

An Exploration of the Social Causation Versus Drift Hypotheses

Why Are Individuals of Low Socioeconomic Status Prone to Mental Illness?

Psychology

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Introduction (525 Words)

Data from the American Psychological Association (APA) shows that the number one stressor among Americans was money (Bethune, 2015). Not having enough money to support one's family or live an unbound life creates high levels of stress and more than likely leads to depression and anxiety for many. Therefore, it was found that the lower one's socioeconomic status (SES) is, the higher his or her risk of mental illness (Lorant, et al., 2002). There is a debate about how that fact has come to be through two theories: Social Causation Hypothesis and the Selection Hypothesis, otherwise known as the Drift Hypothesis. The Social Causation Hypothesis asserts that experiencing economic hardship increases the risk of subsequent mental illness. The Drift Hypothesis posits that mental illness can inhibit socioeconomic attainment and lead people to drift into the lower social class (Johnson, Cohen, Brook, & Dohrenw, 1999). While the universally acknowledged idea between the two is the Social Causation Hypothesis, the Selection Hypothesis may be overlooked as an accepted proposition and reality to many. The debate between the two theories and the disregard of the Selection Hypothesis (Drift Hypothesis) raises the question: **Why are individuals with low socioeconomic status prone to mental illness?**

The answer to this question and the contradiction between the two hypotheses is significant because 46.4% of Americans, roughly 2 in 5, will experience mental illness during their lifetime (DeNavas-Walt, Proctor, & Smith, 2011). Though not everyone with a low socioeconomic status will be susceptible to mental illness, identifying genetic predispositions is an incredible opportunity to better comprehend specific environmental conditions in triggering low SES or aggravating the course of mental illness. On the contrary, advancements have led many to lessen the role of social conditions in the etiology of serious mental illness with the

benefit of early intervention or prevention (Hudson, 2005). Every situation is different, and there is such a broad range of variables that may sway the results of each study. This makes it imperative that factors such as unemployment, family fragmentation, race and gender, income, and the type of mental illnesses are directly accounted for. To maintain a concise focus, the analyzed studies in this essay account for mental illness as anxiety and depression as the sole focus due to their likeliness to bring upon each other and high frequency in the United States of America.

There are four main studies that all depict different benchmarks for low SES and contrasting reasonings for why individuals with low SES are more prone to mental illness. The first two main studies which are evidence as to the Selection Hypothesis' accuracy include Dembling, Rovnyak, Mackey, and Blank (2002) and Rodgers & Mann (1993). The last two are Harvey Brenner's (1973) and Ritsher, Warner, Johnson, and Dohrenwend's (2001) studies which are both in support of the social causation hypothesis. By analyzing the strengths and limitations of a range of studies pertaining to each hypothesis, beginning with the Selection Hypothesis with the Social Causation following, at the end of this essay there will be a clearer answer as to why the Selection ideology is the most accurate reasoning to the research question, but most overlooked.

Social Selection or Drift Hypothesis (1205 words)

By presenting the reasons for why the Social Selection Hypothesis has a stable framework that is universally overlooked, the answer to the question **of why individuals of low SES are more prone to mental illness** will become more clear. Evidence must be presented that captures the strengths and limitations of each main study linked to the Social Selection interpretation. It is crucial to put emphasis on two factors that would explain and affect results of

the case studies that many studies will overlook: family fragmentation and access to mental healthcare. Higher separation among family members would lower socioeconomic conditions for the individual because of the lack of shared resources and financial support from others. Access to mental healthcare is also important to mention because individuals who cannot afford healthcare to treat depression and anxiety are more likely to have those mental illnesses without treatment. These factors along with others will be the basis for analyzing case studies pertaining to the Drift Hypothesis.

Firstly, the Social Selection Hypothesis has different versions underneath it, therefore increasing the ecological validity. One version of this theory, often referred to as the geographic drift hypothesis, suggests that mentally ill individuals gravitate to low-income communities as a result of their mental illness, perhaps drawn by lower living costs. Conceivably the strongest evidence to support this is a study done by Dembling, Rovnyak, Mackey, and Blank in 2002 that examined geographic migration patterns of 11,725 state psychiatric patients in Virginia over the course of 18 years. They aimed to show that individuals with mental illness would be more likely to move to a low SES community which would lessen access to mental health resources, worsening the depression and anxiety already instilled in the individuals. They found a one-third migration rate among counties over the course of the hospitalizations, more often toward lower income communities. (Dembling, Rovnyak, Mackey, & Blank, 2002) However, the effect was more modest than is portrayed in the researchers' narrative, as roughly over half (56%–59%) moved to communities with less favorable SES characteristics according to the report done later analyzing the study (Lorant, et al., 2002). Regardless of the underreported results, which are a limitation, the fact that the Social Selection Hypothesis has another version of its own ideology shows that it is more applicable than the stand-alone Social Causation Hypothesis and the

