

# Section on Mental Health



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#### R. Jay Turner

The selection of Dr. Avison for this highest honor the Sociology of Mental Health Section can bestow was based on the award committee's recognition of Bill's outstanding contributions to our science, our students, and our organization. Specifically, his selection was based on his exceptional record of research/scientific achievement, in the mentoring of new researcher/scholars, in the service of the wider scientific community, and in service to the Sociology of Mental Health section.

Dr. Avison's scientific contributions with respect to the mental health significance of family structure, especially single parenthood, of unemployment, of developmental contingencies from middle childhood to young adulthood, and of exposure to social stress have previously been recognized by the James R. Greenley Award for Distinguished Contribution to the Sociology of Mental Health from the Society for the Study of Social problems. His work stands out in providing significant advances in our understanding to the circumstances under which the mental health risk among single mothers and their children is maximized and minimized, thereby providing information of particular significance for intervention planning.

His work on the measurement and significance of stress exposure for mental health over much of the life course has also been highly noteworthy. Among his many highly cited papers is his JHSB article demonstrating the confounding of eventful and chronic

stressors within most life event inventories and illustrating the particular mental health significance of more enduring forms of social stress. Work in this area also includes demonstrations that the elevation in stress exposure experienced by the underclass and minorities has generally been greatly underestimated and that successfully resolved stressors are of little mental health significance. The high quality of his research is also indicated by the fact that, since 1990, he has received more than 16 grants as principal investigator and more than an additional 15 as co-investigator.

His understanding of intervention needs with respect to the mental health of children had been sharpened by years of service to various community agencies charged with meeting such needs. Indeed, his exceptional and valued service has been recognized by his designation as Honorary Lifetime Member of the Board of Directors of Madame Vanier Children Services Center in London, Ontario and being awarded the Vanier Roots and Wings Award for outstanding contributions to family and children's mental health. His research has contributed significantly toward a better understanding of mental health risks and of factors that put families and children at risk for such risks.

Bill's contribution to the field through his roll as advisor, mentor and confidant to aspiring graduate students is also particularly outstanding. Over the past couple of decades he has served on some 40 or so MA thesis and PhD

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## CALL FOR PUBLICATIONS:

Below please find a list of conferences, publications, colloquia et cetera that are soliciting work relevant to the fields of sociology and mental health.

Should you have any information regarding future conferences and/or calls for papers and would like to share them with the rest of the membership in the ASA Section on Mental Health, please forward the details along to newsletter editor Mark Simes at [msimes@bu.edu](mailto:msimes@bu.edu).



### Call for Book Proposals

#### **Social Disparities in Health and Healthcare**

Series Editors: Ronald Angel, Department of Sociology, University of Texas at Austin, William Avison, Department of Sociology, University of Western Ontario

*Social Disparities in Health and Health Care* series will publish books, both edited and authored, by leading researchers in the discipline. These books will consider issues at the forefront of both fields in this burgeoning area of research. The objective of this series will be to highlight the leading research in these areas and to identify emerging issues for future sociological research on health and health care.

The **Medical Sociology** and the **Sociology of Mental Health Sections** of **American Sociological Association** have been closely aligned in both their membership, and their publishing opportunities for quite some time. Based on that relationship, books in this series will be valued resources to both of these sections of ASA, as well as being of interest to other audiences: Social Psychology, Family Studies, Community and Urban Sociology, Sociological Practice, Aging and the Life Course, Racial and Ethnic Studies

Some potential ideas for volumes in this series include: Identifying social sources of disparities in health and health care, including but not limited to, examinations of issues related to the delivery of health care to vulnerable populations with potentially unique health profiles; comparative studies of national health systems including their financing and organization to determine how these affect equity in health care delivery and health disparities; understanding the causal processes that link disadvantage to health disparities; examining health disparities across the life course; understanding how variations in health perceptions and health behaviors influence health disparities; investigations of methodological issues that arise in comparative research involving groups that differ greatly in culture, education, and income, as well as demographic and disease profiles.

