on brain structure and function throughout the lifespan.<sup>[110]</sup>

Infectious diseases continue to blight the lives of the poor across the world. 36.8 million people are living with HIV/AIDS, with 954,492 deaths in 2017.<sup>[111]</sup> Every year there are 350–500 million cases of malaria, with 1 million fatalities: Africa accounts for 90 percent of malarial deaths and African children account for over 80 percent of malaria victims worldwide.<sup>[112]</sup>

Poor people often are more prone to severe diseases due to the lack of health care, and due to living in non-optimal conditions. Among the poor, girls tend to suffer even more due to gender discrimination. Economic stability is paramount in a poor household otherwise they go in an endless loop of negative income trying to treat diseases. Often time when a person in a poor household falls ill it is up to the family members to take care of their family members due to limited access to health care and lack of health insurance. The household members oftentimes have to give up their income or stop seeking further education to tend to the sick member. There is a greater opportunity cost imposed on the poor to tend to someone compared to someone with better financial stability.<sup>[113]</sup>

## Hunger

Rises in the costs of living make poor people less able to afford items. Poor people spend a greater portion of their budgets on food than wealthy people. As a result, poor households and those near the poverty threshold can be particularly vulnerable to increases in food prices. For example, in late 2007 increases in the price of grains<sup>[114]</sup> led to food riots in some countries.<sup>[115][116][117]</sup> The World Bank warned that 100 million people were at risk of sinking deeper into poverty.<sup>[118]</sup> Threats to the supply of food may also be caused by drought and the water crisis.<sup>[119]</sup> Intensive farming often leads to a vicious cycle of exhaustion of soil fertility and decline of agricultural yields.<sup>[120]</sup> Approximately 40% of the world's agricultural land is seriously degraded.<sup>[121][122]</sup> In Africa, if current trends of soil degradation continue, the continent might be able to feed just 25% of its population by 2025, according to United Nations University's Ghana-based Institute for Natural Resources in Africa.<sup>[123]</sup> Every year nearly 11 million children living in poverty die before their fifth birthday. 1.02 billion people go to bed hungry every night.<sup>[124]</sup>

According to the Global Hunger Index, Sub-Saharan Africa had the highest child malnutrition rate of the world's regions over the 2001–2006 period.<sup>[125]</sup>

As part of the Sustainable Development Goals the global community has made the elimination of hunger and undernutrition a priority for the coming years. While the Goal 2 of the SDGs aims to reach this goal by 2030<sup>[126]</sup> a number of initiatives aim to achieve the goal 5 years earlier, by 2025:



A Venezuelan eating from garbage during the crisis in Bolivarian Venezuela

- The partnership Compact2025 (<http://www.compact2025.org>), led by IFPRI with the involvement of UN organisations, NGOs and private foundations<sup>[127]</sup> develops and disseminates evidence-based advice to politicians and other decision-makers aimed at ending hunger and undernutrition in the coming 10 years, by 2025.<sup>[128]</sup> It bases its claim that hunger can be ended by 2025 on a report by Shenggen Fan and Paul Polman that analyzed the experiences from China, Vietnam, Brazil and Thailand.<sup>[129]</sup>
- The European Union and the Bill & Melinda Gates Foundation have launched a partnership to combat undernutrition in June 2015. The program will initially be implemented in Bangladesh, Burundi, Ethiopia, Kenya, Laos and Niger and will help these countries to improve information and analysis about nutrition so they can develop effective national nutrition policies.<sup>[130]</sup>
- The Food and Agriculture Organization of the UN has created a partnership that will act through the African Union's CAADP framework aiming to end hunger in Africa by 2025. It includes different interventions including support for improved food production, a strengthening of social protection and integration of the right to food into national legislation.<sup>[131]</sup>

## Education

Research has found that there is a high risk of educational underachievement for children who are from low-income housing circumstances. This is often a process that begins in primary school for some less fortunate children. Instruction in the US educational system, as well as in most other countries, tends to be geared towards those students who come from more advantaged backgrounds. As a result, children in poverty are at a higher risk than advantaged children for retention in their grade, special deleterious placements during the school's hours and even not completing their high school education.<sup>[132]</sup> Advantage breeds advantage.<sup>[133]</sup> There are indeed many explanations for why students tend to drop out of school. One is the conditions of which they attend school. Schools in poverty-stricken areas have conditions that hinder children from learning in a safe environment. Researchers have developed a name for areas like this: an urban war zone is a poor, crime-laden district in which deteriorated, violent, even war-like conditions and underfunded, largely ineffective schools promote inferior academic performance, including irregular attendance and disruptive or non-compliant classroom behavior.<sup>[134]</sup> Because of poverty, "Students from low-income families are 2.4 times more likely to drop out than middle-income kids, and over 10 times more likely than high-income peers to drop out"<sup>[135]</sup>

For children with low resources, the risk factors are similar to others such as juvenile delinquency rates, higher levels of teenage pregnancy, and the economic dependency upon their low-income parent or parents.<sup>[132]</sup> Families and society who submit low levels of investment in the education and development of less fortunate children end up with less favorable results for the children who see a life of parental employment reduction and low wages. Higher rates of early childbearing with all the connected risks to family, health and well-being are major important issues to address since education from preschool to high school are both identifiably meaningful in a life.<sup>[132]</sup>

Poverty often drastically affects children's success in school. A child's "home activities, preferences, mannerisms" must align with the world and in the cases that they do not do these, students are at a disadvantage in the school and, most importantly, the classroom.<sup>[136]</sup> Therefore, it is safe to state that children who live at or below the poverty level will have far less success educationally than children who live above the poverty line. Poor children have a great deal less healthcare and this ultimately results in many absences from the academic year. Additionally, poor children are much more likely to suffer from hunger, fatigue, irritability, headaches, ear infections, flu, and colds.<sup>[136]</sup> These illnesses could potentially restrict a child or student's focus and concentration.<sup>[137]</sup>

Harmful spending habits mean that the poor typically spend about 2 percent of their income educating their children but larger percentages of alcohol and tobacco (For example, 6 percent in Indonesia and 8 percent in Mexico).<sup>[138]</sup>

## Gender

In general, the interaction of gender with poverty or location tends to work to the disadvantage of girls in poorer countries with low completion rates and social expectations that they marry early, and to the disadvantage of boys in richer countries with high completion rates but social expectations that they enter the labour force early.<sup>[139]</sup>

