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Who Is Food Insecure? Political Storytelling on Hunger, Household Food Choices, and the Construction of Archetypal Populations

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ABSTRACT

Food insecurity, inadequate access to adequate food due to economic constraints, affects one in eight households. Food insecurity is a serious structural problem affecting health, but dedicated policy action has been limited. In this study, we analyzed causal stories in Canadian political discussion about household food insecurity in provincial and federal Hansard records over two decades. Specifically, we examined patterns of archetypes – dominant characterizations of individuals and populations who experience food insecurity – and how these were used to convey a collective consciousness about ‘model’ food-insecure persons or groups. Archetypes aligned only with selected evidence of populations actually experiencing food insecurity.

KEYWORDS

Household food insecurity; framing; public policy; politics; population health

Household food insecurity, when the members of a household have insufficient economic resources (income) to obtain adequate food,¹ is a serious indicator of material deprivation and inequity in contemporary high-income societies. Household food insecurity affects 1 in 8 households in the United States² and a comparable proportion of households in Canada, with an increased prevalence among households with children under 18 years of age.³

In Canada, where we conducted this study, receiving social assistance is among the strongest predictors of food insecurity at a population level; however, the majority of food insecure households (in 2012, 62.2%) are dependent on wages or salaries.³ This suggests that despite the active participation of households in the labour force, many continue to be left behind, with government social safety nets an inadequate recourse. Some of the lowest rates of food insecurity are among seniors – namely, households receiving seniors’ income supports, among whom food insecurity rates have been demonstrated to be highly policy sensitive to cash transfers from government, through public pensions.⁴

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Household food insecurity is a social determinant of health and is itself associated with nutrient deficiencies linked to dietary compromise,⁵ poorer physical health including bidirectional relationships with poorly managed chronic conditions (Vozoris & Tarasuk, 2003);^{6,7} adverse mental health outcomes,⁸ higher all-cause mortality,⁹ and a greater need for health care. An important recent examination of health care utilization in Ontario, Canada demonstrated that those in severely food insecure households needed to access more than double the health care dollars of those that were food secure.¹⁰

The problem of household food insecurity has been politically noteworthy in Canada for the limited dedicated action by governments to address this problem.¹¹ This relative policy inaction is despite the issue's prevalence and persistence, and a core political understanding of the structural disparities underpinning it.¹²⁻¹⁴ Our past policy research on this topic has gradually exposed the nature of this disconnect in Canadian policymaking, between those factors driving an understanding of the *cause* of food insecurity departing from factors driving *solutions*.¹³

In this paper, our aim was to examine this further, through a focus on the content of what Deborah Stone has referred to as 'causal stories' in policy.¹⁵ Stone explained how stories are used to describe societal situations that might be addressed by government through policy; in doing so, the story identifies the features and motivations of the policy actors in the story, ascribing responsibility – and blame.¹⁵ This is part of a tradition of inquiry examining the social construction of policy and policymaking,¹⁵⁻¹⁷ and how such factors shape agenda-setting and policy decision-making. This is because stories are a form of persuasive communication: they imply causality and establish a specific viewpoint.¹⁸ From a political economy perspective, stories are one element of the discursive forces¹⁹ that shape 'common-sense' responses to policy problems through exercise of symbolic power. Causal stories in policymaking – and the characters within them – can accordingly shape both policymakers' and popular perception through their representations of 'the real people' behind a policy issue.^{15,20}

Other literature from health disciplines has demonstrated that stories are furthermore an important communicative element in our societal response to health. Stories are representations of human experience, and convey evidence or arguments about health risks and conditions.²¹⁻²³ Lupton has noted that the study of stories in health communication has lent an 'overtly political' dimension to this area of scholarship,²¹ which aligns with a comparable trajectory in other areas of social science. In other words, health issues are not 'naturally' political issues, but their framing through stories can go some way to making them so.^{15,24}

The impact of stories often depends on audiences' understanding of the key characters in them, including characters' motivations.²⁵ This is the particular focus that we interrogate in this paper. Here, we share an analysis of how characters are used in policy discussion about household food insecurity in legislative debate records over nearly two decades, specifically, the characterization of individuals and groups who experience food insecurity, and how these social constructions

are used in causal stories. In our paper, we refer to the dominant characters and characterizations that emerged from our political source documents as archetypes. Our choice of the term archetype is informed by a colloquial definition of archetype, as a typical example of a person or thing, as well as the Jungian archetype in communications and literary theory, to convey how a collective social consciousness about the ‘model’ person or group who experiences food insecurity can emerge from such framing.²⁶ Archetypal criticism has been described as a way to identify ‘rhetorical universals’ – traceable as a pattern and in historical trajectories over time.²¹

Our objectives were to: (a) identify what archetypes have been used to articulate causal stories of being food insecure/experiencing food insecurity in Canada; (b) explore trends in how archetypes have been used over time; (c) investigate how archetypes have implied imperatives for policy action (or inaction); and (d) draw broader implications around the deployment of archetypes in health and policy communication.

