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The Social Consequences and Causes of Anxiety and Mental Disorders among Young Adults

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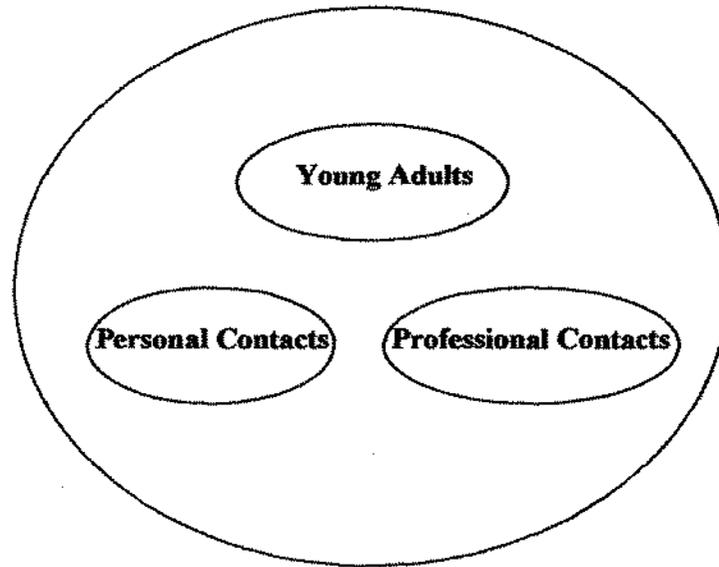
Abstract: The purpose of this research is to study the social forces which may lead to mental disorder, as well as how those who suffer from anxiety, mental problems, and the impact of such labels are affected in their ability to maintain normal social interaction and professional achievement. This study presents possible causal relationship theories pertaining to negative social environment, development, and mental disorder. Research suggests that mental problems can arise, and self-esteem and perceptions of others and society can be affected due to isolation, poverty, or hostile living environments over time. This analysis also establishes a correlation between anxiety/mental disorders and an inability to maintain normal social interaction, resulting in negative consequences and failures. The research also explores the effects of negative social perceptions of mental disorder labels on the personal and professional lives of those labeled mentally deviant. Research shows high levels of unemployment among those identified as mentally ill. This study concludes that the relationship between poverty/low socioeconomic status and mental problems is probable. It also concludes that contributing debilitating factors of mental disorders, as well as negative attitudes and perceptions concerning mental disorders results in the inability of the mentally deviant to assimilate into society and achieve in their professional and personal lives.

Introduction: This research study focuses on the social causes of mental health, as well as the effects of mental health disorders or being labeled as such on social interaction, and achievement in education and employment. (See Figure 1). The social system involved is the statistical group of young adults in contemporary society affected by anxiety, depression, mental disorders or such a label. These are people who may experience problems assimilating into society or functioning normally due to past culmination of stress or poverty, past and/or present alienation, or other circumstances. The primary focus group of this study is those in Western society. However, studies from other countries/cultures have been included for comparative analysis.

The significance of this topic is great in that mental disorders and their consequences are a prevalent problem in society today. A study by Richard Miech, Avshalom Caspi, Terrie Moffitt, Bradley Entner Wright, and Phil Silva (1999), "Low Socioeconomic Status and Mental Disorders: A Longitudinal Study of Selection and Causation during Young Adulthood," in the *American Journal of Sociology*, suggests that, "... mental disorders are not uncommon in the general population... the prevalence rate of mental disorders in young adults is alarmingly high and that 25%-40% of young adults in industrial countries meet diagnostic criteria for a psychiatric disorder" (Miech et al. 1097).

Lyn Ellett, Barbara Lopes, and Paul Chadwick (2003), in the study, "Paranoia in a Nonclinical Population of College Students," found in *The Journal of Nervous and Mental Disease*, conducted research to gauge the prevalence of paranoia in a normal college population. Paranoia is symptomatic of many mental disorders. The study reports that, "from the total 324 participants, 47%... reported an episode of paranoid ideation that included a clear statement of intention to harm from others, 23%... reported an experience that they themselves identified as

Social System: Young adults affected by anxiety, mental disorders, or the label



Elements of Social System: Young adults affected by mental problems or the label
Personal Contacts
Professional Contacts

System Boundary: Young adults affected in their personal/professional lives due to mental disorder or the label.
Young adults labeled as mental deviant
Young adults in poverty/stressful social environments

Relationships Among Elements:

Internal: Isolation/Unsupportive Family Life
Personal interaction with others/perceptions of others
Self-esteem/Self-fulfilling prophecy

External: Environment/Isolation
Employment opportunities (lack)
Educational Achievement
Societal perceptions of mental deviance

Figure 1: Social Systems Model for Young adults affected by mental problems or their labels

paranoia but that did not include an explicit statement of intention to harm from others..." (Ellett et al. 2003:427).

