

## **A theoretical and research strategy to study inequalities in mental health in contemporary Greece**

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### *Defining the objects*

In this talk I will present the process by which a particular theoretical and research design was produced for studying inequalities in mental health within a context of a major and persistent economic and financial crisis that Greece is facing over the last five years. The emphasis of my talk will be on the internal logic, the theoretical propositions and methodological specifications of an on-going, inter-disciplinary and multifaceted research program, E.C. funded, examining the relationship between social inequalities and mental health. This research program, called ARISTEIA InMeD, seeks to advance social theory on mental health inequalities through a move from a positivist quantitative socio-epidemiological approach that describes mental health inequalities to a qualitative approach that attempts to identify processes and explanations for the production and reproduction of inequalities.

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The more mainstream large-scale, general population surveys are designed for estimating the prevalence and incidence of common mental disorders across communities, social groups or populations. This type of quantitative research contributes to demonstrating the inverse relationship between socioeconomic position and mental health: individuals of low socio-economic position are reported with more mental health problems compared to those of privileged socio-economic position. The more consistent associations are with unemployment, less education and low income or material standard of living. Advanced quantitative research models expand the estimation of the effects of social inequalities on mental health at state or region unit of analysis. A problem with this type of research is the lack of social theory that deals with the theorizing of social inequalities given the over-reliance on conventional markers of social position and the tendency to implicitly 'pathologize' socially disadvantaged populations. The lack of construct validity of survey data in developing social theory has been extensively questioned in the literature as well as the validity of the 'medicalized' conceptions of mental distress used to assess mental health outcomes.

Therefore, this research project aims at theorizing inequalities in mental health by drawing on the contemporary sociological theory, in specific, on Bourdieu's theory of habitus, capital and practice and on neo-marxists approaches to social structure and processes. As we employ a social model of disability that understands mental distress as a reaction to adverse living conditions, restrictions and discrimination, we focus on what really happens in the people's lives, and their immediate communities. This research was designed to detect by qualitative methods processes through which broader structural factors and cultural meanings may affect differences in mental distress both at its onset and its course across social groups that face either variations in adversity across different sites and social fields or face a common adversity but holding differentiated possession of assets.

Two reasons explain my choice to implement a multifaceted and a multi-site research design as a means to capture explanations for mental health inequalities.

The first reason is that multiple processes operating at multiple levels contribute to the link between socioeconomic position and mental health, and the second is that both resources and constraints are transportable in different conditions through different ways. I consider qualitative methods as appropriate approaches to study such complexity, lived experience and context. This study is principally a qualitative one exploring via in depth interviews the interplay between structure and agency. For understanding mental health inequalities, I employed a twofold research strategy;

The first is based on the proposition that socially disadvantaged groups of individuals living in deprived material environments are facing greater likelihood for social stress, structural constraints on choices and access to different kinds of resources which in turn have an effect on their mental health status compared to those of being better off who employ strategies that aim at advancing more their status. It is a community research strategy that looks at socio-economically contrasting locations and how people's lives are organized in multiple domains of life.

The second research strategy that I follow targets social groups who experience a common stressor but vary in assets.

The first analytic strategy offers the opportunity to investigate the living and working conditions, strains and resources across settings and social groups holding different positions in the labor force. An interview schedule was designed to explore people's lived experiences and how these are rooted in basic features of economic and social organization. The second analytic strategy involves social groups who experience a similar life changing demanding situations. In specific, two such groups were selected; mothers of raising a child or children with autism and people who had experienced psychosis. Both groups are embedded in a life-long difficult situation giving rise to a host of demands. This second strategy offers the opportunity to investigate variations across social groups holding different positions in the labor force in terms of capacity to activate and to access resources for promoting quality of life (in case of mothers with children in the autism spectrum) and prospects of recovery (people with experience of psychosis).

### *Theorizing inequality*

On the basis of building a theoretical strategy for studying inequalities and mental health within a particular context of country's economic recession started in 2009, I proceed in the following steps; first, to specify the critical elements of a social theory of inequality by reviewing the established and revised available conceptual and methodological approaches. This overview yield two principal analytical practices to the conceptualization of social inequalities, that is of social stratification and of social class relations. To understand the specificity of the two concepts, it is pivotal to clarify how these two concepts are distinct as they imply not only different theoretical assumptions and analytical practices but also different policy measures for combatting social injustice (Alexiou, 2013).

