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# Sociology of Mental Health

## Selected Topics from Forty Years 1970s–2010s

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# Preface

This volume commemorates the 20th Anniversary of the American Sociological Association (ASA) Section on the Sociology of Mental Health. Jay Turner reminded us of this upcoming anniversary with a suggestion he made at end of the Section's business meeting during the ASA's annual meeting in Las Vegas in 2011. He suggested that something should be done to commemorate the event. I had just been installed as the incoming Chair of the section, and I assured the members in attendance that something would be done, but I was unsure just what that would be.

About one month later, Bob Johnson sent an email to me suggesting that the Section anniversary be commemorated with a volume of papers reviewing progress in mental health sociology and laying out critical research problems for the future. The volume would be sponsored by the Section, and all remuneration would be contributed to the Section. I agreed that it was a great idea. With guidance from Karen Edwards, Director of Publications for ASA, and approval from the Section Publications Committee, we developed a proposal for the ASA Publications Committee that was approved in early December 2011. Bob recruited two additional editors, Jay Turner and Bruce Link, two sociologists who are responsible for much of the progress in the sociology of mental health over the past 40 years.

The chapters in the current volume document select theoretical transformations and refinements of the field from the issues that animated our studies in the 1970s and 1980s to a new set of problems and challenges. The sociology of mental health was founded by scholars interested in showing how social integration, urban life, and social class were related to psychological problems. Chapters in this volume show how these fairly straightforward issues have been transformed into a set of questions about complex processes linking stress, social relationships and support, neighborhoods, societal reactions and other factors to mental health, mental disorder and other outcomes. One of the most energetic debates in sociology in the last 45 years was between advocates of the labeling theory of mental illness and those supporting a psychiatric perspective. As is clear from the chapters in the present volume on stigma, on stress, and on recovery from mental illness, this debate resulted in a considerable refinement of the issues, and created a new

set of research problems. Another controversial issue in the 1970s was whether and how gender was related to mental health and illness. As can be seen by the chapter on gender and marital status in the present volume, this issue too has been transformed from relatively simple questions about sex roles and marital roles into ones involving social identities, varying distress styles, sociocultural and socioeconomic contexts, multiple dimensions of mental health, the nature of intimate relationships, and other factors.

As a group, this set of papers not only traces significant changes in the sociology of mental health, but also testifies to the health of the field itself and to the wisdom of the section founders. Along with the recent establishment of the section journal, *Society and Mental Health*, and the publication of the second editions of two handbooks on the sociology of mental health (Scheid and Brown 2010; Aneshensel et al. 2013), this volume shows that there are many questions to answer, but there is progress to be had, and there are ways to move forward.

Michael Hughes

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# Contents

# Introduction

It was tempting at first to propose that we name this monograph "Score I for the Section on the Sociology of Mental Health." The title would intend to suggest both that the section had just past its first 20 year mark and that the research on the sociology of mental health had scored big by being particularly productive over those 20 years. The chapters in this monograph, as you will discover, do in fact support both those initial observations. Perhaps, however, the title should have been "Score II for the Section of the Sociology of Mental Health" as it is not only just beginning a second 20 year period, but also because the apparent success during the 20 years prior had clearly provide a sense of the need and laid the foundation for its formation. Does one look back or forward? Not surprisingly, given such a choice, we quickly settled on the answer to provide a brief look at both.

## Impetus for this Commemorative Monograph

The boom years in the sociology of mental health research (as Turner, Turner and Hale call them in this volume) began in the seventh decade of the last century peaking during the eighth decade for the first time attributable importantly (Johnson and Wolinsky 1990) but not wholly (Mechanic 1990) to the legacy of stress research and sustaining themselves over the course of the first score years subsequent to the foundation of the Section on the Sociology of Mental Health. An early consensus, even if settled but on only a couple of points (albeit a major ones), was that stress research broadly shared interests with many overlapping areas of mental health research in general and that to the extent we can rely on citations as an objective measure of impact, sociological journals that publish such areas of interest rank well compared to others commonly perceived to be prestigious in sociology generally. The questions of where this would lead us over the subsequent years would largely be addressed by the leaders and members of this section of the American Sociological Association that was just newly forming at that time.