At the primary education level, most countries with a completion rate below 60% exhibit gender disparity at girls' expense, particularly poor and rural girls. In Mauritania, the adjusted gender parity index is 0.86 on average, but only 0.63 for the poorest 20%, while there is parity among the richest 20%. In countries with completion rates between 60% and 80%, gender disparity is generally smaller, but disparity at the expense of poor girls is especially marked in Cameroon, Nigeria and Yemen. Exceptions in the opposite direction are observed in countries with pastoralist economies that rely on boys' labour, such as the Kingdom of Eswatini, Lesotho and Namibia.<sup>[139]</sup>



Out of school child

## Shelter



Street child in Bangladesh. Aiding relatives financially unable to but willing to take in orphans is found to be more effective by cost and welfare than orphanages.<sup>[140]</sup>

Poverty increases the risk of homelessness.<sup>[141]</sup> Slum-dwellers, who make up a third of the world's urban population, live in a poverty no better, if not worse, than rural people, who are the traditional focus of the poverty in the developing world, according to a report by the United Nations.<sup>[142]</sup>



Homeless family in Kolkata, India

There are over 100 million street children worldwide.<sup>[143]</sup> Most of the children living in institutions around the world have a surviving parent or close relative, and they most commonly entered orphanages because of poverty.<sup>[140]</sup> It is speculated that, flush with money, orphanages are increasing and push for children to join even though demographic data show that even the poorest extended families usually take in children whose parents have died.<sup>[140]</sup> Experts and child advocates maintain that orphanages are expensive and often harm children's development by separating them from their families and that it would be more effective and cheaper to aid close relatives who want to take in the orphans.<sup>[140]</sup>

## Utilities

### Water and sanitation



Affordable household toilets near Jaipur, Rajasthan

As of 2012, 2.5 billion people lack access to sanitation services and 15% practice open defecation.<sup>[144]</sup> The most noteworthy example is Bangladesh, which has half the GDP per capita of India but has a lower mortality from diarrhea than India or the world average, with diarrhea deaths declining by 90% since the 1990s. Even while providing latrines is a challenge, people still do not use them even when available. By strategically providing pit latrines to the poorest, charities in Bangladesh sparked a cultural change as those better off perceived it as an issue of status to not use one. The vast majority of the latrines built were then not from charities but by villagers themselves.<sup>[145]</sup>

Water utility subsidies tend to subsidize water consumption by those connected to the supply grid, which is typically skewed towards the richer and urban segment of the population and those outside informal housing. As a result of heavy consumption subsidies, the price of water decreases to the extent that only 30%, on average, of the supplying costs in developing countries is covered.<sup>[146][147]</sup> This results in a lack of incentive to maintain delivery systems, leading to losses from leaks annually that are enough for 200 million people.<sup>[146][148]</sup> This also leads to a lack of incentive to invest in expanding the network, resulting in much of the poor population being unconnected to the network. Instead, the poor buy water from water vendors for, on average, about five to 16 times the metered price.<sup>[146][149]</sup> However, subsidies for laying new connections to the network rather than for consumption have shown more promise for the poor.<sup>[147]</sup>

## Electricity

Similarly, the poorest fifth receive 0.1% of the world's lighting but pay a fifth of total spending on light, accounting for 25 to 30 percent of their income.<sup>[150]</sup> Indoor air pollution from burning fuels kills 2 million, with almost half the deaths from pneumonia in children under 5.<sup>[151]</sup> Fuel from Bamboo burns more cleanly and also matures much faster than wood, thus also reducing deforestation.<sup>[151]</sup> Additionally, using solar panels is promoted as being cheaper over the products' lifetime even if upfront costs are higher.<sup>[150]</sup> Thus, payment schemes such as lend-to-own programs are promoted and up to 14% of Kenyan households use solar as their primary energy source.<sup>[152]</sup>

## Violence

According to experts, many women become victims of trafficking, the most common form of which is prostitution, as a means of survival and economic desperation.<sup>[153]</sup> Deterioration of living conditions can often compel children to abandon school to contribute to the family income, putting them at risk of being exploited.<sup>[154]</sup> For example, in Zimbabwe, a number of girls are turning to sex in return for food to survive because of the increasing poverty.<sup>[155]</sup> According to studies, as poverty decreases there will be fewer and fewer instances of violence.<sup>[156]</sup>

In one survey, 67% of children from disadvantaged inner cities said they had witnessed a serious assault, and 33% reported witnessing a homicide.<sup>[157]</sup> 51% of fifth graders from New Orleans (median income for a household: \$27,133) have been found to be victims of violence, compared to 32% in Washington, DC (mean income for a household: \$40,127).<sup>[158]</sup>



The urban poor buy water from water vendors for, on average, about 5 to 16 times the metered price.<sup>[146]</sup>

## Personality

Max Weber and some schools of modernization theory suggest that cultural values could affect economic success.<sup>[159][160]</sup> However, researchers have gathered evidence that suggest that values are not as deeply ingrained and that changing economic opportunities explain most of the movement into and out of poverty, as opposed to shifts in values.<sup>[161]</sup> Studies have shown that poverty changes the personalities of children who live in it. The Great Smoky Mountains Study was a ten-year study that was able to demonstrate this. During the study, about one-quarter of the families saw a dramatic and unexpected increase in income. The study showed that among these children, instances of behavioral and emotional disorders decreased, and conscientiousness and agreeableness increased.<sup>[162]</sup>

One 2012 paper, based on a sampling of 9,646 U.S. adults, claimed that poverty tends to correlate with laziness and other such traits.<sup>[163]</sup> A 2018 report on poverty in the United States by UN special rapporteur Philip Alston asserts that caricatured narratives about the rich and the poor, that "the rich are industrious, entrepreneurial, patriotic and the drivers of economic success. The poor are wasters, losers and scammers" are largely inaccurate, as "the poor are overwhelmingly those born into poverty, or those thrust there by circumstances largely beyond their control, such as physical or mental disabilities, divorce, family breakdown, illness, old age, unliveable wages or discrimination in the job market."<sup>[164]</sup>

A psychological study has been conducted by four scientists during inaugural Convention of Psychological Science. The results find that people who thrive with financial stability or fall under low socioeconomic status (SES), tend to perform worse cognitively due to external pressure imposed upon them. The research found that stressors such as low income, inadequate health care, discrimination, exposure to criminal activities all contribute to mental disorders. This study also found that it slows cognitive thinking in children when they are exposed to poverty stricken environments.<sup>[165]</sup> In kids it is seen that kids perform better under the care and nourishment from their parents, and found that children tend to adopt speaking language at a younger age. Since being in poverty from childhood is especially more harmful than it is for an adult, therefore it is seen that children in poor households tend to fall behind in certain cognitive abilities compared to other average families.<sup>[166]</sup>

For a child to grow up emotionally healthy, the children under three need "A strong, reliable primary caregiver who provides consistent and unconditional love, guidance, and support. Safe, predictable, stable environments. Ten to 20 hours each week of harmonious, reciprocal interactions. This process, known as attunement, is most crucial during the first 6–24 months of infants' lives and helps them develop a wider range of healthy emotions, including gratitude, forgiveness, and empathy. Enrichment through personalized, increasingly complex activities".