A Weberian sociological approach defines social structure in terms of social stratification, of social groups formed in the sphere of market and exchange economy by criteria of status attainment and occupational prestige. This conception of society implies that inequalities exist due to differentiated properties available to individuals and their subsequent unequal access to resources. Social stratification indices such as income, years of education, occupational prestige are used by investigators to quantify and predict social variation in mental distress. A problem with this approach, known as methodological individualism, is that by conceiving and measuring social inequalities as a hierarchical ordering of individuals along a continuum of income, status or education attainment, it blurs the real causes for their existence. Moreover, the simple gradational measures are insufficient to uncover the social class association with negative mental health outcomes.

In Marxist theory, class structure is defined in terms of social class relations and their dialectic formation within the sphere of production relations. A Marxist concept of social class is based on the exploitation found in the relations of production; the owners of financial or physical means of production (capitalists) and the workers who sell their labor power (proletarians). The owners accumulate capital for their own personal interests through the appropriation of the surplus value produced by the labor effort from the workers. It is this kind of Individual ownership of

productive assets instead of social or corporate that generates economic inequalities and subsequent social injustice. The difference, and therefore the distinction, between a Weberian and a Marxist conception of society is a fundamental one; the first understands society in terms of a technical division of labor and elaborates quantitative aspects of social morphology, and the second understands society in qualitative terms that concern with the intrinsic nature of exploitative relations between the capitalists and the proletarians. Policy measures for combatting social inequality differ in accordance; Weberian proponents recommend income redistribution while Marxists posit social change through class struggle.

Neo-Marxist approaches are revised approaches to the simple polarization of capitalist societies (buying and selling labor power in private market economies). Erik Olin Wright's (1985) conceptual innovation of contradictory class locations within class relations is a representative one and has gained an empirical support within the social science field. By adopting a production-centred relational concept of social class, Wright elaborates formal criteria for defining social classes within different types of property and control relations over productive assets. Wright provides a typology of complex class locations in capitalist societies based on the relations of exploitation derived through the relations of control of means of production, of financial, organization and skill/credential assets in the production of goods and services. The underlying assumption is that this kind of exploitative social relations generates social inequalities in economic resources.

I consider the social class approach as an appropriate general theory to study social inequalities in mental health beyond the conventional measures of social stratification. If we seek to understand how individuals arrive at different social positions and what this social variation implies, we need to expand the concept of stratification to capture the intrinsic qualitative aspects of social relations within the sphere of production. Wright's social class measures assess ownership of productive assets, and control in the workplace over organizational assets (decision making and supervision) and skill credentials (scarcity of skills). My principal assumption is that if people by occupying different social positions in the system of production (social division of labor) form different types of production relations, then they experience

different amounts of control, domination and exploitation and in certain cases marginalization. The experience of these psychological states I assume to play a role in people's mental health.

Furthermore, I assume that social class positions are embedded in wider different types of socio-economic regimes (types of capital accumulation) that co-exist at the same time in Greece. According to Chtouris (2004) and to Tsoukalas (2005), the first is the traditional type regime based on extended family and local social networks. The second is the semi-modern regime, namely a centralized state bureaucracy, deeply interwoven with clientelistic networks and power elites, and the third is the late-modern regime, determined by the dominance of transnational economic and financial networks, and the enforcement of financial rules and regulations by EU legislation and the Euro group. To make reference to these types of socio-economic regimes, is inevitable to pay attention to the role of other factors such as welfare state and social insurance institutions, especially in cases of households that principally provide care to family members with disability. These household cases are subjected to a range of pressures such as economic, stigma and discrimination, high demands of care and low control, marginalization and social injustice. During the hard times of an economic crisis, these issues become even more pressing.