Research suggests that poverty/low socioeconomic status in development contribute negatively to mental health in early adulthood. Research also demonstrates that those who suffer from mental disorder or the label experience problems gaining employment and sustaining normal social interaction in their daily lives. According to "Quality of Life in OCD: Differential Impact of Obsessions, Compulsions, and Depression Comorbidity" in the *Canadian Journal of Psychiatry*, of patients with obsessive compulsive disorder, "47% experience interference with work, and 40% are chronically underemployed or simply unemployed" (Masellis, Rector, and Richter 2003:73). Social stigmas as well as debilitating effects of mental disorder are sited as possible causes for problems in personal and profession achievement.

The resources used for this analysis include academic journal articles pertaining to the topic, as well as web pages regarding the topic which were examined for their validity as academic resources.

I do not intend to use to following: Becker et al. (2003).

Method: Extensive secondary research was conducted on the topic. Information and analyses from fifteen academic journals and web sites were studied. Through this research and analysis, common theories and ideas were found, framing probable causal relationships between variables such as poverty and mental illness, mental illness and professional underachievement/unemployment, and negative societal perception of mental disorder and social exclusion. Once commonality and supporting evidence for these relationships were established, a social model of these relationships and consequences was formed.

Results: (See Figure 2). Research indicates that stress related to poverty and low socioeconomic standing in childhood and early adult life leads to mental problems in early adulthood. Blair Wheaton and Philippa Clarke (2003) reviewed societal influences on mental health in their study, "Space Meets Time: Integrating Temporal and Contextual Influences on Mental Health in Early Adulthood" in *American Sociological Review*. "Using data from the National Survey of Children and a cross-nested random effects model to simultaneously assess the effects of current and past neighborhood, the authors find a lagged effect of childhood socioeconomic disadvantage on early adult mental health, while accounting for initial health status" (p.680). The article suggests stress as a contributing factor to mental problems. As stated by Wheaton and Clarke (2003):

First, the uncertainties and multiple demands of early parenthood suggest specific susceptibility of parents to neighborhood conditions when children are young. Children, in turn are less protected from the stress in their parents' lives when they are young and have less developed social networks beyond the home. High-threat and resource-poor neighborhoods breed consistently unsupportive and harsh parenting, distraction, and withdrawal of affection... The socializing impact of this collective reality is in part manifest in the child's developing belief system, involving lower expectations and self-efficacy, reduced goals and planning, and awareness of fewer resources and opportunities, all of which are likely to affect mental health. (P. 684).

Those who endure poverty and low socioeconomic status seem to form negative sentiments concerning society, self-esteem, and self efficacy. Sustained suffering leads to mental problems which contribute to problems with personal and professional achievement.

