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5 THE IMPORTANCE OF CULTURE IN SOCIOLOGICAL THEORY AND RESEARCH ON STRESS AND MENTAL HEALTH: A MISSING LINK?

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INTRODUCTION

Although structural explanations continue to be dominant in sociology, the inability of strictly structural factors such as individuals' socioeconomic status to explain social—especially social psychological—phenomena satisfactorily has resulted in a growing recognition of the importance of culture and ideology in social life. Sociologists in a number of areas (e.g., stratification, intergroup relations, social movements, gender and the family, emotion, and medical sociology) have increasingly turned their attention to the conjoint influence of structure and culture on micro-level phenomena—a core element being ideology and cultural norms, values, expectations, and beliefs (Griswold 1994).¹ An area in which cultural explanations are surprisingly absent, though, is the sociology of stress and mental health, where most theory and research focus on specifying the social (i.e., the social structural) conditions under which stressors negatively affect the emotional well-being of individuals. The predominance of structural explanations of the etiology of mental illness is especially apparent in the recent contextual approach, which attributes variation in the psychological impact of both acute and chronic stressors to variation

in the social structural circumstances surrounding them. However, the failure to include structural *and* cultural factors in current explanations of the differential effects of stress on mental health has serious consequences for theory and research in this area because it results in underestimates of the importance of social conditions for the etiology of mental illness.

In this chapter, I first review existing theoretical approaches for explaining variation in the effects of life events and ongoing strains on mental health. Within sociology, the three current theoretical approaches to the issue of differential vulnerability all ignore the cultural and ideological context in which persons are embedded and in which acute and chronic stressors take place. I next consider the role of culture in the stress process. Here I draw on insights from stress researchers in several disciplines who argue (and show) that, by influencing their meaning and emotional significance, the cultural and ideological context surrounding both eventful and ongoing stressors helps account for variation in their psychological impact. In the final section of the chapter, I discuss the importance of sociocultural factors for explaining gender differences in two different components of the stress process. Although there are a number of ways in which sociocultural factors affect stress and mental illness, I focus on the role of culture and ideology for explaining gender differences in vulnerability to role-related stressors as well as for understanding gender differences in the manifestation of emotional distress. I conclude the chapter by briefly discussing how the sociocultural antecedents of mental illness can provide a missing link in our knowledge of the fundamental causes of psychological and psychiatric

¹ Although there are numerous definitions of both structure and culture in the sociological literature, throughout this chapter I use the term *structure* to refer to materially based elements affecting individuals—such as their relative power and status—which are based on individuals' location in the class system. In contrast, I use the term *culture* to refer to ideological and normative elements influencing persons—such as their values, expectations, and beliefs—that are rooted in deeply embedded collective systems of meaning.

disorders and shed light on some links between macro- and micro-level social phenomena.

CURRENT APPROACHES FOR EXPLAINING VARIATION IN THE MENTAL HEALTH EFFECTS OF ACUTE AND CHRONIC STRESS

Although mental health scholars have long conceptualized life events and ongoing strains as major sources of stress that inevitably result in psychiatric or psychological disorder, the culmination of years of empirical research reveals considerable variation in the mental health effects of both “acute” and “chronic” stressors. For example, epidemiological studies consistently show that even culturally undesirable life events—such as the death of a loved one and other types of loss events (e.g., divorce)—do not always have adverse emotional consequences for individuals and that there is only a weak to modest association between exposure to stressful life events and psychological or psychiatric disorder. Similarly, while there has been considerably less research on the psychological impact of chronic than of acute stressors, research nevertheless finds considerable variation in their psychological effects (Aneshensel 1992; Kessler, Price, and Wortman 1985; Pearlin and Johnson 1977; Thoits 1983, 1995).

Sociological inquiry into the underlying causes of the differential impact of stressful life experiences on mental health has resulted in three main theoretical approaches. These approaches emphasize variation in either the characteristics of the *stressor* itself (i.e., the characteristics of the life event or ongoing strain), the characteristics of the *person* experiencing the stressor (i.e., his or her coping and social support resources), or the *social context* surrounding the stressor (i.e., the immediate social circumstances in which stressful life experiences take place). Although they differ with regard to which factors moderate (i.e., *buffer* or *exacerbate*) the effects of stress on mental health, all of these approaches assume that the magnitude of the association between stress exposure and psychological or psychiatric symptoms increases when variation in the types of events and strains, the person’s coping and social support resources, or social contexts in which events and strains occur are held constant.