Methods

The analysis we present in this paper builds upon earlier work we conducted^{11,13,14} using conventional qualitative content analysis²⁷ and interpretive policy analysis methodology^{17,24,28} to discern trends in Hansard records of legislators’ debates related to household food insecurity over time. As a federal parliamentary democracy (Westminster system of government), Canada produces Hansard records, near-verbatim records of legislative debates including committee hearings, at both the provincial and federal levels.²⁹ Hansards enable researchers to systematically access political argumentation and other rhetorical and symbolic aspects of policy making as deployed in real-world legislative debate.^{30,31}

Our systematic search of the Hansard records spans an 18-year period, from 1995 to 2012, yielding 1895 text extracts from four Canadian jurisdictions: the federal government, and the provinces of British Columbia (BC), Nova Scotia (NS), and Ontario (ON). Extended detail on the search and selection protocol are published elsewhere.¹³ Briefly, an overview of parameters and government jurisdictions is as follows. The start date was 1995, 1 year prior to the World Summit on Food Security,³² when this issue may have risen higher on the policy agenda. The end date was 2012, 1 year following the 2011 federal election when the ruling Conservative party (centre-right and right) since 2006 strengthened its mandate to become a majority government. This captures two solid eras in Canadian federal politics: Liberal governments (centre and centre-left) held power over four legislative sessions (1993 to 2006, 35th to 38th Parliaments) and Conservative governments held power over the next three (2006 to 2015, 39th to 41st Parliaments). The three provincial jurisdictions capture a breadth of policy rhetorical milieus: Ontario in Central Canada, the largest province with the highest absolute number of food insecure households and radical shifts in social policy over the time period;

Nova Scotia, a 'have-not' Atlantic province with persistently among the highest prevalences of food insecurity since monitoring began in Canada; and British Columbia, in Western Canada, a province with strong public health system engagement with food insecurity issues.

Collected data were organized using NVivo qualitative analysis software and coded for attributes of food insecure populations.³³ Initial coding of the Hansard extracts was conducted by one team member, with peer debriefing with two other team members successively throughout coding and analysis. Our initial coding framework, described in detail in a coding dictionary, was based on household- and individual-level attributes associated with food insecurity identified in the Canadian peer-reviewed literature since 1995, summarized into codes (deductive analysis). Each attribute (e.g., social assistance receipt) was a factor associated with food insecurity, and could overlap in its associations with food insecurity risk (e.g., female-headed household). Other attributes (e.g., children) were added throughout the process of coding and immersion in the Hansard data (inductive analysis). As a final inferential step, attributes were merged inductively into four main archetypes, based on how they combined to create a full picture of an archetypal character associated with the health experience of food insecurity. We merged component attributes until we reached saturation and could not identify new categories.

The study did not require institutional ethics board approval because Hansards are in the public domain.

Results

Table 1 presents the disaggregated coding framework of attributes of individuals and households who experience food insecurity, including all deductively and inductively ascertained codes, prior to the merging analysis. Figure 1 presents a coding density treemap of the disaggregated attributes in relative prominence.

Our merge analysis yielded four main archetypes, and one collection of archetypal behavioral responses to food insecurity. These archetypes portray the ways in which individuals and subpopulation groups experience and respond to household food insecurity, according to political talk.

Archetype 1: Hungry Children

Archetypal hungry children prevailed throughout both the federal and provincial Hansard debates, and over the full time period of study. Legislators used children, characterized as hungry and innocent, to illustrate the causal story of how the governing party's approaches to social and fiscal policy were failing its most defenseless. Although discussion of the archetypal hungry child often proceeded alongside descriptions of food bank use, childhood was not a distinguishing feature of the characterization of food bank users. Although

Table 1. Coding attributes of food insecure populations in Canada, 1995–2012.