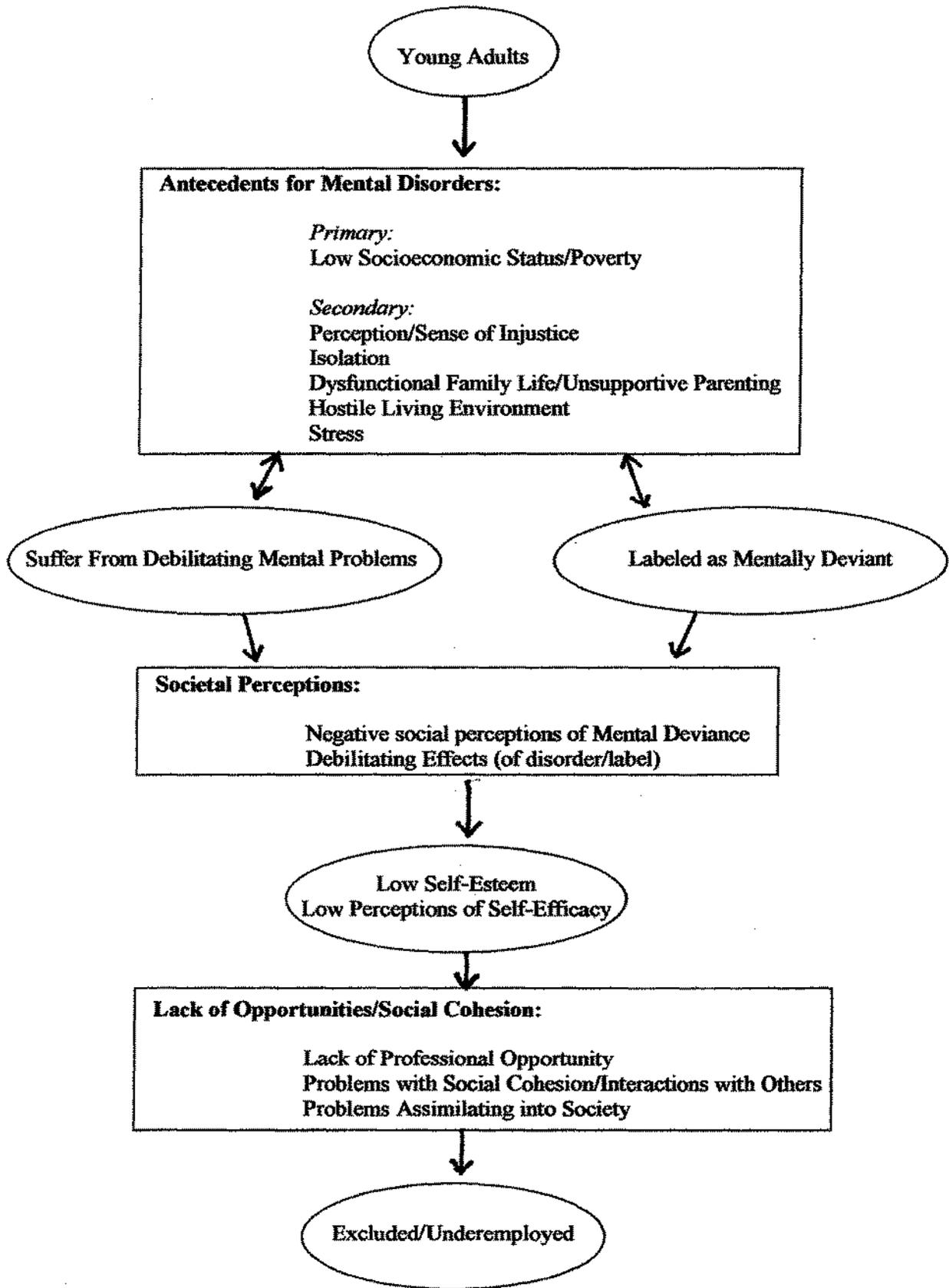
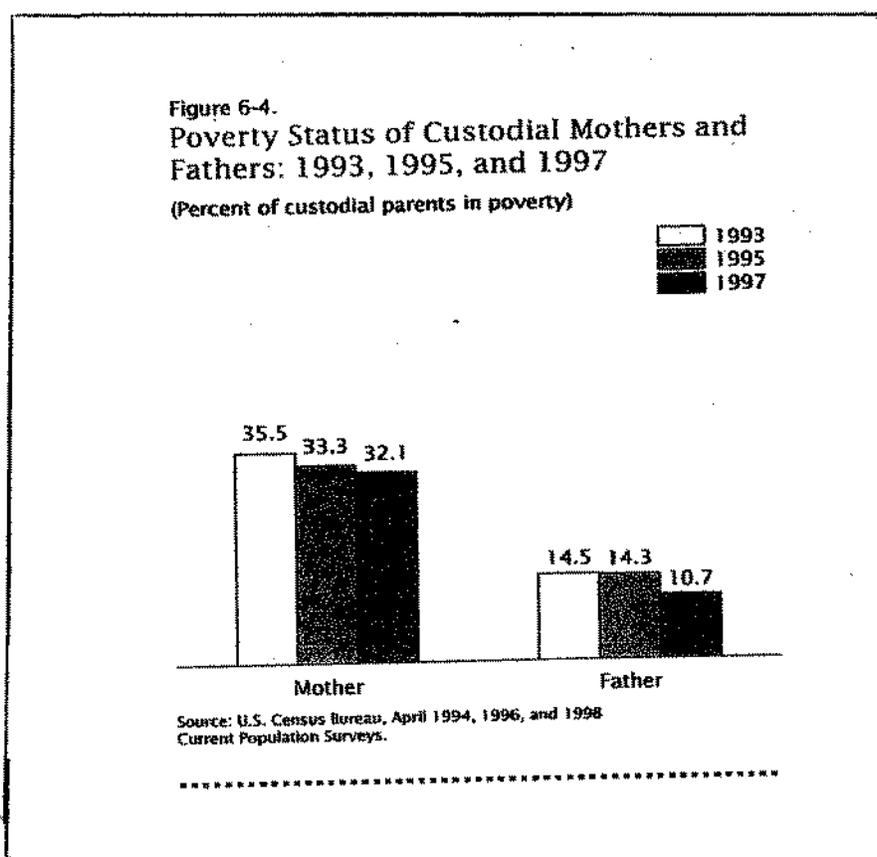


