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ABSTRACT

Recent research on the impact of economics on mental and physical health has raised fundamental questions about structural elements in the macro-economy and their role in creating stress. This paper reviews and integrates these sometimes conflicting findings into a cohesive model. Structural elements of our current economic system are identified as possible major stressors: (1) instability in the business cycle; (2) unemployment; (3) inequality in income distribution; and (4) fragmentation of the work process. Research is reviewed linking the economic cycle with suicide and increased psychological symptoms as well as physical illness. Intervention on the institutional level is suggested since these macro-economic elements appear to be more powerful than the individual coping mechanisms of some demographic subgroups. The implications of these findings for primary prevention are discussed. (Author/JAC)

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Economics, Work, and Mental Health:
Implications for Primary Prevention

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Abstract

Recent research on the impact of economics on mental and physical health has raised fundamental questions about structural elements in the macro-economy. Specifically, four characteristics of our current economic system; instability in the business cycle, unemployment, inequality in income distribution, and the fragmentation of the work process, appear to play some pathogenic role in the incidence of behavioral and physical disorders. These macro-economic elements require intervention on the institutional level since they appear to be more powerful than individual coping mechanisms of some demographic subgroups. The implications of these findings for primary prevention is discussed.

Economics, Work, and Mental Health:

Implications for Primary Prevention

A major conceptual thrust in community psychology has been to broaden our understanding of the etiology of psychopathology. Such interest has led to an examination of those forces in the environment which produce stress, as well as methods of increasing the coping skills and resources of a given population to deal with these stressors (Cowen, 1977). As part of this trend, the impact of the economic environment on mental and physical health has merited serious interest (Heller & Monahan, 1977). Preliminary research on this issue has raised fundamental questions about the structure of advanced western economies and their role in creating stress. The purpose of this presentation is to review and integrate these sometimes conflicting findings into a cohesive model. In particular, several structural elements of our current macro-economy will be identified as possible major stressors. Finally, the implications for primary prevention and social policy will be discussed.

Structural Characteristics of Macro-Economy

Economists generally refer to our system as a mixed economy. That is, both public and private institutions have some control over economic events (Samuelson, 1976). For the purposes of this presentation, several characteristics of this mixed system can be identified. The first is the cyclic nature of the economy. Since 1855 there have been 25 business cycles with the average cycle between 8-10 years in length (Lekachman, 1981). These cycles are only partially planned in nature. While government and industry may react, or anticipate these cycles, they are not consistently predictable in nature because of the fluctuating needs of the market (Samuelson, 1976). A second

characteristic is the assumption that varying levels of unemployment are a necessary by-product of the business cycle. Further, periodic levels of high unemployment may be necessary to ameliorate cyclical recessions (Samuelson, 1976). A third assumption is that some income inequity is necessary for an efficient economy (Lekachman, 1981). Finally, the macro-economic goal of maximization of profits and productivity have lead to a fundamental transformation of the work process and a concurrent decrease in individual autonomy over work (Braverman, 1974). Recent empirical evidence has provided some insights into the impact of these economic characteristics on mental and physical health.

Mental Health and the Business Cycle

Durkheim (1951) suggested a link between the economic cycle and suicide. He posited that cyclical changes in the economy increased anomie and decreased social cohesion. Based on this model, Pierce (1967) found a strong correlation between the white male suicide rate and absolute change in common stock prices. Durkheim maintained that change per se in the aggregate economy would increase symptoms of psychological stress. Brenner (1973) specified that economic downturns, as measured by unemployment, were more powerful stressors than upturns. Specifically, Brenner (1973) concluded that the unemployment rate was a sensitive ~~indicator~~ predictor of mental hospital admission rates over a 127 year period. Brenner's basic assumption has been supported in several geographic regions, across a wide range of demographic groups and with both long and short term lag times (Ahr, Gorodezky & Cho, 1981; Barling & Handal, 1980; Droughten, 1975; Frank, 1981; Marshall & Funch, 1979). There is then, evidence that the downturn phase of the business cycle, and the unemployment that it brings,

negatively impacts upon mental health.

