Mental Health, Social Mirror
Mental Health, Social Mirror

Edited by

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Springer
Preface

In 2004, the discipline of sociology celebrated the 100th anniversary of the founding of the American Sociological Association. In 2005, the Section on Medical Sociology celebrated 50 years since the formation of the Committee on Medical Sociology within the ASA. And, in 2003, the Section on the Sociology of Mental Health celebrated ten years since its founding within the American branch of the discipline. This brief accounting marks the American-based organizational landmarks central to concerns about how social factors shape the mental health problems individuals face as well as the individual and system responses that follow. This history also lays a trail of how the focus on mental health and illness has narrowed from a general concern of the discipline to a more intense, substantively-focused community of scholars targeting a common set of specific theoretical and empirical questions. While mental health and illness figured prominently in the writings of classical sociologists, contemporary sociologists often view research on mental health as peripheral to the “real work” of the discipline. The sentiment, real or perceived, is that the sociology of mental health, along with its sister, medical sociology, may be in danger of both losing its prominence in the discipline and losing its connection to the mainstream core of sociological knowledge (Pescosolido & Kronenfeld, 1995).

Perennial discussions about of the splintering of contemporary sociology into an increasing number of specialties with narrowly-focused concerns, and broader, national discussions about the place of the social sciences in an increasingly medicalized, “life sciences” research agenda (Collins, 1986; Mechanic, 2004; OBSSR, 2001; Pescosolido & Kronenfeld, 1995), make it opportune to consider where our field has been, where it stands now, and where it should move in the future. There are a number of fine volumes that catalogue our stock of knowledge in the sociology of mental health (e.g., Aneshensel & Phelan, 1999; Horwitz & Scheid, 1999). We saw no need to duplicate those efforts here. Instead, in this volume, we chart a new course for the sociology of mental health by reasserting the centrality of research on mental health to the broader discipline.

Our approach to this project was to issue a general call to mental health researchers to submit proposals for chapters that would address a variety of issues. This strategy has resulted in a volume that is somewhat selective rather
than comprehensive in its coverage. Although the chapters in this collection are relevant to a number of specialties in sociology, they do not document the ways in which the sociology of mental health has contributed to all the areas of specialization in the discipline. We then asked our authors to consider the two-way process implied by our interests. First, we asked them, to draw from mainstream sociological theories and concepts to reconsider the potential of sociology to provide insights into critical problems in the etiology of mental illness, the use of services, and other key issues in the lives of persons affected by mental health problems as consumers, caretakers (formal and informal), and citizens. Second, we asked them to articulate the contributions that mental health research has made, and can make, to resolving key theoretical and empirical debates in important areas of sociological study. With this roadmap, our hope is that this volume builds bridges between the sociology of mental health, other subfields within the discipline, and the mainstream core of sociological theory.

We have divided the book into five sections that define the history, the issues, and reflections on the future of the sociology of mental health. In the first section, “Reflections through the Sociological Looking Glass,” we analyze the theoretical and institutional trends that have produced the contemporary moment in the sociological study of mental health. Our opening chapter, “Through the Looking Glass: The Fortunes of the Sociology of Mental Health,” traces the history of sociological research on mental health through the representation of mental health-related articles in our two flagship journals, the *American Journal of Sociology* and the *American Sociological Review*. Our review suggests that the sociological mainstream presents a very limited view of what researchers know about the social causes and consequences of mental health and illness, treatment processes and institutions, and community outcomes. “In “Sociology, Psychiatry and the Production of Knowledge about Mental Illness and Its Treatment,” Pearlin, Avison, and Fazio consider the relative influence of biological and social factors, and the power of psychiatry versus sociology, in understanding the causes of mental health and illness. For more than 50 years, Leonard Pearlin has made important theoretical and empirical contributions to the sociology of mental health. His extensive experience with both the National Institute of Mental Health and university-based research affords him a unique perspective from which to examine the tensions between biological and sociological approaches to the study of mental health and illness. Pearlin and his colleagues identify reasons for the predominance of biological theories and assert the continued relevance of sociological insight in this new climate. Importantly, they conclude by suggesting how we could translate disciplinary difference and diversity into greater collaboration and scientific progress. Carmi Schooler closes the section with a chapter entitled, “The Changing Role(s) of Sociology (and Psychology) in the National Institute of Mental Health Intramural Research Program.” Schooler’s long-term association with the NIMH yields an insider’s perspective on an organization that housed the sociologists who were critical in building a solid foundation for the sociology of mental health. Schooler details the shrinking attention and resources devoted to social science research, making a strong case for the costs to understanding mental health and illness.
The second section, “Sociological Theory and Mental Health” introduces major classical and contemporary debates in sociology as they have been, or could be, informed by research on mental health. Allan Horwitz begins in “Classical Sociological Theory, Evolutionary Psychology, and Mental Health” by reminding sociologists of the important disciplinary concepts that underlie research on mental health, asserting the complementarity of contemporary evolutionary psychological perspectives, and offering ways to integrate these perspectives into mental health research. Ann Branaman follows with a discussion of contemporary social thought, including theories of individualization, critical theories, and Foucauldian/postmodern perspectives, and their implications for research on mental health in “Contemporary Social Theory and the Sociological Study of Mental Health”. These pieces locate the chapters that follow in a broad disciplinary context and demonstrate the interplay between sociological theory and the sociology of mental health.