Figure 2: State/Process Dynamic Model for Young Adults affected by anxiety, mental disorders, or their labels

Early childhood poverty and neighborhood disadvantage contribute to sentiments of disadvantages and stresses related to neighborhood socioeconomic climate and insufficient parenting, which all contribute to mental disorder in early adulthood. (See Figure 3). Figure 3 is a social indicator taken from the U.S. Census Bureau (2000), and presents nation-wide percentages of parents with custody of their children in poverty for the years 1993, 1995, and 1997. This graph is important in that it shows two aspects of early childhood stressors; poverty, and stress related to single-parent disadvantage. The graph also shows the prevalence of disadvantage in society, which has been shown to be a factor determining early adult mental health. Although the percentages go down through time, the percentage of custodial mothers in poverty ranges from 32.1% to 35.5%, and the percentage of custodial fathers ranges from 10.7% to 14.5%.

According to a chart on page 686 of the Wheaton and Clarke study, low parental socioeconomic status is associated with childhood neighborhood disadvantage, which contributes to childhood stressors, and in turn contributes to early adult mental health. One aspect of socioeconomic status is educational attainment. Wheaton and Clarke provide a graph demonstrating the effects of neighborhood disadvantage on early adult mental health by parent's education. (See Figure 4). Neighborhood disadvantage includes low socioeconomic status, and stresses related to environment, family, residence, and finance. This figure shows that as neighborhood disadvantage increases, so too do "Early Adult Externalizing Problems," which serves as a gauge of mental health and assimilation. Externalizing problems represent problems which are present and symptomatic of mental disorder. The figure shows that the effects are greater the lower the level of parent's education.

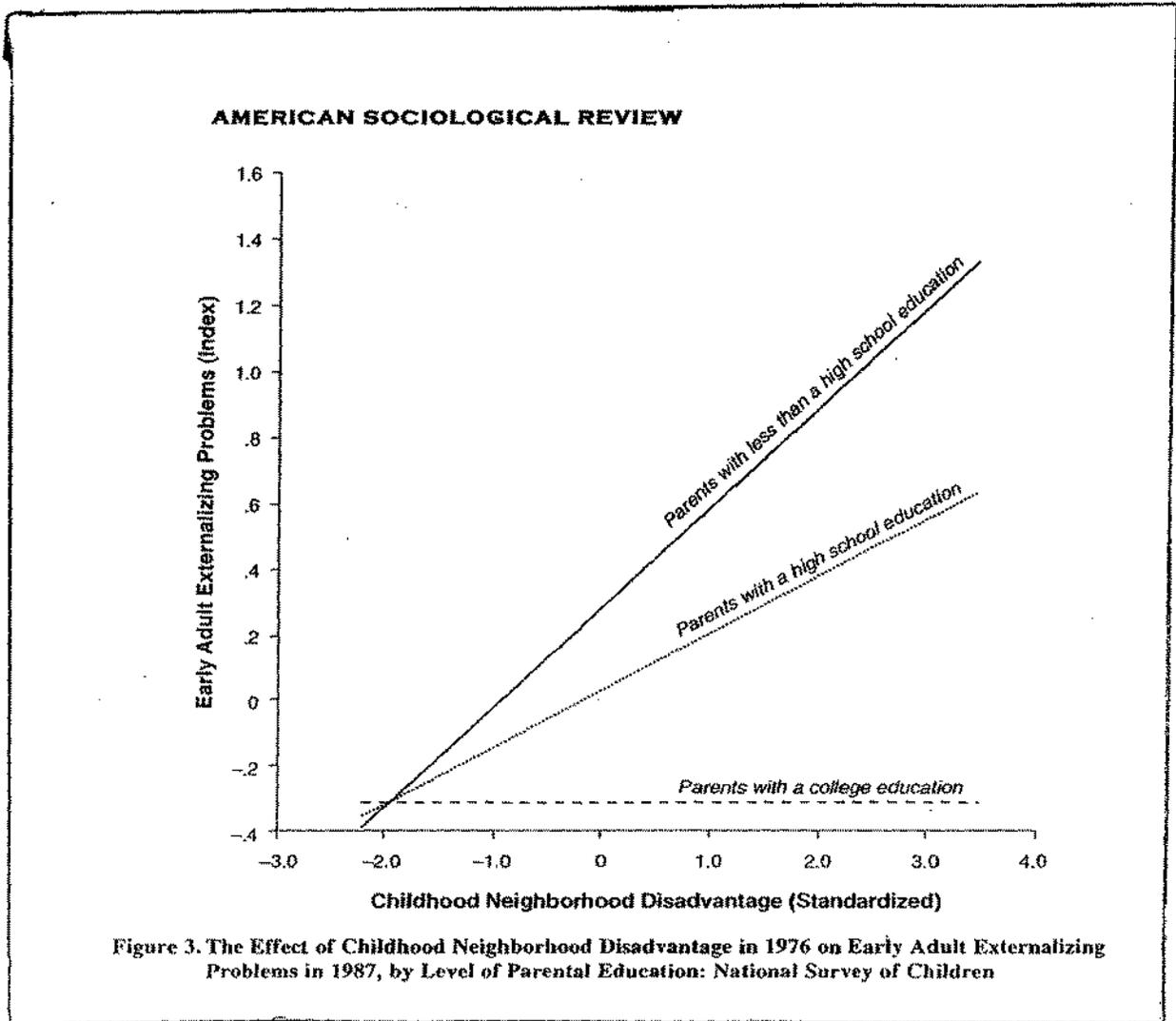
**Figure 3: Percent of Parents with Custody of their Children in Poverty:
Nation-wide Census**