HOUSEHOLD CHARACTERISTICS		
ABBREVIATION	CODE	DEFINITION
CHIL	CHILDREN	Children living in households that use food banks, hungry children, children unable to access a proper diet, hungry children at school, and children going hungry living in low-income/working poor households.
CII	CHANGES IN INCOME	Job loss, cuts to social assistance, families experiencing a change of income status.
CP	CHILD POVERTY	Children living in poverty and experiencing hunger, children in poverty using food banks.
DIS FAM	DISABILITY FAMILIES	Family member with a physical disability. Hungry families, families using food banks, families not able to feed children, parents with children.
FBU	FOOD BANK USERS	Households/families using food banks, any mention of having to use a food bank; situation resulting in food bank usage.
FN	FIRST NATIONS	First Nations families using food banks, First Nations children who are hungry, First Nations communities experiencing food insecurity from government discrimination.
FXI	FIXED INCOMES	Households/families dependent on governmental support (Employment Insurance, social assistance, welfare, disability supports).
HM	HUNGRY MOMS	Mothers, pregnant individuals who use food banks, mothers restricting food intake to allow their children to eat, mothers with children going hungry.
HOM	HOMELESS	Households/families not eating to reduce risk of homelessness, households/families going homeless and hungry.
HP	HEALTH PROBLEMS	Households with a chronic health problem using food banks, households unable to buy food due to high cost of medications.
HR	HOME RENTERS	Hungry households from high rent, people on social assistance struggling to pay rent and eat, households using food banks to pay rent.
LFK	LACK OF FOOD KNOWLEDGE	Households' disconnect from food systems, lack of knowledge of meal preparation, households not knowing how to prepare food.
LIM	LIMITED RESOURCES	Households/families making sacrifices to have food, households resorting to governmental support to provide for the family, lack of support from other sources of funds (i.e., access to credit, assets, savings).
LM	LONE MOTHERS	Single/lone mothers with children, mothers accessing food banks to feed their children, single income coming from a mother (working or social assistance).
LWI	LOW INCOME	Working households with low income, households with low income from low social assistance rates, households with low-income who use food banks, low-income families with children going hungry, low-income families struggling to provide food for their families.
MH	MENTAL HEALTH	Family member with mental health issues using food banks, households with someone suffering with addictions/problematic substance use.
NS	NO SUPPORT	Families (especially single mothers) experiencing isolation and lack of familial/governmental support, resulting in hunger/poverty/food bank usage.
P	POVERTY	Households/families (with children) living in poverty, children living in poverty and using food banks, families living in poverty and hungry.
PFA	POOR FOOD ACCESS	Households/families suffering from poor quality foods due lack of access to nutritious foods, households/families with a poor quality diet due to only being able to access foods at food banks, poor food access from living in poor neighborhoods.
SP	SINGLE PARENTS	Single parent households with hungry children, who use food banks; single parents working/struggling to provide for their families.
UNE	UNEMPLOYED	Households/families who are unemployed, parents who are unemployed, households not able to afford food from being unemployed.
UNS	UNWISE SPENDERS	Government indicating that households/families are not using their limited resources wisely and choosing to live as food insecure.
VET	VETERANS	Veterans unable to provide for their families, veteran families having to use food banks.
WKP	WORKING POOR	Working households/families living as food insecure, families suffering from low-income, working families using food banks, households living pay cheque to pay cheque, households without enough income to supply food for the entire family.

(Continued)

Table 1. (Continued).