The third section of the book, “The Social Origins of Mental Health and Mental Illness,” takes on important sociological theories regarding the effects of macro-structural conditions and processes on individual mental health. Three chapters address the core of sociology by focusing on the effects of inequality and hierarchy. Muntaner, Borrell, and Chung take the widest view in “Class Relations, Economic Inequality and Mental Health: Why Social Class Matters to the Sociology of Mental Health.” Rudy Fenwick and Mark Tausig focus more specifically on the macroeconomic environment, the labor market, and job conditions in “A Political Economy of Stress: Recontextualizing the Study of Mental Health/Illness in Sociology.” They propose an innovative conceptual model for the study of stratification and mental health that draws on structural labor market theories. In a final chapter on stratification, “Race and Mental Health: Past Debates, New Opportunities,” Teresa Evans-Campbell and her colleagues tackle the controversial issue of race. They draw on past conceptualizations of race to construct a compelling argument for giving greater attention to the unique experiences of specific racial and ethnic groups.

Two chapters on life course perspectives follow. In the most general of the two, “Life Course Perspectives on Social Factors and Mental Illness,” Linda George reminds us of the importance of conceptualizing mental health and illness in dynamic terms, and introduces us to the basics of the life course perspective. In so doing, she presents a strong case for increased sociological attention to mental disorders whose temporal course can be charted precisely. Susan Gore and colleagues (“Transition to Adulthood, Mental Health, and Inequality”) extend George’s arguments by applying developmental theories to the study of inequality and mental health during the transition to adulthood, with special emphasis on pathways and turning points. Together, these two chapters illustrate the tremendous potential of life course perspectives on mental health and illness to enhance our understanding of the implications of social structure for individuals.

The final two chapters in this section emphasize the social psychological processes that link societies to their members. Robin Simon considers a relatively new area of research in sociology, the sociology of emotions. In “Contributions of
the Sociology of Mental Health for Understanding the Social Antecedents, Social Regulation, and Social Distribution of Emotion”, she considers how what we know from the sociology of mental health can be used to advance this new area of inquiry as well as the new insights from the sociology of emotions that can advance our understanding of mental health. Jane McLeod and Kathryn Lively present a comparable argument in “Social Psychology and the Stress Process,” with special emphasis on the potential of symbolic interactionist principles to improve our understanding of how social structural conditions create distress.

In the fourth section, we turn to the topic of social responses: how social actors, organizations, and institutions respond to individuals with mental illness. We begin with a discussion of one of the central concepts in both the mainstream of sociology and the sociology of mental health, stigma. Drawing from Goffman’s original definition that emphasizes the role of relationships, Bernice Pescosolido and Jack Martin rethink theories of stigma in “Stigma and the Sociological Enterprise”. They urge sociologists of mental health to collaborate with other disciplines that have picked up on and developed concerns that sociologists have laid by the wayside. In “Social Integration: A Conceptual Overview and Two Case Studies,” Stephanie Hartwell and Paul Benson present a similar review for another core concept in sociology, social integration. Cognizant of the many variants of the concept that appear in the literature, they organize them into a general conceptual model and illustrate the utility of their model in two of their ongoing studies. Moving into a more direct consideration of the treatment system, Donna McAlpine and Carol Boyer trace the history of research on mental health services utilization giving careful attention to shifts in theoretical frameworks and the resultant empirical research (“Sociological Traditions in the Study of Mental Health Services Utilization”). Teresa Scheid and Greg Greenberg follow with the importance of organizational structures for mental health care. In “An Organizational Analysis of Mental Health Care,” they use historical periods and sectors of care provision to organize an exploration of how mental health care organizations offer a window to understand organizational process and effects. In turn, they provide insights and suggestions for the utility of organizational theory to guide our studies of the operation of changes in the mental health system. Finally, Philip Yanos and his co-authors delve into an important issue in mental health services research to address the recovery of persons with serious mental illness in “Recognizing a Role for Structure and Agency: Integrating Sociological Perspectives into the Study of the Recovery from Severe Mental Illness”. They take as their starting point Fine’s conceptualization of social structure, providing a comprehensive review of recent research which supports the utility of strongly suggests its utility.

The final section, “Mental Health, Social Mirror: Looking Forward, Reflecting Back” contains only one piece by Sheldon Stryker, the sociologist who developed identity theory, forged a generation of thought and empirical research, and trained at least two generations of sociologists, many of whom now produce the contemporary insights in the sociology of mental health. In “Mainstream Sociology and Sociological Specialties: Toward Understanding the Gap and Its Consequences,”
Stryker recounts the common history of the post World War II discipline, a time that shaped the work of a generation and which continues to form the give and take between the discipline and its subfields. The story of some of the examples are disheartening, others encouraging, but all speak to the critical interaction between the parent discipline, which sets a perspective, and its substantively-oriented subfields, which each offer a unique window into social life. The final chapter in this volume does so well what sociology tells us: It contextualizes the sociology of mental health in the broader landscape of the discipline. In that way, it offers a most fitting ending to the reflections in the looking glass.