It is recommended that you contact the series editors with your idea first before submitting a proposal:

**William Avison** - [wavison@uwo.ca](mailto:wavison@uwo.ca)

**Ronald Angel** - [rangel@mail.la.utexas.edu](mailto:rangel@mail.la.utexas.edu)

### Call for Newsletter Submissions



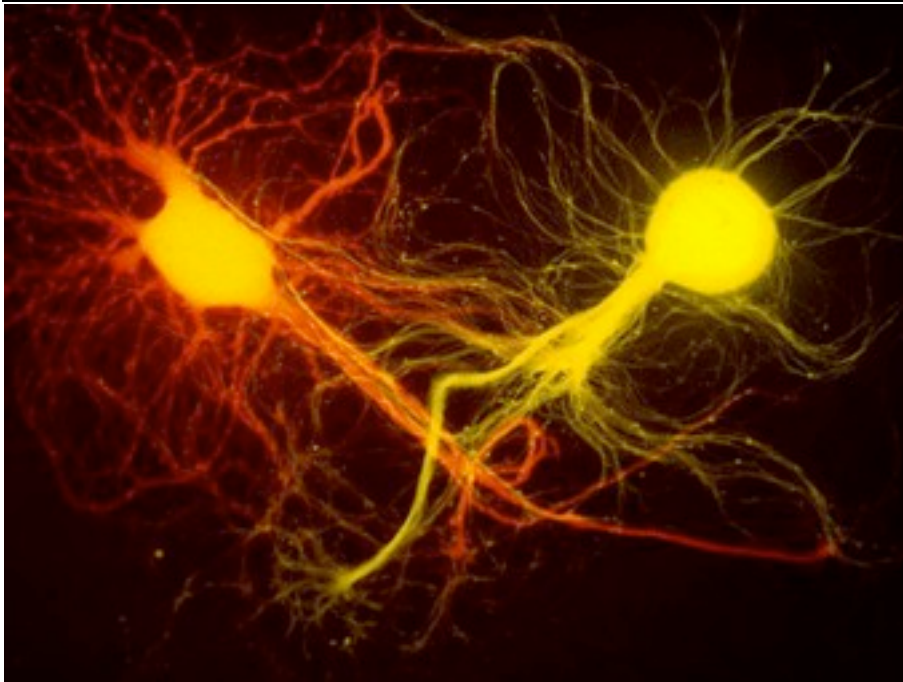
#### **2009 ASA Annual Meeting**

With this year's annual meeting of the American Sociological Association in San Francisco fast approaching, I would like to make a general call for submissions to the Mental Health newsletter. In addition to being involved in the Mental Health Section, our membership participates in a wide range of other sections whose subjects are often adjacent or directly related to the topic of sociology of mental health. If you are involved in any sessions, meetings or talks that you think may be of particular interest to the members of the Mental Health Section please make a submission to the newsletter!

In addition to events that may be of interest, please also let us know if you have any papers that will be presented or published through the annual meeting. All submissions should be directed to Mark Simes at [msimes@bu.edu](mailto:msimes@bu.edu). The deadline for submissions is July 1st, 2009.

Conference Website:

<http://www.asanet.org/cs/meetings/2009>



## CONNECTIONS

### A BRIEF OVERVIEW OF THE MEMBERSHIP SURVEY

In the Winter 2008 edition of the newsletter, a general survey was included in an effort to collect comprehensive information about the members who constitute our section on the sociology of mental health.

The following is a discussion of the results of this survey and hopes to elucidate some interesting facts about our membership and serve as a springboard for future discussion.

## Membership Survey

Mark Simes

In an effort to collect some comprehensive information about the members who constitute our section on the sociology of mental health, we asked that the membership take the time to fill out an informal survey that consisted of 5 parts: general demographic information, interests of the membership, questions on the sociology of mental health, the relationship between the sociology of mental health and other disciplines and, finally personal experience with mental disease. I would like to thank everyone who participated and hope that this exercise proves to be informative and enlightening for our community.

It is important to keep in mind that this overview of the results is by no means an exhaustive account of the membership of our section on mental health. It does, however, provide interesting information which may serve to guide not only future content for the newsletter but may also direct discussion and collaboration within the section in the future.

### General Information

Out of 80 survey participants, only 50 surveys were completed in their

entirety. For any particular datum reported in percentage, the percent was figured based on the number of total responses for that question and therefore does not necessarily represent a percentage of the entire membership.

