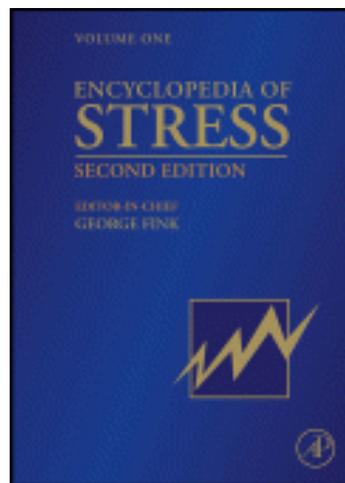


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Social Status and Stress

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Social Status, Health, and Stress

Indicators of Social Status

Social Status and Exposure to Stressful Conditions

Social Status and Vulnerability to Stressful Conditions

Glossary

<i>Coping resources</i>	The personal (e.g., self-esteem and sense of control) and social (most notably, social support) resources an individual has at his or her disposal to counter the adverse effects of the experience of distress.
<i>Coping strategies</i>	The cognitive and behavioral attempts an individual may employ when faced with the experience of distress.
<i>Exposure</i>	The actual confrontation with stressful situations (events) of chronic stressful conditions.
<i>Social status</i>	Any attribute indicating the social position of an individual in a group or in the society. The most important attribute is socioeconomic status, comprising income, education, and occupation.
<i>Vulnerability</i>	The lack of personal and social coping resources, which increases the risk of a greater adverse impact of stressful conditions.

Social Status, Health, and Stress

The relationship between social status and health is intriguing because it challenges existing models of how a distal variable such as social status might affect health. Research in the past decades focused on explaining the association between low social status, especially low socioeconomic status (SES), and poor health, assuming that the greater distress of living in deprived social and material conditions is an important factor in the strong and consistent association between health and social status. The extensive literature on SES and health provides some indications why the theoretical framework of stress should be considered an interesting candidate in furthering our

understanding of the association between SES and health. First, the linearity of the relationship between SES and health implies better health outcomes as individuals ascend the SES continuum, so that even relatively affluent groups exhibit worse health than their higher SES counterparts. This suggests that factors other than the obvious role of inadequate financial resources or poor living conditions are involved and that SES might also affect psychosocial factors. Identifying these factors may be considered a search for more health-proximal processes so as to bridge the gap between indicators of social status and the associated health outcomes. Second, the analysis of potential measurement artifacts shows that the association between social status and health is robust and is little affected by social selection factors, which would be the case if those who are in poor health were at a higher risk of getting a lower social status. Social selection effects are rare, however, and limited to young children who are unable to attend school as a result of a serious and disabling disease. The absence of social selection effects suggests that the strong association between social status and health is explained by social causation mechanisms – social status affects health instead of the other way around. Particular elements of the stress-coping paradigm offer a framework to study the causal chain between social status at one end of the continuum and health at the other one, particularly those elements that deal with conceptualizing environmental risk for health (exposure to stressors) and individual responses to explain the impact of these stressors (vulnerability to stress).

Indicators of Social Status

Traditionally, most social-epidemiological research has employed the criteria of income, occupation, and education for assessing social status. Less frequently, indicators of material wealth such as car ownership, house ownership, the number of computers in the house, or the number of annual holidays have been used. Interestingly, the sociocultural component of SES expressed in educational attainment appears to have a stronger impact than the more socioeconomic elements of income and occupational status. Recent research indicates that the relationship between income and health varies substantially by level of education. Education improves health, and its effects are larger at low levels of income; education

also reduces the strength of the income–health relationship. The linear gradient relationship between income and health is thus more characteristic of groups with higher levels of education, suggesting that education might improve skills needed to cope effectively with stress. This is shown, for example, in the finding that the mother’s educational status is a better predictor of family stress than both family income or the occupational status of the father.

