

HANDBOOK OF MEDICAL SOCIOLOGY

FIFTH EDITION

Editors

CHLOE E. BIRD, *Brown University*
PETER CONRAD, *Brandeis University*
ALLEN M. FREMONT, *Harvard Medical School*

Formerly Edited by

HOWARD E. FREEMAN, LEO G. REEDER,
and SOL LEVINE

PRENTICE HALL, UPPER SADDLE RIVER, NEW JERSEY 07458

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

ROBIN W. SIMON, *The University of Iowa*

INTRODUCTION

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

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

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

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

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

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

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

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

The First Approach: The Characteristics of Stressors

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

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

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

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

The Second Approach: The Characteristics of Persons Experiencing Stressors

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

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

The Third Approach: The Social Context Surrounding Stressors

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

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

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

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

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

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

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

Jacobson (1987, 1989) claims that it is the social and cultural significance people attach to events and strains—not the events and strains themselves—that determines their consequences for mental health. Indeed, because the meaning and emotional significance of life experiences vary across different cultural contexts, Jacobson and other medical anthropologists argue (and show) that what is stressful and distressing in one cultural context is not necessarily stressful and distressing in another. For example, while divorce tends to be a stressful and depressing life event in American culture, it has another meaning and is neither stressful nor depressing in other cultures such as the Tiv of Africa (Bohannon 1971). In contrast to American culture, where the institution of marriage is perceived as a personally meaningful emotional bond between two individuals, marriage among the Tiv is perceived as an economic alliance between two larger kinship groups or families.³

Social historians also claim that the larger socio-historical context in which life experiences take place influences their meaning, emotional significance, and psychological consequences. Like culturally oriented medical anthropologists, historians of emotion and mental illness argue (and document) that life events that are considered to be highly stressful and distressing during one historical period are not necessarily perceived as equally stressful and distressing during others. For instance, while the death of a child tends to be an unexpected and major traumatic life event (perceived as highly stressful and distressing) for individuals in low mortality, low fertility, modern societies, the loss of a child was an expected, routine, and less stressful and distressing event for people in high mortality, high fertility, pre-industrial societies (Aries 1962, 1981; Lofland 1985).⁴

³ For other examples of cross-cultural variation in the effects of life events on emotional well-being, see Levy 1984; Kleinman and Kleinman 1985; Kleinman and Good 1985; LaBarre 1974; and Schweder 1985.

⁴ While these findings from social history suggest that the more common, expected, or "normal" the event or strain is, the less stressful and distressing it is for individuals, this need not be the case. For example, although divorce is currently a commonly experienced life event for individuals in the United States (thus considered an expected or "normal" part of the life course), persons undergoing divorce experience it as highly stressful and distressing (Riessman 1990). It is certainly possible that demographic factors such as high rates of infant mortality and divorce influence cultural views about life events such as child death and marital dissolution (Stearns and Stearns 1985). However, I argue, as do social historians and social demographers, that the stressfulness and psychological impact of an event or strain is determined by the *meaning* it has for individuals—which may or may not be influenced by whether it is a common, expected, or normal life experience.

Social psychologists have also acknowledged that culture shapes the meaning, emotional significance, and psychological impact of both eventful and chronic stressors. Although they focus on individual rather than cross-cultural or historical variation in the effects of life events and strains on mental health, psychological stress researchers (e.g., Averill 1980; Schacter and Singer 1962; Lazarus 1982; Lazarus and Folkman 1984) assert that psychological *and* sociocultural factors are important for mental health because, together, they influence the stress appraisal process. For example, according to Richard Lazarus and Susan Folkman (1984), the sociocultural context in which events and strains take place shapes the cognitive appraisal process whereby individuals evaluate whether an experience is benign or a threat, harm, loss, or challenge.

Finally, sociologists have recognized that the meaning, emotional significance, and psychological impact of acute and chronic stressors depend on the sociocultural context in which persons are embedded and in which events or strains take place. Indeed, several sociological stress researchers (e.g., Brown 1974; Brown and Harris 1978, 1989; Marris 1984; Parkes 1971) argue that the cultural and ideological context in which eventful and ongoing stressors occur plays a pivotal role in the stress process because it influences whether (and the extent to which) people perceive events and strains as stressful in the first place. For instance, in his seminal article on contextualizing the stress process, Leonard Pearlin (1989) writes that social values—which vary from one society to the next as well as across different social groups within the same society—regulate the meaning and emotional significance of acute and chronic stressors and, therefore, help explain variation in their psychological impact (also, see Pearlin 1988).