The First Approach: The Characteristics of Stressors

The first theoretical approach—which, to date, has focused mainly on explaining variation in the mental

health effects of eventful stressors—contends that events vary in their stressfulness and emotional consequences because of differences in *characteristics* such as their desirability, controllability, predictability, and magnitude (Thoits 1983). Research based on this approach finds that certain types of events (e.g., undesirable and uncontrollable ones) are more damaging for mental health than others (Dohrenwend 1974; Thoits 1983) and that distinguishing positive from negative events strengthens the association between event exposure and psychological or psychiatric symptoms (Dohrenwend 1974; Shrout et al., 1989).

While this approach was originally developed to explain the differential emotional consequences of eventful stressors, variation in the mental health effects of chronic stressors may also be attributable to differences in their characteristics. For example, because they involve enduring problems that characterize the overall quality of people’s lives, Leonard Pearlin (1989) suggests that ambient strains (e.g., chronic financial difficulties and health problems) are likely to be more harmful for psychological well-being than role strains that are characterized by ongoing problems that are role specific (e.g., marital or work problems).

Along similar lines, life course scholars argue (and show) that characteristics of role transitions such as their timing, sequencing, expectedness, and normativeness moderate their impact and help explain variation in the psychological consequences of status (or role) transitions (George 1993). Indeed, some life course research suggests that life transitions are more harmful for mental health when they are “off-time,” “out-of-sequence” (i.e., “out-of-order”), and “non-normative” (Hogan 1978, 1981; Jackson 1999; Hagan and Wheaton 1993).

The Second Approach: The Characteristics of Persons Experiencing Stressors

In contrast to the first theoretical approach, which focuses on characteristics of the event or strain itself, the second approach to the problem of the differential impact of stress on mental health focuses on characteristics of the person experiencing the stressor. According to this theoretical approach, variation in the effects of both acute and chronic stressors is a function of variation in people’s response (i.e., their vulnerability or reactivity) to stressors. Indeed, a large body of research on coping and social support examines the extent to which individuals and groups vary in their possession of personal and social resources—such as mastery, self-esteem, and social support—which buffer the negative

impact of eventful and ongoing stressors (Aneshensel 1992; Kessler et al., 1985; Pearlin and Schooler 1978; Thoits 1995). Overall, studies based on this approach indicate that people who possess coping resources such as high mastery, personal control, and self-esteem, and who have access to social resources such as functional, structural, and especially emotional social support are better able to weather the harmful psychological consequences of eventful and ongoing stressors than people who lack these personal and social resources.

The Third Approach: The Social Context Surrounding Stressors

More recently, a third theoretical approach has emerged that attributes variation in the mental health consequences of stressful life experiences to variation in the larger social context surrounding both acute and chronic stressors. This work developed in response to the growing recognition among scholars that stress research must take into account the *meaning* stressors have for individuals (e.g., Brown and Harris 1978, 1989; Lazarus and Folkman 1984; Pearlin 1988, 1989; Silver and Wortman 1980; Thoits 1991, 1992; Simon 1995, 1997; Wheaton 1990; Wortman, Silver, and Kessler 1993). Advocates of this approach argue that the social circumstances in which events and strains occur are crucial for explaining variation in their psychological impact because they shape the personal meaning and emotional significance of stressors. To date, the aspects of social context that have been shown to moderate the impact of life events on symptoms include individuals' socioeconomic status (Brown and Harris 1978), their level of prior stress in the role (Wheaton 1990), and their exposure to subsequent role strain (Umberson et al., 1992). For example, Blair Wheaton (1990) showed that a role loss such as a divorce is less distressing to individuals who have previously experienced a high level of marital stress than for those whose marital history is less stressful. Similarly, Deborah Umberson et al. (1992) found that widowhood is more depressing to people who experience subsequent financial and household strain than for those who do not confront these stressors. In general, research based on the contextual approach indicates that differences in the immediate social circumstances surrounding acute and chronic stressors help explain variation in their mental health effects.

By directing attention away from the characteristics of stressors and persons themselves to the more immediate social context surrounding stressors, contextually based research has begun to identify some *fundamental causes* of the differential impact of life

events and ongoing strains on psychological well-being. In contrast to individually based risk factors for major diseases, which are relatively proximal, fundamental causes of disease refer to basic social conditions, such as poverty, which are rooted in society and are more distal (Link and Phelan 1995). Research on the importance of context has also improved our understanding of mechanisms linking larger social conditions and individual well-being, or what C. Wright Mills (1959) called the "intersections of social structure and biography." Indeed, elucidating the links between these macro and micro dimensions of social life is the most central contribution sociologists can make to the study of stress and mental illness.