## **Discrimination**

Cultural factors, such as discrimination of various kinds, can negatively affect productivity such as age discrimination, stereotyping,<sup>[167]</sup> discrimination against people with physical disability,<sup>[168]</sup> gender discrimination, racial discrimination, and caste discrimination. Women are the group suffering from the highest rate of poverty after children; 14.5% of women and 22% of children are poor in the United States. In addition, the fact that women are more likely to be caregivers, regardless of income level, to either the generations before or after them, exacerbates the burdens of their poverty.<sup>[169]</sup> Marking the International Day for the Eradication of Poverty, the United Nations Special Rapporteur on extreme poverty Philip Alston warned in a statement that, "The world's poor are at disproportionate risk of torture, arrest, early death and domestic violence, but their civil and political rights are being airbrushed out of the picture." ... people in lower socio-economic classes are much more likely to get killed, tortured or experience an invasion of their privacy, and are far less likely to realize their right to vote, or otherwise participate in the political process."<sup>[170]</sup>

## **Underclass**

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When Gunnar Myrdal invented the term "underclass" in his 1962 book *Challenge to Affluence*<sup>[171]</sup> he used the word as a purely economic concept, to describe the chronically unemployed people being driven to the margins of the modern economy. By the late 1970s social scientists had begun to identify the underclass with acute or persistent poverty rather than joblessness.<sup>[172]</sup>

## Concentration and Isolation

William J. Wilson's "concentration and isolation" hypothesis states that the economic difficulties of the very poorest blacks are compounded by the fact that as the better-off blacks move out, the poorest are more and more concentrated, having only other very poor people as neighbors. This concentration causes social isolation, Wilson suggests, because the very poor are now isolated from access to the job networks, role models, institutions, and other connections that might help them escape poverty.<sup>[173]</sup>

## Gentrification

Gentrification means converting an aging neighborhood into a more affluent one, as by remodeling homes. But this approach creates its own problems. Landlords increase rent on newly renovated real estate; the poor people cannot afford to pay high rent, and they are forced to leave their neighborhood. It turns out that the biggest problem is to have decent housing at affordable prices.<sup>[174]</sup>

## Poverty solutions

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Matthew Desmond in his book *Evicted: Poverty and Profit in the American City* states how important affordable housing is. The lack of affordable housing causes many families to be left with very little income. Governments have tried to put in place some policies to solve this problem, but the problem of affordable housing remains. As the author states, affordable housing should be a right of every citizen.<sup>[175]</sup> The poverty gap index

Congress declared "a decent home and a suitable living environment for every American family" in the 1949 Housing Act. Today is 2021, but we still have the same problems with affordable housing. Nothing much changed. Many issues are related to America's housing crisis, such as homelessness, income inequality, discrimination, the rights of the elderly. In their book *A Right to Housing: Foundation for a New Social Agenda* authors stated that housing is the necessities of life.<sup>[176]</sup> Availability of affordable housing is the key to solving of many problems of poverty. Problems of poverty and affordable housing are closely related. Housing is too expensive, to buy or to rent. Families spend a large part of their income just to keep roofs over their heads, and after paying rent or mortgage there is not much left to pay for anything else. That is the main cause of poverty. If we build every year at least one million apartments in modern new cities instead of one million single family homes, it will make housing more affordable. How to finance the construction of the affordable housing? Modified Keynesian Theory. Modified Keynesian Theory calls for the creation of a commercial bank owned by the federal government. The commercial bank will not be taking deposits from the general public. Instead, the commercial bank will be borrowing reserves straight from the Central bank, the Fed in the USA.<sup>[177]</sup> In other words, the Fed (or the Central bank) will be printing currency, billions of dollars, and making loans with zero interest rates to the commercial bank. The commercial bank will be making loans to real estate developers. The real estate developers will be investing the money to build new modern cities with modern public transportation, where most of the residents will not even need to own autos. As real estate is built and sold, the real estate developers will be paying back their loans to the commercial bank. The commercial bank will be paying back its own loans to the Fed (the Central bank). In the long run, there will be no increase in inflation. New money will be created as a result of making construction loans. The same amount of money supply will be destroyed when the construction loans are paid back. The end result will be no permanent increase in money supply -- and no increase in inflation in the long run. Keynes<sup>[178]</sup> could not

propose this approach because the government at that time did not have a legal right to print paper currency not backed by gold.<sup>[179]</sup> Now, with no gold standard to tie our hands, the Modified Keynesian Theory will profoundly improve the economic development of most countries.<sup>[180]</sup>

## Poverty reduction

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Various poverty reduction strategies are broadly categorized based on whether they make more of the basic human needs available or whether they increase the disposable income needed to purchase those needs. Some strategies such as building roads can both bring access to various basic needs, such as fertilizer or healthcare from urban areas, as well as increase incomes, by bringing better access to urban markets.

### Increasing the supply of basic needs

#### Food and other goods

Agricultural technologies such as nitrogen fertilizers, pesticides, new seed varieties and new irrigation methods have dramatically reduced food shortages in modern times by boosting yields past previous constraints.<sup>[182]</sup>

Before the Industrial Revolution, poverty had been mostly accepted as inevitable as economies produced little, making wealth scarce.<sup>[183]</sup> Geoffrey Parker wrote that "In Antwerp and Lyon, two of the largest cities in western Europe, by 1600 three-quarters of the total population were too poor to pay taxes, and therefore likely to need relief in times of crisis."<sup>[184]</sup> The initial industrial revolution led to high economic growth and eliminated mass absolute poverty in what is now considered the developed world.<sup>[185]</sup> Mass production of goods in places such as rapidly industrializing China has made what were once considered luxuries, such as vehicles and computers, inexpensive and thus accessible to many who were otherwise too poor to afford them.<sup>[186][187]</sup>

Even with new products, such as better seeds, or greater volumes of them, such as industrial production, the poor still require access to these products. Improving road and transportation infrastructure helps solve this major bottleneck. In Africa, it costs more to move fertilizer from an African seaport 60 miles inland than to ship it from the United States to Africa because of sparse, low-quality roads, leading to fertilizer costs two to six times the world average.<sup>[188]</sup> Microfranchising models such as door to door distributors who earn commission-based income or Coca-Cola's successful distribution system<sup>[189][190]</sup> are used to disseminate basic needs to remote areas for below market prices.<sup>[191][192]</sup>