In short, stress researchers in a number of disciplines emphasize that culture provides a perceptual lens through which individuals interpret experiences and that it is the *subjective interpretation* of experiences—not the experiences per se—that is most consequential for mental health. It is clear that cultural systems—which include deeply embedded and collectively shared norms, values, expectations, and beliefs—provide an interpretive framework in which individuals assess the meaning and emotional significance of acute and chronic stressors. However, sociological theory and research on stress and mental health have, to date, overlooked this fundamentally *social* aspect of context. For the remainder of this chapter, I briefly discuss the importance of incorporating culture into sociological theory and research on stress and mental health.

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

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

The Social Distribution of Mental Illness

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

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

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

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

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

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

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

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

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

The Social Distribution of Types of Emotional Disorders

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

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

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

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

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

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

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

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

CONCLUSIONS

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

cultural and ideological aspects of context (such as cultural norms, values, expectations, and beliefs). In this chapter and elsewhere (Simon and Marcussen 1999), I have argued that our understanding of the relationships between social conditions and individual well-being cannot be complete unless we consider the cultural and ideological context in which persons and stressors are embedded.

In the first part of the chapter, I reviewed current theoretical approaches for explaining the differential effects of both acute and chronic stressors on mental health. To date, sociologists have attributed variation in the psychological impact of stress to variation in either the characteristics of the event or strain (i.e., its desirability, controllability, predictability, and magnitude), the characteristics of the person (i.e., one's coping and social support resources), or social structural aspects of the context in which a person is embedded (i.e., one's relative power and status). Although research based on these theoretical approaches has certainly deepened our knowledge about social factors that contribute to individual well-being, and helped us identify some specific links between macro- and micro-level phenomena, a more complete understanding of the social conditions underlying the etiology of mental illness can only be achieved with concomitant attention to the structural and cultural contexts surrounding persons and stressors.

In the second part of the chapter, I discussed the role of culture in shaping the stress process. Drawing on insights from stress researchers in several disciplines (including anthropologists, historians, psychologists, and sociologists), I argued that culture is important for understanding the differential psychological impact of events and strains because it influences the meaning and emotional significance of stressors. In this section of the chapter, I emphasized the idea that individuals attribute meaning and attach emotional significance to events and strains based on their cultural framework, and that the subjective interpretation of experiences is as, if not more, consequential than the experiences themselves for individuals' psychological well-being.

In the final section of the chapter, I discussed two reasons why it is important to incorporate culture into sociological theory and research on stress and mental health. The first reason is that the cultural and ideological context in which events and strains occur can help explain observed group (e.g., class, age, ethnic, race, and gender) differences in vulnerability to acute and chronic stressors. The second reason is that the cultural and ideological context surrounding stressors can provide insight into group (e.g., class, age, ethnic, race, and gender) differences in the manifestation of emotional disorder. I illustrated the importance of culture in these two components of the stress process by focusing on gender differences in vulnerability to role-related stressors and gender differences in the manifestation of emotional disorder, though there is undoubtedly a plethora of other ways in which culture affects the stress process and the etiology of mental illness.

Overall, while sociological research on stress and mental health during the twentieth century has made enormous inroads toward illuminating both the personal and structural antecedents of emotional disorder. However, the greatest challenge for sociologists of stress and mental health, as we approach the next millennium, is to identify the sociocultural antecedents of mental illness and to explicate the *conjoint* influence of structure and culture in the production of mental illness. An integrative theoretical approach in which structure and culture are front and center should help us explain a range of social conditions that are associated with the occurrence, consequences, and manifestation of psychological and psychiatric disorders. In my opinion, an approach that elucidates the links between experiences of individuals, as they are embedded in a broader sociocultural and historical context and that explicates the ways in which structure and culture operate in tandem in the etiology of mental disorders will provide a missing link in our understanding of fundamental causes of disease and connect the unique substantive concerns of stress research to broader sociological issues and themes.