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Acknowledgments

An edited book is often a labor of love, faith, and respect. So it is with this book. It grew out of our deep commitment to the power, accomplishments, and potential of the sociology of mental health to help unravel the complexities that mental health and mental illness bring to individuals, families, organizations, and societies. Our love for the field, stemming in part from the many existing contributions by sociologists, has instilled both a deep respect for our colleagues and an abiding faith that, together, we could show how closely tied the study of mental health and the study of sociology have been, are, and should continue to be. Not surprisingly, then, this book is the product of the combined efforts of many people. The journey from our solicitation of chapter proposals to the published volume was long and arduous but also exciting and inspiring due, in no small part, to our outstanding collaborators. Their work gave us a renewed appreciation for the intellectual caliber of mental health scholarship and for the continued relevance of mental health research to the discipline of sociology. On a more personal level, our work on this project deepened our ties to our colleagues, our ASA section and the larger discipline.

Our first thanks go to the scholars who contributed chapters. Their assigned task was neither simple nor easy: to consider the mutual relevance of mainstream sociology and research on mental health in their areas of expertise. Each set of authors brought a unique perspective to the task, building on their strengths as sociologists and as researchers committed to understanding the real-world implications of mental health and mental illness. The result is a volume that is rich with empirical information and theoretical insight.

Our thanks go also to the staff of the Indiana Consortium for Mental Health Services Research at Indiana University, who provided excellent technical support. In particular, Alex Capshew kept a watchful eye on the project from the beginning, Mary Hannah shepherded several chapters through the editing process, and Mala Subbaswamy worked magic on the figures. We could not have completed the book without their assistance.

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Part I
Reflections through the Sociological
Looking Glass
Through the Looking Glass: The Fortunes of the Sociology of Mental Health

Bernice A. Pescosolido, Jane D. McLeod, and William R. Avison

From its very beginning, mental health has been central to the sociological understanding of society. Concerned about issues of life, death and well-being, the founders of sociology staked a claim for a new discipline concerned with how larger historical forces and new institutional structures shaped the fate of individuals. Marx (1964, p. 11) found alienation inherent in all modern institutions, but particularly when immersion in the workplace destroys a person’s “inner life” (1964, p. 122). Durkheim (1951; 1954) wondered how the normlessness of modern life, anomie, would predispose individuals to suicide and he grappled with the loss of faith that he saw as endemic to the transition to modern society (see also Masaryk, 1970, on earlier, similar concerns). Simmel considered how the greater freedoms of modern society are accompanied by “psychological tensions or even a schizophrenic break” despite greater societal tolerance. He saw “external and internal conflicts [which] arise through the multiplicity of group-affiliations” that characterized the new social forms of the early 20th century (Simmel, 1955, p. 141). And following from this, Veblen linked social class (and particularly property ownership), social relationships and mental health. He believed that “(o)only individuals with an aberrant temperament can in the long run retain their self-esteem in the face of the disesteem of their fellows” (Veblen, 1934, pp. 30–31).

These interests in no way imply that the founders of the discipline were fundamentally interested in mental health, illness or treatment, per se. In fact, it is widely known that, for Durkheim, suicide was merely a strategic choice with which to make the case for the new discipline of sociology (Pescosolido, 1994). Others referred to mental illness only as a limiting case. For example, Weber, in his treatise on rationality, argued that only the behavior of “the insane” was truly unpredictable (Shils & Finch, 1949, p. 24). Robert E. Park’s work with Ernest W. Burgess on concentric zone theory used mental illness as only one example to show how the dense urban centers of metropolitan areas produced the highest level of social problems, with corresponding decreases

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1 Nor could they have been. The restricted and vague conceptualization of mental illness that dominated the late nineteenth and early twentieth centuries precluded serious research interest in mental illness as the concept is understood today.
as distance from the core increased. Laying out issues of the self, status and roles in their *Introduction to the Science of Society* (Park & Burgess, 1921: 55), they suggested that “(t)he individual whose conception of himself does not conform to his status is an isolated individual. The completely isolated individual, whose conception of himself is in no sense an adequate reflection of his status, is probably insane” (p. 55).

Yet, neither does their dilettantish use of mental health and illness mean that the founders of the discipline have not influenced theory and empirical research in the sociology of mental health. Weber’s basic ideas about the power of society to determine life chances, Marx’s concern with the implications of economic exploitation for self-actualization, and Durkheim’s analyses of social integration continue to shape influential research agendas in the Sociology of Mental Health (Weber, Gerth, & Mills, 1946). Rather, the relevant historical point is that early sociological interest in mental health, mental illness, and treatment reflected the major concerns that occupied the founders – the implications of the transition from agrarian to industrial society for individuals. Serious attention to mental health and illness, as topics in their own right, only began in the post-World War II boom that coincided both with the growth of the subfield of medical sociology and its link to the intramural program at the National Institute of Mental Health (see Bloom, 2002, for a general history of medical sociology; see Schooler in this volume). Since that time, sociological research on mental health and mental illness has continued to evolve in tandem with its parent discipline and more general developments in mental health research (see Pearlin, Avison, & Fazio, in this volume).