Age:

- 20 – 30 year olds: 7%
- 31 – 40 year olds: 37%
- 41 – 50 year olds: 21%
- 51 – 60 year olds: 17%
- > 60: 18%

Sex: 44.2% males, 55.8% females

Race Ethnicity: White: 84%, African American: 9.5%, Hispanic: 1.5%, Asian: 5%

United states citizen : Yes: 90.9% No: 9.1%

Highest degree obtained: PhD: 77.6%, Masters: 17.1%, MD 1.3% B.A./B.S. : 4%

### Interests of the Membership

When asked about their primary reason for joining the section on the sociology of mental health, fifty-two members of the section responded that they joined because the section on the mental health section corresponds

topically with their primary area of professional operation (either in the capacity of teaching, clinical practice or research interests). Four members cited networking opportunity as their reason for joining the section. Three members of the section joined because of a primary interest in medical sociology. Two members indicated that they were among the founders of the section.

The majority of respondents, 29%, have belonged to the section for 5-10 years. Twenty percent of respondents have belonged for 2-5 years. Sixteen percent have been members since the inception of the section. Ten percent of respondents have been a member for more than 10 years and 9 % of respondents have been a member for one year or less. Three respondents were unsure and 9 respondents skipped the question.

When asked about membership to other sections, responses revealed an interesting trend. Forty-six respondents indicated that they also belong to the section on Medical Sociology. This was by far the most prevalent section of joint membership and, in fact, was double the second highest occurrence of joint membership; 23 respondents indicated that they belong to the section on Social Psychology.

**Continued Pearlin Award, Page 1**  
dissertation committees, acting as principle advisor in more than 20 of these instances. His students have gone on to become significant contributors to the field, having been exceptionally well trained in both substance and method.

The magnitude of his contributions to the wider scientific community is similarly impressive. He has served on dozens of standing and special grant review committees in the United States as well as Canada. He enjoys a high level of respect and substantial stature within government agencies charged with managing such review processes—a perception that is validated by the fact that he has been named as chair of major review committees by both Health Canada and the U.S. National Institutes of Health.

Finally, this award recognizes Bill's almost unparalleled contribution to the mental health section and to other organizations devoted to the sociology of health. Dr. Avison was a very strong supporter of the initial idea of forming a new section on the Sociology of Mental Health and served as one of the sections early chairs. With the exception of one or two one-year breaks he has served as a member of council continuously since that time. This service, which likely exceeds that of all other section members, has included roles, in addition to section chair, of nominations chair, council member at large, awards committee and program chair. Other notable service includes a two-year term as chair of the Psychiatric Sociology Section (now called the Sociology of Mental Health Section) of the SSSP, a two-year term as a member of the Advisory Panel of the ASA Minority Mental Health Fellowship Program, and a term as Council Member of the Medical Sociology Section. He is at present Chair Elect of the Medical Sociology section. Few can be named whose career has been more devoted to the health of the population and to our section and its goals in particular. He has consistently invested his skill, attention, and commitment to the continued development and well-being of the sociology of mental health section. Bill's

multidimensional contribution to our science, our students and our organization well qualify him to be the 2009 recipient of the Leonard I. Pearlin Award for Distinguished Contribution.

#### **Continued on Page 4**

#### **Continued Membership survey, Page 3**

This might imply that, generally, the membership of our section regards the sociology of mental health to be very closely tied to the sociology of medicine, much less to social psychology and not at all to the sociology of culture. The smattering of other sections, not occurring in frequency, to which our members belong support this trend by showing a division in sections that pertain to the medical field on the one hand (i.e. disability, aging, the body, etc) and social problems (i.e. law and society, deviance, family etc) on the other.

When asked what aspects of mental health members focus on in their research the following trends appeared. Of the 69 people who answered this question, only 12 focus on any mental disorder - mostly on depression but also one each on schizophrenia, alcoholism, eating disorders and aspects of dementia. The great majority focus on various aspects of mental health provision, and the effects of broad societal characteristics such as poverty, SES, religion, race, ethnicity gender age and other forms of inequality on patterns of both provision and use of mental health services.