#### Health care and education

Nations do not necessarily need wealth to gain health.<sup>[193]</sup> For example, Sri Lanka had a maternal mortality rate of 2% in the 1930s, higher than any nation today.<sup>[194]</sup> It reduced it to 0.5–0.6% in the 1950s and to 0.6% today while spending less each year on maternal health because it learned what worked and what did not.<sup>[194]</sup>



Logo of the Sustainable Development Goal 1 of the United Nations is to "to end poverty in all its forms, everywhere" by 2030.<sup>[181]</sup>



Spreading fertilizer on a field of Rapeseed near Barton-upon-Humber, England

Knowledge on the cost effectiveness of healthcare interventions can be elusive and educational measures have been made to disseminate what works, such as the Copenhagen Consensus.<sup>[195]</sup> Cheap water filters and promoting hand washing are some of the most cost effective health interventions and can cut deaths from diarrhea and pneumonia.<sup>[196][197]</sup>

Strategies to provide education cost effectively include deworming children, which costs about 50 cents per child per year and reduces non-attendance from anemia, illness and malnutrition, while being only a twenty-fifth as expensive as increasing school attendance by constructing schools.<sup>[198]</sup> Schoolgirl absenteeism could be cut in half by simply providing free sanitary towels.<sup>[199]</sup> Fortification with micronutrients was ranked the most cost effective aid strategy by the Copenhagen Consensus.<sup>[200]</sup> For example, iodised salt costs 2 to 3 cents per person a year while even moderate iodine deficiency in pregnancy shaves off 10 to 15 IQ points.<sup>[201]</sup> Paying for school meals is argued to be an efficient strategy in increasing school enrollment, reducing absenteeism and increasing student attention.<sup>[202]</sup>

Desirable actions such as enrolling children in school or receiving vaccinations can be encouraged by a form of aid known as conditional cash transfers.<sup>[203]</sup> In Mexico, for example, dropout rates of 16- to 19-year-olds in rural area dropped by 20% and children gained half an inch in height.<sup>[204]</sup> Initial fears that the program would encourage families to stay at home rather than work to collect benefits have proven to be unfounded. Instead, there is less excuse for neglectful behavior as, for example, children stopped begging on the streets instead of going to school because it could result in suspension from the program.<sup>[204]</sup>



Hardwood surgical tables are commonplace in rural Nigerian clinics.

## Removing constraints on government services



Local citizens from the Jana bi Village wait their turn to gather goods from the Sons of Iraq (Abna al-Iraq) in a military operation conducted in Yusufiyah, Iraq

Government revenue can be diverted away from basic services by corruption.<sup>[205][206]</sup> Funds from aid and natural resources are often sent by government individuals for money laundering to overseas banks which insist on bank secrecy, instead of spending on the poor.<sup>[207]</sup> A Global Witness report asked for more action from Western banks as they have proved capable of stanching the flow of funds linked to terrorism.<sup>[207]</sup>

Illicit capital flight, such as corporate tax avoidance,<sup>[208]</sup> from the developing world is estimated at ten times the size of aid it receives and twice the debt service it pays,<sup>[209]</sup> with one estimate that most of Africa would be developed if the taxes owed were paid.<sup>[210]</sup> About 60 per cent of illicit capital flight from Africa is from transfer mispricing, where a subsidiary in a developing nation sells to another subsidiary or shell company in a tax haven at an artificially low price to pay less tax.<sup>[211]</sup> An African Union report estimates that about 30% of sub-Saharan Africa's GDP has been moved to tax havens.<sup>[212]</sup> Solutions include corporate "country-by-country reporting" where corporations disclose activities in each country and thereby prohibit the use of tax havens where no effective economic activity occurs.<sup>[211]</sup>

Developing countries' debt service to banks and governments from richer countries can constrain government spending on the poor.<sup>[213]</sup> For example, Zambia spent 40% of its total budget to repay foreign debt, and only 7% for basic state services in 1997.<sup>[214]</sup> One of the proposed ways to help poor countries has been debt relief.



Zambia began offering services, such as free health care even while overwhelming the health care infrastructure, because of savings that resulted from a 2005 round of debt relief.<sup>[215]</sup>

The World Bank and the International Monetary Fund, as primary holders of developing countries' debt, attach structural adjustment conditionalities in return for loans which are generally geared toward loan repayment with austerity measures such as the elimination of state subsidies and the privatization of state services. For example, the World Bank presses poor nations to eliminate subsidies for fertilizer even while many farmers cannot afford them at market prices.<sup>[216]</sup> In Malawi, almost five million of its 13 million people used to need emergency food aid but after the government changed policy and subsidies for fertilizer and seed were introduced, farmers produced record-breaking corn harvests in 2006 and 2007 as Malawi became a major food exporter.<sup>[216]</sup> A major proportion of aid from donor nations is tied, mandating that a receiving nation spend on products and expertise originating only from the donor country.<sup>[217]</sup> US law requires food aid be spent on buying food at home, instead of where the hungry live, and, as a result, half of what is spent is used on transport.<sup>[218]</sup>

Distressed securities funds, also known as *vulture funds*, buy up the debt of poor nations cheaply and then sue countries for the full value of the debt plus interest which can be ten or 100 times what they paid.<sup>[219]</sup> They may pursue any companies which do business with their target country to force them to pay to the fund instead.<sup>[219]</sup> Considerable resources are diverted on costly court cases. For example, a court in Jersey ordered the Democratic Republic of the Congo to pay an American speculator \$100 million in 2010.<sup>[219]</sup> Now, the UK, Isle of Man and Jersey have banned such payments.<sup>[219]</sup>

## Reversing brain drain

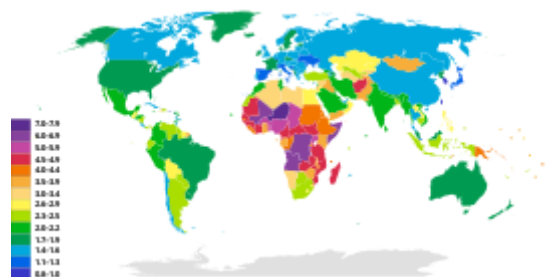
The loss of basic needs providers emigrating from impoverished countries has a damaging effect.<sup>[220]</sup> As of 2004, there were more Ethiopia-trained doctors living in Chicago than in Ethiopia.<sup>[221]</sup> Proposals to mitigate the problem include compulsory government service for graduates of public medical and nursing schools<sup>[220]</sup> and promoting medical tourism so that health care personnel have more incentive to practice in their home countries.<sup>[222]</sup> It is very easy for Ugandan doctors to emigrate to other countries. It is seen that only 69 percent of the health care jobs were filled in Uganda. Other Ugandan doctors were seeking jobs in other countries leaving inadequate or less skilled doctors to stay in Uganda.<sup>[223]</sup>



A family planning placard in Ethiopia. It shows some negative effects of having too many children.

