

Structural Factors that Affect Mental Health Over the Life Course

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Structural Factors That Affect Mental Health

- Stress process models help us to understand the sources of subgroup differences (esp. race, class, class and gender) in mental health symptoms.
- An emphasis on the questions of why, how, and for whom, stress affects mental health.
- Each step of the stress process may be shaped by structural factors:
 - Stress exposure (number, type, intensity, timing of stressors)
 - Coping resources (psychosocial and structural supports)
 - Coping tactics/style (problem vs. emotion-focused)

Stress Exposure: Types of Stress

- **Stressful life events** (school expulsion, job loss, widowhood, exposure to disaster)
 - **Chronic strains** (bullying, stressful work conditions, abusive marriage, neighborhood crime, functional impairment, racial discrimination)
 - **Daily hassles** (traffic jams, late bus, noise)
 - **Network events** (child in jail, sibling unemployed)
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- ❖ Stressors rarely occur in isolation and are rarely exogenous (and should not be studied as such)!
 - ❖ Secondary stressors emanate from primary stressor.
 - ❖ Spousal caregiving → widowhood → financial strain
 - ❖ Stress proliferation: “People exposed to a serious adversity [are] at risk for later exposure to additional adversities” (Pearlin).

Coping Resources

- Personal, social, and structural attributes individuals can draw on when dealing with stress.
- Main resources studied include:
 - **Social support**: emotional, instrumental, informational.
 - Recent work challenges the assumption that social support is uniformly protective, esp. for men (Carr et al. 2017).
 - **Psychological resources**: mastery, self-esteem, cognitive skills.
- Structural factors and community resources tend to be neglected but are potentially important and modifiable.
 - Financial resources
 - Policy mechanisms/social services...for example:
 - Living in a state with higher levels of financial support for HCBS (Home & Community-Based Services) is associated with lower depression rates among older adults with functional impairment/decline (Muramatsu et al., 2010).
 - Living in states with policies extending LGBT protections against hate crimes & discrimination reduces risk off GAD, PTSD, and dysthymia among LGBT (vs. straight) adults (Hatzenbuehler, Keyes and Hasin 2011).

Coping Strategies

- **Problem-focused:** attempts to alter or exit the situation causing stress (e.g. find a new job, move to safer neighborhood, leave abusive partner).
 - Considered more effective, yet relatively few studies consider selection into PFC.
- **Emotion-focused:** alter one's emotional response to the stressful situation (e.g., avoidance, humor, cognitive reframing).
 - Considered less effective although the only option in some situations such as irreversible stressors (deaths) or having insufficient support to make change.
- **Limitation:** Strategies treated as dispositional rather than structural.
 - Unclear whether people are consistent or adaptive in their use of strategies (i.e., trait or state-like).

Concepts from Life Course Sociology That May Advance Our Understanding of Mental Health Disparities

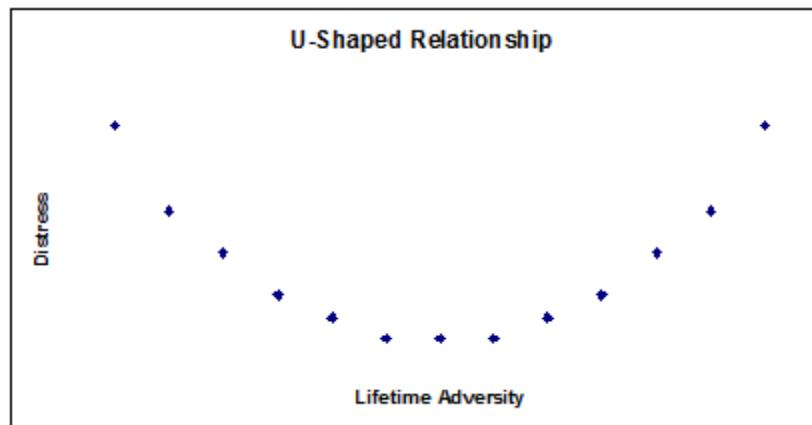
- **The importance of historical and cultural contexts.**
 - Cohort differences in the mental health impact of a purported stressor, esp. during periods of rapid social change
 - Carr (2002): work/family strategies affect mental health differently for Gen-X, Boomer, and Greatest Generation cohorts.
 - Perrig-Chiello et al. (2016): impact of widowhood on financial strains/anxiety diminished over past four decades, although emotional/interpersonal distress did not change.
- **The importance of linked lives.**
 - Stress affecting other network members is consequential, though under-researched. Creative use of social network and dyadic data is essential (and less susceptible to biased appraisals.)
 - Strength of network/dyadic effects may hinge on salience of social tie.
 - Lindsey et al. (2008): Caregiver substance use and social support affects eight-year old child's mental health.

Life Course Concepts That Can Advance Our Understanding of Mental Health Disparities (cont'd)

- **Cumulative (dis)advantage perspectives**
 - Adversity gives rise to subsequent adversity, whereas advantage gives rise to substantive advantage such that small disparities in early life widen over time (Dannefer 2003; Merton 1968).
- **But.... Is this really true when it comes to mental health?**
Empirical assessments of functional form (and subgroup differences therein) are a critical avenue for future research.
 - Additive effects?
 - Multiplicative effects?
 - Curvilinear effects?
 - And do these patterns vary based on early resources? Normativeness of stress accumulation in one's community? The mental health outcome considered (lifetime vs. symptoms vs. daily mood)? *Answers will drive future data collection efforts.*

Rethinking Cumulative Stress Exposure, Vulnerability, and Resilience

- Seery (2011) tracked 2,500 Americans over three years and found a curvilinear association between number of stressors experienced and both depression and anxiety symptoms.
 - Too much stress overwhelms.
 - Too little stress prevents development of coping skills.
 - The “right amount” of stress pile-up may foster efficacy and coping.
 - Might this contribute to the “racial paradox” in mental health (e.g., Assari & Lakarani 2016)?



Questions? Comments?

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