HOUSEHOLD CHARACTERISTICS		
INDIVIDUAL CHARACTERISTICS		
ABBREVIATION	CODE	DEFINITION
DIS	DISABILITY	Person/individual who has a physical disability, individuals with disabilities using food banks.
FBU	FOOD BANK USERS	Individuals using food banks (individuals using food banks without any reference to households/families).
FXI	FIXED INCOMES	Individuals receiving government support (Employment Insurance, social assistance, welfare, disability support, seniors benefits).
HO	HOME OWNER	Home owners using food banks; individuals who own a home but cannot afford food.
HOM	HOMELESS	Individuals who are homeless and hungry, homeless persons using food banks.
HP	HEALTH PROBLEMS	People experiencing health problems and using food banks, people with chronic health problems, health disparities.
HR	HOME RENTER	Hungry individuals with high rent, people on social assistance struggling to pay rent and eat, people using food banks in order to pay rent.
HS	HUNGRY STUDENTS	Post-secondary students using food banks, university and college students hungry from high tuition.
IMM	IMMIGRANTS	New immigrants using food banks, immigrants arriving in Canada with no money for food (including refugees).
LFK	LACK FOOD KNOWLEDGE	Individuals' disconnect from food systems, lack of knowledge of meal preparation, individuals not knowing how to prepare food.
LIM	LIMITED RESOURCES	Individuals who lack personal financial supports (credit, savings, etc.), having to make sacrifices to afford food, resorting to governmental support.
LOE	LACK OF EDUCATION	People using food banks with low educational attainment, individuals using food banks with low literary skills.
LWI	LOW INCOME	Working individuals with low income, low income from low social assistance rates, low income individuals using food banks.
MAR	MARGINALIZED PEOPLE	Marginalized people in society going hungry, people that the government disregards when making food insecurity/income security decisions.
MI	MENTAL ILLNESS	Individuals living with mental health issues (including addictions and problematic substance use), people with mental illness using food banks.
NI	NO INCOME	People with no income going hungry, people with no income using food banks.
PFC	POOR FOOD CHOICES	Individuals having to make poor food choices due to lack of access to quality food.
POV	POVERTY	Individuals stuck in the cycle of poverty, individuals in poverty making sacrifices to access food.
PSE	POST SECONDARY EDUCATION	Post-secondary students or post-secondary graduates hungry and using food banks.
PWL	PROBLEMS WITH THE LAW	Hungry individuals involved in the judicial system, hunger causing people to break the law in order to get food.
SEN	SENIORS	Hungry seniors, seniors using food banks, seniors hungry from poor governmental support.
SP	SINGLE PEOPLE	Hungry individuals with no other support systems, hungry individuals living alone, single people using food banks.
UNE	UNEMPLOYED	Individuals/people unemployed and hungry, individuals unable to find a job, unemployed individuals using food banks.
UNS	UNWISE SPENDERS	Government criticizing people for their spending habits, government criticizing people for their limited resources.
VET	VETERANS	Veterans unable to provide for themselves, veterans with low financial support from government, veterans using food banks.
WKP	WORKING POOR	Working individuals living as food insecure, individuals suffering from low-income, working individuals using food banks, people living pay cheque to pay cheque.
WOM	WOMEN	When individual women are referenced as hungry without any ties to families or households.
YP	YOUNG PEOPLE	Young adults who are hungry, young adults using food banks.

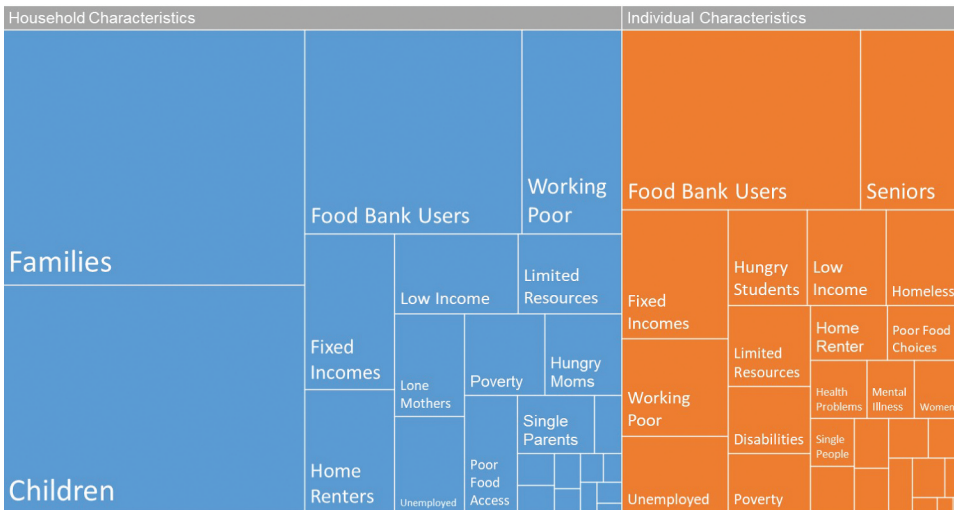


Figure 1. Coding density treemap of disaggregated attributes associated with food insecurity, federal, NS, ON, and BC Hansard records, Canada, 1995–2012.

we had initially used a disaggregated code for families, when merging, we detected that this was often a way to convey the presence of children. Food insecure children were typically introduced by legislators as victims of their parents’ or families’ misfortune, leading to food bank use.

The archetypal hungry child was depicted as going to school hungry, belonged to a fixed-income family, and could represent, although rarely, an individual. Opposition legislators framed how the governing parties’ policy proposals were directly affecting child food insecurity and the household as a structural issue.