Source:

U.S. Census Bureau. 2000. "Population Profile of the United States: 2000."
Retrieved April 4, 2004 (<http://www.census.gov/population/pop-profile/2000/profile2000.pdf>).

Figure 4: The Effect of Disadvantaged Neighborhood on Early Adult Mental Health by Parent's Education



Source:

Wheaton, Blair and Philippa Clarke. 2003. "Space Meets Time: Integrating Temporal and Contextual Influences on Mental Health in Early Adulthood." *American Sociological Review* 68: 680-703

A study by Richard Miech, Avshalom Caspi, Terrie Moffitt, Bradley Entner Wright, and Phil Silva (1999), "Low Socioeconomic Status and Mental Disorders: A Longitudinal Study of Selection and Causation during Young Adulthood," in the *American Journal of Sociology* provides an analysis of the effects of low socioeconomic status on mental health. This article suggests that "mental disorders are overrepresented in the lower social strata" (Miech et al. 1096), and that "...adversities linked to low SES may damage the psychological functioning of individuals and play a role in the etiology of mental disorders..." (Miech et al. 1097). The research was operationalized as such:

We indexed familial socioeconomic status at age 15 with information obtained directly from parents, using New Zealand-specific measures of parents' occupational socioeconomic status, parents' education, and family income. Parents' occupational status was measured with the Elley and Irving (1976) scale, a 6-point scale based on the average income and education levels for 546 occupations of the New Zealand labor force... Parents' education was measured with the same scale used by Ellett and Irving (1976), which categorizes attainment into three levels on the basis of primary, secondary, and tertiary degrees... Family income was measured as the combined gross income of both parents from all sources. The SES index was a linear composite of occupational status, educational attainment, and familial income. (Miech et al. 1999:1107)

The study found that, "Whether assessed categorically or continuously, anxiety was disproportionately found in families with lower SES as expected, but depression was not. This is consistent with evidence that SES is more strongly related to anxiety than depression across the general population..." (Miech et al. 1999:1112).

Bacy Fleitlich and Robert Goodman (2001) reviewed social factors associated with mental illness in the study "Social Factors Associated with Child Mental Health Problems in Brazil: cross sectional survey." For this study three Brazilian neighborhoods of contrasting

socioeconomic natures were selected. In turn, “children with probable psychiatric disorder were identified by parents, teachers, and self-report versions of the strengths and difficulties questionnaire, using a predictive algorithm that has been validated in both developed and developing countries” (Fleitlich, and Goodman 2001:2). In addition, randomly chosen children were also given psychiatric assessment. Next, researches examined social class, parental education, and family psychiatric conditions of those surveyed. The study found that poverty was “strongly associated with higher rates of probable psychiatric disorders” (Fleitlich, and Goodman 2001:2).

In “Going Social: Championing a holistic model of mental distress within professional education,” author Jerry Tew (2002) finds that “in terms of the three main dimensions of power in the Western capitalist nations – class, race, gender – there is considerable evidence to indicate that those at the powerless ends – the working class, black people and women – tend to be more prone to psychological problem” (p.5).

Research also suggests that mental health problems cause problems with employment. Research shows that this may be related to debilitating effects of the mental disorder, or negative perceptions and attitudes toward mental disorder. Statistics demonstrating unemployment rates are presented here.