#### **The Sociology of Mental Health**

When asked how the members define mental health/disease (an intentionally broad question) there were only 34 responses and the definitions are not entirely clear. What emerges, however, are four tendencies: The most popular is the tendency to define mental health/disease in functional terms as "ability/inability to function in a socially acceptable manner and to achieve desired social outcomes." The second most popular is to define these categories in terms of subjective contentment/distress as in "mental health is a overall state of mental well being" or "mental health is psycho-social wellness" or mental disease is "the over presence of disfunction and absence of harmony in one's mental state." The third, less common, tendency is to define mental health and

especially disease in terms of the diagnostic and statistical manuals of the APA. The fourth is to define mental diseases as socially constructed, as in mental disease is "a condition meeting the criteria for a specific mental disease as designed by a specific group". Frequently two or more of the tendencies are combined in a member's definition as in, "there are four distinct ways of defining it: 1) A psychiatric definitions (as in the DSM), 2) as some level of psychological distress or the lack thereof, 3) as a social construction of the lay public, and 4) as eudemonic well being.

The next question of interest regarding the sociology of mental health asked the members to express their opinion about what the sociology of mental health contributes to our knowledge about mental health/disease. There were 33 responses to this question. The answers range from "not much" to "mental health can contribute a great deal to an understanding of society and its effects". Some members think that sociology of mental health (either inequality or social factors in general) add an additional dimension to the study of mental health as demonstrated in the response, "it [the sociology of mental health] takes some of the focus off the individual - recognizing the broader societal forces that may affect mental health (as opposed to focusing on internal dysfunction)." Some expand the contribution of the sociology of mental health to the social causation of happiness and distress. Some respondents consider that sociology qualitatively improves the study of mental health, "it provides empirically grounded theoretical understandings of mental disorder, distress, eudemonic well being and social construction processes that generate categories in cases of mental disorder and distress" or simply "better models." Some think that it improves the study of mental health quantitatively as in "it provides the root causes of a vast array of mental health problems."; "the study of the social aspects of mental health contributes 100% to our knowledge; in areas such as peer pressure, bullying, parenting, authoritative areans and most of all education" ; or simply "everything." And finally there are three people who are at a loss, one says "this deserves an essay", another asks "probably

this is where the epidemiology people come in, so it would have to do with prevention and intervention”; and “here are my top three choices: 1. The social epidemiology of mental disorders/illnesses 2. Insight into the causes of group differences and their distribution; 3 .an explanation of why definitions of disorders and mental illnesses have changed over time and why societies define and treat them differently.”

In a related question, asking what the supposed relationship is between society and mental health/disease, 34 members responded to the question. Three respondents were at a loss (as in “?”; “another essay”; and “social stratification process contribute to group differences in the incidence, prevalence and diagnosis of mental disorders and illness point. Social stratification processes also contribute to the distribution of resources that support good mental health such as opportunities and social relationships. Mental disease is a bit more complicated.”). Other answers range from vague descriptions ( as in “they’re intertwined at all levels from the construction/defintion of diagnosis to understanding the causes of mental illness to developing effective treatments”; “reciprocal”; “they are interactive in that each affects and changes the other (reference the eschers picture of the hands drawing eachother)”) to considering society as the cause of attitudes to mental illness; to considering society or stratification specifically as regulating the distribution of stressors, or as a condition modifying the effect of biological/psychological causes to, finally, considering society or stratification specifically as the cause of mental disease. The examples are 1. “fundamental causes” 2. “society is causal in producing some symptoms of mental disorder. Society establishes the parameters for the common understanding of mental disorder.” 3. “society causes and defines (labels) mental illness” 4. “Causal, framing/contextual.” One response connects variations in mental disease to social variation: “I think mental health and disease are defined differently in different societies based in part on requirements that society has for

its members. This could mean that some conditions exist across cultures but are not always considered a disease, AND that some conditions do not exist across cultures. Also the way we conceptualize and treat conditions changes how people with the label act.”

### Relationship to Other Disciplines

The first question about the relationship between the sociology of mental health and other disciplines asked what connection, if any, exists between mental health/disease and the human mind/consciousness. Of the 29 members who answered this question nine are at a loss. They say: “I do not know.”; “Its not clear what you have in mind, if you forgive the pun.”; “OMG not a survey question”; “Not sure” or simply “???”. Others however believe that the connection is “HUGE”, either because mental health is identical to the mind and consciousness as in (“what we perceive to be real is real in its consequences”; “a very strong connection – and indeed, this is one of the reasons that mental illness differs from most physical illnesses. When we study mental illness, we study human consciousness.”), because they are “all aspects of the self”, or because “society shapes the mind which in turn shapes mental health (or society shapes mental health which in turn shapes consciousness)” or “the human mind/consciousness interprets social stimuli in certain ways that might either predispose or protect people from developing mental illness.”. Two people believe that the mind is in some way opposed to society (as in “an integral connection, but that does not discount or minimize the significance of social factors.” And “some, but as humans our actions take significance during our social interactions”), and finally, one believes that the connection appears to be strong but “is in further need of research to understand the nuances involved.”