### *Specifying the links*

The second stage of this theoretical formation was to specify the conceptual links between social class and mental distress. So, I incorporated on my analysis the following processes;

First, I critically reviewed the different traditions of research of locating psychological experience in social structures and processes by acknowledging social class as a principal aspect of social structure. This review led to two models; the first is called a psychosocial model and explains mental health inequalities by reduced social cohesion and by perceptions of relative disadvantage in the social hierarchy, and the second is called a neo-material model and explains mental health inequalities by a combination of exposures to environmental risks and lack of resources that people hold. As this project focuses on the interrelationship of people's living and working

conditions, material life and resources, a neo-material model is principally employed consistent with Wright's conception of social class.

This interrelationship has been extensively investigated in the context of social stress theory and research. So, I examined the various models of social stress together with research on (a) socially differentiated exposure and vulnerability in adversities, and (b) socially differentiated degrees of access to resources, to means of improving or restoring lives. The major findings of this research tradition that links social class to mental health inequalities through strains and resources are widely known; socially disadvantaged groups are more frequently and more intensely exposed to external adversities, especially economic hardships and job-related strains, which jointly with a lack of resources precipitate negative self-concepts and emotions such as powerlessness, shame and distress which in turn effect harmfully mental health.

These findings have gained even a stronger empirical support by two bodies of research; the first, relates children's mental health to prior histories of poverty demonstrating that material deprivation in childhood is related with inequalities in mental health in adulthood. The second body of research relates adult's mental health with employment/unemployment related issues demonstrating that unemployment and job-related strains are a main source of mental distress regardless the level of social support resources. Given the context of an economic crisis, the second body of research originated in the period of the big economic recession in the States, has been integrated in this project.

A social stress model that fruitfully connects social structure with inner, psychological experiences is provided by Pearlin (1989). Pearlin conceives social stress as a process that combines three major conceptual domains; the sources of stress, the mediators of stress covering coping and support and the manifestations of stress. Pearlin's conception of social stress as a social process allows us to examine the complex interrelationships among social class, stressors and access to elements of resources and social support. By examining the social distribution of life events and of hardships, we expect to test whether the particular country's economic condition precipitates mental distress either by increasing the number of

negative events or by accelerating chronic strains experienced by social groups occupying low social positions in the social structure. At the same time, by examining the distribution of access to various forms of resources among groups and its subsequent contribution to moderate mental distress, we expect to test whether certain types of coping strategies and social support buffer the same social adversity in a socially differentiated manner depending on the social position and class of origin. This twofold research design attempts to integrate the long research tradition of stress paradigm with a contemporary sociological theory of Bourdieu on the social reproduction of inequalities.

In specific, my conception of resources draws on the concept of capital. According to Bourdieu (1986: 257) an individual's social positioning in a given social field manifests the size of his/her available capital and its various forms; symbolic capital, social capital that consists of the individual's participation in social networks, cultural capital that consists of individual's taste, educational and professional credentials, and economic capital (money, property). Bourdieu argues that various forms of capital are differentially distributed across social groups reflecting inequalities in economic capital. It is assumed that the greater access of those of higher socioeconomic status to social, cultural and material resources perpetuates the existing inequalities. On the same lines from a mental health perspective, Crossley & Crossley (2001: 100) posit that actors in the social fields occupy 'positions in a specific distribution of capital and power'. Therefore, this research attempts to examine the impact of this kind of distribution on people's capacity to face adversities and the likelihood of marginalization. I assume that each form of capital is being linked to the other and it is a task of this project to follow this flow of capital as a major indicator of people's level of integration (Chtouris, 2014). We expect to shed light on how broader material inequalities are transformed in other forms of inequalities.

The core Bourdieu's theoretical innovation is the concept of hexis, named habitus. Habitus is described as a property of social class and an 'observable social condition' (Bourdieu, 1984: 101). Habitus is a concept that integrates structure with agency, is a 'structuring structure', a 'socialized subjectivity' which gives rise to and serves as

the classificatory basis for individual and collective practices (Williams, 1995: 585). I treat habitus as an analytic guide to better understand differentiated practices enacted by social groups of different socio-economic class across different social fields or concrete domains of daily life that lead to different degrees for access to resources. By including via qualitative interviews the study of practices, we are able to detect the complexities of social life through which particular groups in social structure are marginalized and excluded.