Research has also indicated that upturns in the economy were more predictive of increased psychological symptoms in some populations (Frank, 1981; Sclar, 1980). After reviewing the existing literature, Doolley and Catalano (1980) concluded that both upturns and downturns were associated with increased pathology for various demographic subgroups. They argued, therefore, that absolute change is a more comprehensive explanation of the role of the macro-economy as a psychological stressor. These authors draw theoretical support from both Durkheim (1951) and the life events model of stress proposed by Selye (1956). To summarize then, economic instability appears to play a major role in the incidence of behavioral disorders. While unemployment appears to be more of a stressor for most groups, for other groups, economic upturns appear to act as a stressor. Therefore, cyclical, unplanned economic instability can be seen as a stressor for the population as a whole.

Economics, Work and Health

Brenner (1976) has also argued that economic downturns negatively effect physical health. He concluded that increased unemployment contributes to subsequent increases in physical illness and death. Kasl and Cobb (1970) have also found that sudden job loss is associated with elevated blood pressure levels in men.

Eyer (1977), however, maintains that upturns are more strongly related to physical disease and death than downturns. While he concurs with Brenner that unemployment is predictive of increases in mental illness, suicide and alcoholism, he argues that business booms are more predictive of heart attacks,

accidents, cirrhosis, cancer and overall mortality rates. Eyer has utilized cross cultural epidemiological data for his conclusions.

Eyer (1977) partially explains his prosperity/death correlation by pointing to another structural characteristic of the economy - the transformation of the work process. He maintains that modern capitalist production encourages overwork, high mobility and therefore a disruption of social bonds. Braverman (1974), further argues that modern production has greatly increased fragmentation and alienation at the workplace. In particular, he concludes that the increasing implementation effects of Taylorism (the division of labor into smaller and smaller components) has greatly contributed to a loss of autonomy at the workplace. In Braverman's terms, the work process has become "degraded" and therefore a major source of stress. A growing body of research has concluded that occupations with less autonomy are correlated with higher self-reports of stress, lower self-esteem (Gardell, 1971), higher psychosomatic symptoms and pill consumption, and less effective coping mechanisms outside of work (Karasek, 1979). This literature strongly suggests that the nature of work, in particular the amount of control over the work process is a very significant factor in mental and physical health.

While considerable research remains, preliminary findings suggest that three of the macro-economic characteristics identified; cyclical instability, unemployment and work fragmentation, are strongly linked to indices of both mental and physical pathology. The final element, that of the effects of personal economy or socioeconomic status, has a stronger research tradition. Low socioeconomic status has been correlated with increased risk of a wide range of physical and psychological problems (Dohrenwend & Dohrenwend, 1969). The question of causality remains an unresolved one in this research (Dooley &

Catalano, 1980). Nevertheless, the pervasive link between poverty and illness must be taken into account when evaluating our current economic system.

Implications for Primary Prevention

A core concept in the primary prevention literature has been the assumption that some elements of the environment are more powerful as stressors than the coping mechanisms of the individuals they effect (Rappaport, 1977). The above literature suggests that fundamental characteristics of our economic system warrant inclusion in this category of environmental stressors. Clearly, the conceptual implications of these findings rest squarely at Rappaport's (1977) institutional level of analysis. If basic elements of our economy are pathogenic, there is an obvious need to explore alternative economic models.

Too often American psychologists assume that not only is our current economic system superior to all others, it is inevitable. However, there are other "mixes" of mixed economics. Sweden, for example, has made efforts to reduce unplanned capital mobility, increase the amount of worker control over production, reduce the economic distance between social classes, and make a stronger commitment to full employment. England, on the other hand, has opted for a policy of allowing increased levels of capital mobility and unemployment as a mechanism for reducing inflation. The comparative effects of these policies on mental and physical health has only begun to be examined. (Karasek, 1976). This represents a significant challenge to community psychologists who have some commitment to an integrated view of primary prevention. In pursuit of the goal of creating a more healthy society, these structural economic issues can no longer be ignored.

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