REFERENCES

- ANESHENSEL, CAROL S. 1992. "Social Stress: Theory and Research." *Annual Review of Sociology* 18:15-38.
- ANESHENSEL, CAROL S., and LEONARD I. PEARLIN. 1987. "Structural Contexts of Sex Differences in Stress." In *Gender and Stress*, ed. Rosalind C. Barnett, Lois Biener, and Grace K. Baruch. New York: The Free Press, pp. 75-95.
- ANESHENSEL, CAROL S., CAROLYN M. RUTTER, and PETER A. LACHENBRUCH. 1991. "Social Structure, Stress, and Mental Health: Competing Conceptual and Analytic Models." *American Sociological Review* 56:166-78.
- ARIES, PHILIPPE. 1962. *Centuries of Childhood: A Social History of Family Life*. New York: Random House.

- ARIES, PHILIPPE. 1981. *The Hour of Death*. New York: Vintage Books.
- AVERILL, JAMES R. 1980. "A Constructionist View of Emotion." In *Emotion: Theory, Research, and Experience*, ed. Robert Plutchick and Henry Kellerman. New York: Academic Press, pp. 305-39.
- BOHANNAN, PAUL. 1971. "Dyad Dominance and Household Maintenance." In *Kinship and Culture*, ed. Francis L.K. Hsu. Chicago: Aldine Press, pp. 42-65.
- BRODY, LESLIE. 1985. "Gender Differences in Emotional Development: A Review of Theories and Research." In *Gender and Personality: Current Perspectives on Theory and Research*, ed. Abigail J. Stewart and M. Brinton Lykes. Durham, NC: Duke University Press, pp. 14-61.
- BROWN, GEORGE W. 1974. "Meaning, Measurement and Stress of Life Events." In *Stressful Life Events: Their Nature and Effects*, ed. B. S. Dohrenwend and B. P. Dohrenwend. New York: John Wiley, pp. 217-44.
- BROWN, GEORGE W., and TIRRIL O. HARRIS. 1978. *The Social Origins of Depression: A Study of Psychiatric Disorder in Women*. New York: Free Press.
- BROWN, GEORGE W., and TIRRIL O. HARRIS. 1989. *Life Events and Illness*. New York: Guilford.
- DOHRENWEND, BRUCE P. 1974. "Problems in Defining and Sampling the Relevant Population of Stressful Life Events." In *Stressful Life Events: Their Nature and Effects*, ed. B.S. Dohrenwend and B.P. Dohrenwend. New York: Wiley, pp. 275-313.
- DOHRENWEND, BRUCE P., and BARBARA S. DOHRENWEND. 1976. "Sex Differences in Psychiatric Disorders." *American Journal of Sociology* 81:1447-54.
- DOHRENWEND, BRUCE P., PATRICK E. SHROUT, GLADYS EGRI, and FREDRICK S. MENDELSON. 1980. "Nonspecific Psychological Distress and Other Dimensions of Psychopathology." *Archives of General Psychiatry* 37:1229-36.
- GEERTZ, 1973. *The Interpretation of Culture*. New York: Basic Books.
- GEORGE, LINDA K. 1993. "Sociological Perspectives on Life Transitions." *Annual Review of Sociology* 19:353-73.
- GORDON, STEVEN L., 1981. "The Sociology of Sentiments and Emotion." In *Social Psychology: Sociological Perspectives*, ed. Morris Rosenberg and Ralph H. Turner. New York: Basic Books, pp. 562-92.
- GRISWOLD, WENDY. 1994. *Cultures and Societies in a Changing World*. Thousand Oaks, CA: Pine Forge Press.
- HAGAN, JOHN, and BLAIR WHEATON. 1993. "The Search for Adolescent Role Exits and the Transition to Adulthood." *Social Forces* 71:955-80.