This bill is also important to the 1.2 million Canadian children who are hungry. The cuts made to employment insurance have contributed to making these children poorer. When parents lose their jobs, the children and families suffer directly. – Mr. Yvon Godin, Acadie-Bathurst, New Brunswick, New Democratic Party (2007 Federal Hansard debates)

Archetype 2: Struggling Mothers

Mothers were a population group sometimes mentioned within households in association with hungry children, but represented a unique archetype, and distinct from families. In provincial Hansard records, legislators applauded lone mothers for their dedication to feeding their children. The causal story of archetypal lone mothers was one of struggle to access a sufficient quantity of food, constantly juggling household expenses, and driven to food bank use as a result. This was deemed deserving of policy support.

Similar to what we saw with children federally, opposition federal legislators spoke of mothers as victims of the government in power and its inadequacy.

Mothers were a population in need, and legislators used mothering archetypes to create empathetic feelings about the struggle to access food in general, since mother and child, or children, would end up suffering due to structural barriers.

And the federal tax system . . . also adds to the poverty of a single parent family with two dependent children. This family . . . is already having trouble – because it is usually headed by a single mother with children – making ends meet. There is never enough at the end of the month to feed and dress her two children, keep them warm and pay the rent. This government, with the Minister of Finance at the helm, will drain them of the few resources they have. – Mr. Yvan Loubier, Saint-Hyacinthe – Bagot, Québec, Bloc Québécois (2000 Federal Hansard debates)

Archetype 3: Deserving Seniors

Seniors were another main archetype. Archetypal deserving seniors were persons with discretion, and characterized only by age, with no reference to gender, race, or ethnicity. Seniors were described as thrifty, and persistently in the situation of budgeting an income. Legislators linked seniors' food access to low or fixed incomes, which resulted in food bank use and poor food choices.

I already said that in my work I have done checks in seniors' residences. There were no pets in these apartments, but in their cupboards were boxes of cat food. These seniors had no choice but to pay for their medication and eat cat food. This is unacceptable. – Ms. Nicole Demers, Laval, Quebec, Bloc Québécois (2007 Federal Hansard debates)

The causal story that justified policy intervention for seniors facing food insecurity was that they were highly-deserving, tax-paying citizens who had contributed to society, were now supported by government, and who should not be forced into the indignity of using food banks. In statements around the plight of hungry senior citizens, legislators often emphasized the moral indebtedness of younger generations for past contributions and care.

For a good number of these seniors living in poverty, the prospect of a golden retirement simply does not exist. . . . For a senior who has provided for his or her whole life, who had fought in a war, who has worked, to have to come to a food bank and depend on community largesse and charity is something that is just not right. For many of these people, they are stuck. They are trapped in a system from which there is no escape. – Mr. Glen Pearson, London North Centre, ON, Liberal (2008 Federal Hansard debates)

Archetype 4: Hard-Working Citizens

Two groups of low-income populations formed a fourth main archetype: 'hard working citizens' trying to live within stretched household budgets.

Some hard-working citizens were portrayed as working-poor families who did what they could to gain access to a sufficient quantity of food for the

household. These families were referred to in both federal and provincial Hansard debates. Legislators' causal stories focused predominantly on inadequate incomes or low wages from employment, and the nature of household budgetary choices around food, such as balancing payment for housing and utilities.

I remember talking to a hotel worker. He was a new Canadian working as a server in the hotel. I asked him how things were going and he said that things were going well. He said that he had a full time job at the hotel working 40 hours a week which produced enough income for him to pay the rent, and his second job allowed him to pay for the food for his family. I thought that was a pretty stinging indictment. – Hon. Jack Layton, Toronto-Danforth, ON, New Democratic Party (2007 Federal Hansard debates)

Numbers were symbolic in stories characterizing the plight of the working poor. These narratives were peppered with dollar values, hours worked, and percentages of households or percentages of household incomes. Numbers established these citizens' policy deservedness. They were suffering from low incomes, poor job security, and high cost of living. Their behaviour was admirable, and was due to an inability to cope with overwhelming structural circumstances. The construction of deservedness also stemmed from families' attempt at self-betterment through work.