statistics are significant enough to support the Social Selection Hypothesis. Two other researchers, Rodgers and Mann, reanalyzed data from four earlier studies on intergenerational social mobility and found that the failure to adequately control for differences in the cohorts of mentally ill and healthy populations resulted in an underestimation of the degree of downward socioeconomic drift (1933). This research done by Rodgers and Mann has less limitations than the last since it clearly clarifies the SES characteristics that are acknowledged in the study (gender and age). They found that low socioeconomic communities consequently make a stronger claim to the Social Selection or Drift Hypothesis, and most studies done that are in support of the Drift Hypothesis underestimate the reality of the theory itself. This is seen in the previous research done by Dembling, Rovnyak, Mackey, & Blank (2002). After analyzing a few of the most highly acclaimed studies on Social Selection, of course, there are limitations; However, research done by Rodgers and Mann in 1993 allows the conclusion that not monitoring the many factors that affect the mentally ill clearly shows a miscalculation of the role the social Selection Hypothesis actually plays. This directly supports the initial claim that the Selection Hypothesis is overlooked by many and thus providing an answer to the research question at hand.

Contrary to the claim that the Selection Hypotheses is an underrated explanation to the correlation between SES and mental illness, the Social Selection Hypothesis' most relevant evidence may be outdated. Another study, performed by Sargeant et al, was done in 1990 that had almost the same method as Miech et al. (1999). Only being about ten years apart, there was evidence supporting the Social Selection Hypothesis in the study since the sample size was larger and there were more efficient ways of collecting data than before the 1990s. Also, there is a higher commonality of family fragmentation now than before the 1990s. This could affect results

because the more separated a family is financially and physically, lowers the socioeconomic status of the individual inside of the said family. Consequently, there is substantial evidence proving that the Social Selection Hypothesis is a feasible answer to the research question: **why individuals with low SES are prone to mental illness.**

The Selection Hypothesis more generalizable than the Social Causation interpretation, but it is also has limitations that must be realized. Firstly, the Social Selection Hypothesis is more prominent in cases regarding schizophrenia, which is not the main focus of this essay since there is a specification on only depression and anxiety. Most studies that have found evidence for Social Selection have done so for the major mental illnesses, such as schizophrenia (Dohrenwend, et al., 1992) demonstrated with conditions of lesser severity, such as anxiety disorder. One long-term study examines selection and causation processes during the transition to young adulthood by investigating the mutual influence of mental disorders and educational attainment, a core element of socioeconomic status (Dohrenwend, et al., 1992). The Dohrenwend Study follows a cohort from birth to age 21 and includes psychiatric diagnoses for study members at ages 15 and 21 years. This longitudinal study of youth confirmed that although anxiety disorders are the outcome of social processes, both conduct and attention deficit disorders showed clear evidence of impacts on the educational careers of the youth (Miech, Caspi, Moffitt, Wright, & Silva, 1999). This study was effectively conducted with a cross sectional design and it controlled for gender, race, location, age, and stressful and significant life events. Its results showed that both depression and anxiety have most commonly been found to be outcomes of low SES. tie in education with the study here Anxiety and depression can be brought upon from low socioeconomic conditions or can bring individuals into a lower

socioeconomic status; therefore, Social Causation and Selection may both be viable in terms of answering the research question.

In conclusion, the Social Selection Hypothesis has better ecological validity than the Social Causation Hypothesis, but it shares the limitation of having mostly outdated evidence and has stronger data regarding more intense psychological disorders such as schizophrenia. After analyzing numerous case studies that support the Social Selection Hypothesis, it seems clear that the Social Selection Hypothesis may actually play a role in duality with the Social Causation Hypothesis to explain why people with low socioeconomic status are more prone to mental illness. Also, it appears that factors (family fragmentation, access to mental health resources, race, etc.) that many wouldn't consider at first clearly impact whether one might experience low socioeconomic conditions due to their mental illness or develop anxiety or depression while being in a low socioeconomic position. Though there is nuance from the initial claim, the universally accepted answer to my research question is the Social Causation Hypothesis and after presenting this evidence supporting the Drift Hypothesis, individuals should start to reconsider the Selection Hypothesis as a valid theory.

Social Causation Hypothesis (1391 words)

Presenting the reasons for why the Social Causation Hypothesis may be overestimated as a valid theory will answer the question of why individuals of low SES are more prone to mental illness. Evidence must be presented that captures the strengths and limitations of each main study linked to the Social Causation Hypothesis, which is the interpretation that economic hardship creates subsequent mental illness. Access to mental healthcare is especially important to mention regarding the Social Causation Hypothesis because individuals who cannot afford healthcare to treat depression and anxiety are more likely to develop depression and anxiety.