- HOCHSCHILD, ARLIE R. 1979. "Emotion Work, Feeling Rules, and Social Structure." *American Journal of Sociology* 85:551-75.
- HOCHSCHILD, ARLIE R. 1981. "Attending to, Codifying, and Managing Feelings: Sex Differences in Love." In *Feminist Frontiers: Rethinking Sex, Gender, and Society*, ed. Laurel Richardson and Verta Taylor. Reading, MA: Addison Wesley, pp. 250-62.
- HOGAN, DENNIS P. 1978. "The Variable Order of Events in the Life Course." *American Sociological Review* 43:573-86.
- HOGAN, DENNIS P. 1981. *Transitions and Social Change: The Early Lives of American Men*. New York: Academic.
- JACKSON, PAMELA BRABOY. 1999. "Role Sequencing and Adult Mental Health." Unpublished paper.
- JACOBSON, DAVID. 1987. "Models of Stress and Meanings of Unemployment: Reactions to Job Loss Among Technical Professionals." *Social Science and Medicine* 24:13-21.
- JACOBSON, DAVID. 1989. "Comment: Context and the Sociological Study of Stress: An Invited Response to Pearlin." *Journal of Health and Social Behavior* 30:257-60.
- KESSLER, RONALD C. 1979. "Stress, Social Status, and Psychological Distress." *Journal of Health and Social Behavior* 20:259-72.
- KESSLER, RONALD C., and JANE D. MCLEOD. 1984. "Sex Differences in Vulnerability to Network Events." *American Sociological Review* 49:620-31.
- KESSLER, RONALD C., and PAUL D. CLEARY. 1980. "Social Class and Psychological Distress." *American Sociological Review* 45:463-78.
- KESSLER, RONALD C., RICHARD H. PRICE, and CAMILLE WORTMAN. 1985. "Social Factors in Psychopathology: Stress, Social Support, and Coping Processes." *Annual Review of Psychology* 36:531-72.
- KLEINMAN, ARTHUR. 1986. *Social Origins of Distress and Disease: Depression, Neurasthenia, and Pain in Modern China*. New Haven: Yale University Press.
- KLEINMAN, ARTHUR, and BYRON GOOD. 1985. *Culture and Depression: Studies in the Anthropology and Cross-Cultural Psychiatry of Affect and Disorder*. Berkeley, CA: University of California Press.
- KLEINMAN, ARTHUR, and JOAN KLEINMAN. 1985. "Somatization: The Interconnections in Chinese Society Among Culture, Depressive Experiences, and the Meanings of Pain." In *Culture and Depression: Studies in the Anthropology and Cross-Cultural Psychiatry of Affect and Disorder*, ed. Arthur Kleinman and Byron Good. Berkeley, CA: University of California Press, pp. 429-90.
- LABARRE, WESTON. 1947. "The Cultural Basis of Emotions and Gestures." *Journal of Personality* 16: 49-68.
- LAZARUS, RICHARD S. 1982. "Thoughts on the Relations Between Emotion and Cognition." *American Psychologist* 37: 1019-24.
- LAZARUS, RICHARD S., and SUSAN FOLKMAN. 1984. *Stress, Appraisal, and Coping*. New York: Springer Publishing Company.
- LENNON, MARY CLARE. 1987. "Sex Differences in Distress: The Impact of Gender and Work Roles." *Journal of Health and Social Behavior* 28:290-305.
- LENNON, MARY CLARE. 1989. "Comment: The Structural Contexts of Stress: An Invited Response to Pearlin." *Journal of Health and Social Behavior* 30: 257-60.
- LEVY, ROBERT I. 1984. "Emotion, Knowing, and Culture." In *Culture Theory: Essays on Mind, Self, and Emotion*,