A study called “Quality of Life in OCD: Differential Impacts of Obsessions, Compulsions, and Depression Comorbidity” in the *Canadian Journal of Psychiatry* “recruited 43 consecutively referred patients... from the Anxiety Disorders Clinic at the Centre for Addiction and Mental Health... in Toronto, Ontario... Participants had to be between the ages of 18 and 35 years and experiencing clinically significant obsessive and compulsive symptoms. Patients were excluded if they had a... current substance use disorder” (Masellis, Rector, and Richter 2003:73).

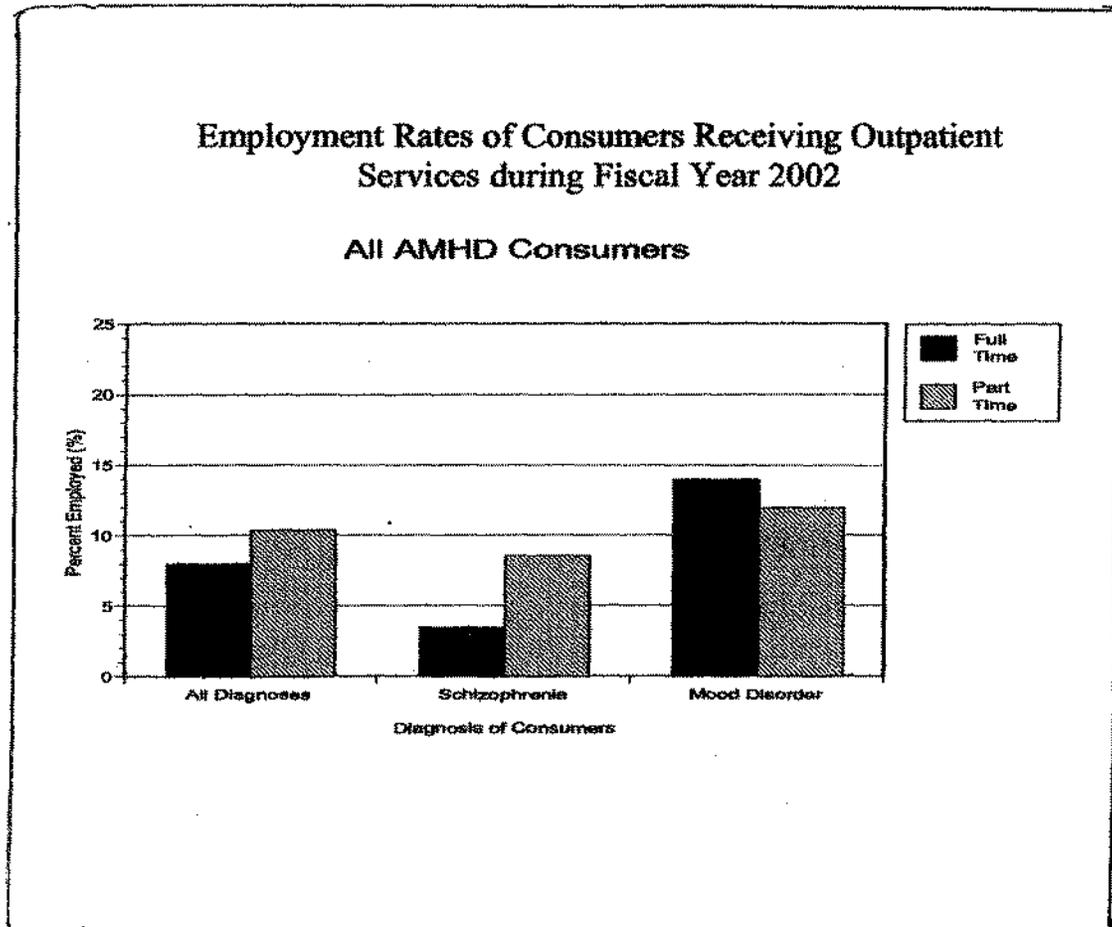
The purpose of this study was to examine the effects of anxiety and obsessive-compulsive disorder (OCD) on quality of life. According to the study, of the OCD patients, “47% experience interference with work, and 40% underemployed or simply unemployed” (Masellis et al. 2003:73). This study also mentions that those employed are typically employed in jobs with low levels of complexity.

Dorena Cheng, Michelle Tsunemoto, and Michael Wylie (2003), authors of “Employment Rates by Diagnoses in Hawaii,” offer a graph demonstrating the employment rates according to disorder of those receiving outpatient services from the Adult Mental Health Division. (See Figure 5). As the figure demonstrates, the employment rates of those with mental disorders are extremely low. The employment rates for all diagnoses are 11% employed part-time and approximately 8% employed full-time. The employment rates for those with schizophrenia are even lower, with less than 4% employed full-time.