The research continued as the years passed, and at the end of the business meeting of the Section on the Sociology of Mental Health (SSMH) in Las Vegas 2011, Jay Turner stood to remind the attendees that the 20th Anniversary of the section would be during the next meeting in Denver 2012. He suggested that something be done to commemorate that event. The incoming president of the section, Michael Hughes thanked him for the reminder and the meeting soon adjourned. At that meeting I was there to hear the reminder, and I also quite separate from that event agreed to launch a monograph series in sociology for Springer. As I prepared the announcement for monographs later that year, I remembered Jay's suggestion and dropped a note to Michael asking him if he thought a commemorative monograph on mental health research would be a fitting tribute.

## The Commemorative Monograph Proposal

At the request of Michael Hughes, a proposal was prepared and submitted to the Sociology of Mental Health (SMH) council and Committee on Publications. The proposal to produce a commemorative monograph was intended to embody the spirit of the rise to prominence, the continuing success, and the promise members of the section find on the frontiers of research in mental health as the section moves into the future. The monograph was to be a brief, peer-reviewed monograph of article length manuscripts.

The introduction was proposed to provide both a broad retrospective of mental health research and introduce each manuscript for the reader. The topics of each selected manuscript were intended to be both retrospective and farsighted, (1) reviewing key findings in well-defined threads of research that potential new contributors to the field must understand in order to make independent advances and (2) providing insights for future directions that continue that thread or expand it into multi-threads of research.

A list of potential topics and contributors was developed and reviewed by the monograph editors. Manuscripts would be invited from authors based on solicited topics. They would be selected from members of the Section on Mental Health with a balance among key figures in the field, inaugural members of the section, and new promising scholars. Pairings of established and emerging scholars may be an effective means of achieving this goal.

Proceeds collected by the contributors from the publisher of this monograph will be committed to the section.

## Origins of Sociology and the Sociology of Mental Health Research

At the core of American sociology is the concept of the "self." It is arguably the most fundamental concept to distinguish sociology from its sister disciplines, particularly psychology. Yet it is also the concept that bridges

the disciplines in the interdisciplinary field of social psychology. And more importantly, it was borrowed from the very foundations of American psychology through the work of William James and his influence on the giants in the first school of American sociology at the University of Chicago. The "hidden self" was James' concept (1890) that he explored in an effort to understand mental illness, an understanding that eluded him in his own fields of scholarly training, medicine, and physiology. It was an understanding he sought not only in terms of the mental illness of others, but also in terms of his own struggles with depression and his lifelong commitment to promoting public "mental hygiene." The concept of the self, along with the pragmatism of James that influenced George Herbert Mead to help pioneer sociology in America resulting in the posthumously published Mind, Self, and Society (1934). Research in the sociology of mental health not only shares this history with psychology and medicine, but also the very foundation of sociology in America. The earliest sociological research in Europe, from Durkheim's study of suicide to Simmel's most famous mental life in the metropolis, manifested an unmistakable concern with the mental health of its subjects. This common core is rarely noted within most sociological perspectives that appear to view mental health research as distant or distinct from the central tenets of our discipline, or worse yet, owing allegiance or deference to the interests and corrupting influences of the more powerful disciplines noted above. The impact of research in the sociology of mental health makes clear that neither could be farther from the truth. The foundations and interests are more accurately portrayed as common, with the impact and influence of research on the sociology of mental health deriving substantially from contributions to sociological perspectives.

These successes were evident throughout the middle years of the last (twentieth) century and became a prominent feature in the landscape of sociological research by the last third of that century. Some of these early foundations and their continuing influence throughout the twentieth century can be traced in several of the chapters in this monograph. By way of a few examples, Carpiano provides insights from the "past as prologue to the present," Watson, McCranie and Wright sketch out a "cultural history of recovery," and Link and Phelan trace the development of the concept of stigma from the 1950s and 1960s till today. A detailed and comprehensive history of the sociology of mental health research has yet to be produced and is beyond the scope of a monograph such as this one, but these examples and others found in the chapters of this monograph provide a notion of how productive and useful the exploration of this topic would be. In the end, however, the monograph format required us to select just a few topics to illustrate their place in the legacy of mental health research in sociology. And just as a lengthier and more comprehensive history could be written for each one of them, a broader and more comprehensive list of topics would have to be covered in order to provide the complete legacy of that research, which this monograph only begins to address.