- ed. Richard A. Shweder and Robert Levine. Cambridge: Cambridge University Press.
- LINK, BRUCE G., and JO PHELAN. 1995. "Social Conditions as Fundamental Causes of Disease." *Journal of Health and Social Behavior* (Extra Issue): 80-94.
- LOCKER, DAVID. 1981. "The Construction of Definitions of Illness." In *Symptoms of Illness: The Cognitive Organization of Disorder*, ed. David Locker. England: Tavistock Publications, pp. 93-132.
- LOFLAND, LYN H. 1985. "The Social Shaping of Emotion: The Case of Grief." *Symbolic Interaction* 8: 171-90.
- MARRIS, PETER. 1984. *Loss and Change*. New York: Pantheon Books.
- MCLEOD, JANE D., and RONALD C. KESSLER. 1990. "Economic Status Differences in Vulnerability to Undesirable Events." *Journal of Health and Social Behavior* 31:162-72.
- MEYERS, JEROME K., MYRNA M. WEISSMAN, GARY L. TISHLER, CHARLES E. HOLZER, PHILIP J. LEAF, HELEN ORVASCHEL, JAMES R. ANTHONY, JEFFREY H. BOYD, JACK D. BURKE, JR., MORTON KRAMER, and ROGER STOLZMAN. 1984. "Six-Month Prevalence of Psychiatric Disorders in Three Communities." *Archives of General Psychiatry* 41:959-67.
- MILLS, C. WRIGHT. 1959. *The Sociological Imagination*. New York: Oxford University Press.
- NEWMAN, JOY P. 1986. "Gender, Life Strains, and Depression." *Journal of Health and Social Behavior* 27: 161-78.
- PARKES, COLIN MURRAY. 1971. "Psycho-Social Transitions: A Field for Study." *Social Science and Medicine* 5: 101-15.
- PEARLIN, LEONARD I. 1975. "Sex Roles and Depression." In *Life Span Developmental Psychology: Normative Life Crises*, ed. Nancy Datan and Leon H. Ginsberg. New York: Academic Press, pp. 191-207.
- PEARLIN, LEONARD I. 1982. "The Social Contexts of Stress." In *Handbook of Stress: Theoretical and Clinical Aspects*, ed. Leo Goldberger and Shlomo Breznitz. New York: The Free Press, pp. 367-79.
- PEARLIN, LEONARD I. 1988. "Social Structure and Social Values: The Regulation of Structural Effects." In *Survey Social Life*, ed. H. O'Gorman. Conn: Wesleyan University Press, pp. 252-64.
- PEARLIN, LEONARD I. 1989. "The Sociological Study of Stress." *Journal of Health and Social Behavior* 30:241-56.
- PEARLIN, LEONARD I., and CARMY SCHOOLER. 1978. "The Structure of Coping." *Journal of Health and Social Behavior* 19: 2-21.
- PEARLIN, LEONARD, and JOYCE S. JOHNSON. 1977. "Marital Status, Life Strains, and Depression." *American Sociological Review* 42:704-15.
- PEARLIN, LEONARD, and MORTON A. LIEBERMAN. 1979. "Social Sources of Emotional Distress." In *Research in Community Mental Health*, ed. Roberta Simmons. Greenwich, CT: JAI Press, pp. 217-48.
- RADLOFF, LENORE S. 1975. "Sex Differences in Depression: The Effects of Occupation and Marital Status." *Sex Roles* 1: 249-65.
- RADLOFF, LENORE S. 1977. "The CES-D Scale: A Self-Reported Depression Scale for Research in the General Population." *Applied Psychological Measurement* 1: 385-401.
- RIESSMAN, CATHERINE KOHLER. 1990. *Divorce Talk: Women and Men Make Sense of Personal Relationships*. New Brunswick: Rutgers University Press.
- ROBINS, LEE N., JOHN E. HOLZER, MYRNA M. WEISSMAN, HELEN ORVASCHEL, ERNEST GRUENBERG, JACK D. BURKE, and DARREL A. REGIER. 1984. "Life-Time Prevalence of Specific Psychiatric Disorders in Three Sites." *Archives of General Psychiatry* 41: 949-58.
- ROSS, CATHERINE E., and JOHN MIROWSKY. 1984. "Men Who Cry." *Social Psychology Quarterly* 47: 138-46.
- SCHACTER, STANLEY, and JERMONE E. SINGER. 1962. "Cognitive, Social, and Physiological Determinants of Emotional State." *Psychological Review* 69: 379-99.
- SHOTT, SUSAN. 1979. "Emotion and Social Life: A Symbolic Interactionist Analysis." *American Journal of Sociology* 84: 1317-34.
- SHROUT, PATRICK E., BRUCE G. LINK, BRUCE P. DOHRENEWEND, ANDREW E. SKODOL, ANN STUEVE, and JEROLD MIRITZNICK. 1989. "Characterizing Life Events as Risk Factors for Depression: The Role of Fateful Loss Events." *Journal of Abnormal Psychology* 98: 460-67.
- SHWEDER, RICHARD A. 1985. "Menstrual Pollution, Soul Loss, and the Comparative Study of Emotions." In *Culture and Depression: Studies in the Anthropology and Cross-Cultural Psychiatry of Affect and Disorder*, ed. Arthur Kleinman and Byron Good. Berkeley, CA: University of California Press, pp. 182-215.
- SILVER, ROXANNE L., and CAMILLE B. WORTMAN. 1980. "Coping with Undesirable Events." In *Human Helplessness: Theory and Applications*, ed. J. Garber and E.P. Seligman. New York: Academic, pp. 279-375.
- SIMON, ROBIN W. 1992. "Parental Role Strains, Salience of Parental Identity, and Gender Differences in Psychological Distress." *Journal of Health and Social Behavior* 33: 2-35.
- SIMON, ROBIN W. 1995. "Gender, Multiple Roles, Role Meaning, and Mental Health." *Journal of Health and Social Behavior* 36: 182-94.
- SIMON, ROBIN W. 1997. "The Meanings Individuals Attach to Role Identities and Their Implications for Mental Health." *Journal of Health and Social Behavior* 38: 256-74.
- SIMON, ROBIN W. 1998. "Assessing Sex Differences in Vulnerability Among Employed Parents: The Importance of Marital Status." *Journal of Health and Social Behavior* 39: 37-53.
- SIMON, ROBIN W., and KRISTEN MARCUSSEN. 1999. "Marital Transitions, Marital Beliefs, and Mental Health." *Journal of Health and Social Behavior* 40: 111-25.
- SIMON, ROBIN W., DONNA EDER, and CATHY EVANS. 1992. "The Development of Feeling Norms Underlying