However, to date, studies based on the contextual approach have focused almost exclusively on structural aspects of context, such as individuals' relative position in the power and status hierarchy, and have ignored more cultural aspects of context, such as ideology and cultural norms, values, expectations, and beliefs. The lack of attention given to the various ways in which cultural systems influence the stress process in the contextual approach is ironic since the very goal of this approach is to specify the *meaning, emotional significance, and psychological impact* of stressors for people. The failure to incorporate culture and ideology into this (and other) theoretical approaches for explaining the differential effects of stress on mental health has serious consequences for sociological theory and research in this area because it *underestimates* the importance of *social conditions* for the etiology of mental illness.²

THE ROLE OF CULTURE IN SHAPING THE MEANING, EMOTIONAL SIGNIFICANCE, AND PSYCHOLOGICAL IMPACT OF STRESSORS

Stress researchers in other disciplines as well as in sociology have called attention to the more cultural and ideological contexts in which life experiences occur for understanding the meaning, emotional significance, and psychological impact of these experiences. In fact, cultural anthropologists are specifically concerned with the meanings people assign to their various experiences and the cultural contexts in which such meanings arise (e.g., Geertz 1973). With respect to the stress process, David

²In contrast to Bruce Link and Jo Phelan (1995), who define social conditions as "factors that involve a person's relationship to other people," I use the term to refer to the structural, social psychological, cultural, and ideological *constraints and resources* of individuals.

THE IMPORTANCE OF CULTURE FOR SOCIOLOGICAL THEORY AND RESEARCH ON STRESS AND MENTAL HEALTH: A MISSING LINK?

Although there are several ways in which sociocultural factors affect mental illness, I focus on the influence of culture and ideology—including cultural norms, values, expectations, and beliefs—on the stress process. It seems that there are at least two different, though related, reasons why it is important to incorporate culture into sociological theory and research on stress and mental health. The first reason is that the cultural and ideological context in which events and strains occur can help explain group differences in vulnerability (i.e., reactivity) to acute and chronic stressors. The second reason is that the cultural and ideological context in which persons are embedded can provide insight into group differences in the manifestation of stress and the expression of emotional disorder. While I emphasize the importance of culture for understanding gender differences in stress-reactivity and in the expression of emotional disorder, it is likely that sociocultural factors can also help explain other group (e.g., class, age, ethnic, and race) differences in the stress process, including those in exposure to both eventful and ongoing stressors.

The Social Distribution of Mental Illness

For some time, sociologists of stress and mental health have sought to document the social distribution of mental illness in the population and, in doing so, have uncovered some of the social antecedents of psychological disorder. Indeed, sociologists and epidemiologists consistently find that members of socially disadvantaged groups such as the poor, the young, ethnic minorities, and blacks have higher rates of mental illness than the well-to-do, older persons, ethnic majorities, and whites. In fact, *explaining* group differences in the prevalence of mental disorders is, perhaps, the most significant contribution sociologists have made to the study of stress and mental health over the second half of the twentieth century. To date, most sociologists attribute group differences in mental health to group differences in both exposure and vulnerability to acute and chronic stressors. Scholars argue (and show) that members of socially disadvantaged groups have higher rates of mental illness than members of socially advantaged groups because they are both more exposed to stressful life exigencies and more vulnerable to their psychological effects (Aneshensel 1992; Kessler and Cleary 1980; McLeod and Kessler 1990; Turner, Wheaton, and Lloyd

1995; Thoits 1995). Current explanations of group differences in the impact of stressful life events and strains on mental health emphasize group differences in either the types of stressors experienced, the availability of coping and social support resources, or the structural context surrounding stressors. However, group differences in vulnerability to acute and chronic stressors can also be linked to the larger cultural and ideological context in which persons are embedded and in which these stressors take place. In particular, group differences in stress-reactivity may reflect group differences in the meaning and emotional significance people attach to their various life experiences. This point can best be illustrated in the case of gender.