## Controlling overpopulation

Some argue that overpopulation and lack of access to birth control can lead to population increase to exceed food production and other resources.<sup>[224][82][225][226]</sup> Better education for both men and women, and more control of their lives, reduces population growth due to family planning.<sup>[227]</sup> According to United Nations Population Fund (UNFPA), by giving better education to men and women, they can earn money for their lives and can help them to strengthen economic security.<sup>[228]</sup>



Map of countries and territories by fertility rate as of 2020

## Increasing personal income

The following are strategies used or proposed to increase personal incomes among the poor. Raising farm incomes is described as the core of the antipoverty effort as three-quarters of the poor today are farmers.<sup>[229]</sup> Estimates show that growth in the agricultural productivity of small farmers is, on average, at least twice as effective in benefiting the poorest half of a country's population as growth generated in nonagricultural sectors.<sup>[230]</sup>

## Income grants



Afghan girl begging in Kabul

A guaranteed minimum income ensures that every citizen will be able to purchase a desired level of basic needs. A basic income (or negative income tax) is a system of social security, that periodically provides each citizen, rich or poor, with a sum of money that is sufficient to live on. Studies of large cash-transfer programs in Ethiopia, Kenya, and Malawi show that the programs can be effective in increasing consumption, schooling, and nutrition, whether they are tied to such conditions or not.<sup>[231][232][233]</sup> Proponents argue that a basic income is more economically efficient than a minimum wage and unemployment benefits, as the minimum wage effectively imposes a high marginal tax on employers, causing losses in efficiency. In 1968, Paul Samuelson, John Kenneth Galbraith and another 1,200 economists signed a document calling for the US Congress to introduce a system of income guarantees.<sup>[234]</sup> Winners of the Nobel Prize in Economics, with often diverse political convictions, who support a basic income include Herbert A. Simon,<sup>[235]</sup> Friedrich Hayek,<sup>[236]</sup> Robert Solow,<sup>[235]</sup> Milton Friedman,<sup>[237]</sup> Jan Tinbergen,<sup>[235]</sup> James Tobin<sup>[238][239][240]</sup> and James Meade.<sup>[235]</sup>

Income grants are argued to be vastly more efficient in extending basic needs to the poor than subsidizing supplies whose effectiveness in poverty alleviation is diluted by the non-poor who enjoy the same subsidized prices.<sup>[241]</sup> With cars and other appliances, the wealthiest 20% of Egypt uses about 93% of the country's fuel subsidies.<sup>[242]</sup> In some countries, fuel subsidies are a larger part of the budget than health and education.<sup>[242][243]</sup> A 2008 study concluded that the money spent on in-kind transfers in India in a year could lift all India's poor out of poverty for that year if transferred directly.<sup>[244]</sup> The primary obstacle argued against direct cash transfers is the impracticality for poor countries of such large and direct transfers. In practice, payments determined by complex iris scanning are used by war-torn Democratic Republic of Congo and Afghanistan,<sup>[245]</sup> while India is phasing out its fuel subsidies in favor of direct transfers.<sup>[246]</sup> Additionally, in aid models, the famine relief model increasingly used by aid groups calls for giving cash or cash vouchers to the hungry to pay local farmers instead of buying food from donor countries, often required by law, as it wastes money on transport costs.<sup>[247][248]</sup>

## Economic freedoms

Corruption often leads to many civil services being treated by governments as employment agencies to loyal supporters<sup>[249]</sup> and so it could mean going through 20 procedures, paying \$2,696 in fees, and waiting 82 business days to start a business in Bolivia, while in Canada it takes two days, two registration procedures, and \$280 to do the same.<sup>[250]</sup> Such costly barriers favor big firms at the expense of small enterprises, where most jobs are created.<sup>[251]</sup> Often, businesses have to bribe government officials even for routine activities, which is, in effect, a tax on business.<sup>[252]</sup> Noted reductions in poverty in recent decades has occurred in China and India mostly as a result of the abandonment of collective farming in China and the ending of the central planning model known as the License Raj in India.<sup>[253][254][255]</sup>

The World Bank concludes that governments and feudal elites extending to the poor the right to the land that they live and use are 'the key to reducing poverty' citing that land rights greatly increase poor people's wealth, in some cases doubling it.<sup>[256]</sup> Although approaches varied, the World Bank said the key issues were security of tenure and ensuring land transactions costs were low.<sup>[256]</sup>

Greater access to markets brings more income to the poor. Road infrastructure has a direct impact on poverty.<sup>[257][258]</sup> Additionally, migration from poorer countries resulted in \$328 billion sent from richer to poorer countries in 2010, more than double the \$120 billion in official aid flows from OECD members. In 2011, India got \$52 billion from its diaspora, more than it took in foreign direct investment.<sup>[259]</sup>

## Financial services

Microloans, made famous by the Grameen Bank, is where small amounts of money are loaned to farmers or villages, mostly women, who can then obtain physical capital to increase their economic rewards. However, microlending has been criticized for making hyperprofits off the poor even from its founder, Muhammad Yunus,<sup>[260]</sup> and in India, Arundhati Roy asserts that some 250,000 debt-ridden farmers have been driven to suicide.<sup>[261][262][263]</sup>

Those in poverty place overwhelming importance on having a safe place to save money, much more so than receiving loans.<sup>[264]</sup> Additionally, a large part of microfinance loans are spent not on investments but on products that would usually be paid by a checking or savings account.<sup>[264]</sup> Microsavings are designs to make savings products available for the poor, who make small deposits. Mobile banking utilizes the wide availability of mobile phones to address the problem of the heavy regulation and costly maintenance of saving accounts.<sup>[264]</sup> This usually involves a network of agents of mostly shopkeepers, instead of bank branches, would take deposits in cash and translate these onto a virtual account on customers' phones. Cash transfers can be done between phones and issued back in cash with a small commission, making remittances safer.<sup>[265]</sup>



Information and communication technologies for development help to fight poverty

## Perspectives

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### Economic theories

Causes of poverty is a highly ideologically charged subject, as different causes point to different remedies. Very broadly speaking, the socialist tradition locates the roots of poverty in problems of distribution and the use of the means of production as capital benefiting individuals, and calls for redistribution of wealth as the solution, whereas the neoliberal school of thought is dedicated the idea that creating conditions for profitable private investment is the solution. Neoliberal think tanks have received extensive funding,<sup>[266]</sup> and the ability to apply many of their ideas in highly indebted countries in the global South as a condition for receiving emergency loans from the International Monetary Fund.