In this introductory chapter, we consider the relationship of research in the Sociology of Mental Health to the sociological mainstream by reviewing historical trends in the quantity and substance of sociological research on mental health in the discipline’s two major, generalist journals, the *American Journal of Sociology* and the *American Sociological Review*. In essence, we ask: What types of mental health research are represented in these journals? Or, to phrase it differently, if all we knew about mental health, mental illness, and its treatment was what we read in the *ASR* and the *AJS*, what would we know? We observe substantial continuity in the topics that have been represented in the journals over the years along with the waxing and waning of specific substantive interests.

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2 The tie to medical sociology has continued even after the new ASA Section on the Sociology of Mental Health was formed in 1991. At the point of this writing, just over half of the members of the Section on the Sociology of Mental Health also belong to the Medical Sociology Section (54% of the 472 members) while almost one quarter of the Medical Sociology Section members also belong to the Mental Health Section (22% of the 1,164 members; Edwards, personal communication 2006). The overlap in membership between the two sections speaks to a close alliance in the interests of both subfields.

3 We credit Susan Cotts Watkins and her Presidential Address in *Demography* (1993), in which she asked a similar question about the representation of gender issues in its flagship journal.
The Representation of Mental Health and Mental Illness in the Mainstream: An Historical View

Data

We reviewed articles in AJS from 1894 through part of 2005 (Volumes 1 to 110) and in ASR from 1936 through part of 2005 (Volumes 1 to 69) for mental health-related content. Our first task was to decide whether each article had sufficient content to be considered a “mental health” article. This task was not straightforward. In the early years of the journals, rates of mental illness or the numbers of psychiatrists were often included as one of many examples of a more general social phenomenon. We also struggled with how to deal with more generic topics such as “adjustment,” “psychoanalysis,” “Freud,” “well-being,” “mental,” “suicide,” and “disorganization” given changes in the cultural meaning and usage of such terms over time. In the end, we cast a wide net when identifying relevant articles. We decided that we would include articles in our analysis if they targeted issues having to do with individual’s health status or responses to illness and if they included some discussion of mental health or illness. This was true whether or not the articles were intended as specialty pieces. For example, much sociological research on suicide was considered “theory” rather than social psychiatry or social epidemiology. We included those articles, nonetheless, because they offer insight into how mental health-related issues are understood in the discipline. In contrast, we did not include early articles by Ogburn (1934; 1935) or others like it that presented many trends in social life, including rates of the “insane” (e.g., first admission to mental hospitals), but which gave no special attention to the latter.

With that decision made, we counted the numbers of such articles. We included research notes, reply and comment sets (as single units of analysis), and review symposia but not review essays or book reviews.4 We followed the simple count with an in-depth analysis of each article to learn more about the texture of sociological attention to mental health and illness. What were the topics? What kinds of data did they use? How were articles framed, etc.? This approach yielded an informative and nuanced analysis of the mainstream sociological representation of mental health research during the 20th century, with a brief glance at the beginning of the 21st Century.

Historical Trends in the Representation of Mental Health and Illness

Of the roughly five thousand pieces (N = 4,977) that have appeared in the AJS since its founding, 144 or 2.9 percent included mental health content. On the other hand, the more recent ASR which also has over four thousand pieces (N = 4,434) presented 215, or 4.8 percent, articles on mental health topics.

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4 We counted articles of varying formats in order to accommodate the changes in formats that occurred in the journals, especially in the early era.
Attention to mental health has not been constant over time: there have been peaks and valleys in mental-health related articles, as illustrated in Figure 1.1. Sociological interest in mental health began in earnest in the 1930s with very few articles appearing before that time. After that initial surge of activity, interest diminished until two later peaks in the post-World War II period and the 1980s. Most recently, there has been a troubling decrease, particularly in the AJS. These trends suggest that the fortunes of the sociology of mental health have waxed and waned throughout the published history of the discipline’s mainstream.

What these figures cannot tell us, however, is what sociology has been learning from mental health research over these years. What images of mental health and illness have been represented? What topics have been covered? What major assertions have been made? To answer these questions, we review the content of mental health-related articles in six time periods that map the hills and valleys of mainstream sociological interest in mental health. Our review reveals a consistent interest in the social origins of mental illness, a broadening of the field to consider mental health as well as mental illness, and a movement of the field away from research on serious mental illness and its treatment.