Almost 3,000 hard-working Nova Scotians with jobs couldn't make ends meet and had to use a food bank in the last year. Parents are forced to make tough choices – food or rent, food or medicine. – Eddie Orrell, Northside-Westmount, NS, Progressive Conservative (2012 NS Hansard debates)

Other hard-working citizens were described as households dependent on fixed incomes from inadequate social transfers (e.g., welfare or employment insurance). While not as innately deserving of policy intervention as a working poor family, this group were still regarded as deserving of food. We determined this group to fall within the archetype of hard-working citizens because employment was the essential element of the causal story that formed the path out of their food insecure state. Indeed, social transfer recipient households were often portrayed as in a state of only temporary joblessness; for example, a result of federal employment insurance changes in the late 1990s. Opposition legislators typically invoked tales of social transfer recipients as living from cheque-to-cheque and settling for nutrient-poor food. Households with children were especially deserving, since they suffered most from social assistance cuts.

The truth is that federal support for welfare, health and education has been slashed by 3 [CAD] billion since 1996 and poor people are paying the price. They are standing in food lines, living in shelters and raising kids on welfare rates that keep them in poverty. – Ms. Libby Davis, Vancouver East, BC, New Democratic Party (1998 Federal Hansard debates)

Archetypal Behaviors: Hard Choices Folks

In merging the disaggregated attributes, we arrived at a final archetypal characterization that centred upon ‘hard choices’ in individuals’ behavioural responses to food insecurity. This did not fit our initial criteria for a full archetype. However, a clear pattern of behaviours was described, and causal stories invoked were robust over time.²¹ We refer to this group as ‘hard choices folks’.

Hard choices folks used charitable means to access food. They were deemed lacking in food knowledge and education, resulting in poor food choices. Unlike ‘no choices’ people, such as seniors or hungry children, ‘hard choices folks’ were imbued with greater agency; and yet complete character features did not emerge. Some hard choices reflected vulnerabilities associated with membership in disadvantaged groups: veterans, people affected by disabilities, and the homeless. These vulnerabilities were frequently mentioned in concert, and the common end to their stories was using a food bank. Notably, the quotation below was the first mention of veterans in association with food insecurity in the Hansards and late in our nearly two-decade time frame.

Mr. Speaker, I would like to remind the Prime Minister that Canadians did not give the Conservative government a mandate to put our veterans on the street, forcing them to use food banks and making them homeless. – Mr. Peter Stoffer, Sackville-Eastern Shore, NS, New Democratic Party (2011 Federal Hansard debates)

Federal legislators from the same political party had earlier described vulnerable individuals with disabilities alongside homelessness. Individuals facing hard choices imposed by disabilities and homelessness were also mentioned together in provincial Hansards, especially in the Ontario Hansards, where opposition legislators targeted their comments at the lack of adequate support through the Ontario Disability Support Programme (ODSP).

Other ‘hard choices folks’ were more ambiguous, featureless, economic agents. Although their suboptimal behaviour (insufficient consumption of healthy foods) was a behavioural response to household budgetary trade-offs, it had a socially unacceptable outcome: a reliance on charity. This subgroup of ‘hard choices folks’ were typically individuals with low, fixed incomes whose motivation was portrayed as continual tradeoffs, such as between food and rent.

There was a woman in my office within the last couple of days, on Community Services, who didn’t have enough food money because of all the other expenditures – the increased rent and so on – didn’t have money to buy milk and had to go to the food bank and make a case. – Mr. John van Dongen, Abbotsford, BC, Liberal (1999 BC Hansard debate)

Federally, more leftist legislators suggested these individuals were misunderstood and blamed; others deemed them unwise spenders. Hard choices folks also featured in provincial debate, but these causal stories described behaviour

that was disempowered and not self-sufficient. The proposed solution for this group was temporary food-focused programs to mitigate the ability to cope with limited incomes.

We observed a temporal shift in how hard choices folks were associated with the main archetypes over time, from individuals in minimum wage employment in the earlier years of our dataset, shifting to lone mothers, and finally to seniors in 2011–2012. And yet taken over the full time period, this group was distinct and occupied its own rhetorical space. This is why we ultimately elected to refer to this as a discrete set of archetypal behaviours, rather than a fifth main archetype. The substance of this archetype was within the individuals' behaviours: a causal story where they were blamed and somewhat forgiven for their choices, often in the same breath.