A research study by Susan McGurk, and Kim Mueser (2003), “Cognitive Functioning and Employment in Severe Mental Illness” in *The Journal of Nervous and Mental Disease*, states that “unemployment is common for individuals with schizophrenia and other... mental illnesses, with rates of competitive employment typically below 20%” (p.789).

“Barriers to Employment among Persons with Mental Illness: A review of the Literature,” by Donna McAlpine and Lynn Warner (Nodate) reviewed the impacts of mental illness on employment. This study is a meta-analysis based primarily on scholarly journal articles. Empirical evidence within the article states “the percentage of persons with a mental illness who are employed ranges from approximately 44% to 72%; schizophrenia and related conditions are associated with the lowest rate of employment, ranging from 22% to 40% in national surveys” (McAlpine, and Warner Nodate:2). The article also states that “most persons,

Figure 5: Employment Rates by Disorder of those receiving Outpatient Services from the Adult Mental Health Division



Source:

Cheng, Dorena, Michelle Tsunemoto, and A. Michael Wylie. 2003. "Employment Rates by Diagnoses in Hawaii." Retrieved April 3, 2004 (<http://amh.health.state.hi.us/Public/REP/EmploymentRates.pdf>).

including those with severe mental illness, report that they want to work” (McAlpine et al. Nodate:2). This suggests that employment problems are not solely contingent upon self-efficacy, but also perhaps on negative social perceptions of mental deviance.

The sociological labeling theory provides insight into the possibility that certain mental disorders may be labeled as such due to cultural norms and beliefs, supporting the hypothesis that underemployment among those with mental disorders is not necessarily due to debilitating effects of the disorders. Through extensive research, I found a wealth of qualitative information pertaining to this hypothesis. “Mental Illness,” an article by Christian Perring (2002) examines this hypothesis. “Anthropological work in non-Western cultures suggests that there are many cases of behavior that psychiatry would classify as symptomatic of mental disorder, which are not seen within their own cultures as signs of mental illness. Indeed, other cultures may not even have a concept of mental illness that corresponds even approximately to the Western concept” (Perring 2002:2). Another excerpt from the article, an analysis of disorder, shows the cultural influence on the idea of mental disorders. “A condition is a disorder if and only if... the condition causes some harm or deprivation of benefit to the person as judged by the standards of the person’s culture (the value criterion)...” (Perring 2002:7). Research seems to suggest that mental deviance is relative to culture, and is not necessarily representative of true mental malfunction.

Analysis of the resources suggests that labels of mental deviance lead to low self-esteem, mental problems, and social exclusion. A study by Mario Masellis, Neil A. Rector, and Margaret A. Richter (2003), “Quality of Life in OCD: Differential Impacts of Obsessions, Compulsions, and Depression Comorbidity,” examined the effects of anxiety and obsessive compulsive

disorder (OCD) on quality of life. According to the study, “73% of OCD patients have impaired family relationships, 62% have impaired friendships” (Masellis et al. 2003:73).

Based on empirical qualitative research, I found the idea that stigma and labels of mental deviance negatively affect social cohesion to be a prevalent theme. Jerry Tew (2002), author of “Going Social: Championing a holistic model of mental distress within professional education” reviews this hypothesis:

... Stigmatization and scapegoating may feed into the very experiences of oppression or exclusion that may have been contributing to people’s original experience of mental distress, thereby instigating a potentially vicious circle of increasing victimization, powerlessness and distress. Over time, people may lose their social and family networks and become either socially isolated or ghettoized within mental health services. There may be shifts in identity, with a loss or distortion of any positively valued sense of self. (P.8).

The article also points out that “fundamental criticism of the main paradigms that currently dominate social work practice in mental health is that they tend to produce ‘them’ and ‘us’ distinctions... and marginalize users into roles of passivity, social exclusion and potential dangerousness. The impact of this may... result in long term loss of self-esteem, ability to trust others, and social connectedness” (Tew 2002:2).

“The Sociological Relevance of Shyness,” by Susan Scott (Nodate) explores the idea that negative stigmas associated with mental disorders create problems with social interaction, self-esteem, and self efficacy. “As the work of Goffman... showed, when a person is labeled with a particularly discrediting social attribute... this can serve as a permanent mark or stigma upon their character. Stigmatizing labels are hugely powerful in shaping our sense of who we are in relation to ... the wider society...” (Scott Nodate:7) According to Jerry Tew (2002):

It is not... impairments that are the hardest to live with in themselves – it is society's responses, in terms of stigma and discrimination, that can be most damaging. The attitudes and practices of both the community in general, and of professional services, may be prejudicial in that they can promote social exclusion through the establishment of segregated services by failing to open access to mainstream facilities. (P.7).