Figure 1.1. Representation of articles on mental health in sociology’s mainstream journals.
The Earliest Years (1895–1930): Mental Illness and Morality

The first generation of articles in the *AJS* focused on the prevalence of mental illness. These articles adopted a decidedly moral tone that emphasized the social problems created by mental illness. The first article that focused exclusively on mental illness appeared in 1899 and addressed the “Prevention of Mental Diseases” (Morel & Henderson, 1899, *AJS*). In this article, the authors proposed diverse “social” measures to “prevent the increase of mental troubles in the degenerate and, at the same time, . . . diminish crime (p. 79).” These measures included special education services and the strategic selection of marriage partners. For example, neuropathic girls were advised to only marry men whose material situations would shield them from anxiety. With similar tone, Rentoul (1906 *AJS*) discussed how, under the claim that “insanity is on the increase,” “we could prevent the present large total of mental degenerates from begetting degenerates” who are “the most dangerous citizens” (pp. 319–320). This moralistic tone appeared again in 1921 (*AJS*) when Laughlin included “the deranged” among the “socially inadequate” that needed to be “designated” and “sorted.” Early sociological approaches to mental illness reflected the major social concerns and stereotypes of the time.

The First Peak of Interest (1925–1950): Social Determinants of Mental Illness

In the second quarter of the twentieth century, sociologists turned from their early moralistic prescriptions towards analyses of the social determinants of mental illness. This is the era in which many major themes in contemporary sociological research on mental illness were first introduced. Following on the heels of the discipline’s founders, Ogburn and Winston (1928 *AJS*) presented data on the “startling fact” that lifetime mental hospital admissions rates were one in ten and related to “modern civilization” (p. 822). Jaffe and Shanas (1939, *AJS*) documented the inverse relationship between economic status and mental hospitalization, independent of sex, race and foreign-born status (see also Tietze et al. 1941 *AJS*; Dunham, 1944 *AJS*). Mowrer (1939 *ASR*) looked at the effect of the Depression on both suicide and “insanity.” Tietze et al. (1942 *AJS*) examined residential mobility, and Dunham (1942 *AJS*) considered the impact of world conflict on American mental hospital admission rates (also Weinberg, 1946 *AJS*; Brookover, 1945 *ASR* on individual responses to world conflict). In articles on suicide specifically, researchers began to see patterns by age, urban location, marriage/divorce, gender and occupation (Schmid, 1933 *AJS*; see Lunden, 1947 *AJS*; Porterfeld, 1949 *ASR*). In this way, the discipline of sociology began to assert its relevance to understanding the distribution of mental illness in the population.\(^5\)

\(5\) In another paper with close ties to the concerns of the day, Abel (1945 *ASR*) argued that Nazism was not attributable to mass mental illness.

\(6\) Additional themes included drug addiction as psychopathology (Lindesmith, 1940 *ASR*), marital difficulties (McLean, 1941 *ASR*), “poorly adjusted families” (Willoughby, 1942 *ASR*) and children (Mangus, 1948 *ASR*), and post-divorce adjustment (Goode, 1949 *ASR*).
In 1937, the classic piece by H. Warren Dunham (1937, p. 467 ASR) applied ecological methods from urban sociology to the study of schizophrenia in Chicago. He found that schizophrenia was concentrated in areas of “marked social disorganization,” with no difference in ecological patterning for males and females, nor for local and sub-communities, nor across most types of schizophrenia (e.g., paranoid type). However, catatonic schizophrenia was most likely in “foreign-born and Negro communities” (p. 473). Overall, the rates were very skewed with “the bulk of communities having low rates and a few of the communities at the center of the city having high rates” (p. 473). In a similar vein, Faris (1938 ASR) found that socio-demographic characteristics, including race and foreign-born status, had more of an effect on mental hospitalization outside of the communities “in which that population is in the majority” (p. 204). Faris pointed to the role of social isolation and suggested that “(p)erhaps the real hope will never lie in the treatment of patients” but in the “stabilization” of communities (p. 209). Later, Demerath (1943 ASR) suggested social rejection of individuals as a cause of mental illness, a more individualistic interpretation of the social isolation argument (see also Clinard, 1949 ASR; Queen, 1949 ASR).

Yet, despite the assertion of a strong sociological perspective on mental illness, ambivalence regarding the relative importance of sociological and psychological factors in mental illness is also evident during these years. The first special issue on what we might consider “social psychiatry” appeared in AJS in 1936 with nine articles that addressed personal, individual or social disorganization. Countering the prevailing thinking of psychiatry, Blumer (1937, p.: 871 AJS) argued that individual disorder “gains its opportunity for expression where social disorganization prevails.” Yet, only three years later, another issue of AJS was devoted to the integration of psychoanalytic theory into sociology, with Burgess (1939 AJS) asserting that “(a) final stage in the combination of psychoanalytic and sociological methods remains to be taken, that of cooperation of psychoanalysts and sociologists in joint research. The situation is becoming ripe for such a venture (p. 369).” Empirical research reflected this ambivalence, with suicide being related variously to insanity (Gargas 1932 AJS) and prosperity (Hurlburt, 1932 AJS), and rates of treated mental illness related to both birth order (Schuler, 1930 AJS), and “moral self-judgment” (Boisen, 1932 AJS).

