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.
- 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)

- 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 of 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).
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
  - 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.
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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