When research of the Social Causation Hypothesis began around the 1970s, evidence during this period was accumulated from, not of the Social Causation understanding which resulted in mostly outdated research. One of the classics in this pursuit was a study which entailed, use followed or tracked 150 years of hospitalization and unemployment data in New York that provided persuasive evidence of a dramatic impact of unemployment, especially for men, on rates of psychiatric hospitalization, depression, and anxiety (Brenner, 1973). However, debate arose on this study due to the negligence of exposure to economic stress which appears to vary with the diagnostic category of illness and SES. Additionally, since this was one of the earliest studies on the discussion of the Social Causation and Selection Hypotheses, conditions of low SES are completely unlike others conducted thereafter including inattention to family fragmentation and gender. Not accounting for gender when studying SES is detrimental to the validity of the results of Brenner's study due to differing conditions such as income and occupation (Bagot & Meaney, 2010). Regardless of the limitations, this case study is deemed outdated, and its obsolescence led to these findings becoming falsely supportive of the Social Causation proposition. In the 1990s, research on SES and mental illness accelerated and findings became increasingly mixed (Rodgers & Mann, 1993). For example, later experimenters interviewed 756 participants four times over the course of 14 years and found that low parental education was linked to the risk of depression of depression for their children, but not the reverse (Ritsher, Warner, Johnson, & Dohrenwend, 2001). The data clearly showed that holding higher status occupations is associated with a decreased risk of depression (Link, Lennon, & Dohrenwend, 1993). The experimenters even explored the possibility that personality may be a common cause of both depression and occupation by separating subjects into different personality groups, but it was found that the results were too ambiguous to be adequately tested

and inconsistent with available evidence; However, because the participants from both findings are each solely from one small New York Community, the sample size is too small for each study, much like the others preceding. Presenting the most highly acclaimed Social Causation Hypothesis' evidence as outdated and limited therefore hinders the theory's stability. This directly supports the claim that the Selection Hypothesis may be the more accurate structure among the two interpretations, consequently answering the research question.

Not only is the most relevant evidence supporting the Social Causation logic outdated or too limited to be considered effective, but also many less reputable studies' results have brought up disputes on the ecological validity. For instance, one case study that used a cross sectional design found evidence to suggest that not only low-SES, but single-parent families were associated with the extent of psychological distress among children (Franz, Kuns, & Schmitz, 2000). These findings directly support the Social Causation Hypothesis but caused a discussion on whether its application was as generalizable as the researchers intended. The researchers intended that this study would be applicable to differing cultures, genders, and urbanities; hence, the cross-sectional design. However, the study was only conducted over the course of five years. To make the claim more accurate, research on change in SES should span at least ten years so that life changes, such as SES and parents' deaths, can be clearly established. The researchers made no mention of how the time span negatively affects the results which creates a discrepancy between the ecological validity intended for this case study and the lower actuality. Lastly, two related studies were also done in support of the Social Causation Hypothesis and had similar strengths and limitations to the last by Katz et. Al 1997 and Mossakowski 2014. They both had cross sectional designs that accounted for gender, race, and even different personality types which is a significant strength. However, a limitation is that the participants were only from one

community, so the results were not generalizable to a whole population. After reviewing all of these secondary sources, it's important to note that studying ecological validity for both hypotheses is complicated because it cannot be so easily reduced just by factors such as personality, access to health care, and location. However, the Social Selection Hypothesis's main studies explore a larger range of factors and sample sizes. That and the previously mentioned evidence supports the claim that the Social Causation Hypothesis is overestimated in terms of the correlation to low SES and mental illness.

Though many studies supporting the Social Causation Hypothesis do not look into a large enough sample to generalize results, others have studied epigenetics of SES and mental illness on a much wider scale much wider and more sufficient (Nikolova & Hariri, 2015). A study done by Swartz et. al studied children's amygdala activity levels, a brain chemical linked to moderate the association between a positive family history for depression and the later manifestation of depressive symptoms, in five-year waves during low and high SES conditions (2016). It was found that lower socioeconomic status during adolescence is associated with an increase in methylation of the proximal promoter of the serotonin transporter gene, which predicts greater increases in threat related amygdala reactivity (Swartz, Hariri, & Douglas E. Williamson, 2016). Their follow-up measure of depressive symptoms was limited to self-report; however, it is unclear if this pathway predicts clinically significant levels of dysfunction. Of course, they did not have access to brain-derived DNA and were limited to assays of SLC6A4 methylation in DNA derived from peripheral tissues. Nonetheless, the participants' locations span further than just one community, and the results identify a clear pathway where Social Causation can be applied. Additionally, another study regarding epigenetics, similar to Swartz's research, discovered strong evidence that supports the Social Causation Hypothesis (McGowan,