What asked what connection, if any, exists between the sociology of mental

health and psychology, psychiatry and neuroscience, The large majority of the 32 members who answered believe that all these disciplines are valid and complimentary (as in “different forks in the same complex salad. I do not accept that any single discipline has a monopoly on knowledge of mental health”; “A layer cake? A stew? A toolbox with distinct tools? It depends on which tradition from which you approach the question.”; “All of these fields contribute to our understanding of mental disorder. The truly awesome studies are those that combine the insights and tools of multiple disciplines in a single study. We all study different parts of the same elephant but we will never see the elephant itself until we put our pieces together.”) Some see the relationship as competitive (as in “the study of mental health is largely balkanized among various disciplines” or “psychology and sociology of mental health have numerous connections in the interdisciplinary study of mental health coming from different directions – from the individual and from the social context respectively. Unfortunately, there is little relationship between the sociology of mental health and psychiatry and neuroscience for many reasons (not the last of which is arrogance on the part of some clinicians and natural scientists who claim to be “real science”).”) Some emphasize that to all the other disciplines that focus on the individual, sociology contributes the focus on the group; some believe that all the relevant disciplines crisscross in psychology and finally one thinks that sociology is superior to all of the other disciplines studying mental disease saying “SMH is, or should be, closely related to the named disciplines yet demonstrates distinctive contributions through unique methods and substantially broader and comprehensive models of explaining the relationship between environment, individuals and health.”

Finally, in respect to the connection between the sociology of mental health and evolution, 17 out of 32 respondents answered YES when asked if they considered society to be a product of Darwinian Evolution. Sometimes they add a comment (as in “yes – I don’t have time to explain”). Five respondents answer “no”, 7 think that evolutionary theories could contribute if we know more about certain aspects of mental health. And finally some are not sure either because they are “not familiar with new theories of evolution” or because they “have not thought about this before”.

#### Member Publications

### Advances in Life Course Research

#### Volume 13: Stress Process across the Life Course

Edited by Heather A. Turner,  
Department of Sociology, University of  
New Hampshire, Durham, USA; and  
Scott Schieman, Department of  
Sociology, University of Toronto,  
Ontario, Canada

#### About the book:

Stress researchers have become increasing aware of the ways in which structural and psychosocial variations in the life course shape exposure and vulnerability to social stress. This volume of *Advances in Life Course Research* explores, theoretically and empirically, stress processes both within and across specific life stages.

Chapters within this volume incorporate several areas of research, including:

- How physical and mental health trajectories are shaped by life course variations in stressors and resources
- Stress associated with social role transitions and the significance of different role trajectories for stress exposure and outcomes
- Life course variations in the quality and content of institutional contexts (such as

school, work and family) and their significance for stress processes

- Differences in types, levels, and effects of different stress-moderating resources within and across life course stages
- Ways in which race, gender, and social class influence or condition stress processes over the life course
- The relevance of “linked lives” within families and across generations for stress exposure and vulnerability
- Historical variations in stress-related conditions and cohort differences in stress experiences
- Methodological and theoretical advances in studying stress processes across the life course

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Calvo, Esteban, Kelly Haverstick,  
and Steven A. Sass.

Research on Aging 31(1):  
112-135. 2009

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The time has come, once again, to consider donating a book to the Medical Sociology Book Raffle. You may contribute your own or extra copies of other people's books that you may have received. Please, current titles only and no textbooks. Remember, these donations are going to a worthy cause – to provide support for the Leo G. Reeder and Roberta G. Simmons Awards. Please send your donated copies to: Susan Stockdale, Raffle Chair, UCLA Semel Institute Health Services Research Center, 10920 Wilshire Blvd. Ste 300, Los Angeles, CA 90024. If you have any questions about potential donations, please contact me at [sstockdale@mednet.ucla.edu](mailto:sstockdale@mednet.ucla.edu). **Please send books by August 3rd** Thank you for your generous support!

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Section on Mental Health

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