Well, this is just another example of this government blaming the victim. You know, one thing after another. "Give them choice." What choice – to feed their children or pay their rent? To live under a bridge? – Ms. Diane Thorne, Coquitlam-Maillardville, BC, New Democratic Party (2008 BC Hansard debates)

Discussion

We identified four main archetypes and a distinct set of 'hard choices' archetypal behaviours within political talk about household food insecurity in Canada over the last two decades. The four main archetypes articulate how populations experiencing certain structural circumstances deserve policy intervention (hungry children, struggling mothers, deserving seniors, and hard-working citizens). Yet there was also a discrete form of policy reasoning and rhetoric constructed around individual agency to make hard choices. This latter form of archetype conveyed a separate story enshrining victim blame, even when the individuals involved were depicted as making impossible trade-offs.

Although some archetypal storytelling aligned with health evidence – lone mothers, for instance – the characterization of others, such as seniors, were put forward by legislators with little regard for data from public health monitoring as we described at the outset of this article. The archetypal deserving senior with cat food and no cat in their home invokes a compelling critique of government, regardless of social policy supports that mitigate against food insecurity in this group. Members of governing parties often used the same archetypal imagery to return critique and argue against proposals by opposition parties. In other words, the archetypes were central to the co-construction of food insecurity as a policy problem.¹³

A troubling finding with the archetypes in this study was missing populations. For example, fathers were missing when mothering to cope with food insecurity was raised. In general, archetypes were blind to features of race or

ethnicity, immigration status, and gender (except for struggling mothers); they could be living ‘anywhere’ in Canada. After concluding our analysis, we were most deeply struck, though, by how causal stories from Indigenous populations were largely excluded. Food insecurity among Indigenous populations, both on and off- reserve, in the North or in urban centres, is much higher than Canadian general population rates,^{34–36} followed only by racialized populations. The only two causal stories we could find around members of Indigenous communities were related to mental health or addictions and resultant food insecurity – archetypal attributes blurring in a prejudicial fashion with colonial stereotypes. This suggests an impoverished policy communication on how structural violences result in food insecurity among Indigenous peoples, as well as a lack of common understanding of how individuals who identify as Indigenous might and should cope.

We observed some divergence in federal versus provincial legislators’ use of archetypes. At the federal level, deployment of archetypes was often used to paint a picture of governing party failings, by legislators in opposition parties. In contrast, provincial legislators tended to focus on laudatory behaviours by the archetypal groups.

In Canada, especially in recent judicial interpretation, the constitutional division of powers is noteworthy for provincial governments holding the majority of governing responsibility for health and social policy, even while the federal role – and associated moral authority – has expanded and contracted, typically through its spending powers.^{37,38} It is to be expected that archetypes would be used rhetorically in different ways in provincial and federal legislative arenas, reflecting the different policy instruments that each order of government has at hand. Archetypes play a specific symbolic role in claims around legitimacy of rival policy positions. Federal opposition legislators using archetypes to point toward structural causes of food insecurity is a strategy to express moral authority¹³ when few meaningful policy levers exist otherwise.

The distinction between the four main archetypes and the hard choice behaviours suggest that a normative understanding of structural causality for the health problem of food insecurity exists separately from how policy actors want individuals to respond to it. An individual-responsibility framing of appropriate behaviour prevails, despite a recognition of the structural dilemmas faced by vulnerable subpopulation groups. This would seem to be a paradox, but Lundell et al.³⁹ in a recent series of public focus groups examining attributional discourse around the social determinants of health in the United States, and associations with political spectrum affiliation, found a similar pattern. Social deprivation was recognized to be associated causally, and in a significant way, with poor health; however, it was also noted that “ultimately” individuals were responsible for healthy behaviours.³⁹

Others have observed that a widespread knowledge and acceptance of social structural causes for poor health and health inequalities has not yet transformed routine public health practice,⁴⁰ which persists in health promotion geared toward individual behaviour change communication. Cohen and Marshall⁴¹ conducted a review of the peer-reviewed and gray literature on public health advocacy over a similar time frame to our study (January 1, 2000 to June 30, 2015), encompassing 183 source documents. They found that despite strong evidence of *legitimacy* of advocacy to address root causes of health inequity, such as its presence in professional practice standards, there was limited empirical evidence on how this acceptance had translated into practical advocacy for structural change. As the authors noted,⁴¹ “Advocacy initiatives that seek to implement or alter social policy and law may still be derived from an understanding of health issues as problems of wayward individual practices, with solutions aimed at increased citizen regulation or prohibitions.” In other words, as the ‘hard choices folks’ demonstrate, it is easy to blame victims for their wayward practices and only forgive them slightly because of their socially-constructed circumstances. As Jeter has observed,⁴² suffering populations were still expected to behave in a particular way, a risk where archetype becomes stereotypy.

