

Class 6: Social Stress

Sociology of Mental Illness

Extra Credit

Anyone bring any?

MAKE SURE TO PUT YOUR NAME ON YOUR ITEM.

Stress and the body

"Psychological stress occurs when an individual perceives that environmental demands tax or exceed his or her adaptive capacity." (JAMA, 2007;298:1685-1687)

- A medical understanding of stress is generally that stress leads to negative affective states that then influence biological states that influence disease risk.
- So, the outcome of stress is not just mental health, but can also be physical: heart conditions, health behaviors, outcomes of chronic disease.

Stress and the body

- Two big ways this is understood influence health: adaptations in coping responses and endocrine response systems:
 - hypothalamic-pituitary-adrenocortical axis (HPA) (through cortisol)
 - sympathetic-adrenal-medullary (SAM) system. (through catecholamines)

Stress levels have been linked to a number of outcomes:

- depression
- Cardiovascular systems
- progression of HIV/AIDS
- Also: wound healing, autoimmune diseases, asthma and respiratory illness, suicide

Stress and the Social World

Stress research in sociology has a long history and is motivated by some different kinds of understandings of social context:

1. How stressful events are perceived (and experienced) can depend on social context and shared meanings
2. Social support is an important mediator for stress
3. Socioeconomic conditions have an impact on stress - both how much is leveled at a person and community and also what resources they have to deal with it.

Can you think of others?

Pearlin's Stress Process Model

“Most research into stress starts with an experience – an exigency (*pressing or urgent situation*) that people confront and their perceptions of that exigency as threatening or burdensome.” (pg 170)

1. Stressors - the "experiential circumstances that give rise to stress"
2. Mediators- processes that govern the effects of stressors on outcomes
3. Outcomes - "the manifestations of organismic stress"

Stressors and Mediators

- Life events
- Chronic Strains
 - role overload, conflicts within role sets, inter-role conflict, role captivity, role restructuring
- Convergence of Life Events and Chronic Strains
- Primary and Secondary Stressors
- Mediators
 - Coping
 - Social Support
- Outcomes

Stress Process

Should also consider:

- statuses and other "background" information about individuals
 - how do they relate to stressors to which someone is exposed,
 - the personal and social resources to which they have access,
 - and the emotional, behavioral and physical disorders that they manifest as.

Social Epidemiology of Stress (Turner, et al.)

There are social status characteristics that are associated with mental health status (A depression symptom score and the one-year prevalence of major depressive disorder)

1. Women reported higher levels of depression symptoms and disorder
2. Married people, on average, report far less in the way of symptoms or disorder than the never or previously married
3. Increasing levels of occupational prestige (what they use to approximate SES) are associated with decreasing levels of symptoms and disorder.
4. Younger people have higher levels of stress and

Also: chronic stress is more influential on outcomes than life events.

But why do these patterns exist?

They propose two explanations:

1. Differential exposure hypothesis
 - Specific statuses or roles are associated with greater or lesser levels of stressors. This, in turn, affects levels of distress.
 - Women: as a group exposed to more chronic stressors (role conflict, role captivity, inter-role conflict, etc), thus more distress
2. Differential vulnerability hypothesis
 - Elevated levels of distress among individuals in certain groups reflects their greater vulnerability to stress.
 - Women: as a group more vulnerable, less resilient in the face of the same amount of stressors as men, thus more likely to experience distress.

Social Epidemiology of Stress (Turner, et al.)

So, to test:

- Expand the ways they counted distress (from life events to very extensive sets of chronic and traumatic events) to try to capture a broad range of stressful circumstances.
- Developed extensive new measures
- Used Ontario Health Study, 1990-91, 1,393 adults age 18-55, face-to-face interviews

Findings: Essentially, the previous studies weren't broad enough, and what looked like vulnerability was actually increased exposure. In fact, stress exposure explains much more of the differences in distress patterns than differential vulnerability.

Reading from last week

- Sex Differences in Distress: Real or Artifact?, Mirowsky and Ross, pg 233
- Revisiting the Relationships among Gender, Marital Status, and Mental Health, Simon, pg 249
- Clarifying the Relationship between Parenthood and Depression, Evenson and Simon, pg 273
- Low Socioeconomic Status and Mental Disorders: A Longitudinal Study of Selection and Causation during Young Adulthood, Miech et al., pg 294
- Recession and Well-Being, Tausig and Fenwick, pg 316
- Racial Differences in Physical and Mental Health: Socioeconomic Status, Stress, and Discrimination, Williams et al., pg 336
- Childhood Parental Loss and Adult Depression, McLeod, pg 357
- Status, Role, and Resource Explanations for Age Patterns in Psychological Distress, Schieman, van Gundy, and Taylor, pg 375
- The Struggle to Gauge a War's Psychological Cost, Carey, pg 398

Sun	Mon	Tues	Wed	Thur	Fri	Sat
June 20	1: Intro		2: Perspectives			
June 27	3: Social Epidemiology Paper assignments out		4: Medicalization Review for first exam			
July 4	CANCELED - IUB holiday		ONLINE EXAM 1			
July 11	5: Stigma		6: Social Roles			
July 18	7: Stress		8: Social Problems			
July 25	9: Treatment		10: Consumers/Users/ Survivors			
August 1	11: PAPER DUE OPEN TOPIC LECTURE		12: Family			
August 8	13: Recovery		IN CLASS FINAL EXAM			

For Monday

Before this class: **Watch The New Asylums**

- Assessing the Economic Costs of Serious Mental Illness, Insel, pg 772
- Cycles of Reform in the Care of the Chronically Mentally Ill, Morrissey and Goldman, pg 569

Also, read 1 of the following 3 chapters. *It's your choice which to read, but bring your reading notes to class and be prepared to talk about them, we will be discussing them all.*

- Psychiatric Hospital Capacity, Homelessness, and Crime Arrest Rates, Markowitz, pg 585
- Police as Streetcorner Psychiatrist: Managing the Mentally Ill, Teplin and Pruett, pg 733
- Mental Disorder and Violence: An Examination of Stressful Life Events and Social Support, Silver and Teasdale, pg 753