Outside of research on the causes of mental illness, there were some stunning findings that addressed other issues still relevant today. Dunham (1939 ASR) concluded that there was only a negligible relationship between schizophrenia and criminal behavior. Treatment of mental illness was examined, including a consideration of methods to predict the length of hospitalization (Dunham & Meltzer, 1946 AJS) and numbers of treatment providers (Gregory, 1947 AJS). Winston (1938 ASR) documented “(m)arked inequalities in care of mental patients . . . from state to state” (p. 202) that reflected the inadequacy of expenditures for state hospitals.

As is evident from these examples, the research of this era concentrated primarily on ecological theory and ecological data, in keeping with more general trends in the discipline (see also, Queen, 1940 ASR; Schroeder, 1942 AJS; Clark,
1948, 1949 ASR). But by 1941, questions were being raised about the adequacy of hospital data to provide useful conclusions about the actual prevalence of mental illness (Owen et al., 1941 AJS).


The end of World War II brought with it a general social interest in mental health (Mechanic, 1980) and new methods that allowed researchers to move beyond treatment statistics. In fact, measurement became a major issue with the development and introduction of new scales (e.g., the MMPI, Hathaway & Monachesi, 1952 ASR; also Manis et al., 1963, 1964 ASR; Dohrenwend, 1966 ASR) and the examination of both hospitalized and non-hospitalized cases (Kaplan et al., 1956 ASR). Clausen (1950:450 ASR) foreshadowed the important work in social epidemiology that was to come in his report on social sciences at the NIH: “Conceivably some sort of screening device may eventually be developed so as to be applicable in the community by someone other than an M.D. or Ph.D.” (p. 450).

Research on the social predictors of mental illness extended earlier lines of research to individual-level data, with attention to social class (Hollingshead & Redlich, 1953, 1954 ASR; Dunham et al., 1966 ASR; Rushing, 1969 ASR), isolation and alienation (Jacó, 1954 ASR; Lowenthal, 1964 ASR; Summer & Hall, 1958 ASR), social mobility/migration (Hollingshead et al., 1954 ASR; Kleiner & Parker, 1959 ASR; Turner & Wagenfeld, 1967 ASR), as well as socio-demographics (e.g., Ikeda et al., 1962 AJS; Phillips & Segal, 1969 ASR; Bellin & Hardt, 1958 ASR). The range of mental health-related outcomes that were considered expanded beyond psychoses to other forms of mental illness (e.g., feral and autistic children; Bettleheim, 1959 AJS), paranoia (Bonner, 1950 AJS), and anxiety (Montague, 1961 ASR) and to general indicators of mental health. Personal adjustment (e.g., Stryker, 1955 ASR; Pan, 1951 ASR; Sewell & Haller, 1959 ASR), marital tension (Farber & Blackman, 1956 ASR), and stress (Jackson, 1962 ASR; Jackson & Burke, 1965 ASR) were the subject of nearly a dozen articles during this period.

The shift away from hospitalized rates of mental illness opened other new areas of inquiry outside of epidemiology. In particular, sociologists began to analyze individuals’ use of mental health services. Raphael (1964 AJS) examined the role of the community acceptance of psychological and psychiatric explanations of mental illness; issues of “need” (e.g., stress) were considered (e.g., Mechanic & Volkart, 1961 ASR; Segal et al., 1965 ASR) and Kadushin pioneered the importance of social network ties (1966 ASR; see also Sampson et al., 1962 AJS). Research also went further into the mental hospital itself to look at resistance of staff to changes in treatment protocols (Pearlin, 1962 AJS), the social rhythms of patient behavior (Melbin, 1969 AJS; Perrucci, 1963 ASR) and social factors that predict the type and participation of patients in treatment options (Kandel, 1966 AJS; Myers & Schaffer, 1954 ASR). Research addressed the hospital as a total institution (Hillery, 1963 ASR), the climate of treatment settings and its impact on staff and patients (Street, 1965 ASR; Wallance & Raskis, 1959 ASR), the power of professional versus bureaucratic staff (Lefton et al., 1959 ASR), and the role and behavior of psychiatric nurses and
attendants (Caudill 1961, ASR; Pearlin & Rosenberg, 1962 AJS; Simpson & Simpson, 1959 ASR; Melbin, 1961 ASR). Spotty but continued attention to lay providers appeared (e.g., the Puerto Rican spiritualist, Rogler & Hollingshead, 1961 AJS; clergy, Cummings & Harrington, 1961 AJS).

Finally, the effects of hospitalization on the community lives of individuals who had been treated were considered. Freeman and Simmons (1958 ASR), for example documented that the tolerance of former patients’ significant others to “deviant behavior” was more important than their symptoms for predicting their ability to live successfully in the community. Lystad (1957 ASR) documented that treated schizophrenia affected the status mobility of upper SES individuals but not that of lower SES individuals, perhaps because of the limits already existing in the lower classes. Hardt and Feinhandler (1959 ASR) showed that lower SES was associated with a greater risk for continued, long-term hospitalization and Linn (1959 AJS) documented that the introduction of “tranquilizing drugs” into psychiatric treatment dampened, but did not eliminate, the magnitude of the effects of race, marital status, and sex on hospital release rates.