The existence of inequality is in part due to a set of self-reinforcing behaviors that all together constitute one aspect of the cycle of poverty. These behaviors, in addition to unfavorable, external circumstances, also explain the existence of the Matthew effect, which not only exacerbates existing inequality, but is more likely to make it multigenerational. Widespread, multigenerational poverty is an important contributor to civil unrest

and political instability.<sup>[267]</sup> For example, Raghuram G. Rajan, former governor of the Reserve Bank of India and former chief economist at the International Monetary Fund has blamed the ever-widening gulf between the rich and the poor especially in the US to be one of the main fault lines which caused the financial institutions to pump money into subprime mortgages – on political behest, as a palliative and not a remedy, for poverty – causing the financial crisis of 2007–2009. In Rajan's view the main cause of increasing gap between the high income and low income earners, was lack of equal access to higher education for the latter.<sup>[268]</sup> Oxfam argues that the "concentration of resources in the hands of the top 1% depresses economic activity and makes life harder for everyone else – particularly those at the bottom of the economic ladder"<sup>[269][270]</sup> and that the gains of the world's billionaires in 2017, which amounted to \$762 billion, was enough to end extreme global poverty seven times over.<sup>[271]</sup> A data based scientific empirical research, which studied the impact of dynastic politics on the level of poverty of the provinces, found a positive correlation between dynastic politics and poverty i.e. the higher proportion of dynastic politicians in power in a province leads to higher poverty rate.<sup>[272]</sup> There is significant evidence that these political dynasties use their political dominance over their respective regions to enrich themselves, using methods such as graft or outright bribery of legislators.<sup>[273]</sup>

## Environmentalism

A report published in 2013 by the World Bank, with support from the Climate & Development Knowledge Network, found that climate change was likely to hinder future attempts to reduce poverty. The report presented the likely impacts of present day, 2 °C and 4 °C warming on agricultural production, water resources, coastal ecosystems and cities across Sub-Saharan Africa, South Asia and South East Asia. The impacts of a temperature rise of 2 °C included: regular food shortages in Sub-Saharan Africa; shifting rain patterns in South Asia leaving some parts under water and others without enough water for power generation, irrigation or drinking; degradation and loss of reefs in South East Asia, resulting in reduced fish stocks; and coastal communities and cities more vulnerable to increasingly violent storms.<sup>[274]</sup> In 2016, a UN report claimed that by 2030, an additional 122 million more people could be driven to extreme poverty because of climate change.<sup>[275]</sup>

Global warming can also lead to a deficiency in water availability; with higher temperatures and CO2 levels, plants consume more water leaving less for people. By consequence, water in rivers and streams will decline in the mid-altitude regions like Central Asia, Europe and North America. And if CO2 levels continue to rise, or even remain the same, droughts will be happening much faster and will be lasting longer. According to a study led by Professor of Water Management, Arjen Hoekstra, and made in 2016, four billion people are affected by water scarcity at least one month per year.<sup>[276]</sup>

Many think that poverty is the cause of environmental degradation, while there are others who claim that rather the poor are the worst sufferers of environmental degradation caused by reckless exploitation of natural resources by the rich.<sup>[277]</sup> A Delhi-based environment organisation, the Centre for Science and Environment, points out that if the poor world were to develop and consume in the same manner as the West to achieve the same living standards, "we would need two additional planet Earths to produce resources and absorb wastes.", reports Anup Shah (2003). in his article *Poverty and the Environment* on Global Issues.<sup>[278]</sup>

## Spirituality



A sewage treatment plant that uses solar energy, located at Santuari de Lluc monastery, Majorca

Among some individuals, poverty is considered a necessary or desirable condition, which must be embraced to reach certain spiritual, moral, or intellectual states. Poverty is often understood to be an essential element of renunciation in religions such as Buddhism, Hinduism (only for monks, not for lay persons) and Jainism, whilst in Roman Catholicism it is one of the evangelical counsels. The main aim of giving up things of the materialistic world is to withdraw oneself from sensual pleasures (as they are considered illusionary and only temporary in some religions – such as the concept of dunya in Islam). This self-invited poverty (or giving up pleasures) is different from the one caused by economic imbalance.

Some Christian communities, such as the Simple Way, the Bruderhof, and the Amish value voluntary poverty;<sup>[279]</sup> some even take a vow of poverty, similar to that of the traditional Catholic orders, in order to live a more complete life of discipleship.<sup>[280]</sup>

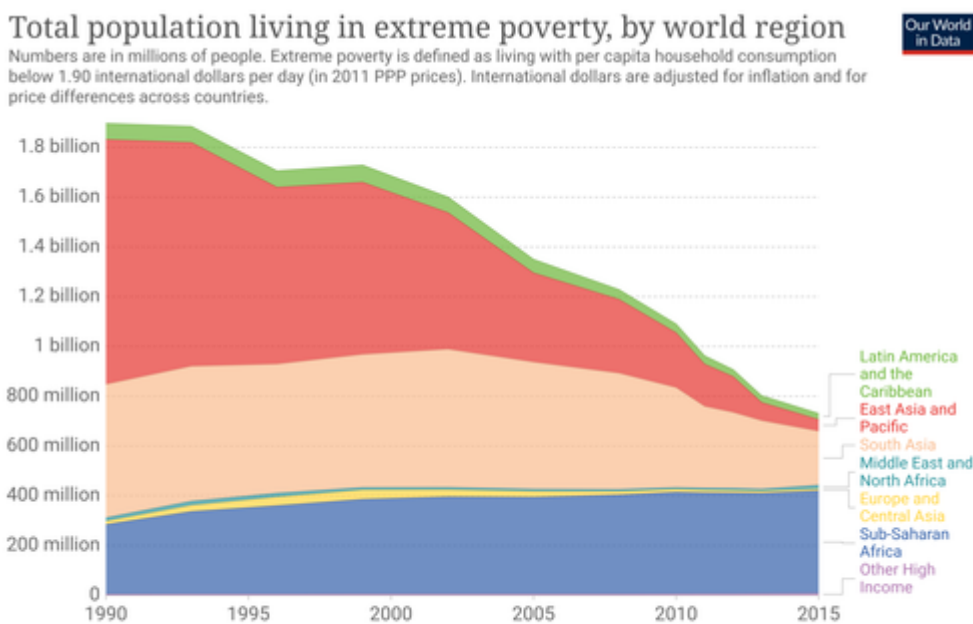
Benedict XVI distinguished "poverty *chosen*" (the poverty of spirit proposed by Jesus), and "poverty *to be fought*" (unjust and imposed poverty). He considered that the moderation implied in the former favors solidarity, and is a necessary condition so as to fight effectively to eradicate the abuse of the latter.<sup>[281]</sup>