Explaining Gender Differences in Vulnerability to Stressors A large body of research now indicates that there are gender differences in both exposure and vulnerability to stressful life experiences, particularly to *role-related* stressors. In general, studies show that men are more likely than women to report work and occupational events and problems, whereas women are more likely than men to report family and interpersonal events and difficulties (Kessler and McLeod 1984; Simon 1992, 1998; Turner and Avison 1989). Moreover, research indicates that men are more vulnerable than women to work and occupational stress, while women are more reactive than men to family and interpersonal stressors (Pearlin 1975; Pearlin and Lieberman 1979; Kessler and McLeod 1984; Simon 1998; Turner and Avison 1989).⁵ This second finding from research that assesses gender differences in the impact of role-related events and strains on mental health strongly suggests that stressors do not have the same meaning and emotional significance for males and females. Thus, rather than simply reflecting gender differences in either the availability of coping and social support resources or the structural circumstances surrounding stressors (i.e., gender differences in socioeconomic status) as previous

⁵ While some research indicates that there are significant male-female differences in vulnerability to role-related stressors, a few studies (e.g., Newman 1986; Umberson et al. 1996) find no gender differences in stress-reactivity. These inconsistencies across studies may be due to differences in their measures of mental health. Elsewhere, I argued that research on gender differences in emotional distress and vulnerability must include the types of mental health problems associated with both females (anxiety, depression, and generalized distress) and males (e.g., substance abuse) in order to avoid *overestimating* female's, and *underestimating* male's, psychological distress (Simon, 1998; also, see Aneshensel et al., 1991; Dohrenwend and Dohrenwend 1976; Lennon 1987). I will come back to the issue of differential expressions of distress later in this chapter when I discuss the importance of culture for understanding gender differences in the manifestation of emotional disorder.

research suggests, gender differences in vulnerability to role-related stressors can also be explained by the cultural and ideological context in which males and females are embedded and in which these stressors take place.

For example, part and parcel of American culture are collectively shared and deeply embedded norms, values, expectations, and beliefs about male and female roles and the overall importance of certain role domains for men and women. As a culture, we believe and expect that work and occupational roles (i.e., breadwinner roles) are central in the lives of men, while family roles and interpersonal relationships (i.e., nurturant roles) are central in the lives of women. Like other cultural information, individuals learn these gendered expectations and beliefs throughout the entire life course by socialization. Most importantly, males and females come to view these norms, values, expectations, and beliefs as standards for their own as well as for other people's behavior. To the extent that these gender-linked cultural norms, values, expectations, and beliefs serve as a framework through which men and women interpret the events and strains they experience, gender differences in vulnerability to role-related stressors can be attributed—at least in part—to the more cultural and ideological aspects of social context.

Although research that directly links gender differences in vulnerability to cultural norms, values, expectations, and beliefs about male and female roles is limited, there is some empirical support for this idea in the literature on gender differences in the mental health effects of both acute and chronic stressors. For example, Ronald Kessler and Jane McLeod (1984) asserted that undesirable network events (i.e., undesirable events that occur to people in one's social network) are more distressing to women than to men because women are socialized to *value* empathy. Along similar lines, I argued (and showed) that parental strains (e.g., ongoing health and behavior problems among one's children) are more distressing to women than to men because the parental identity is more salient in women's than in men's self-conceptions (Simon 1992). In other words, women are more vulnerable than men to undesirable network events and parental role strains because of the primacy of their nurturant roles and their greater empathy for other people's problems.

Given the importance attached to nurturant roles for females and occupational roles for males in American culture, it makes sense that events and strains in these role domains have different meanings, emotional significance, and psychological consequences for women and men in the United States. Together, these findings strongly suggest that gender variation in the

mental health effects of role-related stressors can be traced to the cultural context in which males and females are embedded in general, and to gender-linked cultural norms, values, expectations, and beliefs about men's and women's social roles in particular. These findings also suggest that a central task for sociologists of stress and mental health in the next millennium is to elucidate the specific ways in which the cultural context surrounding persons and stressors influence this aspect of the stress process.

The Social Distribution of Types of Emotional Disorders

In addition to documenting group differences in overall rates of mental illness, as well as group differences in exposure and vulnerability to role-related stressors, sociologists and epidemiologists have also documented group (e.g., class, age, ethnic, race, *and* gender) differences in the manifestation of psychological disorder. That is, scholars find that there are group differences in the types of emotional disorders found in the general population. Here again, group differences in the manifestation of mental illness can be linked to sociocultural factors and can best be illustrated with respect to gender differences in the expression of emotional (i.e., psychological and psychiatric) disorder.