Recently, it has been argued that it is not the absolute level of SES that is important for understanding its association with health and distress but rather inequality from relative standing. There is suggestive evidence that subjective social status (assessed by a ladder with 10 rungs representing where people stand in society in terms of who are the best off, have the most money, have most education, and have the best jobs) is more strongly linked to health in terms of self-rated health, heart rate, and cortisol habituation to repeated stress than the traditional objective measures of SES (education, income, and occupation). The so-called hierarchy stress perspective argues that the gradient-like association between SES and health reflects social ordering rather than material deprivation *per se*. According to this perspective, higher income leads to less stress, less status anxiety, and more perceived control. These underlying mechanisms are psychological and related to relative rather than absolute material deprivation. Social ordering has effects that are no less substantial than absolute deprivation because relative deprivation leads to worse health both directly through physiological pathways (e.g., cortisol levels) and indirectly through maladaptive coping behaviors (e.g., smoking or alcohol consumption). It is noteworthy that in countries with a high degree of income inequality (e.g., the United States) the SES–health gradient is steeper than in economically more egalitarian European countries. Thus, although SES is a reliable and robust indicator of health, SES as such provides few cues for understanding its relationship with stress. In the words of the social epidemiologists Brown and Harris (1978; p. 10), “It is not that the ‘demographic type’ measures are of no use, it is that they are not enough. What is required is their combination with concepts and measures dealing directly and in detail with the immediate . . . experience of the individual.”

Such an approach is found in social role research, advancing the hypothesis that the lower social status of, for example, the nonemployed affects their sense of meaning and purpose in life and has much less to do with the direct material consequences of their income and employment status. Striking findings in this area have been reported 30 years ago on the

disadvantaged social role of nonemployed married women, who generally reported poorer health than both employed married women and men – although it is not clear to what extent social changes since the 1970s concerning the role of women make those observations still valid. These studies revealed that women who confront the double role of parent and employee reported lower levels of psychological distress than women who are devoted to the role of homemaker. These findings suggest that regardless the actual level of stressful experiences due to overload, the social status of worker is somehow beneficial for the employed women’s health. It should be noted, however, that, although working women may be more protected from distress than nonemployed women, they are still confronted with more distress than employed men.

The results from social role studies are corroborated by findings on particular social groups in our Western community who cannot claim high social status regardless of their income, education, or employment status. Research on the elderly, the unmarried, and nonwhites puts results from social role studies in a somewhat different perspective, suggesting that it is not only the meaning associated with particular roles that accounts for the greater distress of those low in social status but also their ranking order in the social group. Individuals from disadvantaged social groups have been reported to be in poorer health and facing more distress, which may be accounted for by their lower social ranking, although direct tests of this assumption in humans are not available. Animal studies have shown that subordination tends to be associated with a chronically overactive stress response (e.g., higher blood pressure). This pattern is believed to reflect the classic picture of dominance hierarchies as linear pecking orders in which resources are unevenly distributed, inequalities are maintained through aggression and intimidation, and subordinates are subject to the most severe resource limitations, the fewest opportunities for coping, and the greatest physical and social stressors. However, recent studies suggest that the relationship between social rank and patterns of the stress response may be more diverse than has been assumed hitherto. More specifically, it appears that the negative effects of low ranking on stress responses may be attenuated by complex affiliative relationships that may help low-status stressed individuals to cope. It is unknown, however, to what extent these studies on social ranking in animals are directly relevant for humans because humans often belong to multiple hierarchies and tend to value most the one in which they rank highest.

Social Status and Exposure to Stressful Conditions

The common approach to social status and psychological distress suggests that those who are in a disadvantaged social position are confronted with more stressors than their more privileged counterparts, either as a result of exposure to more frequent or more intense negative life events or of living in chronic stressful conditions associated with continuous exposure to daily hassles. Thus, this approach reflects the notion that poorer health associated with lower social status results from social causation, emphasizing the role of structural and material conditions in causing distress. The life event approach to stress dictates that major life events (e.g., divorce or being fired) impose a breach in behavioral routines, cause distress, and therefore require adaptive efforts, eventually exhausting the system. The chronic stress approach takes a somewhat different perspective and states that is the repeated exposure to minor events or daily hassles (e.g., refused services or poor transportation facilities) that ultimately causes wear and tear on the individual.