As it was indicated above the reduction of poverty results from religion, but also can result from solidarity.<sup>[282]</sup>

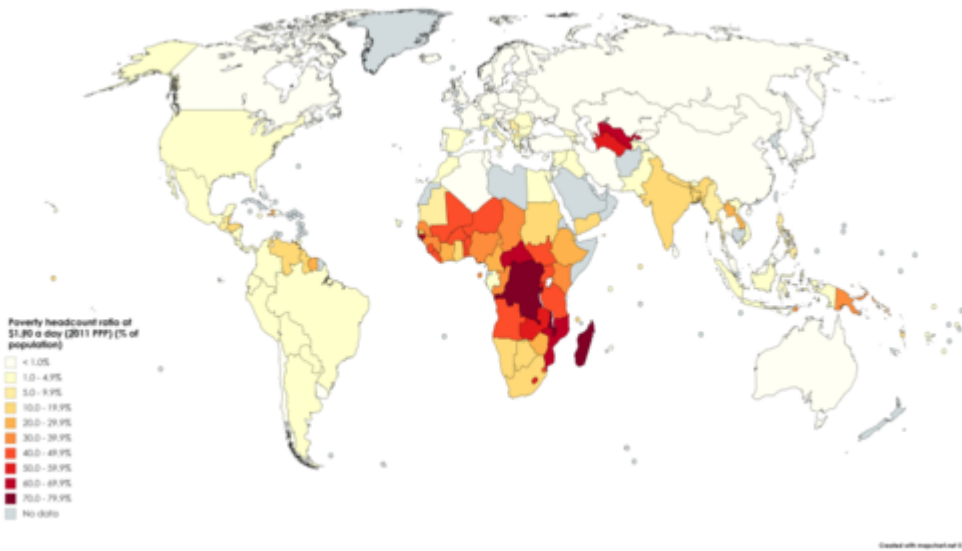


St. Francis of Assisi renounces his worldly goods in a painting attributed to Giotto di Bondone

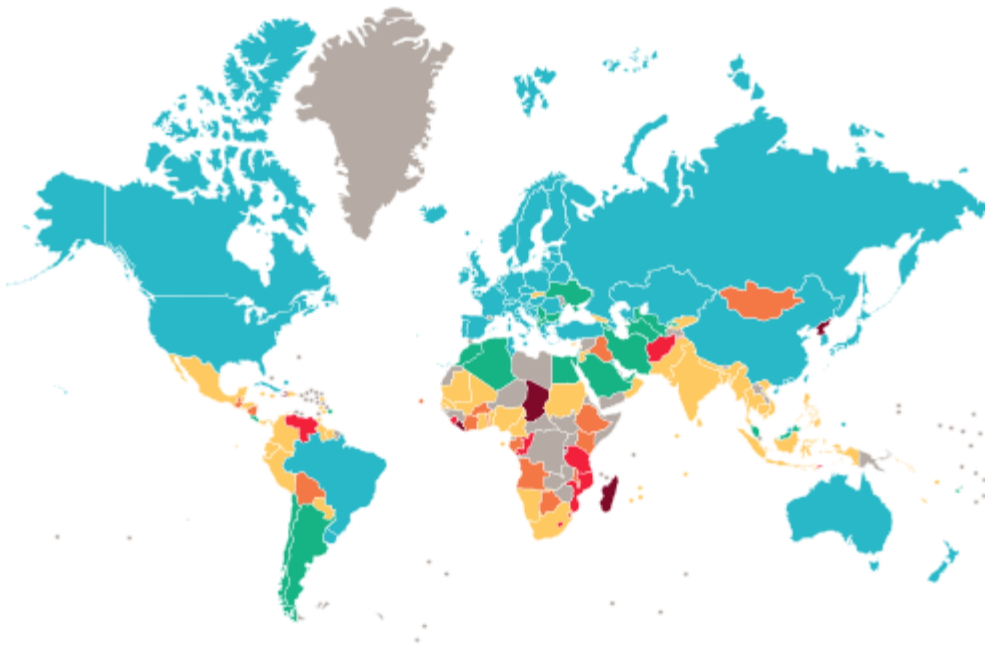
## Charts and tables



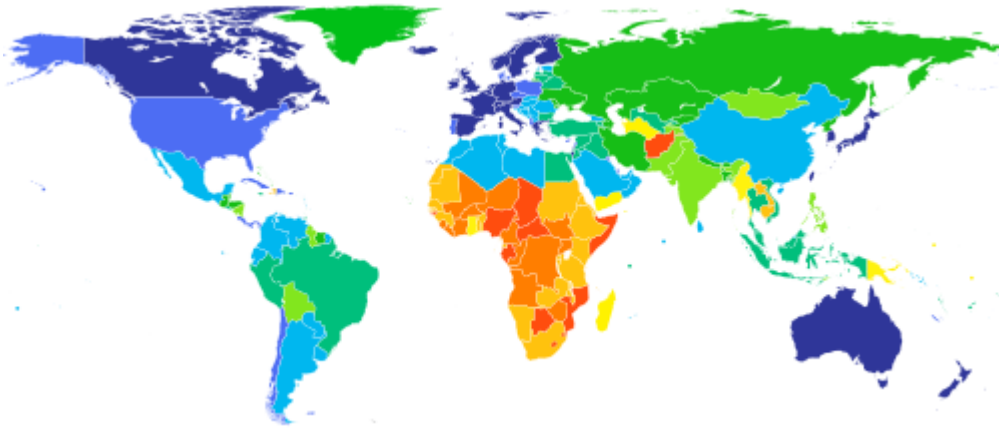
World population living in extreme poverty, 1990-2015



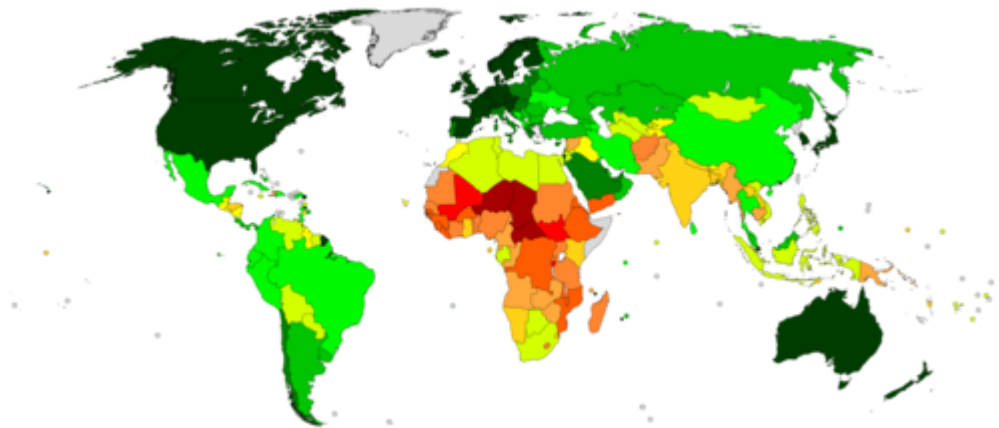
Poverty headcount ratio at \$1.90 a day (2011 PPP) (% of population). Based on World Bank data ranging from 1998 to 2018.<sup>[283]</sup>