## Topics Covered

The manuscripts in this monograph provide us with some thoughts about where the sociology of mental health research has led us, and where it is going. This is only a sampling of the important topics in the field, by no means all, but each is a fitting contribution to the commemoration of the field as a whole and especially of the specific topic. There is need for more of this work to be done on other topics in other areas, and in the opinion of more than one reviewer, these chapters provide a model for such future work. The topics include social support, stigma and labeling, gender and marital status, the stress process, mental health care, the effects of neighborhoods, and an assessment of the legacy of mental health research in sociology.

## Social Support

Social relationships are a fundamental cause, in a salutatory sense as thoroughly documented and well explained by Turner, Turner and Hale., but they can also be pathogenic in terms of trauma inflicted, emotional pain evoked, and even disease transmitted (common cold)/infected(HIV)/inflicted or spread (biological warfare), toxins and carcinogens exposed, etc. Social relationships sooth and wound, heal and kill. Understanding these social relationships are not only fundamental to explaining the cause of health and illness, but also the fundamental concepts that help us understand the science of sociology itself. One can hardly imagine a concept more important to the sociology of mental health researchers, let alone sociologists in general.

Turner, Turner and Hale locate the roots of modern day interest in social support in the seminal ideas and concepts of Cassel and Cobb. The authors follow this exposition by introducing the reader to the massive accomplishments that have occurred since those early statements pointing out that many of the achievements were contributions from members of section on the sociology of mental health. Readers are introduced to the accumulated evidence concerning whether and to what extent social support has main effects, buffering effects, or both in relation to stressful circumstances. Evidence is also provided concerning the challenge of selection effects in relation to associations between perceived support and health, the role of support in accounting for gender, SES, and other health disparities. The chapter also considers the important possibility that not all social embeddedness is beneficial to health and ends with an account of the major things we have learned about support as it relates to mental and physical health.

## Stigma and Labeling

Beginning with the foundation of stigma laid by Goffman (1963) in the early 1960s and building at first on its link to labeling theory, Link and Phelan show how these important sociological concepts play a fundamental role in the sociological

understanding of the persistence and consequences of mental illness. The chapter describes theoretical advances, reviews studies of public conceptions of mental illnesses, and covers research relating to the ways in which, and the extent to which, people are affected by stigma. Also provided is an effective primer on revised labeling theory and on the contributions this work is making to the sociology of mental health and to sociology more generally.

## Gender and Marital Status

We are also very pleased to include gender, marital status, and emotional well-being by Simon. This chapter surveys important trends in research concerning the mental health consequences of gender and marital status. As noted by reviewers, "is a model for what a chapter of this kind should do" and "this chapter is excellent, well written and comprehensive." It is a comprehensive review of the literature that organizes it into a few general ideas, making both readily accessible to those wishing to enter into this line of research. It also is very contemporary, poses some questions that have yet to be asked or even to have occurred to many already familiar with the topics here. Simon presents the three main hypotheses about the gender disparity in mental health, differential (a) exposure to stress, (b) vulnerability and (c) gendered responses. In addition, she merges this focus on gender with the substantial literature on marital status in an attempt to explain how marriage confers mental health advantages, and speculates forward on the timely question of whether the same advantages of heterosexual marriage will apply to persons entering same-sex marriages today.

## Stress Process

It has been widely noted that stress theory and the stress process model represents the dominant theory guiding sociological research on mental health and mental illness. That stress research is to be found at the very core of the sociology of mental health research is effectively demonstrated by Aneshensel and Mitchel who provide a thoughtful review of the current status of relevant theory and research. This review attends to Pearlin's contention that social stress, as well as coping resources, arise out of the context of people's lives. The evidence cited confirms the significance of each element of the stress process model, effectively linking these elements to occupancy of social statuses and roles. Importantly, as one reviewer stated, the chapter also makes a major contribution by posing "unanswered questions," not the least of which involves the "consideration of the work that remains to be done in evaluating the explanatory significance of the stress process model."