Extending the theme of community responses to persons with mental illness, an important set of articles revolving around issues of labeling theory, social reaction and stigma first appeared in this period. Becker (1962 AJS; see also Gibbs, 1962 ASR) argued that mental illness is a performance while Lefton et al. (1962 AJS) countered that behavior, not social class nor expectations, shaped the label of mental illness (see also Gove 1970, ASR). The first empirical reports of stigma among the public (Woodward, 1951, p. 464 ASR) documented a “gross failure to recognize serious mental symptoms” while Freeman (1961 ASR) examined attitudes among relatives of persons with mental illness. Rejection as a consequence of help-seeking (Phillips, 1963, 1964 ASR) rounded out discussions of stigma.

Finally, in keeping with long-standing disciplinary emphases, very important theoretical and empirical pieces on suicide appeared during this time (e.g., Powell, 1958 ASR; on the role of occupation). Gibbs and Martin (1958, 1959, 1966 ASR, 1959 AJS) introduced the status integration theory of suicide and debated its utility with others (Chambless & Steele, 1966 ASR). Questions about Durkheim’s theory appeared (Dohrenwend, 1959 ASR; Selvin, 1958 AJS). For example, Johnson (1965 AJS) theorized that Durkheim’s four-pointed typology could be folded into one cause, too little social integration. Methodological issues were also raised about the use of official rates and standard techniques (Simpson, 1950 ASR) in suicide research.

Throughout these years, sociologists continued their earlier discussion of the relevance of psychoanalytic theory by examining, integrating, and drawing lines between sociological perspectives and epidemiology (Hollingshead, 1961 ASR) and psychiatry (Bendix, 1952 AJS; Smith, 1957 AJS). For example, Simmons and Davis (1957 AJS) argued that the challenges to collaboration between clinical sciences and the social sciences were, ironically, not as much in perspective as in method, a point that continues to have relevance.

In many respects, then, the two decades following World War II represent the blossoming of sociological research on mental illness. Never before had sociologists pursued such a broad range of issues concerning mental illness.
Sociologists studied topics that integrated sociological ideas and methods from virtually all areas of the discipline to shed light on the causes and consequences of mental illness and on institutional responses.

The 1970s: A Stable Field

During this decade, the epidemiology of mental health and illness, societal reactions to mental illness, and suicide continued to dominate discourse and empirical research. The major debate in epidemiological research surrounded issues of gender. In a series of articles, Gove and colleagues (1973, 1974, 1976 AJS) postulated that the main role available to women, housewife, produced higher rates of mental illness, particularly neuroses and functional psychoses, because of its restrictive and unsatisfying character (1973, 1974, 1976 AJS). Dohrenwend and Dohrenwend (1976 AJS) countered with evidence that there was no gender difference in overall rates of mental illness, and argued, rather, that men and women experience different disorders. This debate continues today in mainstream sociological journals (Mirowsky & Ross, ASR 1995; Simon & Nath, 2004).

Research on psychological distress carried forward many earlier themes from research on mental illness. Webb and Collette (1977 AJS) found that rural areas appear to be more stressful, contrary to popular ideas about urban life. Likewise, economic strain (Pearlin & Radabaugh, 1976 AJS), unfavorable working conditions (Miller et al., 1979 AJS; Kohn & Schooler, 1973 ASR), unequal social status in marriages (Pearlin, 1975, 1977 ASR) and status inconsistency (Hornung, 1977 ASR) were all implicated in distress.7

The tradition of sociological research on suicide continued. Articles were published on the influence of changing technology and social integration on suicide rates (Miley & Micklin, 1971 AJS), as well as on the role of imitation (Phillips, 1974 ASR; 1979 AJS). Barnes (1975 AJS) investigated the influence of SES on suicide rates.

Beyond epidemiological research, labeling theory received substantial attention, particularly in the ASR (e.g., Dunham, 1971; Gove & Howell, 1974; Immershein & Simons, 1976; Scheff, 1974) with keen debate about its validity when applied to mental illness. Related empirical research began to move beyond the either-or character of the initial debate to present more nuanced understandings of societal reaction processes. For example, Rushing (1978 ASR) separated out voluntary from involuntary admissions to mental hospitals, and found that the effects of “status resources” such as SES on the type of admission were less pronounced for persons with severe disorders. With Ortega (1979 AJS), he went on to argue that the association of SES with mental illness held only for organic disorders and schizophrenia and proposed a sociomedical.

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7The increasing emphasis on mental health rather than mental illness is also evident in a series of articles on the social correlates of self-esteem, especially in children and adolescents (Rosenberg and Pearlin 1978 AJS; Simmons et al. 1979, 1973 ASR).
rather than societal reaction, explanation for the association. Turner and Gartrell (1978 ASR) argued that socio-demographic differences in the length of psychiatric hospitalization reflected differences in social competence. Using very sophisticated methods, Wheaton (1978 ASR) took on the issue of social selection versus social causation with longitudinal data, finding the evidence favoring a modified social causation explanation.