The causal stories around food insecure populations in our study are unhappy ones with the sad ending, near-universally, being food bank use. The ‘sad story’ rhetorical device has been described in the interpretive policy analysis literature as a framing argument grounded in a tale of a single example, which is implied to be representative of the population, to make a moral point and incite action.¹⁷ Our investigation of archetypes detected ‘typical people’ associated with food insecurity, whose sad stories and shameful outcome [the food bank] could be invoked. This is problematic not only in how such characters – and not populations borne out by evidence – become the drivers of causal stories in policy debate, but also because archetypes become enshrined over time in our collective political consciousness. They are shameful universals, and we ought to do something about it – but we rarely do.

Petraglia⁴³ has argued in this journal that the growing prominence of stories as interventions in public health practice compels us to better understand how stories ‘land’ with individuals, both cognitively and relationally. Stories are always embedded in broader social and cultural understandings of health issues. As Petraglia posits, individuals can gain concrete knowledge of a health problem through a story, but since the health constructions within stories are intersubjectively created, a concomitant change in social structures is needed for individuals to proceed to use gained knowledge effectively in their health environments.⁴³

Speaking about food insecurity was in some cases about ‘the numbers’, but more frequently, comprised of emotion-laden rhetoric that relied on

polished, evocative images of nobility and blamelessness or desperate coping and resource rationing behaviour. Even in the case of the archetypal hard-working citizens, where the magnitude of the problem was often expressed through use of numbers, deservedness for policy remedies was conveyed through characterizations of their meritorious hard work.

This compels us to ask whether archetypes of food insecure populations and their causal stories we detected in political discourse are actively detracting from effective communication/uptake of other forms of health evidence about being food insecure. A number of the archetypes we detected are clearly misaligned with well-described health evidence about the magnitude of the problem, such as seniors, who as a population group have among the lowest prevalence of food insecurity in Canada. Do such cognitive and intersubjective dissonances about food insecurity compound to institutionalize inadequate structural responses?

Archetypes are a social construction of target populations and project how people's behaviours are embedded in circumstances dictated by policy.²⁰ They also display social and cultural norms, defining what citizens are deserving of public attention and care, because of who they are and what they do. When policies rest on social construction of their targets, this can shape public beliefs about the role of the state and the legitimacy of policy responses.²⁰ Moreover, they can lead those engaged in policy to generalize individual behavior on the basis of assumptions about group identification or membership.

As our research suggests, this is because hungry (and innocent) children, struggling (and good) mothers, deserving (and thrifty) seniors, (noble) veterans, and the (hard-)working poor are extant in Canadian social norms. The implications for the causal story in each case are that food insecurity is not deserved; for other archetypes, the conclusion might be otherwise.

Conclusions

Our findings are important for future public health research and policy action on the issue of food insecurity. As we have demonstrated, archetypes are compelling and persuasive, but may be misaligned with or indeed contrary to health evidence. This is unsurprising. The less fatigued among readers might even suggest that the appropriate remedy is to seek ways to communicate health evidence in more readily accessible formats. Our study suggests something quite different.

Archetypes, in addition to evidence as numbers, symbols, and other elements of communication, are each building blocks of causal stories which suggest solutions to practical societal problems.¹⁵ Some of these building blocks – and we would suggest that archetypes are one – play a central role in framing an issue, because a character readily captures the attention of partisan actors, media, the public, and decision makers alike, even those with best intent to act

apolitically. Causal stories such as the ones we examined through the publicly available Hansard records most certainly have power outside the political arena. It is vastly easier to perpetuate faulty reasoning engendered through characters in stories as a communicative device than it is to disengage those ideas through communication of evidence. The uncritical use of stories in public health or calling upon the archetypes within stories may assign blame unfairly, protect existing institutions or interests, and legitimize which actors are supported to address problems. We propose this critique with some care, given that we recognize the potential value of archetypes in health communication for public health benefit.⁴⁴ For instance, research in Canada has demonstrated how media advocacy that centres upon the ‘testimony’ of an individual’s story can be an effective avenue to communicate poverty and food insecurity as a root cause of ill health,⁴⁵ and as we have ourselves demonstrated, to break through static in policy debate.⁴⁶

In conclusion, we would suggest that public health researchers and practitioners have a responsibility to reflexively identify, and where needed, to take actions to transform archetypes within their cultural realm.^{24,47} A critique of archetypes can make visible the unseen social contracts we have made with ourselves about what health problems deserve solutions.²¹

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