et al., 2009). Studied in different waves, objective threat ratings for each life event were squared, summed, and averaged to obtain a mean level of objectively rated stressful life events occurring the year prior to the first wave. This is a significant strength to the study because it attempts to account for unforeseen life changes including the death of a parent or loss of job. Ultimately, there is no faultless way to objectively rate stressful life events, which can also be a limitation. According to a study done on the accuracy and usability of epigenetics in research of SES and mental illness, there is strong evidence showing that research done is even more noteworthy than research that does not explore this aspect of Psychology. After examining these studies, it's clear that there is substantial evidence in support of the Social Causation Hypothesis which are strong pieces of evidence. This finding has made the claim of this essay shift to reconsider the initial claim that the Social Selection Hypothesis is more accurate than the Social Causation interpretation. They may both play a role in the link between SES and mental illness.

In conclusion of the Social Causation Hypothesis analysis, there are numerous case studies that have limitations too significant to be considered strong evidence. However, there has also been studies that seem to have inconsequential limitations in combination with strengths, such as the studies on epigenetics. The Social Causation Hypothesis may have a large impact on the reason why people with low socioeconomic status are more likely to develop a mental illness such as depression and anxiety. Also, it seems that factors that many wouldn't consider at first clearly affect the relationship between SES and suffering of depression or anxiety, including access to health care, stress-inducing life events, unemployment, single parenthood, and personality type (Leaf, Livingston, & Tischler, 1985). Though the initial claim of this essay is leaning in a differing direction, the Social Selection Hypothesis still has an underrated reputation in comparison to the Social Causation Hypothesis.

Evaluation and Conclusion (610 words)

As previously defined, the Social Causation Hypothesis asserts that experiencing economic hardship increases the risk of subsequent mental illness. The Social Selection Hypothesis (Drift Hypothesis) posits that mental illness can inhibit socioeconomic attainment and lead people to drift into the lower social class or never escape poverty. The initial claim has morphed several times throughout the course of my research as information came to light. At first, the argument was that the Social Selection Hypothesis was overlooked since the universally accepted answer to the research question is the Social Causation Hypothesis; However, the conclusion that has been come to is that both the Social Causation and Selection Hypotheses play a role in why individuals with low socioeconomic status are more likely to experience mental illness.

An overarching concern in studying socioeconomic status is where the line is for what researchers call low and high socioeconomic status. The analyzed studies all had different definitions for low SES between different decades and designs. For example, Srole et al., which was done in 1977, acknowledges that low socioeconomic status can be defined by income much lower than is defined in a later study, such as Hudson's research done in 2005. This is significant because the newer the research is, the more efficient researchers were when collecting data, perhaps providing an explanation as to why most of the older studies are done in only one community, while the more recent studies are done with a larger sample size, such as the older study in a small New York Community done by Brenner (1973). However, both hypotheses are supported by somewhat outdated research as well as more relevant pieces of evidence. This presents both the Social Causation and Selection Hypotheses in somewhat equal strength and limitation thus supporting the claim that they both play a role in the answer to the research

question. People are with low socioeconomic status are more likely to experience mental illness because they either develop it because of low SES conditions or because they develop mental illness and consequently drift into low SES. Both hypotheses are valid.

An unresolved question is whether or not there could be other hypotheses that may better explain the reason why individuals with low SES are more prone to having a mental illness. Perhaps, the correlation between socioeconomic status and mental illness can be explored using unique factors other than family fragmentation, status of occupation, or gender/race which was analyzed throughout this essay. One factor that might be interesting to explore is the different personality types based on the Myers-Briggs test and if that changes whether someone might experience the Social Selection or Social Causation structure of developing mental illness.

All of this research is noteworthy because the more that people understand and educate themselves on why one may be more likely to suffer from mental illness, the more it can be prevented from taking place with the benefit of early intervention. Identifying genetic predispositions is an incredible opportunity to better understand specific environmental conditions in triggering low SES or aggravating the course of mental illness. This is important to the 46.4% of Americans that suffer from mental illnesses such as depression and anxiety; Therefore, they may also experience low socioeconomic conditions or vice versa. The more that is learned about this subject, the better one can implement possible policies or provide healthcare to those who do not have access to it. This essay concludes that both the Social Causation and Social Selection Hypothesis play a part in why individuals with low SES are prone to mental illness, and it can hopefully provide a well-researched beginning to a new wave of treatment and better understanding.

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