I link social support resources to social capital in order to explore how resources of support (social and serviceable) may be differentially distributed among social groups, and especially among socially advantaged versus disadvantaged mothers of children with autism spectrum disorder (ASD), embedded although in a similar stressful and challenging situation.

Social capital covers informal social networks, social bonds and participation in formal social organizations. Through social networks processes of trust, mutual aid and community sense are activated to provide social support, information exchange, identity, norms and collective benefit. Despite its wide use in the psychosocial epidemiological research tradition, research has paid insufficient attention to the class distribution of social capital. We hope to answer questions as follows: Does class position affect network formation and the genesis of social capital? Can we identify certain kinds of networks associated with certain defined social classes? Which kinds of networks are most effective in the creation of social capital? Do different forms of social capital have different implications? We assume that different patterns of social networks enable access to different forms of social support and other resources that help people to cope. Therefore, I treat the concept of social capital as a marker of social inequality.

Then I conceive cultural capital as a type of resource that relates to people's understandings, meanings, coping strategies and explanations. If the proposition that an individual's social positioning in a given social field is an indicator of the size of his/her available capital, we should expect social variations in cultural capital. These variations are expected to be translated to socially differentiated coping

strategies and practices; processes of a critical importance for mental health. attitudes and outlook, meanings and understandings

### *The empirical settings*

The third stage was the actual design of the project. A key task was to conceptualize and operationalize the parameters which express inequality, the relationship between those parameters with social class, and with outcomes of mental distress. I did this by designing three studies; the first is a face to face interview community study that links social stress, everyday practices, access to resources with mental health in socio-economically contrasting localities;

the second is a study that examines via in depth interviews the role of access to resources among socio-economically advantaged vs disadvantaged mothers of a child/children with autism,

the third is a study that investigates through biographical interviews the trajectories towards and through psychosis on the basis of class origin.

### *The community study*

A community based study was designed in order to examine the patterns of social stress and of resources across socio-economically contrasting communities. Extensive qualitative work has shown that community context is an indicator of people's everyday life and a field where resources or constraints are evident. A comparative study of local communities in a metropolitan area of Thessaloniki involved three types of localities; one community as 'most deprived' locality, one as 'most privileged', and one on average. Localities were selected on the basis of the built environment, services, employment structures, socio-demographic characteristics.

One hundred people were randomly selected from each locality to conduct face to face interviews. Participants were selected to reflect the socio-demographic makeup of each locality. By focusing on localities, I attempt to contextualize people's social lives (kinds of networks, daily routines, occupational structures) and by conducting

face to face interviews I attempt to capture the complexity and dynamics of people's real life. Interviews were designed to examine levels and types of stressors, coping strategies, living and working conditions, material environment, employment, health, economic and social life. Individual mental health status was assessed by GHQ and by respondents' own understanding of psychological health.

### *The mothers' study*

This study tests the assumption that stress is a more potent activator of mental distress in the lower social class than in the middle and upper classes given the fewer opportunities to mobilize resources of social support which in turn mediate mental health. Extensive literature of the field documents the importance of social support among parents, especially among mothers of a child or children with autism as a means to cope with stress and high demands. Low level of social support is the most powerful predictor of depression and anxiety in mothers of a child with an autism spectrum disorder.

Mothers of lower socio-economic characteristics are assumed to be under greater stress, and subsequently greater mental distress due to lower opportunities for access to support resources. We theorize that this lack of social support and few available serviceable resources as a chain of adversity among low class parents of children with special education needs that contributes to elevated levels of stress which are assumed to activate negative mental health outcomes. Furthermore, this study aims to expand the field, by investigating the perspectives of individuals with ASD and offering a unique first-hand perspective on their social challenges and social supports.

A comparative research design was applied to examine the relationship between parenting a child or children with an autism spectrum disorder (ASD), social position and access to social support resources. Based on clinical records, we compared families of different socio-economic status (40 socio-economically advantaged and 40 disadvantaged) embedded although in a similarly demanding parenting situation. The in-depth interviews allowed us to gain a deeper knowledge about the social distribution of resources, and its role in coping with parenting a child of ASD. The

potential impact of this particular piece of research is expected to shed light to the role of differentiated access to resources for families facing demanding parenting circumstances, therefore shaping recommendations for better welfare.