Life Events

The assumption that people with low social status report more life events than those with higher status is corroborated only weakly by empirical research. Insofar as individuals of lower SES have reported higher numbers or life events, most of these events are directly related to financial problems. There is also a higher report of uncontrollable life events, reflecting to some extent the conditions of poverty and deprivation (e.g., discharge due to becoming obsolete) in individuals with lower social status. Still, even when a higher frequency of life events is reported, this generally fails to account for the higher levels of self-reported distress; no more than 10% of the variance in distress is explained by exposure to life events. Adopting an approach that allows for a contextual evaluation of events shows slightly different results, demonstrating that it is not so much the number of events or even their quality (e.g., uncontrollability) that counts but their potential influence on a number of crucial life areas. Research by social epidemiologists Brown and Harris describing the onset of depression in working-class women clearly demonstrated that these women were confronted with life events that had the potential of generating a chain of other stressful events. The most typical event these women reported involved a teenage pregnancy, which caused these young women to drop out of school and engage in an untimely and unwanted marriage, eventually leaving them divorced, socially isolated,

financially deprived, and without a significant chance of entering the labor market or controlling their future in another way – leaving them in a state of hopelessness that is characteristic of depression. Other studies of lower-class women have demonstrated that the lives of these women are fraught with a large number of network events, meaning that they consider the life events experienced by significant others in their social network as if they concerned them directly, which may further explain the higher levels of distress reported by these women. Nevertheless, it is clear that, although the number of major life events appears to be somewhat higher in those occupying low social status, the higher levels of exposure to major life events are not a sufficient explanation to account for the higher levels of distress.

Daily Hassles and Chronic Stressful Conditions

It appears that it is not so much the incidence of particular major life events that is causing high levels of distress in low-social-status individuals but the continuous confrontation with a large number of repetitive small events that mark living in deprived circumstances. The lower an individual is on the SES continuum, the greater the amount of hassles and the greater the time needed to address the basic tasks of living, including shopping in poorly provided facilities, lack of good transportation, poor access to social and health-care facilities, and refused services. Of course, such difficulties in accomplishing daily routines have their echo in social relations. It is not surprising, therefore, that minor conflicts in relationships in work, marriage, and parenting appear to be more common in low-SES individuals. Still, it is hard to imagine that the experience of minor stress is a simple question of individual exposure. Improving the understanding of how chronic stress affects individuals of lower SES may not so much lie in the study of individual experience of these minor stressors but in identifying the environmental features of low-SES neighborhoods themselves, implying that low SES may have an impact on a community level too. Interestingly, research shows that neighborhood-level indicators predict distress above the effects of individual-level indicators. This suggests that the more proximal environment in which people live may provide important information for identifying the environmental features that cause distress. Those in the lower ends of the social-class distribution disproportionately live in deprived neighborhoods, occupy jobs characterized by high demands and low control, and live in social environments in which they are exposed to violence, conflict, abuse, crowding, and noise. All these environmental features may be considered to increase the experience of distress, although it

remains to be answered how these unhealthy environments get under an individual's skin (Taylor & Repetti, 1997). Adopting a perspective that conceptualizes social status as a proxy to understanding the stressful features of particular environments raises the issue of how situational demands should be distinguished from subjective appraisals of these objective demands. This issue constitutes a classic problem in the cognitive approach to stress formulated by Richard Lazarus and deals with the important question of how demands in the environment are appraised and handled by the individual.

Social Status and Vulnerability to Stressful Conditions

No matter how unhealthy and environment is, not all individuals sharing the same environment are affected by that environment in a similar way, suggesting that factors concerning individual susceptibility to these environmental threats are at work. The approach highlighting a differential vulnerability to stressful conditions may improve our understanding of why individuals of lower social status experience more distress. Vulnerability is reflected in the availability of resources that may be helpful in countering the adverse effects of exposure to stress, including the repertoire of coping strategies, social support, and beliefs about control and competence. Because exposure to environmental threats fails to offer a sufficient explanation for the experience of greater distress in low-SES individuals, it has been hypothesized that the availability of coping resources varies with social status. The question is whether and why lower SES is associated with lower availability of these and other coping resources.