## Mental Health Care

Sociology has and continues to make important contributions to our understanding of the mental health significance of social relationships. Among relationships that may be of crucial significance is that between patients and the clinical health professionals that provide assistance and care. The chapter by Watson, McCranie and Wright stakes a solid claim for the contributions sociology has made toward understanding factors that promote recovery from serious mental illness (SMI). The authors consider a topic that is documented to have a long history of inquiry, yet is notable by its relative neglect over recent years. As noted by a reviewer, it is "an important topic, and it should be in a volume focusing on the sociology of mental health. The present chapter does a good job of covering important aspects of this process." These authors describe and explain the role of a once major paradigmatic player in understanding of the sociology of mental health and illness, the social constructionist perspective. They place the topic firmly within another major area of mental health research—the use and financing of health care services, types of treatment offered and received, and their outcomes.

## The Neighborhood and Mental Life

We could not agree more with one reviewer who stated that this "chapter covers one of the most important areas that have become prominent in the sociology of mental health over the past 20 years." The chapter by Carpiano likely borrows its title directly from the foundational work by Simmel as part of its nod to the past, and provides one of the better transitions covering the period from then (e.g., work done by Faris and Dunham) to modern mental health research that began in the boom era described earlier. But also, in Part II it looks to the future and will be very useful for those working or wishing to begin working in this area.

We could not agree more with one reviewer who stated that this "chapter covers one of the most important areas that have become prominent in the sociology of mental health over the past 20 years." The chapter by Carpiano situates the contributions of modern-day researchers in the context of the rich history that preceded those contributions. As part of its nod to the past, Carpaino provides a title for his chapter that follows on Simmel's class essay, "The Metropolis and Mental Life." He points to the seminal contributions of classic theory including Durkheim, Engels, and Simmel, following that exposition with a thoughtful identification of threads through the Chicago School (Faris and Dunham) and the critically important Stirling County Study (Leighton, Dohrenewend). Recent work has followed on this impressive legacy developing and extending understanding about the role of neighborhood. The reader learns from this review just how deeply the case has been made for the importance placed in the sociology of mental health. Carpiano also moves on from what the past has provided to

imagine the kinds of contributions that still need to be made. One suggestion is to carefully attend specifically "for whom" a particular neighborhood effect is likely to matter and "for what" particular outcome. He then advises that major contributions still need to be made in (1) the area of neighborhood organizations and the services they provide, (2) cultural circumstances in neighborhood contexts, and (3) the critical issues of agency and health behavior. The overall conclusion is unmistakable—the study of neighborhood contexts as they pertain to mental health has a rich history and a promising future.

## Legacy of Mental Health Research

This chapter is an impenitent heralding of the enormous scientific contribution, status enhancement, and public health benefits of the sociology of mental health to the public welfare and prestige of the discipline. It follows an earlier study (Johnson and Wolinsky 1990) completed just before the formation of the Section on the Sociology of Mental Health that attributed the rise in the stature of the *Journal of Health and Social Behavior* in part to the impact of stress research, which Mechanic (1990) properly pointed out was a legacy that could just as easily be attributed to mental health research as a whole given the broad operationalization of stress research in the original article. The overall conclusions from the earlier study are confirmed in this chapter, further validating the point that mental health research plays an important role in sociology in general with a notable impact within the discipline as well as across disciplines.

## Topics Not Covered

The decision to offer a brief monograph in recognition of the 30th anniversary of the formation of the Section on the Sociology of Mental Health had one inescapable dysfunction: there is a vast array of research topics with a range of scientific impact that is not included. Some of these were not included because the initial survey of the impact of the field did not uncover enough evidence of the topic to reveal its potential (either emerging topics or long neglected ones). Others that were uncovered were left out simply because to include them all would turn a brief monograph into a handbook (not compatible with the form or the intent of the genre selected). There is thus a need to realize that this monograph cannot alone serve the function of fully commemorating the impact of the research in the field, and to the extent that does accomplish some of that task it should also serve as a call to expand this beyond what is covered here. We would like to suggest, in our view, what efforts are needed extend beyond the content of this commemorative monograph to other topics in mental health research. In part, this reflects both

topics that have been noted to have impact in the past and well as emerging topics. They include family and work, inequality, public policy, a detailed history and foundation, the social construction and epidemiology of specific illnesses, such as depression, posttraumatic stress disorder (PTSD), anxiety, attention deficit hyperactivity disorder (ADHD), and autism spectrum disorders (to name only some). To assist in these ongoing efforts we need to understand and explore the measurement, methods, and scales used in mental health research. And there continues to be a debt owed and efforts devoted to understanding the major events of our lives and how they influence our mental health.