- Romantic Love Among Adolescent Females." *Social Psychology Quarterly* 52: 35-43.
- SPIRO, MELFORD E. 1959. "Cultural Heritage, Personal Tensions, and Mental Illness in a South Sea Culture." In *Culture and Mental Health: Cross-Cultural Studies*, ed. Marvin K. Opler. New York: McMillan, pp. 141-71.
- SPIRO, MELFORD E. 1965. *Context and Meaning in Cultural Anthropology*. New York: Free Press.
- STEARNS, PETER N. 1992. "Gender and Emotion: A Twentieth-Century Transition." *Social Perspectives on Emotion* 1:127-60.
- STEARNS, CAROL Z., and PETER N. STEARNS. 1986. *Anger: The Struggle for Emotional Control in America's History*. Chicago: University of Chicago Press.
- STEARNS, PETER N., and CAROL Z. STEARNS. 1985. "Emotionology: Clarifying the History of Emotions and Emotional Standards." *American Historical Review* 90: 813-30.
- THOITS, PEGGY A. 1983. "Dimensions of Life Events that Influence Psychological Distress: An Evaluation and Synthesis of the Literature." In *Psychosocial Stress: Trends in Theory and Research*, ed. H.B. Kaplan. New York: Academic, pp. 33-103.
- THOITS, PEGGY A. 1984. "Explaining Distributions of Psychological Vulnerability: Lack of Social Support in the Face of Life Stress." *Social Forces* 63: 453-81.
- THOITS, PEGGY A. 1989. "The Sociology of Emotions." *Annual Review of Sociology* 15: 317-42.
- THOITS, PEGGY A. 1991. "On Merging Identity Theory and Stress Research." *Social Psychology Quarterly* 54: 101-12.
- THOITS, PEGGY A. 1992. "Identity Structures and Psychological Well-Being: Gender and Marital Status Comparisons." *Social Psychology Quarterly* 55: 236-56.
- THOITS, PEGGY A. 1995. "Stress, Coping, and Social Support Processes: Where Are We? What Next?" *Journal of Health and Social Behavior* (Extra Issue): 53-79.
- TURNER, R. JAY, and WILLIAM R. AVISON. 1989. "Gender and Depression: Assessing Exposure and Vulnerability to Life Events in a Chronically Strained Population." *Journal of Nervous Mental Disorders* 177: 443-55.
- TURNER, R. JAY, BLAIR WHEATON, and DONALD A. LLOYD. 1995. "The Epidemiology of Social Stress." *American Sociological Review* 60: 104-25.
- UMBERSON, DEBORAH, CAMILLE B. WORTMAN, and RONALD C. KESSLER. 1992. "Widowhood and Depression: Explaining Long-Term Gender Differences in Vulnerability." *Journal of Health and Social Behavior* 33: 10-24.
- UMBERSON, DEBORAH, MEICHU D. CHEN, JAMES S. HOUSE, KRISTINE HOPKINS, and ELLEN SLATEN. 1996. "The Effect of Social Relationships on Psychological Well-Being: Are Men and Women Really So Different?" *American Sociological Review* 61: 837-57.
- WEST, CANDACE, and DON H. ZIMMERMAN. 1987. "Doing Gender." *Gender and Society* 1: 125-51.
- WHEATON, BLAIR. 1990. "Life Transitions, Role Histories, and Mental Health." *American Sociological Review* 55: 209-23.
- WORTMAN, CAMILLE B., ROXANNE C. SILVER, and RONALD C. KESSLER. 1993. "The Meaning of Loss and Adjustment to Bereavement." In *Handbook of Bereavement: Theory and Research Intervention*, ed. M.S. Stroebe and R.O. Hansson. New York: Cambridge University Press, pp. 349-66.