Perhaps most striking during this period was the dramatic decline in attention to psychiatric treatment. Eaton (1974 ASR) studied long-term outcomes for persons with mental illness, and found support for theories of institutionalization. Light (1972 AJS) used psychiatrists as a case to investigate how professions manage failure (see also Light, 1975 AJS). With the exception of these two examples, there were no other articles on psychiatric treatment during the 1970s.

The 1980s: The Dominance of Distress

The 1980s saw another, but smaller, peak in attention to the Sociology of Mental Health along with a near complete retreat from the study of serious mental illness. Only three articles during this decade dealt with the epidemiology of mental illness rather than psychological distress. Eaton (1980 AJS) continued the earlier discussion about the role of social selection and social drift as explanations of the class differential in schizophrenia, finding that both processes are in operation. Link and colleagues (1986 ASR) presented evidence on schizophrenia consistent with the social causation hypothesis, finding “noisome” occupations to be critical for onset. Finally, Kadushin (1983 ASR) theorized and documented that different levels of context have different effects on paranoia among Vietnam era veterans: the larger social density of geographical areas shaped the appearance of PTSD in rural area while personal networks were important in urban areas.

What dominated the Sociology of Mental Health in mainstream journals was the etiology of distress. In particular, there was substantial interest in understanding gender differences in psychological distress. Drawing from Gove’s gender theories of the 1970s, research addressed issues of marital power (Mirowsky, 1985 AJS), the role of women’s labor force participation (Kessler & McRae, 1981 ASR), and women’s education (Kessler, 1982 ASR). Overall, this body of research concluded that the effect of changing female roles on men’s distress did not result from men’s increased household responsibilities but rather from the clash of their changed circumstances with traditional gender roles (Kessler and McRae, 1982 ASR; Ross, Mirowsky, & Huber, 1983 ASR). Further, the connection between the traditional female role and distress was weaker in cultures that placed more emphasis on the family suggesting important contextual moderators (Ross, Mirowsky, & Ulbrich, 1983 AJS; see also Mirowsky & Ross, 1980 AJS on ethnicity more generally). The “cost of caring” hypothesis received empirical support (Kessler & McLeod, 1984 ASR; Lin & Ensel, 1989 ASR), suggesting that women’s greater responsibility for the well-being of others carries a high psychological cost.
The research of this decade also reflects the emergence of the stress process paradigm (Pearlin, Menaghan, Lieberman, & Mullan, 1981) and its strong influence on sociological research on mental health. Studies of life events, both those that employed events checklists (Kessler & Cleary, 1980 ASR; Kessler & McLeod, 1984 ASR; Lin & Ensel, 1989 ASR; Thoits, 1981 ASR) and studies of single events (Burstenberg, Morgan, & Allison, 1987 ASR; Mutran & Reitzer, 1984 ASR; McCarthy & Hogg, 1984 AJJS) became prominent. Research on multiple roles and mental health was also introduced, with studies finding that those who are more integrated gain more but also lose more in the face of change (Thoits, 1982 ASR).

The association of work and personality also received sustained attention in the research program of Kohn, Schooler, and their colleagues (Kohn & Schooler, 1982 AJJS; Naoi & Schooler, 1985 AJJS). Most notably, they introduced cross-cultural considerations. For example, Schooler and Naoi found that traditional jobs were less alienating in Japan than in the U.S. (Schooler & Naoi, 1988 AJJS).

The one arena in which mental illness, rather than distress, continued to receive attention was with respect to issues of labeling and stigma. Thoits (1985 AJJS) reconceptualized residual rule-breaking as violations of feeling or expression norms. In a series of papers, Link and colleagues documented that stigma only attached to those people who were labeled, even though their behaviors were similar to those of people who were not labeled (Link, 1982 ASR; 1987 ASR; Link & Cullen et al., 1987 AJJS). In the end, modified labeling theory suggested that while labels may not create or produce mental illness, their application has dramatic effects on individuals across areas of employment, social relationships and mental health (Link, Cullen, Struening et al., 1989 ASR).

Finally, research on suicide continued to debate the importance of imitation with evidence that both supported (e.g., Bollen & Phillips, 1981 AJJS, 1982 AJJS; Phillips, 1982 AJJS) and countered (Kessler, 1984 AJJS) this idea. Further research suggested that it is only media coverage of celebrity suicides that has effects (Wasserman, 1984 ASR; Stack, 1987 ASR). The focus on the theory of status integration declined even as Gibbs (1982 ASR) documented that when the marital, parental and labor force integration were cross-classified, the theory was even more powerful. The focus on Durkheim’s theory and, in particular, the role of religion continued to find support in its original thesis of the Protestant-Catholic difference (Breault, 1986 AJJS) and in a reconsidered version which took into account American differences in denominationalism and social network ties created by religions (Pescosolido & Georgianna, 1989 ASR).

The Recent Face of Mental Health Research (The 1990s and the 21st Century)

The trend presented in Figure 1 suggests that mental health research is once again on the decline in mainstream sociological journals. Data from a recent American Sociological Association Task Force support the further assertion that this decline does not reflect changing interests of ASA members as mental health-related