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# Chapter 1
# Social Relationships and Social Support

**R. Jay Turner, J. Blake Turner and William Beardall Hale**

As has been frequently noted, the sociology of mental health as a field of study appears to have been initially motivated by observations that mental illnesses and psychological distress are differentially distributed in the population. Numerous studies on the occurrence and prevalence of mental health problems, and on virtually all somatic diseases that have been examined, have shown reliable associations with such factors as low socioeconomic position, gender and marital status. The increasingly documented generality of these relationships across acute and chronic diseases and disorders alike argues strongly that the causal factors involved must also be quite general in nature.

Nearly four decades ago Cassel (1974, 1976) described this generality in terms of a complete absence of etiologic specificity. He argued that the social environment must function to enhance or lower susceptibility to all forms of illness in general, with the type of disorder that eventuates being determined on other grounds. At about the same time, Syme and Berkman (1976) published their interpretation of the pervasiveness of the social class-illness relationship as indicating class differences in general vulnerability. Despite a massive amount of subsequent evidence supporting these claims, most subsequent sociological research on health has focused on factors associated with specific individual disorders.

As Link and Phelan (1995: 88) have noted, "Since only one manifestation of the social cause is measured in such studies, the full impact of the social cause

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goes unrecorded." Their now classic work on "Social Conditions as Fundamental Causes of Disease" (Link and Phelan 1995) along with the persuasive admonitions of Aneshensel (1992, 2005), Aneshensel et al. (1991) serve as reminders that the factors underlying the generality of observed social status-health linkages must also be quite general in nature.

The present chapter is centrally informed by the assumption that the social environment matters for health because it influences one's general vulnerability. Our focus is on the hypothesis that social support and social connectedness represent core determinants of such general vulnerability.

To summarize, the role and significance of social support and social connectedness are here considered from a perspective composed of three assumptions: (1) social factors must act to raise or lower risk for all forms of disease and disorder; (2) the generality of observed connections between social statuses and health suggest the likelihood that the influential mechanisms involved must also be quite general in nature; and (3) there are good grounds for proposing that social support/social connectedness represents such a general and influential factor.

The ancestry of social support research is often traced to Durkheim's ([1897] 1951) treatise and empirical assessment of the role of social involvement in the prevention of suicide. However, the well-documented boom in social support research (e.g. House et al. 1988b; Vaux 1988; Veil and Baumann 1992) followed, and was importantly stimulated by, the publication of seminal articles by Cassel (1976) and Cobb (1976). These papers introduced a hypothesis and assembled preliminary supporting evidence that the availability and quality of social relationships may act to buffer the impact of exposure to life stress. In other words, the impact of stress may be greater among those who lack social ties compared to those who have supportive relationships with others. It should be noted, however, that the health benefits of social support have also often been considered in terms of its direct and mediating effects as well as in terms of its targeted role in reducing the noxious effects of life stress (Thoits 2011).

## 1.1 Concepts of Social Support

"Social support" has diverse meanings. It has been variously described in such terms as social bonds, social networks, meaningful social contact, availability of confidants, and human companionship as well as social support (Turner 1983). Although these concepts are hardly identical, all are reasonably captured by one or more aspects of dictionary definitions that define support as to "keep from failing or giving way, give courage, confidence, or power of endurance to…supply with necessities…. Lend assistance or countenance to" (Oxford dictionary 1975: 850). Commensurately, *social support* involves the transference of these benefits through the presence and content of human relationships. Most conceptualizations share this clear focus on the relevance of human relationships for health—the significance of which seems difficult to overstate given accumulating evidence partially reviewed below.