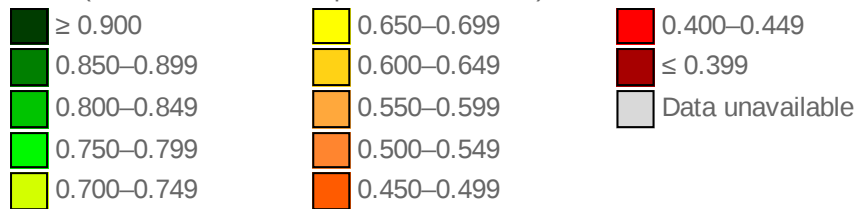
Percentage of population suffering from hunger, World Food Programme, 2020

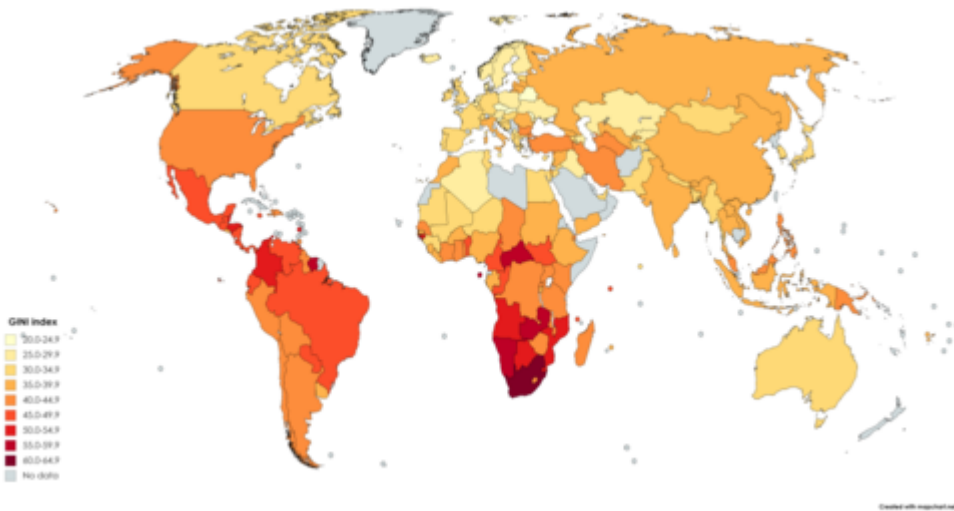


Life expectancy, 2016



World map of countries by Human Development Index categories in increments of 0.050 (based on 2019 data, published in 2020).





The Gini coefficient, a measure of income inequality. Based on World Bank data ranging from 1992 to 2018. [284]

## See also

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- Accumulation by dispossession
- Aporophobia
- Asset poverty
- Basic income
- Bottom of the pyramid
- Causes of poverty
- Climate change and poverty
- Cycle of poverty
- Environmental racism
- Extreme poverty
- Food Bank
- Homelessness
- Human rights
- Hunger
- Hunger in the United Kingdom
- Hunger in the United States
- Income disparity
- International development
- International inequality
- Involuntary unemployment
- Job guarantee
- Juvenilization of poverty
- Les Misérables
- List of countries by percentage of population living in poverty
- Living wage
- Measuring poverty
- Millennium Development Goals
- Poverty threshold
- Poverty trap
- Poverty reduction
- Poverty in the United Kingdom
- Poverty in the United States
- Redistribution of income and wealth
- Relative deprivation
- Social programs
- Social safety net
- United Nations Millennium Declaration
- World Poverty Clock

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- Organization for Economic Cooperation and Development (<http://www.oecd.org/>) Contains reports on economic development as well as relations between rich and poor nations.
- OPHI (<http://ophi.geh.ox.ac.uk/>) Oxford Poverty & Human Development Initiative (OPHI) Research to advance the human development approach to poverty reduction.
- Transparency International (<http://www.transparency.org/>) Tracks issues of government and corporate corruption around the world.
- United Nations (<https://www.un.org/english>) Hundreds of free reports related to economic development and standards of living in countries around the world, such as the annual *Human Development Report*.
- U.S. Agency for International Development (<http://www.usaid.gov/>) USAID is the primary U.S. government agency with the mission for aid to developing countries.
- World Bank (<http://www.worldbank.org/>) Contains hundreds of reports which can be downloaded for free, such as the annual *World Development Report*.
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# pauper noun

pau-per | \ ˈpɔː-pər \

## Definition of *pauper*

- 1 : a person destitute of means except such as are derived from charity  
*specifically*: one who receives aid from funds designated for the poor  
*// paupers on welfare*
- 2 : a very poor person  
*// you'll end up a pauper on skid row*  
— Robert Bixby

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**pauperism** \ ˈpɔː-pər-ri-zəm \ noun

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— Armond White, *National Review*, 25 Aug. 2021

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1516, in the meaning defined at sense 1

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Latin, poor — more at POOR

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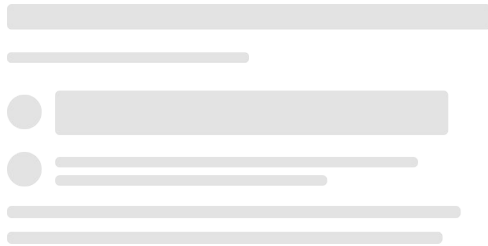
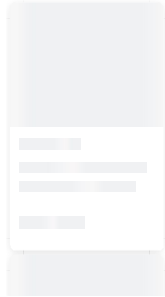
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#### English Language Learners Definition of *pauper*

: a very poor person who has no money to pay for food, clothing, etc.

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### pauper noun

pau·per | \ 'pō-per \

#### Kids Definition of *pauper*

: a very poor person

### pauper noun

pau·per | \ 'pō-per \

#### Legal Definition of *pauper*

: a person who is destitute and relying on charity

*specifically*: a person who is relieved of the costs and expenses of a court proceeding because of poverty

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