Understanding Gender Differences in the Manifestation of Mental Illness A large body of research now indicates that although males and females have similar overall rates of mental illness, males and females manifest psychological distress with different types of mental health problems. Sociological and epidemiological studies of life-time and recent prevalence rates for mental disorders consistently show that females have higher rates than males of nonspecific psychological distress such as depression and anxiety and their psychiatric corollaries of depressive and anxiety disorders. In contrast, males have higher rates than females of substance abuse-dependence and their psychiatric corollaries of antisocial personality and substance abuse-dependence disorders (Dohrenwend and Dohrenwend 1976; Dohrenwend et al. 1980; Meyers et al. 1984; Robins et al. 1984). In fact, these findings have led scholars to conclude that females are more likely than males to manifest emotional problems through internalizing disorders, whereas males are more likely than females to express emotional problems by externalizing disorders. However, rather than simply reflecting underlying physiological (including genetic and hormonal) differences between males and females, these observed

gender differences in the manifestation of stress and the expression of emotional disorder may also reflect cultural norms, values, expectations, and beliefs about feeling and emotion (i.e., our *emotional culture*), that are deeply gendered (Hochschild 1979, 1981; West and Zimmerman 1987).

In addition to containing norms, values, expectations, and beliefs about male and female roles and the importance of work and family role domains for men and women, American culture also includes collectively shared and deeply embedded norms, values, expectations, and beliefs about emotion, which include feeling and expression norms that specify appropriate feeling and expression for males and females. For instance, part of our emotional culture is the expectation and belief that males are less emotional and more rational than females, and that females are more emotional and less rational than males. Our emotional culture also includes feeling and expression norms that specify the emotions males and females should (and should not) feel and express both in general and in particular situations (Gordon 1981; Hochschild 1979, 1981; Thoits 1989; Ross and Mirowsky 1984). For example, we expect and believe that females are more prone to feelings of sadness and empathy and are more likely to cry than males. In contrast, we expect and believe that males are more likely to feel anger and are more likely to express anger in antisocial (and behaviorally outward) ways than females. We also believe that females should neither feel (nor express) anger and that males should neither feel (nor express) sadness. Similar to the way they obtain other cultural information, individuals begin to acquire gender-linked cultural knowledge about emotions in early childhood and adolescence through socialization, and this learning process continues well into adulthood.⁶ Insofar as American culture includes norms, values, expectations, and beliefs about the appropriate *experience* and *expression* of emotion for males and females, sex-typical expressions of emotional disorder can be traced to our emotional culture.

Although research has not directly assessed whether (and the extent to which) gender differences in the experience and expression of emotional distress are a function of gender-linked feeling and expression norms in particular—and our emotional culture more generally—there is some evidence in the literature on male and female expressions of psychological and psychiatric disorders that supports this notion.

⁶ See Leslie Brody (1985), Arlie Hochschild (1981), Steven Gordon (1981), and Robin Simon, Donna Eder, and Cathy Evans (1992) for research that examines the content and process of gender emotional socialization in childhood, adolescence, and early adulthood.

Overall, this research suggests that when males and females respond to stressful, emotion-eliciting situations, they do so with mental health problems that are consistent with expectations associated with their gender. For instance, Mary Clare Lennon (1987) showed that employed women react to stressful occupational conditions such as a lack of substantive complexity and job autonomy with depression, while employed men respond to these same stressful occupational conditions with substance abuse. Similarly, Aneshensel et al. (1991) reported that stressful life events (including network events) are more strongly associated with symptoms of depression and major depressive disorder for women and substance abuse-dependence for men. In a similar vein, I found that males and females respond to parental and work problems with sex-typical mental disorders (Simon 1998). Females respond to work and parental strains with depression, whereas males respond to these same types of stressors with alcohol problems.

Taken together, these findings strongly suggest that gender differences in the manifestation of mental illness can be traced to the cultural context in which persons are embedded in general, and to gender-linked cultural norms, values, expectations, and beliefs about the experience and expression of emotions (i.e., to our emotional culture) in particular. These findings also suggest that sociological research on stress and mental health in the twenty-first century should focus on identifying the specific ways in which our emotional culture influences the manifestation of stress and results in sex-typical expressions of emotional (including psychological and psychiatric) disorder.

CONCLUSIONS

While the sociological study of stress provides a unique opportunity to enhance our understanding of the relationships between larger social conditions and individual well-being, as well as elucidate links between macro- and micro-level phenomena, sociological research on stress and mental health has been criticized for paying insufficient attention to larger social contexts that are related to variation in the occurrence, consequences, and manifestation of stressful life experiences. In response to this criticism, sociologists have increasingly turned their attention away from the characteristics of persons and events and toward the social contexts surrounding stressors. However, to date, contextually based studies have focused almost exclusively on structural aspects of context (such as individuals' material circumstances and resources) and have overlooked more

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