### *The biographical study*

The third study aims to promote a comparative understanding of the relation between social class and biographical trajectories as well as therapeutic itineraries in psychosis. There is consistent evidence in the mental health literature of a link between the socioeconomic status of people with psychiatric diagnoses and the types of mental health services they are offered, with those on the lower end of the socioeconomic status subjected to more medical and less psychological treatments, to more coercive practices, such as forced hospitalization and medication. In the last few decades, with the development of the mental health service users' movement in Greece, there has been a greater awareness on the ways in which people with mental health problems understand their mental state and the strategies they enact.

The spreading over the last few decades of alternative forms of treatment provides increasingly more opportunities for people in distress to seek alternative non-medical forms of alternative information, support and treatment. However, these options are not equally available to all sufferers and the medical model and its associated practices remain the dominant - and quite often imposed - form of mental health care especially to those of low socio-economic status. The patterns of subjective experiences, their interpretation and available treatment in relation to socioeconomic characteristics were examined by conducting biographical interviews.

A series of biographical interviews was conducted with mental health users under different therapeutic regimes (self-help alternatives, formal mental health care) focusing on their subjective experiences and views of symptoms, existence of an 'illness', etiology, value and expectations of treatment, self and stigma. The interviews are expected to provide a way to study the complex interrelationships between broader structural factors, cultural meanings and agents' strategies.

### *The Community Study - Preliminary findings*

The class composition of the privileged areas consists mainly of small employers (from 2 to 9 employees), expert managers and highly or semi-credentials workers. The expert managers mainly occupy posts of high responsibility in public bodies, have decision making authorities and supervise subordinates. For the most of them, their work is a source of contentment and gratification. Their earnings range from 2000 to 3000 euros. Their income derives mainly from salaries and in some cases from rents. They appraised their personal and social life positively with distinctive activities such as diving, reading scientific books and sport. Overall, they assessed their life in positive terms even though they acknowledged country's economic crisis as a source of major distress.

In sharp contrast, the class composition of inner-city and deprived areas consists mainly of working class proletarians, self-employed, unemployed, under-paid workers in informal jobs and bankrupt people. Most of the working class people face themselves or persons in their close family severe health problems, some of which are related to work conditions such as chronic back-pains and others which are related to psychological distress like stress and anxiety. Working conditions are especially adverse like not being paid or being under-paid (low wages) for high intensity work, under a precarious working regime and exposed to occupational unsafe conditions. Their occupations are drivers, vendors, stevedores, sales people, cleaners, stock-keepers (warehousemen) and assistant personnel. Most stated that their job is mainly a source of livelihood from which they derive little or no satisfaction. As for their financial status, almost all of them earn less than 1000€ per month, they feel tremendous pressure due to their financial hardships and some stated that they had to borrow money. More than half mentioned problems in their personal life like a relationship dissolution, divorce, medium to bad marital relationship mainly because of their financials. The respondents reported restricted social life mainly due to their financial hardships and some mentioned difficulties in finding a partner. Those who reported some form of social life, their activities included reading, sports, a cafeteria and the cinema. Almost all proletarian respondents mentioned the presence of chronic adversities, mainly financial difficulties and inability to meet the financial demands of their children.

The country's economic crisis affected all social groups, but mostly those on the lower end of the socioeconomic position. Psychological distress was greater for the unemployed, the bankrupt people and those who lost -because of the crisis- their previous social status. The effects of the crisis are catholic, especially for those who were known as petty bourgeoisie. As the production structures were de-composed, the middle class category has been collapsed, and the labor force is characterized by precarious exploited un-skilled labor and semi-credentials workers unable to be integrated in the work life so they immigrate. Those who face income loss, job loss and disability are at high risk for poverty and marginalization.

#### *The social impact*

The knowledge obtained from this kind of research provides scientific evidence that economic crisis in Greece is a really humanistic one. The country's quality of democracy is threatened and this is evident by the rise of the extreme fascist groups, and by the widening of the financial gap between the poor and the rich. To understand the real causes of mental health inequalities and to uncover the new forms of exploitation, we need to re-consider social class approach that has been underestimated by postmodern accounts.

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