Coping

The employment of adequate cognitive and behavioral coping efforts constitutes one of the most important resources for buffering the adverse effects of psychological distress. Individuals who find constructive ways of coping with stress, such as taking direct action or finding meaning in their experience, are better able to withstand the negative effects of stressful circumstances than individuals who believe their coping resources to be minimal or who believe that the situation is beyond their control and rely on avoidance coping strategies, which in the long run often turn out to compromise their health. Generally, people of low social status are more inclined to adopt avoiding and emotion-focused strategies when they are confronted with stress than are their more advantaged peers. Education level and family income directly relate to the frequency of problem-focused

coping for dealing with financial strain and other hassles, with those of low social status reporting less problem-focused coping. Why low SES promotes generally ineffective coping strategies is unknown, although it has been suggested that the acquisition of coping strategies may to some extent be shaped by the continuous confrontation with few possibilities to control their environment. Although research that directly links social status and coping is rare, it has been shown that individuals of low social status are more sensitive to stress and think of it as unpleasant, disruptive and beyond their control. In contrast, individuals with higher social status appear to be less bothered by distressing events and more often regard it as a challenge to do something about it. It thus seems that the appraisal of potentially upsetting situations as uncontrollable and overwhelming may activate dysfunctional coping patterns. More generally, it seems that low-SES environments reduce individuals' reserve capacity to manage stress, thereby increasing negative emotions and cognitions with subsequent effects for dealing with these stressful conditions themselves.

Social Support

The adverse effect of chronic exposure to stressful environments may be partially offset if an individual has at least one supportive person in his or her neighborhood. Living in low-SES communities may compromise the effective use of social contacts, however. Although the social network of low-SES individuals generally is not smaller than the network of those with better education and higher incomes, the networks of low-SES individuals tend to be more homogeneous, with a large proportion of kin, which may affect the type of support provided and its perceived helpfulness. If an individual is not willing to share particular problems with family members, the possibilities for social support decrease dramatically. The larger proportion of kin in the social networks of low-social-status individuals also has consequences for mutual dependency. Asking for help on one occasion implies some kind of obligation to provide support when a family member asks for it on another occasion. The larger proportion of family in the network also bears costs because it may promote the experience of stress when a family member experiences distress. In addition, the rare prospective research in this area demonstrates that the experience of distress may affect the availability of social support. Studies of economic stressors such as financial hardship or unemployment confirm a pattern in which economic stressors lead to increased marital stress and decreased social support.

Social Distribution of Coping Resources

It is not clear why low-SES individuals are at a disadvantage with regard to the availability of coping resources. Vulnerability is thought to be partly genetically determined and partly acquired during childhood and adolescence by accumulating negative experiences, which may be difficult to compensate for. Lack of financial resources and poor material conditions are, of course, more common in low-SES individuals, but these factors do not appear to be the most important determinants of vulnerability. No evidence is available that limited access to coping resources is a direct result of deficient life conditions. Low self-esteem and low personal control are acquired during repetitive and accumulating negative events causing a negative spiral in which an individual learns to be helpless and hopeless. Low chances of employment or low educational attainment do not by themselves cause vulnerability to distress, but this does not mean that vulnerability does not operate at a social level. Particular resources and coping strategies may be distributed differently among the social classes and also particular beliefs about stress and health may be socially shaped and transmitted. The employment of ineffective coping strategies seems to depend on strong beliefs about what constitutes stress and what can be done about it. Beliefs reflect, at least in part, socially shared assumptions about stress, coping, and health and may be considered cultural models of the individual and his or her social group. A significant example concerns cigarette smoking as a way of coping. Although smoking is widely recognized as a health-threatening habit in both low-SES and high-SES individuals, in low-social-status individuals smoking has often turned into one of their few available coping options and creates a feeling of rest and control when faced with distress. Further research on the social distribution of coping resources is certainly required.

See Also the Following Articles

Aging and Psychological Stress; Cultural Factors in Stress; Economic Factors and Stress; Education Levels and Stress; Marital Status and Health Problems; Minorities and Stress; Smoking and Stress; Social Capital.

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