Based on extensive secondary research, it seems clear that those with anxiety or mental disorders encounter a world in which prejudice and discrimination affect their ability to gain employment, interact socially, and function within society. David Penn and Til Wykes (2003), authors of "Stigma, discrimination and mental illness," in the *Journal of Mental Health* write, "Individuals with mental illness experience the double-edged sword of managing both their illnesses and the negative attitudes and behaviors from the community... There is evidence of less favorable social interactions, discrimination in work opportunities and housing as well as their access to health care" (Penn et al. 203). Julio Arboleda-Florez, author of "Considerations on the Stigma of Mental Illness" in *The Canadian Journal of Sociology*, explores stigma pertaining to mental disorders:

... A study conducted by the Ontario Division of the Canadian Mental Health Association in 1993-1994 found that the most prevalent misconceptions about mental illness include the belief that mental patients are dangerous and violent (88%); that they have a low IQ or are developmentally handicapped (40%); that they cannot function, hold a job, or have anything to contribute (32%); that they lack willpower or are weak and lazy (24%); that they are unpredictable (20%); and finally, that they are to be blamed for their own condition and should just 'shape up' (20%). (Arboleda-Florez 2003:647).

The study also points out that, "The general public most frequently makes contact with mental illnesses through the media or movies. Unfortunately, the media often depict patients as unpredictable, violent, and dangerous" (Arboleda-Florez, 645).

Conclusion: Empirical evidence appears to support the notion that poverty, low socioeconomic status, and the stresses and family strains imposed by financial and environmental hardships during development have distinct influences on early adult mental health. That is not to say that these are the only contributing factors, but due to their presence in early stages of mental development, they are primary factors. Research links poverty with stress in the family, and harsh/neglectful parenting. The subsequent alienation and negative perceptions of society are related to low self-esteem, a strong sense of injustice, and negative attitudes pertaining to self efficacy. It is clear that poverty, harsh social environment, neglect, and problematic parenting do not guarantee future mental disorders. However, there is strong evidence to support the claim that these are contributing factors to early adult mental health.

Empirical evidence shows conclusively that those suffering from mental illness exhibit high levels of unemployment. However, it is not statistically clear to what extent this is true for those labeled as mentally deviant, but do not suffer clinically from mental disorders. Further research is necessary in order to clarify and distinguish between the two populations if in fact a difference exists.

However, qualitative evidence does appear to suggest that the label of mental deviance, whether a mental disorder exists or not, does contribute to problems with employment. Negative attitudes and stigmas associated with mental deviance may inhibit those with mental disorders or the label in their professional and personal achievement. Qualitative evidence suggests this can

happen on an internal level, where labels cause low self-esteem and self efficacy in the individual, as well as on an external level, where negative attitudes and stigmas create an environment of separation and an unwillingness to employ those identified as mentally deviant. Empirical evidence also supports the claim that mental deviance and/or the label contribute to problems with social interaction and impaired social relationships. However, more research is necessary to further clarify the extent of the problems.

There is insufficient evidence beyond theory to support the claim that mental disorders/deviance are solely contingent upon cultural perceptions of normal mental health. More research is needed to support or reject this hypothesis. However, regardless of whether or not the hypothesis is in fact correct, it seems evident that negative societal perceptions of mental deviance contribute to the social and professional exclusion of those with anxiety/mental disorders or labeled as such.

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Wheaton, Blair and Philippa Clarke. 2003. "Space Meets Time: Integrating Temporal and Contextual Influences on Mental Health in Early Adulthood." *American Sociological Review* 68:680-703.

Appendix: Nathan Geronimo is a full time student at San Diego State University pursuing a Bachelor of Arts degree in Sociology. He moved to San Diego from northern California in the fall of 2001 to pursue an education. He first became interested in sociology, and specifically deviance in 2002 when he began studying sociology at San Diego State University. His interest centers on sociological perspectives of deviance, and the social implications and consequences of identifying deviance. His specific interest in anxiety and mental disorders stems from friendships with several people who have been clinically diagnosed with an array of disorders, as well as some who exhibit symptoms commonly associated with anxiety/mental disorders but have not been diagnosed with any disorder. The question of whether people are products of nature or nurture, or in this case, cultural notions of normality and deviance is a particular driving force for the author's interest in the subject. The study has succeeded in encouraging understanding in the lives of some of the author's associates, and has also raised interesting theories pertaining to the origin of mental disorders and the treatment of those labeled as such.